

**REQUEST FOR A FILED DECLARATION OF PATERNITY**

CS 918 (04/21/06)

Per California Family Code section 7571(i) "Copies of the declaration and any rescissions filed with the Department of Child Support Services shall be made available only to the parents, the child, the local child support agency, the county welfare department, the county counsel, the State Department of Health Services, and the courts."

All requests must be signed and mailed to the Department of Child Support Services at the address listed below. Only requests with an original signature will be processed.

**REQUEST TYPE:**  **CERTIFIED**  **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 NUMBER  
(See privacy notice below)

MOTHER'S DATE OF BIRTH

FATHER'S NAME (FIRST, MIDDLE, LAST)

FATHER'S SOCIAL SECURITY NUMBER  
(See privacy notice below)

FATHER'S DATE OF BIRTH

**REQUESTER INFORMATION**

REQUESTER NAME (PLEASE PRINT)

REQUESTER

 Parent  Child

REQUEST DATE

FAX NUMBER

PHONE NUMBER

RETURN MAILING ADDRESS

REQUESTER'S SIGNATURE (REQUESTS WILL NOT BE PROCESSED UNLESS SIGNED)

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

FOR STATE USE ONLY:  ON FILE  COPY ATTACHED  NO RECORD FOUND

INITIALS AND DATE

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

**PRIVACY NOTICE** - The Federal Privacy Act of 1974 (Title 5, United States Code §55 2a(e)(3), §7 Note) requires that this notice be provided when collecting social security numbers from individuals. Information requested on this form is used by the Department of Child Support Services and local child support agencies for the purposes of identification, only. It is mandatory to furnish the numbers if known. Failure to provide the mandatory information may result in unsuccessful location of the requested documents.

The agency official responsible for maintenance of this form is: State Coordinator at the Paternity Opportunity Program of DCSS, Tel: (866)-249-0773. Legal references authorizing solicitation and maintenance of this personal information include Title 42, United States Code §666 (a)(13) and Family Code §7571. Copies of this form are maintained in confidential files of the Department of Child Support Services. Declarants have the right of access to their filed form(s) upon request by calling (866)-249-0773.