ATTESTATION STATEMENT

ATTESTATION TO LACK OF INFORMATION ABOUT THE PARENT(S) OF

COUNTY NAME

I, have no additional knowledge of the following information about the parent of the child(ren) named in this attestation:

☐ 1. I do not know the identity of the parent of the child(ren) because: (state reason(s))

☐ 2. I have named __________________________ as the parent of the child(ren). However, I do not know the parent(s) residence and/or employer because: (state reason(s))

☐ 3. I do not have or know any other information that might assist the Local Child Support Agency in identifying or locating the parent of the child(ren), because: (state reason(s) if different)

In signing this attestation, I declare, under penalty of perjury under the laws of the State of California that all the information I have provided is true, correct and complete. I further understand that Federal and State law provide for penalties of fine and/or imprisonment or denial of Public Assistance/Medi-Cal if I do not tell the truth when applying for Public Assistance/Medi-Cal or if I conceal or fail to disclose facts regarding the identity, whereabouts or other information concerning the child(ren)’s parent.

Signed:

Name __________________________ Date Signed ____________

Witnessed by:

Local Child Support Agency Representative __________________________ Date Signed ____________