

CALIFORNIA DEPARTMENT OF CHILD SUPPORT SERVICES

P.O. Box 419064, Rancho Cordova, CA 95741-9064



April 07, 2008

POP LETTER: 08-05

TO: ALL IV-D DIRECTORS
ALL IV-D PATERNITY OPPORTUNITY PROGRAM COORDINATORS
ALL PUBLIC AGENCIES THAT ADMINISTER THE PATERNITY OPPORTUNITY PROGRAM

SUBJECT: REVISED CS 915 DECLARATION OF PATERNITY RESCISSION FORM

The purpose of this letter is to provide information to all public agency providers regarding changes to the CS 915 Declaration of Paternity Rescission form. Effective January 1, 2008, Assembly Bill 886 required changes be made to notary statements (for detailed information regarding the bill visit www.leginfo.ca.gov). The notary statement section of the form has been revised to include language regarding the notary signing under penalty of perjury under the laws of the State of California. In addition, changes to the instructions on the reverse of the form have been made in order to clarify the rescission process. NO OTHER CONTENT ON THE FORM HAS BEEN CHANGED.

The revised date for the form is April, 2008, and is currently available online or through the state POP Team. Please provide the quantity of CS915 forms you want and your agency delivery information to ASKPOP@dcss.ca.gov or by calling 1-866-249-0773.

If you have any questions or concerns regarding this letter, please contact the state POP Analyst assigned to your county (see attached for contact information).

Sincerely,

/os/

BILL OTTERBECK
Deputy Director
Child Support Services Division

Enclosure

California Department of Child Support Services
Paternity Opportunity Program
County Assignments

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<p>Kern Los Angeles Monterey San Luis Obispo Santa Barbara Ventura</p>	<p>Alameda Alpine Amador Butte Calaveras Colusa Contra Costa Del Norte El Dorado Glenn Humboldt Lake Lassen Madera Mariposa Mendocino Merced Modoc Nevada Orange Placer Plumas Sacramento San Diego San Joaquin Santa Clara Shasta Sierra Siskiyou Stanislaus Sutter Tehama Trinity Tuolumne Yolo Yuba</p>	<p>Fresno Imperial Inyo Kings Marin Mono Napa Riverside San Benito San Bernardino San Francisco San Mateo Santa Cruz Solano Sonoma Tulare</p>



**PATERNITY
OPPORTUNITY
PROGRAM** 

E-Mail: askpop@dcss.ca.gov

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Mailing Address (Original POP Forms Only)

DCSS POP Unit (Hospital/Agency Code #)

P.O. Box 419070

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