

State of Alabama CS-12A, Rev. 06/2009	COMPLAINT FOR PATERNITY AND CHILD SUPPORT (ALLEGED FATHER)	Court Case Number
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IN THE _____ COURT OF _____ COUNTY, ALABAMA

_____ v. _____

(Plaintiff) (Defendant)

Comes now the Plaintiff and shows unto the court as follows:

1. Plaintiff has just cause to believe he is the father of the child(ren), _____, born to _____ (name of mother).
2. The Plaintiff is now receiving services from the State of Alabama for establishment of paternity pursuant to Title IV-D of the Social Security Act.
 The Plaintiff is not receiving services from the State of Alabama for establishment of paternity pursuant to Title IV-D of the Social Security Act.
3. No order presently exists which establishes the paternity of the child(ren).

WHEREFORE, the premises considered, the Plaintiff moves this Honorable Court as follows:

1. To enter an order setting a hearing on the Plaintiff's complaint to establish the paternity of and the amount of support due on behalf of the child(ren) named above.
2. To enter an order adjudicating the paternity of the child(ren) named above and directing the Plaintiff to pay an amount as determined by the Child Support Guidelines toward the support and maintenance of the minor child(ren) and enter a withholding order.
3. To require the child support payments to be made to Alabama Child Support Payment Center at P.O. Box 244015, Montgomery, AL 36124-4015.
4. To require the Plaintiff OR Defendant, wherever employed, to include the child(ren) named above on any health insurance policy or health insurance coverage at his or her place of employment or include the child(ren) named above on any health insurance policy or health insurance coverage which he or she may purchase, if the health insurance coverage is accessible to the child(ren) and it is available at a reasonable cost, and to provide evidence of such coverage to the other party in non-Title IV-D cases OR to the _____ County Department of Human Resources in Title IV-D cases; OR
 To require the Defendant to pay a sum for the medical support of the child(ren) named above, if health insurance is not accessible, not available, or is not available at a reasonable cost.
5. To require the Plaintiff to pay retroactive support for two (2) years preceding the filing of this action to include the costs of birth expenses.
6. To require the Plaintiff to pay the costs of genetic testing, if applicable.
7. Other: _____.

_____ Date

_____ Plaintiff/Attorney

Name and Address of Attorney:

Telephone No.: _____