Paternity Declaration

<<CPName>>
<<CPAddress>>

<<Date>>
Case Number: <<CaseNumber>>

You are receiving this form because paternity has not been established for your child or needs to be resolved. You must complete and return the enclosed form for your child.

WHAT YOU NEED TO DO

IMPORTANT: Please make sure all the information you provide is true and correct. If you provide false information you could be found guilty of perjury.

1. Complete the enclosed form(s) according to the instructions below.

2. Your name and your child's name and information are printed on the form. Please check the spelling of your first, middle and last name and your child's information to make sure it is correct. If it is wrong, you cannot correct it on this form. Please contact the Program by phone or in person to make any changes to your or your child's information.

3. **Section 2**: Write the full name of any man with whom you had sexual intercourse at or about the time your pregnancy began and the state and county where the pregnancy began. Write *Unknown* if you don't know the man's full name. Make sure all possible fathers are named. If none of the men named are found to be the father, paternity will not be established. If paternity is not established, the Department of Children and Families may stop or reduce benefits you or your family receive.

4. **Additional Alleged Fathers (CS-ES119)**: If you have named more than one alleged father in Section 2 of the Paternity Declaration, provide a separate, completed Additional Alleged Fathers form (CS-ES119) for each alleged father named. Attach additional pages if needed.

5. **Section 3 and 4**: Check all options that apply for these two sections. In Section 3, write the name of the person to whom you were married at or about the time the pregnancy began or when the child was born. In Section 4, if applicable, write the name of the person who is identified as the father on the birth certificate.

6. **Section 5**: Sign the form and return it to the Child Support Program at:

Florida Department of Revenue
Child Support Program
P.O. Box 5320
Tallahassee, FL 32314-5320

If you have questions or need help:	**Call:** <<CountyPhoneNumber>> **Chat with us or learn more at:** floridarevenue.com/childsupport **Access your case online:** childsupport.floridarevenue.com **Find an office near you:** floridarevenue.com/childsupport/contact

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MAIL USE ONLY

Child Support Program

Paternity Declaration

<<Date>>
Case Number: <<Service Request or CaseNumber>>
Child Number: <<Child BP Num>>

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

1. I am the biological mother of <<ChildName>>, who was born on <<ChildDOB>>.

2. I had sexual intercourse with the following man or men at or about the time the pregnancy began, and I believe the biological father of this child is the man, or one of the men, named below.

Full Name	State/County Where Pregnancy Began

3. (Check all that apply):

    ☐ I was married at or about the time the pregnancy began.

    ☐ I was married when the child was born.

    ☐ I was married to _____

           Date and Place of Marriage _____

           Date and Place of Divorce (If applicable) _____

    ☐ The child's birth certificate states that I was married when the child was born.

4. ☐ There is no one named on the birth certificate.

    ☐ The person named as the father or other parent on the birth certificate is _____.

    The name is on the birth certificate because:

    ☐ We were married when the child was born.

    ☐ We were married after the child was born and his name was added.

    ☐ We were not married at the time of birth. He signed the birth certificate in the hospital.

    ☐ We were not married at the time of birth. He signed a paternity acknowledgment later.

    ☐ There is a court order that says he is the father:

    Date of Order: _____ County: _____ State: _____ Case #:_____

5. I understand that a copy of this Paternity Declaration will be given to the person(s) named in section 2 above.

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

<<Option 1>>

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T MAIL USE ONLY

Option 1

A. This signature line populates when the form is generated from ZOMD for mailing.

Signed _____   Date _____

B. This signature line populates when the form is completed on e-services.

Signed __<<CPNAME>>_____   Date __<<System Date>>_____

This document has been signed electronically as authorized by section 668.004, Florida Statutes.