Request for Paternity/Child Support Services Forms

Hospitals, registrars, and county clerks may now order forms related to paternity establishment and child support services via this website.

Please limit the quantity of forms and envelopes requested to an amount that would be used in a 3 month period.

Organization Name

Provider Number
(Hospitals: Please enter the Illinois Medicaid number assigned to your facility. County Clerks and Registrars: Please enter the provider number you currently use.)

Street Address to Where You Want the Forms to be Mailed
(Cannot deliver to post office box)

City

State

Zip Code

Attention

Telephone Number

E-mail Address

Enter the quantity of the forms being requested. When ordering your 3 month supply, please be sure to indicate the total number of individual forms or envelopes needed in the Quantity column, not the number of boxes, cases or packages.

<table>
<thead>
<tr>
<th>Quantity</th>
<th>HFS Form Number</th>
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<tbody>
<tr>
<td></td>
<td>HFS 1759A  A Guide to Child Support Services</td>
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<tr>
<td></td>
<td>HFS 3416B  Voluntary Acknowledgment of Paternity</td>
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<tr>
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<td>HFS 3416BS Voluntary Acknowledgment of Paternity – Spanish</td>
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<td>HFS 3416D  Illinois Denial of Parentage</td>
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<td>HFS 3416DS Illinois Denial of Parentage - Spanish</td>
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</tbody>
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HFS 3416E Rescission of Illinois Voluntary Acknowledgment of Paternity or Rescission of Denial of Parentage

HFS 3416ES Rescission of Illinois Voluntary Acknowledgment of Paternity or Rescission of Denial of Parentage - Spanish

HFS 3416A Two Parents: Give Your Child HOPE brochure

HFS 3416AS Two Parents: Give Your Child HOPE – Spanish brochure

HFS 3416 Requesting Child Support Services

HFS 3282 What Parents Need to Know About Establishing Paternity in Illinois Know brochure

HFS 3282S What Parents Need to Know About Establishing Paternity in Illinois – Spanish brochure

HFS 3416H Request for a Certified Copy of the Voluntary Acknowledgment of Paternity and/or Denial of Parentage

HFS 11036 Envelope, addressed to Division of Child Support Services, Administrative Coordination Unit

Fax Request: 217-557-3459

Additional Forms Needed, Not Listed Above

SUBMIT  RESET

HFS 1517CS (R-5-19)