



Child Support Program

Paternity Declaration

<<Date>>

Case Number: <<CaseNumber>>

You are receiving these forms because paternity has not been established for your child or needs to be resolved. You must complete and return the enclosed forms 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 forms according to the instructions below.
2. Paternity Declaration (CS-PO34):
a. Check the spelling of your name and your child's information to make sure it is correct.
b. Section 2: Write the full name of any man with whom you had sexual intercourse at or about the time your pregnancy began...
c. Section 3: Sign the form.
3. Father/Alleged Father Information (CS-ES119): Provide a separate completed form for each alleged father named.
4. Child Information (CS-ES51ACI): Provide information requested for the child named on the Paternity Declaration.
5. Return all documents to the Child Support Program at:

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

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If you have questions or need help:
Access your case online: childsupport.floridarevenue.com
Email us: FloridaRevenue.com/AskChildSupport
Chat with us or learn more at: floridarevenue.com/childsupport
Call: <<CountyPhoneNumber>
Para asistencia en español, llame al 850-488-5437 y marque 7

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Child Support Program
Paternity Declaration

<<Date>>

Case Number: << 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.

Table with 2 columns: Full Name (First, Middle Initial, Last) and Identify the U.S. state or country where the pregnancy began. Contains 4 empty rows.

3. 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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Option 1

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

Signed _____ Date _____

B. This signature line populates when the form is completed on eServices.

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

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