



DELAWARE HEALTH AND SOCIAL SERVICES

Division of Child Support Services

Division of Child Support Services (DCSS)

December 6, 2023

Good day, Delaware Libraries and Guests!



Division of Child Support Services

Mission Statement

Our mission at the Delaware Division of Child Support Services (DCSS) is to deliver quality customer support by partnering with parents to improve the lives of children and their families. This is achieved through obtaining accurate child support orders to meet financial, medical and emotional needs to promote family self-sufficiency and the best outcome for children.

Division of Child Support Services

DIVISION OVERVIEW

Collect, distribute, disburse and account for child support collections from non-custodial parents to families in Delaware and across the country

Locate non-custodial parents

Establish paternity for children born out-of-wedlock

Establish and modify child support orders through Family Court

Respond to inquiries from the public, state and federal partners

Division of Child Support Services

Delaware's Total Population: Approx. 1,018,396 (2022)

DCSS CASES BY COUNTY - Today

NCC 44,254

KC 17,628

SC 16,772

TOTAL CASES: 78,654



Division of Child Support Services

DCSS Roles

(a) Provide the public with materials and literature on our services.

Provide Resources for education and employment opportunities.

Community outreach to vulnerable populations and communities

(a) Provide eligible families and participants with the ability to apply for child support services.

Waiving of application fees.

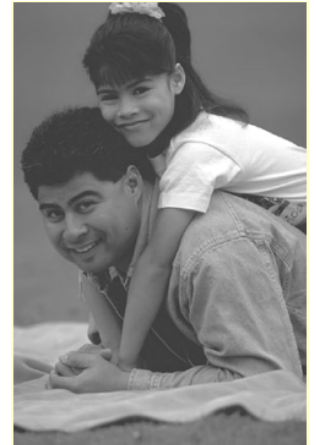
Paternity Establishment & How you can help!

□ Why Paternity Establishment is Important:

- ① Economic
- ② Medical
- ③ Social

□ How Paternity is Established:

- ① Marriage
- ② Genetic Testing / Adjudicated via Court Order
- ③ Voluntary Acknowledgement of Paternity (VAP)



Voluntary Acknowledgement of Paternity (VAP)



State of Delaware
Department of Health and Social Services

VOLUNTARY ACKNOWLEDGEMENT OF PATERNITY

This is a legal document.
Complete in ink and DO NOT ALTER.

SECTION I. CHILD'S INFORMATION:

Name of Child- First, Middle, Last		Date of Birth- (Month, Day, Year)	Child's Social Security No.:
Place of Birth- City, State		Place and City where Acknowledgement is Signed (Hospital, Birth Center, Vital Statistics, Child Support Office or Other)	

SECTION II. MOTHER'S INFORMATION:

Name of Mother- First, Middle, Last		(Maiden)	Date of Birth- Month, Day, Year
Mother's Address- Street, City, State, Zip		Mother's Phone Number	
Mother's Place of Birth- State/Country Only	Mother's Social Security No.:	Mother's Employer- Name, City, State	
Race	Mother's Medical Insurance- Company Name	Policy/Member ID Number	

SECTION III. FATHER'S INFORMATION:

Name of Father- First, Middle, Last		Has genetic testing determined that Father is the biological parent of the child? (Y/N)	Date of Birth- Month, Day, Year
Father's Address- Street, City, State, Zip		Father's Phone Number	
Father's Place of Birth- State/Country Only	Father's Social Security No.:	Father's Employer- Name, City, State	
Race	Father's Medical Insurance- Company Name	Policy/Member ID Number	

SECTION IV. PRESUMED FATHER:

a. Was the Mother named above married when this child was born? YES NO
If YES, provide the name of her husband at the time of the birth: _____

b. Was this child born within 300 days after the Mother divorced? YES NO
If YES, provide the name of the man to whom she was married and divorced: _____
If YES, provide the date of the divorce: _____

c. For the first two years of this child's life, did any other man reside in the same home with the child and openly hold the child out as his own? YES NO
If YES, provide the name of the man that resided with the child: _____

If you answered "YES" to any of the three questions listed in section IV, this child has a legally presumed Father. The presumed Father and the Mother of the child must complete a "Denial of Paternity" (a separate form) to be filed with Delaware's Office of Vital Statistics before this "Voluntary Acknowledgement of Paternity" may be executed. Neither form is valid until both are accepted by the Office of Vital Statistics.

SECTION V. PREVIOUS DETERMINATION(S) OF PATERNITY:

Was genetic testing ever used to determine that any other man is the biological Father of this child? YES NO
Has a Voluntary Acknowledgement of Paternity ever been completed for this child naming another Father? YES NO
Is there any court order naming any other man as the Father of this child? YES NO

If you answered "YES" to any of the three questions listed in section V, STOP. This form cannot be used to establish paternity. By signing below, you will declare under penalty of perjury that genetic testing has not determined that any other man is the biological Father of this child, and that no Court Order or other Voluntary Acknowledgement of Paternity exists regarding this child.

I declare under penalty of perjury that all of the responses above are complete and accurate, I am the Mother of the child named above, and, the man signing this form is the only possible biological Father. I freely and voluntarily consent to this Acknowledgement of Paternity. I have read and had explained to me the statements made in this form. I understand that I have a right to seek legal counsel before signing this form. I understand that this Acknowledgement is the equivalent of a judicial adjudication of paternity of the child and that a challenge to this Acknowledgement is permitted only under limited circumstances and is barred after two years from the date it is filed with the Office of Vital Statistics (pursuant to 33 Del. C. § 302 & § 305). Otherwise, I have 60 days after this document is filed to rescind the Acknowledgement. I understand that I have a right to seek genetic testing and to otherwise dispute paternity in a legal proceeding prior to signing this form. I understand that this form confers the rights and responsibilities of a parent including financial support and inheritance rights. This form could also be used as a basis to establish custody and visitation, and require notice prior to adoption.

I declare under penalty of perjury that all of the responses above are complete and accurate and that I am the biological Father of the child named above. I freely and voluntarily consent to this Acknowledgement of Paternity. I have read and had explained to me the statements made in this form. I understand that I have a right to seek legal counsel before signing this form. I understand that this Acknowledgement is the equivalent of a judicial adjudication of paternity of the child and that a challenge to this Acknowledgement is permitted only under limited circumstances and is barred after two years from the date it is filed with the Office of Vital Statistics (pursuant to 33 Del. C. § 302 & § 305). Otherwise, I have 60 days after this document is filed to rescind the Acknowledgement. I understand that I have a right to seek genetic testing and to otherwise dispute paternity in a legal proceeding prior to signing this form. I understand that this form confers the rights and responsibilities of a parent including financial support and inheritance rights. This form could also be used as a basis to establish custody and visitation, and require notice prior to adoption.

Mother's Signature (Current Last Name) _____ Date _____	Father's Signature _____ Date _____
Print Name _____	Print Name _____
State of _____, County of _____	State of _____, County of _____
Sworn and subscribed before me on this _____ day of _____, 20____	Sworn and subscribed before me on this _____ day of _____, 20____
Signature of Notary Public: _____ My commission expires on _____	Signature of Notary Public: _____ My commission expires on _____

Office of Vital Statistics

Jesse Cooper Building

417 Federal Street

Dover, DE 19901

Telephone Numbers:

NCC 302-283-7130

KC 302-744-4549

SC 302-856-5495



- How to fill out the VAP
- Where to turn it in
- Notary requirements and services
- Denial of Paternity

Division of Child Support Services

Child Support Offices

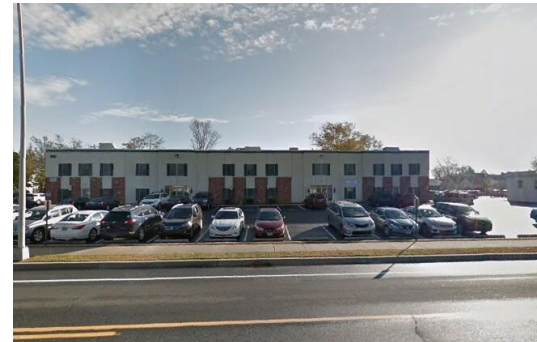
❖ New Castle County

Churchman's Corporate Center
84 A Christiana Road
New Castle, DE 19720



❖ Kent County

905 South Governors Avenue
2nd Floor
Dover, DE 19904



❖ Sussex County

20105 Office Circle
Georgetown Professional Park
Georgetown, DE 19947



Division of Child Support Services

Customer Service Unit (CSU)

- ❖ **Automated Assistance Line (AAL) is available:**
 - ❖ 24 hours a day, 7 days a week, with bilingual capability
- ❖ **Child Support Specialists (CSS) are available:**
 - ❖ Monday through Friday from 8:00 AM to 4:00 PM
- ❖ **CSU telephone numbers are county specific:**
 - ❖ New Castle (302) 577-7171
 - ❖ Kent County (302) 739-8299
 - ❖ Sussex County (302) 856-5386
- ❖ **All possible attempts are made to resolve issues by the Customer Service Unit. Advanced issues or questions will be referred to a case worker for follow up.**



Division of Child Support Services

RESOURCES

Division of Child Support Services (DCSS) Website

- ❖ www.dhss.delaware.gov/dcss

DCSS Facebook

- ❖ <https://www.facebook.com/DelawareDCSS>

DCSS YouTube Channel

- ❖ [Delaware Child Support Services](https://www.youtube.com/DelawareDCSS)

Family Court of Delaware

- ❖ <http://courts.delaware.gov/Family>





Thank You!

Darryn Price – Fatherhood & Child Support Outreach Coordinator

(302) 395 – 6573

darryn.price@delaware.gov