

ATTESTATION STATEMENT

DCSS 0063 (09/14/05)

DECLARATION OF LACK OF INFORMATION ABOUT THE PARENT OF _____.

I, _____, have no more knowledge about the parent of the child(ren) listed above.

Please complete all that apply:

- 1. I do not know who the parent of the child(ren) is because:

- 2. I have named _____ as the parent of the child(ren). I do not know where the parent lives or works because:

- 3. I do not know anything that might help the local child support agency in finding the parent of the child(ren) listed above because:

I declare under penalty of perjury under the laws of the State of California that all the information I have given is true, correct, and complete. I also understand that federal and state laws provide for fines and/or imprisonment or denial of Public Assistance/Medi-Cal if I do not tell the truth or if I hide or fail to tell facts about the identity, whereabouts, or other information about the child(ren)'s parent.

PRINT NAME

SIGNATURE

DATE
