

CALIFORNIA DEPARTMENT OF CHILD SUPPORT SERVICES

P.O. Box 419064, Rancho Cordova, CA 95741-9064



November 4, 2002

POP LETTER: 02-01

TO: ALL IV-D DIRECTORS
ALL IV-D PATERNITY OPPORTUNITY PROGRAM COORDINATORS
FAMILY LAW FACILITATORS
COUNTY SOCIAL AND HUMAN SERVICES AGENCIES

SUBJECT: REVISED REQUEST FORMS FOR AGENCIES AND PARENTS TO
REQUEST FILED DECLARATIONS OF PATERNITY FROM THE
CALIFORNIA DEPARTMENT OF CHILD SUPPORT SERVICES

Effective August 1, 2002, the Public Agency Request Form for a Paternity Declaration (CS 919) and the Parents Request Form for a Declaration of Paternity (CS 918) have been revised. We have enclosed a reproducible copy of each form with this letter. Because these are low-usage forms, the California Department of Child Support Services (DCSS) does not print an inventory of this form for storage in the warehouse. A copy of the parents request form can also be downloaded from the DCSS website at www.childsup.cahwnet.gov.

California Family Code Section 7571 (j) states that copies of paternity declarations filed with DCSS are to be made available only to the parents, child, local child support agencies, county welfare departments (including child protective services and local public adoption departments), the California Department of Health Services, county counsels and the courts (including Family Law Facilitators Offices). Private attorneys, private adoption agencies and others must obtain written authorization from one of the parents listed on the paternity declaration to obtain a filed copy of a declaration of paternity from DCSS.

Public Agencies may FAX requests to DCSS at (916) 464-5062, while all parents' requests must be mailed to DCSS at the address shown on the form. All parents' requests must be signed by the parent making the request. There is currently no charge for parents or agencies to obtain a certified copy of a filed declaration of paternity.

DCSS-PR-2002-POP-0004



DO YOUR PART TO HELP CALIFORNIA SAVE ENERGY
For energy saving tips, visit the DCSS website at
www.childsup.cahwnet.gov

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The request forms have been revised in order to add the parents' Social Security Numbers and also to include the new DCSS POP Unit mailing address and FAX number. We also have added a section for the e-mail address of the requestor on the agency request form because we anticipate agencies being able to make e-mail requests in the near future.

Please note that Data Image Systems (IKON) in Sacramento is no longer affiliated with POP, so please do not send or FAX requests to them.

If you would like electronic copies of these forms, please contact Teri Willhite of the Customer and Community Service Branch at (916) 464-5486 or e-mail at Teri.Willhite@dcss.ca.gov.

If you need additional information about the contents of this letter or about POP in general, please contact your State POP analyst. See the enclosed listing for the names, telephone numbers, and e-mail address of the POP analysts and their local child support agency assignments.

Sincerely,

FRANCINE WOODS, Chief
Customer and Community Services Branch

Enclosures

PATERNITY DECLARATION INFORMATION REQUEST (FOR USE BY PUBLIC AGENCIES ONLY)

REQUEST TYPE: VERIFICATION CERTIFIED COPY FAXED COPY

CHILD'S NAME (FIRST, MIDDLE, LAST)

CHILD'S COUNTY OF BIRTH

CHILD'S DATE OF BIRTH

MOTHER'S NAME (FIRST, MIDDLE, LAST)

MOTHER'S SOCIAL SECURITY No.

MOTHER'S DATE OF BIRTH

FATHER'S NAME (FIRST, MIDDLE, LAST)

FATHER'S SOCIAL SECURITY No.

FATHER'S DATE OF BIRTH

REQUESTOR INFORMATION

AGENCY REQUESTER NAME

PHONE NUMBER

REQUEST DATE

E-MAIL ADDRESS

FAX NUMBER

NAME OF COUNTY

CHILD SUPPORT AGENCY WELFARE OFFICE COURTS

RETURN MAILING ADDRESS

SEND WRITTEN REQUESTS TO: California Department of Child Support Services
 Paternity Opportunity Program
 P.O. Box 419070
 Rancho Cordova, CA 95741- 9070

SEND FAX REQUEST TO: (916) 464-5062

FOR FURTHER INFORMATION CONTACT A STATE POP COORDINATOR AT: (866) 249-0773

FOR STATE USE ONLY

RECORD ON FILE COPY ATTACHED NO RECORD FOUND

INITIALS AND DATE:

HOW PARENTS CAN REQUEST A FILED COPY OF A DECLARATION OF PATERNITY FORM

A parent requesting a copy of a completed Declaration of Paternity form filed with the State of California should either complete a Parents Request Form for Declaration of Paternity (CS 918) or send a letter.

When completing the request form, the parent must indicate either a certified copy or faxed copy of the paternity declaration is being requested.

Next, TYPE or PRINT the following information about the child and the parents:

Child's Name (First, Middle and Last)
Child's County of Birth
Child's Date of Birth
Mother's Name (First, Middle and Last)
Mother's Social Security No.
Mother's Date of Birth
Father's Name (First, Middle and Last)
Father's Social Security No.
Father's Date of Birth

The parent making the request (the requestor) must also TYPE or PRINT the following identifying information:

Requestor's (Parent's) Name
Requestor's Mailing Address and Telephone Number
FAX Number (If requesting a FAX copy of the paternity declaration)
The Requestor's Relationship to the Child

THE REQUESTOR (PARENT) MUST SIGN THE REQUEST FORM. ANY REQUESTS NOT SIGNED WILL NOT BE PROCESSED

All requests should be mailed to:

**California Department of Child Support Services
Paternity Opportunity Program
P. O. Box 419070
Rancho Cordova, CA 95741- 9070**

Please allow (10) ten working days for your request to be processed.

For information contact a State POP Coordinator at (866) 249-0773.

NOTE: If you use a letter for your request, please include all the identifying information about the child and parents shown above. Also include the requestor's name, mailing address and signature.

PARENTS REQUEST FORM FOR DECLARATION OF PATERNITY

REQUEST TYPE: **CERTIFIED COPY** **FAXED COPY**

CHILD'S NAME (FIRST, MIDDLE, LAST)

CHILD'S COUNTY OF BIRTH

CHILD'S DATE OF BIRTH

MOTHER'S NAME (FIRST, MIDDLE, LAST)

MOTHER'S SOCIAL SECURITY NO.

MOTHER'S DATE OF BIRTH

FATHER'S NAME (FIRST, MIDDLE, LAST)

FATHER'S SOCIAL SECURITY NO.

FATHER'S DATE OF BIRTH

FOR REQUESTOR TO COMPLETE

REQUESTOR NAME (PLEASE PRINT)

PHONE NUMBER

REQUEST DATE

FAX NUMBER

REQUESTOR RELATIONSHIP TO CHILD

RETURN MAILING ADDRESS

REQUESTOR SIGNATURE (REQUEST WILL NOT BE PROCESSED UNLESS SIGNED)

SEND WRITTEN REQUESTS TO: California Department of Child Support Services
 Paternity Opportunity Program
 P. O. Box 419070
 Rancho Cordova, CA 95741- 9070

For further information, contact a State POP Coordinator at (866) 249-0773

FOR STATE USE ONLY

RECORD ON FILE COPY ATTACHED NO RECORD FOUND

INITIALS AND DATE:

Paternity Opportunity Program County Assignments

Michael Coleman, Manager

Jim Mullany

Jim.Mullany@dcss.ca.gov

(916) 464-5482

Alameda
Contra Costa
El Dorado
Kern
Marin
Napa
Nevada
Placer
Riverside
Sacramento
San Bernardino
San Francisco
San Joaquin
San Mateo
Santa Clara
Santa Cruz
Sierra
Solano
Sonoma
Stanislaus
Tulare

Wanda Smith

Wanda.Smith@dcss.ca.gov

(916) 464-5170

Fresno
Inyo
Kings
Los Angeles
Madera
Mariposa
Merced
Orange
Santa Barbara
Ventura



Elena Palmi

Elena.Palmi@dcss.ca.gov

(916) 464-5164

Alpine
Amador
Butte
Calaveras
Colusa
Del Norte
Glenn
Humboldt
Imperial
Lake
Lassen
Mendocino
Modoc
Mono
Monterey
Plumas
San Benito
San Diego
San Luis Obispo
Shasta
Siskiyou
Sutter
Tehema
Trinity
Tuolumne
Yolo
Yuba

FAX Number: (916) 464-5065

**Mailing Address: DCSS POP Unit
P.O. Box 419064
Rancho Cordova, CA 95741-9064**

e-mail Address: ASKPOP@dcss.ca.gov