NOTICE OF FORM CHANGE NO. 08-078					DATE 06-19-2008
					00-19-2006
TO: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other			FROM: Forms Ma (916) 657-		t Unit
Listed below is information re	garding a form change. C	Only applicab	le information is show	vn.	
This notice updates your Cal	ifornia Department of Soc	cial Services	(CDSS) County Form	ns Catalog	(PUB 69).
AD 584 (3/08) English and Spanish Relinquishment Out Of State (Presumed Father Denies he is the Birth Father)					
ORDER UNIT MASTER ONLY Free Sold		ESTIMATED PI	ESTIMATED PRICE		INITIAL SUPPLY SENT
WASTER ONLT	DATE OF FORM	REPLACES	REPLACES		☐ Yes ⊠ No
☐ New ☐ Revised	3/08	12/05			Obsolete
REQUIRED FORM- No Change Permitted	REQUIRED FORM- Substitute Permit	tted With Pric	or DSS Approval	Reco	ommended Form
UNLESS OTHERWISE SPECIFIED STOO Department of Social Service	OTHE				
P.O. Box 980788		☑ INTERNET:			
West Sacramento, CA 9579	☐ INTR	☐ INTRANET:			
FORMS DISPOSITION AND SPECIAL INSTRUCTIONS					
DISPOSITION OF OLD SUPPLY Use until exhausted		⊠ Dest	⊠ Destroy		
USE NEW FORM When supply available in	⊠Use	new form effective			
USE FORM IN ACCORDANCE WITH					
All County Letter No.					
Other (specify)					
ADDITIONAL INFORMATION REGARDING FORM CHANGE					
http://www.dss.cahwnet.gov/cdssweb/entres/forms/English/AD584.pdf					
http://www.dss.cahwnet.gov/cdssweb/entres/forms/Spanish/AD584SP.pdf					

Camera-ready copies are currently available on the CDSS Internet. Go to www.dss.cahwnet.gov/cdssweb/FormsandPu_271.htm.

Form information on forms not listed in the catalog, you may contact FMU at (916) 657-1907 or by e-mail at fmudss@dss.ca.gov.

Contact Language Services for other languages at (916) 651-8876 or by e-mail at LTS@dss.ca.gov.

Print form: 8 1/2 x 11