



Child Support Program

CS-PO34
Rule 12E-1.036
Florida Administrative Code
Effective 04/05/16

Paternity Declaration

(See other side for instructions on how to complete this form)

If your address has changed, provide new address here:

Form box for address change with three horizontal lines.

<<Date>>

Child Support Case Number: <<Service Request or CSE Case#>>

Child BP Number: <<Child BP Num>>

I, <<CPFirstNameMiddleInitialLastName>>, make the following declaration:

- 1. I am the biological mother of the following child who is the subject of this paternity or paternity and support action:

Child's Name <<ChildName>> Child's Date of Birth <<ChildDOB>> Child's Place of Birth <<ChildPlaceBirthState/County>>

- 2. From ___/___/___ through ___/___/___, the period when I believe the pregnancy began, month/year month/year

I had sexual intercourse only with:

Name of possible father(s) State/County where pregnancy began

- a. _____ in _____
b. _____ in _____
c. _____ in _____
d. _____ in _____

I believe that the biological father of this child is the man or one of the men named above.

- 3. [] a. I was not married at or about the time the pregnancy began or when the child was born.
[] b. I was married to: _____ at or about the time the pregnancy began or when the child was born.

XXXX
XXXX
XXXX
XXXX
XXXX
XXXX
XXXX
XXXX
XXXX
XXXX
XXXX
XXXX

- 4. _____ is named as the father on the child's birth certificate.
5. I understand that a copy of this declaration will be given to the person(s) named in paragraph 2.

Under penalties of perjury, I declare that I have read this document and the facts stated in it are true to the best of my knowledge and belief.

Signed _____ Dated _____

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INSTRUCTIONS FOR COMPLETING THE PATERNITY DECLARATION (CS-PO34)

Establishing paternity is one of the most important steps you can take for your child. You must complete a paternity declaration for each child who does not have a legal father.

You must complete this form if you are receiving temporary cash assistance, Medicaid or food stamps for yourself or child and the child was not born or conceived during marriage.

INSTRUCTIONS

If you are completing this form on the internet you and your child's name and other identifying information will be completed for you. This is the information we have on our case records and cannot be changed by completing this form. Please contact us by phone or in person to update any changes to you or your child's name, or date of birth.

- I. Check spelling of your first, middle and last name.
1. Check spelling of the child's full name, the child's date of birth and the state and county where the child was born.
2. Enter the earliest and latest date that you believe you may have become pregnant. This is your "period of conception" and should cover a time period of approximately 90 days. If the child was full term at birth the "period of conception" can be calculated by
 - a. Counting back 40 weeks from your child's date of birth; this is your child's estimated date of conception.
 - b. Then, count back 45 days prior to the estimated date of conception and enter that date in the first month/year blank in item 3. This is the earliest date you could have become pregnant.
 - c. Lastly, count forward 45 days after the date of conception and enter that date in the second month/year blank in item 3. This is the latest date you could have become pregnant.

Example: Child was delivered full term on 9/15/1990. Using a calendar, count back 40 weeks to 12/10/1989. Then from 12/10/1989 count back 45 days to 10/25/1989. Then count forward 45 days from 12/10/1989 to 1/25/1990.

On the lines 'a' through 'd' write the full name of every man you had sexual intercourse with during the 90 day period of conception. In the example provided above, every man you had sexual intercourse with from 10/25/1989 through 1/25/1990 would be listed. If you had intercourse and you cannot remember the man's name, enter the word 'unknown'.

3. If you were not married when the pregnancy began or when the child was born-check box A. If you were married to ANYONE when the pregnancy began or when the child was born-check box B.
4. If the child's birth certificate has a man named, list that man's name on the line provided.
5. Read the entire form again and all information you have entered. Make sure your written statements are true to the best of your knowledge. If you sign this form and have entered false information, you can be found guilty of perjury. It is very important that you enter all possible fathers for the child. If you fail to name all possible fathers and all men listed are found not to be the father, you will be determined as non-cooperative and the Department of Children and Families may cancel all temporary cash benefits for your family as provided by section 414.32(1), Florida Statutes.

. Return this form and your documentation to:
Florida Department of Revenue
Child Support Program
P.O. Box 5320
Tallahassee, FL 32314-5320

To contact us call <<Option 3>>.

For more information go to: <<InsertAppropriateFDORInternetAddr>>.

Option 3 (based on the office handling the case)

A. 1-305-530-2600 **(if case is handled in Miami-Dade County)**

B. 1-800-622-KIDS (5437) **(if A. conditions are not met, [all other sites])**

Note: Instructions must be on own page.