DEPARTMENT OF HEALTH SERVICES 714/744 P Street P.O. Box 942732 cramento, CA 94234-7320

d) 657-2941

December 13, 1996

TO: All County Welfare Directors All County Administrative Officers All County Medi-Cal Program Specialists/Liaisons

Letter No.: 96-73

The purpose of this letter is to inform the counties of the provisions of State Assembly Bill (AB) 1832, and federal legislation in H.R. 3734 to implement a Voluntary Declaration of Paternity program in county welfare offices, and to transmit procedural instructions for implementation by January 1, 1997. AB 1832 streamlines the procedure for establishing paternity through the use of a voluntary Declaration of Paternity. Effective January 1, 1997, the Declaration of Paternity (CS 909) is to be made available at county welfare offices to unmarried parents wishing to establish paternity voluntarily instead of through a paternity establishment referral to the Family Support Division/District Attorney's Office (FSD/DA).

Upon application for Medi-Cal, unmarried parents shall be informed of the availability and given the option of signing the CS 909 to establish paternity. Signing of the declaration is not mandatory. However, if unmarried parents choose not to sign the declaration of paternity, they must still cooperate with the DA's office in establishing paternity for Medi-Cal eligibility purposes.

If the parents volunteer, and there is no conflicting information, the form must be signed by both parents and witnessed by the county worker. Please see the enclosure for a copy of the CS 909. Appropriate copies of the completed declaration, along with the CA 2.1Q, are sent to the local FSD/DA office which will forward the declaration to the State of Office of Vital Records in Sacramento.

The forms to be given the unmarried parents are:

CS 909 (1/97) - DECLARATION OF PATERNITY

A four-part carbonized (NCR) form that when completed, witnessed and officially filed is an acknowledgment of paternity. This form has a blue informational coversheet which contains the heading, IMPORTANT NOTICE TO UNMARRIED PARENTS, and an explanation of the purpose of the form. The second page contains instructions for completing and distributing the form. The original and third copy of the Declaration are sent to the local family support office. Copies 1 and 2 are given to the parents. A photocopy may be made for the case file. All County Welfare Directors All County Administrative Officers All County Medi-Cal Program Specialists/Liaisons Page 2

CS 910 (1/97) - "HOW A DECLARATION CAN HELP YOU AND YOUR NEW BABY"

A one-page informational sheet for unmarried parents that provides a brief summary of the paternity declaration process. Parents should be given this form along with the Declaration of Paternity. This is a two-sided form with the English version on one side and the Spanish version on the reverse.

PUB 244 (1/97) - "ESTABLISHING PATERNITY FOR YOU AND YOUR CHILD"

An eight-panel brochure that explains what paternity is and how a mother, father, and child will benefit from having paternity established. The brochure can be used in conjunction with the Declaration of Paternity or may be used to provide general information about the program without the Declaration of Paternity.

As stated above, appropriate copies of the completed Declaration along with the CA 2.1Q should be sent to the FSD/DA, who will forward the Declaration to the State Office of Vital Records. If there are any questions regarding legal issues that are not answered by the brochure or information sheet, refer the case to the FSD/DA. You may inform the parents that the signed Declaration may be rescinded by either parent by filing a rescission with the State Office of Vital Records within 60 days of execution or by a judicial proceeding.

MINOR PARENTS

When either parent is a minor, the Declaration of Paternity does not establish paternity until 60 days after both minor parents are emancipated or 60 days after the eighteenth birthday of both minors, whichever occurs first.

REFERRAL TO FSD/DA

If the Declaration of Paternity is signed by both parents, the signed Declaration should be sent with other documentation and a note on the CA 371 that the Declaration has been signed and is attached. After a 60-day time period is over, the Declaration of Paternity will have the same force and effect of law as a judgment rendered by a court.

For copies of the forms and the brochure, fax your orders to the California Department of Social Services Warehouse Fax Number (916) 371-3518 no later than December 9, 1996, in order to receive forms prior to the implementation date of January 1, 1997. Or you may use the Gen 727(B) forms order.

All County Welfare Directors All County Administrative Officers All County Medi-Cal Program Specialists/Liaisons Page 3

There is a Voluntary Paternity video available, produced by the Paternity Opportunity Program, but it will not be available until the spring. Counties wishing a copy of the video may contact Jim Mullany at (916) 654-1223 or Nancy Jones at (916) 657-4423 in approximately six months.

If you have any questions, please contact Elena Lara of my staff at (916) 255-0935.

Sincerely,

ORIGINAL SIGNED BY

FRANK S. MARTUCCI, CHIEF Medi-Cal Eligibility Branch

Enclosure

ACL T F 1930

STATE OF CALIFORNIA - HEALTH AND WELFARE AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

IMPORTANT NOTICE TO UNMARRIED PARENTS

If the parents of the child are not legally married, the father's name will not be added to the birth certificate unless you: (1) sign a declaration of paternity in the hospital or (2) sign the form later or legally establish paternity through the courts and pay a fee to amend the birth certificate.

WHAT IS THE PURPOSE OF A DECLARATION OF PATERNITY?

A declaration of paternity form is used to legally establish the paternity (the father) of a child when the mother and father are not married to each other. It should be signed only by the biological parents of a child who were never married to each other. Signing this form is voluntary.

HOW WILL YOU AND YOUR CHILD BENEFIT IF YOU SIGN THIS FORM?

When both parents sign this form it will:

- Legally establish a parent-child relationship between the father and the child. Your child has the right to know his or her mother and father and to benefit from a relationship with both parents.
- Allow the father's name to be added to the birth certificate. Your child will benefit by having both of your names appear on his or her birth certificate. If the form is signed after the child's birth certificate is prepared, there will be a fee to amend the birth certificate to add the father's name.
- Legally establish the man as the child's father without going to court. This will give the father parental rights such as the right to seek child custody and visitation in a court action and to be consulted about the adoption of the child.
- Make it easier for your child to learn the medical histories of both parents, to benefit from the father's health care coverage, and to receive Social Security or Veterans' dependent or survivor's benefits, if eligible.

WHAT DOES IT MEAN IF YOU SIGN A DECLARATION OF PATERNITY?

- A signed declaration of paternity that states that the man is the father will have the same effect as a court order establishing paternity for the child. If your child does not live with you and a court action is filed, you may be ordered by the court to pay child support. A court action must be filed to deal with the issues of custody, visitation or child support.
- You have the right to a trial in court to decide the issue of paternity; to notice of any hearing on the issue of paternity; to have the opportunity to present your case to the court, including the right to present and cross examine witnesses; to have an attorney represent you; or to have an attorney appointed to represent you if you cannot afford one in an action filed by the District Attorney. By signing this declaration, you are, by your choice, giving up all of these rights.
- If either of you later change your mind about signing the form you must complete a form to rescind or cancel the declaration of paternity and file it with the State Office of Vital Records within 60 days from the date you sign this form. You can get a rescission form from your local Family Support Division, or local office of vital statistics.
- This form may be challenged in court only in the first two years after the child's birth by using blood and genetic tests that prove the man is not the biological father. It also may be overturned if the father or mother is able to prove that he/she signed the form because of fraud, duress, or material mistake of fact.
- If either or both of you are under the age of eighteen, a declaration of paternity will not establish paternity until sixty days after both of you are age eighteen or are emancipated. If you wish to legally establish paternity before both of you become adults, you should consult an attorney.
- This is a legal document that will establish paternity sixty days from the date of signature. You do not have to complete or sign this form. If any part of this form does not make sense to you, talk to your local Family Support Division or a lawyer before signing the form.

PATERNITY OPPORTUNITY PROGRAM PATERNITY DECLARATION - INSTRUCTIONS FOR COMPLETION (THIS FORM IS TO BE COMPLETED BY UNMARRIED PARENTS ONLY)

GENERAL INFORMATION

The attached declaration form is to be used by unmarried parents to declare the father of the child. Paternity means legal fatherhood. Completing and signing this form is voluntary. THIS IS A LEGAL DOCUMENT. PLEASE CAREFULLY READ THE REVERSE SIDE OF THE FORM BEFORE YOU SIGN IT. There is important information about what it means to you and your child when you sign this form. In order for the Declaration of Paternity to be valid, both parents must complete and sign this form. The form must be signed in the presence of a witness from the hospital or agency accepting the form. If not signed at a hospital, prenatal clinic or public agency, you must sign the form in the presence of a notary public. If you are an unmarried father and you wish to have your name entered on the child's birth certificate, you must sign this form. Otherwise, you must go to court to establish legal paternity and pay a fee to amend the child's birth certificate to add your name. Please see the information for filing the form for more details.

PLEASE USE BLACK INK WHEN FILLING OUT THE ATTACHED FORM. PRINT ALL INFORMATION, EXCEPT FOR YOUR SIGNATURE. PLEASE PRESS FIRMLY AND PRINT CLEARLY WHEN FILLING OUT THE FORM.

- SECTION A This section is used to identify the mother, father, child and the birth place of the child. You do not have to write down your social security number. The number helps find parents so child support, and other benefits your child may need, may be collected. If you write down your social security number, it will be on any copies made of this form. All other lines in Section A must be completed.
- SECTION B In this section, both parents declare that they are the mother and father of the child named on this form. The signature and date signed must be completed by both parents for this form to be legal. PLEASE READ THE REVERSE SIDE OF THE FORM BEFORE YOU SIGN IT.
- **SECTION C** This section is to be completed by the person who is a witness to the parents' signatures on the form. The witness must be an official representative of the hospital or agency accepting the form.
- SECTION D This section is to be completed ONLY when the form is witnessed by a notary public. If parents do not complete the form at a hospital, prenatal clinic or public agency, they can only sign it before a notary public. This section is to be completed and stamped by a notary public.
- FILING THIS FORM When completed at a hospital, the hospital will send the original of this form to the local county registrar, along with the birth record. If your baby is not born in a hospital, this form must be submitted to your local registrar with the birth certificate in order to have the father's name included on the birth record at the time you register the birth. In either case, the local registrar will file the form with the State Department of Health Services, Office of Vital Records, 304 S Street, Sacramento, CA 95814.

If you did not complete this form at the hospital (or when you registered your child's birth), and you want to add the father's name to the birth certificate, you must contact the State Department of Health Services, Office of Vital Records, 304 S Street, Sacramento, CA 95814. They will provide you with the additional forms you need to complete. You will be charged a fee to have your child's birth certificate changed to include the father's name.

If you did not complete this form at the hospital (or when you registered you child's birth), and you do not want to update the birth certificate with the father's name, you may still file this form with the State Department of Health Services, Office of Vital Records, 304 S Street, Sacramento, CA 95814.

- Both parents will be given a copy of this form. This form is an important legal record. Parents should keep their copy in a safe place.
- **RESCINDING THIS FORM** To rescind or cancel this form, either or both parents must complete and sign a *Rescission Form for the Declaration of Paternity.* This form must be filed with the State Office of Vital Records within sixty days of the date the paternity declaration was signed. To obtain a form to rescind or cancel this form, contact the Family Support Division of your local district attorney's office or your local registrar of births and deaths.

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PECLARATION OF PATERNITY

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DISTRIBUTION: ORIGINAL - Vital Records COPY 1 & 2 - Parents COPY 3 - Family Support

SECTION /							
Child	NAME OF CHILD - FIRST		MIDDLE		LAST	LAST	
	DATE OF BIRTH		SEX		FOR STATE USE	FOR STATE USE ONLY	
Place of Birth	HOSPITAL NAME			COUNTY			
Birth	NAME OF FATHER - FIRST		MIDDLE		LAST	LAST	
Father	SOCIAL SECURITY NO.		DATE OF BIRTH				
					PLACE OF BIRTH	PLACE OF BIRTH (STATE OR COUNTRY)	
	CURRENT ADDRESS (NUMBER, STREET, CITY, ZIP)						
Mother	NAME OF MOTHER - FIRST		MIDDLE		LAST	LAST	
	SOCIAL SECURITY NO.		DATE OF BIRT		PLACE OF BIRTH	(STATE OR COUNTRY)	
	-				·		
	CURRENT ADDRESS (NUMBER, STREET, CITY, ZIP)						
	MAIDEN NAME						
SECTION E	3 - READ OTHER SIDE BEFORE SI	GNING					
on this declaration and that the information provided is true and orrect. 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 waiving those rights and consenting to the establishment of paternity. I am assuming all the rights and responsibilities of the natural father of this child. I wish to be named as the father on the child's birth certificate.						nderstand the rights and ack of this form. I certify that ly possible father of this child. I am establishing the man ather of this child with all the tural father under the laws of	
SIGNATURE OF FATHER		DATE SIGNED		SIGNATURE OF MOTHER		DATE SIGNED	
SECTION	C - TO BE COMPLETED BY WITNE	SS AT THE	HOSPITA	L, AGENCY OR CL	INIC (PLEASE PR		
DECLARATION WITNESSED BY (SIGNATURE AND PRINTED NAME)					DATE		
NAME OF AGENC	CY (HOSPITAL, CLINIC OR OTHER)				- <u>1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 199</u>		
ADDRESS (ADDR	RESS, CITY AND ZIP CODE)		<u></u>	<u></u>			
SECTION I	D - TO BE COMPLETED BY NOTAR	RY PUBLIC	IF NOT W	TNESSED ABOVE			
State of Ca	alifornia						
County of_							
On	before me,			, personally			
appeared_							
he perso nowled ne instrur	known to me (or proved to me on on(s) whose name(s) are subso lged to me that he/she/they executed ment the person(s), or the entity o he instrument.	cribed to t the same i	he within n his/her/th	instrument and eir signature(s) on			
WITNESS	by hand and official seal.						
CS 909 (1/97)					L		

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- You have the right to a trial in court to decide the issue of paternity; to notice of any hearing on the issue of paternity; to
 have the opportunity to present your case to the court, including the right to present and cross examine witnesses; to
 have an attorney represent you; or to have an attorney appointed to represent you if you cannot afford one in an action
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