## AUTHORIZED AGENCY REQUEST FOR A FILED VOLUNTARY DECLARATION OF PARENTAGE (VDOP)

DCSS 0919 (01/01/2020)

This form is used by Authorized Agencies Only. Please submit this request by selecting the Submit Button on Page 2 and allow up to 5 working days for processing. **A photo copy of the requestor's work issued I.D. must be submitted with the request.** Requests are processed and returned to the requestor via encrypted email only. If you have any questions, please contact a State Parentage Opportunity Program (POP) Analyst by calling (866) 249-0773 or by emailing ASKPOP@DCSS.CA.GOV.

REQUEST TYPE*:	CERTIFIED - Verified request form AND certified copy of the VDOP				
	VERIFICATION	N - Verified requ	uest form <b>ONLY</b>		
Complete all known fields				Re	quired fields are marked with *
Child's First Name*		Child's Middle Name		Child's Last Name*	
Child's Date of Birth*					Child's County of Birth
Birth Parent's First Name*	Birth Parent's	Last Name	ne Birth Parent's DC		Birth Parent's SSN
Other Parent's First Name	Other Parent's	Last Name	Other Parent's D	OOB	Other Parent's SSN
	Req	uired Reque	estor Information	1	
Requestor's Complete Email A	ddress*				Phone Number - Direct Line*
Requestor's First and Last Name*		Job Title*			
Request Date (MM/DD/YYYY)*		County			State*
Authorized Agency Type*		Division		Unit	
		RECORD VE	RIFICATION		
		For State	Use Only		
_	_				
	VDOP on File	e	No VDOP	on Fil	e
Date Parentage Established:					
POP Analyst / Process	ed Date:				

## WARNING

**POP information must be kept confidential.** You may be subject to disciplinary actions, including termination, as well as civil and/or criminal penalties if you unlawfully access or disclose POP information. The information below outlines your responsibilities as a requestor.

To keep POP information confidential, I must:

- Access POP information solely for business purposes;
- Disclose POP information solely to parents, the child, the Local Child Support Agency, County Welfare Department, County Counsel, Department of Public Health, and Courts. (Family Code §7571(i));
- Safeguard POP information no matter what form it takes (i.e., stored on the network, stored on a CD, and printed on paper);
- > Store POP information (in any format) only in confidential locations;
- > Secure all POP information contained on paper documents from observation by or disclosure to unauthorized persons at all times (i.e., store paper documents in locked drawers);
- > Secure all POP information accessible from my computer by locking my computer screen (i.e., by using the Ctrl+Alt+Del function keys) whenever I leave my work area;
- Transmit POP information solely by secure methods;
- > Secure POP information from unauthorized access at the end of the workday by locking paper documents or removable media in file cabinets or drawers and shutting down my computer.

## **ACKNOWLEDGEMENT OF UNDERSTANDING**

I have read the security measures described above and I agree to use them. If I need information about how to access, use, disclose, store, or transmit POP information confidentially, I will consult my employer's Information Security Officer or the Department of Child Support Services Information Security Officer by calling (916) 464-5045 or by emailing ISO@DCSS.ca.gov.

## **REQUIRED BUSINESS NEED**

I declare under the penalty of perjury under the laws of the State of California that I am an employee of a Local Child Support Agency (LCSA), County Welfare Department, County Counsel, Department of Public Health, or Courts, and my job duties require me to review VDOP information to determine when:

- Parentage has already been established for children born to unmarried parents
- Cases must be referred to a LCSA because the parents are unmarried, and parentage has not been established
- > A birth certificate can be amended to add the father's name

