Florida Department of Revenue
Office of the Executive Director

Jim Zingale
Executive Director

5050 West Tennessee Street, Tallahassee, FL 32399 floridarevenue.com

October 28, 2026

Jamie L. Jackson, Chief Attorney
Joint Administrative Procedures Committee
Room 680, Pepper Building
111 West Madison Street
Tallahassee, Florida 32399-1400

Re: Department of Revenue, Rule Chapter 12E-1, F.A.C.

Dear Ms. Jackson:

Please see the attached materials provided in connection with the Notice of Proposed Rule that published in Vol.52/No.198 of the Florida Administrative Register on October 12, 2026, for the rules listed below.

Rule Chapter 12E-1, Child Support Program

- 12E-1.011, Lottery Intercept
- 12E-1.032, Electronic Remittance of Support Payments
- 12E-1.039, Request for Services
- 12E-1.041, Review for Modification of Support Order

If you need more information regarding the rules, please contact me at (850)717-6079.

Sincerely,

Jeremy W. Roberts
Agency Rules Coordinator
Jeremy.Robert@floridarevenue.com

Attachments

Notice of Proposed Rule

DEPARTMENT OF REVENUE

Child Support Program

RULE NOS.:RULE TITLES:

12E-1.011 Lottery Intercept

12E-1.032 Electronic Remittance of Support Payments

12E-1.039 Request for Services

12E-1.041 Review for Modification of Support Order

PURPOSE AND EFFECT: The purpose of the proposed amendment of Rule 12E-1.011, F.A.C. (Lottery Intercept), is to reflect the procedure specified in the Department's 2024 Interagency Agreement with the Department of the Lottery and incorporate the Verification of Past Due Support Lottery Intercepts form (CS-EF161). The purpose of the proposed Rule 12E-1.032, F.A.C. (Electronic Remittance of Support Payments), is to update procedure, outline the requirements to electronically remit payments by ACH Debit, revise forms (CS-FM42, CS-FM43, and CS-FM47), and remove an obsolete form (CS-FM48). The purpose of the proposed amendment of Rule 12E-1.039, F.A.C. (Request for Services), is to clarify the information the Department needs to begin providing services and to amend the Request for More Information form (CS-ES54). The purpose of proposed Rule 12E-1.041, F.A.C. (Review for Modification), is to update procedure, clarify the requirement to document a change in circumstances, and revise forms (CS-POBB, CS-POBC, and CS-POBJ).

SUMMARY: The proposed amendments to Rule 12E-1.011, F.A.C. (Lottery Intercept), update procedure in accordance with the Department's 2024 Interagency Agreement with the Department of the Lottery and incorporate an amended verification of past due support form. The proposed amendments to Rule 12E-1.032, F.A.C. (Electronic Remittance of Support Payments), update the current procedure to include requirements for remitting payments by ACH Debit, incorporate revised forms, and remove an obsolete form. The proposed amendments to Rule 12E-1.039, F.A.C. (Request for Services), clarify the information the Department needs to begin providing services and incorporate a revised request for information form. The proposed amendments to Rule 12E-1.041, F.A.C. (Review for Modification of Support Order), reflect current procedure, clarify requirements for documentation of

circumstance change, and incorporate revised declaration of circumstance change and support order review notification forms.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COSTS AND LEGISLATIVE RATIFICATION:

The Agency has determined that this rule will not have an adverse impact on small business or likely increase directly or indirectly regulatory costs in excess of $200,000 in the aggregate within one year after the implementation of the rule. A SERC has not been prepared by the Agency.

The Agency has determined that the proposed rule is not expected to require legislative ratification based on the statement of estimated regulatory costs or if no SERC is required, the information expressly relied upon and described herein: 1) no requirement for the Statement of Economic Regulatory Costs (SERC) was triggered under Section 120.541(1), F.S.; and 2) based on past experiences regarding rules of this nature, the adverse impact or regulatory cost, if any, do not exceed nor would exceed any one of the economic analysis criteria in a Statement of Estimated Regulatory Costs, as set forth in Section 120.541(2)(a), F.S.

Any person who wishes to provide information regarding a statement of estimated regulatory costs, or to provide a proposal for a lower cost regulatory alternative must do so in writing within 21 days after publication of this notice.

RULEMAKING AUTHORITY: 61.1824(6)(b), 409.2557(3), 409.2563(16), FS.

LAW IMPLEMENTED: 24.115(4), 61.1824(6), 61.30(1)(c), 409.2563, 409.2564(11)(a), and 409.2567, FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE SCHEDULED AND ANNOUNCED IN THE FAR.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Donna Vela, Government Analyst II, Child Support Program, Department of Revenue, P.O. Box 8030, Mail Stop 2-4464, Tallahassee, Florida 32314-8030, Telephone: (850)617-8129 or email Donna.Vela@floridarevenue.com.

THE TEXT OF THE PROPOSED RULE IS:

12E-1.011 Lottery Intercept.

(1) No change.

(2) Definitions. As used in this rule:

(a) “Obligor” means a person responsible for making payments pursuant to an order establishing, enforcing, or modifying an obligation for child support~~, spousal support,~~ or for child and spousal support when enforced by the Department.

(b) “Past-due support” means the amount of support owed pursuant to an order for child support~~, spousal support,~~ or for child and spousal support when enforced by the Department that has not been paid. Also included in past-due support are amounts owed to the Department for court or administrative costs.

(c) No change.

(3) Procedure. ~~Certification of Past Due Support. The Department certifies all parents who owe a past due amount for lottery intercept. Prior to the payment of a prize to any obligor owing past-due support, the Department of the Lottery will verify the information provided by the Department to determine if past due support is owed. Upon the request of the Department of the Lottery, the Department will provide written certification that the obligor owes past-due support and specify the amount owed. Upon receipt of such written certification from the Department, the Department of the Lottery will transmit the prize money, not to exceed the amount certified as past-due support, to the Department.~~

(a) Pursuant to section 24.115, F.S., the Department transmits data to the Department of the Lottery identifying obligors who owe past-due support for the Department of the Lottery to compare with personally identifying information provided by claimants of prizes equal to or greater than $600.

(b) If the Department of the Lottery determines that a claimant is an obligor who owes past-due support, the Department of the Lottery notifies the Department. The Department then provides a completed Verification of Past Due Support Lottery Intercepts (CS-EF161) form to the Department of the Lottery that indicates the amount of past-due support owed or that the Department is withdrawing its claim against the claimant’s prize. Form CS-EF161, (http://www.flrules.org/Gateway/reference.asp?No=Ref-20269), is hereby incorporated by reference, effective 11/26.

(c) If the claimant owes past-due support as indicated on form CS-EF161, the Department mails the obligor a Notice of Intent to Deduct Lottery Winnings (CS-EF160) form, as specified in subsection (4).

(d) After receiving a form CS-EF161 from the Department confirming that the claimant owes past-due support, the Department of the Lottery withholds payment of the prize to the claimant and remits payment to the Department by check, up to the amount of past-due support.

(e) The Department holds the payment remitted by the Department of the Lottery until the proceeding is concluded. If the matter is uncontested or the Department prevails in a contested proceeding, the Department applies the payment to the child support case as a credit against past-due support and disburses the payment due. If the action is contested and the obligor prevails, the Department sends all or part of the payment to the obligor in accordance with the findings and conclusions in the final order.

(4) Notification of Intercept.

(a) The Department shall ~~will~~ notify the obligor by regular U.S. mail, that the prize money is being intercepted and will be applied to the balance of past-due support. The Notice of Intent to Deduct Lottery Winnings (CS-EF160), hereby incorporated ~~herein~~ by reference, effective 07/22, (http://www.flrules.org/Gateway/reference.asp?No=Ref-14345), shall ~~will~~ be sent to the address provided by the obligor to the Department of the Lottery. The obligor may request an administrative hearing as set forth in Chapter 120, F.S., to contest a mistake of fact about the amount of past-due support or the identity of the obligor.

(b) If a petition for administrative hearing is not received within 21 days of receipt of the notice specified in paragraph (4)(a), the prize received from the Department of the Lottery shall ~~will~~ be applied to the obligor's past-due support.

(c) To request an administrative hearing pursuant to Chapter 120, F.S., the obligor must ~~will~~ file a petition for an administrative hearing with the Department of Revenue, Child Support Program, Deputy Agency Clerk, P.O. Box 8030, Tallahassee, FL 32314-8030, within 21 days of receipt of the ~~this~~ notice. If a petition for administrative hearing is not received within 21 days of receipt of the ~~this~~ notice, the obligor will be considered to have waived the right to a hearing and the intercept shall ~~will~~ be applied to the obligor's past-due support ~~obligation~~. ~~Administrative hearings will be conducted pursuant to Chapter 120, F.S.~~

(5) No change.

Rulemaking Authority 409.2557(3) FS. Law Implemented 24.115(4) History–New 6-17-92, Amended 7-20-94, Formerly 10C-25.008, Amended 1-23-03, 9-17-18, 11-12-20, 6-9-22,_____.

Substantial rewording of Rule 12E-1.032, F.A.C. follows. See Florida Administrative Code for present text.

12E-1.032 Electronic Remittance of Support Payments.

(1) Section 61.1824(6), F.S., provides for the electronic remittance of support payments deducted by an employer pursuant to an income deduction order or income deduction notice and the electronic submission of associated case data to the State Disbursement Unit. An employer who needs information or assistance may contact the State Disbursement Unit at fl.smartchildsupport.com or 1(888)883-0743.

(2) Definitions. As used in this rule:

(a) "Addenda record" means information required by the Department in an Automated Clearing House Credit or "ACH credit" transfer that is needed to completely identify an employee or provide information concerning a payment, in an approved electronic format.

(b) "Associated case data" means support payment information required to be submitted to the State Disbursement Unit pursuant to Title IV-D of the Social Security Act.

(c) "Automated Clearing House" or "ACH" means a central distribution and settlement point for the electronic clearing of debits and credits between financial institutions rather than the physical movement of paper items.

(d) "Automated Clearing House Credit" or "ACH credit" means the electronic transfer of funds initiated by the employer, cleared through the ACH for deposit to the State Disbursement Unit.

(e) "Automated Clearing House Debit" or "ACH Debit" means the electronic transfer of funds initiated by the State Disbursement Unit, cleared through the ACH for deposit to the State Disbursement Unit.

(f) "Department" means the Florida Department of Revenue.

(g) "Employer" means a person, business, or organization that pays one or more workers to perform a service or engage in an activity in exchange for financial compensation.

(h) "Employer's designated child support payment processor" or "employer's processor" means a financial institution or business used by the employer to provide ACH support payment services.

(i) "National Automated Clearing House Association" or "NACHA" means the national trade association for electronic payments associations that establishes the rules, industry standards, and procedures governing the exchange of commercial ACH payments by depository financial institutions.

(j) "State Disbursement Unit" or "SDU" means the single unit in the state that receives and processes support payments pursuant to Section 61.1824, F.S.

(3) Employers or employers' processors electronically submitting support payments and associated case data may remit payments using ACH Credit or ACH Debit.

(4) Procedures for ACH Credit.

(a) The employer or employer's processor must contact the employer's financial institution and arrange remittance of the support payment to the State Disbursement Unit by ACH credit.

(b) For the employer to establish ACH payments directly to the State Disbursement Unit, the employer or the employer's processor must contact the SDU at fl.smartchildsupport.com and provide the information in paragraph (4)(c) of this rule. The State Disbursement Unit shall compare the information provided by the employer or the employer's processor with identifying information in the SDU's system. Identifying information submitted by the employer or the employer's processor must match the identifying information in the SDU's system. The SDU shall work with the employer to resolve any discrepancies.

(c) The employer or the employer's processor must provide the SDU with the following information for each employee for whom payments will be remitted:

1. Employee's first and last name;

2. Employee's Social Security Number;

3. County where the support order was entered as stated in the income withholding order;

4. Remittance ID as stated in the income withholding order; and

5. Payment amount to be remitted for the employee.

(d) When the information provided in paragraph (4)(c) matches the information in the SDU's system, the SDU shall provide the employer or the employer's processor with the SDU's banking information. The employer must complete a prenotification test before electronic remittance of support payments begins.

(e) Neither the State Disbursement Unit nor the Department will pay for expenses incurred by the employer or employer's processor to use ACH credit.

(f) All ACH credit transactions must be in the NACHA Cash Concentration and Disbursement Plus (CCD+) or NACHA Corporate Trade Exchange (CTX) format containing an Accredited Standards Committee (ASC) X12 820 Payment Order/Remittance Advice Transaction Set with associated addenda records for child support. The required NACHA guidelines and formats for electronic remittance and associated case data are contained in the User Guide For Electronic Child Support Payments, Using The Child Support Application Banking Convention, Version 9.0, revised February 24, 2017, hereby incorporated by reference, (http://www.flrules.org/Gateway/reference.asp?No=Ref-14350). A copy of the NACHA guidelines may be obtained

at fl.smartchildsupport.com. The employer, the employer's financial institution, or the employer's processor providing ACH services may contact the State Disbursement Unit at fl.smartchildsupport.com for assistance in implementing the required formats, standards, and technical requirements.

(g) The employer or employer's processor may combine payments from more than one employee into a single payment, provided the employer or the employer's processor identifies the amount withheld for each employee.

(5) Procedures for ACH Debit.

(a) The employer or employer's processor must contact the State Disbursement Unit at fl.smartchildsupport.com to create an account using the employer's name, Employer Identification Number (EIN), and contact information.

(b) The employer or employer's processor must register a bank account and complete a micro deposit validation to verify the bank account.

(c) The employer or employer's processor must provide the SDU with the information stated in paragraph (4)(c) for each employee for whom payments will be remitted, select a payment frequency and date, and authorize deductions from the registered bank account.

(d) The employer or employer's processor may contact the SDU at 1(888)883-0743 for assistance with the actions required to remit support payments through ACH Debit.

(6) Remittance or Transmission Problems.

(a) If the employer or the employer's processor incorrectly submits associated case data or incorrectly remits support payments, the employer or the employer's processor must contact the SDU at 1(888)883-0743 for specific instructions within one business day after the error is discovered.

(b) The State Disbursement Unit shall review payment errors and associated case data problems reported under paragraph (6)(a) of this rule, determine the course of action to correct errors, and process the information and payment as able.

(c) The State Disbursement Unit shall contact the employer or employer's processor as needed to correct errors identified by the SDU.

(7) The employer or employer's processor must remit payments within two business days after the date the employee is paid.

(8) Waiver From Electronic Filing Requirements. To request a waiver from the requirement to remit payments electronically, the employer must complete and submit the Electronic Remittance of Child Support Payments Request for Waiver (CS-FM42). Form CS-FM42, (http://www.flrules.org/Gateway/reference.asp?No=Ref-20270), is hereby incorporated by reference, effective 11/26. The Department reviews written requests and responds to requesters using the Electronic Remittance of Child Support Payments Waiver Approval (CS-FM43) or Electronic Remittance of Child Support Payments Waiver Denial (CS-FM47) notice. Form CS-FM43, (http://www.flrules.org/Gateway/reference.asp?No=Ref-20271), is hereby incorporated by reference, effective 11/26. Form CS-FM47, (http://www.flrules.org/Gateway/reference.asp?No=Ref-20272), is hereby incorporated by reference, effective 11/26.

(9) Members of the public may obtain a copy of the forms used in this rule chapter, incorporated by reference, without cost, by writing to the Department of Revenue, Child Support Program, Attn: Forms Coordinator, P.O. Box 8030, Tallahassee, Florida 32314-8030.

Rulemaking Authority 61.1824(6), 409.2557(3)(o) FS. Law Implemented 61.1824(6) FS. History–New 5-31-07, Amended 9-18-08, 6-9-22,_____.

12E-1.039 Request for Services.

(1) Definitions. For purposes of this rule:

(a) "Public assistance ~~recipient~~" is defined as provided in Section 409.2554(12) ~~means a person receiving temporary cash assistance under Section 414.095, F.S., Medicaid under Section 409.963, F.S., or food assistance under Section 414.31~~, F.S.

(b) "Alleged father" means "putative father" as defined by Section 409.256(1)(g), F.S.~~, which is an individual who is or may be the biological father of a child whose paternity has not been established and whose mother was unmarried when the child was conceived and born.~~

(c) "Caregiver" means a person, other than the mother, father, or a putative father, who has physical custody of a child or with whom the child primarily resides.

(2) Services Provided. The Department establishes paternity; establishes, modifies, enforces, collects, and disburses support. The Department shall ~~will~~ initiate location activities to obtain address, asset, employment, health insurance, and other personal identifying information needed ~~in order~~ to provide services.

(3) Who can receive services ~~Eligibility~~.

(a) A parent, caregiver, or alleged father who needs ~~has a need for~~ services regarding a dependent child may apply for services.

(b) A public assistance recipient ~~receiving temporary cash assistance or food assistance~~ does not need to apply for services. A case is created automatically upon receipt of a referral from the Florida Department of Children and Families.

(c) To receive services, an individual who does not receive public assistance or who receives ~~A public assistance recipient receiving~~ only Medicaid ~~benefits~~ must submit a completed application as described in subsection (4) ~~apply for services~~. ~~A case is not automatically created.~~

(d) A former recipient of public assistance or child support services whose case has been closed and who wants the Department to resume services must submit a completed ~~complete an~~ application.

(e) The Department provides services at the request of ~~other states~~ Title IV-D agencies from other states, child support agencies from foreign countries with which the State of Florida or the United States government has a reciprocal agreement for ~~regarding~~ child support, and central authorities from member ~~to child support agencies or the equivalent in~~ countries of ~~that have signed~~ The Hague Convention on the International Recovery of Child Support and Other Forms of Family Maintenance.

(f) The Department does not provide services to a minor child requesting ~~seeking to collect~~ support from a parent.

(g) The Department does not provide services to an adult requesting ~~seeking to collect~~ support from a parent for the time during which the adult ~~seeking to collect support~~ was a minor child ~~dependent~~.

(4) Application.

(a) To apply for services, an individual ~~who does not receive temporary cash assistance or food assistance~~ must submit a completed signed ~~and complete~~ electronic or paper application. For t~~T~~he Department to begin providing services, the applicant must provide at a minimum the ~~will obtain information concerning parents and children including:~~ name, address, and date of birth of the person applying for services, the first and last name of each parent or alleged father, and the name and date of birth of each child for whom services are requested ~~Social Security Number, employment, health insurance, military service, and other relevant information necessary to provide child support services~~.

(b)~~1.~~ An individual may submit the Online Application for Child Support Services form CS-ES51b through the Department's website at floridarevenue.com. Form CS-ES51b, (http://www.flrules.org/Gateway/reference.asp?No=Ref-08649), is hereby incorporated ~~herein~~ by reference, effective 09/19/2017. The Department shall ~~will~~ send an electronic confirmation message to the applicant once the application is processed and the case has been opened.

(c)~~2.~~ A paper ~~hardcopy~~ application may be obtained by calling 1(850)488-KIDS (5437) or contacting a child support local office. Local child support office information is provided on the Department's website floridarevenue.com.

1.~~a.~~ Upon request, the Department shall ~~will~~ provide an individual who requests services with f~~F~~orms CS-ES51 and CS-ES50. Form CS-ES51, Application for Child Support Services, is hereby incorporated by reference effective 09/23, (http://www.flrules.org/Gateway/reference.asp?No=Ref-15871). Form CS-ES50, Application Instructions, is hereby incorporated by reference effective 12/21, (http://www.flrules.org/Gateway/reference.asp?No=Ref-13864). The applicant must complete and submit the CS-ES51 form provided.

2.~~b.~~ When an applicant requests services for more than one child, the Department shall ~~will~~ provide the applicant with form CS-ES51ACI, ~~a~~ Child Information, ~~Form CS-ES51ACI,~~ for each additional child. Form CS-ES51ACI, (http://www.flrules.org/Gateway/reference.asp?No=Ref-15872), is hereby incorporated ~~herein~~ by reference, effective 09/23. The applicant must complete and submit the CS-ES51ACI form(s) provided.

3.~~c.~~ When there is more than one alleged father, the Department shall ~~will~~ provide the applicant with a separate form CS-ES52, Other Parent Information, ~~Form CS-ES52,~~ for each alleged father.

Form CS-ES52, (http://www.flrules.org/Gateway/reference.asp?No=Ref-13867), is hereby incorporated ~~herein~~ by reference, effective 12/21. The applicant must complete and submit the CS-ES52 form(s) provided.

4.~~d.~~ When the applicant is applying for services for more than one child with different fathers, the applicant must ~~will be required to~~ submit a separate application for each child and father.

(5) Supporting documents; additional requirements. An individual who applies for services under subsection (4) or who receives public assistance must:

~~(a) An individual who applies for services under subsection (4) or who receives public assistance must:~~

(a)~~1.~~ Provide the Department with the ~~all~~ information needed ~~necessary~~ to provide ~~process the request for~~ services.

(b)~~2.~~ Provide the Department copies of all supporting documents, including as applicable,~~:~~ Final Judgment of Dissolution of Marriage, support order, birth certificate of child(ren) not born in Florida, paternity judgment, payment record, or written agreement between the applicant or public assistance recipient and the other parent concerning paternity, support, and parenting time, and other ~~relevant~~ documents upon request, as needed, ~~necessary~~ to provide child support services.

(c)~~3.~~ Provide a paternity declaration for each child who does not have a legal father.

1.~~a.~~ The Department uses form CS-PO34, ~~the~~ Paternity Declaration, ~~Form CS-PO34,~~ for the mother and provides the form ~~to each parent~~ with the Application for Child Support Services. Form CS-PO34, (http://www.flrules.org/Gateway/reference.asp?No=Ref-13863), is hereby incorporated ~~herein~~ by reference, effective 12/21.

2.~~b.~~ The Department uses form CS-PO102, ~~the~~ Paternity Statement by Non-Parent, ~~Form CS-PO102,~~ for ~~the non-parent~~ caregiver applicants. Form CS-PO102, (http://www.flrules.org/Gateway/reference.asp?No=Ref-08655), is hereby incorporated ~~herein~~ by reference, effective 09/19/2017.

3.~~c.~~ The Department uses form CS-PO103, ~~the~~ Paternity Statement by Alleged Father, ~~Form CS-PO103~~ for the alleged father. Form CS-PO103, (http://www.flrules.org/Gateway/reference.asp?No=Ref-12350), is hereby incorporated ~~herein~~ by reference, effective 11/20.

(d)~~4.~~ Provide a separate completed form CS-ES119, Father/Alleged Father Information ~~form (CS-ES119)~~ for each alleged father named on the paternity declaration. Form CS-ES119, (http://www.flrules.org/Gateway/reference.asp?No=Ref-13868), is hereby incorporated by reference, effective 12/21.

(e)~~5.~~ Provide the Department with proof of health insurance if the child(ren) is insured.

(f)~~6.~~ Inform the Department of any changes in information for himself or herself, the child(ren), or the other parent(s). This includes addresses, employment, phone numbers, and where the child(ren) resides.

7. through 8. renumbered (g) through (h) No change.

(6) Application and Referral Review.

(a) The Department shall ~~will~~ review applications submitted by an individual ~~who does not receive temporary cash assistance or food assistance~~ to determine whether the application is complete.

1. If the applicant returns some, but not all required information, or returns incomplete or inaccurate information, the Department shall ~~will~~ send the applicant f~~F~~orm CS-ES54, Request for More Information, by regular mail, requesting the missing, incomplete, or corrected information. Form CS-ES54, (http://www.flrules.org/Gateway/reference.asp?No=Ref-20273), is hereby incorporated by reference, effective 11/26. ~~09/19/2017, (http://www.flrules.org/Gateway/reference.asp?No=Ref-08657),~~

2. If the application is complete, the Department shall ~~will~~ send f~~F~~orm CS-ES55, Response to Request for Services and/or Information Request, to the applicant informing them that the application was received. When additional information is required for the Department to proceed, the CS-ES55 notifies, ~~will instruct~~ the applicant to provide the required information within 30 days after the date of the notice. Form CS-ES55, (http://www.flrules.org/Gateway/reference.asp?No=Ref-14353), is hereby incorporated by reference, effective 07/22.

3. The Department shall ~~will~~ close the request for services ~~case~~ if an application is not returned or completed within 65 calendar days after the Department begins the application review.

4. If there is a support order for one or more children named in the application, the Department shall mail the applicant form CS-ES54, Request for More Information, to inquire if the applicant wants the Department to review the support order for possible modification.

(b) The Department shall ~~will~~ review public assistance referrals received from the Florida Department of Children and Families to determine whether additional information or documents are required to provide services.

1. The Department shall ~~will~~ send form CS-ES56, ~~the~~ Information Needed to Provide Services, ~~Form CS-ES56,~~ to the public assistance recipient, informing them that a request to open a child support case was received and additional information is required for the Department to proceed. Form CS-ES56, (http://www.flrules.org/Gateway/reference.asp?No=Ref-14354), is hereby incorporated by reference, effective 07/22.

2. The Department shall send ~~will provide~~ the public assistance recipient f~~F~~orm CS-ES51ACI, Child Information, if there is more than one child in the household. The public assistance recipient must complete and submit the CS-ES51ACI form(s) provided.

3. The Department shall ~~will~~ notify the Department of Children and Families ~~Family Services~~ in accordance with Section 409.2572, F.S., if a recipient of ~~the~~ public assistance does not ~~recipient fails to~~ provide ~~all required~~ information needed by the Department to provide services.

Rulemaking Authority 409.2557(3)(h), (i) FS. Law Implemented 409.2567 FS. History–New 9-19-17, Amended 8-28-19, 11-12-20, 11-21-21, 6-9-22, 9-14-23,_____.

12E-1.041 Review for Modification of Support Order.

(1) Initiating a review.

(a) The Department automatically initiates a monthly review of support orders to determine if modification is appropriate for cases in which the parent due support is receiving cash assistance from the Department of Children and Families, the support order has not been reviewed under Section 409.2564(11), F.S., or modified for at least three years, and the Department has a mailing address for both parents, or caregiver, if applicable.

(b) No change.

(c) The Department begins a review by mailing the applicable forms to both parents when the review is initiated under paragraph (1)(a) or to the parent who requests a review under paragraph (1)(b) of this rule.

1. If the support order under review is an administrative support order issued by the Department, the forms consist of the Declaration of Change in Circumstances (CS-POBB), the Financial Affidavit (CS-OA11), and the Parent Information Form (CS-OA12). If the case is eligible for a parenting time plan under Rule 12E-1.030, F.A.C., the Title IV-D Standard Parenting Time Plan (CS-OA250) is included. Form CS-POBB, (http://www.flrules.org/Gateway/reference.asp?No=Ref-20274 ~~http://www.flrules.org/Gateway/reference.asp?No=Ref-15882~~), is hereby incorporated by reference, effective 11/26 ~~09/23~~. Forms CS-OA11 and CS-OA12 are incorporated in Rule 12E-1.036, F.A.C.

2. through 3. No change.

(d) through (g) No change.

(2) Conducting the review.

(a) Change in circumstances. ~~The requesting party must provide documentation showing a permanent, involuntary change of circumstance, which may include:~~

1. Proof or showing of a change in circumstances is not required if the support order was established, modified, or reviewed under Section 409.2564(11), F.S., more than three years before the review.

2. Documentation, which must include at a minimum a completed form CS-POBB, demonstrating a permanent, involuntary change in circumstance if the support order was established, modified, or reviewed under Section 409.2564(11), F.S., less than three years before the review. Documentation may include:

1. through 5. renumbered a. through e. No change.

(b) No change.

(c) The Department begins a proceeding to modify a support order when:

1. It has been three years or more since the most recent support order review under Section 409.2564(11), F.S., or since the support order was entered or last modified, and; the child support amount calculated during the review varies from the child support amount in the support order by at least 10 percent or a minimum of $25.00 per month~~; and there is a permanent, involuntary change in circumstances~~.

2. No change.

(d) The Department notifies the parents of the results of a completed support order review.

1. No change.

2. When a support order review indicates a judicial support order should be modified, the Department mails both parties the Results of Support Order Review (CS-POBC). Form CS-POBC, (http://www.flrules.org/Gateway/reference.asp?No=Ref-20275 ~~http://www.flrules.org/Gateway/reference.asp?No=Ref-15885~~), is hereby incorporated by reference, effective 11/26 ~~09/23~~.

3. When the result of a review of an administrative support order issued by the Department is that the order should not be changed ~~reviewed and the review indicates there is not a substantial, permanent, or involuntary change in circumstances~~, the Department concludes the review by mailing the parties f~~F~~orm CS-POBC. ~~When a support order review indicates the Department is unable to proceed with support order modification for reasons other than those stated in Form CS-POBC, the Department concludes the review by mailing the parties the Results of Support Order Review form (CS-POBCa). Form CS-POBCa, (http://www.flrules.org/Gateway/reference.asp?No=Ref-15886), is hereby incorporated by reference, effective 09/23.~~

4. When a support order review indicates the Department is unable to proceed with support order modification for reasons other than those stated in form CS-POBC, the Department concludes the review by mailing the parties the Results of Support Order Review form (CS-POBCa). Form CS-POBCa, (http://www.flrules.org/Gateway/reference.asp?No=Ref-15886), is hereby incorporated by reference, effective 09/23.

(3) Notice of right to request support order review and modification.

(a) If the mailing address of both parties is known, the Department mails the parties a Your Right to a Support Order Review form (CS-POBJ) at least once every three years in accordance with Section 409.2546(11), F.S. Form CS-POBJ, (http://www.flrules.org/Gateway/reference.asp?No=Ref-20276 ~~http://www.flrules.org/Gateway/reference.asp?No=Ref-15887~~), is hereby incorporated by reference, effective 11/26 ~~09/23~~.

(b) No change.

Rulemaking Authority ~~61.13(1)(b)7., 61.14(1)(d),~~ 409.2557(3)(p), ~~409.2563(7)(e)~~ 409.2563(16), ~~409.25633(9)~~ FS. Law Implemented 61.30(1)(c), 409.2563, 409.2564(11)(a) ~~409.25633,~~ FS. History–New 9-14-23, Amended _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Donna Vela

NAME OF AGENCY HEAD WHO APPROVED THE PROPOSED RULE: The Governor and Cabinet

DATE PROPOSED RULE WAS APPROVED BY AGENCY HEAD: September 29, 2026

DATE NOTICE OF RULE DEVELOPMENT WAS PUBLISHED IN FAR: July 23, 2026

Child Support Program

Verification of Past Due Support Lottery Intercepts

CS-EF161
Rule 12E-1.011,
Florida Administrative Code
Effective 11/26

Department of Lottery
Player Disbursement Unit
FAX (850) 487-7754

Date:
RE: Lottery Intercept for Past-Due Support

Obligor:
SSN:
Date of Birth:
Address on Record at Lottery:

Child Support Case Number(s):

The Florida Department of Revenue, Child Support Program, is providing the following information concerning the lottery prize of the obligor named above:

☐ The obligor owes $____ in past-due support on the case(s) listed above. Please intercept and remit the obligor's lottery winnings to the Florida Department of Revenue, Child Support Program, up to the amount of past-due support owed.

☐ The Department of Revenue hereby withdraws its intended action in this matter. Please release the lottery winnings to the obligor/claimant.

Child Support Program Official

This transmission is intended only for the use of the person to whom it is addressed and contains information that is confidential. If you are not the intended recipient, you are hereby notified that any disclosure, distribution or copying of this transmission or the information in it, is strictly prohibited. If you have received this transmission in error, please notify us immediately by telephone, return the original and retain no copies.

Florida Department of Revenue, Child Support Program
Lottery Unit
P.O. Box 5556
Tallahassee, FL 32314-5556
Phone: (850) 617-8064
Fax: (850) 414-0049

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Child Support Program

CS-FM42
Rule 12E-1.032,
Florida Administrative Code
Effective 11/26 ~~02/08~~

Electronic Remittance of Child Support Payments Request for Waiver

Name
Address
Address
Address

Pick a date

To ask for a waiver from the requirement to send employer-deducted child support payments to the State Disbursement Unit (SDU) electronically, fill in this form, sign and date it, and mail it to us at the address ~~given~~ below. Please ~~You may~~ send support payments to the SDU by check while we review ~~process~~ your ~~waiver~~ request.

Employer name: _____

Address: _____

Employer contact person: _____

Contact person's address (if different): _____

Phone number: _____ FAX: _____ Email: _____

Federal employer ID number: _____

I, _____, am an employer or an authorized representative of the employer named above. We are unable to remit ~~The employer cannot comply with the requirement to send child support~~ payments ~~to the State Disbursement Unit~~ electronically~~. This is~~ due to circumstances beyond our control as described below. ~~Specifically (check all that apply):~~

~~☐ We do not have a computer or one that meets the Department's minimum standards (486 processor/66 megahertz, Windows 98 or Macintosh 5.1.6).~~
~~☐ We do not have an Internet connection.~~
~~☐ We do not send data electronically to the government or any other business.~~
~~☐ We need more time to program our computer.~~
~~☐ The requirement conflicts with our business procedures.~~
~~☐ Meeting the requirement would be a financial hardship for the business.~~
~~☐ (Other)~~

_____
_____
_____

We are asking the Department to waive the requirements for ~~the waiver for a period of~~ _____ months ~~(two year maximum)~~.

I certify that the information provided above is true and complete.

Signed _____ Dated_____

Title or position: _____

Return this form to:

Child Support Program
Electronic Payments Administrator
P.O. Box 8030
Tallahassee, FL 32314-8030

Please allow 10 business days ~~six weeks~~ for reply. ~~Please~~ Call ~~call~~ ~~us at~~ 850-617-8989, if you have ~~any~~ questions about the waiver.

~~The rules for electronic payment of child support and waivers are at section 61.1824(6), Florida Statutes, and Rule 12E-1.032, Florida Administrative Code.~~

Electronic Remittance of Child Support Payments Waiver Approval ~~Notice~~

Name
Address
Address
Address

Date: Click to enter a date.

We received your request for a waiver from electronically sending child support payments. ~~We have reviewed your request and have made the following decision:~~

Your request is approved.

Your waiver is granted until Click to enter a date. ~~We will send you a reminder that your waiver will expire no less than sixty (60) days before it expires.~~

Before the current waiver expires, you may apply for another waiver if you cannot comply with the requirement to send support payments to the State Disbursement Unit electronically.

If ~~We realize during this waiver period that~~ your circumstances ~~may~~ change~~. If this happens~~ and you are able to send support payments electronically, ~~you should~~ visit fl.smartchildsupport.com for ~~to get general~~ information on how to submit payments electronically ~~in Florida and to view electronic payment options~~. If you have ~~any~~ questions ~~after reviewing the website~~, contact the State Disbursement Unit Employer Line at (888) 883-0743.

~~Please call us at 850-617-8989, if you have any questions.~~

Legal Authority: Section 61.1824(6), Florida Statutes, and Rule 12E-1.032, Florida Administrative Code.

Child Support Program

CS-FM47
Rule 12E-1.032,
Florida Administrative Code
Effective 11/26 ~~02/08~~

Electronic Remittance of Child Support Payments Waiver Denial ~~Notice~~

Name
Address
Address
Address

Enter a date

We received your request for a waiver from electronically sending child support payments. ~~We have reviewed your request and have made the following decision:~~

Your request is denied.

Our review indicates ~~The information we used to make the decision shows~~ that your business is able to send the payments electronically. Our decision is based upon the following.

☐ You have a computer ~~or one~~ that meets the ~~Department's~~ minimum standards necessary for electronic remittance ~~(486 processor/66 megahertz, Windows 98 or Macintosh 5.1.6)~~.
☐ You have not been granted a waiver from the requirements to remit tax payments electronically under s. 213.755, F.S., or s. 443.163, F.S ~~an Internet connection~~.
☐ You send data electronically to the government or another business.
☐ Your computer is programmed to send payments electronically.
☐ The requirement is in line with your business procedures.
☐ Meeting the requirement would not be a financial hardship for the business.
☐ (Other)

Because of this, you must send ~~the~~ child support payments and provide ~~the~~ case data electronically to the State Disbursement Unit. Please call us at 850-617-8989, if you have any questions about our decision.

If you disagree with our decision, you may file a petition for administrative hearing within 20 calendar days after receiving this notice. The petition must be filed according to the attached Notice of Rights.

If there is additional information that you want us to consider, please send it to us in writing with a copy of this waiver decision to:

Child Support Program
Electronic Payments Administrator
P.O. Box 8030
Tallahassee, FL 32314-8030

Or fax the additional information and a copy of this waiver to (850) 921-8507.

Legal Authority: Section 61.1824(6), Florida Statutes, and Rule 12E-1.032, Florida Administrative Code.

NOTICE OF RIGHTS

1. You have the right to an administrative hearing under sections 120.569 and 120.57(1), Florida Statutes. If you want a hearing, you must file a "Petition for Administrative Hearing" within 20 days after receipt of this notice. A petition is not considered filed until the Department receives it. Send your petition to the Department's Deputy Agency Clerk at the following address:

Florida Department of Revenue
Child Support Program
Attention: Deputy Agency Clerk
P.O. Box 8030
Tallahassee, FL 32314-8030

2. If you do not file a petition within the time allowed, you lose your right to a hearing, and this notice will become final agency action. If this notice becomes final agency action, you may appeal under section 120.68, Florida Statutes. To appeal you must file a Notice of Appeal as stated in Rule 9.110, Florida Rules of Appellate Procedure, within 30 days of the date of final agency action.

3. If you disagree with the Department on any issues of material fact, you may ask for a formal hearing. A petition for a formal hearing must be in the form required by Rule 28-106.2015(5), Florida Administrative Code, which can be found at flrules.org.

4. At a formal hearing, you may represent yourself or hire a lawyer. You or your lawyer may present evidence, argue issues, question witnesses, submit written statements of fact and proposed orders, and file exceptions to the judge's recommended order.

5. If you agree with the Department on all issues of material fact, you may ask for an informal hearing. A petition for an informal hearing must be in the form required by Rule 28-106.2015(5), Florida Administrative Code, which can be found at flrules.org.

6. Mediation under section 120.573, Florida Statutes, is not available.

CS-ES54
Rule 12E-1.039,
Florida Administrative Code
Effective 11/26 ~~09/19/17~~

Child Support Program

Request for More Information

Select a date
Service Request Number: Click to enter text.

The Child Support Program ~~Florida Department of Revenue~~ received your application for services ~~but did not receive all the information we need to open a case~~. ~~We are returning the application as indicated below.~~

☐ Your application is incomplete. We cannot proceed until the following information is received ~~You must sign the Application for Child Support Services~~.

- ☐ You must sign the *Application for Child Support Services*.
- ☐ The other parent's first and last names were not provided.
- ☐ Information about you and/or your child(ren) is missing.

The information needed is highlighted on the enclosed copy.

~~☐ The parent information form is missing information. Please see highlighted items.~~

☐ If you have a support order, we will take action to enforce it. Please indicate below any additional services you are requesting.

- ☐ Establish paternity and support for a child(ren) named in my application who is not included in a support order. Name of child(ren): _____.
- ☐ Review the amount of my support order for possible modification.

  Note: If the review indicates support should be reduced and the parent who owes support is the only applicant for child support services, Florida law prohibits the Program from proceeding to modify the order.

Please complete and mail this form and the application (if returned) to us:

Florida Department of Revenue
Child Support Program
Enter address
Enter address

If you have questions or need help filling out the forms:

- Call 850-488-KIDS (5437)
- Call 305-530-2600 if you live ~~your case is handled~~ in Miami-Dade County

Thank you for applying for child support services.

Child Support Program

CS-POBB
Rule 12E-1.041,
Florida Administrative Code
Effective 11/26 ~~09/23~~

Declaration of Change in Circumstances

<<Option 1>>
<<Recipient Name>>
<<Recipient Address>>

<<Date>>
Child Support Case Number: <<CaseNumber>>
Activity Number: <<ActivityNum>>
Parent Due Support: <<CPName>>
Parent Who Owes Support: <<NCPName>>

You are receiving this form because **<<Option 2>>**

WHAT YOU NEED TO DO

1. Review page 2 for important information about what happens next.
2. Answer the questions on the enclosed forms and attach any supporting documents.
3. Return the enclosed forms and any supporting documentation to the Child Support Program by <<MAIL DATE PLUS 20 DAYS>>.
   <<Option 3>>
4. Mail the completed forms and supporting documentation to:

   <<EST Box 5330>>

If you have questions or need help:	**Access your case online:** childsupport.floridarevenue.com **Email us:** FloridaRevenue.com/AskChildSupport **Chat with us or learn more at:** floridarevenue.com/childsupport **Call:** <<CountyPhoneNumber> Para asistencia en español, llame al 850-488-5437 y marque 7
Employment and other resources: <<FDOR Page>>	

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Important Information

- When reviewing a request to change a support order, we ask for current financial information from both parents and a statement of any ~~proof of a permanent~~ change in circumstances.
- To change a support order that was established, modified, or reviewed for modification by the Program less than 3 years before this review, there must be a substantial, permanent change in circumstances for one or both parents or the child. To reduce the child support amount, the change also must be involuntary.
- To change a support order that was established, modified, or reviewed for modification by the Program more than 3 years before this review, proof of a change in circumstances is not required.
- We will review the completed forms and other information provided to determine if the support amount should change. We will complete the review within 60 days after receiving the requested information.
- If the parent who did not request the review does not provide current financial information, we will proceed with the best available information.
- If we believe the support amount should be changed, we will notify both parties in writing.

For more information:

https://floridarevenue.com/childsupport/change_support_orders/Pages/change_support_orders.aspx

<<Option 4>>

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FLORIDA Department of Revenue

Declaration of Change in Circumstances

1. Please check one of the boxes below.

☐ I am the child's parent.

☐ The child resides with me, but I am not the child's parent.

2. How have your circumstances changed since your support order was issued or last changed?

_____

_____

_____

3. When did the change happen?

_____

_____

_____

4. How did the change come about? What caused it? _____

_____

_____

_____

5. Do you pay for health insurance or childcare for the child? _____
If yes, please fill in the name and amount for each child and provide documentation.

Child's name	Health insurance paid each month per child	Childcare paid each month per child

Under penalties of perjury, I declare that I have answered the questions on this declaration and the facts stated in it are true and correct.

_____ _____
Signature Date

_____
Print full name

_____
Current mailing address

_____
Phone number

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OPTIONS

Option 1

A. When it is a two-state case and the recipient is the parent who is due support, or the level of service is Modification Only and the recipient resides in in the same state where the Other State Agency attached to the case is located, insert:

In Care of Child Support Agency

Then insert the street, street 2, city, state, and zip of the business partner in the role of other state county on the case, or, if other state county is missing, the business partner in the role of other state agency on the case.

B. Unless it is a two-state case and the parent who owes support resides in Florida, the recipient's mailing address prints normally.

Option 2 (A or B or C)

2A. the Child Support Program received your request to review the support order for this case.

2B. the Child Support Program received a request to review your support order for this case.

2C. the Child Support Program is required to periodically review the support order in your case since your child is receiving cash assistance.

Option 2A and Option 3 are selected for the POBB sent to the parent or caregiver who requested the review. Option 3 is selected only with Option 2A.

Option 2B is selected for the POBB sent to the nonrequesting party.

Option 2C is selected when the Program initiates the review without a request from either party, in which case the POBB is mailed to both parties.

Option 3 (populate only on notice to requestor when Option 2A is selected)

Note: If you do not complete the enclosed forms and return them to us within 20 days after the date of this notice, your request will be closed and no further action on the request will be taken.

Option 4: Insert when a Standard Parenting Time Plan is sent

If the review shows the order should be changed, the Child Support Program will provide additional information and written notice at that time. Enclosed is a blank *Title IV-D Standard Parenting Time Plan* form. If both you and the other parent agree to the plan, sign and return the form. You may also provide your own parenting time plan to the Child Support Program before an administrative final order is entered and it will be made a part of the final order. A blank copy of the form is being provided to both parents. Both parents do not need to sign the same form. Once a parenting time plan is ordered, the Child Support Program is not authorized to modify or enforce a parenting time plan. That must be done by the circuit court. For more information, go to floridarevenue.com/childsupport/parenting_time_plans.

Child Support Program

CS-POBC
Rule 12E-1.041,
Florida Administrative Code
Effective 11/26 ~~09/23~~

Results of Support Order Review

<<Recipient Name>>
<<Recipient Address>>

<<Date>>
Child Support Case Number: <<CaseNumber>>
Activity Number: <<ActivityNum>>
Parent Due Support: <<CPName>>
Parent Who Owes Support: <<NCPName>>

You are receiving this notice because **<<Option 3>> <<Option 1>>**

<<Option 2>>

If you have questions or need help:	**Access your case online:** childsupport.floridarevenue.com **Email us:** FloridaRevenue.com/AskChildSupport **Chat with us or learn more at:** floridarevenue.com/childsupport **Call:** <<CountyPhoneNumber> Para asistencia en español, llame al 850-488-5437 y marque 7
Employment and other resources: <<FDOR Page>>	

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Option 1

A and B are used for judicial orders only. C, D and E are used for both administrative and judicial orders.

A. your support order amount should be increased.
B. your support order amount should be reduced.
C. your support order should not be changed at this time ~~there is no proof of a substantial, permanent, or involuntary change in your circumstances~~.
D. there is a change in circumstances, but the change is not permanent. A change in circumstances cannot be temporary. Normally, the change must be in effect for at least one year to modify a support order.
E. there is a change in circumstances, but the change is voluntary. A change in circumstances must be something beyond your control to modify the order.

Option 2

A. **(Selected if the order is judicial. Use with Option 1A or 1B)**

The Child Support Program will ask its attorney to file a petition in circuit court based on its review. If filed, you and the other parent will receive notice of the action.

Note: The Child Support Program's authority to file a petition to change a support order is limited by Florida law. The Child Support Program may only seek to modify support for the parent who is ordered to pay if:

1. Either parent or the child is receiving public assistance; or
2. There is nonpayment and the Child Support Program is enforcing the order at the request of the parent or caregiver who is owed support.

B. **(Selected if option 1C, 1D or 1E is selected)**

The Child Support Program will not attempt to change the support order. If you believe the order should be changed, you may file a petition in circuit court. If you have questions about filing a petition, you should contact an attorney or the clerk of court for more information.

Option 3:

A. When a parent or caregiver requests review

xxxx you requested the Child Support Program to begin a review of your support order.
xxxx The Child Support Program finished the review and the results indicate
xxxx
xxxx **B. When the Program initiates the review without a request**
xxxx the Child Support Program is required to begin a review of your support order since
xxxx you currently receive cash assistance for the child. The Child Support Program has
xxxx finished the review and the results indicate
xxxx
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Your Right to a Support Order Review

<<Recipient Name>>
<<Recipient Address>>

<<Date>>
Case Number: <<CaseNumber>>
Parent Due Support: <<CPName>>
Parent Who Owes Support: <<NCPName>>

You are receiving this letter because the Child Support Program has an open child support case with you and the other parent. This letter is to remind you that you may ask us to review your support order to see if the ongoing child support amount should be changed. ~~When we are asked to review an order and there is proof of a substantial, permanent, and involuntary change in circumstances, we may take action to change the order based on the results of the review.~~

Here's what the Child Support Program will do if you ask us to review the support order:

- Collect information from you and the other parent.
- ~~Determine whether there is proof of a substantial, permanent, and involuntary change in circumstances.~~
- Ask for ~~If there is~~ proof of a permanent, ~~and~~ involuntary change~~,~~ in circumstances if the order was issued, modified, or last reviewed by the Program less than three years ago ~~we will use the information provided to determine whether the difference between the proposed new support amount and the current support amount is significant enough for a change to be made to the support order. If so, we will begin action to change the support order~~.
- Use the information provided and received from other sources to determine whether the order should be changed. If there would be a significant change in the amount of the order we will begin action to change it.

If the Child Support Program reviews the support order and begins action to change it:

- The amount due under the support order and/or the health insurance terms of the order could be changed. If the support order is changed, we will enforce the terms of the new support order.
- You will get a written notice of any action we take.
- Any change in the amount due does not affect unpaid support that is currently owed. Any unpaid support currently owed will still be owed.

If you have questions or need help:	**Access your case online:** childsupport.floridarevenue.com **Email us:** FloridaRevenue.com/AskChildSupport **Chat with us or learn more at:** floridarevenue.com/childsupport **Call:** <<CountyPhoneNumber>> Para asistencia en español, llame al 850-488-5437 y marque 7
Employment and other resources: <<FDOR Page>>	

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STATE OF FLORIDA

DEPARTMENT OF REVENUE

CHAPTER 12E-1, FLORIDA ADMINISTRATIVE CODE

CHILD SUPPORT PROGRAM

AMENDING RULE 12E-1.011, 12E-1.032, 12E-1.039, AND 12E-1.041

SUMMARY OF PROPOSED RULES

The proposed amendments to Rule 12E-1.011, F.A.C. (Lottery Intercept), update the procedure in accordance with the Department's 2024 Interagency Agreement with the Department of the Lottery and incorporate an amended verification of past due support form.

The proposed amendments to Rule 12E-1.032, F.A.C. (Electronic Remittance of Support Payments), update the current procedure to include requirements for remitting payments by ACH Debit, incorporate revised forms, and remove an obsolete form.

The proposed amendments to Rule 12E-1.039, F.A.C. (Request for Services), clarify the information the Department needs to begin providing services and incorporate a revised request for information form.

The proposed amendments to Rule 12E-1.041, F.A.C. (Review for Modification of Support Order), reflect current procedure, clarify requirements for documentation of circumstance change, and incorporate revised declaration of circumstance change and support order review notification forms.

FACTS AND CIRCUMSTANCES JUSTIFYING PROPOSED RULES

The proposed amendments to Rule 12E-1.011, F.A.C. (Lottery Intercept), are necessary to reflect the 2024 interagency agreement between the Department and the Department of Lottery and incorporate an amended form.

The proposed amendments to Rule 12E-1.032, F.A.C. (Electronic Remittance of Support Payments), are necessary to update current procedure to include ACH Debit requirements, incorporate revised forms, and remove an obsolete form.

The proposed amendments to Rule 12E-1.039, F.A.C. (Request for Services), are necessary to clarify information the Department needs to begin providing services and to incorporate a revised request for information form.

The proposed amendments to Rule 12E-1.041, F.A.C. (Review for Modification of Support Order), are necessary to clarify the requirement for documentation of circumstance change and incorporate revised declaration of change in circumstance and support order review notification forms.

FEDERAL COMPARISON STATEMENT

The provisions contained in these rules do not conflict with comparable federal laws, policies, or standards.

SUMMARY OF RULE DEVELOPMENT WORKSHOP

July 23, 2026

A Notice of Proposed Rule Development was published in the *Florida Administrative Register* on July 23, 2026 (Vol. 51, No. 97), to advise the public of the proposed changes to Rules 12E-1.011, 12E-1.032, 12E-1.039, and 12E-1.041, F.A.C., and to provide that, if requested in writing, and not deemed unnecessary by the agency head, a rule development workshop would be scheduled and noticed in the *Florida Administrative Register.* No request was received, and no workshop was held. No written comments were received by the Department.

SUMMARY OF PUBLIC MEETING

September 29, 2026

The Governor and Cabinet, sitting as head of the Department of Revenue, met on September 29, 2026, and approved the publication of the Notice of Proposed Rule for the draft changes to Rules 12E-1.011, 12E-1.032, 12E-1.039, and 12E-1.041, F.A.C., as well as approval to file and certify with the Secretary of State for adoption pursuant to s. 120.54(3)(e)1., F.S., if the substance of these rules remains unchanged upon reaching the date applicable to filing for final adoption pursuant to s. 120.54(3)(e)2., F.S. A notice of the public meeting was published in the *Florida Administrative Register* on September 15, 2026 (Vol. 52, No. 179).