Department of Children's Services INSTRUCTIONS FOR USE OF FORM CS-0435; Request for Name and/or Address of Father with Claim of Paternity

Authorized individuals seeking information available through the Putative Father Registry will complete the Request for Name and/or Address of Father with Claim of Paternity form. The document may be handwritten or typed. One document must be completed for each child and each father, including "unknown" if appropriate.

<u>Request Date</u>: Enter the date that the request is issued.

<u>Requesting Party Information</u>: Enter the name of the person who is requesting the information and if appropriate, their title and the agency or organization who they are representing. Enter the full mailing address for the requestor including street, P.O. Box #, Suite, City, State and Zip Code. Enter the telephone contact number for the requestor and the email address of the requestor to whom the response will be returned by secure email.

<u>Reason for Request</u>: Enter a reason for this request from the following list: Parentage, or TPR and/or Adoption, or Child Support or Medical Support. The Putative Father Registry is not appropriate for diligent search if termination or adoption is not being sought.

<u>Child's Birth Name</u>: Enter the child's birth name including first and last names. If possible, identify middle name or middle initial.

Place of Birth (City, County and State): Enter the city, county, and the state of the child's birth.

Sex of Child: Check the appropriate designation for the sex of the child.

<u>Child's Birth Date</u>: Enter the month, day, and year of the child's birth date.

Father's Name: Enter name of birth father including "unknown" if appropriate.

Mother's Name: Enter the current name of the birth mother.

Mother's Maiden Name: Enter the maiden name of the birth mother.

The form can be submitted through email at Ei-DCS.Putative-Father-Regist@tn.gov or through USPS mail addressed to:

Department of Children's Services Putative Father Registry UBS Tower, 9th Floor 315 Deaderick Street Nashville, TN 37243.

The Putative Father Registry requests should be filed at least ten (10) days in advance of the need for a written response. The Tennessee Department of Children's Services Putative Father review is a partnership between the TN DCS and TN Department of Health-Vital Statistics Registry. Every attempt will be made to return a response within that ten (10) day time frame subject to access to all systems and to state government schedules. If any emergency arises which limits the ten (10) days, the Office of the Putative Father Registry will make every attempt to accommodate such in a timely manner. All responses will be returned by secure email unless otherwise requested. It is recommended that the requesting party maintain a copy of the form for their records.