



Child Support Program

CS-PO103
Rule 12E-1.039
Florida Administrative Code
Effective xx/xx

Paternity Statement by Alleged Father

(See other side for instructions on how to complete this form)

Father Name
Father Address
City, State, Zip Code

Enter Today's Date

Child Support Case Number: Enter CSP Number

1. I, Father Name , make the following statement:
2. I may be the biological father of the following child:

Enter Child's Full Name	Date of Birth	Enter County/State of Birth
Child's Full Name	Date of Birth	County/State of Birth
3. Between Month and Year and Month and Year around the time when the pregnancy began, I had sexual intercourse with the child's mother Enter Mother's Full Name.
4. I was not married to the child's mother when the child was born and was not married to her at or about the time the pregnancy began.
5. I understand that a copy of this statement will be given to the child's mother. For the reasons stated above, this action is required by s. 88.3191(2), Florida Statutes.

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

Signed

Dated

Instructions for Completing the *Paternity Statement by Alleged Father (CS-PO103)*

Establishing paternity for your child is one of the most important steps you can take for your child. A paternity statement is completed for each child.

You must complete this form if you are receiving temporary cash assistance or food assistance for yourself. This form is used to start an action to identify and establish the child's legal father.

INSTRUCTIONS

If you are completing this form through our web self-service, your name, the child's name, and other identifying information will be completed. This is the information we have on our case records and cannot be changed by completing this form. Please contact us to update any changes to your name, the child's name, or the child's date of birth.

If you are completing this form in hard copy:

1. Check the spelling of your first, middle (if any), and last name.
2. Check the child's full name, the child's date of birth and the state and county where the child was born.
3. Enter the earliest and latest date for the time period that you had sexual intercourse with the child's mother and believe the mother may have become pregnant during that time period.
4. Check the full name of the child's mother in the space provided.
5. Read number four. You do not enter anything on this line.
6. Read number five. You do not enter anything on this line.
7. Read the entire form again and all information you have entered. Verify the accuracy of your written statements. If you sign this form and have entered false information, you can be found guilty of perjury.
8. Return the form to:

Child Support Program
Central Mail Processing Facility
P.O. Box 5320
Tallahassee, FL 32314-5320

If you have questions or need help:

Access your case or email us: childsupport.floridarevenue.com

Chat with us or learn more at: floridarevenue.com/childsupport

Call: Select number

Para asistencia en español, llame al 850-488-5437 y marque 7