



Paternity Matters

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An Online Option for Completing Paternity Declarations

By Catherine Sachs, Paternity Coordinator, San Francisco Department of Child Support Services

Have you ever run out of blank Declaration of Paternity forms? Not to worry! Next time, you can complete the form online and print it out for parents to sign!

The Declaration of Paternity form CS 909 is now available online for those times when you run out of the paper forms. You must first contact the State of California's Paternity Opportunity Program ("POP") Unit to request access. Access is only for authorized witnesses — not for parents.

How to get access: Contact the State of California's POP Unit at 1-866-249-0773.

Requirements:

- Your printer must have the ability to print double-sided. Forms received without the reverse side cannot be filed and will be returned unprocessed.
- You must print only one original and sign in blue ink.
- Be sure to make a copy for your records and a copy to send to your Local Child Support Agency.
- Send the original to the State of California's POP Unit as you normally would.

| DECLARATION OF PATERNITY | | SEND ORIGINAL (White Copy) TO: DCSS - Paternity Opportunity Program PO Box 494823 San Jose, CA 95191-6000 | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| 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 (LAST, FIRST) | SEX | DATE OF BIRTH (Month, Day, Year) |
| Place of Birth | CITY/STATE | CITY | STATE |
| Father's Information | NAME OF FATHER (LAST, FIRST) | SEX | DATE OF BIRTH (Month, Day, Year) |
| | CURRENT ADDRESS (NUMBER, STREET, CITY, STATE, ZIP) | SOCIAL SECURITY NO. (Last Name, First Name, Initial) | DATE OF BIRTH (Month, Day, Year) |
| Mother's Information | NAME OF MOTHER (LAST, FIRST) | SEX | DATE OF BIRTH (Month, Day, Year) |
| | CURRENT ADDRESS (NUMBER, STREET, CITY, STATE, ZIP) | SOCIAL SECURITY NO. (Last Name, First Name, Initial) | DATE OF BIRTH (Month, Day, Year) |
| 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 establishing 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 advised of my rights and responsibilities. | | I declare under the penalty of perjury under the laws of the State of California that I am the biological 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 agree that by signing this form I am establishing the man signing this form as the biological father of the 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 advised of my rights and responsibilities. | |
| DATE OF BIRTH | SIGNATURE OF FATHER | DATE OF BIRTH | SIGNATURE OF MOTHER |
| SECTION C - TO BE COMPLETED BY A WITNESS AT THE HOSPITAL, AGENCY OR CLINIC (PLEASE PRINT AND SIGN) | | | |
| NAME OF HOSPITAL, AGENCY OR CLINIC | | | |
| ADDRESS (NUMBER, STREET, CITY, STATE, 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 _____ (Print name and title of the officer) | | | |
| Personally appeared _____ | | | |
| Who presented me, on the basis of satisfactory evidence to be the person(s) whose name(s) appear(s) in the foregoing instrument and acknowledged to me that he/she/they executed the same in his/her/their individual capacities, and that he/she/they executed the same for the purposes and contents of the instrument, and that he/she/they executed the same for the purposes and contents of 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 _____ (REAL) | | | |
| DISTRIBUTION: Original White Copy - DCSS Yellow & Pink Copies - Parents Green Copy - Local Child Support Agency | | | |

Did You Know....

- All states must have a program to voluntarily establish paternity?
- Paternity established in any state is **recognized throughout the United States?**
- If a baby's father passes away before the baby is born and the parents were not married, the father's name cannot be put on the Declaration of Paternity?
- In California, **nearly 2.7 million POP Declarations** have been filed since 1995?
- There are **no federal or state requirements for identification** for signing a POP declaration, that parents are signing under penalty of perjury, and that health care providers are held harmless according to California Family Code Section 7571(b)?

POP Statistics

The State of California keeps track of how many births occur to unwed parents in each hospital in the state. From that data, the State determines what percentage of those parents completed a POP declaration in each hospital. Below are the statistics showing the completion rates for San Francisco hospitals for the period 4/1/13—3/31/14.

| Hospital | Average Completion Percentage, 4/1/13 – 3/31/14 | 1/1/14-3/31/14 | 10/1/13-12/31/13 | 7/1/13 – 9/30/13 | 4/1/13 – 6/30/13 |
|-------------------------------------------|-------------------------------------------------|----------------|------------------|------------------|------------------|
| Kaiser Hospital | 88.3% | 85.7% | 91.2% | 86.7% | 89.6% |
| St. Luke’s Hospital | 83.08% | 81.7% | 84.3% | 83.7% | 82.6% |
| University of California at San Francisco | 79.65% | 70.2% | 86.7% | 78.8% | 82.9% |
| California Pacific Medical Center | 79.05% | 83.2% | 75% | 81.4% | 76.6% |
| San Francisco General Hospital | 77.98% | 80.4% | 74.9% | 77% | 79.6% |

How Can Parents Get a Copy of Their Declaration of Paternity?

Copies of Declarations of Paternity are housed at the State of California Department of Child Support Services in Rancho Cordova.

Steps for Parents to Obtain a Copy:

1. Complete a “Request For A Filed Declaration of Paternity” (CS 918) form:
Forms Available at:
 - www.childsup.ca.gov
 - 1-866-249-0773
 - ASKPOP@dcss.ca.gov
2. May be submitted by either parent or by the child
3. Must be signed and mailed to:
PO Box 419070
Rancho Cordova CA 95741-9070

SAN FRANCISCO DEPARTMENT OF CHILD SUPPORT SERVICES

Director Karen M. Roye

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San Francisco, CA 94105
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This newsletter is intended for individuals and birthing staff who are involved with the California Paternity Opportunity Program or who work with expectant parents. We welcome article submissions and feedback. Please contact:
San Francisco DCSS Paternity Coordinator Catherine Sachs
Telephone: 415.356.2754
Email: catherine.sachs@sfgov.org