

BIRTH DATA QUALITY WORKSHOP  
WEBINAR  
JULY 16, 2014



PATERNITY  
OPPORTUNITY  
PROGRAM 

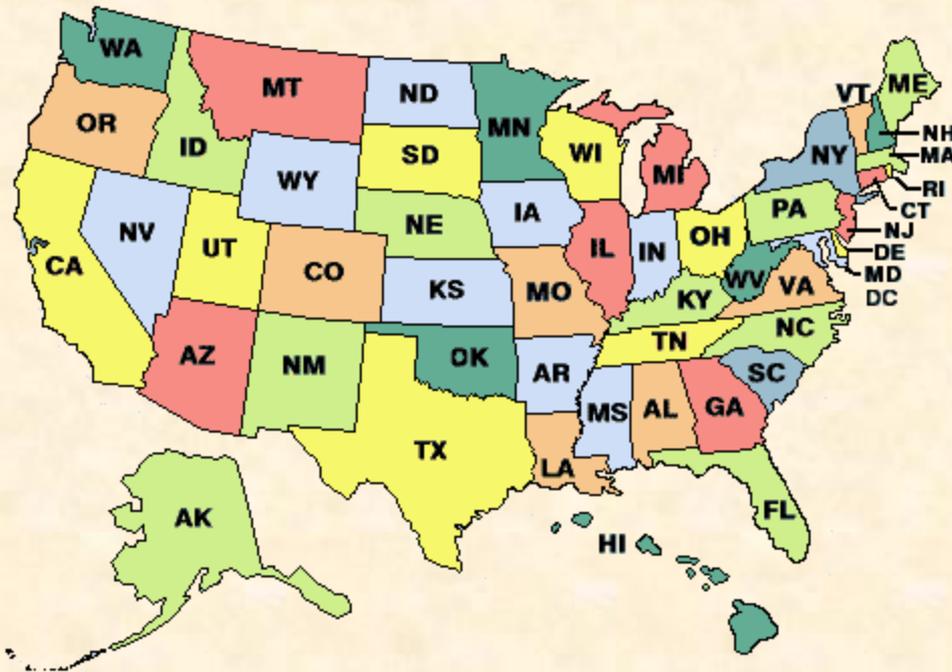
# WHAT IS POP?

Paternity Opportunity Program

POP provides **unmarried** parents (natural mother and biological father) the opportunity to **voluntarily** establish legal paternity without having to go to court.



# FEDERALLY MANDATED PROGRAM



All states must have a program to establish paternity voluntarily

Paternity established in one state is recognized throughout the United States

# LEGAL REFERENCES

## Code of Federal Regulations

Title 45: Public Welfare

Part 302 State Plan Requirements

Section 302.7

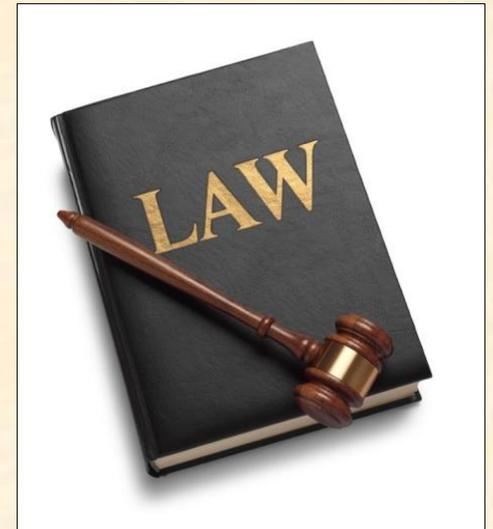
Title 45: Public Welfare

Part 303 Standards for Program  
Operations

Section 303.5

## California Family Code

Sections 7570 thru 7577



# PATERNITY LAWS

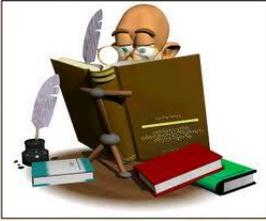
When the parents are married, “... *the child of a wife cohabiting with her husband ... is conclusively presumed to be a child of the marriage.*” (Family Code Section 7540)

When parents are **not** married, paternity must be established through a legal process.

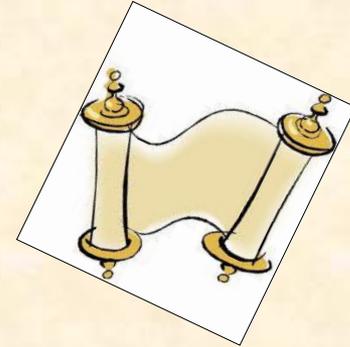
Legal Paternity Establishment Processes:

1. File a Voluntary Declaration of Paternity
2. Court Order (judicial)





# POP HISTORY



1993-1994  
Pilot program

January 1, 1995

Birth hospitals and authorized agencies shall provide unmarried parents the opportunity to voluntarily acknowledge paternity

January 1, 1997

Paternity must be established prior to the father's name being listed on the birth certificate

January 1, 2000

California Department of Child Support Services created (AB 196 and SB 542)

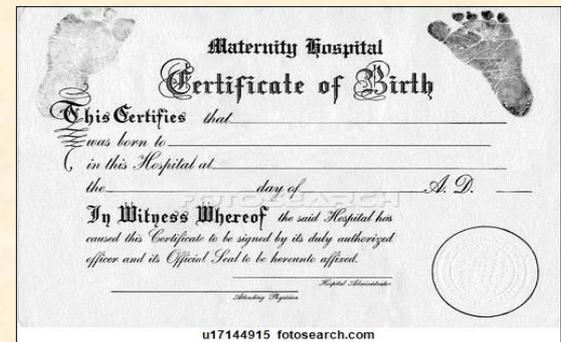
# *SIMPLE PROCESS*

A filed Declaration of Paternity has the same legal force and effect as a judgment of paternity entered by a court



# BENEFITS

- Proof of legal paternity needed for:
  - Obtaining a child support order
  - Public assistance
  - Benefits (health/medical, social security)
  - Inheritance
  - School records
  - Child's Passport/Travel
  - Father's name on birth certificate





# Fun Facts and Figures



- ❑ California's Paternity Opportunity Program is a national model
- ❑ Over 2.6 Million POP Declarations have been filed since 1995
- ❑ Less than 6% are linked to a child support case
  
- ❑ Over 162,000 POP Declarations filed in FFY 2013
  - ❑ 3,100 +/- per week
  - ❑ Only 4% invalid (just over 6,400)



# PRIMARY AUTHORIZED WITNESSES

- Hospitals
- County Registrar Offices
- Courts/Family Law Facilitators
- Social Services Agencies
- County Child Support Offices
- Notary Public

**Paternity Opportunity Program**



## Who can witness a Declaration of Paternity?

In California, representatives from the agencies below are qualified to witness your Declaration:

- Family Law Facilitator of Local Court
- Hospital where your baby is born
- Local Registrar of Births & Deaths
- Notary Public
- Local Child Support Agency
- Local Welfare Office

When signing the Declaration outside the state of California, a notary public\* is the only qualified witness.

*\*A notary public may charge a fee for services.*

A Declaration of Paternity must be completed, signed by both parents with signatures properly witnessed, and filed with the California Department of Child Support Services before legal paternity is established.

To find out more about establishing paternity:

- Call toll-free 1-800-248-0773
- E-mail [askpop@dcss.ca.gov](mailto:askpop@dcss.ca.gov)
- Click on the POP link at [www.childsup.ca.gov](http://www.childsup.ca.gov)

California Department of Child Support Services  
**Paternity Opportunity Program (POP)**  
DCSS POP, P.A. Box 419070, Rancho Cordova CA 95741-9070

POP1 08/10



# WITNESS RESPONSIBILITIES



Explanation of the parents' rights and responsibilities must be given verbally AND in writing by an authorized witness (*Family Code Section 7571*)

- Written:
  - Purple sheet of Declaration
  - The back side of parent copy
  - Handouts and pamphlets
- Verbal:
  - DVD
  - POP phone tree 1-866-249-0773
  - Witness reading the entire purple sheet



# FREQUENTLY ASKED QUESTION

- Yes, no, maybe.....?
- There are no Federal or State regulations requiring identification
- The parents are signing under penalty of perjury
- **Follow Hospital/Agency Policy**
  - FC 7571(b)
  - *“No health care provider shall be subject to civil, criminal, or administrative liability for any negligent act or omission relative to the accuracy of the information provided, or for filing the declaration with the appropriate state or local agencies.”*

**Is ID required ?**



# COMPLETION OF DECLARATION OF PATERNITY FORM

- Use black or blue ink (No Pencil)
- Cannot be signed prior to child's birth
  - (Military Exception)
- Complete a separate declaration for each child
  - Siblings
  - Identify Twins: "Twin A" "Twin B"
  - Triplets, etc.
- Forms must be submitted within 20 days of signing



# COMPLETION OF CS 909

One Witness  
Same Date

**DECLARATION OF PATERNITY**

CS 909 (11/07)

**INSTRUCTIONS: PLEASE READ PAGE 1 AND 2 BEFORE COMPLETING**

SEND ORIGINAL (White Copy) TO: DCSS – Paternity Opportunity Program

PO Box 419070

Rancho Cordova, CA 95741-9070

**SECTION A ALL PARTS OF SECTIONS A & B SHALL BE COMPLETED AND EITHER SECTION C OR D WITNESSED CHANGES CANNOT BE MADE TO THIS FORM ONCE IT IS FILED WITH THE STATE**

Child	NAME OF CHILD – FIRST	MIDDLE	LAST
	Child's First name	Middle name	Last name(s)
Place of Birth	DATE OF BIRTH (Month, Day, Year)	SEX	
	Date of Birth	Gender	
Place of Birth	HOSPITAL NAME	CITY	
	Place of Birth	City	
Birth	COUNTY	STATE	
	County Name	State	
Father's Information	NAME OF FATHER – FIRST	MIDDLE	LAST
	Father First Name	Middle Name	Last Name
Father's Information	DATE OF BIRTH (Month, Day, Year)	SOCIAL SECURITY NO. (See Privacy Notice on back of this page)	<input type="checkbox"/> BY CHECKING THIS BOX I CERTIFY I DO NOT HAVE A SOCIAL SECURITY NUMBER
	DOB	123-45-6789	
Mother's Information	CURRENT ADDRESS (NUMBER, STREET, CITY, STATE, ZIP)	Mailing address	
	Mailing address		
Mother's Information	NAME OF MOTHER – FIRST	MIDDLE	LAST
	Mother's First Name	Middle name	Last name
Mother's Information	DATE OF BIRTH (Month, Day, Year)	SOCIAL SECURITY NO. (See Privacy Notice on back of this page)	<input type="checkbox"/> BY CHECKING THIS BOX I CERTIFY I DO NOT HAVE A SOCIAL SECURITY NUMBER
	DOB	987-65-4321	
Mother's Information	CURRENT ADDRESS (NUMBER, STREET, CITY, STATE, ZIP)	Mailing address	
	Mailing address		

**SECTION B READ OTHER SIDE BEFORE SIGNING**

*I declare under the penalty of perjury under the laws of the State of California that I am the biological father of the child named on this declaration and that the information I have provided is true and correct. I have read and understand the rights and responsibilities described on the back of this form. I understand that by signing this form I am consenting to the establishment of paternity, thereby waiving those rights. I am assuming all of the rights and responsibilities as the biological father of this child. I wish to be named as the father on the child's birth certificate. I have been orally informed of my rights and responsibilities.*

*I declare under the penalty of perjury under the laws of the State of California that I am the unmarried natural mother of the child named on this declaration and that the information I have provided is true and correct. I have read and understand the rights and responsibilities described on the back of this form. I certify that the man signing this form is the only possible father of this child. I know that by signing this form I am establishing the man signing this form as the biological father of this child with all the rights and responsibilities of a biological father under the laws of California. I consent to the establishment of paternity by signing this form. I have been orally informed of my rights and responsibilities.*

SIGNATURE OF FATHER	DATE SIGNED	SIGNATURE OF MOTHER	DATE SIGNED
Father's Signature	Date	Mother's Signature	Date

**SECTION C TO BE COMPLETED BY A WITNESS AT THE HOSPITAL, AGENCY OR CLINIC (PLEASE PRINT AND SIGN)**

DECLARATION WITNESSED BY (SIGNATURE AND PRINTED NAME)	DATE SIGNED
Witness Signature	Date
NAME OF AGENCY (HOSPITAL, CLINIC OR OTHER)	Printed Name
Agency Name	
CURRENT ADDRESS (NUMBER, STREET, CITY, ZIP)	Complete address, including city, state and zip code
Complete address, including city, state and zip code	

**SECTION D TO BE COMPLETED BY A NOTARY PUBLIC IF SECTION C IS NOT WITNESSED ABOVE**

State of \_\_\_\_\_ County of \_\_\_\_\_

On \_\_\_\_\_ (date) before me, \_\_\_\_\_ (insert name and title of the officer)

Personally appeared \_\_\_\_\_

\_\_\_\_\_

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal. Signature \_\_\_\_\_ (SEAL)

# COMPLETION OF CS 909

One Witness -  
Separate Dates

**DECLARATION OF PATERNITY**

CS 909 (11/07)

**INSTRUCTIONS: PLEASE READ PAGE 1 AND 2 BEFORE COMPLETING**

SEND ORIGINAL (White Copy) TO: DCSS – Paternity Opportunity Program

PO Box 419070  
Rancho Cordova, CA 95741-9070

**SECTION A ALL PARTS OF SECTIONS A & B SHALL BE COMPLETED AND EITHER SECTION C OR D WITNESSED CHANGES CANNOT BE MADE TO THIS FORM ONCE IT IS FILED WITH THE STATE**

Child	NAME OF CHILD – FIRST	MIDDLE	LAST
	Child's First name	Middle name	Last name(s)
Date of Birth	DATE OF BIRTH (Month, Day, Year)	SEX	
	Date of Birth	Gender	
Place of Birth	HOSPITAL NAME	CITY	
	Place of Birth	City	
County Name	COUNTY	STATE	
	County Name	State	
Father's Information	NAME OF FATHER – FIRST	MIDDLE	LAST
	Father First Name	Middle Name	Last Name
	DATE OF BIRTH (Month, Day, Year)	SOCIAL SECURITY NO. (See Privacy Notice on back of this page)	<input type="checkbox"/> BY CHECKING THIS BOX I CERTIFY I DO NOT HAVE A SOCIAL SECURITY NUMBER
	DOB	123-45-6789	
CURRENT ADDRESS (NUMBER, STREET, CITY, STATE, ZIP)			
Mailing address			
Mother's Information	NAME OF MOTHER – FIRST	MIDDLE	LAST
	Mother's First Name	Middle name	Last name
	DATE OF BIRTH (Month, Day, Year)	SOCIAL SECURITY NO. (See Privacy Notice on back of this page)	<input type="checkbox"/> BY CHECKING THIS BOX I CERTIFY I DO NOT HAVE A SOCIAL SECURITY NUMBER
	DOB	987-65-4321	
CURRENT ADDRESS (NUMBER, STREET, CITY, STATE, ZIP)			
Mailing address			

**SECTION B READ OTHER SIDE BEFORE SIGNING**

I declare under the penalty of perjury under the laws of the State of California that I am the biological father of the child named on this declaration and that the information I have provided is true and correct. I have read and understand the rights and responsibilities described on the back of this form. I understand that by signing this form I am consenting to the establishment of paternity, thereby waiving those rights. I am assuming all of the rights and responsibilities as the biological father of this child. I wish to be named as the father on the child's birth certificate. I have been orally informed of my rights and responsibilities.

I declare under the penalty of perjury under the laws of the State of California that I am the unmarried natural mother of the child named on this declaration and that the information I have provided is true and correct. I have read and understand the rights and responsibilities described on the back of this form. I certify that the man signing this form is the only possible father of this child. I know that by signing this form I am establishing the man signing this form as the biological father of this child with all the rights and responsibilities of a biological father under the laws of California. I consent to the establishment of paternity by signing this form. I have been orally informed of my rights and responsibilities.

SIGNATURE OF FATHER	DATE SIGNED	SIGNATURE OF MOTHER	DATE SIGNED
Father's Signature	3/11/14	Mother's Signature	3/10/14

**SECTION C TO BE COMPLETED BY A WITNESS AT THE HOSPITAL, AGENCY OR CLINIC (PLEASE PRINT AND SIGN)**

DECLARATION WITNESSED BY (SIGNATURE AND PRINTED NAME)	DATE SIGNED
Witness Signature	3/10/14
NAME OF AGENCY (HOSPITAL, CLINIC OR OTHER)	Printed Name
Agency Code	Mother
CURRENT ADDRESS (NUMBER, STREET, CITY, ZIP)	Father
Complete address, including city, state and zip code	3/11/14

**SECTION D TO BE COMPLETED BY A NOTARY PUBLIC IF SECTION C IS NOT WITNESSED ABOVE**

State of \_\_\_\_\_ County of \_\_\_\_\_

On \_\_\_\_\_ (date) before me, \_\_\_\_\_ (insert name and title of the officer)

Personally appeared \_\_\_\_\_

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal. Signature \_\_\_\_\_ (SEAL)

# COMPLETION OF CS 909

Two Witnesses  
Separate Dates

**DECLARATION OF PATERNITY**

CS 909 (11/07)

**INSTRUCTIONS: PLEASE READ PAGE 1 AND 2 BEFORE COMPLETING**

SEND ORIGINAL (White Copy) TO: DCSS – Paternity Opportunity Program

PO Box 419070

Rancho Cordova, CA 95741-9070

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Child	NAME OF CHILD – FIRST	MIDDLE	LAST
	Child's First name	Middle name	Last name(s)
Date of Birth	DATE OF BIRTH (Month, Day, Year)	SEX	
	Date of Birth	Gender	
Place of Birth	HOSPITAL NAME	CITY	
	Place of Birth	City	
Birth	COUNTY	STATE	
	County Name	State	
Father's Information	NAME OF FATHER – FIRST	MIDDLE	LAST
	Father First Name	Middle Name	Last Name
	DATE OF BIRTH (Month, Day, Year)	SOCIAL SECURITY NO. (See Privacy Notice on back of this page)	<input type="checkbox"/> BY CHECKING THIS BOX I CERTIFY I DO NOT HAVE A SOCIAL SECURITY NUMBER
	DOB	123-45-6789	
CURRENT ADDRESS (NUMBER, STREET, CITY, STATE, ZIP)			
Mailing address			
Mother's Information	NAME OF MOTHER – FIRST	MIDDLE	LAST
	Mother's First Name	Middle name	Last name
	DATE OF BIRTH (Month, Day, Year)	SOCIAL SECURITY NO. (See Privacy Notice on back of this page)	<input type="checkbox"/> BY CHECKING THIS BOX I CERTIFY I DO NOT HAVE A SOCIAL SECURITY NUMBER
	DOB	987-65-4321	
CURRENT ADDRESS (NUMBER, STREET, CITY, STATE, ZIP)			
Mailing address			

<b>SECTION B READ OTHER SIDE BEFORE SIGNING</b>			
<p><i>I declare under the penalty of perjury under the laws of the State of California that I am the biological father of the child named on this declaration and that the information I have provided is true and correct. I have read and understand the rights and responsibilities described on the back of this form. I understand that by signing this form I am consenting to the establishment of paternity, thereby waiving those rights. I am assuming all of the rights and responsibilities as the biological father of this child. I wish to be named as the father on the child's birth certificate. I have been orally informed of my rights and responsibilities.</i></p>		<p><i>I declare under the penalty of perjury under the laws of the State of California that I am the unmarried natural mother of the child named on this declaration and that the information I have provided is true and correct. I have read and understand the rights and responsibilities described on the back of this form. I certify that the man signing this form is the only possible father of this child. I know that by signing this form I am establishing the man signing this form as the biological father of this child with all the rights and responsibilities of a biological father under the laws of California. I consent to the establishment of paternity by signing this form. I have been orally informed of my rights and responsibilities.</i></p>	
SIGNATURE OF FATHER	DATE SIGNED	SIGNATURE OF MOTHER	DATE SIGNED
Father's Signature	3/12/14	Mother's Signature	3/10/14

<b>SECTION C TO BE COMPLETED BY A WITNESS AT THE HOSPITAL, AGENCY OR CLINIC (PLEASE PRINT AND SIGN)</b>			
DECLARATION WITNESSED BY (SIGNATURE AND PRINTED NAME)			DATE SIGNED
Witness #1 Signature/ Printed Name (Mother)			3/10/14
NAME OF AGENCY (HOSPITAL, CLINIC OR OTHER)			
Agency Name-- Witness #2 Signature/Printed Name (Father)			3/12/14
CURRENT ADDRESS (NUMBER, STREET, CITY, ZIP)			
Complete address, including city, state and zip code			

<b>SECTION D TO BE COMPLETED BY A NOTARY PUBLIC IF SECTION C IS NOT WITNESSED ABOVE</b>	
State of _____ County of _____	
On _____ (date) before me, _____ (insert name and title of the officer)	
Personally appeared _____	
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.	
WITNESS my hand and official seal. Signature _____	(SEAL)



# MILITARY DADS

Military Exception

With military orders



## Paternity Opportunity Program

### Military Dads-To-Be



#### Did you know?

★ **In California, unmarried parents must legally establish their baby's paternity before the father's name can be included on the birth certificate.**

Paternity can be established by court order, or voluntarily by signing a Declaration of Paternity (CS909 form) in front of a qualified witness or notary public when the baby is born.

★ **By establishing paternity, the child gets the legal rights and privileges of a child born to married parents.**

These rights may include medical and life insurance coverage; Social Security and veterans' benefits (if available); legal documentation of who his or her parents are; access to family medical records; inheritance; and the emotional benefits of knowing who both parents are.

★ **Only military dads-to-be can sign a Declaration of Paternity BEFORE the baby is born.**

- A military dad with orders that will prevent him from being present at the time of his child's birth can sign a Declaration of Paternity before deployment.
- His signature must be witnessed by a qualified witness or notary public.
- A copy of his orders must be attached to the Declaration of Paternity.
- The two documents must be held by the mother until after the baby is born.
- Upon the birth of the child, the mother and baby's information is completed on the Declaration of Paternity and the mother's signature witnessed or notarized.

**It's easy to establish legal paternity without going to court—and it's free.**

To find out more:

Call toll-free 1-866-249-0773

E-mail [askpop@dcss.ca.gov](mailto:askpop@dcss.ca.gov)

Click on the POP link at [www.childsup.ca.gov](http://www.childsup.ca.gov)



California Department of Child Support Services  
Paternity Opportunity Program (POP)

POP-03/08

# MILITARY FATHER'S EXCEPTION

1. Father fills in his information only and signs prior to child's birth
  2. Witness is a Notary Public
- Child is born
1. Mother completes remainder of Section A and signs
  2. Witness completes Section C
  3. Mail to POP with the father's military orders stapled to it

STATE OF CALIFORNIA – HEALTH AND HUMAN SERVICES AGENCY DECLARATION OF PATERNITY CS 89 (11/07)		SEND ORIGINAL (White Copy) TO: DCSS – Paternity Opportunity Program PO Box 419070 Rancho Cordova, CA 95741-9070	
<b>INSTRUCTIONS: PLEASE READ PAGE 1 AND 2 BEFORE COMPLETING</b>			
<b>SECTION A ALL PARTS OF SECTIONS A &amp; B SHALL BE COMPLETED AND EITHER SECTION C OR D WITNESSED CHANGES CANNOT BE MADE TO THIS FORM ONCE IT IS FILED WITH THE STATE</b>			
<b>Child</b>	NAME OF CHILD – FIRST	MIDDLE	LAST
	DATE OF BIRTH (Month, Day, Year)	SEX	
<b>Place of Birth</b>	HOSPITAL NAME		CITY
	COUNTY	STATE	
<b>Father's Information</b>	NAME OF FATHER – FIRST	MIDDLE	LAST
	DATE OF BIRTH (Month, Day, Year)	SOCIAL SECURITY NO. (See Privacy Notice on back of this page)	<input type="checkbox"/> BY CHECKING THIS BOX I CERTIFY I DO NOT HAVE A SOCIAL SECURITY NUMBER
	CURRENT ADDRESS (NUMBER, STREET, CITY, STATE, ZIP)		
<b>Mother's Information</b>	NAME OF MOTHER – FIRST	MIDDLE	LAST
	DATE OF BIRTH (Month, Day, Year)	SOCIAL SECURITY NO. (See Privacy Notice on back of this page)	<input type="checkbox"/> BY CHECKING THIS BOX I CERTIFY I DO NOT HAVE A SOCIAL SECURITY NUMBER
	CURRENT ADDRESS (NUMBER, STREET, CITY, STATE, ZIP)		
<b>SECTION B READ OTHER SIDE BEFORE SIGNING</b>			
<p><i>I declare under the penalty of perjury under the laws of the State of California that I am the biological father of the child named on this declaration and that the information I have provided is true and correct. I have read and understand the rights and responsibilities described on the back of this form. I understand that by signing this form I am consenting to the establishment of paternity, thereby waiving those rights. I am assuming all of the rights and responsibilities as the biological father of this child. I wish to be named as the father on the child's birth certificate.</i></p> <p><i>I have been orally informed of my rights and responsibilities.</i></p>		<p><i>I declare under the penalty of perjury under the laws of the State of California that I am the unmarried natural mother of the child named on this declaration and that the information I have provided is true and correct. I have read and understand the rights and responsibilities described on the back of this form. I certify that the man signing this form is the only possible father of this child. I know that by signing this form I am establishing the man signing this form as the biological father of this child with all the rights and responsibilities of a biological father under the laws of California. I consent to the establishment of paternity by signing this form. I have been orally informed of my rights and responsibilities.</i></p>	
SIGNATURE OF FATHER	DATE SIGNED	SIGNATURE OF MOTHER	DATE SIGNED
<b>SECTION C TO BE COMPLETED BY A WITNESS AT THE HOSPITAL, AGENCY OR CLINIC (PLEASE PRINT AND SIGN)</b>			
DECLARATION WITNESSED BY (SIGNATURE AND PRINTED NAME)			DATE SIGNED
NAME OF AGENCY (HOSPITAL, CLINIC OR OTHER)			
CURRENT ADDRESS (NUMBER, STREET, CITY, ZIP)			
<b>SECTION D TO BE COMPLETED BY A NOTARY PUBLIC IF SECTION C IS NOT WITNESSED ABOVE</b>			
State of _____ County of _____			
On _____ (date) before me, _____ (insert name and title of the officer)			
Personally appeared _____			
<p>who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.</p> <p>WITNESS my hand and official seal. Signature _____ (S)</p>			
			
DISTRIBUTION: Original White Copy – DCSS    Yellow & Pink Copies – Parents    Green Copy – Local Child Support Agency			

# DOUBLE CHECK

Current Version  
English 12/08  
Spanish 12/08



California Department of Child Support Services  
Paternity Opportunity Program

**Before submitting your  
POP forms, be sure to:**

**DOUBLE  
CHECK**



***Completeness:***

**All fields are complete  
BOTH parents signed  
Witness name and signature  
Agency name and address  
Signature dates included**

***Accuracy:***

**Child's DOB is correct  
Parents' DOBs are correct  
County of child's birth is correct  
Names are spelled correctly**



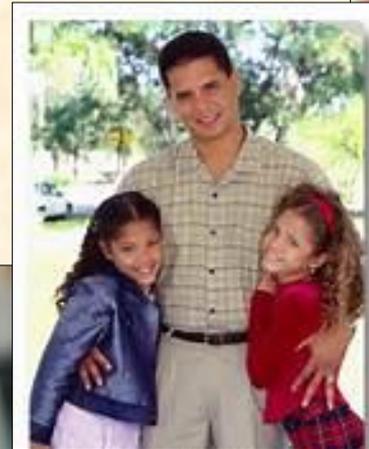
PATERNITY  
OPPORTUNITY  
PROGRAM &

Mail original (white page) to:  
DCSS—POP Unit (Agency Code)  
PO Box 419070  
Rancho Cordova, CA 95741-9070

Questions?  
Contact your state POP Analyst  
Call 1-866-249-0773 E-mail [ASKPOP@dcss.ca.gov](mailto:ASKPOP@dcss.ca.gov)

# OTHER POP SERVICES

- Certified Copies
- Rescission
- Set Aside



# OBTAINING CERTIFIED COPIES

## Certified Copies For Parents

CS 918 Request For A Filed  
Declaration Of Paternity

Form Available at:

[www.childsup.ca.gov](http://www.childsup.ca.gov)

1-866-249-0773

[ASKPOP@dcss.ca.gov](mailto:ASKPOP@dcss.ca.gov)

May be submitted by either  
parent or the child. Must be  
signed and mailed to POP



## Certified Copies For Agencies

CS 919 Paternity Declaration  
Information Request

Form Available at:

[www.childsup.ca.gov](http://www.childsup.ca.gov)

1-866-249-0773

[ASKPOP@dcss.ca.gov](mailto:ASKPOP@dcss.ca.gov)

Agencies may submit via fax,  
email or US mail

# RESCISSIONS CS 915

Either Parent has right to rescind

- Must be Notarized
- Must include Return Receipt
  - Other parent notification
- Must be postmarked on or before 60<sup>th</sup> day from date form was signed
- Minors
  - 60 days after 18<sup>th</sup> birthday

Form Available On Public Website or Contact POP

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY  
**DECLARATION OF PATERNITY RESCISSION**  
 CS 915 English (4/08)

DEPARTMENT OF CHILD SUPPORT SERVICES

*Please refer to the instructions on the back of this page. Use blue or black ink. Type or print clearly. Either person who signed the Declaration of Paternity may use this form to rescind their filed Declaration of Paternity. Completing and filing this form cancels the legal father and child relationship created by the Declaration of Paternity that was filed with the Department of Child Support Services (DCSS). Please note that rescinding a Declaration of Paternity will not automatically remove a man's name from the birth certificate. This action requires a court order and an amendment request to the State Office of Vital Records.*

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

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TYPE OR PRINT NAME OF PARENT SIGNING RESCISSION (FIRST, MIDDLE, LAST)

I, \_\_\_\_\_ declare as follows:

- I signed the Declaration of Paternity form for the child listed below and have stated the date and the county and state where it was signed:
 

FIRST NAME OF CHILD	MIDDLE	LAST
CHILD'S DATE OF BIRTH (MONTH/DAY/YEAR)	COUNTY AND STATE WHERE SIGNED	DATE SIGNED (MONTH/DAY/YEAR)
- The name and address of the **other** person who signed the Declaration of Paternity:
 

FIRST NAME OF OTHER PERSON	MIDDLE	LAST
STREET ADDRESS (APARTMENT NUMBER, CITY, STATE, ZIP CODE)		
- My Social Security Number and date of birth is:
 

SOCIAL SECURITY NUMBER (SEE PRIVACY STATEMENT ON BACK)	<input type="checkbox"/>	BY CHECKING THIS BOX, I CERTIFY I DO NOT HAVE A SOCIAL SECURITY NUMBER	DATE OF BIRTH (MONTH/DAY/YEAR)
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- I declare, **under penalty of perjury**, that a copy of this rescission was mailed to the other person who signed the Declaration of Paternity and I have requested the **original return receipt**.
- I am including a copy of the original signed return receipt as proof of mailing to the other person who signed the Declaration of Paternity.
- 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 postmarked and mailed to DCSS within 60 days of the date the Declaration of Paternity was signed by the last person to sign it.

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

DATE EXECUTED (MONTH/DAY/YEAR)	YOUR SIGNATURE
STREET ADDRESS	APARTMENT NUMBER
CITY	STATE
ZIP CODE	
YOUR PHONE NUMBER	

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State of \_\_\_\_\_ County of \_\_\_\_\_  
 On \_\_\_\_\_ before me, \_\_\_\_\_  
 personally appeared \_\_\_\_\_ (here insert name and title of officer)

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who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature \_\_\_\_\_

(SEAL)

Page 1 of 2

# SET ASIDES



## Form FL 290

Minute Orders Accepted

### Required Information:

- Child's full name
- Child's Date of Birth
- Court Clerk filed stamp
- Cancellation language

ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (under Family Code, §§ 17400 and 17406) (Name, State Bar number, and address):		FL-290
TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____		
STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____		
PETITIONER/PLAINTIFF: _____ RESPONDENT/DEFENDANT: _____ OTHER PARENT: _____		
ORDER AFTER HEARING ON MOTION TO SET ASIDE VOLUNTARY DECLARATION OF PATERNITY		CASE NUMBER: _____
<p>1. This proceeding was heard on (date): _____ in Dept.: _____ Room: _____ by (judicial officer): _____</p> <p>2. a. <input type="checkbox"/> Petitioner/plaintiff present <input type="checkbox"/> Attorney present (name): _____  b. <input type="checkbox"/> Respondent/defendant present <input type="checkbox"/> Attorney present (name): _____  c. <input type="checkbox"/> Other parent present <input type="checkbox"/> Attorney present (name): _____  d. <input type="checkbox"/> Attorney for local child support agency present (name): _____  e. <input type="checkbox"/> Other (specify): _____</p> <p>3. <input type="checkbox"/> The voluntary declaration of paternity filed on (date): _____ regarding (child's name): _____  a. <input type="checkbox"/> is not set aside.  b. <input type="checkbox"/> is set aside on the following grounds (specify): _____</p> <p>4. <input type="checkbox"/> The parties are ordered to complete genetic testing by (date): _____</p> <p>5. <input type="checkbox"/> Genetic testing must be coordinated by the local child support agency.  a. <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Other parent <input type="checkbox"/> Other (specify): _____  and the minor child must each submit to genetic testing as directed by the local child support agency.  b. <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Other parent <input type="checkbox"/> Other (specify): _____  must advance the costs of the genetic testing.  c. <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Other parent <input type="checkbox"/> Other (specify): _____  must reimburse the local child support agency for genetic testing costs of \$ _____</p> <p>6. <input type="checkbox"/> A further hearing regarding the results of genetic testing is set for (date): _____  a. <input type="checkbox"/> All orders regarding child support, custody, or visitation will continue until the date of the next hearing or further order.  b. <input type="checkbox"/> Orders are modified as follows (specify): _____</p> <p>8. If the voluntary declaration of paternity is set aside, the court clerk must send a copy of this order to the California Department of Child Support Services (specify address): _____</p> <p>9. Other (specify): _____</p> <p>Date: _____</p> <p style="text-align: right;">_____ JUDICIAL OFFICER</p> <p>Approved as conforming to court order: Date: _____</p> <p style="text-align: center; font-size: x-small;">(TYPE OR PRINT NAME)      SIGNATURE OF ATTORNEY FOR <input type="checkbox"/> PETITIONER/PLAINTIFF  <input type="checkbox"/> RESPONDENT/DEFENDANT      <input type="checkbox"/> OTHER PARENT</p>		
<p>Form Adopted for Mandatory Use Judicial Council of California FL-290 (Rev. January 1, 2006)</p> <p style="text-align: center; font-weight: bold; font-size: small;">ORDER AFTER HEARING ON MOTION TO SET ASIDE VOLUNTARY DECLARATION OF PATERNITY (Family Law—Governmental)</p> <p style="text-align: right; font-size: x-small;">Page 1 of 1 Family Code, § 7075(c) Code of Civil Procedure, § 473 www.courtinfo.ca.gov American LegalNet, Inc. www.USCourtForms.com</p>		

# FILLABLE CS 909 FORM

- ❑ Must have 2-sided printer
- ❑ Print only one original to sign
- ❑ Access is Online

- ❑ Contact POP
  - [askPOP@dcss.ca.gov](mailto:askPOP@dcss.ca.gov)
  - POP Analyst

STATE OF CALIFORNIA – HEALTH AND HUMAN SERVICES AGENCY CS 909 (11/07)		DEPARTMENT OF CHILD SUPPORT SERVICES SEND ORIGINAL (White Copy) TO: DCSS – Paternity Opportunity Program PO Box 419070 Rancho Cordova, CA 95741-9070	
DECLARATION OF PATERNITY			
INSTRUCTIONS: PLEASE READ PAGE 1 AND 2 BEFORE COMPLETING			
SECTION A ALL PARTS OF SECTIONS A & B SHALL BE COMPLETED AND EITHER SECTION C OR D WITNESSED CHANGES CANNOT BE MADE TO THIS FORM ONCE IT IS FILED WITH THE STATE			
Child	NAME OF CHILD – FIRST	MIDDLE	LAST
	DATE OF BIRTH (Month, Day, Year)	SEX	
Place of Birth	HOSPITAL NAME		CITY
	COUNTY	STATE	
Father's Information	NAME OF FATHER – FIRST	MIDDLE	LAST
	DATE OF BIRTH (Month, Day, Year)	SOCIAL SECURITY NO. (See Privacy Notice on back of this page)	<input type="checkbox"/> BY CHECKING THIS BOX I CERTIFY I DO NOT HAVE A SOCIAL SECURITY NUMBER
	CURRENT ADDRESS (NUMBER, STREET, CITY, STATE, ZIP)		
Mother's Information	NAME OF MOTHER – FIRST	MIDDLE	LAST
	DATE OF BIRTH (Month, Day, Year)	SOCIAL SECURITY NO. (See Privacy Notice on back of this page)	<input type="checkbox"/> BY CHECKING THIS BOX I CERTIFY I DO NOT HAVE A SOCIAL SECURITY NUMBER
	CURRENT ADDRESS (NUMBER, STREET, CITY, STATE, ZIP)		
SECTION B READ OTHER SIDE BEFORE SIGNING			
I declare under the penalty of perjury under the laws of the State of California that I am the biological father of the child named on this declaration and that the information I have provided is true and correct. I have read and understand the rights and responsibilities described on the back of this form. I understand that by signing this form I am consenting to the establishment of paternity, thereby waiving those rights. I am assuming all of the rights and responsibilities as the biological father of this child. I wish to be named as the father on the child's birth certificate. <i>I have been orally informed of my rights and responsibilities.</i>		I declare under the penalty of perjury under the laws of the State of California that I am the unmarried natural mother of the child named on this declaration and that the information I have provided is true and correct. I have read and understand the rights and responsibilities described on the back of this form. I certify that the man signing this form is the only possible father of this child. I know that by signing this form I am establishing the man signing this form as the biological father of this child with all the rights and responsibilities of a biological father under the laws of California. I consent to the establishment of paternity by signing this form. I have been orally informed of my rights and responsibilities.	
SIGNATURE OF FATHER	DATE SIGNED	SIGNATURE OF MOTHER	DATE SIGNED
SECTION C TO BE COMPLETED BY A WITNESS AT THE HOSPITAL, AGENCY OR CLINIC (PLEASE PRINT AND SIGN)			
DECLARATION WITNESSED BY (SIGNATURE AND PRINTED NAME)			DATE SIGNED
NAME OF AGENCY (HOSPITAL, CLINIC OR OTHER)			
CURRENT ADDRESS (NUMBER, STREET, CITY, ZIP)			
SECTION D TO BE COMPLETED BY A NOTARY PUBLIC IF SECTION C IS NOT WITNESSED ABOVE			
State of _____ County of _____			
On _____ (date) before me, _____ (insert name and title of the officer)			
Personally appeared _____			
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.			
WITNESS my hand and official seal. Signature _____			(SEAL)
DISTRIBUTION: Original White Copy – DCSS    Yellow & Pink Copies – Parents    Green Copy – Local Child Support Agency			

# ORDERING CS 909

- DCSS Publication Order Form DCSS 0596 (Revised 11/12)
- FAX to DCSS Fulfillment Services 916-464-5620



STATE OF CALIFORNIA PUBLIC HEALTH AND HUMAN SERVICES AGENCY  
**DCSS FORMS and PUBLICATION ORDER**  
DCSS 059 (Rev. 11/12) DEPARTMENT OF CHILD SUPPORT SERVICES

**MAIL ORDER TO:** DCSS FULFILLMENT SERVICES, P. O. Box 419064, MS-635, Rancho Cordova, CA 95741-9064  
**FAX ORDER TO:** (916) 464-6620, Attn: DCSS FULFILLMENT SERVICES  
**EMAIL ORDER TO:** [FacilitiesBusiness@dcss.ca.gov](mailto:FacilitiesBusiness@dcss.ca.gov), Attn: DCSS FULFILLMENT SERVICES

DCSS FORM NUMBER	DCSS FORMS	QUANTITY	REQUESTED NUMBER OF PACKAGES	REQUESTED NUMBER OF PACKAGES	BACK ORDER FOR DCSS USE
			ENGLISH	SPANISH	
CS 909	Declaration of Paternity Form	100/pkg			
DCSS 0064	Notice of Child Support Services Program	100/pkg			
DCSS PUBLICATIONS			Please limit your request to a 90 day supply		
PUB 158	When Teens Become Parents	100/pkg			
PUB 160	Child Support Handbook	250/pkg			
PUB 255	Welcome to Customer Connect	100/pkg			

DCSS Publications listed above are available in PDF format on the DCSS website <http://www.cdss.ca.gov> in the following languages: Armenian, Hmong, Russian, Vietnamese, and Chinese. To request printed copies of these publications, contact the DCSS Public Affairs at (916) 464-6168.

\*SHIPPING INFORMATION: Orders received Friday through Thursday are shipped the following Friday. Allow 8 work days after shipping for delivery.

CONTACT PERSON: \_\_\_\_\_ PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_  
 EMAIL ADDRESS \_\_\_\_\_  
 OFFICE/COMP/GOVERNMENT/HOSPITAL NAME \_\_\_\_\_ COUNTY \_\_\_\_\_

SHIPPING ADDRESS (ROOM NUMBER (Leave blank if not applicable)) \_\_\_\_\_ HWY ADDRESS \_\_\_\_\_  
 YES  NO   
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
 ANY SPECIAL DELIVERY INSTRUCTIONS \_\_\_\_\_ DATE \_\_\_\_\_

Print versions of these publications are no longer available for ordering from DCSS Fulfillment Services. The following publications are available in PDF format from the DCSS website <http://www.cdss.ca.gov>.

PUB 244-Establishing Paternity	PUB 249-Establishing a Child Support Order
PUB 245-Guide to Child Support Services	PUB 250-Child Support Wage Assignments
PUB 246-Opening a Child Support Case	PUB 251-Child Support When Parents Live in Different States
PUB 247-Information for the Noncustodial Parent	PUB 252-Changing Your Child Support Order
PUB 248-Child Support for the Parent in Jail or Prison	PUB 253-How to Resolve Problems with Your Child Support Case

For DCSS Use only.

DCSS Order Tracking No.: _____	Your order has been processed and packed by:
Requester Profile ID Number: _____	
Number of packages shipped: _____	
Shipped By: GSO _____ MVE _____ Other _____	
	Date: _____

Should you have any concerns, comments or questions regarding this shipment, please contact the DCSS Service Desk at (916) 464-2866 or by email at [FacilitiesBusiness@dcss.ca.gov](mailto:FacilitiesBusiness@dcss.ca.gov).

For information regarding the mission of the California Department of Child Support Services please visit [www.cdss.ca.gov](http://www.cdss.ca.gov)

# FLYERS & HANDOUTS

**An opportunity for unmarried parents Establish fatherhood for your child Sign the Declaration of Paternity**

Give your child

- A legal father to know and love
- The father's name on the birth certificate
- Access to life insurance coverage
- Medical and life insurance coverage
- Social Security and veterans' benefits

To find out more about establishing paternity  
Call toll-free 1-866-219-8773  
E-mail [askpop@dcss.ca.gov](mailto:askpop@dcss.ca.gov)  
Click on the POP link at [www.childsup.ca.gov](http://www.childsup.ca.gov)

California Department of Child Support Services  
Paternity Opportunity Program POP

**Paternity Opportunity Program**

**For unmarried parents, a birth certificate DOES NOT establish legal paternity.**

A birth certificate can be used to establish the identity of the person named on it — but for children of unmarried parents, it is NOT the document that legally establishes who a child's father is.

**Establishing legal paternity helps:**

- The child's name on both parents
- The father's name can be placed on the birth certificate
- The child is entitled to support from both parents
- The father's medical history can be accessed
- Health insurance coverage may be available from the father
- The child may receive an inheritance from the parent
- The father's VA benefits or veteran benefits may be available to the child

To find out more  
Call 1-866-219-8773  
E-mail [askpop@dcss.ca.gov](mailto:askpop@dcss.ca.gov)  
Click on the POP link at [www.hdkpop.ca.gov](http://www.hdkpop.ca.gov)

California Department of Child Support Services  
Paternity Opportunity Program POP

**Paternity Opportunity Program**

**Who can witness a Declaration of Paternity?**

In California, representatives from the agencies below are qualified to witness your form:

- Family Law Facilitator
- Notary Public
- Birth Hospital personnel
- Local Registrar of Births & Deaths
- Local Child Support Agency
- Social Welfare Office

When signing the form outside the state of California, a notary public is the only qualified witness.

A Declaration of Paternity must be completed and signed by both parents, properly witnessed, and filed with the California Department of Child Support Services before legal paternity is established.

To find out more about establishing paternity:  
Call 1-866-219-8773  
E-mail [askpop@dcss.ca.gov](mailto:askpop@dcss.ca.gov)  
Click on the POP link at [www.childsup.ca.gov](http://www.childsup.ca.gov)

California Department of Child Support Services  
Paternity Opportunity Program POP

**Paternity Opportunity Program POP**

**Paternity Opportunity Program**

**How a Declaration of Paternity can help you and your new baby**

What is a Declaration of Paternity?  
The Declaration of Paternity is a legal document that when signed by both parents, establishes the father as the legal father of the child. Signing the Declaration of Paternity is voluntary.

How can a Declaration of Paternity help you?  
After the birth of a child, you may want to establish the paternity of the child as soon as possible. The father may NOT be automatically a legal parent until he is established as the father. The Declaration of Paternity is a legal document that when signed by both parents, establishes the father as the legal father of the child. Signing the Declaration of Paternity is voluntary.

Why should we sign the declaration?  
■ To ensure your child's name is on the certificate of birth  
■ To legally establish the father's name on the child's birth certificate  
■ To allow the father's name to be used for your child's health insurance plan  
■ To ensure your child is eligible for the father's health insurance plan  
■ To ensure your child is eligible for the father's VA benefits or veteran benefits

What does it mean when we sign the declaration?  
When both parents sign the declaration, the father is named as the legal father of the child. The father's name will be on the child's birth certificate. The father will have the legal right to sue for child support, establish paternity, and establish custody of the child. The father will also be able to establish paternity for the child's name on the child's birth certificate.

Can we rescind or cancel the declaration after we sign it?  
Yes, you can rescind or cancel the declaration after you sign it. You must do so within 60 days of the date you signed the declaration. To rescind or cancel the declaration, you must file a written statement with the California Department of Child Support Services. You must also file a written statement with the local child support agency in the father's county. Rescinding or canceling a declaration is a legal action and may result in the father's name being removed from the child's birth certificate.

How do we fill out the declaration?  
The father and mother must both sign the declaration. The father must be at least 18 years old and have the legal right to sign the declaration. The mother must be at least 18 years old and have the legal right to sign the declaration. The father and mother must both be present when signing the declaration. The father and mother must both be of legal age and have the legal right to sign the declaration.

What do we do if we have more questions?  
To find out more about the Declaration of Paternity, establishing paternity on the child's name, or child support, contact the California Department of Child Support Services. You can call 1-866-219-8773, visit our website at [www.childsup.ca.gov](http://www.childsup.ca.gov), or contact your local child support agency.

**Paternity Opportunity Program**

**Military Dads-To-Be**

**Did you know?**

- In California, unmarried parents must establish paternity before the father's name can be included on the birth certificate. Paternity can be established by court order or voluntarily by signing a Declaration of Paternity (POP) form in front of a qualified witness or notary public when the baby is born.
- By establishing paternity, the child gets the legal rights and privileges of a child born to married parents. These rights may include medical and life insurance coverage, Social Security, and veterans' benefits if available. Legal paternity also allows the father to establish custody, visitation, and support for the child.
- Only military dads-to-be can sign a Declaration of Paternity form BEFORE the baby is born.
  - A military dad with orders that will prevent him from being present at the time of the child's birth can sign a Declaration of Paternity form before deployment.
  - His signature must be witnessed by a qualified witness or notary public.
  - A copy of his orders must be filed by the father with the local child support agency.
  - The father must be at least 18 years old and have the legal right to sign the declaration.

To find out more:  
Call 1-866-219-8773  
E-mail [askpop@dcss.ca.gov](mailto:askpop@dcss.ca.gov)  
Click on the POP link at [www.hdkpop.ca.gov](http://www.hdkpop.ca.gov)

California Department of Child Support Services  
Paternity Opportunity Program POP

Posters, Flyers and Brochures available from POP

Handouts are available in English and Spanish

Some handouts are available in Chinese, Russian, Hmong, Vietnamese and Armenian

Order by sending an e-mail to [ASKPOP@dcss.ca.gov](mailto:ASKPOP@dcss.ca.gov)

# HOW TO CONTACT POP

- ❑ 1-866-249-0773
- ❑ [askPOP@dcss.ca.gov](mailto:askPOP@dcss.ca.gov)



Birth Certificate Questions:  
Ca. Dept. of Public Health – Vital Records  
(916) 445-8494 or [VRmail@cdph.ca.gov](mailto:VRmail@cdph.ca.gov)

# QUESTIONS?



STATE OF CALIFORNIA  
DEPARTMENT OF CHILD SUPPORT  
SERVICES



PATERNITY  
OPPORTUNITY  
PROGRAM 

**Thank  
you!**