

Paternity Statement by Alleged Father

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

Insert Date Child Support Case Number:

- 1. I, , make the following statement:
- 2. I may be the biological father of the following child:

Child's Full Name

Date of Birth

County/State of Birth

3. Between and around the time when the pregnancy began, I had sexual intercourse with the child's mother .

Mother's Full Name

- 4. I was not married to the child's mother when the child was born and was not married to her at or about the time the pregnancy began.
- 5. I understand that a copy of this statement will be given to the child's mother.

Under penalties of perjury, I declare that I have read this statement and the facts stated in it are true and correct.

Signed

Dated

INSTRUCTIONS FOR COMPLETING THE PATERNITY STATEMENT BY ALLEGED FATHER (CS-PO103)

Establishing paternity for your child is one of the most important steps you can take for your child. A paternity statement is completed for each child.

You must complete this form if you are receiving temporary cash assistance or food assistance for yourself. This form is used to start an action to identify and establish the child's legal father.

INSTRUCTIONS

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

If you are completing this form in hard copy:

- 1. Check the spelling of your first, middle (if any), and last name.
- 2. Check the child's full name, the child's date of birth, and the state and county where the child was born.
- 3. Enter the earliest and latest date for the time period that you had sexual intercourse with the child's mother and believe the mother may have become pregnant during this time period.
- 4. Check the full name of the child's mother in the space provided.
- 5. Read number four. You do not enter anything on this line.
- 6. Read number five. You do not enter anything on this line.
- 7. Read the entire form again and all information you have entered. Verify the accuracy of your written statements. If you sign this form and have entered false information, you can be found guilty of perjury.
- 8. Return the form to:

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

This address is not a Child Support Program office location. Find office locations at https://childsupport.floridarevenue.com/LocationInfo/LocationMap.aspx

To chat with us online, please visit www.floridarevenue.com or call <option X> (based on Miami-Dade or not).