

Using DocuSign to Send Acknowledgement of Paternity (AOP) Forms

The following describes the steps needed to process AOPs using DocuSign. For any questions about AOP processes, policies, agency guidelines, etc., please refer to the AOP portal. This document is strictly a guide to the DocuSign functionality.

Please note that DocuSign works best in either Chrome or Firefox web browser.

Step 1: Visit the AOP Portal to Access the Form Links

Log in to the AOP portal and go to the Forms folder to find the 6 form options.

http://csoutreach.oag.texas.gov/aop/trainee/profilelink



There are 6 available forms:

- AOP Acknowledgement of Paternity With Presumed Father This form will be routed to all three parties to sign in DocuSign.
- AOP Acknowledgement of Paternity Without Presumed Father This form will be routed to just the Mother and Father to sign in DocuSign.
- AOP Partial Mother Acknowledgement of Paternity This form will be routed for only the Mother's signature in DocuSign.





- AOP Partial Father Acknowledgement of Paternity This form will be routed for only the Father's signature in DocuSign.
- AOP Partial Presumed Father Acknowledgement of Paternity This form will be routed for only the Presumed Father's signature in DocuSign.
- AOP ID Submission

If you have not met the party or viewed their ID in another way, you may use this form for them to securely submit an image of their ID to you to verify their identity. Each ID Submission form goes to only 1 party for information security purposes.

Step 2: AOP ID Submission – If you have not already received a copy of the ID

You will send a separate envelope to each party in the AOP to have them submit a photo of their ID. The envelopes are separate so the parties will not receive copies of the other party's ID.

In the window that opens for the ID Submission template: enter the customer's name and email address and your name and email address, then click Begin Signing. This sends a document with text in both English and Spanish asking the recipient to submit a photo of their ID. It also includes the AOP rights and responsibilities and child support information form for the customer.

Repeat this step for the mother, father, and presumed father if applicable.

You will receive back a completed email when the party completes their portion and will be able to click a link in the envelope to view the submitted ID.

| Signers will receive | an email for each signing role listed below. an email inviting them to sign this document. |
|--|---|
| Please enter your r | name and email to begin the signing process. |
| Customer | |
| Your Name: * | |
| Full Name | |
| Your Email: * | |
| Email Address | |
| | |
| AOP Certified | Initiator |
| AOP Certified | Initiator |
| AOP Certified Name: Full Name | Initiator |
| AOP Certified Name: Full Name Email: | Initiator |
| AOP Certified Name: Full Name Email: Email Address | Initiator |
| AOP Certified Name: Full Name Email: Email Address | Initiator |





Step 3: Acknowledgement of Paternity

Once you have verified the identities of your parties, you can proceed with the AOP form itself.

From the AOP Portal Forms Page, click the link for the type of AOP form you need.

When the PowerForm opens, you will be prompted to enter name and email address for yourself, the mother, father, and presumed father (if applicable). You are the first signer because you will pre-fill form information. You will also be the last signer, in order to approve and enter the entity code. Enter the recipients then click Begin Signing.

| CUSTOMER DEMO | | BEGIN SIGNING | () HELP |
|---------------|--|---------------|---------------------|
| | | | |
| | | | |
| | PowerForm Signer Information | | |
| | Fill in the name and email for each signing role listed belo Signers will receive an email inviting them to sign this doe | w. cument. | |
| | Please enter your name and email to begin the signing pr | ocess. | Enter Pecinients |
| | AOP Certified Initiator | | Recipients |
| | Your Name: * | | 1. |
| | Full Name | | |
| | Your Email: * | | |
| | Email Address | | |
| | Father | | |
| | Name: | | |
| | Full Name | | |
| | Email: | | |
| | Email Address | | |
| | Mother | | |
| | Name: | | |
| | Full Name | | |
| | Email: | | |
| | Email Address | | |
| | BEGIN SIGNING | | |
| | | | |

Next DocuSign will send you an email to fill in your portion of the form. Click the link in your email to open the AOP form and begin filling your portion.

| GUSTOMER DEMO | ⑦ HELP |
|---|------------|
| Your PowerForm has been successfully activated for signing notifications have been sent. | g. Email X |





PLEASE NOTE: YOU WILL <u>NOT</u> BE ABLE TO MAKE CORRECTIONS. IF THERE IS A MISTAKE IN THE FORM YOU SEND TO THE PARTIES FOR SIGNATURE, YOU WILL HAVE TO START OVER WITH A NEW FORM.

You will fill in fields for the name, address, DOB info for each of the parties and the child; and answer the genetic testing question on the first page.

Please make sure you enter their first and last name as it appears on their ID.

| ease review the docume | ents below. | FINISH | OTHER ACTIONS + | |
|------------------------|--|--|------------------------------------|---|
| | @ Q ⊻∗ 吾 🕫 Ø | | | Ľ |
| | STATE OF TEXAS | DNITV | | |
| RT | This is a legal document. Type or Print in black ink. Parents are to be given a copy of thi | KINIII is completed docur | ment. | |
| cument. | We declare under penalty of perjury that | Smith | | |
| this do | Biological father of | last name | | |
| ation in | Child's first middle last n | ame | | |
| INIOLI | Dorn on, in county | state | | |
| ng false | to Joe Mother's first middle last name in maiden name it | f different | | |
| providi | Establish and birth and an address allows | state ain co | 4 | |
| | | state 200 | | |
| | Mother's date of birth social security number address city We further declare under penalty of perjury that: | state zip co | de | |
|) | We have been given written and oral notice of: the benefits of having paternity establish paternity establishment and child support services; and the legal consequences of, the right of the services of the ser | ed; the availability of ghts and responsibility | of | |
| | of, and the alternative to signing this Acknowledgment. • No other Acknowledgment of Paternity form naming another man as the biological father | of this child has bee | n filed. | |
| | • There is no court order naming another man as the biological father of this child. | | | |
| | A genetic test has not determined that another man is the biological father of this child. Fill one circle by the correct statement from EACH of the following: | | | |
| | There has not been genetic testing of the man listed above to determine if he is the biological father of this child. Of Genetic testing has determine biological father of this child. | ed that the man listed a | bove is the | |
| | The mother <u>was not</u> married to someone other than the The mother <u>was married</u> to someone other than the | omeone other than the | biological | |
| | biological rather at the time of the child's birth or within 300 days prior to the child's date of birth, or there is a court order that states that the man the mother was married to is before the child's birth or dur | ing the first two years ing the first two years | of the child's presented the | |
| | not the father of the child, and during the first two years of child as his own; and that ma the child's life, no man continuously lived with the child Paternity below or has a Den | n has completed the D ial of Paternity filed w | enial of ith the Vital | |
| | and represented the child as his own. Statistics Unit. | | | |
| | Full Signature of Biological Father date Full Signature of Mother | / | date | |
| | Denial of Paternity (and required if "mather was married to conserve other than the location of father | * ** *** ** * * ** ** | * ** * ** *** | |
| | years of life, a man continuously lived with the child and represented the child as his We declare under penalty of periury that ^j immy | s own" is checked.) Johns | | |
| | Presumed Father's first middle the presumed father of the child, is not the biological father. We understand that filing of this de | last name nial with an acknow | edgment | |
| | removes the presumed father's legal duty to support the child and terminates his right of custody | or visitation with the | e child. | |
| | Full Signature of Presumed Father date Full Signature of Mother | | date | |
| | Presumed Father's date of birth social security number Presumed Father's address city | state | zip code | |
| | Texas Department of State Health Services | le831 | 1 | |
| , | Vital Statistics Unit VS-159.1M Revised 9/2011 | | | |
| | | | | |
| | | | 1 of 2 | |
| | | | 1012 | |
| | Change Language - English (US) | e&Privacy ▼ Co | pyright © 2020 DocuSign Inc. I V2R | , |
| | | | | |





Next scroll down to the survey page to enter the type of ID provided by each party. Then click Finish. Once you finish, email notifications will go to the parties involved to sign their portion and fill in the survey question initials. The parties will receive automatic reminder emails every 5 days until they finish.

| Enter text | FINISH OTHER A | CTIONS + |
|------------|---|----------|
| | @ Q ⊻₁ 🖬 🛟 ③ | Ľ |
| | the earlier of 60 days of signing the Acknowledgment of Paternity or the date a proceeding involving the child is initiated before a court. | ^ |
| | 7. After 60 days, I may challenge the AOP in court and must prove fraud, duress, or material mistake of fact. | |
| | 8. I was given a completed copy of the AOP with the benefits, rights, and responsibilities on the back. | |
| | Mother's Printed Name: ID Type: | |
| | Mother's Signature: Phone Number: | |
| | Father's Printed Name: ID Type: | |
| | Father's Signature: Phone Number: | |
| | Certified Staff Signature: Date: | |
| _ | | |
| | Presumed Father: (After you read the Denial of Paternity and Change of Mind sections of the rights and responsibilities, please read the statement below and initial.) | |
| | After I have signed the Denial of Paternity and it has been filed with the Vital Statistics Unit, my legal rights and | |

The parties will receive a form where they <u>cannot</u> edit information, they can only sign. On the survey page, they can select English or Spanish.



When all parties have completed, you will receive an email notification to sign and enter the final information and signatures. On the area for the certified staff signature, if there is a language section that was not used by any of the parties, you can check the checkbox instead of signing that area.

| | Father's Signature: | Phone Number: Date: May 14, 2020 | |
|---|---------------------|-------------------------------------|--|
| Presumed Father: (After you read the Denial of Paternity and Change of Mind sections of the rights and responsibilities, please read the statement below and initial.) | | | |

Then download the completed document pdf and proceed with AOP processing.

Step 4: Upload to TxEVER

Make sure that you extract only the first page of the AOP from the DocuSign forms and save as a Tiff. You will then need to upload into TxEVER prior to filing the birth certificate.

Any questions please contact your local POP.

