NOTICE OF FORM CHANGE NO. 09-066					DATE	
NOTICE OF FORM CHANGE NO. 03-000				12/07/2009		
					12/07/2009	
County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other			FROM: Forms Management Unit (916) 657-1907			
Listed below is information regarding a form change. Only applicable information is shown.						
This notice updates your California Department of Social Services (CDSS) County Forms Catalog (PUB 69).						
FORM NUMBER, REVISION DATE AND TITLE	AD 588 English/Spanish	Denial O	f Paternity By Alleged N	atural Fa	ather In or Out Of California	
			ESTIMATED PRICE		INITIAL SUPPLY SENT	
MASTER ONLY	MASTER ONLY				☐ Yes	
☐ New ☐ Revised	DATE OF FORM 10/09	3/08			☐ Obsolete	
REQUIRED FORM- REQUIRED FORM-						
☐ No Change Permitted ☐ Substitute Permitted With Prior DSS Approval ☐ Recommended Form					commended Form	
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:		☐ OTHER:				
Department of Social Services Warehouse P.O. Box 980788		☑ INTERNET:				
West Sacramento, CA 95798-0788			☐ INTRANET:			
FORMS DISPOSITION AND SPECIAL INSTRUCTIONS						
DISPOSITION OF OLD SUPPLY Disposition OF OLD SUPPLY Disposition OF OLD SUPPLY Disposition OF OLD SUPPLY						
☐ Use until exhausted ☐ Destroy						
USE NEW FORM When supply available in DSS Warehouse			\boxtimes Use new form effective $\underline{10/09}$			
USE FORM IN ACCORDANCE WITH All County Letter No. Other (specify)						
ADDITIONAL INFORMATION REGARDING FORM CHANGE						
http://www.dss.cahwnet.gov/	cdssweb/entres/forms/Eng	ılish/AD58	8.PDF			

Camera-ready copies are currently available on the CDSS Internet. Go to http://www.dss.cahwnet.gov/cdssweb/FormsandPu_271.htm.
Form information on forms not listed in the catalog, you may contact FMU at fmudss@dss.ca.gov.

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