



REQUEST FOR MOTHER'S STATEMENT ALLEGING PATERNITY

☐ _____

_____, _____

Date Prepared: _____
Case Number: _____
Child(ren): _____

Important! You must complete and return the enclosed form within ten days of the date this letter was prepared.

The Child Support Recovery Unit (CSRU) is providing child support services for the child(ren) named above. Therefore, CSRU may obtain an order establishing the father's paternity along with an order for him to pay child support.

Please complete the enclosed form giving the name and any other information you have about the man you believe is the child(ren)'s biological father. **Return the completed form, signed and dated, within ten days to the address listed below.**

☐ Because you receive FIP and/or Medicaid benefits, you must cooperate with CSRU in establishing paternity. If you do not complete and return the form, we will notify your income maintenance (IM) worker that you have not cooperated. Your FIP grant or Medicaid benefits may be reduced or cancelled. If you do not complete the form as requested, CSRU will close your case for noncooperation.

If you have any questions, please contact the CSRU office listed below.

Thank you.

Child Support Recovery Unit

