

CALIFORNIA DEPARTMENT OF CHILD SUPPORT SERVICES

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



December 20, 2002

POP LETTER: 02-04

Reason for this Transmittal

- State Law or Regulation Change
- Federal Law or Regulation Change
- Court Order or Settlement Change
- Clarification requested by One or More Counties
- Initiated by DCSS

ALL IV-D DIRECTORS
 ALL LCSA PATERNITY OPPORTUNITY PROGRAM COORDINATORS
 LOCAL REGISTRARS OF BIRTHS AND DEATHS
 FAMILY LAW FACILITATORS

SUBJECT: REVISED RESCISSION FORM FOR THE DECLARATION OF
 PATERNITY CS 915 (1/03) – ENGLISH AND SPANISH

The Declaration of Paternity Rescission Form, CS 915, has been revised to show the Department of Child Support Services (DCSS), Paternity Opportunity Program's (POP) new mailing address:

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

It is very important that agencies provide parents the most current version of the form, since statute allows parents only 60 days to rescind a Declaration of Paternity. All Local Child Support Agencies (LCSA), local registrars of births and deaths, and Family Law Facilitators should immediately discard all prior versions of CS 915 forms and use the new version.



POP Letter: 02-04
December 20, 2002
Page 2

We have enclosed reproducible copies of the revised rescission forms in both English and Spanish. We will also e-mail an electronic version of the form to all LCSAs. Electronic versions of the rescission form are also available on the DCSS website at <http://www.childsup.cahwnet.gov/program/pop/> or by contacting Carolyn Castaneda, Administration Coordinator, California Judicial Council, at carolyn.castaneda@jud.ca.gov or by telephone at (415) 865-7675.

The Office of State Publishing will be printing the revised CS 915 form in the near future. Agencies can order the new CS 915 form directly from the Office of State Publishing by using the enclosed order form. If you have any question regarding the rescission form or process, please contact your DCSS POP analyst shown on the enclosed listing.

Sincerely,

PATRIC B. ASHBY
Deputy Director
Child Support Program Division

Enclosures

RESCISSION FORM FOR THE DECLARATION OF PATERNITY

Please refer to the instruction page. Use black ink. Print carefully.

Either person who signed the Declaration of Paternity may use this form to rescind a completed Declaration. It must be **properly completed** and **filed within 60 days** of the date the Declaration of Paternity was signed.

This form **cancel**s the legal father and child relationship created by the Declaration of Paternity you have signed.

I, _____, **declare as follows:**
(TYPED OR PRINTED NAME OF PARENT SIGNING RESCISSION)

1. I signed the Declaration of Paternity form for _____
(NAME OF CHILD)
 on _____, at _____
(DATE SIGNED) (NAME OF COUNTY AND STATE WHERE SIGNED)
2. The child's date of birth is _____
(MONTH/DAY/YEAR)
3. The name of the other person who signed the Declaration is:
 _____, and their address is
(FIRST, MIDDLE, LAST)

(STREET ADDRESS, APT.# CITY, STATE, ZIP CODE)
4. My social security number is _____ - _____ - _____. My date of birth is _____
(MONTH/DAY/YEAR)
 By checking this box, I certify I do not have a Social Security Number.
5. I declare, **under penalty of perjury**, that a copy of this rescission was mailed, return receipt requested, to the other person who signed the Declaration of Paternity.
6. **I want to cancel the legal father and child relationship created by the Declaration of Paternity. I understand that signing this form will cancel the Declaration of Paternity, provided that it is filed within 60 days of the date the Declaration of Paternity was signed.**

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on _____ at _____, California
(MONTH/DAY/YEAR) (CITY WHERE THIS FORM WAS SIGNED)

(YOUR ADDRESS: STREET, CITY, STATE, ZIP CODE)

(YOUR SIGNATURE)

THIS IS A LEGAL DOCUMENT. READ AND COMPLETE CAREFULLY. DO NOT SIGN THIS FORM IF YOU DO NOT UNDERSTAND WHAT IT MEANS

State of _____

County of _____

On _____ before me, _____, personally
 appeared _____

_____ personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their signature(s) on the instrument the person(s), or the entity on behalf of which the person(s) acted, executed the instrument.

WITNESS by hand and official seal.

Signature _____

RESCISSION FORM for the DECLARATION OF PATERNITY

Who can use this form ?

- Anyone who signed the Declaration of Paternity can use this form to cancel it **within 60 days** of signing the Declaration of Paternity, unless a court order for custody, visitation, or child support has also been entered. This means either the man who signed or the child's mother can cancel the Declaration of Paternity. Only one person's signature is necessary, but the other parent must be formally notified by certified mail, from the parent who is signing the rescission form (see the checklist below).

Why use the rescission form ?

- This form **CANCELS** the legal father and child relationship created by the Declaration of Paternity you already signed.
- You must follow all directions carefully to cancel your Declaration of Paternity.

When do I need to complete the Rescission of Paternity Form ?

- This form must be completed **within 60 days** of the date you signed the Declaration of Paternity to be valid.

How do I complete the rescission form ?

Complete the Checklist:

- Use black ink. Print clearly and neatly.
- Fill out the Rescission Form. **Sign the form in front of a Notary Public.** You are declaring, under penalty of perjury, that you sent a copy of the Rescission Form to the other person who signed the Declaration of Paternity.
- Make (2) two copies of the signed Rescission Form. Keep one for your records.
- Mail a copy of the Rescission Form to the other person who signed the Declaration of Paternity, using "Return Receipt Requested" mail from the Post Office. Once the signed return receipt comes back signed from the other person, make a **copy of the signed return receipt** to send with your Rescission Form.

Where do I send the rescission form after it is signed ?

- Once you have signed this form, mail the completed form and a copy of the signed return receipt to:
- **California Department of Child Support Services
Paternity Opportunity Program
P.O. Box 419070
Rancho Cordova, CA 95741-9070**
- **within 60 days** of the date the Declaration of Paternity was signed.

FORMULARIO DE REVOCACIÓN PARA LA DECLARACIÓN DE PATERNIDAD

Por favor, consulte la página de instrucciones. Use tinta negra. Escriba en letra de molde cuidadosamente. Cualquier persona que firmó la Declaración de Paternidad puede utilizar este formulario para revocar una Declaración completada. Ésta tiene que **completarse adecuadamente** y **presentarse en un plazo de 60 días**, a partir de la fecha en que se firmó la Declaración de Paternidad.

Este formulario **cancela** la relación legal de padre e hijo(a) creada por la Declaración de Paternidad que usted ha firmado.

Yo, _____, **declaro lo siguiente:**
(ESCRIBA A MÁQUINA O EN LETRA DE MOLDE EL NOMBRE DEL PADRE/MADRE QUE FIRME LA REVOCACIÓN)

1. Yo firmé el formulario de Declaración de Paternidad para _____, [NOMBRE DEL/DE LA NIÑO(A)]
 el _____, en _____.
(FECHA EN QUE SE FIRMÓ) (NOMBRE DEL CONDADO Y ESTADO EN DONDE SE FIRMÓ)

2. La fecha de nacimiento del/de la niño(a) es _____.
(MES/DÍA/AÑO)

3. El nombre de la otra persona que firmó la Declaración es:
 _____, y su dirección es _____.
(NOMBRE DE PILA, SEGUNDO NOMBRE, APELLIDO) (DIRECCIÓN RESIDENCIAL, CALLE NO. DE DEPT. CIUDAD, ESTADO, CÓDIGO POSTAL)

4. Mi número de seguro social es ____ - ____ - ____ . Mi fecha de nacimiento es _____.
(MES/DÍA/AÑO)
 Al marcar esta casilla, certifico que no tengo un Número de Seguro Social.

5. Declaro, **bajo pena de perjurio**, que se envió por correo una copia de esta revocación, con acuse de recibo requerido, a la otra persona que firmó la Declaración de Paternidad.

6. **Deseo cancelar la relación legal entre padre e hijo(a) creada por la Declaración de Paternidad. Entiendo que el firmar este formulario cancelará la Declaración de Paternidad, siempre y cuando éste se presente en un plazo de 60 días, a partir de la fecha en que la Declaración de Paternidad se firmó.**

Declaro, bajo pena de perjurio, conforme a las leyes del Estado de California, que lo anterior es verdadero y correcto.

Ejecutado el _____ en _____, California
(MES/DÍA/AÑO) (CIUDAD EN DONDE SE FIRMÓ ESTE FORMULARIO)

(SU DIRECCIÓN: CALLE, CIUDAD, ESTADO, CÓDIGO POSTAL)
(SU FIRMA)

ÉSTE ES UN DOCUMENTO LEGAL. LEA Y COMPLETE CUIDADOSAMENTE. NO FIRME ESTE FORMULARIO, SI NO ENTIENDE LO QUE SIGNIFICA

Estado de _____ Condado de _____ El _____ ante mí, _____, compareció/comparecieron en persona _____ a quien(es) conozco personalmente (o que se me comprobó con evidencia satisfactoria) que es/son la(s) persona(s) cuyo(s) nombre(s) se subscribe(n) en el documento y reconoció/reconocieron ante mí, que él/ella/ellos ejecutó/ejecutaron el mismo con su(s) firma(s) en el documento, la(s) persona(s), o la entidad en nombre de la cual la(s) persona(s) actuó/actuaron, ejecutó/ejecutaron el documento. TESTIGO por firma a mano y sello oficial. Firma _____	
---	--

FORMULARIO DE REVOCACIÓN para la DECLARACIÓN DE PATERNIDAD

¿Quién(es) puede(n) usar este formulario?

- Cualquier persona que firmó la Declaración de Paternidad puede usar este formulario para cancelarlo, **en un plazo de 60 días** de haber firmado la Declaración de Paternidad, a menos que también se haya emitido una orden del tribunal para patria potestad, visitas o mantenimiento de hijos. Esto significa que ya sea el hombre que la firmó, o la madre del/de la niño(a) puede cancelar la Declaración de Paternidad. Sólo se necesita la firma de una persona, pero el padre que firma el formulario de revocación debe notificárselo formalmente al otro padre por medio de correo certificado (vea la lista a continuación).

¿Por qué utilizar el formulario de revocación?

- Este formulario **CANCELA** la relación legal de padre e hijo(a) creada por la Declaración de Paternidad que usted ya firmó.
- Usted tiene que seguir todas las indicaciones cuidadosamente para cancelar su Declaración de Paternidad.

¿Cuándo necesito completar el Formulario de Revocación de Paternidad?

- A fin de que sea válido, este formulario tiene que completarse **en un plazo de 60 días**, a partir de la fecha en que usted firmó la Declaración de Paternidad.

¿Cómo completo el formulario de revocación? Complete la lista:

- Use tinta negra. Escriba en letra de molde clara y nítidamente.
- Llene el Formulario de Revocación. **Firme el formulario en frente de un Notario Público.** Usted declara, bajo pena de perjurio, que envió una copia del Formulario de Revocación a la otra persona que firmó la Declaración de Paternidad.
- Saque (2) dos copias del Formulario de Revocación firmado. Guarde una para sus archivos.
- Envíe por correo una copia del Formulario de Revocación a la otra persona que firmó la Declaración de Paternidad, usando correo "con acuse de recibo requerido" de la Oficina de Correos. Una vez que se le regrese el acuse de recibo firmado por la otra persona, saque una **copia del acuse de recibo firmado** para enviarlo con su Formulario de Revocación.

¿A dónde mando el formulario de revocación, después de que sea ha firmado?

- Una vez que usted haya firmado este formulario, envíe por correo el formulario completo y una copia del acuse de recibo firmado a:
- **California Department of Child Support Services
Paternity Opportunity Program
P.O. Box 419070
Rancho Cordova, CA 95741- 9070**
- **en un plazo de 60 días**, a partir de la fecha en que se firmó la Declaración de Paternidad.

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

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
Fresno
Glenn
Humboldt
Imperial
Lake
Lassen
Mendocino
Modoc
Mono
Monterey
Plumas
San Benito
San Diego
San Luis Obispo
Shasta
Siskiyou
Sutter
Tehama
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

**Paternity Opportunity Program Order Form –
Family Support Divisions, Courts and
Local Registrar of Births and Deaths**



To order copies of the POP materials, please fill out and mail or fax to:

**Office of State Publishing/Fulfillment Services Warehouse
344 North Seventh Street
Sacramento, CA 95814**

Fax to: OSP/ Fulfillment Warehouse at (916) 445-9134

FORM or PUBLICATION Description	Unit of Issue	Requested Amount
CS 909 <i>Declaration of Paternity form – English</i>	Pad of 100	
CS 909 <i>Declaration of Paternity form – Spanish</i>	Pad of 100	
CS 915 <i>Rescission form – English</i>	Pad of 100	
CS 915 <i>Rescission form – Spanish</i>	Pad of 100	
CS 910 (English on front Spanish on back) <i>One-page Information Sheet</i>	Pad of 50	
PUB 244 <i>Establishing Paternity Brochure - English</i>	Pad of 100	
PUB 244SP <i>Establishing Paternity Brochure - Spanish</i>	Pad of 100	

Requested Date (Please allow 4-6 weeks for delivery)

Phone Number (To clarify order only)

PLEASE PRINT or TYPE ADDRESS BELOW CLEARLY:

.....
Name

.....
County/ Agency/ Name

.....
Street Address (**We can NOT deliver to P.O. Box Address**)

.....
City State Zip



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