



STATE OF ARKANSAS
**Department of Finance
 and Administration**
Office of Child Support Enforcement

Program Support
 P.O. Box 8133
 Little Rock, AR 72203-8133
 Phone: (501) 682-8100
 Fax: (501) 682-8816
 www.childsupport.arkansas.gov

**Paternity Acknowledgment
 Supply Order Form**

Date: _____

To: Paternity Acknowledgement Program

From: _____
 Name

_____ Hospital

_____ Street Address

_____ City _____ State _____ Zip

_____ Phone _____ Fax

_____ Email Address

<u>Item</u>	<u>Quantity</u>
Acknowledgments of Paternity (50 per pack)	_____
Understanding the Acknowledgment of Paternity Brochure – English (100 per pk)	_____
Understanding the Acknowledgment of Paternity Brochure – Spanish (100 per pk)	_____

COMMENTS:

Forms may be completed online and emailed to paternity@ocse.arkansas.gov. Printed forms may be faxed to 501-682-8816 or mailed to OCSE Program Support, P.O. Box 8133, Little Rock, AR 72203.