

INCARCERATED PARENTS MANUAL: Chapter 7

PREGNANCY IN PRISON: What to Plan For When You are Pregnant at the California Institution for Women

This manual (updated in 2023) is specifically for pregnant people at the California Institution for Women (CIW) in Corona, California. CIW is the prison where the California Department of Corrections and Rehabilitation (CDCR) houses pregnant prisoners.

In this manual, we strive to answer your legal and practical questions about deciding to have a baby, making arrangements for your baby's care, and taking the first steps to preserve family unity while in prison. This manual will also be helpful for family members of these pregnant people and their advocates.

We hope that this manual will give you the information and tools you need to make and implement the best decisions you can at this challenging time.



Legal Services for Prisoners with Children (LSPC)

4400 Market Street, Oakland, CA 94608

Phone: (415) 255-7036 | Fax: (415) 552-3150

www.prisonerswithchildren.org

TABLE OF CONTENTS

<u>Section 1</u> : Pregnancy care and accommodations	3
<u>Section 2</u> : Making plans for your baby's care	4
<u>Section 3</u> : Your baby's birth	8
<u>Section 4</u> : Legal forms at the hospital	11
<u>Section 5</u> : Your baby's caregiver	12
<u>Section 6</u> : CPS involvement	12
<u>Section 7</u> : Going back to prison: next steps	14
<u>Section 8</u> : Formal legal arrangements for your child	15
<u>Section 9</u> : Prison visits with your child	18
<u>Section 10</u> : Final thoughts	19
<u>Attachments</u>	20

ATTACHMENTS

- Attachment 1: CPMP eligibility form
- Attachment 2: Newborn Placement Information form
- Attachment 3: State Application for Certified Copy of Birth Record
- Attachment 4: Declaration of Paternity form – sample
- Attachment 5: Caregiver's Authorization Affidavit
- Attachment 6: Power of Attorney for Minor Child – with notary
- Attachment 7: Power of Attorney for Minor Child – with witnesses
- Attachment 8: Written Consent for Minor Visitation Authorization form
- Attachment 9: Authorization for Temporary Custody Agreement/Power of Attorney form

Note on reproduction: You are welcome to copy and distribute this manual, but please do not charge for the copies.

Note to attorneys: Legal services providers and other attorneys may distribute this manual to incarcerated people, formerly incarcerated people, and/or their loved ones who contact them for legal assistance.

Disclaimer for non-attorneys: This manual is not intended to answer all of your legal questions or take the place of an attorney. Legal Services for Prisoners with Children (LSPC) does not provide direct legal representation. We have provided current information to the best of our ability. However, laws and procedures change frequently. It is your responsibility to check relevant legal cases, codes, court rules and forms when using this manual.

Section 1: PREGNANCY CARE AND ACCOMMODATIONS

Prison is not the ideal place to be pregnant. However, by law and by prison policy, you have important rights to help you through this time in your life.

Pregnancy diagnosis

You may arrive at CIW from your county jail, from CCWF, or from some other institution, or report directly to CIW. Shortly after your arrival, you will be checked to see if you are pregnant. Once a pregnancy is confirmed (usually through urine or blood testing), you will have an appointment with an OB (obstetrics) provider within seven calendar days.

Also, any prisoner reporting a suspected pregnancy, or showing signs or symptoms of pregnancy, will be evaluated by a primary care provider within seven days. If pregnancy is confirmed, an initial appointment with an OB provider will occur within seven calendar days.

If you have any medical conditions that might complicate your pregnancy, it is important for medical staff to know this. The medical staff will inform the supervising obstetrician about any medical conditions that might complicate your pregnancy.

Emergency contraceptives: A prisoner may receive an emergency contraceptive (Plan B) within 72 hours after having unprotected sex. To do so, she must report to TTA (Triage and Treatment Area) or fill out and submit a 7362 form (Health Care Services request) to talk to a primary care team member.

Your right to have an abortion

Once your pregnancy is confirmed, you may make the personal decision that this is not the right time in your life to have a baby. You have the right to an abortion even while you are in prison. You should be given this information by the nurses, doctor, or a Family Services Coordinator (FSC), but you may need to be proactive. Ask for the information you need.

If you decide that an abortion is the best choice for you, tell your decision to the nurse, the doctor, and the FSC as soon as possible, the sooner the better. This is because there are limits to abortion rights during later stages of pregnancy, as well as physical and mental health concerns. Generally, under California law, a woman has the legal right to choose an abortion up through the 16th to 18th week of pregnancy. Between the 18th and 24th week of pregnancy, a medical judgment must be made whether it is safe for the woman to have an abortion. After the 24th week of pregnancy, an abortion is only available for a woman whose pregnancy puts her life in danger.

You can report your decision to the FSC or medical staff at a routine appointment or by filling out a 7362 form (Health Care Services request). You will be scheduled to see the OB provider on an urgent basis if the procedure can be medically approved.

After you inform the medical staff of your decision, and your request is determined to meet legal requirements, the OB doctor will refer your request to the Chief Medical Physician/Surgeon for final approval. From there, another office will process your request on a "high priority" basis and

schedule the procedure. Pregnant people at CIW do not have to pay for abortions. Currently, abortions are performed at the Planned Parenthood clinic in Corona.

Your right to pregnancy care

You will have regular appointments with the obstetrician throughout your pregnancy. Unless otherwise indicated by the doctor, you will have OB visits as follows:

- Every four weeks in the first trimester and up to 24-28 weeks gestation
- Every two weeks up to 36 weeks gestation
- Weekly after 36 weeks gestation up to delivery.

You can also submit a 7362 request to see an OB nurse as needed.

As soon as possible after your pregnancy is confirmed, you will meet with a dentist and will be referred to a dietician as necessary. You will also have access to prenatal medications.

Other accommodations

When prison staff confirm that you are pregnant, you will be issued a Comprehensive Accommodation Chrono. This Chrono is not a physical card, but a document in your file that states that you are pregnant.

This Chrono entitles you to prenatal vitamins as well as two extra cartons of milk, two extra servings of fresh fruit, and two extra servings of fresh vegetables daily. You should be assigned a lower bunk. You will be issued an extra larger pair of shoes. You will also be provided with a mobility vest to wear outside of your cell. Whenever an alarm sounds, you do not have to drop to, or sit on, the floor; rather, you may remain standing in place.

Under no circumstances can you be handcuffed behind your back, chained around your belly, or placed in leg irons. During a medical emergency, if your medical provider states that you must be released from restraints because of medical need, no restraints may be used at all. [Cal. Penal Code § 3407.]

Section 2: MAKING PLANS FOR YOUR BABY'S CARE

Within your first week at CIW, a Family Services Coordinator (FSC) will meet with you to discuss options and answer questions about your pregnancy. The FSC is a social worker employed by the prison who will help you to navigate various issues regarding your pregnancy and beyond. You have four options to discuss with the FSC regarding your pregnancy: abortion, adoption, transferring to a program where your baby can live with you, and choosing someone else to care for your baby while you are in prison. Section 1 of this manual addresses your right to have an abortion. This section addresses your other options. If none of these options is desired or possible, then Child Protective Services (CPS) will intervene. CPS involvement is addressed in Section 6.

Adoption

Adoption might be a good option for you if you do not wish to raise your baby and/or do not have anyone who can take care of your baby while you are in prison. Be aware that adoption *permanently* ends your rights as a parent. It can also impact the rights of other family members to know your child. If, after careful consideration, you decide to relinquish (give up) your baby for adoption, tell the FSC your decision. The FSC can help you get contact information of private adoption agencies referred by the state.

Living with your baby in a prison facility after you give birth

California has a Community Prisoner Mother Program (CPMP) that allows some people in prison to serve their sentences in a place where they can live with their young children. Currently, there is one CPMP, located in Santa Fe Springs, in Los Angeles County. It can house up to 24 participants with up to 40 children.

It is often difficult to transfer to CPMP housing because there are many restrictions on who is eligible. One requirement is minimum custody level. Your FSC may mention the program when you first meet together. If you think you may be eligible and want to go to the CPMP facility, ask your FSC for the application forms. The most recent eligibility form (as of December 2012) is attached to this manual.

► CPMP Eligibility form – Attachment #1

Submit your application to the appropriate Correctional Counselor II as soon as possible. You must have security, medical and mental health clearances before you transfer to CPMP housing. These clearances can take a month or more. Once accepted into the program, you can be transferred to the CPMP while you are pregnant. However, if you are considered to be too far along in your pregnancy to be moved before giving birth, you will have to wait until after your baby's birth to be moved.

Choosing a caregiver for your baby

Most of this manual discusses what to do if you decide to arrange for a caregiver for your baby while you are in prison. During your first meeting with the FSC, the FSC should help you think of possible caregivers for your baby. You will also need to identify who will pick your baby up from the hospital after you give birth. The FSC will help you make phone calls to make these arrangements.

Your chosen caregiver may pick your child up from the hospital, or you may choose different people for these two roles. Just be sure that the people you call understand what you expect them to do. Otherwise, there may be confusion later on at the hospital. To understand why you might want to choose one person to pick up your baby from the hospital and a different person to act as your baby's caregiver, see Section 5 of this manual.

During your initial meeting with the FSC, you will be given a Newborn Placement Information Form (NPIF). You **MUST** complete a NPIF and give it to your FSC as soon as possible to ensure that your baby goes home from the hospital with the person of your choice. If you cannot complete the form at your initial meeting with the FSC, the FSC will reschedule a meeting with you to finish it.

The NPIF does not need to be notarized. This form is attached to this manual as Attachment 2. See the subsection below that discusses how to fill out the form.

► ***Newborn Placement Information Form – Attachment #2***

Considerations when choosing someone to take care of your baby

Generally, it is very important that you choose a caregiver for your baby whom you can trust. The caregiver should have plenty of time and patience to love and care for your baby. Your baby’s caregiver also needs to have a stable income to support your baby and keep them fed and clothed. Although no two people have the same parenting style, your baby’s caregiver generally should share your views about what it means to be a good parent.

Finally, it is crucial that you choose a caregiver for your baby who has the desire and the ability to keep the relationship between you and your baby strong. Your caregiver will play a vital role in helping you maintain your family unity. Keep this in mind as you carefully consider your choice of a caregiver.

Choosing a relative vs. a nonrelative

The Newborn Placement Information Form asks that you choose a relative to care for your baby. The form defines relatives as:

- All birth relatives including those whose status is preceded by the words “step,” “great,” “great-great,” or “grand”
- The spouse of any of the people listed above even after the marriage has ended by death or divorce
- Any person listed above, who is related to the child’s half-brother or half-sister.

One advantage of choosing a relative to care for your baby is the availability of government benefits. Only certain relatives qualify for TANF (Temporary Assistance for Needy Families, a federal program) or CalWORKS (California Work Opportunity and Responsibility to Kids), the California version of TANF). Eligible relatives include: grandparents, aunts, uncles, siblings, first cousins, nephews, nieces; any of those persons just listed who are described by the prefixes half, grand, great, or step; or the spouse of any person named above, even after the marriage has been terminated. You might want to keep this in mind when you choose a caregiver for your baby.

CIW does not run a background check on the person you name on this form, nor does CIW verify that they are actually related to you. Thus, if you have no relative to care for your baby, but you have a willing and suitable nonrelative, it is possible to name the nonrelative on the form. Whether a relative or a nonrelative, you should choose this person carefully.

Filling out the Newborn Placement Information Form

You will notice that the Newborn Placement Information Form provides spaces at the bottom to list two people who can “care for” your baby. Despite the confusing language, the form is simply asking

you to list two people who have your permission **to pick up your baby from the hospital**. If one of those people is not available after your baby is born, the other person can step in and pick up your baby from the hospital.

CIW and the hospital are concerned about releasing your baby to your designated person at the hospital. CIW will not check to make sure that the person who picks up your baby from the hospital continues to take care of your baby. After your baby leaves the hospital with a person you have named on the Newborn Placement Information Form, your baby could be cared for by someone else while you are in prison. Be aware that if your designated person keeps your baby or passes your baby to another person, your baby could end up being cared for by someone you did not intend, with possible negative consequences.

If your caregiver is unable to travel: You might have a caregiver in mind who cannot pick up your baby from the hospital because of the caregiver's age, disability, distance from the hospital, or other reasons. If your desired caregiver cannot pick up your baby, you need to name someone else on the Newborn Placement Information Form who *is* able to pick up your baby. Your desired caregiver can step in and care for your baby after a person you name on the Newborn Placement Information Form picks up your baby from the hospital.

After you complete the NPIF, the FSC will keep a copy, give you a copy, and send the original to the hospital social worker. Once your baby is born, hospital staff will contact the person you have named on the form so that the person knows when to pick your baby up.

Formal legal arrangements

Depending on how long you will be in prison and other factors, you may want to make formal legal arrangements with your baby's caregiver. Section 8 of this manual discusses the various possibilities.

Avoiding CPS involvement

Child Protective Services (CPS) may get involved if it is contacted by the hospital where you give birth. The hospital will call CPS if:

- You have current or past CPS involvement¹
- You did not name someone on the NPIF.

The hospital *may* call CPS if:

- There are problems or concerns with the caregiver you have chosen.

Once contacted, CPS may, or may not, get involved in your situation. Here are their guidelines: "In situations where the incarcerated mother has **not** developed an appropriate placement plan at the time of birth or the plan has failed, then intervention by a child welfare agency is required." [Riverside

¹ The FSC will inform the hospital social workers if this is the case.

County Children’s Services Handbook, Module 2, Chapter 1, Section A, § 5.1.] This is why it is so important to make a good plan for your baby.

You should make sure that the people you name on the NPIF have as clean criminal and CPS records as possible. Also, make sure the people you name to pick up your baby from the hospital are sober and competent when they arrive. They must bring necessary baby supplies to the hospital, including an infant car seat. It is also important that your other loved ones know and understand whom you have chosen to pick up your baby from the hospital so that there is no confusion. Finally, make sure it is clear on paper, especially on the NPIF, whom you have selected to pick up your baby from the hospital.

There is more information about CPS in Section 6 of this manual.

Section 3: YOUR BABY’S BIRTH

When birth is imminent

If doctors decide ahead of time that you will need cesarean surgery (a “c-section”), they will schedule the surgery with Riverside University Health Services - Medical Center (RUHS), as that hospital system is its “first line” hospital. You will not be told of your surgery date until the morning that the surgery is scheduled to be performed. A CDCR medical transport van will take you to the hospital.

If no surgery is planned, when you go into labor, CIW will treat the situation as a medical emergency: medical staff will be notified to assist you and an ambulance will take you to the hospital.

It is the prison staff’s responsibility to make sure that all copies of your pregnancy-related paperwork go with you to the hospital. If you have prepared a Power of Attorney form and have not yet given it to your baby’s caregiver, you should bring a completed copy of it to the hospital for them.

Before leaving CIW for the hospital to give birth, you can ask a friend inside to call the person who is supposed to pick up your baby. Though the hospital will also call this person after you give birth, getting a friend to call beforehand can be helpful, especially if your caregiver will need extra time to get to the hospital. Your caregiver can phone the hospital to inform them that they are on the way. However, prisoners are confidential patients, so depending on who your caregiver speaks to, the hospital may not confirm that you are in the hospital. Still, your caregiver should leave a message.

Transportation to the hospital

However you are taken to the hospital (medical transport van or ambulance), prison staff will ride with you. On your way to the hospital (or any transport off institutional grounds while you are pregnant), the use of restraints is strictly limited. The only restraint gear that can be used is handcuffs to the front of your body. [Cal. Code Regs. tit. 15 § 3268.2(e)(3); CDCR Department Operations Manual, § 54045.11.] If you are *in labor* during transport, no restraints may be used at all, unless “the immediate application of mechanical restraints [is required] to avoid the imminent threat of death, escape, or great bodily injury, and only for the period during which such threat exists.” [Cal. Code Regs. tit. 15 § 3268.2(c)(5).] CDCR regs do not include this exception. [CDCR DOM § 54045.11.]

Hospital location

Although CIW is located in San Bernardino County, most pregnant women incarcerated at CIW will give birth at Riverside University Health System-Medical Center (RUHS), per CIW policy and preference.² However, it is also *possible* that the medics will bring you to another nearby hospital to give birth, depending on individual circumstances.³

This manual only provides information about RUHS. Most likely, the other hospitals have similar protocols as RUHS. The FSC may have specific information about other hospitals.

Presence of a support person

You may request that a support person be present at the birth of your baby. Your support person must be an approved visitor at CIW, meaning that they have passed a security clearance, and they must be approved by the warden. You will have to fill out the application/brochure and send it to your support person to sign and mail back to you. In this material, your support person may be referred to as a “birth coach.” However, they are not expected to have any training or expertise in assisting a childbirth. The CCI will write and submit a memo to the warden, along with your signed application/brochure, for approval.

If your support person is not already an approved visitor, they should apply for a security clearance promptly, because this process can take up to two months. Similarly, you should send them the application to be your support person promptly, because it takes CIW time to process it once you submit it. Ideally, your paperwork should be completed before you are seven months pregnant. If needed, the FSC will try to expedite it.

If the person you wish to be present at the birth is on probation for a minor issue, they will also need a letter of permission from the probation officer. Someone on parole cannot be a support person. Decisions regarding who is, or is not, an acceptable support person are made on a case-by-case basis. You are encouraged to be truthful in your application.

If the warden signs off on your request, the Watch Commander’s Office will notify your support person when you are in active labor. Be aware that a support person may not be present for a c-section. Your support person will be allowed to remain with you for a brief time after delivery. Other than that, at RUHS, your support person (or any other visitor) will not be allowed to visit with you unless the hospital has received prior written approval from the warden or the administrative officer of the day.

² RUHS is located at 2650 Cactus Avenue, Moreno Valley, CA 92555.

³ Other possible hospitals are Kaiser (Ontario), Pomona Valley (Pomona), and Montclair Hospital Medical Center (Montclair).

Labor and delivery

The medical aspects of this process are beyond the scope of this manual. Generally, hospital protocols should be the same for incarcerated people as for any other people giving birth.

There are two things that are different for incarcerated pregnant women: per RUHS policy, “adequate correctional staff must be available to monitor the incarcerated woman during the labor and delivery and postpartum period,” for security reasons. However, “[i]f an officer must be present, as available, the officer will stay in the room behind the privacy curtain.” [RUHS - Medical Center, Perinatal Services Document No: 9.1 PU, “Care of Inmates in the Perinatal Unit,” §§ 2.3, 2.4.]

Second, the use of restraints is virtually forbidden during your hospital stay. No leg restraints or waist chains can ever be used. [Cal. Code Regs. tit. 15 § 3268.2(e)(3).] Handcuffs may only be used if immediately required “to avoid the imminent threat of death, escape, or great bodily injury, and only for the period during which such threat exists.” [Cal. Code Regs. tit. 15 § 3268.2(c)(5).] Even so, they must be removed if your current medical professional determines that “the removal of restraints is medically necessary.” [Cal. Penal Code § 3407(c).] CDCR regs preclude the use of restraints entirely, during your hospital stay. [CDCR DOM § 54045.11.]

Spending time with your baby

After delivery, you will be housed in a regular hospital room. RUHS protocols provide that, post-delivery, your baby will be cared for by a nurse in the satellite nursery. You will be allowed to visit with your baby there “for a reasonable amount of time for bonding and breastfeeding” under the supervision of medical staff and correctional officer(s). [RUHS - Medical Center, Perinatal Services Document No: 9.1 PU, “Care of Inmates in the Perinatal Unit,” §§ 3.1, 3.2.]

If you give birth vaginally, you will likely leave the hospital within 24 - 48 hours after your baby is born. If you give birth by cesarean surgery or if you need serious medical attention, you would stay longer. A c-section stay is generally three days. There is a chance that you will be returned to prison before your baby leaves the hospital. However, the hospital social worker will inform the FSC about who picked up your baby from the hospital, and you can ask the FSC for this information.

Babies with special medical needs

Babies born at RUHS who are premature or who need special medical attention may be treated in that hospital’s Neonatal Intensive Care Unit (NICU). If you give birth at a hospital without a NICU and your baby has special medical needs, your baby may be transported to a different facility. If so, you might not have much time together. You will be notified of your baby’s transfer to a different medical facility, either by the hospital social worker (if you are still in the hospital) or by the prison’s FSC (if you are already back at CIW).

While your baby is still in a hospital, you can call the hospital weekly to check on the health of your baby. These calls are facilitated by the FSC. If you are undergoing methadone maintenance at the time of the baby’s birth, your baby may need to stay in the hospital for extra time to detox.

Section 4: LEGAL FORMS AT THE HOSPITAL

Birth certificate

Every new individual giving birth is given a birth certificate worksheet when she is admitted to the mother-baby (post-partum) unit. The worksheet has to be completed before discharge. A birth clerk will help you complete it. The designated person who picks up your baby is given a “confirmation of birth” form and information about how to obtain an official birth certificate.

To get a certified copy of your child’s birth record, you will have to request one. The certificate is available from either the State of California Office of Vital Statistics *or* the County Recorder in the county where your child was born. In either case, you will have to fill out an application, get it notarized, and mail in a fee for each certified copy requested. As of this writing, the state fee is \$29 and the fee for Riverside and San Bernardino Counties is \$32. The state application form is attached here as Attachment 3.

► *State Application for Certified Copy of Birth Record – Attachment #3*

Here are the addresses:

State Office of Vital Statistics P.O. Box 997410 Sacramento, CA 95899-7410	Riverside County Recorder 2724 Gateway Drive Riverside, CA 92507	San Bernardino County Recorder 222 West Hospitality Lane, First Floor San Bernardino, CA 92415
--	--	--

Declaration of Paternity

If you are married, the law presumes that your husband is the father of your baby, so you will not need to fill out a Declaration of Paternity. If you are unmarried, you may request that the Declaration of Paternity be completed. For it to be valid, both parents must sign the form. The birth clerk can help you fill out the form. The hospital will contact the man you name as the father and inform him of the baby’s birth. If he agrees he is the father, the social worker will arrange for the form to be completed at the hospital. Reasons to complete this form are:

- It is easier for the father to assert his parental rights.
- It is easier for you and others to enforce the father’s parental responsibilities.
- It is the only way to get an unmarried father’s name on the birth certificate, short of a court order.

A sample of the Declaration and instructions are included here as Attachment 4.

► *Declaration of Paternity form - sample – Attachment #4*

If the man you have identified is unavailable, if he questions whether he is the father, and/or if requests a paternity test, or if you do not provide his name, the Declaration of Paternity is not completed. In this case, you or the father will need to take additional steps later in family court to establish his parental rights and responsibilities.

Section 5: YOUR BABY'S CAREGIVER

At the hospital, a social worker will meet with you to discuss your plan for your baby. Because the Newborn Placement Information Form has spaces for you to name two people to pick up your baby from the hospital, the social worker will ask who your first choice is and try to contact that person once your baby is born. If the social worker cannot reach your first choice, they will contact the other person listed on the form so that someone will arrive to take your baby home.

The hospital social worker will call your caregiver as soon as possible after your delivery with your baby's estimated discharge date. That person has a limited amount of time to get to the hospital after your baby is ready to be discharged. If that person lives very far from the hospital, you should inform the hospital of this fact. Otherwise, the hospital may not give your caregiver enough time to get there before reporting to CPS that your baby has no one to care for them. The hospital and CPS are usually willing to work with a caregiver who must travel a long distance, as long as the caregiver is clear about needing extra travel time. If the caregiver is running late, they should call the hospital as soon as possible.

Whoever picks up the baby from the hospital should bring two forms of picture identification. They should also have an infant car seat and other supplies, such as clothing, diapers and formula. The hospital social worker gives a useful information package to the person who picks up the baby. It includes information on how to access the baby's birth records and appropriate resources such as WIC.

The hospital social worker will notify CIW's Family Services Coordinator when your baby is born, who picked up your baby and any notable medical follow-up the baby needs. The hospital social worker will also keep you aware of any CPS involvement.

Section 6: CPS INVOLVEMENT

Most CIW people give birth at the RUHS. To the best of our knowledge, the hospital social worker will research the backgrounds of the people you listed on the NPIF to find out if they have any outstanding warrants or drug use history. The social worker will also call and interview them about their ability and desire to take care of the baby. If the social worker determines that neither of the people you have listed on the NPIF would be a suitable caretaker, they will notify you that someone else needs to be found. If you have no other suitable caregiver to suggest, the social worker will contact the CPS hotline. We assume that the other hospitals where you may give birth use similar or identical procedures.

There are several factors that can contribute to the hospital contacting CPS, such as:

- A person you name does not arrive to take your baby home, and/or someone else arrives who is not named on the form.
- A person you name arrives at the hospital intoxicated or in a state that the hospital thinks is unsafe for your baby.
- A person you name does not seem prepared or lacks the resources to take care of a child.
- The hospital social worker learns that you or a person you name have a history with CPS.
- Your baby tests positive for illegal drugs upon birth, or the hospital determines that you have used illegal drugs in the last 30 days.

The hotline will forward the hospital's call to the local CPS office for the county where the hospital is located. For example, if the RUHS social worker calls the CPS hotline, they will deal with the Riverside CPS. If CPS is contacted, CPS will decide whether your baby will go home with a person of your choosing or whether CPS will take authority over your baby.

Riverside County child welfare agency protocols state: "If the [incarcerated] mother arranges for a relative to care for her baby and no safety concerns exist, a child welfare agency would **not** intervene." [Riverside County Children's Services Handbook, Module 2, Chapter 1, Section A, § 4.4, "The Incarcerated Parent".] However, it **will** intervene if there is no appropriate plan or if it has failed. This could happen in a few ways, such as:

- You do not name anyone to care for your baby on the NPIF.
- No one arrives at the hospital to take your baby home.
- A person you name on the NPIF arrives at the hospital too late.
- The caregiver you have chosen is considered unsuitable.

If the local CPS agency decides to intervene, it will contact the CPS office from your "county of origin." Your county of origin is the county where you lived before you were arrested. Other counties will not have jurisdiction over your baby's CPS case. If Riverside County CPS has your baby temporarily, it is only as a courtesy to your county of origin.

Once the CPS from your county of origin is contacted, it will likely come to the hospital, pick up your baby, return your baby to its county, and place your baby in an emergency shelter or temporary foster care while it seeks to locate an available family member.

Act quickly to claim your baby: Once the hospital releases your baby to CPS, act as quickly as possible to call a relative or have a relative call CPS. No one will be able to receive your baby from CPS until CPS conducts an "emergency assessment" and approves the person who will take care of your baby while you are in prison. An emergency assessment includes a criminal background check, a home visit, and an investigation of any alleged abuse or neglect caused by any adult in the home where the baby will live. The person who arrives at CPS to request custody of your baby should bring any possible proof to establish his or her relationship to your baby. CPS must release the baby to a responsible and qualified relative willing to provide care, except under certain unusual circumstances.

Juvenile dependency court

If CPS has not released your baby to a relative or other person in 48 hours, it will file a petition in your county of origin to make your baby a dependent of the court. Under California law, a dependency petition can be filed when "the child's parent has been incarcerated or institutionalized and cannot arrange for the care of the child." [Cal. Welf. & Inst. Code § 300(g).]

Once your child is the subject of a dependency court petition, your parental rights are at stake. What happens can drastically affect your relationship with this child, any other children you may have, and even children you may have in the future.

You have the right to notice of all court hearings involving your baby. You also have the right to appear in court, either in person, by telephone or by video-conferencing. The first hearing (called a

detention hearing) will be held the next court date after the petition is filed. If you do not have a lawyer to represent you in your baby's CPS case, the court will appoint one for you. At that hearing, the court will decide whether CPS should release your baby to someone who has come forward, or whether your baby should stay with CPS until the next hearing.

If the judge decides that your baby should stay with CPS, there will be a jurisdiction hearing scheduled within 15 court days. If the judge releases your child to a relative, the jurisdiction hearing will be scheduled within 30 days.

At the jurisdiction hearing, the judge will decide whether to declare your baby a dependent of the court. If the judge declares your baby a dependent of the court, the court will take legal custody of your baby and decide where and with whom your baby will live. There are strict deadlines in dependency court, particularly when a child is under age three. If your baby is not placed with a relative and you are not able to reunite with your baby in six months, your parental rights could be terminated and your baby placed for adoption, even over your objection.

For more information on what happens in juvenile dependency court, including foster care, guardianship, reunification and adoption, please see LSPC's manual entitled "Juvenile Dependency Court: Child Custody and Visiting Rights Manual for Incarcerated Parents." This manual is available in the prison law library, or you can write to us to request a free copy.

Section 7: GOING BACK TO PRISON: NEXT STEPS

If you had a c-section, you will be admitted to the Out-Patient Housing Unit (OHU) or the Correctional Treatment Center (CTC).

Seven to 14 days after your return to CIW from the hospital, you will have a post-delivery interview (called a "postpartum assessment") with the FSC. During this interview, you will be able to call your child's caregiver. In this phone call, you can find out if they need information about available community and funding resources to help support your child, such as MediCal. If your child is with CPS, you will be able to contact CPS to determine the status of your baby.

To facilitate visits with your baby in the future, you can explore whether you may be eligible to transfer to a CDCR facility closer to where your baby is living. Central California Women's Facility (CCWF) is near Fresno. The CCTRP (Custody to Community Transitional Reentry Program) has six locations throughout the state. The Alternative Custody Program (ACP) allows eligible participants to serve up to the last 12 months of their sentence housed in a community facility.

During this meeting with the FSC, you can also discuss your current visiting prospects with your child and possible legal arrangements for your child's custody and care. The following two sections address these issues. See the information in Section 4 on how to obtain a birth certificate for your child.

Section 8: FORMAL LEGAL ARRANGEMENTS FOR YOUR CHILD

If your baby is the subject of a juvenile dependency court case, the court will determine the legal custody arrangements. See LSPC’s manual called “Juvenile Dependency Court: Custody and Visiting Rights for Incarcerated Parents.”

If your baby is being cared for by their other parent who is named on the birth certificate, then there is no immediate need for any other legal document, unless you are having trouble getting visits with your baby. See the subsection below called “Family court order for custody and visiting.”

It is possible to have a family member or friend care for your baby without the need for a court custody order. This is particularly true if you expect to be released from prison soon. There are two kinds of simple legal documents that might or will be helpful to both you and the caregiver in the short run. They are a Caregiver’s Authorization Affidavit and a Power of Attorney.

If you anticipate being incarcerated for a lengthy period of time, you and/or the caregiver may find it beneficial for the caregiver to have a court order for custody of your child. Such an order can be obtained in a family court case. Alternatively, a probate court can establish a guardianship. Under either court option, you can seek visiting rights and a change of custody upon your release.

This section briefly addresses these arrangements, as well as adoption. LSPC has other manuals which provide more details on these subjects.

Caregiver’s Authorization Affidavit

This document is a two-page form ***signed by a qualified relative*** to ensure that a child’s medical and educational needs are met. It allows relatives to enroll a child in school and to consent to school-related medical care on behalf of a child. It is good for one year and can be renewed. A copy is attached to this manual as Attachment 5.

► ***Caregiver’s Authorization Affidavit – Attachment #5***

Limitations:

- This authorization is for temporary situations.
- The caregiver may not be eligible for CalWORKS or other benefits.
- It can be revoked at any time.
- It does not give the caregiver legal custody of your child.

Power of Attorney for Minor Child

A power of attorney can give the caregiver more authority to make decisions about a child, depending on what is specified in the document. It is signed by a parent and can be used to authorize a relative or a friend to act as a caregiver to a child.⁴ The form is not a court order. You can revoke it in writing at any time. For instance, you can revoke the Power of Attorney when you are released from prison. You could revoke it if you decide it would be better if your child was being cared for by another person. Of course, the new caregiver would have to be willing to take on that responsibility.

Ordinarily, the parent's signature is notarized. If a notary is not available, the parent's signature can be witnessed by two adults (not the designated caregiver). A copy of each of these forms is attached to this manual as Attachments 6 and 7.

► **Power of Attorney for Minor Child – with notary – Attachment #6**

► **Power of Attorney for Minor Child –with witnesses – Attachment #7**

Limitations:

- The form must be *notarized* or signed by two witnesses.
- It is not a court order.
- It is not binding on the other parent or a court.

We advise using the notarized version if possible, as it is more commonly accepted.

Give a copy of the power of attorney to your baby's caregiver, give a copy to the prison to allow visits with your baby, and keep a copy for yourself.

Authority for Temporary Custody Agreement/Power of Attorney

This is a CDCR form which has been created to allow another party to bring your baby to visit with you if there is no other legal document giving them custody. See the discussion about this form in Section 9.

Probate court guardianship

Depending on the length of your sentence and other factors, you may want your baby's caregiver to have legal guardianship status. Legal guardianship is a court order that gives legal and physical custody and control of your child to the guardian. It *suspends* but does *not terminate* your rights regarding your baby. Both relatives and nonrelatives may be legal guardians. Generally, the caregiver petitions the probate court to designate themselves as the guardian, though a parent can also be a petitioner. A guardianship can be created over a parent's objection. Once the court appoints a guardian, the guardian has full legal responsibility for your baby, including making educational and medical decisions.

⁴ A power of attorney is created by one person (called the "principal") to grant to another person (called the "agent" or "attorney-in-fact") the authority to make important decisions on their behalf concerning "property, personal care, or any other matter." [Cal. Prob. Code § 4123(a).] The website for the California court system explicitly states that a power of attorney may be used by a parent to give another adult the right to make important decisions about their child. See: selfhelp.courts.ca.gov/guardianship/other-options

A guardianship terminates automatically when the child turns 18, marries, or enters the military. It can also be terminated by court order in response to a petition to terminate it.

Be aware that if you wish to end your caregiver's legal guardianship, you will have the burden of proving to a court that your baby should be with you (or a different caregiver). This can be difficult. Much depends on your relationship with your baby's caregiver. If you only have a short sentence, it may not be worthwhile to set up a legal guardianship. You can learn more about probate court guardianships in LSPC's manual called "Probate Court Guardianships: Child Custody and Visiting Rights Manual for Incarcerated Parents."

Family court order for custody and visiting

If the caregiver is the other parent: A need for a court order could arise if that parent is not responsive to your requests to visit with your baby. You would have to file a case in family court to obtain custody and visiting orders. You can learn how to do this by consulting LSPC's manual called "Family Court: Child Custody and Visiting Rights of Incarcerated Parents." If you are married, LSPC's "Divorce Manual for Incarcerated Parents" may also be relevant.

If the caregiver is a relative or friend: A caregiver can be awarded legal custody of your baby in a family court case. This may be preferable to a guardianship because family courts are accustomed to changes of circumstances in family situations. To obtain such an order, you would file a family law case between you and your baby's other parent, and then add ("join") the caregiver to the case. The court would determine parental rights and make custody and visiting orders. For more information on this option, please see LSPC's "Family Court: Child Custody and Visiting Rights for Incarcerated Parents."

Adoption by your baby's caregiver or guardian

An adoption can be voluntary or involuntary.

Voluntary independent adoption: Depending on the length of your sentence and other factors, you may want your baby's caregiver to adopt your baby. Because court-approved adoptions are permanent, you should be absolutely sure about this choice. Adoption ends your rights to your child permanently. Depending on your relationship with the caregiver and how it could change while you are in prison, adoption may mean that you never see your baby again. There is no such thing as an **enforceable** "open" adoption. You have a right to both a counselor and an attorney to help you make your decision about adoption. You also have a right to change your mind about the adoption by revoking your consent in writing within 30 days of signing the adoption consent papers.

Involuntary adoption: Be aware that your child's caregiver or guardian can petition the court for adoption without your consent. If this happens and you object, you can oppose the adoption by refusing to sign consent forms, asking for an attorney and attending court hearings.

Section 9: PRISON VISITS WITH YOUR CHILD

Baby not in foster care

To get a visit with your baby, your baby *and* the person who brings your baby must be approved. Your adult visitor has to be approved like all other visitors. The clearance process for adult visitors can take a few months, so it is best to plan ahead.

To get your baby admitted to the prison for visiting, the adult visitor must present a copy of your baby's birth certificate. You also have to show that the person with legal custody of your baby gives permission for the visit.

If the adult who brings your child to visit is **the father** as shown on the birth certificate, the birth certificate is all that he needs to bring. If the adult who brings your child to visit is another person with legal custody, they must bring the legal document showing custody. This could be a family court order, letters of guardianship, or a power of attorney. A Power of Attorney for a Minor Child is discussed in Section 8 of this manual.

If your child is brought by an adult who is *not* the person with legal custody, then the person *with* legal custody will have to fill out and have **notarized** a "Written Consent for Minor Visitation" form, giving permission for your visitor to bring the baby to see you. This form must be updated each year. The visitor must bring the birth certificate, a legal document showing who has legal custody of your child (such as a court order or Power of Attorney), and the "Written Consent for Minor Visitation" form. A copy of the Written Consent Form is attached to this manual as Attachment 8.

► **Written Consent for Minor Visitation Form (CDCR) – Attachment #8**

If there is no court order or Power of Attorney giving someone custody of your baby, and the adult visitor is not the father on the birth certificate, CIW may require you to fill out an "Authorization for Temporary Guardianship/Power of Attorney of Minor" form in order for the prison to allow this visitor to bring your child to see you. You must sign this form and have your signature **notarized**; the temporary guardian(s) named on the form also need to sign the form to consent to being a guardian, but their signatures do not need to be notarized. A copy is attached here as Attachment 9.

► **Authorization for Temporary Guardianship/Power of Attorney of Minor form – Attachment #9**

This form purports to establish a temporary guardianship. Technically, only a court can establish a guardianship (temporary or otherwise). However, it appears to be a valid Power of Attorney, which is similar to a guardianship in that it transfers parental responsibilities to a non-parent with parental rights being suspended, but not terminated.

Please note: Point 5 contains two inconsistent sentences. The first sentence gives a place to fill in a start date and an end date to the custody arrangement; the second sentence states that it starts immediately and continues until it is revoked. Either option is allowable. If you want an open-ended custody arrangement, you can cross out the first sentence; if you want a firm end date to this custody arrangement, you can fill in dates in the first sentence and cross out the second sentence. In either case, you can revoke the Power of Attorney in writing at any time.

It is very disappointing when a visitor who travels all the way to the prison is turned away and unable to visit because the paperwork is not in order. We suggest that you or your adult visitor double-check with prison officials in advance of a scheduled visit that their paperwork will allow you to visit with your child.

If your baby's caregiver refuses to bring your baby to visit with you, you may petition a court to obtain and enforce visiting rights through a visiting order. Make sure to request contact visits so that you can hold your baby. Visitation is your and your baby's right, and state agencies generally encourage visiting between parents in prison and their children. For information about how to obtain a court order for visits with a child who is the subject of a probate court guardianship, see LSPC's manual called "Probate Court Guardianships: Child Custody and Visiting Rights Manual for Incarcerated Parents." For information on how to obtain a court order for visits with a child who is living with the father or other relative or friend, but is not the subject of a probate court guardianship or a dependency court proceeding, see LSPC's manual entitled "Family Court: Child Custody and Visiting Rights Manual for Incarcerated Parents."

Baby in foster care

If your child is in **foster care**, or in a guardianship created in the juvenile dependency court, you may still be able to visit with them, but you will need to obtain a court order to do so. For information about how to obtain a visiting order from the juvenile dependency court, see LSPC's manual "Juvenile Dependency Court: Child Custody and Visiting Rights Manual for Incarcerated Parents."

Either a CPS worker, a foster parent or a guardian could be ordered to bring your baby to you. If your child is being brought by a CPS worker, the worker must bring a copy of the court order and an original birth certificate. If your child is being transported by a foster parent/guardian, that person must bring the court order, the birth certificate, *and also* a letter from CPS authorizing the visit(s).

If your child is in foster care, you may also wish to explore CIW's Enhanced Visiting Program. This program enables you to visit with your child for one to two hours every week or month. Visiting takes place in a more child-friendly environment in a building that is separate from the regular visiting area. A court order for visitation is required for this program. Fees can be waived. The FSW can provide you with more information about this program.

Section 10: FINAL THOUGHTS

We at LSPC sincerely hope that this manual has been helpful to you. Thank you for taking the time to read it. If you know of any way that we can improve this manual, we invite you to contact us.

We wish you the very best as you and your family navigate this very important time in your life.

ATTACHMENTS

Attachment 1: CPMP eligibility form

Attachment 2: Newborn Placement Information form

Attachment 3: State Application for Certified Copy of Birth Record

Attachment 4: Declaration of Paternity form – sample

Attachment 5: Caregiver’s Authorization Affidavit

Attachment 6: Power of Attorney for Minor Child – with notary

Attachment 7: Power of Attorney for Minor Child – with witnesses

Attachment 8: Written Consent for Minor Visitation Authorization form

Attachment 9: Authority for Temporary Custody Agreement/Power of Attorney form

COMMUNITY PRISONER MOTHER PROGRAM (CPMP)
ELIGIBILITY CRITERIA

You must meet the following CPMP criteria to be considered for placement into the program:

- You must be eligible for Minimum Support Facility (MSF) placement.
- You must be pregnant or have a child six years old or younger.
- You must have legal custody of the child.
- You must receive permission from the Juvenile Court for the child's placement, if the child is a dependent of the Court.
- You must have been the Primary Caregiver prior to incarceration, which means a parent who has consistently assumed responsibility for the care, housing, and health of the child. You will not be excluded if, as primary caregiver, you arranged for temporary care for the child in the home of a relative or licensed foster home.
- You cannot have the child's placement challenged by Child Protective Services or the person currently caring for the child. (You are not necessarily ineligible for the CPMP if you have another child in a social service placement).
- You cannot be declared an unfit parent by a court.
- Your classification score must be 35 points or less.
- You must have less than six years remaining on your sentence after reduction for work-time credits.
- You must have more than 90 days to parole or release at the time of placement into the program.
- You cannot be an active Civil Addict commitment.
- You can not have a current commitment or prior conviction for a violent offense listed by PC, Section 667.5 (c). Property, Robbery, Burglary 1st, and narcotic offenses are reviewed on a case-by-case basis.
- You cannot have a current commitment or prior conviction for robbery or assault where you personally discharged a firearm or personally caused serious injury to the victim whether or not your term is enhanced
- You cannot have a current commitment or prior conviction for arson, under PC, Sections 450 - 455.
- You cannot have an attempted or actual escape from a secure perimeter.
- You cannot have a "walk away" from a "non-secure setting" less than 10 years ago.
- You cannot have a current commitment or prior conviction or enhancement (within the past ten years) for Weapons (manufacture, sale, or possession), PC Sections 12020, 12021 or 12022 (except PC Section 12022.6)
- You cannot have a current commitment or prior conviction for kidnap per 207 PC.
- If your circumstances involved a crime that resulted in death to the victim your application will be reviewed on a case by case basis. You may be considered if the conviction was for manslaughter, or in response to a physically abusive partner, and you have no prior felony convictions, and no prior history of violence, whether convicted or not.
- You cannot have a current commitment or prior convictions that require that you register pursuant to PC, Section 290.
- You cannot have an active or potential U.S.I.N.S. that precludes minimum custody placement or a felony hold.
- You cannot have served a Security Housing Unit term within 12 months.
- You cannot have a pending CDC Form 115, Rules Violation Report.
- You cannot have been found guilty of a serious rule violation during this term which resulted in a credit loss on one occasion of 91 days or more, or have a credit loss on more than one occasion of 31 days or more, and the credit has not been restored.
- You cannot be documented as a prison-gang member, drop out, or prison gang-affiliated, nor have enemies who might jeopardize the security of the community or the CPMP facility.
- You cannot have demonstrated predatory sexual behavior including annoying children.
- You or your child cannot have current medical or psychiatric problems that require ongoing medical treatment not available in a CPMP facility.
- Your commitment offense can not involve extreme public notoriety or be of the nature to draw unusual or negative attention to the program.
- You cannot have a history of adverse behavior in a community program requiring removal from the program.
- You cannot have documented evidence of drug use in last 6 months while incarcerated.

NEWBORN PLACEMENT INFORMATION FORM

Step 1:

Inmate Name:	DOB:	CDCR#	SSH
Last Legal Address:	Estimated Date of Delivery:		
City:	State:	County:	
AKA's:	Length of Sentence:	Release Date:	

Step 2: FOR EXPECTED MOTHER – Please read and/or complete items a – f:

a) Placement Consideration	<p>Please <u>carefully consider</u> the placement of your child. The person should have the right skills and background to care for your child in your absence. You may release your baby from the hospital or place your child with one of the following relatives of the child:</p> <ul style="list-style-type: none"> • All birth relatives including those whose status is preceded by the words "step", "great", "great-great", or "grand". • The spouse of any of the people listed above even after the marriage has ended by death or divorce. • Any person listed above, who is related to the child's half-brother or half-sister.
b) Consent	<p>I authorize the exchange of information among the California Department of Corrections, the County of Legal Residence Child Welfare Department and the Delivery Hospital. A copy of this document with signature is as valid as the original.</p> <p>Signature: _____ CDCR# _____ Print Name: _____</p>
c) Notice	<p>THE CHOICES FOR PLACEMENT I HAVE PROVIDED ON THIS FORM REPRESENTS MY PLAN AS TO WHOM I WANT TO BE A CAREGIVER FOR MY CHILD WHILE I AM INCARCERATED. I ALSO UNDERSTAND RIVERSIDE COUNTY IS NOT RESPONSIBLE FOR INITIATING AND/OR COMPLETING CAREGIVER BACKGROUND CHECKS AND/OR DETERMINING IF A RESIDENCE IS AN APPROPRIATE PLACEMENT FOR MY CHILD.</p> <p>Signed: _____ Date: _____</p>

d) FATHER'S NAME(S) (Known or Probable)

1. Name:	Telephone:	SSH:	DOB:
Address:	City/State:		
2. Name:	Telephone:	SSH:	DOB:
Address:	City/State:		
Other children with same father: <input type="checkbox"/> Yes <input type="checkbox"/> No	Married to father: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Marriage:	Place of Marriage:

e) SIBLING INFORMATION

Sibling Name(s)	DOB	Current Caregiver's Name	Full Address and Telephone #

f) MY PLAN AS TO WHOM I WILL CONTACT TO CARE FOR MY NEWBORN IS:

<p>1.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="2">Name:</td></tr> <tr><td colspan="2">Address:</td></tr> <tr><td>City:</td><td>State:</td></tr> <tr><td>Relationship to Inmate:</td><td>Phone #s:</td></tr> </table>	Name:		Address:		City:	State:	Relationship to Inmate:	Phone #s:	<p>2.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="2">Name:</td></tr> <tr><td colspan="2">Address:</td></tr> <tr><td>City:</td><td>State:</td></tr> <tr><td>Relationship to Inmate:</td><td>Phone #s:</td></tr> </table>	Name:		Address:		City:	State:	Relationship to Inmate:	Phone #s:
Name:																	
Address:																	
City:	State:																
Relationship to Inmate:	Phone #s:																
Name:																	
Address:																	
City:	State:																
Relationship to Inmate:	Phone #s:																

3. I do not have anyone available to care for my newborn child. I understand that the Child Protection Agency from my County of Legal Residence will be contacted when my child is born.

Signed: _____ Date: _____

How to Obtain a Certified Copy of a Birth Record



AVAILABILITY OF RECORDS

Birth records are available 21 days after the date of event. You may request a copy from either the county of birth or from the California Department of Public Health – Vital Records (CDPH-VR). CDPH-VR issues vital records for all of California where as counties can only issue records for events that occurred in that county.

If CDPH-VR cannot locate the record based on the information you provide, the law authorizes CDPH-VR to retain the fee for the search, and CDPH-VR will issue a Certificate of No Public Record (CNPR).

IF THE RECORD NEEDS AMENDMENT

Amendments to original birth records are frequently submitted to CDPH-VR to correct errors or add information to original documents. Copies of amended certificates may be requested at the same time the amendment is submitted. The applicant receives a certified copy once the amendment is completed.

- If you request a certified copy before the amendment has been completed, you may receive either: a copy of the un-amended record, or a CNPR if CDPH-VR is not able to locate the record.
- If you know that the record is being amended, and it is in the amended record that you want, please wait until after the amendment has been completed before requesting a certified copy.

CERTIFIED COPIES AND SWORN STATEMENTS

There are two types of certified copies available upon request:

1) **Certified Copy** (*authorized persons only*)

A certified copy can be used to establish the identity of the person named on the certificate.

If you are requesting a certified copy, you **MUST** provide a notarized sworn statement (see page 5 of application) declaring under penalty of perjury that you are authorized by law to receive the certified copy (see application for list of authorized individuals).

If you are requesting a certified copy and a notarized sworn statement is not included, CDPH-VR will not accept your request for processing.

Note: Only one sworn statement is required for multiple records that are requested at the same time – however, the sworn statement must include the name of each person whose record is being requested and your relationship to that person.

2) **Certified Informational Copy** (*any interested person*)

If you are requesting a certified informational copy, you DO NOT need to provide a sworn statement.

A certified informational copy has a legend printed on the face of the document that states, “INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY.” Persons who are not eligible to receive a certified copy can receive a certified informational copy.

Both types of documents are certified copies of the original document on file with CDPH-VR. Depending on the exact year of event, some certified informational copies will have signatures and Social Security numbers redacted (concealed).

WHAT TO SUBMIT FOR A CERTIFIED COPY OF A BIRTH CERTIFICATE

- Completed “Application for Certified Copy of Birth Record” (VS 111).
- Notarized sworn statement (if applicable).
- \$29 fee per copy requested (check or money order in US dollars, made payable to CDPH-Vital Records) **NO CASH.**

APPLICANT NOTIFICATION

Once your request has been received and evaluated:

- If your request is not accepted (e.g., due to insufficient fees, insufficient information, etc.), the request will be returned with a letter explaining what needs to be corrected; or,
- If your request is accepted, CDPH-VR will process the application and mail out a copy of the certificate(s) you requested.

PROCESSING TIMES

To check current processing times for certified copies of birth certificates, visit the CDPH-VR Website (<https://www.cdph.ca.gov/Programs/CHSI/Pages/Vital-Records-Processing-Times.aspx>).

If you need your copy sooner, please refer to the enclosed list of county recorder’s offices to contact the county where the event occurred.

Mail all applications and written inquiries to the address below. If you have any questions, please contact the CDPH-VR Customer Service Unit, Monday through Friday, 8AM – 4PM.

California Department of Public Health | Vital Records – MS 5103
P.O. Box 997410 | Sacramento CA, 95899-7410
(916) 445-2684 | CHSIVitalRecords@cdph.ca.gov
CA Relay: 711/1-800-735-2929

APPLICATION FOR CERTIFIED COPY OF BIRTH RECORD

\$29.00 PER COPY

PLEASE READ THE INSTRUCTIONS ON PAGE 2 BEFORE COMPLETING THE APPLICATION.

- CERTIFICATE TYPE:** I am requesting an AUTHORIZED COPY (notarized sworn statement required)
 I am requesting an INFORMATIONAL COPY

Part 1 - Relationship to Person on Certificate (Registrant): *Check appropriate box.*

- The registrant or a parent, legal guardian, child, grandparent, grandchild, sibling, spouse, or domestic partner of the registrant. (Legal guardian must provide documentation.)
- A party entitled to receive the record as a result of court order or an attorney or licensed adoption agency seeking the birth record in order to comply with the requirements of Section 3140 or 7603 of the Family Code. (Please include a copy of the court order.)
- A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business. (Companies representing a government agency must provide authorization from the government agency.)
- Any person or agency empowered by statute or appointed by a court to act on behalf of the registrant or the registrant’s estate. (Include a copy of the power of attorney or documentation identifying you as executor.)
- An attorney representing the registrant or the registrant's estate.

Part 2 - Birth Record Information: *Complete the information below as shown on the birth record.*

- Requesting sealed record (if checked, see #3 on instructions page)

FIRST Name		MIDDLE Name		LAST Name	
City of Birth (must be California)		County of Birth		Date of Birth - MM/DD/YYYY (or approximate date)	
Parent FIRST Name	Parent LAST Name at Birth	Parent FIRST Name	Parent LAST Name at Birth		

Part 3 - Applicant Information: *Please PRINT all information legibly.*

Applicant Name		Mailing Address: Number, Street, and Unit # (if applicable)			
Zip Code	City	State/Province		Country	
Telephone (include area code)		Email Address		Reason for Request	

Agency Use (if applicable)

Agency Name	Case/ID Number	Contract Number
-------------	----------------	-----------------

Application Checklist:

<input type="checkbox"/> Check/Money Order Enclosed (No Cash)	<input type="checkbox"/> Notarized Sworn Statement Enclosed (if applicable)	Number of Copies _____
---	--	-------------------------------

You may view current processing times on the CDPH-VR website (www.cdph.ca.gov).



INSTRUCTIONS

1. Complete a separate application for each birth record requested.
2. In Part 1, check the appropriate box according to the relationship to the person on the certificate. **ONLY** authorized individuals (Health and Safety Code Section 103526) listed in Part 1 may obtain an authorized copy. All others may receive a certified informational copy that will be marked, “Informational, Not a Valid Document to Establish Identity.”
3. If adopted and requesting current record, enter the **adopted** name in Part 2. To request the **original** birth certificate, provide a court order releasing the original sealed record and check the “Requesting sealed record” box.
4. Complete Part 2 and Part 3. In Part 2, provide as much information as possible to help identify the record.
5. Indicate the number of copies and submit \$29.00 for **each** copy in the form of a check or money order, made payable to “CDPH-Vital Records” in US dollars. **DO NOT SEND CASH.**
6. **SWORN STATEMENT:**
 - Only one sworn statement is required for multiple records.
 - Sworn statements are not required for informational copy requests.
 - Authorized individuals must complete the top portion of the attached sworn statement by signing and identifying their relationship to person listed on certificate.
 - Sworn statements must be notarized for authorized copy requests. **Law enforcement and governmental agencies are exempt from the notary requirement, but must complete the top portion of the sworn statement page.**
 - A sworn statement notarized by a foreign notary must have an apostille attached. Foreign notarizations obtained by an Ambassador, Minister, Consul, Vice Consul, or Consular Agent of the United States, or from a Judge of Court of record having a seal in a foreign county do not require an apostille.
7. Mail completed applications with the fee(s) to the address below.

California Department of Public Health | Vital Records – MS 5103
P.O. Box 997410 | Sacramento, CA 95899-7410
(916) 445-2684 | CHSVitalRecords@cdph.ca.gov

SWORN STATEMENT

I, _____, declare under penalty of perjury under the laws of the
(Applicant's Printed Name)

State of California, that I am an authorized person, as defined in California Health and Safety Code Section 103526 (c), and am eligible to receive a certified copy of the birth, death, or marriage certificate of the following individual(s):

Registrant (Name of person whose certificate you are requesting)	Applicant's Relationship to Registrant (Must be an authorized person)

(The remaining information must be completed in the presence of a Notary Public or CDPH Vital Records staff.)

Subscribed to this _____ day of _____, 20____, at _____, _____.
 (Day) (Month) (City) (State)

(Applicant's Signature)

CERTIFICATE OF ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of _____

County of _____

On _____ before me, _____, personally appeared _____,
 (Insert name and title of the officer)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct

WITNESS my hand and official seal.
 (SEAL)

 (SIGNATURE OF NOTARY PUBLIC)



CALIFORNIA COUNTY RECORDERS

Alameda1106 Madison Street, First Floor, Oakland, CA 94607, (510) 272-6362
Alpine99 Water Street. P.O. Box 155, Markleeville, CA 96120, (530) 694-2283
Amador810 Court Street, Jackson, CA 95642, (209) 223-6468
Butte.....155 Nelson Avenue, Oroville, CA 95965, (530) 538-7691
Calaveras.....891 Mountain Ranch Road, San Andreas, CA 95249, (209) 754-6372
Colusa.....546 Jay Street, Suite 200, Colusa, CA 95932, (530) 458-0500
Contra Costa.....555 Escobar Street, or P.O. Box 350, Martinez, CA 94553, (925) 335-7910
Del Norte.....981 H Street, Suite 160, Crescent City, CA 95531, (707) 464-7216
El Dorado.....360 Fair Lane, Placerville, CA 95667, (530) 621-5490
Fresno.....2281 Tulare Street, Room 302, or P.O. Box 766, Fresno, CA 93712,
(559) 600-3476
Glenn.....516 West Sycamore Street, Willows, CA 95988, (530) 934-6412
HumboldtCourthouse, 825 Fifth Street, Fifth Floor, Eureka, CA 95501, (707) 445-7382
ImperialCourthouse, 940 West Main Street, Suite 202, El Centro, CA 92243-2865,
(442) 265-1076
Inyo168 North Edwards Street, or P.O. Drawer F, Independence, CA 93526,
(760) 878-0222
Kern.....1655 Chester Avenue, Bakersfield, CA 93301, (661) 868-6400
Kings.....Government Center, 1400 West Lacey Boulevard, Hanford, CA 93230,
(559) 582-3211, ext. 2470
LakeCourthouse, 255 North Forbes Street, Lakeport, CA 95453, (707) 263-2293
Lassen.....220 South Lassen Street, Suite 5, Susanville, CA 96130, (530) 251-8234
Los Angeles12400 Imperial Highway, Norwalk, CA 90650, (800) 201-8999 or (562) 462-2137
Madera.....200 West Fourth Street, Madera, CA 93637, (559) 675-7724
Marin.....3501 Civic Center Drive, Suite 232, San Rafael, CA 94903, (415) 473-6094
MariposaHall of Records Building, 4982 Tenth Street, or P.O. Box 35, Mariposa, CA 95338
(209) 966-5719
Mendocino501 Low Gap Road, Room 1020, Ukiah, CA 95482, (707) 234-6822
Merced.....2222 M Street, Merced, CA 95340, (209) 385-7627
Modoc.....204 South Court Street, Room 106, Alturas, CA 96101, (530) 233-6205
Mono.....74 School Street, Annex 1, or P.O. Box 237, Bridgeport, CA 93517, (760) 932-5530
Monterey168 West Alisal Street, First Floor, or P.O. Box 29, Salinas, CA 93902,
(831) 755-5041
Napa900 Coombs Street, Room 116, or P.O. Box 298, Napa, CA 94559,
(707) 253-4105
Nevada950 Maidu Avenue, Suite 210, Nevada City, CA 95959, (530) 265-1221
Orange.....601 North Ross Street, Santa Ana, CA 92701, (714) 834-2500
Placer.....2954 Richardson Drive, Auburn, CA 95603, (530) 886-5600

* Public Marriages

** Birth and Death Certificates

Plumas.....520 Main Street, Room 102, Quincy, CA 95971, (530) 283-6218 or
 (530) 283-6256
 Riverside.....2724 Gateway Drive, or P.O. Box 751, Riverside, CA 92507, (951) 955-6200
 Sacramento.....600 Eighth Street, or P.O. Box 839, Sacramento, CA 95812-0839, (916) 874-6334
 San Benito.....County Courthouse, 440 Fifth Street, Room 206, Hollister, CA 95023,
 (831) 636-4046
 San Bernardino.....222 West Hospitality Lane, First Floor, San Bernardino, CA 92415, (855) 732-2575
 San Diego.....1600 Pacific Highway, Suite 260, or P.O. Box 121750, San Diego, CA 92112-1750,
 (619) 237-0502
 San Francisco.....1 Dr. Carlton B. Goodlett Place, City Hall, Room 190, San Francisco, CA 94102,
 (415) 554-5596*
 San Francisco Health Dept.101 Grove Street, Room 105, San Francisco, CA 94102, (415) 554-2700**
 San Joaquin.....44 North San Joaquin Street, Suite 260, or P.O. Box 1968, Stockton, CA 95202
 (209) 468-3939
 San Luis Obispo.....1055 Monterey Street, Room D120, San Luis Obispo, CA 93408, (805) 781-5080
 San Mateo.....555 County Center Drive, 1st Floor, Redwood City, CA 94063, (650) 363-4500
 Santa Barbara.....1100 Anacapa Street, or P.O. Box 159, Santa Barbara, CA 93102,
 (805) 568-2250
 Santa Clara.....70 West Hedding Street, East Wing, 1st Floor, San Jose, CA 95110,
 (408) 299-5688
 Santa Cruz.....701 Ocean Street, Room 230, Santa Cruz, CA 95060, (831) 454-2800
 Shasta.....1450 Court Street, Suite 208, Redding, CA 96001, (530) 225-5678
 Sierra.....100 Courthouse Square, Room 11, or P.O. Drawer D, Downieville, CA 95936,
 (530) 289-3295
 Siskiyou.....311 Fourth Street, Room 107, Yreka, CA 96098, (530) 842-8065
 Solano.....675 Texas Street, Suite 2700, Fairfield, CA 94533, (707) 784-6294
 Sonoma.....585 Fiscal Drive, Room 103-F, Santa Rosa, CA 95403, (707) 565-3800
 Stanislaus.....1021 I Street, Suite 101, or P.O. Box 1670, Modesto, CA 95353,
 (209) 525-5250 or (209) 525-5260
 Sutter.....433 Second Street, Yuba City, CA 95991, (530) 822-7134
 Tehama.....Courthouse, 633 Washington Street, Room 11, or
 P.O. Box 250, Red Bluff, CA 96080, (530) 527-3350
 Trinity.....11 Court Street, or P.O. Box 1215, Weaverville, CA 96093, (530) 623-1215
 Tulare.....County Civic Center, 221 South Mooney Boulevard, Room 103, Visalia, CA 93291
 (559) 636-5050
 Tuolumne.....2 South Green Street, 3rd Floor, Sonora, CA 95370, (209) 533-5531
 Ventura.....Hall of Administration, Main Plaza, 800 S. Victoria Avenue, Ventura, CA 93009
 (805) 654-3665
 Yolo.....625 Court Street, Room B0l, or P.O. Box 1130, Woodland, CA 95776,
 (530) 666-8130
 Yuba.....915 Eighth Street, Suite 107, Marysville, CA 95901, (530) 749-7850

* Public Marriages

** Birth and Death Certificates



Voluntary Declaration of Parentage (VDOP) Instructions and Application Form

California Department of Child Support Services
Parentage Opportunity Program



Signing this form is voluntary. This is a legal document. Read the entire form before you sign.

You are legally the parents of this child when you sign and file this Voluntary Declaration of Parentage (VDOP).

- You have the right to speak to a lawyer or to request genetic testing **before** you sign.
- You must be eligible to sign or it will be legally invalid.

Signing this form **will** legally establish your child's parentage if you are in any of the following situations.

To be **ELIGIBLE**, you must be **EITHER**:

- An unmarried birth parent and the only possible genetic father.

Or

- Two people, married or unmarried, who had this child through assisted reproduction using sperm and/or egg donation, except if the donation was from their spouse.

A VDOP filed in any of these situations WILL be legally valid UNLESS any situation below applies.

Continue - You are eligible to proceed.

Signing this form **will not** legally establish your child's parentage if you are in any of the following situations.

You are **NOT ELIGIBLE** when your situation includes:

- **Surrogacy**
 - The parents have a surrogacy agreement for this child.
- **Uncertainty Exists about the Parentage of a Child Born Through Assisted Reproduction**
 - One of you did not originally intend to be a parent but have changed your mind and now want to be recognized as a parent.
 - You agreed for this child to be produced by sperm or egg donation, but there is uncertainty as to whether the child was produced by the donation or by sexual intercourse.
- **Assisted Reproduction, Spousal Donation**
 - This child was produced by sperm or egg donation from your spouse.
- **Another Parent Exists**
 - Someone else has already been declared to be a parent of this child by a court order.
 - The birth parent has already signed a VDOP for this child with someone else.
 - Someone other than the two people signing this form is an intended parent under an agreement for donated sperm or eggs.
 - Someone else was married to and living with the birth parent at the time of conception and birth of this child; or this child was born during that marriage or within 300 days of the end of that marriage.
 - The birth parent married someone after this child was born and that person is obligated (by a writing or court order) to pay support for this child.

A VDOP filed in any of these situations WILL NOT be legally valid. Refer to the Alternatives, Rights, Responsibilities, and Consequences on the last page of this form.

STOP - You are NOT ELIGIBLE to complete the VDOP.

GENERAL INFORMATION

USE BLACK OR BLUE INK, PRESS FIRMLY AND PRINT CLEARLY WHEN FILLING OUT THE ATTACHED FORM. THIS FORM MUST BE SIGNED IN THE PRESENCE OF AN AUTHORIZED WITNESS OR A NOTARY PUBLIC.

The attached Voluntary Declaration of Parentage (VDOP) form is to be used by parents who are voluntarily agreeing to establish parentage. Completing and signing the form is voluntary. **THIS IS A LEGAL DOCUMENT. CAREFULLY REVIEW THE FORM BEFORE YOU SIGN IT;** there is important information about what it means to you and your child when you sign the form. The form must be signed in the presence of an authorized witness from the hospital or authorized agency accepting the form. If not signed at a hospital, prenatal clinic, or authorized agency, you must sign the form in the presence of a Notary Public.

NO CORRECTIONS CAN BE MADE TO THE FORM ONCE IT HAS BEEN SUBMITTED TO THE DEPARTMENT OF CHILD SUPPORT SERVICES (DCSS) PARENTAGE OPPORTUNITY PROGRAM (POP).

SECTION A

BOTH QUESTIONS MUST BE ANSWERED

- **"Unmarried"** means the birth parent is not married to anyone at the time of signing the VDOP.
- **"Genetic Father"** means the person whose sperm was used for the birth of this child.

All portions of this section must be completed. Your Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN) may be used to collect child support, and other benefits your child may need. If you write down your SSN/ITIN, it will be on any copies made of this form. If you don't have an SSN/ITIN, you must check the box indicating that you do not have one. Failure to provide a SSN/ITIN or check the box indicating you do not have one, will result in your VDOP not being filed and returned to you.

SECTION B

THIS IS A LEGAL DOCUMENT. READ THE ENTIRE FORM BEFORE YOU SIGN IT. Both parents must sign and date at the bottom of this section for the form to be legal. Both parents must have their signature witnessed.

SECTION C

This section is to be completed by the person who is an authorized witness to the parents' signatures on the form. The witness must be an official representative of the hospital or authorized agency accepting the form.

SECTION D

This section is to be completed **ONLY** when the form is witnessed by a Notary Public. If parents do not complete the form at a hospital, prenatal clinic, or authorized agency, they can only complete and sign it before a Notary Public. If signed outside of California, a Notary Public is required. This section is to be completed, signed and stamped by a Notary Public.

FILING THIS FORM

Only the signed original of this form must be sent to:

**Department of Child Support Services
Parentage Opportunity Program (POP)
P.O. Box 419070
Rancho Cordova, CA 95741-9070**

ONLY THE SIGNED ORIGINAL OF THIS FORM WILL BE ACCEPTED AND MUST BE SENT TO DCSS WITHIN 20 DAYS OF THE DATE SIGNED.

PRIVACY NOTICE - The Information Practices Act of 1977 (Civil Code §1798.17) and the Federal Privacy Act of 1974 (Title 5, United States Code §552a(e)(3), §7 Note) require that this notice be provided when collecting personal information and Social Security Number (SSN) from individuals. Information requested on this form is used by the Department of Child Support Services (DCSS) and local child support agencies for the purposes of identification and establishing parentage. The personal information may be shared with child support agencies, welfare agencies, courts and entities providing services to such agencies. Providing an email address or Individual Taxpayer Identification Number (ITIN) is voluntary; all other personal information requested is mandatory. Failure to provide mandatory information may result in the rejection of filing the Voluntary Declaration of Parentage (VDOP) with the DCSS.

The agency official responsible for maintenance of the forms is: State Coordinator at the Parentage Opportunity Program of DCSS, P.O. Box 419070 Rancho Cordova, CA 95741-9070 Tel: (866-249-0773). Legal references authorizing solicitation and maintenance of this personal information include Title 42, United States Code §666(a)(13), Family Code §§7570-7581, and §17212. Copies of the VDOP are maintained in the confidential files of the Department of Child Support Services. Declarants have the right of access to their filed declaration form(s) upon request by calling (866-249-0773).

SEND ORIGINAL TO: DCSS – DCSS Parentage Opportunity Program
PO Box 419070
Rancho Cordova, CA 95741-9070

VOLUNTARY DECLARATION OF PARENTAGE (VDOP)

DCSS 0909 (01/01/2020)

**CHANGES CANNOT BE MADE TO THIS FORM ONCE IT HAS BEEN SUBMITTED TO DCSS
PARENT SIGNATURES MUST BE COMPLETED IN THE PRESENCE OF AN AUTHORIZED WITNESS OR NOTARY PUBLIC**

WE WISH TO LEGALLY ESTABLISH OUR CHILD'S PARENTAGE**SECTION A:**

IS THE BIRTH PARENT UNMARRIED? YES NO

IS THE OTHER PARENT THE GENETIC FATHER OF THE CHILD? YES NO

Child's Information

CHILD'S FIRST NAME:	DATE OF BIRTH (MM/DD/YYYY):	MULTIPLE BIRTH? (Twins, Triplets, ETC.): Sample Response: Twin A, Twin B	
MIDDLE NAME:	PLACE OF BIRTH (Hospital, Home, ETC.):	COUNTY:	
LAST NAME:	CITY:	STATE:	COUNTRY:

Birth Parent Information

FIRST NAME:	DATE OF BIRTH (MM/DD/YYYY):	SOCIAL SECURITY NUMBER/INDIVIDUAL TAX ID NO. (See Privacy Notice):	<input type="checkbox"/> BY CHECKING THIS BOX I CERTIFY I DO NOT HAVE AN SSN OR ITIN
MIDDLE NAME:	PHONE NUMBER:	EMAIL ADDRESS:	
LAST NAME:	CURRENT MAILING ADDRESS (NUMBER, STREET, CITY, STATE AND ZIP CODE)		

Other Parent Information

FIRST NAME:	DATE OF BIRTH (MM/DD/YYYY):	SOCIAL SECURITY NUMBER/INDIVIDUAL TAX ID NO. (See Privacy Notice):	<input type="checkbox"/> BY CHECKING THIS BOX I CERTIFY I DO NOT HAVE AN SSN OR ITIN
MIDDLE NAME:	PHONE NUMBER:	EMAIL ADDRESS:	
LAST NAME:	CURRENT MAILING ADDRESS (NUMBER, STREET, CITY, STATE AND ZIP CODE)		

SECTION B**BOTH PARENTS MUST SIGN AND DATE**

- Each party declares under penalty of perjury under the laws of the State of California that they have been informed of and understand the **Alternatives, Rights, Responsibilities, and Consequences**, as written on the back of this form, and that the information they have provided is true and correct. Each party affirms that no other individual can legally claim parentage of the child and accepts the responsibilities to provide child support as determined by applicable law. Each party wishes to be named on the child's birth certificate and agrees that the other parent will be named on the birth certificate. Each party affirms that they are signing this form voluntarily, without being subject to force, threat or coercion.
- If this child was born by use of assisted reproduction, each party affirms the sperm/egg used in assisted reproduction for this birth was not from the birth parent's spouse. The person who donated the egg/sperm is neither the birth parent nor other parent. The donor does not intend to be a parent of this child. Both the birth parent and other parent intend to be the parents of this child.

BIRTH PARENT'S SIGNATURE	DATE SIGNED	OTHER PARENT'S SIGNATURE	DATE SIGNED
--------------------------	-------------	--------------------------	-------------

SECTION C - PARENT SIGNATURES MUST BE COMPLETED IN THE PRESENCE OF AN AUTHORIZED WITNESS

DATE SIGNED	WITNESS SIGNATURE	WITNESS PRINTED FIRST AND LAST NAME
-------------	-------------------	-------------------------------------

NAME OF AUTHORIZED AGENCY (HOSPITAL, AGENCY, CLINIC, OR OTHER)

AGENCY'S COMPLETE ADDRESS NUMBER AND STREET	CITY:	STATE:	ZIP CODE:
---	-------	--------	-----------

DATE SIGNED	WITNESS SIGNATURE	WITNESS PRINTED FIRST AND LAST NAME
-------------	-------------------	-------------------------------------

NAME OF AUTHORIZED AGENCY (HOSPITAL, AGENCY, CLINIC, OR OTHER)

AGENCY'S COMPLETE ADDRESS NUMBER AND STREET	CITY:	STATE:	ZIP CODE:
---	-------	--------	-----------

SECTION D - TO BE COMPLETED BY A NOTARY PUBLIC IF SECTION C IS NOT WITNESSED - REQUIRED WHEN SIGNING OUTSIDE OF CALIFORNIA

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of _____

On _____ (date) before me, _____ (insert name and title of the officer)

personally appeared _____

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.
WITNESS my hand and official seal.

Signature _____

(SEAL)

VOLUNTARY DECLARATION OF PARENTAGE (VDOP)

DCSS 0909 (01/01/2020)

ALTERNATIVES, RIGHTS, RESPONSIBILITIES, AND CONSEQUENCES:

I declare under the penalty of perjury under the laws of the State of California that I have read and understand the following statements:

Alternatives: Parentage may be established by:

- VDOP: Filing a signed Voluntary Declaration of Parentage (VDOP) with the California Department of Child Support Services (DCSS) Parentage Opportunity Program (POP).
- Court Action: Filing a legal action in court to declare you a legal parent.
- Presumptions: Some people are presumed to be parents under California law. You may want to speak to an attorney or contact a family law facilitator to determine if this applies to you.

The following legal rights, responsibilities and consequences apply as a result of the completion and filing of this VDOP:

Rights:

- It legally establishes a parental relationship so that each parent will have the right to seek custody or visitation, and to be consulted about the adoption of the child.
- It authorizes both parents' names to be placed on the child's birth certificate.
- It allows for the child to benefit from healthcare coverage, inheritance laws, Social Security or Veteran's dependent or survivor benefits from either parent if eligible.
- Each parent has the right to rescind this VDOP. If I decide to rescind/cancel this VDOP, I will need to file a VDOP Rescission form (DCSS 0915) with the DCSS POP within 60 days from the date that I signed this VDOP. If I was under the age of 18 years when I signed the VDOP, I have until 60 days after I reach age 18 to rescind it.
- Each parent has a two-year period to challenge this VDOP. The challenge is permitted only under limited circumstances and is barred two years after the date this VDOP becomes effective. It also may be invalidated if either signatory is able to prove that they signed the form because of fraud, duress, or material mistake of fact.

Responsibilities:

- It establishes a duty in each parent to provide financial support for the child.
- It establishes a duty in each parent to provide healthcare coverage for this child if available at a reasonable rate.

Consequences:

- By signing this VDOP I am waiving all the following constitutional rights:
 - The right to receive notice of any hearing regarding the parentage of this child.
 - The right to have a trial to decide whether I am the parent of this child.
 - The right to have the opportunity to present my case in court, including the right to present and cross examine witnesses and have an attorney appointed to represent me if I cannot afford one in an action filed against me by a local child support agency regarding the establishment of my parentage or enforcement of my child support obligation for this child.
- By signing this VDOP I am consenting to the establishment of my parentage of this child, and thereby assuming all the rights and responsibilities of a parent under the laws of California.
- By signing this VDOP I am consenting to the other person signing being legally named the parent of this child.
- If either of the signatories to this form are under the age of 18 years when they sign this form, the form will not legally establish parentage until 60 days after both signatories are 18 years old or legally emancipated.
- Upon the filing of this VDOP with DCSS POP, each signatory submits to personal jurisdiction in California in any proceeding to challenge this VDOP.

Questions:

- If you have any questions or need a VDOP Rescission form (DCSS 0915), contact the State POP Coordinator toll-free by calling (866) 249-0773.

Caregiver's Authorization Affidavit

Use of this affidavit is authorized by Part 1.5 (commencing with Section 6550) of Division 11 of the California Family Code.

Instructions: Completion of items 1 - 4 and the signing of the affidavit is sufficient to authorize enrollment of a minor in school and authorize school-related medical care. Completion of items 5-8 is additionally required to authorize any other medical care. **Print clearly.**

The minor named below lives in my home and I am 18 years of age or older.

1. Name of minor: _____.
2. Minor's birth date: _____.
3. My name (adult giving authorization): _____.
4. My home address (street, apartment number, city, state, zip code):

_____.
5. I am a grandparent, aunt, uncle, or other qualified relative of the minor (see page 2 of this form for a definition of "qualified relative").
6. Check one or both (for example, if one parent was advised and the other cannot be located):
 - I have advised the parent(s) or other person(s) having legal custody of the minor of my intent to authorize medical care, and have received no objection.
 - I am unable to contact the parent(s) or other person(s) having legal custody of the minor at this time, to notify them of my intended authorization.
7. My date of birth: _____.
8. My California's driver's license or identification card number: _____.

Warning: Do not sign this form if any of the statements above are incorrect, or you will be committing a crime punishable by a fine, imprisonment, or both.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Dated: _____ Signed: _____

Notices:

1. This declaration does not affect the rights of the minor's parents or legal guardian regarding the care, custody, and control of the minor, and does not mean that the caregiver has legal custody of the minor.
2. A person who relies on this affidavit has no obligation to make any further inquiry or investigation.
3. This affidavit is not valid for more than one year after the date on which it is executed.

Additional Information:**TO CAREGIVERS:**

1. "Qualified relative," for purposes of item 5, means a spouse, parent, stepparent, brother, sister, stepbrother, stepsister, half-brother, half-sister, uncle, aunt, niece, nephew, first cousin, or any person denoted by the prefix "grand" or "great," or the spouse of any of the persons specified in this definition, even after the marriage has been terminated by death or dissolution.
2. The law may require you, if you are not a relative or a currently licensed foster parent, to obtain a foster home license in order to care for a minor. If you have any questions, please contact your local department of social services.
3. If the minor stops living with you, you are required to notify any school, health care provider, or health care service plan to which you have given this affidavit.
4. If you do not have the information requested in item 8 (California driver's license or I.D.), provide another form of identification such as your social security number or Medi-Cal number.

TO SCHOOL OFFICIALS:

1. Section 48204 of the Education Code provides that this affidavit constitutes a sufficient basis for a determination of residency of the minor, without the requirement of a guardianship or other custody order, unless the school district determines from actual facts that the minor is not living with the caregiver.
2. The school district may require additional reasonable evidence that the caregiver lives at the address provided in item 4.

TO HEALTH CARE PROVIDERS AND HEALTH CARE SERVICE PLANS:

1. No person who acts in good faith reliance upon a caregiver's authorization affidavit to provide medical or dental care, without actual knowledge of facts contrary to those stated on the affidavit, is subject to criminal liability or to civil liability to any person, or is subject to professional disciplinary action, for such reliance if the applicable portions of the form are completed.
2. This affidavit does not confer dependency for health care coverage purposes.

POWER OF ATTORNEY FOR MINOR CHILD

I, _____, being of sound mind and body, declare the following:

1. I am the natural mother/father of _____ who was born on _____.
2. I am presently incarcerated at _____ located in _____.
3. During this time, my child _____ is being cared for by _____.
4. I wish to give full Power of Attorney to _____ with respect to the care of my child _____.
5. Specifically, I give _____ full Power of Attorney with respect to the care of _____ in matters affecting medical needs, schooling, residence, legal matters, public assistance, Medi-Cal, CalWORKS, and all other matters pertaining to well-being.
6. I understand that this Power of Attorney is not a legal custody order and that I am not giving up my parental and custody rights by signing this document.
7. This Power of Attorney will remain in effect until _____ or until revoked in writing.

Signed this _____ day of _____ (month), _____ (year).

Signature of parent

State of California

County of _____

On this _____ day of _____, in the year _____, before me, _____ [name and title of officer], personally appeared _____ [name of signer], who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that s/he executed the same in his/her authorized capacity, and that by his/her signature on the instrument, the person, or the entity upon behalf which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

[Notary Public Signature]

POWER OF ATTORNEY FOR MINOR CHILD [witnesses]

I, _____, being of sound mind and body, declare the following:

- 1. I am the natural mother/father of _____ who was born on _____.
- 2. I am presently incarcerated at _____ located in _____.
- 3. During this time, my child _____ is being cared for by _____.
- 4. I wish to give full Power of Attorney to _____ with respect to the care of my child _____.
- 5. Specifically, I give _____ full Power of Attorney with respect to the care of _____ in matters affecting medical needs, schooling, residence, legal matters, public assistance, Medi-Cal, CalWORKS, and all other matters pertaining to well-being.
- 6. I understand that this Power of Attorney is not a legal custody order and that I am not giving up my parental and custody rights by signing this document.
- 7. This Power of Attorney will remain in effect until _____ or until revoked in writing.

Signed this _____ day of _____ (month), _____ (year).

Signature of parent

STATEMENT OF WITNESSES

On the date written above, I declare under penalty of perjury under the laws of California that the person who signed or acknowledged this document is personally known to me (or proved to me on the basis of convincing evidence) to be the principal, that the principal signed or acknowledged this power of attorney in my presence, that the principal appears of sound mind and under no duress, fraud, or undue influence, that I am over the age of eighteen, and that I am not the person appointed as attorney in fact (agent) by this document.

 _____ [Signature of Witness #1]
 _____ [Printed or typed name of Witness #1]
 _____ [Address of Witness #1, Line 1]
 _____ [Address of Witness #1, Line 2]

 _____ [Signature of Witness #2]
 _____ [Printed or typed name of Witness #2]
 _____ [Address of Witness #2, Line 1]
 _____ [Address of Witness #2, Line 2]

[Cal. Probate Code sections 4121 and 4122.]

Written Consent for Minor Visitation

I, (Parent/Legal Guardian) give permission for:

NAME: _____ AGE: _____ DOB: _____

NAME: _____ AGE: _____ DOB: _____

NAME: _____ AGE: _____ DOB: _____

NAME: _____ AGE: _____ DOB: _____

To visit (Inmate Name and CDCR Number) _____ at a California State Prison or Institution.

With (Name of Accompanying Adult) _____ for one year. I understand this Authorization is to be updated annually and that the minor Birth Certificate, or a Certified Copy of the Birth Certificate, from the County Recorder's Office is required. Satisfactory Evidence of Proof of legal guardianship to said minor(s) is required as an attachment to this authorization form.

I understand that this authorization can only be revoked IN WRITING, and will remain in effect for one year, or until written notice of revocations is issued by the California Department of Corrections and Rehabilitation.

(Signature of Parent/Legal Guardian)

(Date)

Certificate of Acknowledgement

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document, to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California County of _____ On, (Date) _____

before me, (Name and Title of Officer) _____ personally appeared.

(Name Parent/Legal Guardian) _____ who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledge to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ (Place Notary Seal/Stamp in the area above)

From Visiting a Friend or Loved One in Prison (Attachment 2)

**AUTHORIZATION FOR TEMPORARY GUARDIANSHIP
POWER OF ATTORNEY OF MINOR**

Child #1

Full Legal Name: _____
Date of Birth: _____ Age: _____ YEARS OLD Gender: _____

Child #2

Full Legal Name: _____
Date of Birth: _____ Age: _____ YEARS OLD Gender: _____

Child #3

Full Legal Name: _____
Date of Birth: _____ Age: _____ YEARS OLD Gender: _____

Doctor's Information

Doctor's Name: _____
Doctor's Address: _____
Doctor's Office Phone: _____ Doctor's Emergency Phone: _____
Medical Insurer/Health Plan: _____ Policy#: _____
Allergies to Medications: _____
Allergies (Other): _____

Dentist's Information

Dentist's Name: _____
Dentist's Address: _____
Dentist's Office Phone: _____ Dentist's Emergency Phone: _____
Dentist's Insurer/Health Plan: _____ Policy#: _____

Parent(s)/Legal Guardian(s):

Parent #1:

Name: _____
Address: _____
Home phone: _____ Work phone: _____
Cell phone: _____ Pager: _____

Parent #2:

Name: _____
Address: _____
Home phone: _____ Work phone: _____
Cell phone: _____ Pager: _____

Temporary Guardian(s)

Temporary Guardian #1:

Name: _____
Address: _____
Home phone: _____ Work phone: _____

Temporary Guardian #2:

Name: _____
Address: _____
Home phone: _____ Work phone: _____

Emergency Contact:

Name: _____
Address: _____
Home phone: _____ Work phone: _____

AUTHORIZATION AND CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S)

SAMPLE

1. I hereby declare that I have legal custody of the above named children.
2. I hereby grant my full permission and consent for the temporary guardian to establish a place of residence for my children, and for my children to reside and travel with said temporary guardian.
3. I hereby grant the temporary guardian my full authorization to make all decisions related to my child/children's educational, religious, psychological well-being and recreational activities and undertakings.
4. I hereby grant the temporary guardian my full authorization to administer general first aid treatment for any minor injuries or illnesses experienced by the minor. If the injury or illness is life threatening or in need of emergency treatment, I authorize the temporary guardian to summon any and all professional emergency personnel to attend, transport, and treat the minor and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur.
5. This authorization is effective commencing on the ____ day of _____, 20____ and expiring on the ____ day of _____, 20____, this power of attorney is effective immediately and will continue until it is revoked.
6. For the duration that the temporary guardian cares for my children, the costs associated with my children's maintenance, living expenses, medical, and dental expenses shall be allocated and paid as follows: _____.
7. In the event that more than one legal guardian exists, the use of the singular shall incorporate the plural. In the event that more than one temporary guardian is names, the use of the singular shall incorporate the plural.

Under penalty of perjury under the laws of the State of CALIFORNIA, I attest to the truthfulness, accuracy, and validity of the foregoing statement.

Parent #1's signature: _____

Date: _____

CONSENT OF TEMPORARY GUARDIAN

I hereby acknowledge the terms set forth above and agree to assume responsibility in accordance with those terms. Under penalty of perjury under the laws of the State of CALIFORNIA. I attest to the truthfulness, accuracy, and validity of the foregoing statement.

Temporary Guardian #1's signature: _____ Date: _____

Temporary Guardian #2's signature: _____ Date: _____

CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

State of California)
County of San Bernardino)

On _____, before me, _____ personally appeared _____ who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her authorized capacity, and that by her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS MY HAND AND OFFICIAL SEAL.

Signature _____ (Seal)

My Commission expires: _____

Do Not Sign or Date
Until In Presence of
Notary

AUTHORIZATION AND CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S)

1. I hereby declare that I have legal custody of the above named children.
2. I hereby grant my full permission and consent for the temporary guardian to establish a place of residence for my children, and for my children to reside and travel with said temporary guardian.
3. I hereby grant the temporary guardian my full authorization to make all decisions related to my child/children's educational, religious, psychological well-being and recreational activities and undertakings.
4. I hereby grant the temporary guardian my full authorization to administer general first aid treatment for any minor injuries or illnesses experienced by the minor. If the injury or illness is life threatening or in need of emergency treatment, I authorize the temporary guardian to summon any and all professional emergency personnel to attend, transport, and treat the minor and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur.
5. This authorization is effective commencing on the ____ day of _____, 20____ and expiring on the ____ day of _____, 20____, this power of attorney is effective immediately and will continue until it is revoked.
6. For the duration that the temporary guardian cares for my children, the costs associated with my children's maintenance, living expenses, medical, and dental expenses shall be allocated and paid as follows: _____.
7. In the event that more than one legal guardian exists, the use of the singular shall incorporate the plural. In the event that more than one temporary guardian is names, the use of the singular shall incorporate the plural.

Under penalty of perjury under the laws of the State of CALIFORNIA, I attest to the truthfulness, accuracy, and validity of the foregoing statement.

Parent #1's signature: _____ Date: _____

CONSENT OF TEMPORARY GUARDIAN

I hereby acknowledge the terms set forth above and agree to assume responsibility in accordance with those terms. Under penalty of perjury under the laws of the State of CALIFORNIA. I attest to the truthfulness, accuracy, and validity of the foregoing statement.

Temporary Guardian #1's signature: _____ Date: _____

Temporary Guardian #2's signature: _____ Date: _____

CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

State of California)
County of San Bernardino)

On _____, before me, _____ personally appeared _____ who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her authorized capacity, and that by her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS MY HAND AND OFFICIAL SEAL.

Signature _____ (Seal)

My Commission expires: _____