

Child Support Program

CS-PO34 Rule 12E-1.039 Florida Administrative Code Effective 12/21

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. If it is wrong, you cannot correct it on this form. Please contact the Program to make changes to your or your child's information. You can call or email us using the online contact form at FloridaRevenue.com/AskChildSupport
 - b. 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. Make sure all possible fathers are named. If none of the men named are found to be the father, paternity will not be established, and the Department of Children and Families may stop or reduce benefits you or your family receive.
 - c. Section 3: Sign the form.
- 3. **Father/Alleged Father Information (CS-ES119)**: Provide a separate completed form for each alleged father named. Attach additional pages if needed.
- 4. **Child Information (CS-ES51ACI)**: Provide information requested for the child named on the Paternity Declaration. Complete all fields. Enter "N/A" in fields that do not apply.
- 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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	Access your case online: childsupport.floridarevenue.com				
If you have	Email us: FloridaRevenue.com/AskChildSupport				
questions or	Chat with us or learn more at: floridarevenue.com/childsupport				
need help:	Call: < <countyphonenumber></countyphonenumber>				
•	Para asistencia en español, llame al 850-488-5437 y marque 7				



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Paternity Declaration

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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.

Full Name (First, Middle Initial, Last)	Identify the U.S. state or country where the pregnancy began		

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

<<Option 1>>

Option 1

A. This signature line populates when the fo mailing.	rm is generated from the system for
Signed	Date
B. This signature line populates when the fo	rm is completed on eServices.
Signed <<cpname>></cpname>	Date <u><<system date="">></system></u>

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