RESET FORM HIGHLIGHT FIELDS PRINT FORM

IN THE CIRCUIT COURT OF THE _____ JUDICIAL CIRCUIT
_____ COUNTY, ILLINOIS

_____,	)	
Petitioner *(your name)*,	)	
vs.	)	
_____,	)	
Respondent 1 *(the other person who signed the VAP)*,	)	Case No. _____- F -_____
and	)	
_____,	)	
Respondent 2 *(the person who signed the Denial of Parentage, if applicable).*	)	

Instructions: Use this form to ask the court to vacate (undo) a Voluntary Acknowledgment of Paternity (VAP).

You can use this form if all of these things are true:

- You signed a VAP because of fraud, duress, or material mistake of fact and you want to undo it.
- The VAP was filed with the Illinois Department of Healthcare and Family Services OR, if the VAP was filed in another state, the other parent who signed the VAP lives in Illinois.
- The deadline for you to rescind (cancel) the VAP outside of court has passed. (You usually have 60 days from the effective date of the VAP to rescind it, but the deadline may be shorter if there is a court case about the child.) If you are within the timeframe to rescind the VAP, you should rescind the VAP outside of court instead of bringing a court case.

CAUTION:

- **A VAP can only be challenged in court for very limited reasons**: **fraud, duress, or material mistake of fact**. *(See paragraph 6 for more information). It is highly recommended that you **talk to a lawyer about your** case before using this form.*
- You usually cannot challenge a VAP in court more than two years after its effective date, but there are some exceptions. If it has been more than two years since the effective date of the VAP you should talk to a lawyer about your options. (See section 4 of this form for more information about the VAP's effective date.)
- If you signed the VAP as a minor (under 18 years old), special rules and deadlines may apply to your case and you should talk to a lawyer about your options.

PETITION TO CHALLENGE VOLUNTARY ACKNOWLEDGMENT OF PATERNITY

I, _____ *(your name)*, Petitioner, pursuant to 750 ILCS 46/309, ask this Court to enter an Order vacating the Voluntary Acknowledgment of Paternity and, if applicable, Denial of Parentage

signed by the parties. In support of this Petition, I state as follows:

1. Information about me

Name	Address	Age

I am the *(check only one)*:

☐ birth mother who signed the Voluntary Acknowledgment of Paternity (VAP).

☐ man who signed the VAP.

2. Information about Respondent(s)

a. Information about Respondent 1 (the other person who signed the VAP):

Name	Address	Age

b. Information about Respondent 2 (the person, in addition to the birth mother, who signed the Denial of Parentage):

To the best of my knowledge, someone ☐ did / ☐ did not *(check one)* sign a Denial of Parentage for the child.

If someone signed a Denial of Parentage for the child, fill out the chart below with information about the person, in addition to the birth mother, who signed the Denial.

Name	Address	Age

3. Information about the child

Respondent and I signed a Voluntary Acknowledgment of Paternity for the following child:

Name or initials of child	Date of birth	County of residence

4. Effective date of VAP

(Note: You usually cannot challenge a VAP in court more than two years after its effective date, but there are some exceptions. If it has been more than two years since the most recent date listed below, you should talk to a

lawyer about your options.)

Child's date of birth:	
Date the VAP was filed with the Illinois Department of Healthcare and Family Services:	
Date(s) any Denial(s) of Parentage was/were filed with the Illinois Department of Healthcare and Family Services *(if applicable)*:	

5. Jurisdiction

(*Check only one. If none of these applies, you cannot use this form and should talk to a lawyer about your options.)*

a. ☐ The VAP and any Denials of Parentage were filed with the Illinois Department of Healthcare and Family Services.

b. ☐ The VAP and any Denials of Parentage were filed in a state other than Illinois, but all of the Respondents in this case live in Illinois.

c. ☐ The VAP and any Denials of Parentage were filed in a state other than Illinois. Respondent 1 (the other person who signed the VAP) lives in Illinois, but the other Respondents do not.

6. Challenge to Voluntary Acknowledgment of Paternity

a. Reason(s) for challenge: I am asking the court to vacate the VAP I signed because of *(check one or more):*

☐ Fraud *(someone lied to you or hid important facts from you on purpose so you would sign the VAP).*

☐ Duress *(you were forced to sign the VAP).*

☐ Material mistake of fact *(you signed the VAP because you were mistaken about certain important fact(s) and would not have signed it if you knew the true fact(s). It is usually not enough just to show that the man named in the VAP is not actually the father).*

Facts *(Describe the fraud, duress, or material mistake of fact that made you sign the VAP. Be specific.):*

_____

_____

_____

_____

_____

RELIEF REQUESTED:

Therefore, I am asking the Court to enter an order which provides as follows (*check all that apply*):

A. Vacating the Voluntary Acknowledgment of Paternity the Respondent and I signed and any related Denial of

Parentage.

B. Amending the birth certificate of the child accordingly.

C. Any other appropriate relief.

CERTIFICATION

Under the penalties for perjury provided by Section 1-109 of the Illinois Code of Civil Procedure, I certify that my statements in this document are true and correct.

Signature: _____ Date: _____

Print name: _____

Address: _____

Phone number: _____

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