

Michigan IV-D Child Support Manual
Michigan Department of Health and Human Services

Publication/ Revision Date: June 13, 2018	Chapter Number: 4.0	Chapter Title: Order Establishment
	Section Number: 4.05	Section Title: Paternity Establishment

Table of Contents

1. Legal Requirements.....	2
1.1 Federal Laws and Regulations	2
1.1.1 When Paternity Should and Should Not Be Established	2
1.1.2 Required Voluntary Paternity Establishment Services	3
1.1.3 Optional Paternity-Only Limited Services	3
1.2 State Laws.....	3
2. Overview and Benefits of Paternity Establishment	4
2.1 Overview of Paternity Establishment.....	4
2.2 Benefits to the Child and Family	4
2.3 Benefits to the IV-D Program.....	5
3. Methods of Establishing Paternity	5
3.1 Spouses and the Presumption of Parentage	5
3.2 Parties Sign an <i>Affidavit of Parentage</i> (AOP)	5
3.2.1 Required Contents of an AOP.....	6
3.2.2 AOP Requirements for a Notary or a Qualified Witness Signature	7
3.2.3 AOP Completion Process and Filing	8
3.2.4 Revoking an AOP.....	11
3.3 A Court Enters an <i>Order of Filiation</i>	11
3.4 Genetic Parentage Act (GPA).....	12
3.5 Adoption	12
4. Initiating an Action for Paternity Establishment	13
4.1 Support Specialist (SS) Actions.....	13
4.1.1 Mother Was Married at the Time of Conception or Birth but Has Since Divorced	13
4.1.2 Mother Was Not Married at the Time of Conception or Birth.....	14
4.1.3 Handling Unique Situations	15
4.2 PA Actions.....	16
4.2.1 Upon Receipt of a DP CAR	16
4.2.2 Upon Receipt of a DS CAR With an AOP in “Pending” Status	19
4.3 Children Born Out of Wedlock (BOW) Outside of Michigan.....	20
4.3.1 Verify Whether Paternity Was Established in the Other State.....	20
4.3.2 Establish Paternity and/or Enter Paternity Information in MiCSES.....	20
4.4 Intergovernmental Paternity Establishment	21
5. Establishing Parentage in Cases Involving Same-Sex Couples.....	21
6. The Central Paternity Registry and Birth Registry System (CPR/BRS)	
 Combined Search Tool	22
6.1 CPR/BRS Overview.....	22
6.1.1 The CPR Database and the BRS Database.....	22
6.1.2 CPR/BRS Functions.....	24

6.2	Accessing the CPR/BRS	24
6.3	CPR/BRS Confidentiality and Security Requirements	25
6.4	CPR/BRS User Roles, Job Functions, and Privileges for IV-D Staff.....	25
6.4.1	User Roles and Job Functions/Privileges for IV-D Staff	25
6.4.2	View/Print Privileges for Documents	27
6.5	CPR/BRS Reports	27
6.5.1	Types of Reports.....	28
6.5.2	Requesting Reports	29
6.6	CPR/BRS User Monitoring Requirements	29
6.6.1	User Monitoring for County IV-D staff	29
6.6.2	User Monitoring for OCS Operations	32

[Exhibit 4.05E1: Central Paternity Registry \(CPR\) Record Types](#)
[Exhibit 4.05E2: Central Paternity Registry \(CPR\) and Birth Registry System \(BRS\) Printed Document Types](#)

1. Legal Requirements

1.1 Federal Laws and Regulations

1.1.1 When Paternity Should and Should Not Be Established

For all cases referred to the IV-D agency or for individuals applying for IV-D services,¹ the IV-D agency must attempt to establish paternity, when appropriate.²

If paternity establishment is needed, IV-D staff must first locate the alleged father or non-custodial parent (NCP).³ Once the alleged father or NCP is located, IV-D staff have 90 calendar days to complete service of process necessary to start paternity establishment proceedings.⁴ IV-D staff can establish a child's paternity any time between the child's birth and 18th birthday⁵ unless:⁶

- The child is a product of incest or rape;
- The child is pending adoption;
- The IV-D agency determines it would not be in the child's best interest to establish paternity; or
- A good cause claim is pending or shown.⁷

¹ Ref: [Section 2.05, "Referrals and Applications," of the Michigan IV-D Child Support Manual.](#)

² 45 Code of Federal Regulations (CFR) 302.31(a)(1) and 303.4(a), and 42 United States Code (USC) 654(4)(A).

³ Ref: [Locate](#) documentation on mi-support.

⁴ 45 CFR 303.4(d)

⁵ 42 USC 666(a)(5)(A)(i) and 45 CFR 302.70(a)(5)(i).

⁶ 45 CFR 303.5(b)

⁷ 42 USC 654(29). Ref: [Section 2.15, "Cooperation/Noncooperation/Good Cause," of the Michigan IV-D Child Support Manual.](#)

It is also appropriate to establish paternity for any child for whom paternity has not yet been established and any child for whom a paternity action was previously dismissed under a statute of limitations of less than 18 years.⁸

1.1.2 Required Voluntary Paternity Establishment Services⁹

Federal regulation requires every state to:

- Establish voluntary paternity establishment procedures; and
- Develop and use an affidavit to voluntarily establish paternity.

The voluntary process must create a rebuttable or, at the option of the state, conclusive presumption of paternity, and must be admissible as evidence of paternity. In Michigan, voluntary paternity establishment creates a rebuttable presumption of paternity. The voluntary process must also be recognized as a basis for seeking a support order without requiring any further proceedings to establish paternity.

Every state must give full faith and credit to voluntary paternity establishment affidavits signed in any other state according to its procedures.

1.1.3 Optional Paternity-Only Limited Services

The IV-D agency may choose to provide paternity-only limited services to applicants in intrastate cases.¹⁰ As of the publication of this manual section, Michigan does not offer this partial service.

1.2 State Laws

Each state's IV-D agency must, as appropriate, attempt to establish paternity under state law. Every state must have laws in place that ensure:¹¹

- Parties to an action to establish paternity are not entitled to a jury trial;
- Alleged fathers have a reasonable opportunity to initiate a paternity action; and
- Voluntary acknowledgments and adjudications of paternity, by judicial or administrative processes, are filed with the state registry of birth records.

⁸ 42 USC 666(a)(5)(A)(ii) and 45 CFR 302.70(a)(5)(i)

⁹ 42 USC 666(a)(5)(C), (E); 45 CFR 302.70(a)(5) and 303.5(g). Ref: Subsection 3.2 of this manual section for more information.

¹⁰ 45 CFR 302.33(a)(6)

¹¹ 42 USC 666(a)(5)(I)-(M) and 45 CFR 303.5(a)(2)

Three state laws guide Michigan IV-D staff in establishing paternity: the Paternity Act (Michigan Compiled Law [MCL] 722.711-730),¹² the Acknowledgment of Parentage Act (MCL 722.1001-1013),¹³ and the Genetic Parentage Act (MCL 722.1461-1475).¹⁴

2. Overview and Benefits of Paternity Establishment

2.1 Overview of Paternity Establishment

Paternity establishment is the legal determination of fatherhood. The legal father is the man who is recognized by law as the male parent of a child.

When the mother of a child is not married at the time of the child's conception or birth, the child is born out of wedlock (BOW), meaning the child is born without a legal father. Conversely, when the mother of a child is married at the time of the child's conception or birth, her spouse is presumed to be the child's other legal parent.¹⁵

2.2 Benefits to the Child and Family

Establishing paternity can provide a child with basic emotional, social, and economic ties between a father and his child. Once paternity is established legally, a child gains the same legal rights and privileges as a child born to married parents. Among these are rights to:

- Inheritance;
- The father's medical and life insurance benefits;¹⁶ and
- Social Security and veterans' benefits.

The child also has a chance to develop a relationship with his/her father and obtain a sense of identity and connection to the "other half" of the family.

The Office of Child Support (OCS) and program partners developed marketing materials to aid IV-D staff in educating families about the steps involved in paternity establishment and the rights and responsibilities of fatherhood. OCS encourages local offices to keep a sufficient supply of these materials and publications in stock.¹⁷

¹² The Paternity Act is used when the court enters an *Order of Filiation*. Ref: Subsection 3.3.

¹³ The Acknowledgment of Parentage Act is used when parties sign an *Affidavit of Parentage* (AOP). Ref: Subsection 3.2.

¹⁴ Ref: Subsection 3.4.

¹⁵ Ref: Subsection 3 of this manual section.

¹⁶ The child will not receive medical and/or life insurance benefits if the father does not put the child on his medical insurance or list the child as a beneficiary of his life insurance.

¹⁷ Ref: [IV-D Memorandum 2017-008, Introduction of New and Revised Paternity Establishment Materials](#), for more information about the materials and ordering instructions.

2.3 Benefits to the IV-D Program

In the child support program, paternity establishment information is necessary for case processing, case management, and establishing a child support order.

Additionally, the Paternity Establishment Percentage (PEP) is a federal incentive performance factor that indicates how well a state does in ensuring children BOW have paternity established. The PEP contributes to the federal incentive funding that the IV-D program receives.¹⁸

3. Methods of Establishing Paternity

Paternity establishment depends on the marital status of the mother (in same-sex cases, it depends on the marital status of the birth mother).¹⁹ There are five ways to establish paternity: by the presumption of parentage, by signing an *Affidavit of Parentage* (DCH-0682, also known as an AOP), by the court entering an *Order of Filiation*, through the Genetic Parentage Act, or by the court granting an adoption.

3.1 Spouses and the Presumption of Parentage

When a mother is married at the time of her child's conception or birth, her spouse is presumed to be the child's legal parent.²⁰ This is called the "presumption of parentage."²¹

There are times when a child is conceived or born during a marriage, but the husband is not the biological father. In these cases, the husband is still presumed to be the legal father until paternity is successfully challenged.

If paternity is challenged, the man alleging to be the biological father is called the alleged father,²² and the husband is the presumed legal father until proven otherwise. If a court determines the alleged father is the legal father, the former legal father's IV-D case will be closed and a new IV-D case will be opened with the new legal father as the NCP.

3.2 Parties Sign an *Affidavit of Parentage* (AOP)

When a child is BOW, the IV-D program is federally required to create a process and affidavit for the mother and alleged father to voluntarily establish

¹⁸ Ref: [Section 1.30, "Performance Factors, Incentives, and the Data Reliability Audit," of the Michigan IV-D Child Support Manual.](#)

¹⁹ Ref: Subsection 5 of this manual section for information on same-sex marriage.

²⁰ MCL 333.2824(1) and MCL 552.29.

²¹ The presumption of parentage is also called the presumption of legitimacy, the presumption of paternity, or the marital presumption.

²² Alleged fathers are also known as putative fathers.

paternity.²³ Voluntary paternity establishment in Michigan falls under the Acknowledgment of Parentage Act.²⁴

Note: A mother and alleged father cannot sign an AOP if the mother was married at the time of the child's conception or birth unless a court determined the child is not a product of the marriage.

3.2.1 Required Contents of an AOP

A. Federally Required Contents of an AOP

Under federal law and regulation, an AOP must:

- Include the Social Security number of each parent;²⁵ and
- Be signed by both parents and authenticated by a notary or qualified witness(es).²⁶

A minor parent's signature has the same effect as if (s)he were an adult.²⁷

B. AOP Contents Required by Michigan Law

The Acknowledgment of Parentage Act requires the AOP to discuss:

- The legal rights and responsibilities of the signing parties;
- How custody and parenting time are determined; and
- How to revoke an AOP.²⁸

1. Legal Rights and Responsibilities of the Signing Parties²⁹

The AOP is a legal document, and signing it is voluntary. Signing an AOP waives the parents' right to genetic testing and/or a trial to determine paternity.

Note: A state cannot require individuals to sign an AOP or relinquish the right to genetic tests as a condition of cooperation and eligibility for public assistance.

²³ 42 USC 666(a)(5)(C)(i) and 45 CFR 303.5(g)(1)

²⁴ MCL 722.1001-1013

²⁵ 42 USC 652(a)(7)

²⁶ 45 CFR 303.5(g)(4). Ref: Subsection 3.2.2 of this manual section for a list of qualified witnesses.

²⁷ MCL 722.1009

²⁸ Ref: Subsection 3.2.4 for more information on revoking an AOP.

²⁹ 42 USC 654(29)(D) and MCL 722.1007(a)-(b), (e)-(g)

Signing an AOP waives any right to an attorney, including the PA or a court-appointed attorney, in a court action to determine if the man is the biological father of the child. Individuals who sign an AOP are required to support the child and comply with a court or administrative order for child support. They also have the right to a notice and hearing regarding the child's adoption.

2. Determination of Custody and Parenting Time

After both parents have signed the AOP, the mother has initial custody of the child, without prejudice to the determination of either parent's custodial rights, until otherwise determined by the court or agreed by the parties in writing and acknowledged by the court. Granting initial custody to the mother does not, by itself, affect the rights of either parent in a proceeding to seek a court order for custody or parenting time.³⁰

3.2.2 AOP Requirements for a Notary or a Qualified Witness Signature³¹

To be valid and effective, an AOP must include the signatures of both parties and either:

- Be notarized; or
- Signed and dated by a qualified witness(es) and include the qualified witness's printed name, address, and place of employment.

A. Notary Requirements

If the parties' signatures are notarized, they must be notarized by a notary public authorized by the state in which the AOP is signed.

B. Qualified Witness Requirements

A qualified witness must be an adult³² who is disinterested,³³ legally competent, and an employee of one of the following:

- Hospital;
- Publicly funded or licensed health clinic;
- Pediatric office;
- Friend of the Court (FOC) office;
- Prosecuting Attorney's (PA's) office;

³⁰ MCL 722.1007(c)

³¹ MCL 722.1003(2)

³² Per MCL 722.51(1), the age of majority in Michigan is 18.

³³ In this context, a disinterested party is a person unbiased by personal interest or advantage. In other words, the person is indifferent to the situation.

- Court;
- Michigan Department of Community Health;³⁴
- County health agency;
- County records department;
- Head Start program;
- Local social services provider;
- County jail; or
- State prison.

A qualified witness must verify the identity of the mother and/or father before signing the form by checking the mother's and/or father's identification. Examples of acceptable identification include a driver's license, passport, and federal- or state-issued identification that contains the person's name, photograph, and signature. Acceptable identification cannot be expired.

A single qualified witness may authenticate both the mother's and father's signatures by completing both qualified witness sections.

3.2.3 AOP Completion Process and Filing

Unmarried parents may obtain, complete, and submit an AOP in the hospital or outside of the hospital. The father's name will be included in the birth record if both parents sign the AOP at the hospital right after the baby is born.³⁵ If the parents sign the AOP at any time after the mother and baby are discharged from the hospital, one or both parents must submit an application to add the father's name to the birth record.

A. In the Hospital

All public and private birthing hospitals in Michigan must provide voluntary paternity acknowledgment services focusing on the period immediately before and after the birth of a child to an unmarried mother. Any birth record agencies or other designated entities participating in voluntary paternity establishment services must follow the same procedures.³⁶

Note: In Michigan, an AOP can be signed only after the child is born.³⁷

³⁴ In April 2015, the Michigan Department of Community Health and the Department of Human Services merged into the Michigan Department of Health and Human Services (MDHHS).

³⁵ 42 USC 666(a)(5)(D)(i)(I)

³⁶ 42 USC 666(a)(5)(C), 45 CFR 302.70(a)(5)(iii), and 45 CFR 303.5(g)(1)

³⁷ MCL 722.1002(b) and 1003(1)

1. Materials and Information Provided to Hospitals and Other Entities by the State³⁸

The state must provide all hospitals, state birth record agencies, and other designated entities participating in voluntary paternity establishment services:

- Written materials about paternity establishment;
- The forms necessary to voluntarily acknowledge paternity; and
- Copies of a written description of the alternatives to, the legal consequences of, and the rights and responsibilities of acknowledging paternity, including any rights afforded to a minor parent.

As necessary, the state must also provide these entities with training, guidance, and instructions to operate the voluntary paternity establishment services. The state will assess each entity's services at least once a year. In Michigan, the Paternity Establishment Percentage (PEP) Liaison within OCS handles these duties. The PEP liaison works closely with hospitals and other entities listed in Subsection 3.2.3(B) to educate parents and other interested parties. IV-D staff may contact the PEP Liaison if they are aware of hospitals or others who need guidance.

2. Materials and Information Provided to Parents by Hospitals³⁹

When an unmarried mother gives birth in a hospital, the hospital staff must provide the mother and alleged father (if present) with the materials discussed in Subsection 3.2.3(A)(1) above. Hospital staff must also verbally explain the information in the third bullet to the parents and give parents the opportunity to speak with staff, either by telephone or in person, who are trained to clarify information and answer questions about paternity establishment.

Hospital staff must provide the mother and alleged father the opportunity to voluntarily acknowledge paternity and must treat both parties fairly when acting under the law.

Note: The court may appoint a next friend or guardian ad litem to represent a minor parent. When a minor parent signs an AOP, it has the same effect as if (s)he were an adult.⁴⁰

³⁸ 45 CFR 303.5(g)(5-7)

³⁹ 42 USC 666(a)(5)(C), 45 CFR 302.70(a)(5)(iii), 45 CFR 303.5(g)(2)-(3), and MCL 333.21532

⁴⁰ 45 CFR 303.5(g)(3) and MCL 722.1009

If the mother and father complete the AOP and provide it to hospital staff before the mother and child are discharged, hospital staff will complete the birth certificate⁴¹ and include the father's name on it. There will be no need for a separate application or fee for the birth certificate.

If the father does not sign the AOP before the mother and child are discharged, only the mother's name will be on the birth certificate. A fee will be required to add the father's name to the birth certificate if an AOP is signed after discharge.

If the AOP is completed at the hospital, hospital staff will forward the original AOP along with the original birth certificate to the local registrar (county clerk). The county clerk will forward the AOP to the Central Paternity Registry (CPR) at the MDHHS Division of Vital Records and Health Statistics (DVRHS or Vital Records).⁴²

B. Outside the Hospital

Other entities may also provide voluntary paternity acknowledgment services, including:⁴³

- Public health clinics, including Supplementary Feeding Program for Women, Infants, and Children (WIC) and Maternal and Child Health (MCH) clinics;
- Private health care providers, including obstetricians, gynecologists, pediatricians, and midwives;
- Agencies providing assistance or services under Title IV-A of the Social Security Act, agencies providing food stamp eligibility services, and agencies providing IV-D services;
- Head Start and child care agencies, including child care information and referral providers;
- Community Action Agencies and Community Action Programs;
- Secondary education schools, particularly those that have parenthood education curricula;
- Legal aid agencies and private attorneys; and
- Any similar public or private health, welfare or social services organization.

⁴¹ A birth certificate is a document that is referred to as the legal portion of the birth record. The birth record is the data that includes all of the fields printed on the certificate and the demographic information (e.g., marital status, race, ancestry, education, etc.).

⁴² 42 USC 666(a)(5); 45 CFR 303.5(g)(2), (8); and MCL 333.21532. Vital Records is Michigan's state registrar.

⁴³ 45 CFR 303.5(g)(1)(ii)

AOPs can be printed from the [MDHHS website](#) or from the *Document Generation (DOGN)*⁴⁴ screen in the Michigan Child Support Enforcement System (MiCSES).⁴⁵ AOPs can be filed with the CPR⁴⁶ any time until the child's 18th birthday.

To file the AOP, the requesting party must mail the completed form to the address noted on the form. There is no fee for filing an AOP with the CPR. After an AOP has been filed with the CPR, a parent, the child, or a guardian or legal representative of the parent or the child may request a certified copy of the AOP for a fee.⁴⁷

Birth certificates are not automatically changed when an AOP is filed outside the hospital. To request a change to a registered birth record, the requesting party should mail the completed *Application to Add a Father on a Michigan Birth Record* (DCH-0848) along with the required fee⁴⁸ to the address on the form.

A birth record can be changed to reflect the father listed on the AOP if no other man is recorded on the birth record as the child's father. Should a conflict exist, a court determination of paternity may become necessary.

3.2.4 Revoking an AOP

To revoke an AOP, an individual must file a claim under the Revocation of Paternity Act (MCL 722.1431-1445).⁴⁹

Federal revocation requirements differ from those discussed in the Revocation of Paternity Act. Michigan historically requests an exemption from the federal requirements. The federal Office of Child Support Enforcement (OCSE) has granted the exemption based on the fact that compliance with the mandatory procedure would not increase the efficiency and effectiveness of Michigan's child support program.

3.3 A Court Enters an *Order of Filiation*

When parties are not willing and/or able to work together to establish paternity voluntarily, the court can establish paternity through an *Order of Filiation*. The mother, alleged father, or MDHHS can file an action under the Paternity Act to determine paternity as long as paternity has not previously been:

⁴⁴ Ref: [MiCSES Screen Description: DOGN – Document Generation](#).

⁴⁵ In MiCSES, the AOP is form 6040.

⁴⁶ Ref: Subsection 6 of this manual section for information about the CPR.

⁴⁷ Ref: the Instructions page of the AOP for fee information.

⁴⁸ Ref: MCL 333.2891 or the DCH-0848 for the current fee.

⁴⁹ 42 USC 666(a)(D)(iii) and MCL 722.1007(h)

- Presumed through marriage;
- Acknowledged by completing and signing an AOP; or
- Established in another state.

A child does not need to be conceived or born in Michigan for a party to file a paternity action in Michigan. Further, the action can be filed from conception to the child's 18th birthday.

Note: A parent who is a minor is treated as if (s)he were an adult.

3.4 Genetic Parentage Act (GPA)

The GPA took effect in March 2015. It permits parents on a IV-D case to voluntarily obtain genetic testing and IV-D staff to administratively file documents with Vital Records to legally establish paternity. The GPA cannot be used if:

- Paternity has been previously established; or
- Adoption proceedings are ongoing.

Additionally, the GPA cannot be used to disestablish paternity in order to establish new paternity.

As of the publication of this manual section, Michigan does not offer services under the GPA because OCS and its program partners have not finalized the business, system, and logistical decisions necessary for implementation. Refer to [IV-D Memorandum 2016-012, The Genetic Parentage Act – Interim Procedures for Processing Requests for Voluntary Genetic Testing](#), for more information.

3.5 Adoption⁵⁰

Paternity can also be established through legal adoption, which is handled by the probate court. When an unmarried pregnant woman wants to release her child for adoption, she files a *Petition to Issue Notice of Intent to Release or Consent* (PCA-313) with the probate court in her county, indicating the approximate date and location of conception and the expected date of birth, along with the name and address of the alleged father. The court then issues and serves a *Notice of Intent to Release or Consent* to the alleged father, notifying him of his right to file a *Notice of Intent to Claim Paternity* (DCH-0738) before the birth of the child.

If the alleged father files the DCH-0738, the court will assume he is the legal father of the child unless proven otherwise. This will entitle the alleged father to

⁵⁰ MCL 710.33(2)-(3), 34(1)-(2)

receive notice of any hearing involving the determination of the child's paternity or the determination or termination of the alleged father's parental rights. Failure to file the notice before the expected date of birth or before the birth of the child, whichever is later, will constitute a denial of the alleged father's interest in custody of the child, and will result in the court's termination of his rights to the child.

On occasion, IV-D staff may receive a completed DCH-0738 that should have been sent to another county. When this occurs, IV-D staff will contact the alleged father who sent the DCH-0738 and direct him to file it with the probate court in the mother's county.

4. Initiating an Action for Paternity Establishment

An action for paternity establishment may be requested or referred by the court, by OCS, or by another state's IV-D agency. A mother or alleged father may also request that paternity be established.⁵¹

4.1 Support Specialist (SS) Actions

An SS evaluates the need for paternity establishment services when (s)he receives an application or referral for IV-D services.⁵² In determining whether paternity establishment services are needed, the SS looks at the marital status of the mother.

Note: The SS may need to interview the applicant/referred individual to find out whether paternity has been established.

If paternity establishment services are needed, the SS will forward the case to the PA for processing. The SS will send a court action referral (CAR)⁵³ through MiCSES to the PA in the county where the mother and/or child reside. If both the mother and child reside out of state, the SS will send the CAR to the PA in the county where the alleged father resides or is found.

4.1.1 Mother Was Married at the Time of Conception or Birth but Has Since Divorced

If the mother was married at the time of conception or birth but has since divorced, the child may still be considered a product of the marriage if:

- The child was born during the marriage; or
- The child was born within 40 weeks of the date of divorce.

⁵¹ Ref: Subsection 1.1 of this manual section for appropriate timeframes to establish paternity.

⁵² Ref: Section 2.05 of the *Michigan IV-D Child Support Manual*.

⁵³ Ref: [Section 2.20, "Court Action Referrals \(CARs\)," of the Michigan IV-D Child Support Manual](#).

The SS's next actions will depend on whether there is a court order stating the child is not an issue of the marriage.

A. The Ex-Husband Is Not the Child's Legal Father

If a court order states the child is not a product of the marriage, then the ex-husband is not the child's legal father. The SS will send a Paternity (DP) CAR listing the alleged father as the other party.

B. The Ex-Husband Is the Child's Legal Father

If a court order does **not** state the child is not a product of the marriage, then the ex-husband is the child's legal father. The SS will send an Other Support (DS) CAR and list the ex-husband as the father.

Note: If the child was conceived or born to one spouse during the marriage of two women, IV-D staff will presume the other spouse is the parent.⁵⁴

4.1.2 Mother Was Not Married at the Time of Conception or Birth

If the mother was **not** married at the time of conception or birth, the SS will look in the Central Paternity Registry/Birth Registry System (CPR/BRS) to see whether paternity has already been established.⁵⁵

A. Paternity Has Been Established

If paternity has been established, the SS will send a DS CAR to the PA's office.

B. Paternity Has Not Been Established

If paternity has **not** been established, the SS may need to interview the applicant/referred individual to find out conception information, such as when conception occurred; the city, state and country where it occurred; and with whom conception took place.

In speaking to the applicant/referred individual, the SS will explain:

- The benefits of establishing paternity;
- The available services to locate an alleged father;
- The results of signing an AOP, including the parents' rights and responsibilities;

⁵⁴ Ref: Subsection 5 of this manual section.

⁵⁵ 45 CFR 303.5(h). Ref: Subsection 6 for more information on the CPR/BRS.

- That the AOP is a legal public document;
- That the applicant's address will appear on the AOP; and
- That the other party will receive a copy of the AOP.

Once the mother names an alleged father, the SS will send to the PA a DP CAR containing the alleged father's information. If the applicant names more than one alleged father, the SS will send a DP CAR for the most likely alleged father.⁵⁶ The SS will include information about all possible alleged fathers in the case notes in the event that the previously named alleged father is excluded.

If the first alleged father is excluded, the PA will mark the alleged father as excluded on the *Genetic Test (LGTS)*⁵⁷ screen in MiCSES and close the CAR. The PA will notify the SS that (s)he has closed the CAR, and the SS will open a new case with the next alleged father and send a new DP CAR.

4.1.3 Handling Unique Situations

A. Same Child Has Multiple AOPs or an AOP and an *Order of Filiation*

An SS may find that more than one AOP, or an AOP and an *Order of Filiation*, are on file for the same child. Vital Records staff review and file every AOP received as long as the AOP is an original and is properly completed.⁵⁸

An *Order of Filiation* supersedes an AOP.⁵⁹ If an *Order of Filiation* is on file with Vital Records, the *Order of Filiation* will be used to establish child support.

Michigan law does not speak to which AOP should be used if there are multiple AOPs for the same child. An SS trying to establish paternity in this scenario will use the earliest-dated valid AOP filed with Vital Records unless the *Notes Processor (NOTE)*⁶⁰ screen indicates it is invalid.

B. AOPs in "Pending" Status

IV-D staff may use an AOP record found in the CPR as a reliable source for determining paternity establishment only if the AOP has been:

⁵⁶ The SS will determine the most likely alleged father through interviewing the applicant.

⁵⁷ Ref: [MiCSES Screen Description: LGTS – Genetic Test](#).

⁵⁸ MCL 722.1005(1)

⁵⁹ MCL 722.717(5)

⁶⁰ Ref: [MiCSES Screen Description: NOTE – Notes Processor](#).

- Properly completed by the parents; **and**
- Filed with Vital Records.

An AOP in “pending” status in the CPR indicates that the hospital staff printed the AOP but have not filed it with Vital Records. Therefore, designating every CAR with a “pending” AOP status as a DS CAR would be inappropriate. In this scenario, there are certain criteria an SS will consider when determining whether to send a DS or DP CAR:

1. An AOP in "pending" status for **more than** 90 days may indicate the AOP was printed but not properly completed and/or received by Vital Records. If so, the AOP may never be updated beyond the pending status. Therefore, an SS will send a DP CAR when an AOP is in “pending” status for more than 90 days.
2. If the AOP is “pending” for **less than** 90 days, the SS will look at the child’s birth record in the Birth Registry System (BRS). If the father’s name is on the birth certificate, a DS CAR may be the more appropriate designation because:
 - The AOP is still within the 90-day timeframe to be verified and filed by Vital Records; and
 - Hospital staff have updated the birth certificate with the father’s information.

If the father’s information is **not** on the birth certificate, then a DP CAR is appropriate.

4.2 PA Actions

4.2.1 Upon Receipt of a DP CAR

Upon receipt of a DP CAR, the PA may interview the applicant/referred individual to:

- Review and confirm paternity information; and
- Obtain additional information needed to initiate a paternity action.

The PA will ask the applicant/referred individual to name the other party and any potential alleged fathers. If the applicant/referred individual names more than one alleged father, the PA will file a DP case for the most likely alleged father. The PA will also ask if the mother is currently pregnant.

There are two ways the PA can establish paternity: by asking the parties to sign an AOP or by asking the court for an *Order of Filiation*.

A. Ask Parties to Sign an AOP

If paternity has not already been established and a DP case has not been filed, the PA will:

- Offer paternity acknowledgment services;⁶¹
- Provide the parties with the materials listed in Subsection 3.2.3(A)(1);
- Verbally explain the materials; and
- Ask the parties if they would like to sign an AOP.

The PA can access an AOP from the DOGN screen in MiCSES.

Note: Both parties must sign an AOP for it to be valid.

If the parties sign an AOP in the PA's office, the PA will forward the AOP to Vital Records. The PA will then change the case type from DP to DS and continue working the case.

There may be instances where the PA receives multiple AOPs for the same child, either from Vital Records or from a party to the case. When this occurs, the PA will use the first AOP signed by both parties and filed with Vital Records to move forward with the case unless the PA, upon further research, determines the first AOP is not valid.

B. Ask the Court for an *Order of Filiation*

1. Filing a Complaint

To start an action for an *Order of Filiation*, the mother, alleged father, or MDHHS will file a complaint in the county where the mother or child resides. If both the mother and child reside out of state, then the complaint will be filed in the county where the alleged father resides or is found.

The complaint must include the alleged father's name and the time and place of conception (as close as possible). If MDHHS is the complainant, the mother or alleged father will be made a party plaintiff. The PA will file for an *Order of Filiation* to establish paternity if the mother, alleged father, or child is receiving IV-D services.

⁶¹ 45 CFR 303.5(g)(1)(ii)

2. Issuance of a Summons

Next, the court will issue a summons against the non-filing party regarding the paternity action.⁶² The summons explains that the court:

- **Will** determine the parties' obligation to support the child; and
- **May** determine the parties' rights to custody of the child and parenting time with the child.

The non-filing party is required to file and serve a responsive pleading.⁶³ If the non-filing party responds to the summons but the parties do not consent to an *Order of Filiation*, the IV-D program may have the parties and child submit to genetic testing.

3. Order for Genetic Testing⁶⁴

Parties may voluntarily participate in genetic testing. If they do not, the court will order genetic testing unless there has been a determination of good cause.⁶⁵

a. Notice to the Mother and Alleged Father

If a party is required to appear for genetic testing, the IV-D program will serve the mother and alleged father with a notice of the testing. The notice will explain the following:⁶⁶

- The test to be performed;
- The purpose and potential uses of the test;
- How the test results will be used to establish paternity;
- How the individual will be provided with the results; and
- The individual's right to keep the test results confidential.

If the parties fail to appear for genetic testing, the court may:

- Enter a default judgment at the request of the appropriate party; or
- If a trial is held, allow the disclosure of the failure to appear unless there is good cause for not disclosing the failure.

⁶² Other paperwork may also be generated with the summons.

⁶³ MCL 722.714(8)

⁶⁴ Ref: [Section 4.10. "Genetic Testing," of the Michigan IV-D Child Support Manual.](#)

⁶⁵ 45 CFR 302.70(a)(5)(ii) and 45 CFR 303.5(d)(1). Ref: Section 2.15 of the *Michigan IV-D Child Support Manual.*

⁶⁶ MCL 722.714a(2)

b. Genetic Test Results

The results of genetic testing are used to exclude individuals who could not be the biological father of a child and provide a probability of paternity for a non-excluded man. Paternity is established if the probability of paternity is at least 99 percent.⁶⁷ When the appropriate genetic information is not found in the person tested, exclusion is absolute.

PAAs will serve the results of testing and a summary report on the mother and alleged father. If the mother and/or alleged father objects to the results, (s)he must make his/her objections in writing to the court within 14 calendar days after service. The court will then hold a hearing.⁶⁸ The PA will work directly with the DNA Diagnostics Center (DDC) when the results are contested, and the DDC will conduct a “quality check” of the original sample and testing.

If an objection is filed after the 14-day period, the objection will be waived.

4. Court Entry of an *Order of Filiation*

The court will enter an *Order of Filiation* when:⁶⁹

- The court finds the alleged father is the biological father;
- The alleged father acknowledges parentage;
- Genetic testing determines the alleged father is the biological father; or
- A default order is entered against the alleged father.⁷⁰

Note: The circuit court will send all *Orders of Filiation* to the county clerk. Filing an *Order of Filiation* requires no fee. The county clerk will send a *Notice of Entry of Order of Filiation* to Vital Records.

4.2.2 Upon Receipt of a DS CAR With an AOP in “Pending” Status

If the PA receives a DS CAR with an AOP in “pending” status, the PA may ask the parents for a signed copy of the AOP. If the PA confirms that the AOP is valid, the PA will move forward with the DS CAR.

⁶⁷ 45 CFR 302.70(a)(5)(vi)

⁶⁸ MCL 722.716(4)

⁶⁹ MCL 722.717(1)

⁷⁰ 42 USC 666(a)(5)(D)(i), 45 CFR 302.70(a)(5)(viii) and 45 CFR 303.5(f)

If the PA is unable to confirm the existence of a properly completed AOP, the PA will change the *CT Action Type* field on the *Legal Case (LCSE)*⁷¹ screen in MiCSES from DS to DP. The PA will **not** reject the DS CAR and request a DP CAR in this instance.

4.3 Children Born Out of Wedlock (BOW) Outside of Michigan

When OCS receives a public assistance referral or an application for IV-D services to establish a case with a child BOW outside of Michigan, IV-D staff must take steps to determine the paternity status of the child.⁷²

4.3.1 Verify Whether Paternity Was Established in the Other State

IV-D staff must determine if paternity was already established in the state in which the child was born, or in another state. IV-D staff will enter notes on the NOTE screen in MiCSES to indicate that they have contacted either:

- The other state's Interstate Central Registry (ICR) to verify the paternity status;⁷³ or
- The custodial party to obtain documentation of the birth and/or paternity status in the other state.

IV-D staff will maintain the proper paternity establishment documentation in MiCSES for routine case management and for the annual OCSE-conducted Data Reliability Audit.⁷⁴

4.3.2 Establish Paternity and/or Enter Paternity Information in MiCSES

The next steps for IV-D staff depend on whether the child's paternity was established outside of Michigan.

A. Paternity Was Not Established Outside of Michigan

If paternity was not established in another state, IV-D staff will establish paternity in Michigan. Generally, IV-D staff establish paternity either by the parties signing an AOP or proceeding with an *Order of Filiation*.

⁷¹ Ref: [MiCSES Screen Description: LCSE – Legal Case](#).

⁷² If a child is BOW outside of Michigan, the case might be an intergovernmental case. Ref: Subsection 4.4 of this manual section for more information.

⁷³ Ref: [Section 7.10, "Responding Cases," of the Michigan IV-D Child Support Manual](#) for information on the ICR.

⁷⁴ 45 CFR 305.60

Note: There is no requirement that a child be born in Michigan to use Michigan's AOP.⁷⁵

Once paternity is established, IV-D staff must enter the paternity information in MiCSES, including the child's birth state, and enter Michigan as the state in which paternity was established.⁷⁶ IV-D staff must also send the AOP or the *Order of Filiation* to the county clerk's office for filing.⁷⁷

B. Paternity Was Established Outside of Michigan

If paternity was established in another state, IV-D staff must obtain the birth record or other proof of paternity establishment, such as a legal paternity acknowledgment document or a court order. Then IV-D staff will enter the paternity establishment information in MiCSES, including the child's birth state and the state in which paternity was established.

4.4 Intergovernmental Paternity Establishment⁷⁸

In intergovernmental cases, federal law requires states to cooperate with each other to establish paternity. Paternity established outside of Michigan has the same force and effect as paternity established in Michigan.⁷⁹ This means that Michigan tribunals must give full faith and credit to paternity that has been established in another state.

The Uniform Interstate Family Support Act (UIFSA, MCL 552.2101-2905) governs how paternity is established when two or more states or countries are involved. Each jurisdiction's responsibilities depend on whether the jurisdiction is initiating or responding.

5. Establishing Parentage in Cases Involving Same-Sex Couples

On June 26, 2015, the Supreme Court of the United States legalized same-sex marriage.⁸⁰ As a result, Michigan's IV-D program issued policy on the handling of children born during same-sex marriages and the parentage of children born to same-sex couples. Ref: [IV-D Memorandum 2017-012, IV-D Services for Same-Sex Couples](#), for more information.

⁷⁵ Per MCL 722.1002, "child" means a child conceived and born to a woman who was not married at the time of conception or the date of birth of the child, or a child whom the court determines was born or conceived during a marriage but is not an issue of the marriage.

⁷⁶ Ref: the job aid [Documenting Paternity Information in MiCSES](#).

⁷⁷ Vital Records staff have instructed county clerks to send a copy of the child's out-of-state birth record, along with an AOP or *Order of Filiation*, to Vital Records.

⁷⁸ Ref [Chapter 7, "Intergovernmental," of the Michigan IV-D Child Support Manual](#).

⁷⁹ 42 USC 654(9)(a) and 45 CFR 302.70(a)(11)

⁸⁰ *Obergefell v. Hodges*, 135 S Ct 2584 (US, 2015)

6. The Central Paternity Registry and Birth Registry System (CPR/BRS) Combined Search Tool

Vital Records and the Department of Technology, Management & Budget (DTMB) developed CPR/BRS, a web-based search tool for IV-D staff seeking paternity establishment and birth record information from the Vital Records CPR and BRS databases. The CPR/BRS is available to approved Michigan IV-D staff, including contracted Michigan IV-D agencies, through the DTMB MILogin web portal.⁸¹

Vital Records CPR/BRS data is **not** public record data and will be used by IV-D staff only for IV-D child support activities. These activities include OCS Central Operations staff's retrieval of paternity information from the CPR/BRS upon request from Children's Protective Services and foster care program (IV-B and IV-E) staff.⁸²

IV-D staff **cannot** use the CPR/BRS to:

- Search, view, or print CPR/BRS adoption records;⁸³ or
- Retrieve AOPs from CPR/BRS on behalf of the Office of Inspector General (OIG) to investigate assistance fraud.

Note: IV-D staff may provide AOPs to OIG agents as needed to investigate a child support case since this would be for a child support purpose. If an OIG agent requests an AOP for any other purpose, IV-D staff will refer the agent to Vital Records.

6.1 CPR/BRS Overview

6.1.1 The CPR Database and the BRS Database

The CPR/BRS consists of the CPR database combined with the BRS database. A description of each database is below.⁸⁴

A. CPR Database

Vital Records created the CPR to maintain a central database for the information provided on completed AOPs, *Orders of Filiation*, and other paternity acknowledgment forms filed in Michigan. Vital Records established the CPR in 1997 to satisfy the state requirement

⁸¹ Ref: Subsection 6.2 of this manual section for information on accessing CPR/BRS.

⁸² 45 CFR 303.21(d).

⁸³ These records are sealed.

⁸⁴ For technical information on CPR/BRS, reference the [MiCSES Customer Information Guide: CPR/BRS Combined Search Tool](#), and the job aids [Setting Up Initial Access to the CPR/BRS Combined Search Tool](#), [Accessing the CPR/BRS Combined Search Tool](#), and [Searching the CPR/BRS Combined Search Tool](#).

to maintain a central registry of paternity establishments.⁸⁵ In addition, this data had to be made available to IV-D agencies to enhance their ability to document paternity and facilitate efforts to obtain and enforce child support orders.⁸⁶

Vital Records staff must register **all** paternity acknowledgment forms, court orders, or *Orders of Filiation* it receives. Vital Records staff do **not** determine record validity. The CPR database may contain multiple AOPs or *Orders of Filiation* registered for the same child, including filed, revoked, voided or pending stored record types.⁸⁷

In Michigan, there is no administrative method to revoke an AOP; a court order must issue the revocation.⁸⁸ The CPR may contain multiple CPR records for the same child from different fathers until Vital Records receives and registers a court order revoking an AOP or an *Order of Filiation*. It may take 90 days or more for records to appear in the CPR.

To determine whether any CPR record establishes paternity for a child, it is important that IV-D staff examine all available information regarding the child's paternity, including:

- The CPR stored record types and signing dates;
- MiCSES⁸⁹ case information; and
- Information received from the parents.

B. BRS Database

The BRS contains all records of births that occurred in Michigan and were registered with the state as early as 1867, including children who were:

- BOW;
- Born within a marriage; or
- Born outside of a hospital.

Note: Not all counties have birth records dating back to 1867.

⁸⁵ 42 USC 666(a)(5)(M), 45 CFR 303.5(g)-(h), and MCL 333.1106

⁸⁶ MCL 333.2640

⁸⁷ Ref: [Exhibit 4.05E1](#) for a list of stored record types.

⁸⁸ Ref: [IV-D Memorandum 2012-026: Revocation of Paternity Act](#).

⁸⁹ For step-by-step information on how to enter and view paternity establishment information in MiCSES, refer to the [MiCSES Quick Reference Guide: DEMO – Enter or Update Member Child Relationship, Paternity Establishment, Birth Expenses, or Conception Demographic Information](#).

6.1.2 CPR/BRS Functions

Approved IV-D staff are able to use the CPR/BRS search tool to:

- A. Search paternity and birth records using the MiCSES IV-D case number.
- B. Print the following CPR and BRS documents:
 - *Order of Filiation* abstracts;⁹⁰
 - AOP and other paternity acknowledgment abstracts;
 - Certified AOP abstracts; and
 - Birth record abstracts or administrative-use birth record copies.
- C. Request Vital Records staff assistance in locating a paternity record or birth record, if necessary.

6.2 Accessing the CPR/BRS

OCS and Vital Records staff have agreed to a detailed and robust process for gaining access to CPR/BRS. This process includes training, certification, and initializing and using a biometric device. For complete instructions on obtaining access to, and navigating in, CPR/BRS, IV-D staff will refer to the *MiCSES Customer Information Guide: CPR/BRS Combined Search Tool* and the CPR/BRS job aids on mi-support.⁹¹

To obtain access to the CPR/BRS, IV-D staff must:

- Complete the *CPR/BRS for Child Support* web-based training (WBT);
- Complete all fields of the *IV-D Program Request for Computer Access* (DHS-393), and include an official county or state email address (no personal email accounts such as Yahoo, Gmail, etc.);
- Sign the DHS-393 and send it along with the WBT certificate to the MiCSES Help Desk;
- Register for MILogin if they are not already registered;
- Subscribe to CPR/BRS; and
- Initialize and use a fingerprint biometric device for fingerprint scanning authentication.

To request changes to CPR/BRS access, IV-D staff will complete the *IV-D Program Request for Changing Computer Access* (DHS-395). To delete

⁹⁰ Abstracts are exact replicas of data within the CPR/BRS.

⁹¹ Ref: the job aids *Setting Up Initial Access to the CPR/BRS Combined Search Tool*, *Accessing the CPR/BRS Combined Search Tool*, and *Searching the CPR/BRS Combined Search Tool*.

access, IV-D staff will complete the *IV-D Program Request to Delete Computer Access* (DHS-392).

To obtain access, request changes, or delete access to CPR/BRS, the IV-D Authorized Requester in the county office or at OCS must sign these user access security forms before IV-D staff submit them to the MiCSES Help Desk.⁹²

6.3 CPR/BRS Confidentiality and Security Requirements⁹³

By signing the DHS-393 form to request CPR/BRS access, the user agrees:

- To comply with Michigan Computer Crime Laws that apply to CPR/BRS use;
- That CPR/BRS records are confidential and not subject to the Freedom of Information Act; and
- That unauthorized access to, or use of, CPR/BRS records is punishable under Michigan law.

Users must also comply with Vital Records' confidentiality rules and regulations. Vital Records' data use is restricted; IV-D staff may release CPR/BRS copies or share data only for authorized IV-D activities such as locate, order establishment, enforcement, case closure, or IV-D data clean-up efforts.

Any CPR/BRS user violating Vital Records confidentiality requirements is subject to consequences such as discontinued access, possible termination of employment, and/or criminal prosecution. A violation of Vital Records laws is punishable by imprisonment of 20 years or more or for life, a fine of up to \$20,000, or both.

6.4 CPR/BRS User Roles, Job Functions, and Privileges for IV-D Staff

The MiCSES Help Desk and Vital Records staff receive and approve an applicant's DHS-393 and assign the applicant a user role based on the applicant's IV-D job designation. Each role has different job functions/privileges. County staff may hold only the IV-D staff role, as described below.

6.4.1 User Roles and Job Functions/Privileges for IV-D Staff

A. IV-D Staff Role – This role is assigned to OCS SSs, PA staff, and FOC staff. Staff with this role are able to:

- Search CPR/BRS using the MiCSES IV-D case number;
- Modify CPR/BRS searches (except for the IV-D case number or child's date of birth);

⁹² Ref: [Section 1.10, "Confidentiality/Security," of the Michigan IV-D Child Support Manual.](#)

⁹³ MCL 333.2883, 2888, 2898

- View and print CPR abstracts and certified AOP abstracts; and
- View and print BRS abstracts and administrative-use BRS copies.

B. OCS Lead Worker Role – This role is assigned to OCS lead workers and OCS locate technicians. Staff with this role are able to:

- Search CPR/BRS using the MiCSES IV-D case number;
- Search the CPR only, with or without using the MiCSES IV-D case number;
- Modify CPR/BRS searches (including the child’s date of birth but not the IV-D case number);
- View and print CPR abstracts and certified AOP abstracts; and
- View and print BRS abstracts and administrative-use BRS copies.

C. OCS Super Lead Worker Role – This role is assigned to designated OCS staff as follows: three OCS ICR staff, one OCS Locate Technician in the Lansing office, one OCS Case Management Lead Worker in the Lansing office, and one OCS Case Management Lead Worker in the southeast office. Staff with this role are able to:

- Search CPR/BRS with or without using the MiCSES IV-D case number;
- Modify CPR/BRS searches (including the IV-D case number and child’s date of birth);
- View and print CPR abstracts and certified AOP abstracts; and
- View and print BRS abstracts and administrative-use BRS copies.

D. OCS Administrative User Role – This role is assigned to a few designated administrative OCS staff. Staff with this role are able to:

- Search CPR/BRS with or without using the MiCSES IV-D case number;
- Modify CPR/BRS searches (including the IV-D case number and child’s date of birth);
- View and print CPR abstracts and certified AOP abstracts;
- View and print BRS abstracts and administrative-use BRS copies;
- Request audit and data reports;
- Modify general user profile information such as name, address, and account status; and
- Clear/reset user biometric enrollment for the purpose of unlocking a user account.⁹⁴

⁹⁴ “Biometric enrollment” refers to initiating the biometric device, a small fingerprint scanner that allows access to CPR/BRS. Ref: the job aid *Accessing the CPR/BRS Combined Search Tool* for more information.

E. Vital Records Administrative User Role – Vital Records staff with this role are able to:

- Enter, modify and delete CPR/BRS records;
- Search CPR/BRS without using a MiCSES IV-D case number;
- Modify CPR/BRS searches (including the IV-D case number and child's date of birth);
- View and print CPR/BRS abstracts, administrative-use copies and certified copies;
- Request audit and data reports; and
- Assign/edit CPR/BRS roles and privileges.

F. MiCSES Help Desk Limited Administrative Role – MiCSES Help Desk staff with this role are able to:

- Modify general user profile information such as name, address, and account status; and
- Clear/reset user biometric enrollment for the purpose of unlocking a user account.

Note: Applicants may not request the OCS or Vital Records administrative roles, the OCS super lead worker role, or the MiCSES Help Desk limited administrative role. All staff are assigned their user roles according to their specific job responsibilities and duties. The DHS-393 does not list the OCS super lead worker or the MiCSES Help Desk limited administrative roles; prior approval by the OCS Planning and Evaluation manager must be given to obtain these roles.

6.4.2 View/Print Privileges for Documents

The CPR/BRS provides IV-D staff with view/print privileges for AOP and *Order of Filiation* abstracts, birth record abstracts, BRS administrative-use copies, and CPR certified abstracts. CPR/BRS abstracts and administrative-use copies include a statement indicating that CPR/BRS documents must be used for authorized IV-D activities only.

CPR/BRS users may view/print and/or request Vital Records document copies based on their assigned user roles. [Exhibit 4.05E2](#) explains the types of CPR/BRS documents that can be viewed and/or printed.

6.5 CPR/BRS Reports

OCS administrative users and Vital Records administrative users have the ability to run reports in the CPR/BRS application.

6.5.1 Types of Reports

A. *User Audit Report*

Vital Records and OCS administrative staff use this report to track detailed CPR/BRS individual user activity during a certain time period.

Search parameters for the *User Audit Report* are date range, user name, functional area, and county name. Users must enter the date range and at least one other parameter to run the report.

B. *User Status Report*

Vital Records and OCS administrative staff use this report to determine if a user is active or inactive, as well as the date of the user's last successful login to the application.

This report may be generated for a Vital Records location or a IV-D staff location, including all functional areas.

C. *Paternity Revocation Report*

This report tracks the revocation of AOPs filed in the CPR under the Revocation of Paternity Act for a calendar year.

D. *Hospital Paternity Establishment Percentage (PEP) Summary*⁹⁵

This report tracks AOPs completed through the Electronic Birth Certificate system and through AOP software used by hospital medical staff for a calendar year.

E. *OCSE-157 Line 8 Report*

This report tracks the number of children BOW during a calendar year.

F. *OCSE-157 Line 9 Report*

This report tracks the number of children BOW with paternity **established and/or acknowledged** during a calendar year.

G. *OCSE-157 Line 10 Report*

⁹⁵ Ref: Section 1.30 of the *Michigan IV-D Child Support Manual*.

This report tracks the number of children BOW with paternity **acknowledged** during a calendar year.

H. *Hospital BOW Detail Report*

This report tracks particular hospital activity as it pertains to children BOW during a calendar year.

6.5.2 Requesting Reports

County or state managers can request a CPR/BRS report by contacting the MiCSES Help Desk with the name of the CPR/BRS report, the date range, and any other necessary information specific to each report, such as county name or user name. OCS staff with the OCS administrative user role will run the report and send it to the requester.⁹⁶

6.6 CPR/BRS User Monitoring Requirements

Findings from a CPR/BRS audit conducted by the Michigan Office of the Auditor General in 2013 concluded that an adequate process to monitor CPR/BRS user activity and status was not in place. In addition, counties could not access the user monitoring reports for their staff.

In response to the audit findings, Vital Records and OCS:

- Implemented an additional CPR/BRS user monitoring report, the *User Verification Report*, in EGrAMS⁹⁷ to routinely monitor current authorized users of CPR/BRS at the county level; and
- Established processes for monitoring user activity and status.

For security purposes, all IV-D offices are required to report their CPR/BRS users' activity and statuses to OCS twice a year. County IV-D staff and OCS Operations staff follow separate user monitoring processes.

6.6.1 User Monitoring for County IV-D staff

County IV-D staff use the *User Verification Report* in EGrAMS to monitor and report current authorized users of CPR/BRS at the county level.

A. *User Verification Report*

⁹⁶ OCS will follow proper procedures for protecting confidential information when providing a CPR/BRS report to a requester.

⁹⁷ EGrAMS is the Electronic Grants Administration & Management System. It is OCS's web-based contract and billing system used by FOC and PA staff. Ref: [Michigan Office of Child Support Contract Management User Guide 2011](#).

The *User Verification Report* in EGrAMS identifies active, inactive, and deleted CPR/BRS users. Vital Records uses the report to delete unauthorized users.

Current authorized CPR/BRS users:

- Are currently employed with the IV-D program (either county or state);
- Are authorized to sign into CPR/BRS to complete IV-D work; and
- Have their DHS-393 and CPR/BRS WBT completion certificate on file with the MiCSES Help Desk.

A current authorized user may not necessarily be currently in “active” status on the system. (S)he could be temporarily inactive for several reasons; for example, (s)he could be on a temporary leave of absence for medical or other reasons, or (s)he hasn’t accessed the system in a certain period of time.

Even if a IV-D office does not have any listed CPR/BRS users, submission of a *User Verification Report* is still required. EGrAMS is set to produce a report for every IV-D office because a CPR/BRS user may be added at any time.

B. *User Verification Report* Due Dates, Completion, Submission, and Review

1. *User Verification Report* Due Dates

The *User Verification Report* is available to county IV-D offices in EGrAMS in mid-January and mid-July of each year. The county IV-D office project director⁹⁸ must complete the *User Verification Report* in EGrAMS by January 31 and July 31 of each year. There is no paper version of the *User Verification Report*; it must be submitted in EGrAMS.

To ensure compliance, EGrAMS is set up so that a IV-D office will not be able to submit a *Title IV-D Cooperative Reimbursement Actual Expenditure Report* (DHS-286) billing for January or July if the *User Verification Report* is not completed and submitted in EGrAMS.

2. *User Verification Report* Completion and Submission

⁹⁸ For more information about project directors in IV-D offices, reference [IV-D Memorandum 2015-029, Cooperative Reimbursement Program \(CRP\) Agreements, Line Item Transfers, and Amendments](#), Section A(1), “Identify a Project Director for the IV-D Office.”

- a. Prior to each due date of the *User Verification Report*, one of the following will occur:
 - 1) Vital Records will provide OCS with a list of current CPR/BRS users, and OCS will upload the list into EGrAMS;
or
 - 2) Vital Records will upload the list of current CPR/BRS users into EGrAMS.
- b. The list will populate each IV-D office's *User Verification Report* in EGrAMS.
- c. The IV-D office project director will certify whether each listed CPR/BRS user is a current authorized CPR/BRS user by selecting "Yes" or "No" next to the user's name.
- d. After the IV-D office project director completes the *User Verification Report*, (s)he will submit the report in EGrAMS.

Note: EGrAMS will automatically populate the certifying official's name (the IV-D office project director's name) and date, and will check the certification box at the bottom of the *User Verification Report*.

3. OCS Financial Management Review

OCS Financial Management staff will complete their review of the submitted *User Verification Report* along with their usual review process for the DHS-286.

If OCS Financial Management staff **disapprove** the *User Verification Report* because it is incorrect or incomplete and request revisions:

- They will reject the report in EGrAMS;
- The *User Verification Report* will reappear in EGrAMS as a report to be completed by the IV-D office; and
- OCS Financial Management staff will notify the IV-D office project director and provide further instructions.

If OCS Financial Management staff **approve** the *User Verification Report*, it will appear as an approved report in EGrAMS.

C. Report User Guide

For additional assistance, IV-D office project directors may reference the [User Guide to Verify and Submit the CPR/BRS User Verification Report in EGrAMS](#).⁹⁹

6.6.2 User Monitoring for OCS Operations

In January and July of each year, OCS Planning and Evaluation staff run the *User Status Report* in CPR/BRS. The *User Status Report* shows the current status of all users, as well as the date of a user's last successful login to the application. The report is modified to display only OCS Operations staff. User statuses include "active," "inactive" and "deleted."

Planning and Evaluation staff send the modified report to OCS Operations management so they can review it for any user status changes. OCS Operations management staff then report any user status changes to Planning and Evaluation staff, who will modify the report to reflect the changes.

Planning and Evaluation staff then send the revised report to Vital Records staff, who will update CPR/BRS with the user status changes. Planning and Evaluation staff also report to Vital Records when there are no user status changes.

SUPPORTING REFERENCES:

Federal

42 USC 652(a)(7)
42 USC 654(4), (9), (29)
42 USC 666(a)(5)(C)-(E), (I)-(M)
42 USC 666(a)(5)(A)(i)-(ii)
42 USC 666(a)(5)(B)(i)
42 USC 666(a)(5)(D)(i)
45 CFR 302.31(a)
45 CFR 302.31(a)(1)
45 CFR 302.33(a)(1), (6)
45 CFR 302.70(a)(5)
45 CFR 302.70(a)(5), (11)
45 CFR 303.4(a)
45 CFR 303.4(d)
45 CFR 303.5(a), (b), (d), (f)-(h)
45 CFR 303.7(c)-(e)
45 CFR 303.21(d)
45 CFR 305.60

State

MCL 333.1101-25211

⁹⁹ This user guide is located on mi-support under the Central Activities tab > Contracts > CRP Agreement / EGrAMS Information; and in EGrAMS under "Show Documents."

MCL 333.2640
MCL 333.2883, 2888, 2898
MCL 552.29
MCL 552.2101-2905
MCL 710.33, 34
MCL 722.51(1)
MCL 722.711-730
MCL 722.1001-1013
MCL 722.1431-1445
MCL 722.1461-1475
MCL 752.791-797

REVISION HISTORY:

[IV-D Memorandum 2018-007](#)
IV-D Memorandum 2016-019
IV-D Memorandum 2015-010
IV-D Memorandum 2014-036