



Child Support Program

CS-PO102
Rule 12E-1.039
Florida Administrative Code
Effective 09/19/17

Paternity Statement by Non-Parent
(See other side for instructions on how to complete this form)

<<CTR Name>>
<<CTR Address >>

<<Option 1>>

- 1. I, <<CTR Name>>, am the primary caregiver of <<ChildName>>.
2. The child's date of birth is <<ChildDOB>>. Birthplace: <<Birth City>>/<<Birth State>>/<<Birth County>>
3. I am related to the child. No Yes I am the child's
4. The child lives with me. <<Other Parent Name>> is the child's natural mother.
5. I believe the child was conceived in the State of <<Conception State>>.
6. At the time of conception/birth of the child, the mother was married not married I don't know.
The husband's name is:
7. I believe <<NCP Name>> may be the child's biological father because:
He told me he is the father of the child.
In his presence, the mother told me he is the father and/or acted as though he was the father of the child.
He signed the birth certificate of the child as the father.
His family accepted the child as his child.
He has provided some support in the form of clothing, food, diapers, or money for the child since birth.
He and the mother lived together during her pregnancy and he provided financial and/or emotional support to the mother.
He had photographs of himself and the child and referred to the child as his own.
He has given the child birthday or holiday gifts and has expressed an interest in the child at holiday times.

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I understand a copy of this statement will be given to the child's mother and the alleged father named above. Under penalty of perjury, I declare that I have read this statement and the facts stated in it are true.

Signed

Date

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**INSTRUCTIONS FOR COMPLETING THE
PATERNITY STATEMENT BY NON-PARENT (CS-PO102)**

Establishing paternity is important for a child. A paternity statement is completed for each child in your care needing paternity established.

This form is used to identify the alleged father and provides a basis for legal action. If you are completing this form on our web site, your name, the child's name, and other identifying information will be completed for you. This is the information we have on our case record. Do not change the information on this form. Please contact us if the information on the form is incorrect so we can update our records and reprint the form.

INSTRUCTIONS:

1. Check spelling of your first, middle, and last names.
2. Check spelling of the child's full name, the child's date of birth, the state, county, and city where the child was born.
3. Check Yes if you are related to the child. Check No if you are not related. If you are related, print your relationship to the child on line three (3).
4. Check all boxes that apply. If none apply, check the last box and write why you believe the man named is the child's father.
5. Re-read the form and all the information you have entered. If the statements are true, sign and date the form. If you know the statements are false, do not sign the form or you may be guilty of perjury.
6. If you are completing this form in hard copy, return it to:

Child Support Program
Central Mail Processing Facility
P.O. Box 5320
Tallahassee, FL 32314-5320

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To contact us call <<Option 2>>.

Register for our secure online customer service and complete any required forms online. For more information about our online customer service and online forms go to:
<<InsertAppropriateFDORInternetAddr>>. <<InsertWebText:>>

Option 1 (based on the case type)

A. Child Support Case Number: <<CSECaseNum>> (if case is a ZCSE case)

B. Service Request Number: <<ServiceRequestNum>> (if case is a ZPA or ZNA service request)

Option 2 (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. is not met, [all other sites])

NOTE: For tag <<InsertWebText:>> We want the following text to be a condition that FDOR can turn on when the form is available on WSS:

Register for our secure online customer service and complete any required forms online.