



Voluntary Declaration of Parentage (VDOP) Instructions and Application Form

California Department of Child Support Services
Parentage Opportunity Program

Signing this form is voluntary. This is a legal document. Read the entire form before you sign.

You are legally the parents of this child when you sign and file this Voluntary Declaration of Parentage (VDOP).

- You have the right to speak to a lawyer or to request genetic testing **before** you sign.
 - You must be eligible to sign or it will be legally invalid.
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Signing this form **will** legally establish your child's parentage if you are in any of the following situations.

To be **ELIGIBLE**, you must be **EITHER**:

- An unmarried birth parent and the only possible genetic father.

Or

- Two people, married or unmarried, who had this child through assisted reproduction using sperm and/or egg donation, except if the donation was from their spouse.

A VDOP filed in any of these situations WILL be legally valid UNLESS any situation below applies.

Continue - You are eligible to proceed.

Signing this form **will not** legally establish your child's parentage if you are in any of the following situations.

You are **NOT ELIGIBLE** when your situation includes:

- **Surrogacy**
 - The parents have a surrogacy agreement for this child.
- **Uncertainty Exists about the Parentage of a Child Born Through Assisted Reproduction**
 - One of you did not originally intend to be a parent but have changed your mind and now want to be recognized as a parent.
 - You agreed for this child to be produced by sperm or egg donation, but there is uncertainty as to whether the child was produced by the donation or by sexual intercourse.
- **Assisted Reproduction, Spousal Donation**
 - This child was produced by sperm or egg donation from your spouse.
- **Another Parent Exists**
 - Someone else has already been declared to be a parent of this child by a court order.
 - The birth parent has already signed a VDOP for this child with someone else.
 - Someone other than the two people signing this form is an intended parent under an agreement for donated sperm or eggs.
 - Someone else was married to and living with the birth parent at the time of conception and birth of this child; or this child was born during that marriage or within 300 days of the end of that marriage.
 - The birth parent married someone after this child was born and that person is obligated (by a writing or court order) to pay support for this child.

A VDOP filed in any of these situations WILL NOT be legally valid. Refer to the Alternatives, Rights, Responsibilities, and Consequences on the last page of this form.

STOP - You are NOT ELIGIBLE to complete the VDOP.

GENERAL INFORMATION

USE BLACK OR BLUE INK, PRESS FIRMLY AND PRINT CLEARLY WHEN FILLING OUT THE ATTACHED FORM. THIS FORM MUST BE SIGNED IN THE PRESENCE OF AN AUTHORIZED WITNESS OR A NOTARY PUBLIC.

The attached Voluntary Declaration of Parentage (VDOP) form is to be used by parents who are voluntarily agreeing to establish parentage. Completing and signing the form is voluntary. **THIS IS A LEGAL DOCUMENT. CAREFULLY REVIEW THE FORM BEFORE YOU SIGN IT;** there is important information about what it means to you and your child when you sign the form. The form must be signed in the presence of an authorized witness from the hospital or authorized agency accepting the form. If not signed at a hospital, prenatal clinic, or authorized agency, you must sign the form in the presence of a Notary Public.

NO CORRECTIONS CAN BE MADE TO THE FORM ONCE IT HAS BEEN SUBMITTED TO THE DEPARTMENT OF CHILD SUPPORT SERVICES (DCSS) PARENTAGE OPPORTUNITY PROGRAM (POP).

SECTION A

BOTH QUESTIONS MUST BE ANSWERED

- **"Unmarried"** means the birth parent is not married to anyone at the time of signing the VDOP.
- **"Genetic Father"** means the person whose sperm was used for the birth of this child.

All portions of this section must be completed. Your Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN) may be used to collect child support, and other benefits your child may need. If you write down your SSN/ITIN, it will be on any copies made of this form. If you don't have an SSN/ITIN, you must check the box indicating that you do not have one. Failure to provide a SSN/ITIN or check the box indicating you do not have one, will result in your VDOP not being filed and returned to you.

SECTION B

THIS IS A LEGAL DOCUMENT. READ THE ENTIRE FORM BEFORE YOU SIGN IT. Both parents must sign and date at the bottom of this section for the form to be legal. Both parents must have their signature witnessed.

SECTION C

This section is to be completed by the person who is an authorized witness to the parents' signatures on the form. The witness must be an official representative of the hospital or authorized 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 authorized agency, they can only complete and sign it before a Notary Public. If signed outside of California, a Notary Public is required. This section is to be completed, signed and stamped by a Notary Public.

FILING THIS FORM

Only the signed original of this form must be sent to:

**Department of Child Support Services
Parentage Opportunity Program (POP)
P.O. Box 419070 MS 241
Rancho Cordova, CA 95741-9070**

ONLY THE SIGNED ORIGINAL OF THIS FORM WILL BE ACCEPTED AND MUST BE SENT TO DCSS WITHIN 20 DAYS OF THE DATE SIGNED.

PRIVACY NOTICE - The Information Practices Act of 1977 (Civil Code §1798.17) and the Federal Privacy Act of 1974 (Title 5, United States Code §552a(e)(3), §7 Note) require that this notice be provided when collecting personal information and Social Security Number (SSN) from individuals. Information requested on this form is used by the Department of Child Support Services (DCSS) and local child support agencies for the purposes of identification and establishing parentage. The personal information may be shared with child support agencies, welfare agencies, courts and entities providing services to such agencies. Providing an email address or Individual Taxpayer Identification Number (ITIN) is voluntary; all other personal information requested is mandatory. Failure to provide mandatory information may result in the rejection of filing the Voluntary Declaration of Parentage (VDOP) with the DCSS.

The agency official responsible for maintenance of the forms is: State Coordinator at the Parentage Opportunity Program of DCSS, P.O. Box 419070 MS 241 Rancho Cordova, CA 95741-9070 Tel: (866-249-0773). Legal references authorizing solicitation and maintenance of this personal information include Title 42, United States Code §666(a)(13), Family Code §§7570-7581, and §17212. Copies of the VDOP are maintained in the confidential files of the Department of Child Support Services. Declarants have the right of access to their filed declaration form(s) upon request by calling (866-249-0773).

SEND ORIGINAL TO: DCSS – DCSS Parentage Opportunity Program
 PO Box 419070 MS 241
 Rancho Cordova, CA 95741-9070

VOLUNTARY DECLARATION OF PARENTAGE (VDOP)

DCSS 0909 (01/01/2020)

**CHANGES CANNOT BE MADE TO THIS FORM ONCE IT HAS BEEN SUBMITTED TO DCSS
 PARENT SIGNATURES MUST BE COMPLETED IN THE PRESENCE OF AN AUTHORIZED WITNESS OR NOTARY PUBLIC**

WE WISH TO LEGALLY ESTABLISH OUR CHILD'S PARENTAGE**SECTION A:****IS THE BIRTH PARENT UNMARRIED?** YES NO**IS THE OTHER PARENT THE GENETIC FATHER OF THE CHILD?** YES NO**Child's Information**

CHILD'S FIRST NAME:	DATE OF BIRTH (MM/DD/YYYY):	MULTIPLE BIRTH? (Twins, Triplets, ETC.): Sample Response: Twin A, Twin B	
MIDDLE NAME:	PLACE OF BIRTH (Hospital Name, Home, ETC.):	COUNTY (LA, Glenn, Orange):	
LAST NAME:	CITY:	STATE:	COUNTRY:

Birth Parent Information

FIRST NAME:	DATE OF BIRTH (MM/DD/YYYY):	SOCIAL SECURITY NUMBER/INDIVIDUAL TAX ID NO. (See Privacy Notice):	<input type="checkbox"/> BY CHECKING THIS BOX I CERTIFY I DO NOT HAVE AN SSN OR ITIN
MIDDLE NAME:	PHONE NUMBER:	EMAIL ADDRESS:	
LAST NAME:	CURRENT MAILING ADDRESS (NUMBER, STREET, CITY, STATE AND ZIP CODE)		

Other Parent Information

FIRST NAME:	DATE OF BIRTH (MM/DD/YYYY):	SOCIAL SECURITY NUMBER/INDIVIDUAL TAX ID NO. (See Privacy Notice):	<input type="checkbox"/> BY CHECKING THIS BOX I CERTIFY I DO NOT HAVE AN SSN OR ITIN
MIDDLE NAME:	PHONE NUMBER:	EMAIL ADDRESS:	
LAST NAME:	CURRENT MAILING ADDRESS (NUMBER, STREET, CITY, STATE AND ZIP CODE)		

SECTION B**BOTH PARENTS MUST SIGN AND DATE**

- Each party declares under penalty of perjury under the laws of the State of California that they have been informed of and understand the **Alternatives, Rights, Responsibilities, and Consequences**, as written on the back of this form, and that the information they have provided is true and correct. Each party affirms that no other individual can legally claim parentage of the child and accepts the responsibilities to provide child support as determined by applicable law. Each party wishes to be named on the child's birth certificate and agrees that the other parent will be named on the birth certificate. Each party affirms that they are signing this form voluntarily, without being subject to force, threat or coercion.
- If this child was born by use of assisted reproduction, each party affirms the sperm/egg used in assisted reproduction for this birth was not from the birth parent's spouse. The person who donated the egg/sperm is neither the birth parent nor other parent. The donor does not intend to be a parent of this child. Both the birth parent and other parent intend to be the parents of this child.

BIRTH PARENT'S SIGNATURE	DATE SIGNED	OTHER PARENT'S SIGNATURE	DATE SIGNED
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SECTION C - PARENT SIGNATURES MUST BE COMPLETED IN THE PRESENCE OF AN AUTHORIZED WITNESS

DATE SIGNED	WITNESS SIGNATURE	WITNESS PRINTED FIRST AND LAST NAME
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NAME OF AUTHORIZED AGENCY (HOSPITAL, AGENCY, CLINIC, OR OTHER)

AGENCY'S COMPLETE ADDRESS NUMBER AND STREET	CITY:	STATE:	ZIP CODE:
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DATE SIGNED	WITNESS SIGNATURE	WITNESS PRINTED FIRST AND LAST NAME
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NAME OF AUTHORIZED AGENCY (HOSPITAL, AGENCY, CLINIC, OR OTHER)

AGENCY'S COMPLETE ADDRESS NUMBER AND STREET	CITY:	STATE:	ZIP CODE:
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SECTION D - TO BE COMPLETED BY A NOTARY PUBLIC IF SECTION C IS NOT WITNESSED - REQUIRED WHEN SIGNING OUTSIDE OF CALIFORNIA

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of _____

On _____ before me, _____

(date)

(insert name and title of the officer)

personally appeared _____

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____

(SEAL)

VOLUNTARY DECLARATION OF PARENTAGE (VDOP)

DCSS 0909 (01/01/2020)

ALTERNATIVES, RIGHTS, RESPONSIBILITIES, AND CONSEQUENCES:

I declare under the penalty of perjury under the laws of the State of California that I have read and understand the following statements:

Alternatives: Parentage may be established by:

- VDOP: Filing a signed Voluntary Declaration of Parentage (VDOP) with the California Department of Child Support Services (DCSS) Parentage Opportunity Program (POP).
- Court Action: Filing a legal action in court to declare you a legal parent.
- Presumptions: Some people are presumed to be parents under California law. You may want to speak to an attorney or contact a family law facilitator to determine if this applies to you.

The following legal rights, responsibilities and consequences apply as a result of the completion and filing of this VDOP:

Rights:

- It legally establishes a parental relationship so that each parent will have the right to seek custody or visitation, and to be consulted about the adoption of the child.
- It authorizes both parents' names to be placed on the child's birth certificate.
- It allows for the child to benefit from healthcare coverage, inheritance laws, Social Security or Veteran's dependent or survivor benefits from either parent if eligible.
- Each parent has the right to rescind this VDOP. If I decide to rescind/cancel this VDOP, I will need to file a VDOP Rescission form (DCSS 0915) with the DCSS POP within 60 days from the date that I signed this VDOP. If I was under the age of 18 years when I signed the VDOP, I have until 60 days after I reach age 18 to rescind it.
- Each parent has a two-year period to challenge this VDOP. The challenge is permitted only under limited circumstances and is barred two years after the date this VDOP becomes effective. It also may be invalidated if either signatory is able to prove that they signed the form because of fraud, duress, or material mistake of fact.

Responsibilities:

- It establishes a duty in each parent to provide financial support for the child.
- It establishes a duty in each parent to provide healthcare coverage for this child if available at a reasonable rate.

Consequences:

- By signing this VDOP I am waiving all the following constitutional rights:
 - The right to receive notice of any hearing regarding the parentage of this child.
 - The right to have a trial to decide whether I am the parent of this child.
 - The right to have the opportunity to present my case in court, including the right to present and cross examine witnesses and have an attorney appointed to represent me if I cannot afford one in an action filed against me by a local child support agency regarding the establishment of my parentage or enforcement of my child support obligation for this child.
- By signing this VDOP I am consenting to the establishment of my parentage of this child, and thereby assuming all the rights and responsibilities of a parent under the laws of California.
- By signing this VDOP I am consenting to the other person signing being legally named the parent of this child.
- If either of the signatories to this form are under the age of 18 years when they sign this form, the form will not legally establish parentage until 60 days after both signatories are 18 years old or legally emancipated.
- Upon the filing of this VDOP with DCSS POP, each signatory submits to personal jurisdiction in California in any proceeding to challenge this VDOP.

Questions:

- If you have any questions or need a VDOP Rescission form (DCSS 0915), contact the State POP Coordinator toll-free by calling (866) 249-0773.