

REQUEST TO ESTABLISH PATERNITY

[] I CLAIM TO BE THE FATHER OF THE CHILD(REN) LISTED BELOW AND I WANT TO ESTABLISH PATERNITY OF MY CHILD(REN).

I UNDERSTAND THAT:

1. The mother may deny I am the father, or may say that someone else could be the father.
2. I may be required to submit to a parentage test to provide evidence of paternity. The state will pay for the costs of parentage tests.
3. I may be expected to pay child support and provide medical child support for the child(ren). I may not have to pay child support if the child(ren) live(s) with me or I get money from:
 - Temporary Assistance to Needy Families
 - General Assistance
 - Oregon Supplemental Income Programs
 - the Social Security Administration under the Supplemental Security Income Program
4. The state cannot act as my lawyer, and cannot handle custody or parenting time for me.
5. Any information I provide to the state can be used in any future action to establish paternity or support.

_____ Date

_____ Signature

THIS OFFICE PROVIDES SERVICES ON BEHALF OF THE STATE OF OREGON. WE CANNOT REPRESENT YOU OR GIVE YOU LEGAL ADVICE. YOU MAY CONTACT YOUR OWN LAWYER AT ANY TIME.

ALLEGED FATHER INFORMATION

Name: _____ Other names used: _____

Address: _____

Phone number: _____ DOB: _____

Employed by: _____ Employer phone number: _____

Employer address: _____

MOTHER INFORMATION

Name: _____ Other names used: _____

Address: _____

Phone number: _____ DOB: _____

Employed by: _____ Employer phone number: _____

Employer address: _____

CHILD(REN)'S INFORMATION

<u>Name</u>	<u>Date Conceived</u>	<u>Where Conceived</u> (City and State)
_____	_____	_____
_____	_____	_____
_____	_____	_____

PATERNITY INFORMATION

Why do you believe you are the father? _____

Were you living with the mother of the child when she got pregnant? [] Yes [] No

If so, where? _____

Does anyone else know you claim to be the father? [] Yes [] No

If so, fill in their names and addresses. _____

How do they know you are the father? _____

Was the mother married to someone else when she got pregnant? [] Yes [] No

If so, list the husband's name and address. _____

Why do you believe the husband is not the father? _____

Has the mother ever said someone else is the father? [] Yes [] No

If so fill in the name(s) and address(es). _____

Has the mother ever said you're **NOT** the father? [] Yes [] No Explain: _____

Do you have anything from the mother saying you are the father? [] Yes [] No

If so, what? _____

Fill in any other information you think will help establish you as the father:

FOR OFFICE USE ONLY			
[] THIS CASE HAS BEEN ACCEPTED. THE ENFORCING AGENCY IS NOT AWARE OF ANY EXISTING ORDER ON THIS CASE.			
[] THIS REQUEST IS REJECTED. THERE IS CURRENTLY AN ORDER IN EXISTENCE FOR THE CHILD(REN) LISTED ABOVE OR PATERNITY HAS ALREADY BEEN LEGALLY ESTABLISHED.			
Date	Signature of Authorized Representative	Title	Phone
DCS/DA Branch: _____		CSP #: _____	

STATE OF OREGON

By the Administrator (ORS 25.010)

County: _____

Court #: _____

CSP #: _____

PARTIES TO THIS ACTION: State of Oregon,

CLAIM OF PATERNITY -- CONSENT TO ENTRY OF ORDER

Under penalty of perjury, I swear that the following is true to the best of my knowledge and belief:

I claim that I AM THE FATHER OF: _____
born to _____. Paternity has not been legally established for the child(ren). I agree that the Administrator may enter an order declaring that I am the father of the above named child(ren).

If I am ordered to pay child support now, or I am ordered to pay child support later, I understand:

1. I am subject to immediate income withholding;
2. The Child Support Program or a court could increase or decrease the amount I pay;
3. I may be required to provide medical child support (which may include health care coverage or cash medical support);
4. Unpaid support could be collected from my property, including my wages, and tax refunds;
5. If I fail to pay, I could be found in contempt of court. This means that the court could send me to jail for up to 180 days;
6. Failure to pay child support could mean that criminal nonsupport charges may be filed against me. If found guilty, I could be ordered to serve up to five years in jail and pay a fine of up to \$100,000;
7. If I fail to provide medical child support, I could be found in contempt of court. This means that the court could send me to jail for up to 180 days and order me to pay a fine of \$500 or one percent of my annual gross income, whichever is greater, for each day the contempt of court continues or until I enroll the child(ren) in a family health plan and provide proof of enrollment; and
8. This paternity claim can be used as evidence against me in any later proceeding involving paternity or support of the child(ren) named above.

If I request a hearing about child support, past support and/or medical child support, it will be held by an administrative law judge (ALJ). The ALJ's decision can be appealed to the circuit court of the State of Oregon. A notice of the time and place of the hearing will be mailed to me. I understand that any call blocking or caller identification feature(s) on my telephone must be entirely disabled before the time of the hearing, or the ALJ will not be able to contact me.

I agree to accept service of documents in this matter by regular mail.

As a party to this action, I must tell the court and the Child Support Program when there is a change in my address, phone number, driver's license number or current employer's name and address. This information must be reported within 10 days of the change.

Date

Alleged Father

State of OREGON)

County of _____)

) ss.

SIGNED AND SWORN to before me on _____ by _____.

Notary Public for Oregon

My commission expires: _____

Division of Child Support
3200 Lancaster Drive NE
Salem, OR 97305
Telephone: (503) 378-4500
FAX: (503) 391-6562
TDD: (503) 986-6244

THIS OFFICE PROVIDES SERVICES ON BEHALF OF THE STATE OF OREGON. WE CANNOT REPRESENT YOU OR GIVE YOU LEGAL ADVICE. YOU MAY CONTACT YOUR OWN LAWYER AT ANY TIME.

The Child Support Program is able to provide our customers with information from forms and other notices in their own languages free of charge. This also includes Braille, large print, and the use of interpreters. To find out more, please contact your child support office.

Oregon Child Support
Program

FOR OFFICE USE ONLY

Date application requested: _____

Date application mailed to requestor: _____

Application for Child Support Services

DO NOT COMPLETE THIS APPLICATION IF YOU ARE APPLYING FOR ONLY SPOUSAL SUPPORT SERVICES

If you wish to apply for child support services, please complete, sign and date this application. After we receive your completed application, we will set up your case on our computer system within two days. After that, the child support office may send you a questionnaire asking for information needed to handle your case.

Please read the attachment to this application form carefully. It explains information about the Child Support Program that you need to know.

You can hand-deliver or mail the completed application to your local child support agency, or mail it to: Child Support Program, 1495 Edgewater St. NW, Suite 120, Salem Oregon 97304

Applicant's Name (Please print) _____

Has paternity been established? Yes No

Is there an existing support order? Yes No

If yes: Court Case # _____ County _____ State _____

Do you want the order reviewed for a modification? Yes No

Are there arrears owed under the support order? Yes No

If there are arrears owed under the support order, do you want collection of these arrears? Yes No

Are there any other support, custody, divorce or juvenile court orders about your child(ren) or about you and the other parent? Yes No

If yes, Court Case # _____ County _____ State _____

Is there a pending legal action in any state for child support? Yes No

If yes, Court Case # _____ County _____ State _____

Information about Non-Custodial Parent

Information about Custodial Parent/Guardian

Full name _____

Full name _____

Address _____

Address _____

Phone (____) _____

Phone (____) _____

Soc. Sec. Number _____

Soc. Sec. Number _____

Birth date _____

Birth date _____

Employer

If you do not speak or read English, what language do you speak? _____

What language do you read? _____ Do you need an interpreter? [] Yes [] No

If the other party does not speak or read English, what language does he/she speak? _____

What language does he/she read? _____ Does he/she need an interpreter? [] Yes [] No

Read #2 on the attachment and if you want to use an "address of record," provide it below:

[] I have been making/receiving support payments through an escrow agent and by my signature below, authorize the Child Support Program to get copies of support payment information from the escrow company.

Name of escrow company

Address

Phone number

Information about children of this relationship (use additional sheets if necessary)

Full name & sex (M or F)

Birth date

Soc. Sec. No.

_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____

Has the obligee or the child(ren) ever gotten cash assistance in any state? [] Yes [] No

If yes, what state? _____

Who got cash assistance? _____

Dates: _____ to _____

If you had or have a child support case with a state, which state? _____

I certify that the above information is true and correct to the best of my knowledge and belief.

Signature: _____ **Date:** _____

Information about the Oregon Child Support Program (CSP)

NOTE: *All applicants for services will be provided all appropriate services as decided by the child support office. An applicant for services cannot limit which services will be provided.*

1. **Your rights and responsibilities**

Under the Oregon Child Support Program, each county District Attorney (DA) and Division of Child Support (DCS) office provides services that include establishing paternity, and establishing and modifying child support orders. The CSP enforces orders to collect child support payments and obtain medical child support. The CSP will also enforce spousal support if it is included with a child support order. You have a legal right to have your child support order reviewed to see if the amount should be increased or lowered. If you want a review, you must ask the office assigned to your case. (Note: *In some Oregon counties, DCS provides these services instead of the DA's office.*)

The CSP cannot act as a lawyer for any party in child support cases. The CSP does not provide services or make decisions regarding parenting time and custody as these matters are decided in the court system. You should talk to a lawyer if you have any legal questions about your case.

All parties have equal status in child support cases. Any party can ask questions, raise issues or request changes, with or without assistance from a lawyer.

When enforcing a child support case, DCS or the DA's office will serve parties with copies of papers whenever necessary. The papers will be served by regular mail, certified mail or in person. These papers will let you know what is happening with your case. Accepting the papers does not mean you agree with what is in them and does not take away your legal right to dispute any actions or decisions.

2. **The law requires that information about you, including your address, be on support orders and other judgments.** If public access to this information could put you or your child at risk, you can ask that this information not be included on these documents by making a "claim of risk". You can give another address at which you will receive legal papers. This is known as an "address of record" and must be in the same state as your home address. Any time DCS or the DA begins a legal action to enter a court order in your case, you will be given the opportunity to file a "claim of risk" and an "address of record".

You are responsible for keeping the CSP informed of your current address. If the CSP cannot contact you for 60 days, the office may close your case. Your case may also be closed if you do not provide necessary information, sign legal documents or cooperate when asked.

You are required to provide your social security number to the CSP. This is mandatory under federal law [42 USC §405(c)(2)(C) and 42 USC §666(a)(13)]. Your social security number will be used by the CSP as one of the identifiers to find you and your records for purposes of establishing paternity and establishing, modifying and enforcing support obligations. You may be asked for your case number or your social security number when you call the CSP so that we are able to correctly identify your case. We may also ask for your social security number on forms you need to complete in order for the CSP to help you.

3. **How we disburse child support payments**

When a person is receiving services from the CSP, all child support payments must go through the program. Payments are received by the program’s accounting team, which records the payments and then sends the money to the party who is owed the support. This may be a parent of the child(ren), a child attending school, another state, or a caretaker.

4. **Fees for services**

A one-time fee of \$1 for processing your application will be deducted from the first collection made. The program also charges fees for some other services. Fee amounts can change each year, so they are not included on this form. The CSP can give you more information about fees. For example, the CSP works with the Internal Revenue Service and the Oregon Department of Revenue to obtain tax refunds claimed by parents who owe child support. Fees for these services are deducted from the money collected. These tax refund actions are automatically performed by the program. If tax refunds cannot be collected by the program, no fee is charged.

5. **Annual Fee**

The CSP will start to collect a \$25 fee from some obligees. Charging a fee is required by a change in federal law (45 CFR 302.33). The fee will be charged each year that the CSP has sent to the family at least \$500 in a federal fiscal year (October 1 through September 30). The fee will be collected only in cases in which the obligee, the child, or a child attending school has never received “cash assistance” from any state. “Cash assistance” means only TANF (Temporary Assistance to Needy Families) or AFDC (Aid to Families with Dependent Children). It does not include food stamps, housing subsidies, general assistance, or Social Security Administration or Veterans’ Administration benefits.

If the child support program does not collect at least \$500 in a federal fiscal year, there is no fee for that year.

6. **Grievance Process**

The CSP is committed to providing quality service in a professional manner. If you have a dispute with a child support office, please try to resolve it with the office staff or management. If you cannot resolve the matter, you may complete and file a grievance form. Grievance forms are available by calling one of the following numbers.

From the Salem area:

503-378-5567

From other areas of the state:

1-800-850-0228

For information about child support services and contact information for offices located around the state, you may visit the Oregon Child Support Program website at: www.dcs.state.or.us