

CSE Case Number

Custodial Parent's Name

Custodial Parent's D.O.B.

**ATTESTATION STATEMENT**

DCSS 0063(09/14/05)

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**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 children) 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

I Accept

\_\_\_\_\_  
DATE

Electronic Signature Agreement  
By selecting the "I Accept" button,  
you are signing the Agreement  
electronically.

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