

AGENDA
FLORIDA DEPARTMENT OF REVENUE

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MEMBERS

Governor Ron DeSantis
Attorney General Ashley Moody
Chief Financial Officer Jimmy Patronis
Commissioner Nikki Fried

September 21, 2021

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Office of Legislative and Cabinet Services
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9:00 A.M
LL-03, The Capitol
Tallahassee, Florida

ITEM	SUBJECT	RECOMMENDATION
1.	Respectfully request approval of the minutes of the June 15, 2021, Cabinet meeting. (ATTACHMENT 1)	RECOMMEND APPROVAL
2.	Respectfully request approval to file and certify with the Secretary of State for final adoption under Chapter 120, Florida Statutes, rules relating to Property Tax Oversight. (ATTACHMENT 2)	RECOMMEND APPROVAL
3.	Respectfully request approval of and authority to publish Notices of Proposed Rule in the Florida Administrative Register, for rules relating to Property Tax Oversight and further request approval to file and certify with the Secretary of State for final adoption under Chapter 120, Florida Statutes, if the substance of the proposed rules remain unchanged upon reaching the date applicable for final adoption. (ATTACHMENT 3)	RECOMMEND APPROVAL
4.	Respectfully request approval of and authority to publish a Notice of Proposed Rule in the Florida Administrative Register, for rules relating to Child Support and further requests approval to file and certify with the Secretary of State for final adoption under Chapter 120, Florida Statutes, if the substance of the proposed rules remains unchanged upon reaching the date applicable for final adoption. (ATTACHMENT 4)	RECOMMEND APPROVAL

ATTACHMENT 1

June 15, 2021

STATE OF FLORIDA

IN RE: MEETING OF THE GOVERNOR AND CABINET

CABINET MEMBERS: GOVERNOR RON DESANTIS
ATTORNEY GENERAL ASHLEY MOODY
CHIEF FINANCIAL OFFICER JIMMY PATRONIS
COMMISSIONER OF AGRICULTURE NIKKI FRIED

DATE: Tuesday, June 15, 2021

TIME: Commenced at 9:00 a.m.
Concluded at 11:52 a.m.

LOCATION: Cabinet Meeting Room
Lower Level, The Capitol
Tallahassee, FL

STENOGRAPHICALLY REPORTED BY: Jo Langston, RPR

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DEPARTMENT OF REVENUE

Executive Director Jim Zingale

* * * * *

GOVERNOR DESANTIS: Okay. Revenue.

MR. ZINGALE: Good morning --

GOVERNOR DESANTIS: Good morning.

MR. ZINGALE: -- Governor and Cabinet. A little bit on the front end. I've been coming to cabinet for many, many, many years. One of the highlights of coming to these meetings is the public recognition that you do at the beginning of every session.

I typically stage down in the cafeteria. You know, you sit there. You see who comes in. Today I had the privilege of sitting next to the first responders down there. They were trying to figure out how to sneak in here, trying to get a feel for the size of it so they could sit in the back and recognize one of their colleagues that was being recognized by you today.

I want you to know how important being in front of you was to all of them and how enthusiastic they were in bragging about a colleague and bragging about what he did. It made my day. Thank you for that. And continue

1 to do that. That's a wonderful part of why we
2 have a cabinet. That public recognition is
3 important, not only to the one you're recognizing
4 but the ones that are in back of them supporting
5 them. It was an amazing time. They were really
6 pumped up out there.

7 That said, I have a very short, not nearly
8 as interesting agenda as my two predecessors, who
9 I always learn from, but we have three little
10 items here today. One is approval of the
11 minutes.

12 GOVERNOR DESANTIS: All right. Move to
13 approve. Is there a second?

14 COMMISSIONER FRIED: Second.

15 GOVERNOR DESANTIS: No objection. The
16 motion carries.

17 MR. ZINGALE: The second item is eight
18 rules, four primarily dealing with the
19 Department's electronic address database and
20 modifications to it, four dealing with sales tax.
21 Three are recommended by JAPC and one is coming
22 from a DOAH court ruling.

23 The nature of this I have to read. The
24 Department respectfully requests approval of and
25 authority to publish notice of proposed rules in

1 the Florida Administrative Register for rules
2 relating to general tax administration and
3 further requests approval to file and certify for
4 final adoption under Chapter 120 Florida
5 Statutes. If the substance of the proposed rules
6 remain unchanged upon reaching the date of
7 application for final adoption, request approval.

8 GOVERNOR DESANTIS: All right. I move to
9 approve. Is there a second?

10 COMMISSIONER FRIED: Second.

11 GOVERNOR DESANTIS: Hearing no objection,
12 the motion carries.

13 MR. ZINGALE: Item number 3 is one rule
14 implementing 2020 legislation dealing with
15 conflict of interest for special masters in VAB
16 hearings. Request approval.

17 GOVERNOR DESANTIS: All right. I move to
18 approve. Is there a second?

19 COMMISSIONER FRIED: Second.

20 GOVERNOR DESANTIS: Hearing no objection,
21 the motion carries.

22 MR. ZINGALE: That's our big agenda.

23 GOVERNOR DESANTIS: How's the revenue coming
24 in for June? Positive?

25 MR. ZINGALE: Just like the last four

1 months, amazing. I quit looking at it, it's
2 coming in so far over forecast every month.
3 There's no story anymore. It's a good side of
4 it.

5 We are busily, though, with the legislation
6 passed this session, having to implement
7 everything. So since the session ended, between
8 the tax-free holidays and Wayfair and certainly
9 what we did on the RT rate side, it's been day
10 and night for quite a while and will be for a
11 little while longer.

12 GOVERNOR DESANTIS: Good. Well, thanks for
13 your hard work. We appreciate it.

14 CFO PATRONIS: I've got a question,
15 Governor.

16 GOVERNOR DESANTIS: Okay.

17 CFO PATRONIS: Dr. Z, thanks for being here
18 and appreciate those comments you made. I had a
19 small business owner reach out to me, and the
20 legislature did -- like I said, the tax-free
21 holidays were exciting. Some of the things I
22 think were really out of the box that were great
23 ways to stimulate some enthusiasm for what's
24 going on in the state.

25 But when a business -- like one of them

1 reached out and said, Jimmy, I'm not sure how I
2 would implement some of these exemptions, maybe
3 because they're just technologically challenged.
4 Is there a way that they can outreach to y'all to
5 make sure they don't screw up?

6 MR. ZINGALE: You can call me. You can call
7 Debbie. You can call Lisa. We'll get them
8 connected up. First two, though, are pretty
9 routine that we've had already. The third one is
10 brand new. Freedom Week is brand new.
11 Uniqueness with how the legislature passed, in
12 terms of tagging things it had to deal with. So
13 the programming of that is a little difficult.
14 But certainly just have them reach out to me,
15 like you always do.

16 CFO PATRONIS: Yeah, yeah. But I never
17 thought about it from the perspective -- you know
18 what I mean. I'm not in the office supply
19 business. I never thought about dealing with
20 sales tax and school supplies. But Freedom Week,
21 I love the idea of it. I mean the enthusiasm has
22 been crazy.

23 But, you know, it was a local, family-owned
24 fishing shop. And he said, I've never done this
25 before. You know, what do I do? I thought, you

1 know what? I just need to, you know, bring that
2 up, because I don't want to get him in trouble.
3 He wants to make sure he's abiding by the law.
4 But he just wants to be able to participate in
5 the right way.

6 MR. ZINGALE: And the website and the
7 production and the information leading up to a
8 few days down the road will also help.

9 CFO PATRONIS: Thanks. Appreciate you.

10 MR. ZINGALE: Appreciate it.

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ATTACHMENT 2



September 21, 2021

MEMORANDUM

TO: The Honorable Ron DeSantis, Governor
Attention: Beau Beaubien, Deputy Chief of Staff

The Honorable Jimmy Patronis, Chief Financial Officer
Attention: Tanya Cooper, Director of Cabinet Affairs

The Honorable Ashley Moody, Attorney General
Attention: Dan Olson, Director of Governmental Affairs
Erin Sumpter, Deputy Director of Cabinet Affairs

The Honorable Nikki Fried, Commissioner of Agriculture
Attention: Kyle W. Troop, Director of Cabinet Affairs
Lasha Williams-Potts, Deputy Director of Cabinet Affairs

THRU: Jim Zingale, Executive Director

FROM: Debbie Longman, Director, Legislative and Cabinet Services

SUBJECT: Requesting Approval of Filing and Certifying Proposed Rules for Final Adoption

Statement of Sections 120.54(3)(b) and 120.541, F.S., Impact: No impact

The Department has reviewed the proposed rules for compliance with Sections 120.54(3)(b) and 120.541, F.S. The proposed rules will not likely have an adverse impact on small business, small counties, or small cities, and they are not likely to have an increased regulatory cost in excess of \$200,000 within 1 year. Additionally, the proposed rules are not likely to have an adverse impact or increased regulatory costs in excess of \$1,000,000 within 5 years.

What is the Department requesting? The Department requested and received approval at the Governor and Cabinet meeting held December 15, 2020, to hold public hearings for the proposed rules and to file and certify the rules with the Secretary of State pursuant to s. 120.54(3)(e)1., F.S., if the substance of the proposed rules, including materials incorporated by reference, remain unchanged. These proposed rules have changed since that approval. The Department therefore requests approval to file and certify the following rules with the Secretary of State pursuant to s. 120.54(3)(e)1., F.S.:

- Rule 12-9.001, F.A.C., Definitions

- Rule 12-9.002, F.A.C., Certified Florida Appraiser, Certified Florida Evaluator, Certified Cadastralist of Florida, Certified Florida Collector, and Certified Florida Collector Assistant Program

- Rule 12-9.003, F.A.C., Qualifications
- Rule 12-9.0031, F.A.C., Approval of Courses (New)
- Rule 12-9.0032, F.A.C., Department Sponsored Courses (New)
- Rule 12-9.004, F.A.C., Application for Certification
- Rule 12-9.0055, F.A.C., Fees and Tuition
- Rule 12-9.006, F.A.C., Certification
- Rule 12-9.007, F.A.C., Recertification
- Rule 12-9.0077, F.A.C., Reinstatement (New)
- Rule 12-9.008, F.A.C., Hearing on Certification Application and Expiration (repeal)
- Rule 12D-16.002, F.A.C., Index to Forms

Why are the proposed rules necessary?

The proposed amendments to the rules and forms regarding the Certified Florida Property Appraiser and Certified Florida Tax Collector Program (Program) are necessary to incorporate the requirements for property appraisers, tax collectors and their employees to obtain and renew professional certifications under the Program.

What do the proposed rules do?

Rule 12-9.001, F.A.C., Definitions. The proposed amendments to this rule update and clarify the definition of terms used for purposes of administering the Program.

Rule 12-9.002, F.A.C., Certified Florida Appraiser, Certified Florida Evaluator, Certified Cadastralist of Florida, Certified Florida Collector, and Certified Florida Collector Assistant Program. The proposed amendments to this rule add Certified Cadastralist of Florida as a certification offered under the Program and provide the Department will publish an informational guide regarding the Program. The amendment to the rule title will include the Certified Cadastralist of Florida with the other four certifications.

Rule 12-9.003, F.A.C., Qualifications. The proposed amendments to this rule establish updated criteria for the professional certification of property appraisers, tax collectors, and their employees, and adds the certification criteria for a cadastralist.

Rule 12-9.0031, F.A.C., Approval of Courses. This proposed new rule provides criteria and procedures for approval of courses for credit towards certification, recertification, or reinstatement of a professional certification, and incorporates a new form for obtaining approval of a course or continuing education hours (Form DR-4002, *Application for Approval of a Course or Continuing Education Credit Hours*).

Rule 12-9.0032, F.A.C., Department Sponsored Courses. This proposed new rule provides procedures for registrations, payments, cancellations and refunds for Department approved courses.

Rule 12-9.004, F.A.C., Application for Certification. The proposed amendments to this rule specify procedures for those seeking professional certification and incorporate a new form for this purpose (Form DR-4001, *Application for Florida Professional Certification*).

Rule 12-9.0055, F.A.C., Fees and Tuition. The proposed amendments to this rule clarify the fee for obtaining and retaining professional certification under the Program and that fees and tuition for Department approved courses may be submitted to the Department online.

Rule 12-9.006, F.A.C., Certification. The proposed amendment to this rule clarifies the certification application approval process by the appropriate Admissions and Certification Committee.

Rule 12-9.007, F.A.C., Recertification. The proposed amendments to this rule update requirements for all certified professionals to annually certify their governmental employment, and to pay an annual recertification fee using the *Application for Florida Professional Certification* (Form DR-4001).

Rule 12-9.0077, F.A.C., Reinstatement. The proposed new rule provides procedures for an individual whose certification has lapsed to apply for reinstatement.

Rule 12-9.008, F.A.C., Hearing on Certification Application and Expiration. The proposed repeal of this rule eliminates an unnecessary rule for requesting a hearing that is provided in Rule Chapter 28-106, F.A.C.

Rule 12D-16.002, F.A.C., Index to Forms.

- Incorporate new Form DR-4001, *Application for Florida Professional Certification*, which provides a single application for certification, recertification, or reinstatement for a professional designation under the Program.
- Incorporate new Form DR-4002, *Application for Approval of a Course or Continuing Education Credit Hours*, used to request the approval of a course, conference, seminar, workshop, or similar event to become an approved course or as continuing education hours under the Program.
- Repeal Forms DR-410, *Application for Certified Florida Collector or Certified Florida Collector Assistant*, DR-516, *Application for Certified Florida Appraiser*, Form DR-516E, *Application for Certified Florida Evaluator*, and Form DR-591, *Application for Certified Cadastralist of Florida*.

Were comments received from external parties? Yes.

The Department published Notices of Rule Development on October 28, 2020 and held a rule workshop on November 17, 2020. Several interested parties attended. The Department received no comments during the workshop and no written comments. The Department made no changes to the proposed text.

The Department published Notices of Rule Development on December 21, 2018, and held a workshop on January 23, 2019. Several interested parties attended. The Department received comments during the workshop. After review, the Department made changes to the proposed text in response to those comments.

Comments were received and made a part of the public rule hearing held January 13, 2021. The Department published two Notices of Change to the proposed rules and the materials incorporated by reference in the *Florida Administrative Register* (Vol. 46, No. 53 , pp. 1401-1405) in response to these comments.

A second rule hearing was conducted on May 5, 2021, to receive comment on the revised proposed rule text and materials incorporated by reference. Comments were received and made a part of the public rule hearing held May 5, 2021. The Department published four Notices of Change to the proposed rules in the *Florida Administrative Register* on March 18, 2021 (Vol. 47, No. 53 , pp. 1401-1405), June 8, 2021 (Vol. 47, No. 110, pp. 2623-2624) and June 16 (Vol. 47, No. 116, p. 2774) in response to these comments.

The changes are included in the proposed rule text and materials incorporated by reference presented for approval to file and certify with the Department of State.

For each rule, attached are copies of:

- Summary of the proposed rules, which includes:
 - Statements of facts and circumstances justifying the rules
 - Federal comparison statements
 - Summaries of the workshops
 - Summaries of the hearings
- Rule text
- Incorporated materials

STATE OF FLORIDA
DEPARTMENT OF REVENUE
PROPERTY TAX OVERSIGHT PROGRAM
CHAPTER 12-9, FLORIDA ADMINISTRATIVE CODE
CERTIFIED FLORIDA PROPERTY APPRAISER AND CERTIFIED FLORIDA TAX
COLLECTOR PROGRAM
CREATING RULES 12-9.0031, 12-9.0032, AND 12-9.0077
AMENDING RULES 12-9.001, 12-9.002, 12-9.003, 12-9.004, 12-9.0055, 12-9.006,
AND 12-9.007
REPEALING RULE 12-9.008

SUMMARY OF PROPOSED RULES

The proposed amendments to Rule 12-9.001, Florida Administrative Code (F.A.C.), update and clarify the definitions of terms used for purposes of the Certified Florida Property Appraiser and Certified Florida Tax Collector Program (Program).

The proposed amendments to Rule 12-9.002, F.A.C. (Certified Florida Property Appraiser, Certified Florida Evaluator, Certified Cadastralist of Florida, Certified Florida Collector, and Certified Florida Collector Assistant Program), add Certified Cadastralist of Florida as a certification offered under the Program and provide that the Department will publish an informational guide regarding the Program.

The proposed amendments to Rule 12-9.003, F.A.C. (Qualifications), establish updated criteria for the professional certification of property appraisers, tax collectors, their employees, and employees of the Department and adds the certification criteria for a cadastralist.

Proposed new Rule 12-9.0031, (Approval of Courses), provides criteria and procedures for approval of courses for credit towards certification, recertification, or reinstatement of a professional certification, and incorporates a new form for obtaining approval of a course or continuing education hours (Form DR-4002, Application for Approval of a Course or Continuing Education Credit Hours).

Proposed new Rule 12-9.0032, (Department Sponsored Courses), provides procedures for registrations, payments, cancellations, and refunds for Department approved courses.

The proposed amendments to Rule 12-9.004, F.A.C. (Application for Certification), specify procedures for those seeking professional certification and incorporate a new form for this purpose (Form DR-4001, Application for Florida Professional Certification).

The proposed amendments to Rule 12-9.0055, F.A.C. (Amend title to Fees and Tuition), clarify the amount of the fee for obtaining and retaining professional certification under the Program and that fees and tuition for Department approved courses may be submitted to the Department online.

The proposed amendments to Rule 12-9.006, F.A.C. (Certification), clarify the certification application approval process by the appropriate Admissions and Certification Committee.

The proposed amendments to Rule 12-9.007, F.A.C. (Recertification), update requirements for all certified professionals to annually certify their government employment, and to pay an annual recertification fee using the Application for Florida Professional Certification (Form DR-4001).

Proposed new Rule 12-9.0077, F.A.C. (Reinstatement), provides procedures for an individual whose certification has lapsed to apply for reinstatement.

The proposed repeal of Rule 12-9.008, F.A.C. (Hearing on Certification Application and Expiration), eliminates an unnecessary rule for requesting a hearing which is provided in Rule Chapter 28-106, F.A.C.

FACTS AND CIRCUMSTANCES JUSTIFYING PROPOSED RULE

The proposed amendments to Rule Chapter 12-9, F.A.C. (Certified Florida Property Appraiser and Certified Florida Tax Collector Program), are necessary to incorporate the requirements for property appraisers and their employees, tax collectors and their employees, and employees of the Department to complete training courses approved by the Department to obtain and renew professional certifications under the Program.

FEDERAL COMPARISON STATEMENT

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

SUMMARY OF RULE DEVELOPMENT WORKSHOP

HELD JANUARY 23, 2019

The Department of Revenue published a Notice of Rule Development for proposed amendments to Rule Chapter 12-9, F.A.C., in the *Florida Administrative Register* on December 21, 2018 (Vol. 44, No. 247, pp. 5733-5734). The Department held a rule development workshop on January 23, 2019. The Department received comments as a part of the public workshop from county officials and staff, the Property Appraiser Association of Florida (PAAF), the Florida

Association of Property Appraisers (FAPA), the Florida Tax Collector Association (FTCA), and other interested parties. Additional changes were made to the proposed rule changes.

- Rule 12-9.001 – reinstated the definitions of chairperson, state associations, committees, and committee members.
- Rule 12-9.002 - reinstated duties of the committees and the conditions of a quorum.
- Rule 12-9.003 - added a Certified Residential Appraiser license or Certified General Appraiser license issued by the Florida Real Estate Appraisal Board as a substitution for the 30-hour course that included instruction and examination on basic appraisal principles, types of value, and economic principles pertaining to the valuation of real property; added an active Certified General Appraiser license issued by the Florida Real Estate Appraisal Board as a substitution for the 30-hour course that included instruction and examination on a working knowledge of procedures and methods regarding approaches to value and economic principles; added requirement of 60 hours of approved elective courses that include instruction and examination related to the professional designation of Certified Florida Appraiser and Certified Florida Evaluator. Added that attendance in online courses qualifies as presence in the classroom.
- Rule 12-9.0031 - added that approved courses will be published on the Department's Certification and Training webpage, added ethics training as a course topic to count towards continuing education, revised procedures for approval of continuing education courses or hours, and provided for incorporation of a new Application for Approval of a Course or Continuing Education Credit Hours (Form DR-4002).
- Rule 12-9.0032 – clarified procedures for registration and cancelation of Department sponsored courses.

- Rule 12-9.004 - reinstated a majority vote of the committees as a requirement to approve an application for certification and reinstated the duties of the chairperson of each certification committee.
- Rule 12-9.0055 - added that tuition and certification fees be submitted to the Department either online or by mail and reinstated the duties of the treasurer for each certification committee.
- Rule 12-9.006 - reinstated the requirement for the appropriate committee to recommend certification and that information from the minutes of the committee meetings serve as evidence of certification approval. The proposed amendments also reinstated a requirement that the Department mail a certificate of accomplishment and a membership card to the certified designees after committee recommendation for approval of the certification.
- Rule 12-9.007 - added that to be recertified all designees must certify their governmental employment each calendar year and pay a recertification fee, and clarified that at the discretion of an official, professional designees employed by that official may be required to maintain recertification by satisfactorily completing a required number of continuing educational hours.
- Rule 12-9.0077 - revised reinstatement requirements for professional designees.

SUMMARY OF RULE DEVELOPMENT WORKSHOP

HELD NOVEMBER 17, 2020

The Department of Revenue published a Notice of Rule Development for proposed amendments to Rule Chapter 12-9, F.A.C., in the *Florida Administrative Register* on October 28,

2020 (Vol. 46, No. 211, pp. 4657-4658). The Department held a rule development workshop on November 17, 2020. No comments were received by the Department.

SUMMARY OF PUBLIC MEETING

DECEMBER 15, 2020

The Governor and Cabinet, sitting as head of the Department of Revenue, met on December 15, 2020, and approved the publication of the Notice of Proposed Rule for changes to Rule Chapter 12-9, F.A.C., as well as approval to file and certify the Secretary of State adoption pursuant to s. 120.54(3)(e)1., F.S., if the substance of the rules remain 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 December 7, 2020 (Vol. 46, No. 236, pp. 5343-5344).

SUMMARY OF PUBLIC RULE HEARING

JANUARY 13, 2021

A Notice of Proposed Rule was published in the *Florida Administrative Register* on December 22, 2020 (Vol. 46, No. 247, pp. 5609-5617), for proposed amendments to Rule Chapter 12-9, F.A.C. The notice advised that a rule hearing will be held January 13, 2021 to hear comments on the proposed rule changes. The Department received comments from staff of the Joint Administrative Procedures Committee (JAPC) and the public. In response to these comments, proposed text was changed, and the Department filed a Notice of Change in the *Florida Administrative Register* on March 18, 2021 (Vol. 47, No. 53, pp. 1401-1404) for Rule Chapter 12-9, F.A.C.

SUMMARY OF PUBLIC RULE HEARING

May 5, 2021

The Department of Revenue published a Notice of Public Hearing for proposed amendments to Rule Chapter 12-9, F.A.C., in the *Florida Administrative Register* on March 18, 2021 (Vol. 47, No. 53, pp. 1407-1408) and on March 22, 2021 (Vol. 47, No. 55, p. 1439). The notices advised that a rule hearing will be held May 5, 2021, to hear comments on the proposed rule changes. The Department received comments from the public.

In response to these comments, proposed text was changed, and the Department filed a Notice of Change in the *Florida Administrative Register* on June 8, 2021 (Vol. 47, No. 110, pp. 2623-2624) for Rules 12-9.001, 12-9.002, 12-9.0031 and 12-9.0077, F.A.C.

The Department filed another Notice of Change in the *Florida Administrative Register* on June 16, 2021 (Vol. 47, No. 116, p. 2774) for Rule 12-9.0031, F.A.C.

The final rule language presented for adoption reflects the changes to Chapter 12-9, F.A.C.

The text of the Notice of Proposed Rule published December 22, 2020 (Vol. 46, No 246), as amended by the Notices of Change published March 18, 2021, June 8, 2021, and June 16, 2021.

STATE OF FLORIDA
DEPARTMENT OF REVENUE
PROPERTY TAX OVERSIGHT PROGRAM
CHAPTER 12-9, FLORIDA ADMINISTRATIVE CODE
CERTIFIED FLORIDA PROPERTY APPRAISER AND CERTIFIED FLORIDA TAX
COLLECTOR PROGRAM
CREATING RULES 12-9.0031, 12-9.0032, AND 12-9.0077
AMENDING RULES 12-9.001, 12-9.002, 12-9.003, 12-9.004, 12-9.0055, 12-9.006,
AND 12-9.007
REPEALING RULE 12-9.008

12-9.001 Definitions. The following definitions shall apply to this chapter:

(1) Official or officials: Individuals who are elected or appointed to the offices of county tax collector or county property appraiser in the State of Florida.

(2) Applicant: Individuals who apply for certification as a ~~the designation of~~ Certified Florida Appraiser, Certified Florida Evaluator, Certified Florida Collector, ~~or~~ Certified Florida Collector Assistant, or Certified Cadastralist of Florida.

(3) Department: The Florida Department of Revenue.

(4) Chairperson: ~~Chairman~~: The individual who conducts the admissions and certifications

committee meetings, and is a member of said committees.

(5) Professional designee: An elected or appointed official, or an employee of such official or an employee of the Department who has met the requirements for certification as set forth in these rules.

(6) Executive Director: The Executive Director of the Department ~~of Revenue of Florida~~.

(7) State Associations: The Property Appraisers' Association of Florida, Inc., Florida Association of Property Appraisers, Inc., and Florida Tax Collectors, Inc.

~~(8) Calendar Year: From January 1 to December 31.~~

~~(8)(9) Committees: The Admissions and Certifications Committees for Certified Florida Appraisers, /Certified Florida Evaluators, /Certified Cadastralists of Florida, and Certified Florida Collectors and/ Certified Florida Collector Assistants.~~

~~(9)(10) Committee Members: Officials who serve on either Admissions and Certifications Committee. Committee members who are property appraisers or tax collectors shall hold the designation of Certified Florida Appraiser or Certified Florida Collector.~~

~~(10)(11) Approved Course or Workshop: Any course, seminar, or workshop courses, seminars, or workshops approved by the Department Executive Director, or the Executive Director's designee, for credit application towards certification, or recertification, or reinstatement. Any course approved under the criteria and procedures described in Rule 12-9.0031, F.A.C., is an approved course. Courses, seminars, and workshops will be approved based upon content which will impart expertise in the area of tax administration, assessment, and collection in Florida.~~

~~(11)(12) Governmental Employment: Employment with a Florida county property appraiser, Florida county tax collector, or the Florida Department of Revenue.~~

(12) Department Sponsored: In reference to an approved course, a course for which the Department sets the agenda, arranges presenters or space, or collects tuition.

Editor's note: The agency will renumber this rule to Rule 12D-19.011.

Rulemaking Authority 195.002(2), 195.027(1) ~~213.06(1)~~ FS. Law Implemented 145.10, 145.11, 195.002, ~~213.05~~ FS. History—New 4-2-81, Formerly 12-9.01, Amended 4-11-89, 12-30-97, xx-xx-xx.

12-9.002 Certified Florida ~~Property~~ Appraiser, ~~Certified Florida Evaluator,~~ Certified Cadastralist of Florida, ~~and Certified Florida Collector, and~~ Certified Florida Collector Assistant Program.

(1) A Certified Florida Appraiser, ~~Certified Florida Evaluator,~~ Certified Cadastralist of Florida, ~~and Certified Florida Collector, and~~ Certified Florida Collector Assistant program is shall be established and administered maintained by the Department, ~~from its central office at Tallahassee, Florida. The administration of this program shall be the responsibility of the Department.~~

(2) The five certifications are:

(a) Certified Florida Appraiser (CFA).

(b) Certified Florida Evaluator (CFE).

(c) Certified Cadastralist of Florida (CCF).

(d) Certified Florida Collector (CFC).

(e) Certified Florida Collector Assistant (CFCA).

(3)(a) The CFA certification is reserved solely for elected or appointed Florida property appraisers.

(b) The CFE certification is available to employees of Florida county property appraisers and the Department.

(c) The CCF certification is available to property appraisers and employees of Florida county property appraisers and the Department.

(d) The CFC certification is reserved solely for elected or appointed Florida tax collectors.

(e) The CFCA certification is available to employees of Florida county tax collectors and the Department.

(4) The Department will publish an informational booklet or guide about the program presenting these rules, applicable forms, and registration and payment process. This guide is available on the Department's Certification and Training webpage https://floridarevenue.com/property/Pages/Cofficial_Training.aspx.

(5)(2) The Executive Director, or the Executive Director's designee, shall appoint two Admissions and Certifications Committees. One committee will administer the certification of property appraisers and employees of Florida county property appraisers persons as "Certified Florida Appraisers," ~~and~~ "Certified Florida Evaluators," and "Certified Cadastralists of Florida." Another committee will administer the certification of tax collectors and employees of Florida county tax collectors persons as "Certified Florida Collectors" and "Certified Florida Collector Assistants." The Executive Director, or the Executive Director's designee, shall serve as permanent chairperson ~~chairman~~. The Executive Director, or the Executive Director's designee, shall appoint nine members to each committee, one of whom shall be the president of the members' state association. In the event the president of the state association does not hold a professional designation as specified in Rule 12-9.001(9), F.A.C., the president will appoint a designee who does hold such certification. Members of the committees will be appointed for 3

year terms, except for the presidents of the state associations, The Florida Tax Collectors, Inc., Florida Association of Property Appraisers, Inc., and The Property Appraisers' Association of Florida, Inc., who shall serve a 1 year term concurrent with their term as president. All members shall serve at the pleasure of the Executive Director, or the Executive Director's designee.

~~(6)(3)~~ Five members shall constitute a quorum. No official action shall be taken without a quorum. The committees shall meet at the call of the chairperson ~~chairman~~. The chairperson ~~chairman~~ shall appoint a permanent secretary to maintain records of actions of the committees and to keep other official records pertaining to the certification program.

~~(7)(4)~~ The duties of the committees are ~~shall be~~:

(a) to ~~to~~ screen all applicants for certification; and,

(b) to ~~to~~ recommend to the Department applicants who qualify for the professional designations.

(8) The duties of the chairperson are:

(a) To set an agenda for each committee meeting.

(b) To call meetings based on need; notify members; and give any public notice of date, time and location.

(c) To call all meetings to order and maintain proper parliamentary procedures.

(d) To distribute minutes of prior meetings.

(e) To prepare applicant files with summaries, and

(f) To perform any other duties for the administration and operation of the educational programs.

(9) The Executive Director, or the Executive Director's designee, will administer the certification of Department employees who meet the qualifications for professional designation as provided in Rule 12-9.003, F.A.C.

Editor's note: The agency will renumber this rule to Rule 12D-19.012.

Rulemaking Authority 195.002(2), 195.027(1) ~~213.06(1)~~ FS. Law Implemented 145.10, 145.11, 195.002 FS. History—New 4-2-81, Formerly 12-9.02, Amended 4-11-89, 12-19-89, 12-30-97, 4-5-16, xx-xx-xx.

12-9.003 Qualifications.

(1) To ~~In order to~~ qualify for any of the certifications, professional designations, an applicant must have at least 2 years experience in a Florida property appraiser's office, a Florida tax collector's office, or with the Department. To ~~Provided, however, to~~ qualify for the special qualification salary, ~~elected~~ officials must meet all certification requirements set forth in these rules within 4 years after taking office. A person who is a Certified Florida Evaluator or a Certified Florida Collector Assistant upon being appointed or elected to office will be recognized as a Certified Florida Appraiser or Certified Florida Collector upon taking office.

(2) Applicants for a certification as a Certified Florida Appraiser, Certified Florida Evaluator, Certified Florida Collector, or Certified Florida Collector Assistant must attend a minimum of 120 hours of approved courses and pass ~~properly~~ monitored ~~written~~ examinations. Applicants for a certification as a Certified Cadastralist of Florida must attend a minimum of 150 hours of approved courses and pass monitored examinations. ~~The 120 hours need not be continuous, but may be divided into 15 to 30 hour courses.~~

(3) The ~~tax collector's~~ approved qualifying courses for certification as a Certified Florida

Collector or a Certified Florida Collector Assistant curriculum must include the following courses: course work as follows:

(a) A minimum of 30 hours of approved courses which include instruction and examination on the duties and responsibilities Duties and Responsibilities of a Florida Tax Collector. Collectors; and,

(b) A minimum of 90 hours of approved Approved elective courses which include instruction and examination designed to impart expertise in the areas of tax administration, assessment, or collection in Florida. totaling 90 hours with properly monitored examinations.

(4) The property appraiser's approved qualifying courses, as approved under subsection 12-9.001(11), F.A.C., for certification as a Certified Florida Appraiser or a Certified Florida Evaluator must include the following four courses as follows:

(a) A minimum of 30 hours of approved courses which include instruction and examination on basic appraisal principles, types of value, and economic principles pertaining to the valuation of real property. A Certified Residential Appraiser license or Certified General Appraiser license issued by the Florida Real Estate Appraisal Board may be substituted for this course requirement. Fundamentals of Real Property Appraisal (International Association of Assessing Officers Course 101, or an approved course substitute);

(b) A minimum of 30 hours of approved courses which include instruction and examination on procedures and methods regarding the income approach to estimating the value of real property. A Certified General Appraiser license issued by the Florida Real Estate Appraisal Board may be substituted for this course requirement. Income Approach to Valuation (International Association of Assessing Officers Course 102), or an approved course substitute;
and,

(c) A minimum of 60 hours of ~~Two other~~ approved elective courses which include instruction and examination related to the professional designation to make up the remaining hours under subsection (2).

(5) The approved courses for a Certified Cadastralist of Florida certification must include the following courses:

(a) A minimum of 30 hours of approved courses which include instruction and examination on mathematic principles for cadastral mappers.

(b) A minimum of 30 hours of approved courses which include instruction and examination on the Public Land Survey System for the Cadastral Mapper.

(c) A minimum of 30 hours of approved courses which include instruction and examination on real property descriptions.

(d) A minimum of 30 hours of approved courses which include instruction and examination on basic map compilation.

(e) A minimum of 30 hours of approved elective course which include instruction and examination on principles, techniques, or applications of cadastral mapping.

(6)(5) To receive credit for the ~~above~~ education requirements, applicants must be present in the classroom during all instructional hours and pass the required examination. Attendance in an online course qualifies as presence in the classroom. However, an

(a) An applicant who wishes to qualify for an initial certification may challenge an examination and receive credit for the instructional course hours ~~this course~~ without taking the course provided the applicant passes the examination as determined by the course provider. A passing grade on course examinations provided by the Department is a grade of 70% or better. All questions are weighed equally. The applicant must provide documentation of passing the

examination in the form of a certificate of completion or other documentation from the course provider.

(b) An applicant who wishes to challenge an examination must contact the course provider to arrange scheduling. An applicant who wishes to challenge an examination for a course provided by the Department must submit a written request to PTOTraining@floridarevenue.com at least 30 days prior to the start of the course. ~~by making application to the secretary and obtaining approval by the chairman to sit for the examination. The chairman may appoint proctors.~~

Editor's note: The agency will renumber this rule to Rule 12D-19.013.

Rulemaking Authority 195.002(2), 195.027(1) ~~213.06(1)~~ FS. Law Implemented 145.10, 145.11, 195.002 FS. History—New 4-2-81, Formerly 12-9.03, Amended 4-11-89, 12-19-89, 12-30-97, 1-2-01, xx-xx-xx.

12-9.0031 Approval of Courses.

(1) Any course approved for credit towards certification, recertification, or reinstatement must be approved by the Department through one of the two methods provided in paragraphs (a) and (b) before the course is taken for credit. The courses must impart expertise in one of the following areas, as it relates to the professional designation of the requesting individual: professionally accepted appraisal practices, appropriate appraisal methodologies, cadastral mapping, tax administration, assessment, or collection in Florida. To be approved as a course for initial certification, the course must contain a monitored examination.

(a) Any course that meets the requirements of the applicable program and is approved by the Department for credit towards certification, recertification, or reinstatement is published on the Department's Certification and Training webpage

https://floridarevenue.com/property/Pages/Cofficial_Training.aspx.

(b) Any course not found in the Department’s list of approved courses will be approved for certification, recertification or reinstatement on a case-by-case basis by the Department’s training staff. Approval is contingent upon documentation showing the proposed course imparts expertise as it relates to the professional designation of the requesting individual in one of the areas in subsection (1).

1. For CFA certifications, continuing education courses must address topics within the following areas as they relate specifically to the functions of property appraisers:

- a. Duties and role of property appraisers.
- b. Duties and role of the Department.
- c. State or federal appraisal law, including professionally accepted appraisal practices and appropriate appraisal methodologies.
- d. Management of technology information systems.
- e. Office management and personnel training as it relates to property appraiser offices.
- f. Public administration.
- g. Ethics training required by Section 112.3142, F.S.

2. For CFC certifications, continuing education courses must address topics within the following areas as they relate specifically to the functions of tax collectors:

- a. Duties and role of tax collectors.
- b. Duties and role of the Department.
- c. Duties and roles of state agencies for which tax collectors serve as an agent.
- d. State or federal tax law.
- e. Management of technology information systems.

f. Office management and personnel training as it relates to tax collector offices.

g. Public administration.

h. Ethics training required by Section 112.3142, F.S.

(2)(a) To obtain approval for a course, a completed Application for Approval of a Course or Continuing Education Credit Hours (Form DR-4002, incorporated by reference in Rule 12D-16.002, F.A.C.) must be submitted to the Department at least 20 days before the course start date. The application must include a detailed written description of the proposed course including course content, an agenda if available, number of hours of instruction and instructor's qualifications.

(b) The agenda or course description submitted must show quantifiable subject matter. Starting and ending times must be listed for each topic to be assigned hours, and include break and meal times. To be approved as a course for initial certification, the course must contain a monitored examination. Continuing education hours are awarded based on an hour per 50 minutes of classroom time.

(c) The Department will notify the requestor in writing of the approved course, the Department's course number, and the number of credit hours. This information will also be posted on the Department's Certification and Training webpage

https://floridarevenue.com/property/Pages/Cofficial_Training.aspx.

(d) The Department will consider and approve qualifying substitutions of course presentations and instructors when unavoidable circumstances arise that prevent the course presentation. Before the substitute course presentation, the course provider must submit a detailed written description of the circumstances and the proposed substitution which demonstrates the substitute presentation and instructor meets the criteria of subsection (1).

Editor's note: The agency will renumber this rule to Rule 12D-19.014.

Rulemaking Authority 195.027(1) FS. Law Implemented 145.10, 145.11, 195.002 FS. History–

New xx-xx-xx.

12-9.0032 Department Sponsored Courses.

(1) Department sponsored courses will be announced at least 60 days before the course start date on the Department's Certification and Training webpage https://floridarevenue.com/property/Pages/Cofficial_Training.aspx. The continuing education courses include 4 hours of ethics training to meet the requirement of Section 112.3142, F.S., and continuing education hours for recertification or reinstatement.

(2)(a) After the Department announces a course, registration is open as space is available. The registration deadline will be included in the announcement. The registration period closes 15 business days before the course start date for courses in which course materials must be ordered in advance by the Department. The registration period closes 5 business days before the course start date for all other Department sponsored courses. Registrations are timely if made online or received by the Department on or before the close date. Course registrations cannot be accepted after the date the registration period closes.

(b) Participants may register and pay tuition using the Property Tax Oversight Certification and Training Online Registration at <https://taxapps.floridarevenue.com/ptoregpublic/>. Participants who are unable to register online may contact Property Tax Oversight Program Certification and Training for assistance by email at PTOTraining@floridarevenue.com or by calling (850) 717-6570.

(c) Participants are encouraged to register as early as possible. Classes are filled on a first come, first serve basis, once the registration and payment are received. Participants registering less than two weeks before the course start date may inquire whether space is available by contacting Property Tax Oversight Program Certification and Training by email at PTOTraining@floridarevenue.com or by calling (850) 717-6570. Student substitutions requested in writing will be accepted up to one week before the class.

(d) Registration is open to all interested parties on a space available basis. The registration process for external individuals is the same as those working for the property appraiser or tax collector.

(3) To cancel attendance at any Department sponsored course, a registrant must email the Department at PTOTraining@floridarevenue.com.

(4) Portions of application, certification, and registration fees will be refunded upon a determination by the Department that the State is not entitled to the fees, or that only a portion of the resources have been expended in the processing of the application, certification, or registration. The Department will not issue a credit instead of a refund. To apply for a refund, the registrant must submit a completed Form DFS-AA-4, State of Florida, Department of Financial Services, Application for Refund (incorporated by reference in Rule 69I-44.020, F.A.C.), and proof of payment to:

PTOTraining@floridarevenue.com

or

Florida Department of Revenue

Property Tax Oversight

Certification and Training

PO Box 3294

Tallahassee, Florida 32315-3294.

Form DFS-AA-4 is available at

https://floridarevenue.com/property/Pages/Cofficial_Training.aspx.

(5) When the number of students enrolled in a Department sponsored course is insufficient to adequately cover the costs of course administration, or the Department cannot secure an instructor, the course will be cancelled. The Department will notify students affected by a course cancellation by email at least ten business days before the scheduled course start date. Affected students may apply for a refund or opt to transfer course registration to another course in that program.

Editor's note: The agency will renumber this rule to Rule 12D-19.015.

Rulemaking Authority 195.027(1) FS. Law Implemented 145.10, 145.11, 195.002 FS. History—
New xx-xx-xx.

12-9.004 Application for Certification.

(1) An applicant for certification shall provide the Department the following:

(a) A completed Application for Florida Professional Certification ~~application form for certification (provided by the Department). The Department prescribes (Form DR-4001, DR-410, Application for Certified Florida Collector or Certified Florida Collector Assistant, Form DR-516 Application for Certified Florida Appraiser or Certified Florida Evaluator, which forms are hereby incorporated by reference in Rule 12D-16.002, F.A.C.), as the forms to be used for the purposes of this rule chapter. Form DR-4001 is available on the Department's Certification and Training webpage https://floridarevenue.com/property/Pages/Cofficial_Training.aspx. Copies of these forms may be obtained without cost by written request directed to the Department of Revenue, Post Office Box 3000, Tallahassee, Florida 32315-3000.~~

(b) The originals or copies of certificates or other documents, course transcripts and current related professional licenses showing ~~satisfactory~~ completion of the required ~~committee~~ approved courses as set forth in these rules; ~~and,~~

(c) Certification fee in an amount set as referenced in Rule 12-9.0055, F.A.C.

(2) Upon the committee's review of an application for certification, a majority vote of the members present is required to approve an application. The chairperson ~~chairman~~ shall cast the deciding vote in the case of a tie.

~~(3) The chairman's duties shall be:~~

~~(a) To set an agenda for each committee meeting;~~

~~(b) To call meetings based on need; and notify members and give any public notice date, time and location;~~

~~(c) To call all meetings to order and maintain proper parliamentary procedures;~~

~~(d) To distribute minutes of prior meetings;~~

~~(e) To prepare applicant files with summaries; and,~~

~~(f) To perform any other duties for the administration and operation of the educational programs.~~

Editor's note: The agency will renumber this rule to Rule 12D-19.016.

Rulemaking Authority 195.002(2), 195.027(1) ~~213.06(1)~~ FS. Law Implemented 145.10, 145.11, 195.002, 195.087(4) FS. History—New 4-2-81, Formerly 12-9.04, Amended 4-11-89, 12-30-97, xx-xx-xx.

12-9.0055 Fees and Tuition.

(1) An applicant for certification will not be eligible for consideration by a committee until

the certification fee is paid. Recertification fees are due January 1 of each year and are delinquent April 1. Certification and recertification fees shall be set as follows:

(a) All applicants shall pay an initial certification fee of \$25.00.

(b) All Certified Florida Appraisers, Certified Florida Collectors, Certified Florida Collector Assistants, ~~and~~ Certified Florida Evaluators, and Certified Cadastralists of Florida shall pay an annual recertification fee of \$5.00.

(c) All persons seeking reinstatement of a certification must pay a reinstatement fee of \$5.00.

(2) The Department will determine the cost of course tuition annually to ensure the Certification Program Trust Fund has sufficient funds to pay for program expenses. The Department will provide course tuition information by March 1 for the next county fiscal year (October 1 through September 30) on the Department's Certification and Training webpage https://floridarevenue.com/property/Pages/Cofficial_Training.aspx.

(3) All fees and course tuition payments must be submitted to the Department by:

(a) using Property Tax Oversight Certification and Training Online Registration at <https://taxapps.floridarevenue.com/ptoregpublic/>, or

(b) mailing a check or money order made payable to the Florida Department of Revenue to:

Florida Department of Revenue

Property Tax Oversight

Certification and Training

PO Box 3294

Tallahassee, Florida 32315-3294.

(4)(2) The ~~Department~~ department shall select a treasurer for each committee who shall be a ~~Department~~ department employee and who shall be responsible for the collection and deposit of

monies and for the custody of the tangible assets accruing from the program. Such monies shall be deposited into and disbursed from the Certification Program Trust Fund in the State Treasury which shall contain such separate school accounts and program accounts as are required by Section 195.002(2), F.S. The ~~Department~~ department may incur expenses enumerated in Section 195.002(2), F.S., and shall authorize disbursements from the trust fund in the manner provided by law.

Editor's note: The agency will renumber this rule to Rule 12D-19.017.

Rulemaking Authority 195.002(2), 195.027(1) ~~213.06(1)~~ FS. Law Implemented 145.10, 145.11, 195.002, 195.087(4) FS. History—New 4-11-89, Amended 12-19-89, 10-30-91, 12-30-97, xx-xx-xx.

12-9.006 Certification.

(1) No certification shall be issued by the Department ~~approved~~ until the provisions of Rule 12-9.004, F.A.C., are satisfied and the appropriate committee has recommended certification. The minutes of the meeting of the appropriate committee wherein a majority of the members present approved an application for certification or signatures of a majority of the members of a committee shall serve as evidence of approval.

(2) ~~To In order to~~ prorate the special qualification salary for property appraisers and tax collectors, the certification date shall begin the first day of the month following the date the last educational or other requirement for certification was met. Employees are qualified for certification ~~may be certified~~ as of the first day of the month following the date the last educational or other requirement for certification was met. Any person who is a Certified Florida Evaluator or Certified Florida Collector Assistant that is elected or appointed as a property

appraiser or a tax collector will be recognized as a Certified Florida Appraiser or Certified Florida Collector as of the first day of the month following the date the official took office.

~~Employees of property appraisers and tax collectors are eligible for a special salary only at the lawful discretion of the several officials or counties.~~

(3) After ~~the Executive Director, or the Executive Director's designee, is notified by a~~ committee approves ~~of the approval of~~ a certification of an applicant, the Department will ~~secretary shall~~ mail such person a certificate of accomplishment and a membership card in a format prescribed by the Department Executive Director, or the Executive Director's designee. In addition, each professional designee will be issued a pin composed of the Great Seal of the State of Florida, with certification wording and the initials of the designation on the periphery of the state seal.

Editor's note: The agency will renumber this rule to Rule 12D-19.018.

Rulemaking Authority 195.002(2), 195.027(1) ~~213.06(1)~~ FS. Law Implemented 145.10, 145.11, 195.002 FS. History—New 4-2-81, Formerly 12-9.06, Amended 4-11-89, 12-30-97, xx-xx-xx.

12-9.007 Recertification.

(1)(a) To be recertified, Certified Florida Appraisers and Certified Florida Collectors must ~~satisfactorily~~ complete a minimum of 24 hours of ~~instruction~~ approved courses that meet the criteria of Rule 12-9.0031(1), as described in subsection 12-9.001(11), F.A.C., each calendar year and pay a recertification fee, as specified in Rule 12-9.0055(1)(b), F.A.C.

(b) To be recertified, Certified Florida Evaluators, Certified Cadastralists of Florida, and Certified Florida Collector Assistants must certify their governmental employment each calendar year and pay a recertification fee, as specified in Rule 12-9.0055(1)(b), F.A.C. At the discretion

of each official, professional designees employed by such official may be required to maintain recertification by completing a designated number of continuing education hours.

(c) Professional designees applying for recertification must submit a completed Application for Florida Professional Certification (Form DR-4001, incorporated by reference in Rule 12D-16.002, F.A.C.) to the Department. Certification automatically expires if recertification as set forth in this rule is not maintained timely. ~~Other professional designees employed by counties may be required to maintain recertification at the discretion of the several officials or counties.~~

(2) Professional designees are exempted from the ~~24-hour~~ recertification requirement and recertification fee for the calendar year in which the requirements for certification are met is obtained.

~~(3) To obtain approval of a recertification course not sponsored by the Department, a professional designee shall submit a detailed written description of the proposed course including course content, number of hours of instruction and instructor's qualifications, to the chairman at least 30 days prior to the beginning of the course, seminar or workshop.~~

(3) An applicant for recertification may not challenge a course examination.

(4) If a professional designee fails to meet recertification requirements set forth in this rule ~~subsection (1) above~~, within the prescribed time, that professional designee's certification shall expire. Officials whose certifications expire shall be ineligible to receive the special qualifications salary provided in Sections 145.10 and 145.11, F.S. Such ineligibility shall continue until the official is reinstated as provided in these rules.

(5) When a certified official has become ineligible to receive the special qualifications salary by failure to meet recertification requirements, the Department shall notify the official by sending a written notice of the reason for such ineligibility ~~together with notice of the official's~~

~~right of review under Rule 12-9.008, F.A.C.~~ The Department shall notify the appropriate disbursement office of such ineligibility. That office shall withhold the prorated portion of the annual \$2,000 salary supplement until certification is reinstated as provided in Rule 12-9.0077, F.A.C. ~~these rules.~~

(6) Where a certified official has become ineligible to receive the special qualifications salary and continues to draw such compensation, the official shall be liable for full restitution and subject to appropriate legal action.

~~(7) Once a professional designee's certification has expired, that professional fulfills the recertification requirements in subsection (1) above, makes written application for reinstatement to the appropriate committee, and receives approval for reinstatement from the committee and Executive Director, or the Executive Director's designee. Application for reinstatement shall be considered by the committee at its next meeting.~~

~~(7)(8)~~ Certification shall be conditional upon a professional designee's governmental employment, and certification shall expire automatically without notice to the holder when a professional designee leaves governmental employment. A person who leaves governmental employment and fails to meet annual recertification requirements must, upon returning to governmental employment, follow the reinstatement procedures to become certified. If a person returns to governmental employment and timely meets the annual recertification requirements, that person remains certified and does not need to meet the reinstatement requirements. Each property appraiser and tax collector shall notify the Department ~~chairman~~ when a professional designee within the office leaves governmental employment.

~~(8)(9)~~ Upon written application and proof that the property appraiser has 20 years of service, the Executive Director may grant an annual waiver of the recertification requirements for any

property appraiser who has reached 60 years of age.

~~(9)(10)~~ The Department shall maintain records of approved courses, attendance, ~~dates,~~
~~courses/workshops,~~ approval dates, hours of courses/~~workshops,~~ and all other information for the
purpose of maintaining current records on all professional designees' ~~certified officials'~~
continuing education status ~~accomplishments~~.

Editor's note: The agency will renumber this rule to Rule 12D-19.019.

*Rulemaking Authority 195.002(2), 195.027(1) ~~213.06(1)~~ FS. Law Implemented 145.10, 145.11,
195.002 FS. History—New 4-2-81, Formerly 12-9.07, Amended 4-11-89, 12-30-97, xx-xx-xx.*

12-9.0077 Reinstatement.

(1) Once a professional designee's certification has expired, that person may apply to the
Department for reinstatement. Such applicant must meet the reinstatement requirements in
subsection (2), and receive approval for reinstatement from the Department and the committee.
Applications for reinstatement will be considered by the committee at its next meeting.

(2) The requirements for reinstatement are:

(a) For the professional designation for property appraisers and tax collectors, the
professional must complete a minimum of 24 hours of approved continuing education courses
which relate to their professional designation.

(b) For all previously certified professional designees seeking reinstatement, the professional
must submit a completed Application for Florida Professional Certification (Form DR-4001,
incorporated by reference in Rule 12D-16.002, F.A.C.) certifying their governmental
employment and reporting any continuing education courses required for reinstatement.

(c) For all previously certified professional designees, pay the reinstatement fee set forth in

Rule 12-9.0055(1)(c), F.A.C.

(3) Reinstatement is effective the first day of the month after the requirements of this rule have been met.

Editor's note: The agency will renumber this rule to Rule 12D-19.020.

Rulemaking Authority 195.002(2), 195.027(1) FS. Law Implemented 145.10, 145.11, 195.002 FS.

History—New xx-xx-xx.

12-9.008 Hearing on Certification Application and Expiration.

~~(1) In the event an application or reinstatement is not approved or if a certification expires or is withdrawn, the affected individual may request a hearing pursuant to Section 120.57, F.S. Such a request shall be in writing filed with the chairman and the General Counsel of the Department of Revenue within 10 working days of receipt of notice.~~

~~(2) A hearing officer shall be appointed pursuant to Section 120.57, F.S.~~

~~(3) Further proceedings shall be governed by Chapter 120, F.S., and Chapter 28-106, F.A.C.~~

~~Rulemaking Authority 195.002(2), 213.06(1) FS. Law Implemented 120.57, 145.10, 145.11, 195.002 FS. History—New 4-2-81, Formerly 12-9.08, Amended 4-11-89, Repealed xx-xx-xx.~~

STATE OF FLORIDA
DEPARTMENT OF REVENUE
PROPERTY TAX OVERSIGHT PROGRAM
CHAPTER 12D-16, FLORIDA ADMINISTRATIVE CODE
ADMINISTRATION OF FORMS
AMENDING RULE 12D-16.002

SUMMARY OF PROPOSED RULE

The proposed amendments to Rule 12D-16.002, Florida Administrative Code (F.A.C.) (Index to Forms), incorporate new Form DR-4001 (Application for Florida Professional Certification) that will provide a single application for certification, recertification, and reinstatement as a professional under the Certified Florida Property Appraiser and Certified Florida Tax Collector Program, and new Form DR-4002 (Application for Approval of a Course or Continuing Education Credit Hours) for requesting a course, conference, seminar, workshop, or similar event to be an approved course for the Program. The proposed amendments remove Form DR-410 (Application for Certified Florida Collector or Certified Florida Collector Assistant), Form DR-516 (Application for Certified Florida Appraiser), Form DR-516E (Application for Certified Florida Evaluator), and Form DR-591 (Application for Certified Cadastralist of Florida) rendered obsolete by the new forms.

FACTS AND CIRCUMSTANCES JUSTIFYING PROPOSED RULE

This rulemaking is necessary to adopt new forms to be used for the Certified Florida Property Appraiser and Certified Florida Tax Collector Program and to remove forms rendered obsolete.

FEDERAL COMPARISON STATEMENT

The provisions contained in this proposed rule does not conflict with comparable federal laws, policies, or standards.

SUMMARY OF RULE DEVELOPMENT WORKSHOP

HELD JANUARY 23, 2019

The Department of Revenue published a Notice of Rule Development for proposed amendments to Rule 12D-16.002, F.A.C., in the *Florida Administrative Register* on December 21, 2018 (Vol. 44, No. 247, pp. 5734-5735). The Department held a rule development workshop on January 23, 2019. The Department received comments from county officials and staff, the Property Appraiser Association of Florida (PAAF), the Florida Association of Property Appraisers (FAPA), the Florida Tax Collector Association (FTCA), and other interested parties. Based on these comments, new forms were created for the Certified Florida Property Appraiser and Certified Florida Tax Collector Program.

Form DR-4001 (Application for Florida Professional Certification) was created to provide a single application to be used for certification, recertification, or reinstatement as a professional under the Program. This new application requires an applicant to acknowledge the Florida Code of Ethics for Public Officers and Employees and Article II, Section 8(a)-(d), Florida Constitution, set forth ethics requirements and standards for officials, local government employees and state employees.

Form DR-4002 (Application for Approval of a Course or Continuing Education Credit Hours) was created to provide for obtaining approval of a course, seminar, or workshop to become an approved course for certification, recertification, or reinstatement under the Program.

SUMMARY OF RULE DEVELOPMENT WORKSHOP

HELD NOVEMBER 17, 2020

The Department of Revenue published a Notice of Rule Development for proposed amendments to Rule 12-16.002, F.A.C., in the *Florida Administrative Register* on October 28, 2020 (Vol. 46, No. 211, pp. 4658-4659). The Department held a rule development workshop on November 17, 2020, and invited interested parties and county officials to attend. No comments were received by the Department.

SUMMARY OF PUBLIC MEETING

DECEMBER 15, 2020

The Governor and Cabinet, sitting as head of the Department of Revenue, met on December 15, 2020, and approved the publication of the Notice of Proposed Rule for changes to Rule 12D-16.002, F.A.C., as well as approval to file and certify the Secretary of State adoption pursuant to s. 120.54(3)(e)1., F.S., if the substance of the rule 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 December 7, 2020 (Vol. 46, No. 236, pp. 5343-5344).

SUMMARY OF PUBLIC RULE HEARING

JANUARY 13, 2021

The Department of Revenue published a Notice of Proposed Rule for proposed amendments to Chapter 12D-16.002, F.A.C., in the *Florida Administrative Register* on December 21, 2020 (Vol. 46, No. 246, pp. 5593-5594). The notice advised that a rule hearing will be held January

13, 2021 to hear comments on the proposed rule changes. The Department received comments from the public. In response to these comments, proposed text on Form DR-4001 was changed, and the Department filed a Notice of Change in the Florida Administrative Register on March 18, 2021 (Vol. 47, No. 53, pp. 1404-1405) for Rule 12D-16.002, F.A.C.

SUMMARY OF PUBLIC RULE HEARING

May 5, 2021

The Department of Revenue published a Notice of Public Hearing for proposed amendments to Rule 12D-16.002, F.A.C., in the *Florida Administrative Register* on March 18, 2021 (Vol. 47, No. 53, pp. 1407-1408). The notice advised that a rule hearing will be held May 5, 2021, to hear comments on the proposed rule changes. The Department received no comments from the public.

The final rule language presented for adoption reflects the changes to Rule 12D-16.002, F.A.C.

STATE OF FLORIDA
DEPARTMENT OF REVENUE
PROPERTY TAX OVERSIGHT PROGRAM
CHAPTER 12D-16, FLORIDA ADMINISTRATIVE CODE
ADMINISTRATION OF FORMS
AMENDING RULE 12D-16.002

12D-16.002 Index to Forms.

(1) The following paragraphs list the forms adopted by the Department of Revenue. A copy of these forms may be obtained from the Department’s website at <http://floridarevenue.com/property/>, or by writing to: Property Tax Oversight Program, Department of Revenue, Post Office Box 3000, Tallahassee, Florida 32315-3000. The Department of Revenue adopts, and incorporates by reference in this rule, the following forms and instructions:

	Form Number	Form Title	Effective Date
(2)	through (9)(b)	No Change.	
(e)	DR-410	Application for Certified Florida Collector or Certified Florida Collector Assistant (r. 3/08) https://www.flrules.org/Gateway/reference.asp?No=Ref-01746	11/12
(10)	through (48)(b)	No Change.	
(e)	DR-516	Application for Certified Florida Appraiser (r. 3/08) https://www.flrules.org/Gateway/reference.asp?No=Ref-01804	11/12
(d)	DR-516E	Application for Certified Florida Evaluator (r. 3/08) https://www.flrules.org/Gateway/reference.asp?No=Ref-01805	11/12
(c)(e)	DR-517	No change.	

(49) through (58)		No Change.	
(59)	DR-591	Application for Certified Cadastralist of Florida (r. 3/08)	11/12
		https://www.flrules.org/Gateway/reference.asp?No=Ref-01814	
(59)(60)	DR-592	No change.	
(60)(61)(a)	DR-593	No change.	
(b)	DR-593A	No change.	
(61)(a)	DR-4001	<u>Application for Florida Professional Certification (n. xx/xx)</u>	<u>xx/xx</u>
		https://www.flrules.org/Gateway/reference.asp?No=Ref-	
(b)	DR-4002	<u>Application for Approval of a Course or Continuing Education Credit Hours (n. xx/xx)</u>	<u>xx/xx</u>
		https://www.flrules.org/Gateway/reference.asp?No=Ref-	

Rulemaking Authority 195.002(2), 195.027(1), ~~213.06(1)~~ FS. Law Implemented 92.525, 95.18, 136.03, 192.001(18), 192.0105, 193.052, 193.077, 193.085, 193.092, 193.114, 193.122, 193.155, 193.1554, 193.1555, 193.1556, 193.461, 193.501, 193.503, 193.625, 193.703, 194.011, 194.032, 194.034, 194.035, 194.037, 195.002, 195.022, 195.087, 196.011, 196.015, 196.031, 196.075, 196.095, 196.101, 196.121, 196.141, 196.151, 196.173, 196.183, 196.193, 196.1961, 196.1983, 196.1995, 196.202, 196.24, 196.26, 197.182, 197.222, 197.2423, 197.2425, 197.318, 197.3632, 197.3635, 197.414, 197.432, 197.472, 197.502, 197.512, 197.552, 200.065, 200.069, ~~213.05~~, 218.12, 218.125, 218.131, 218.66, 218.67 FS. History—New 10-12-76, Amended 4-11-80, 9-17-80, 5-17-81, 1-18-82, 4-29-82, Formerly 12D-16.02, Amended 12-26-88, 1-9-92, 12-10-92, 1-11-94, 12-27-94, 12-28-95, 12-25-96, 12-30-97, 12-31-98, 2-3-00, 1-9-01, 12-27-01, 1-20-03, 1-26-04, 12-30-04, 1-16-06, 10-2-07, 3-30-10, 11-1-12, 9-10-15, 4-5-16, 6-14-16, 1-9-17, 9-19-17, 1-17-18, 4-10-18, 9-17-18, 7-9-19, 12-7-20, xx-xx-xx.



Application for Florida Professional Certification Property Tax Oversight Certification and Training

DR-4001
N. XX/XX
Rule 12D-16.002, F.A.C.
Effective XX/XX
Page 1 of 2

Each person applying for a Florida professional certification, annual recertification, or reinstatement of a Florida professional certification must complete an *Application for Florida Professional Certification*. If you are applying for more than one professional certification, you must complete a separate application for each designation. **Submit your completed application and pay the required fee to the Department using**

Property Tax Oversight Certification and Training Online Registration at
http://floridarevenue.com/property/Pages/Cofficial_Training_RegistrationAndPayment.aspx

Reason for Applying					
<input type="checkbox"/> Initial Certification - \$25 fee <input type="checkbox"/> Annual Recertification - \$5 fee <input type="checkbox"/> Reinstatement of Certification - \$5 fee					
Applicant Information					
Applicant's name (as you would like it to appear on the certificate):					
Business email address:				Business phone number:	
Job title:					
Employed by:					
I have completed the required hours of approved courses and passed any required examinations for the certification, recertification, or reinstatement for the following designation:					
<input type="checkbox"/> Certified Florida Appraiser		<input type="checkbox"/> Certified Florida Evaluator		<input type="checkbox"/> Certified Cadastralist of Florida	
<input type="checkbox"/> Certified Florida Collector		<input type="checkbox"/> Certified Florida Collector Assistant			
Experience for Certification – If you are applying for your initial certification , list at least two years' experience in a Florida property appraiser's office, Florida tax collector's office, or with the Florida Department of Revenue (attach additional pages as necessary). If you are applying for recertification or for reinstatement , provide your current employer and employment dates.					
Employer:					
Your Title:				Employment Dates:	
Employer:					
Your Title:				Employment Dates:	
Approved Courses – List each course you have successfully completed for the certification, recertification, or reinstatement for which you are applying (attach additional pages as necessary). Attach documentation verifying completion of each approved course. If you are substituting your Certified Residential Appraiser license or Certified General Appraiser license issued by the Florida Real Estate Appraisal Board for one or more courses, list your license number and license type below. Attach a copy of the license.					
No.	Course Title	Hours	No.	Course Title	Hours
Applicant Signature					
I am requesting approval for Florida professional certification, recertification, or reinstatement. I certify that all of the information provided on this form and any attachments are true and correct to the best of my knowledge.					
Signature:				Date:	

INSTRUCTIONS

The Florida Department of Revenue (Department) provides training and certification for Florida

- county property appraisers and employees
- county tax collectors and employees

Certification

To become certified as one of the following Florida professional designees, you must have two years of experience employed in a Florida property appraiser office, a Florida tax collector office, or with the Department and meet certain requirements:

- Certified Florida Appraiser
- Certified Florida Evaluator
- Certified Cadastralist of Florida
- Certified Florida Collector
- Certified Florida Collector Assistant

To become a Certified Florida Appraiser or Certified Florida Evaluator you must complete:

- a minimum of 30 hours of approved courses which include instruction and examination on basic appraisal principles, types of value, and economic principles pertaining to the valuation of real property
- a minimum of 30 hours of approved courses which include instruction and examination on procedures and methods regarding the income approach to estimating the value of real property
- an additional 60 hours of approved elective courses which include instruction and examination related to the professional designation

To become a Certified Cadastralist of Florida you must complete:

- a minimum of 30 hours of approved courses which include instruction and examination on mathematic principles for cadastral mappers
- a minimum of 30 hours of approved courses which include instruction and examination on the Public Land Survey System for cadastral mappers
- a minimum of 30 hours of approved courses which include instruction and examination on real property descriptions
- a minimum of 30 hours of approved courses which include instruction and examination on basic map compilation
- a minimum of 30 hours of approved elective courses which include instruction and examination on principles, techniques, or applications of cadastral mapping

To become a Certified Florida Collector or Florida Certified Collector Assistant you must complete:

- a minimum of 30 hours of approved courses which includes instruction and examination on the duties and responsibilities of a Florida tax

collector

- a minimum of 90 hours of approved elective courses which include instruction and examination designed to impart expertise in the areas of tax administration, assessment, or collection in Florida

Course Approval and Examinations

All courses for certification or reinstatement must be approved by the Department. Courses that are determined by the Department to meet the requirements and are approved courses for certification, recertification or reinstatement are published on the Department's Certification and Training webpage https://floridarevenue.com/property/Pages/Cofficial_Training.aspx. You must pass all required examinations for each required course to obtain course credit.

Annual Recertification Due January 1

To be recertified each calendar year, all Florida professional designees must certify their governmental employment and pay the \$5 recertification fee each January 1. Recertification fees become delinquent April 1.

Florida county property appraisers and tax collectors must complete a minimum of 24 hours of approved courses. In addition to the approved courses listed on the Department's Certification and Training webpage, continuing education courses, seminars, workshops, and conferences will be approved on a case-by-case basis. See Form DR-4002, *Application for Approval of a Course or Continuing Education Credit Hours*.

Special Salary for Officials

To qualify for and receive the special qualification salary provided in Section 145.10 or 145.11, Florida Statutes, property appraisers and tax collectors must meet all certification requirements within four years after taking office.

Reinstatement

Each certification is conditional upon governmental employment and expires automatically if you leave governmental employment or you fail to meet the annual recertification requirements. Once your professional certification has expired, you may apply for reinstatement.

Property appraisers and tax collectors must complete 24 hours of continuing education courses. All applicants must certify their governmental employment and pay the reinstatement fee.

If you are unable to submit your completed application or pay the fee online, mail your completed application, copies of certificates of completed courses, and a check or money order for the required fee to:

Florida Department of Revenue
Property Tax Oversight
Certification and Training
PO Box 3294
Tallahassee, FL 32315-3294

Need Assistance?

Email: PTOTraining@floridarevenue.com

To speak with a Department of Revenue representative, call Certification and Training at 850-717-6570.



Application for Approval of a Course or Continuing Education Credit Hours

Property Tax Oversight Certification and Training

DR-4002
N. XX/XX
Rule 12D-16.002, F.A.C.
Effective XX/XX
Page 1 of 2

To request approval of a course, conference, seminar, workshop, or similar event (“course”) as an approved course or continuing education credit hours for a Florida professional certification, annual recertification, or reinstatement, complete an *Application for Approval of a Course or Continuing Education Credit Hours*. **Submit your completed application, including the required documentation, at least 20 days prior to the start date of the course.**

Florida Professional Certification		
Select the professional designation(s) to complete the course:		
<input type="checkbox"/> Certified Florida Appraiser	<input type="checkbox"/> Certified Florida Evaluator	<input type="checkbox"/> Certified Cadastralist of Florida
<input type="checkbox"/> Certified Florida Collector	<input type="checkbox"/> Certified Florida Collector Assistant	
Applicant Information		
Applicant's name:	County:	
Business email address:	Business phone number:	
Course Information		
List the course name, course hours, and primary instructor below for each course. Attach the course agenda or schedule, and course descriptions of each course for which you are seeking approval (attach additional pages as needed). The agenda or course description must show quantifiable subject matter; course examinations; starting and ending times for each topic to be assigned hours; and break and meal times. Attach a list of all course instructors and their qualifications to teach the course materials.		
Title:	Date(s):	
Course Name(s)	Instruction Hours/Mins	Instructor(s) and Qualifications
Applicant Signature		
I am requesting approval of the course(s) as indicated above. I certify that all information provided on this form and any attachments are true and correct to the best of my knowledge.		
Signature:	Date:	

Mail your completed application and copies of the course information to:

Florida Department of Revenue
Property Tax Oversight
Certification and Training
PO Box 3294
Tallahassee, FL 32315-3294

Email to: PTOTraining@floridarevenue.com

To speak with a Department of Revenue representative, call Certification and Training at 850-717-6570.

INSTRUCTIONS

This *Application for Approval of a Course or Continuing Education Credit Hours* is used to request the approval of a course, conference, seminar, workshop, or similar event to become approved by the Florida Department of Revenue (Department) as an approved course or as continuing education hours. Approval is contingent upon documentation showing the proposed course will impart expertise in the relevant field.

Any course, seminar, or workshop for credit towards certification, recertification, or reinstatement must be approved by the Department before the course is taken. The course must impart expertise in one of the following areas, as it relates to the professional designation of the requesting individual:

- Professionally accepted appraisal practices
- Appropriate appraisal methodologies
- Cadastral mapping
- Tax administration, assessment, or collection

When approved by the Department, these courses may be used to obtain a Florida professional certification or by Certified Florida Appraisers and Certified Florida Collectors to meet the continuing education requirements for annual recertification.

Certified Florida Collector Continuing Education Requirements

For Certified Florida Collectors, continuing education courses must address topics within the following areas as they relate specifically to the functions of tax collectors:

- Duties and role of tax collectors
- Duties and role of the Department
- Duties and roles of state agencies for which tax collectors serve as an agent
- State or federal tax law
- Management of technology information systems
- Office management and personnel training as it relates to tax collector offices
- Public administration
- Ethics training

Certified Florida Appraiser Continuing Education Requirements

For Certified Florida Appraisers, continuing education courses must address topics within the following areas as they relate specifically to the functions of property appraisers:

- Duties and role of property appraisers
- Duties and role of the Department
- State or federal appraisal law, including professionally accepted appraisal practices and appropriate appraisal methodologies
- Management of technology information systems
- Office management and personnel training as it relates to property appraiser offices
- Public administration
- Ethics training

Examples of approved courses include educational instruction conducted at seminars, workshops, conferences, webinars, forums, and similar events held by state, national and international associations that address specified topics as they relate to the functions of tax collectors or property appraisers. Examples of events that do not address these specified topics are vendor demonstrations, trade shows, and round table discussions.

Department Review

After receiving your completed application, the Department will review the course for compliance with the approval criteria in Rule 12-9.0031, Florida Administrative Code, and will notify you in writing whether the course or continuing education is approved. If approved, a Department course number and the number of credit hours will be assigned. Approved course information will be posted on the Department's Certification and Training webpage at

https://floridarevenue.com/property/Pages/Cofficial_Training.aspx.

Certified Florida Appraisers and Certified Florida Collectors, and their certified staffs, completing the course may report the course number and number of credit hours to the Department to receive continuing education hours.

ATTACHMENT 3



September 21, 2021

MEMORANDUM

TO: The Honorable Ron DeSantis, Governor
Attention: Beau Beaubien, Deputy Chief of Staff

The Honorable Jimmy Patronis, Chief Financial Officer
Attention: Tanya Cooper, Director of Cabinet Affairs

The Honorable Ashley Moody, Attorney General
Attention: Dan Olson, Governmental Affairs Director
Erin Sumpter, Deputy Director of Cabinet Affairs

The Honorable Nikki Fried, Commissioner of Agriculture
Attention: Kyle W. Troop, Director of Cabinet Affairs
Lasha Williams-Potts, Deputy Director of Cabinet Affairs

THROUGH: Jim Zingale, Executive Director

FROM: Debbie Longman, Director, Legislative and Cabinet Services

SUBJECT: Requesting Approval to File Notice of Proposed Rules and Hold Public Hearings;
and Requesting Approval of Filing and Certifying Proposed Rules for Final
Adoption if the Rules Remain Unchanged

Statement of Sections 120.54(3)(b) and 120.541, F.S., Impact: No impact

The Department has reviewed the proposed amended rules for compliance with sections 120.54(3)(b) and 120.541, F.S. The proposed rules will not have an adverse impact on small businesses, small counties, or small cities and will not have an increased regulatory cost in excess of \$200,000 within one year. Additionally, they will not have an adverse impact or increased regulatory costs in excess of \$1,000,000 within five years.

What is the Department requesting? Section 120.54(3)(a), F.S., requires the Department to obtain Cabinet approval to hold public hearings for proposed amended rules. The Department therefore requests approval to publish a Notice of Proposed Rule in the *Florida Administrative Register* for the following proposed rules:

- Rule 12D-8.0065, F.A.C., Transfer of Homestead Assessment Difference; "Portability"; Sworn Statement Required; Denials; Late Applications

- Rule 12D-16.002, F.A.C., Index to Forms

The Department further requests final adoption of these rules and approval to file and certify the rules with the Secretary of State pursuant to s. 120.54(3)(e)1., F.S., if the substance of the proposed rules including materials incorporated by reference, remain unchanged upon reaching the date applicable to filing for final adoption pursuant to s. 120.54(3)(e)2., F.S.

Why are the proposed rule amendments necessary?

The proposed amendments to Rules 12D-8.0065 and 12D-16.002, F.A.C., are necessary to reflect statutory changes enacted by 2020 legislation and constitutional amendments. Rule 12D-16.002, F.A.C., further amends and incorporates forms that are necessary to provide clarification to taxpayers and property appraisers on documentation for applicable types of exemptions, replacing the penalty of perjury statement with a certification statement, and updating instructions.

What do the proposed amendments to these rules do?

Rule 12D-8.0065(2)(a)1., F.A.C., Transfer of Homestead Assessment Difference; “Portability”; Sworn Statement Required; Denials; Late Applications

The proposed amendment to this rule amends paragraph 12D-8.0065(2)(a)1., F.A.C., to update the requirements for applying for the transfer of an assessment difference from a previous homestead property to a new homestead property as provided in s. 193.155(8), F.S. This update extends the timeframe from two years to three years for a property owner to transfer the accrued benefit from certain assessment limitations on homestead property. (Chapter 2020-175, L.O.F.)

Rule 12D-16.002, F.A.C., Index to Forms.

- Amend Form DR-490PORT, *Notice of Denial of Transfer of Homestead Assessment Difference*, to update the timeframe from two years to three years for a property owner to transfer the accrued benefit from certain assessment limitations on homestead property.
- Amend Form DR-501, *Original Application for Homestead and Related Tax Exemptions*, to provide sections for a veteran or the surviving spouse of a veteran to apply for the exemption and be made aware they may qualify for a prorated refund as a result of receiving the exemption; move the sections on page 2 for the first responder who is totally and permanently disabled or his or her spouse to apply for an exemption; relocate information for the applicant to contact the property appraiser for questions about an exemption to under the signature line; move Parcel ID space to before “Legal description;” remove language about the exemption being “\$25,000 to \$50,000;” add “Instrument number” space after Book/Page/Date; add information that the disabled veteran discount carries over to the surviving spouse; and update the reference to the time limit to transfer the assessment difference from two to three years.
- Amend Form DR-501CC, *Ad Valorem Tax Exemption Application and Return for Proprietary Continuing Care Facility*, to provide updated instructions and clarify information requesting on the application for the facility owner portion. Also, to remove the question asking if the resident filed

last year, amend the certification statement, and remove the notary acknowledgement on the resident affidavit.

- Amend Form DR-501DV, *Application and Return for Homestead Tax Discount, Veterans Age 65 and Older with a Combat-Related Disability and Surviving Spouse*, to include the provisions of subsection 196.082(3), F.S., as added by Chapter 2020-179, L.O.F., which allows the surviving spouse to continue to receive the ad valorem tax discount granted to the veteran after his or her death; to remove obsolete provisions regarding the residency of the veteran when entering military service; and remove the recitation of Florida Statutes that is outdated and unnecessary.
- Amend Form DR-501RVSH, *Certificate for Transfer of Homestead Assessment Difference*, to update the timeframe from two years to three years for a property owner to transfer the accrued benefit from certain assessment limitations on homestead property.
- Amend Form DR-504, *Ad Valorem Tax Exemption Application and Return for Charitable, Religious, Scientific, Literary Organizations, Hospitals, Nursing Homes, and Homes for Special Services*, to provide clarity on required documentation for each entity. Simplifying the application and creating three new forms to incorporate existing exemptions from the DR-504.
 - Create Form DR-504AFH, *Ad Valorem Tax Exemption Application and Return for Multifamily Project and Affordable Housing Property*, provides a taxpayer the process for applying for an exemption based on s. 196.1978, F.S.
 - Create Form DR-504ED, *Ad Valorem Tax Exemption Application and Return for Educational Property*, to apply for an exemption based on s. 196.198, F.S.
 - Create Form DR-504W, *Ad Valorem Tax Exemption Application and Return for Not-for-Profit Sewer and Water Company and Not-for-Profit Water and Wastewater Systems*, to apply for exemption based on ss. 196.2001 and 196.2002, F.S.
- Amend Form DR-504CS, *Ad Valorem Tax Exemption Application and Return for Charter School Facilities*, to reflect the repeal of Chapter 228.
- Amend Form DR-504HA, *Ad Valorem Tax Exemption Application and Return for Nonprofit Homes for the Aged*, to update a statute citation, clarify instructions and replace the penalty of perjury statement with a certification statement.
- Amend Form DR-504S, *Individual Affidavit for Ad Valorem Tax Exemption - Homes for the Aged*, adding the penalty of perjury declaration and removing the notary acknowledgement.

Were comments received from external parties?

The Department published Notices of Rule Development on November 23, 2020, and scheduled a workshop for December 9, 2020, if requested in writing. The workshop was to discuss amendments to Rule 12D-8.0065 and Forms DR-490PORT, DR-501DV, and DR-501RVSH. The Department received no written requests, and no workshop was held. No written comments were received by the Department on this rule or forms.

The Department published an additional Notice of Rule Development on July 16, 2021, and held a workshop on August 5, 2021, to receive comments on the amendments to Form DR-501. The Department received comments from property appraiser's offices prior to the workshop and one after the workshop. Form DR-501 was changed to add a space for a second phone number of the co-applicant.

The Department published a Notice of Rule Development on July 16, 2021 and held a workshop on August 5, 2021 to discuss the amendments to 12D-16.002, F.A.C. This notice included Forms DR-501CC, DR-504, DR-504AFH, DR-504ED, DR-504W, DR-504CS, DR-504HA and DR-504S. Several interested parties attended virtually. The Department received comments before and after the workshop on the proposed forms. A request to add email addresses to all forms and a request to list the prior address on the DR-504S, if homestead exemption was claimed. After review, the Department made no changes to the proposed text in response to those comments.

Attachments

- Summaries of the proposed rules
 - Statements of facts and circumstances justifying the rules
 - Federal comparison statement
 - Summaries of the workshops
- Rule text
- Incorporated materials

STATE OF FLORIDA
DEPARTMENT OF REVENUE
PROPERTY TAX OVERSIGHT PROGRAM
CHAPTER 12D-8, FLORIDA ADMINISTRATIVE CODE
ASSESSMENT ROLL PREPARATION AND APPROVAL
AMENDING RULE 12D-8.0065

SUMMARY OF PROPOSED RULE

The proposed amendments to Rule 12D-8.0065(2)(a)1., F.A.C., is to update the requirements for applying for the transfer of an assessment difference from a previous homestead property to a new homestead property. This update extends the timeframe from two years to three years for a property owner to transfer the accrued benefit from certain assessment limitations on homestead property.

FACTS AND CIRCUMSTANCES JUSTIFYING PROPOSED RULE

The proposed amendment to Rule 12D-8.0065(2)(a)1., F.A.C., is necessary to reflect amendments to subsection 193.155(8), F.S., as amended by Chapter 2020-175, L.O.F.

FEDERAL COMPARISON STATEMENT

The provisions contained in this rule does not conflict with comparable federal laws, policies, or standards.

SUMMARY OF RULE DEVELOPMENT WORKSHOP

SCHEDULED FOR DECEMBER 9, 2020

The Department of Revenue published a Notice of Rule Development for proposed amendments to Rule 12D-8.0065, F.A.C., in the *Florida Administrative Register* on November 23, 2020 (Vol. 46, No. 228, p. 5107) and scheduled a workshop for December 9, 2020, if requested in writing. The Department received no written requests, and no workshop was held. No written comments were received by the Department.

NOTICE OF PROPOSED RULE

FLORIDA DEPARTMENT OF REVENUE

Property Tax Oversight Program

RULE NO.: RULE TITLE:

12D-8.0065 Transfer of Homestead Assessment Difference; "Portability"; Sworn Statement
Required; Denials; Late Applications

PURPOSE AND EFFECT: The purpose of the proposed amendment to Rule 12D-8.0065(2)(a)1., F.A.C., is necessary to reflect amendments to subsection 193.155(8), F.S., as amended by Chapter 2020-175, L.O.F. (HJR 369).

SUMMARY: The proposed amendment to Rule 12D-8.0065(2)(a)1., F.A.C., updates the requirements for applying for the transfer of an assessment difference from a previous homestead property to a new homestead property. This update extends the timeframe from two years to three years for a property owner to transfer the accrued benefit from certain assessment limitations on homestead property.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COSTS AND

LEGISLATIVE RATIFICATION: The Agency has determined that these rules 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 Statement of Estimated Regulatory Cost (SERC) has not been prepared by the Agency.

The Agency has determined that these proposed rules are not expected to require legislative ratification based on the SERC or if no SERC is required, the information expressly relied upon and described herein: 1) no requirement for a SERC was triggered under Section 120.541(1), F.S.; and, 2) based on past experiences with activities for providing the public tax information

and 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 SERC, as set forth in Section 120.541(2)(a), F.S. Any person who wishes to provide information regarding a SERC, or to provide a proposal for a lower cost regulatory alternative must do so in writing within 21 days of this notice.

RULEMAKING AUTHORITY: 195.027(1) FS.

LAW IMPLEMENTED: 192.047, 193.114, 193.1142, 193.155, 193.461, 193.703, 194.011, 194.013, 195.084, 200.065 FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE HELD AT THE DATE, TIME AND PLACE SHOWN BELOW (IF NOT REQUESTED, THIS HEARING WILL NOT BE HELD):

DATE AND TIME: To be determined.

PLACE: To be determined.

NOTICE UNDER THE AMERICANS WITH DISABILITIES ACT: Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in any rulemaking proceeding before the Property Tax Oversight Program is asked to advise the Department at least 48 hours before the proceeding by contacting Mike Cotton at (850)617-8870. Persons with hearing or speech impairments may contact the Department using the Florida Relay Service, which can be reached at (800)955-8770 (Voice) and (800)955-8771 (TDD).

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Mike Cotton, Property Tax Oversight Program, telephone 850-617-8870 or email

DORPTO@floridarevenue.com.

THE FULL TEXT OF THE PROPOSED RULE IS:

STATE OF FLORIDA
DEPARTMENT OF REVENUE
PROPERTY TAX OVERSIGHT PROGRAM
CHAPTER 12D-8, FLORIDA ADMINISTRATIVE CODE
ASSESSMENT ROLL PREPARATION AND APPROVAL
AMENDING RULE-12D-8.0065

12D-8.0065 Transfer of Homestead Assessment Difference; “Portability”; Sworn Statement Required; Denials; Late Applications.

(1) No change.

(2) Section 193.155(8), F.S., provides the procedures for the transfer of the homestead assessment difference to a new homestead, within stated limits, when a previous homestead is abandoned. The amount of the assessment difference is transferred as a reduction to the just value of the interest owned by persons that qualify and receive homestead exemption on a new homestead.

(a) This rule sets limits and requirements consistent with Section 193.155(8), F.S. A person may apply for the transfer of an assessment difference from a previous homestead property to a new homestead property if:

1. The person received a homestead exemption on the previous property on January 1 of one of the last ~~three~~ two years before establishing the new homestead; and,

2. through 4. No change.

(b) No change.

(3) through (12) No change.

Rulemaking Authority 195.027(1), ~~213.06(1)~~ FS. Law Implemented 192.047, 193.114, 193.1142, 193.155, 193.461, 193.703, 194.011, 194.013, 195.084, 200.065 FS. History—New 9-10-15,

Amended xx-xx-xx.

NAME OF PERSON ORIGINATING PROPOSED RULE: Mike Cotton

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

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: To be determined.

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAR: November
23, 2020.

STATE OF FLORIDA
DEPARTMENT OF REVENUE
PROPERTY TAX OVERSIGHT PROGRAM
CHAPTER 12D-16, FLORIDA ADMINISTRATIVE CODE
ADMINISTRATION OF FORMS
PROPOSED AMENDMENTS TO RULE 12D-16.002, F.A.C.

SUMMARY OF PROPOSED RULE

The proposed amendments to Rule 12D-16.002, F.A.C., incorporate, by reference, amended Forms DR-490PORT, DR-501, DR-501CC, DR-501DV, DR-501RVSH, DR-504CS, DR-504HA and DR-504S. Additional proposed amendments include changes to Form DR-504 and the creation of additional exemption applications to provide clarity to taxpayers and property appraisers on required documentation for each applicable type of exemption, including new DR-504AFH, DR-504ED and DR-504W.

The proposed amendments to Form DR-490PORT, *Notice of Denial of Transfer of Homestead Assessment Difference*, Form DR-501, *Original Application for Homestead and Related Tax Exemptions*, and Form DR-501RVSH, *Certificate for Transfer of Homestead Assessment Difference*, update the timeframe from two to three years for a property owner to transfer the accrued benefit from certain assessment limitations on homestead property, as provided in subsection 193.155(8), F.S., amended by Chapter 2020-175, L.O.F.

The proposed amendments to Forms DR-501, *Original Application for Homestead and Related Tax Exemptions* and DR-501DV, *Application and Return for Homestead Tax Discount, Veterans Age 65 and Older with a Combat-Related Disability and Surviving Spouse*, provide for

the surviving spouse to continue to receive the ad valorem tax discount granted to the veteran after his or her death, as provided in subsection 196.082(3), F.S., amended by Chapter 2020-179, L.O.F. Additional proposed amendments to Form DR-501DV will remove obsolete provisions regarding the residency of the veteran when entering military service and outdated or unnecessary statutory citations.

Additional proposed amendments to Form DR-501 are to incorporate subsection 196.081(1)(b), F.S., allowing a veteran or a surviving spouse of a veteran to receive a refund of ad valorem taxes paid for a newly acquired property, prorated as of the date of the transfer, if the veteran or surviving spouse received the veteran exemption or veteran's surviving spouse exemption on a property in a given year; the veteran or surviving spouse acquires legal or beneficial title to another property between January 1 and November 1 of the same year; and the veteran or surviving spouse applies for and receives the veteran exemption or veteran's surviving spouse exemption for the newly acquired property in the next tax year. Additional proposed amendments to Form DR-501 move the sections on page 2 for the first responder who is totally and permanently disabled or his or her spouse to apply for an exemption; relocate information for the applicant to contact the property appraiser for questions about an exemption to under the signature line; move Parcel ID space to before "Legal description;" remove language about the exemption being "\$25,000 to \$50,000;" and add "Instrument number" space after Book/Page/Date.

The proposed amendments to Form DR-501CC, *Ad Valorem Tax Exemption Application and Return for Proprietary Continuing Care Facility*, are to clarify questions, update instructions and remove the notarization requirement from the individual affidavit, which is not specifically

required by Florida law, and to add the penalty of perjury declaration required by section 92.525(2), F.S.

The proposed amendments to Form DR-504CS, *Ad Valorem Tax Exemption Application and Return for Charter School Facilities*, are to update the title of the application, update a statute reference, remove language explaining how credits are applied to lease payments, and replace the penalty of perjury declaration with a certification statement.

The proposed amendments to Form DR-504HA, *Ad Valorem Tax Exemption Application and Return for Nonprofit Homes for the Aged*, are to update the title of the application, update a statute citation, clarify instructions, and replace the penalty of perjury declaration with a certification statement.

The proposed amendments to Form DR-504S, *Individual Affidavit for Ad Valorem Tax Exemption Homes for the Aged*, are to add the penalty of perjury declaration and remove the notary acknowledgement.

The proposed amendments to Form DR-504, *Ad Valorem Tax Exemption Application and Return*, are to provide clarification to taxpayers and property appraisers on documentation required to apply for each type of exemption. The simplified application clarifies the filing process for taxpayers. With the amendment to Form DR-504, the Department is creating three new forms for specific ad valorem exemptions: Form DR-504AFH, *Ad Valorem Tax Exemption Application and Return for Multifamily Project and Affordable Housing Property*; Form DR-504ED, *Ad Valorem Tax Exemption Application and Return for Educational Property*; and Form DR-504W, *Ad Valorem Tax Exemption Application and Return for Not-for-Profit Sewer and Water Company and Not-for-Profit Water and Wastewater Systems*. Form DR-504AFH will reflect section 196.1978(2), F.S., which changes a multifamily project discount to an exemption.

FACTS AND CIRCUMSTANCES JUSTIFYING PROPOSED RULE

The proposed amendments are necessary to incorporate, by reference, Forms DR-490PORT, DR-501, DR-501DV and DR-501RVSH to reflect amendments to subsection 193.155(8), F.S., as a result of legislative changes in Chapter 2020-175, L.O.F.; the addition of subsection 196.082(3), F.S., as a result of legislative changes in Chapter 2020-179, L.O.F.

The proposed amendments to Forms DR-501CC, DR-504CS, DR-504HA, and DR-504S are necessary to remove notarization of the forms which is not specifically required by Florida Statutes. Form DR-504CS is amended to also reflect the repeal of Chapter 228, Florida Statutes.

FEDERAL COMPARISON STATEMENT

The provisions contained in this rule does not conflict with comparable federal laws, policies, or standards.

SUMMARY OF RULE DEVELOPMENT WORKSHOP

SCHEDULED FOR DECEMBER 9, 2020

The Department of Revenue published a Notice of Rule Development for proposed amendments to Rule 12D-16.002, F.A.C., to incorporate, by reference, amended Forms DR-490PORT, DR-501, DR-501DV, and DR-501RVSH. The Notice was published in the *Florida Administrative Register* on November 23, 2020 (Vol. 46, No. 228, pp. 5108 - 5109) and scheduled a workshop for December 9, 2020, if requested in writing. The Department received no written requests, and no workshop was held. No written comments were received by the Department on these form amendments.

SUMMARY OF RULE DEVELOPMENT WORKSHOP

HELD AUGUST 5, 2021

The Department of Revenue published two Notices of Rule Development for proposed amendments to Rule 12D-16.002, F.A.C., in the *Florida Administrative Register* on July 16, 2021 (Vol. 47, No. 137, p. 3301 and pp. 3301-3302) and held a workshop on August 5, 2021. One meeting was held to receive comments on Forms DR-501, DR-501CC, DR-504, DR-504AFH, DR-504ED, DR-504W, DR-504CS, DR-504HA, and DR-504S. Written comments were received from property appraiser's offices:

- Received a request to add the parcel ID field to the top of the DR-501, requested a space for each applicant to have a phone number on page 2, and asked for a space for an applicant to add their previous address. The Department added a space for the co-applicant to provide their phone number.
- A property appraiser's office asked for a space to be added for a taxpayer contact email address on the DR-501. The Department addressed this comment during the workshop and did not incorporate this comment.
- A property appraiser's office asked for inclusion of a space for a parcel ID number on the DR-501. The Department did not incorporate this comment.
- A request to list the prior address on the DR-504S if homestead exemption was claimed. After review, the Department made no changes to the proposed text in response to this comment.

NOTICE OF PROPOSED RULE

FLORIDA DEPARTMENT OF REVENUE

Property Tax Oversight Program

RULE NO.: RULE TITLE:

12D-16.002 Index to Forms

PURPOSE AND EFFECT: The proposed amendments to Rule 12D-16.002, F.A.C., are necessary to incorporate, by reference, amended Forms DR-490PORT, DR-501, DR-501CC, DR-501DV, DR-501RVSH, DR-504, DR-504CS, DR-504HA, DR-504S, and new Forms DR 504AFH, DR 504ED, and DR 504W.

The proposed amendments to Forms DR-490PORT, Notice of Denial of Transfer of Homestead Assessment Difference, DR-501, Original Application for Homestead and Related Tax Exemptions and DR-501RVSH, Certificate for Transfer of Homestead Assessment Difference, will extend the timeframe from two to three years for a property owner to transfer the accrued benefit from certain assessment limitations on homestead property, as provided in subsection 193.155(8), F.S., amended by Chapter 2020-175, L.O.F. (HJR 369).

The proposed amendments to Forms DR-501 and DR-501DV, Application and Return for Homestead Tax Discount, Veterans Age 65 and Older with a Combat-Related Disability and Surviving Spouse, will provide for the surviving spouse to continue to receive the ad valorem tax discount granted to the veteran after his or her death, as provided by subsection 196.082(3), F.S., amended by Chapter 2020-179, L.O.F. (HJR 877). Additional proposed amendments to Form DR-501DV will remove obsolete provisions regarding the residency of the veteran when entering military service and outdated or unnecessary statutory citations.

Additional proposed amendments to Form DR-501 will provide sections for a veteran or surviving spouse of a veteran to apply for an exemption and be made aware they may qualify for a prorated refund as a result of receiving the exemption, as provided by subsection 196.081(1)(b), F.S., amended by Chapter 2020-140 L.O.F.; move the sections on page 2 for the first responder who is totally and permanently disabled or his or her spouse to apply for an exemption; relocate information for the applicant to contact the property appraiser for questions about an exemption to under the signature line; move Parcel ID space to before “Legal description;” remove language about the exemption being “\$25,000 to \$50,000;” and add “Instrument number” space after Book/Page/Date.

The purpose of the proposed amendments to Form DR-504, Ad Valorem Tax Exemption Application and Return, is to provide clarification to taxpayers and property appraisers on documentation required to apply for each type of exemption. With the amendment to Form DR-504, the Department is creating three new forms for specific ad valorem exemptions: Form DR-504AFH, Ad Valorem Tax Exemption Application and Return for Multifamily Project and Affordable Housing Property; Form DR-504ED, Ad Valorem Tax Exemption Application and Return for Educational Property; and Form DR-504W, Ad Valorem Tax Exemption Application and Return for Not-for-Profit Sewer and Water Company and Not-for-Profit Water and Wastewater Systems. The simplified applications clarify the filing process for taxpayers. Form DR-504AFH will reflect section 196.1978(2), F.S., change from a multifamily project discount to an exemption.

The purpose of the proposed amendments to Forms DR-501CC, Ad Valorem Tax Exemption Application and Return for Proprietary Continuing Care Facility, DR-504CS, Ad Valorem Tax Exemption Application and Return for Charter School Facilities, DR-504HA, Ad Valorem Tax

Exemption Application and Return for Nonprofit Homes for the Aged, and DR-504S, Individual Affidavit for Ad Valorem Tax Exemption - Homes for the Aged, is to remove the notarization requirement since notarization is not specifically required by Florida law. Additional proposed amendments include updating the application titles, statute references, and clarify questions and instructions. When in effect, the amendments will reduce taxpayer burden by eliminating the requirement for forms to be notarized, since notarization is not specifically required by Florida law.

SUMMARY: The proposed amendments to Rule 12D-16.002, F.A.C., incorporate, by reference, amended Forms DR-490PORT, DR-501, DR-501CC, DR-501DV, DR-501RVSH, DR-504, DR-504CS, DR-504HA and DR-504S; and new Forms DR-504AFH, DR-504ED, DR-504W.

Affected parties will have updated forms available that comply with current law.

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 Statement of Estimated Regulatory Cost (SERC) has not been prepared by the Agency.

The Agency has determined that this proposed rule is not expected to require legislative ratification based on the SERC or if no SERC is required, the information expressly relied upon and described herein: 1) no requirement for a SERC was triggered under Section 120.541(1), F.S.; and, 2) based on past experiences with activities for providing the public tax information and 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 SERC, as set forth in Section 120.541(2)(a), F.S. Any person who wishes to provide information regarding a SERC, or to

provide a proposal for a lower cost regulatory alternative must do so in writing within 21 days of this notice.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COSTS AND

LEGISLATIVE RATIFICATION: The Agency has determined that these rules 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 Statement of Estimated Regulatory Cost (SERC) has not been prepared by the Agency.

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RULEMAKING AUTHORITY: 195.027(1) FS.

LAW IMPLEMENTED: 95.18, 136.03, 192.001(18), 192.0105, 193.052, 193.077, 193.085, 193.092, 193.114, 193.122, 193.155, 193.1554, 193.1555, 193.1556, 193.461, 193.501, 193.503, 193.625, 193.703, 194.011, 194.032, 194.034, 194.035, 194.037, 195.002, 195.022, 195.087, 196.011, 196.015, 196.031, 196.075, 196.081, 196.095, 196.101, 196.121, 196.141, 196.151, 196.173, 196.183, 196.193, 196.1961, 196.1983, 196.1995, 196.202, 196.24, 196.26, 197.182,

197.222, 197.2423, 197.2425, 197.318, 197.3632, 197.3635, 197.414, 197.432, 197.472,
197.502, 197.512, 197.552, 200.065, 200.069, 218.12, 218.125, 218.131, 218.66, 218.67 FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL
BE HELD AT THE DATE, TIME AND PLACE SHOWN BELOW (IF NOT REQUESTED,
THIS HEARING WILL NOT BE HELD):

DATE AND TIME: To be determined.

PLACE: To be determined.

NOTICE UNDER THE AMERICANS WITH DISABILITIES ACT: Pursuant to the provisions
of the Americans with Disabilities Act, any person requiring special accommodations to
participate in any rulemaking proceeding before the Property Tax Oversight Program is asked to
advise the Department at least 48 hours before the proceeding by contacting Mike Cotton at
(850)617-8870. Persons with hearing or speech impairments may contact the Department using
the Florida Relay Service, which can be reached at (800)955-8770 (Voice) and (800)955-8771
(TDD).

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Mike
Cotton, Property Tax Oversight Program, telephone 850-617-8870 or email
DORPTO@floridarevenue.com

THE FULL TEXT OF THE PROPOSED RULE IS:

NOTICE OF PROPOSED RULE

FLORIDA DEPARTMENT OF REVENUE

Property Tax Oversight Program

RULE NO.: RULE TITLE:

12D-16.002 Index to Forms

PURPOSE AND EFFECT: The proposed amendments to Rule 12D-16.002, F.A.C., are necessary to incorporate, by reference, amended Forms DR-490PORT, DR-501, DR-501CC, DR-501DV, DR-501RVSH, DR-504, DR-504CS, DR-504HA, DR-504S, and new Forms DR 504AFH, DR 504ED, and DR 504W.

The proposed amendments to Forms DR-490PORT, Notice of Denial of Transfer of Homestead Assessment Difference, DR-501, Original Application for Homestead and Related Tax Exemptions and DR-501RVSH, Certificate for Transfer of Homestead Assessment Difference, will extend the timeframe from two to three years for a property owner to transfer the accrued benefit from certain assessment limitations on homestead property, as provided in subsection 193.155(8), F.S., amended by Chapter 2020-175, L.O.F.

The proposed amendments to Forms DR-501 and DR-501DV, Application and Return for Homestead Tax Discount, Veterans Age 65 and Older with a Combat-Related Disability and Surviving Spouse, will provide for the surviving spouse to continue to receive the ad valorem tax discount granted to the veteran after his or her death, as provided by subsection 196.082(3), F.S., amended by Chapter 2020-179, L.O.F. Additional proposed amendments to Form DR-501DV will remove obsolete provisions regarding the residency of the veteran when entering military service and outdated or unnecessary statutory citations.

Additional proposed amendments to Form DR-501 will provide sections for a veteran or surviving spouse of a veteran to apply for an exemption and be made aware they may qualify for a prorated refund as a result of receiving the exemption, as provided by subsection 196.081(1)(b), F.S., amended by Chapter 2020-140 L.O.F.; move the sections on page 2 for the first responder who is totally and permanently disabled or his or her spouse to apply for an exemption; relocate information for the applicant to contact the property appraiser for questions about an exemption to under the signature line; move Parcel ID space to before “Legal description;” remove language about the exemption being “\$25,000 to \$50,000;” and add “Instrument number” space after Book/Page/Date.

The purpose of the proposed amendments to Form DR-504, Ad Valorem Tax Exemption Application and Return, is to provide clarification to taxpayers and property appraisers on documentation required to apply for each type of exemption. With the amendment to Form DR-504, the Department is creating three new forms for specific ad valorem exemptions: Form DR-504AFH, Ad Valorem Tax Exemption Application and Return for Multifamily Project and Affordable Housing Property; Form DR-504ED, Ad Valorem Tax Exemption Application and Return for Educational Property; and Form DR-504W, Ad Valorem Tax Exemption Application and Return for Not-for-Profit Sewer and Water Company and Not-for-Profit Water and Wastewater Systems. The simplified applications clarify the filing process for taxpayers. Form DR-504AFH will reflect section 196.1978(2), F.S., change from a multifamily project discount to an exemption.

The purpose of the proposed amendments to Forms DR-501CC, Ad Valorem Tax Exemption Application and Return for Proprietary Continuing Care Facility, DR-504CS, Ad Valorem Tax Exemption Application and Return for Charter School Facilities, DR-504HA, Ad Valorem Tax

Exemption Application and Return for Nonprofit Homes for the Aged, and DR-504S, Individual Affidavit for Ad Valorem Tax Exemption - Homes for the Aged, is to remove the notarization requirement since notarization is not specifically required by Florida law. Additional proposed amendments include updating the application titles, statute references, and clarify questions and instructions. When in effect, the amendments will reduce taxpayer burden by eliminating the requirement for forms to be notarized, since notarization is not specifically required by Florida law.

SUMMARY: The proposed amendments to Rule 12D-16.002, F.A.C., incorporate, by reference, amended Forms DR-490PORT, DR-501, DR-501CC, DR-501DV, DR-501RVSH, DR-504, DR-504CS, DR-504HA and DR-504S; and new Forms DR-504AFH, DR-504ED, DR-504W.

Affected parties will have updated forms available that comply with current law.

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 Statement of Estimated Regulatory Cost (SERC) has not been prepared by the Agency.

The Agency has determined that this proposed rule is not expected to require legislative ratification based on the SERC or if no SERC is required, the information expressly relied upon and described herein: 1) no requirement for a SERC was triggered under Section 120.541(1), F.S.; and, 2) based on past experiences with activities for providing the public tax information and 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 SERC, as set forth in Section 120.541(2)(a), F.S. Any person who wishes to provide information regarding a SERC, or to

provide a proposal for a lower cost regulatory alternative must do so in writing within 21 days of this notice.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COSTS AND

LEGISLATIVE RATIFICATION: The Agency has determined that these rules 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 Statement of Estimated Regulatory Cost (SERC) has not been prepared by the Agency.

The Agency has determined that these proposed rules are not expected to require legislative ratification based on the SERC or if no SERC is required, the information expressly relied upon and described herein: 1) no requirement for a SERC was triggered under Section 120.541(1), F.S.; and, 2) based on past experiences with activities for providing the public tax information and 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 SERC, as set forth in Section 120.541(2)(a), F.S. Any person who wishes to provide information regarding a SERC, or to provide a proposal for a lower cost regulatory alternative must do so in writing within 21 days of this notice.

RULEMAKING AUTHORITY: 195.027(1) FS.

LAW IMPLEMENTED: 95.18, 136.03, 192.001(18), 192.0105, 193.052, 193.077, 193.085, 193.092, 193.114, 193.122, 193.155, 193.1554, 193.1555, 193.1556, 193.461, 193.501, 193.503, 193.625, 193.703, 194.011, 194.032, 194.034, 194.035, 194.037, 195.002, 195.022, 195.087, 196.011, 196.015, 196.031, 196.075, 196.081, 196.095, 196.101, 196.121, 196.141, 196.151, 196.173, 196.183, 196.193, 196.1961, 196.1983, 196.1995, 196.202, 196.24, 196.26, 197.182,

197.222, 197.2423, 197.2425, 197.318, 197.3632, 197.3635, 197.414, 197.432, 197.472,
197.502, 197.512, 197.552, 200.065, 200.069, 218.12, 218.125, 218.131, 218.66, 218.67 FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL
BE HELD AT THE DATE, TIME AND PLACE SHOWN BELOW (IF NOT REQUESTED,
THIS HEARING WILL NOT BE HELD):

DATE AND TIME: To be determined.

PLACE: To be determined.

NOTICE UNDER THE AMERICANS WITH DISABILITIES ACT: Pursuant to the provisions
of the Americans with Disabilities Act, any person requiring special accommodations to
participate in any rulemaking proceeding before the Property Tax Oversight Program is asked to
advise the Department at least 48 hours before the proceeding by contacting Mike Cotton at
(850)617-8870. Persons with hearing or speech impairments may contact the Department using
the Florida Relay Service, which can be reached at (800)955-8770 (Voice) and (800)955-8771
(TDD).

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Mike
Cotton, Property Tax Oversight Program, telephone 850-617-8870 or email
DORPTO@floridarevenue.com

THE FULL TEXT OF THE PROPOSED RULE IS:

STATE OF FLORIDA
DEPARTMENT OF REVENUE
PROPERTY TAX OVERSIGHT PROGRAM
CHAPTER 12D-16, FLORIDA ADMINISTRATIVE CODE
ADMINISTRATION OF FORMS
AMENDING RULE 12D-16.002

12D-16.002 Index to Forms.

(1) The following paragraphs list the forms adopted by the Department of Revenue. A copy of these forms may be obtained from the Department’s website at <http://floridarevenue.com/property/>, or by writing to: Property Tax Oversight Program, Department of Revenue, Post Office Box 3000, Tallahassee, Florida 32315-3000. The Department of Revenue adopts, and incorporates by reference in this rule, the following forms and instructions:

	Form Number	Form Title	Effective Date
(2)	Through (30)(a)	No change.	
(b)	DR-490PORT	Notice of Denial of Transfer of Homestead Assessment Difference (r. xx/xx 11/12) <u>https://www.flrules.org/Gateway/reference.asp?No=Ref-</u>	<u>xx/xx 3/10</u>
(31)	Through (38)	No change.	
(39)(a)	DR-501	Original Application for Homestead and Related Tax Exemptions (r. xx/xx)	<u>xx/xx 09/18</u>
(b)	DR-501A	No Change.	
(c)	DR-501CC	Ad Valorem Tax Exemption Application <u>and Return for</u> Proprietary Continuing Care Facility (r. xx/xx 11/12) <u>https://www.flrules.org/Gateway/reference.asp?No=Ref-</u> <u>01794</u>	<u>xx/xx 11/12</u>
(d)	DR-501DV	Application <u>and Return</u> for Homestead Tax Discount, Veterans Age 65 xx/xx 11/12	

and Older with a Combat-Related Disability and Surviving Spouse

(r. ~~xx/xx n. 11/12~~)

https://www.flrules.org/Gateway/reference.asp?No=Ref-____01795

- (e) Through (f) No change.
- (g) DR-501RVSH Certificate for Transfer of Homestead Assessment Difference xx/xx 11/12
(r. ~~xx/xx 11/12~~)
https://www.flrules.org/Gateway/reference.asp?No=Ref-____01798
- (39)(h) Through (40) No change.
- (41)(a) DR-504 Ad Valorem Tax Exemption Application and Return for - Charitable, Religious, Scientific, Literary Organizations, Hospitals, Nursing Homes, and Homes for Special Services (r. ~~xx/xx 1/18~~) xx/xx 1/18
https://www.flrules.org/Gateway/reference.asp?No=Ref-____09023
- (b) DR-504AFH Ad Valorem Tax Exemption Application and Return for Multifamily Project and Affordable Housing Property (n. ~~xx/xx~~) xx/xx
https://www.flrules.org/Gateway/reference.asp?No=Ref-____
- (c)(b) DR-504CS Ad Valorem Tax Exemption Application and Return for - Charter School Facilities (r. ~~xx/xx n. 12/00~~) xx/xx 1/01
https://www.flrules.org/Gateway/reference.asp?No=Ref-____
- (d) DR-504ED Ad Valorem Tax Exemption Application and Return for Educational Property (n. ~~xx/xx~~) xx/xx
https://www.flrules.org/Gateway/reference.asp?No=Ref-____
- (e)(e) DR-504HA Ad Valorem Tax Exemption Application and Return for - Nonprofit Homes for the Aged (r. ~~xx/xx n. 11/01~~) xx/xx 12/01
https://www.flrules.org/Gateway/reference.asp?No=Ref-____
- (f)(d) DR-504S Individual Affidavit for Ad Valorem Tax Exemption-Homes for the Aged (r. ~~xx/xx 11/12~~) xx/xx 11/12

https://www.flrules.org/Gateway/reference.asp?No=Ref____-01802

(g) DR-504W Ad Valorem Tax Exemption Application and Return for Not-for-Profit xx/xx
Sewer and Water Company and Not-for-Profit Water and Wastewater
Systems (n. xx/xx)
https://www.flrules.org/Gateway/reference.asp?No=Ref_____

(42) Through (61) No change.

Rulemaking Authority 195.027(1) FS. Law Implemented 95.18, 136.03, 192.001(18), 192.0105, 193.052, 193.077, 193.085, 193.092, 193.114, 193.122, 193.155, 193.1554, 193.1555, 193.1556, 193.461, 193.501, 193.503, 193.625, 193.703, 194.011, 194.032, 194.034, 194.035, 194.037, 195.002, 195.022, 195.087, 196.011, 196.015, 196.031, 196.075, 196.095, 196.101, 196.121, 196.141, 196.151, 196.173, 196.183, 196.193, 196.1961, 196.1983, 196.1995, 196.202, 196.24, 196.26, 197.182, 197.222, 197.2423, 197.2425, 197.318, 197.3632, 197.3635, 197.414, 197.432, 197.472, 197.502, 197.512, 197.552, 200.065, 200.069, 218.12, 218.125, 218.131, 218.66, 218.67 FS. History—New 10-12-76, Amended 4-11-80, 9-17-80, 5-17-81, 1-18-82, 4-29-82, Formerly 12D-16.02, Amended 12-26-88, 1-9-92, 12-10-92, 1-11-94, 12-27-94, 12-28-95, 12-25-96, 12-30-97, 12-31-98, 2-3-00, 1-9-01, 12-27-01, 1-20-03, 1-26-04, 12-30-04, 1-16-06, 10-2-07, 3-30-10, 11-1-12, 9-10-15, 4-5-16, 6-14-16, 1-9-17, 9-19-17, 1-17-18, 4-10-18, 9-17-18, 7-9-19, 12-7-20, xx-xx-xx.

NAME OF PERSON ORIGINATING PROPOSED RULE: Mike Cotton

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

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: To be determined.

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAR: November
23, 2020 and July 16, 2021.



NOTICE OF DENIAL OF TRANSFER OF HOMESTEAD ASSESSMENT DIFFERENCE

DR-490PORT
R. xx/xx
Rule 12D-16.002
F.A.C.
Effective xx/xx

To:		From Property Appraiser, County of _____
		Contact name _____
		Address _____

	PREVIOUS HOMESTEAD	NEW HOMESTEAD
Parcel ID		
Physical address		
County		

Your application to transfer an assessment difference from our previous homestead to your new homestead was not approved because:

- 1. The information provided on your application was inaccurate or incomplete and could not be verified.
- 2. The property appraiser from the county of your previous homestead could not verify your homestead information.
- 3. The property appraiser from the county of your previous homestead did not provide sufficient information to grant a transfer of assessment difference to the new homestead.
- 4. The property identified as your previous homestead did not have homestead exemption in either of the three preceding years.
- 5. The homestead exemption is still being claimed on your previous homestead and is inconsistent with your transfer of a homestead assessment difference.
- 6. You did not establish your new homestead within the required time, or otherwise do not qualify for homestead exemption.
- 7. You did not meet other statutory requirements, specifically:

If you disagree with this denial, the Florida Property Taxpayer's Bill of Rights recognizes your right to an informal conference with the local property appraiser. You may also file an appeal with the county value adjustment board, according to section 193.155(8)(j), Florida Statutes. Petitions involving denials of transfer of homestead assessment difference are due by the 25th day after the mailing of the Notice of Proposed Property Taxes.

Signature, property appraiser or deputy

County

Date

PROPERTY APPRAISER CONTACT		
Print name	Email	
Mailing address	Phone	
	Fax	
VALUE ADJUSTMENT BOARD CONTACT		
Email	Phone	Fax



ORIGINAL APPLICATION FOR HOMESTEAD AND RELATED TAX EXEMPTIONS

DR-501
Rule 12D-16.002, F.A.C.
Effective xx/xx
Page 1 of 4

Permanent Florida residency required on January 1.
Application due to property appraiser by March 1.

County		Tax Year	
I am applying for homestead exemption		<input type="checkbox"/> New	<input type="checkbox"/> Change
Do you claim residency in another county or state? Applicant?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Co-applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Applicant	Co-applicant/Spouse	
Name			
*Social Security #			
Immigration #			
Date of birth			
% of ownership			
Date of permanent residency			
Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
Homestead address		Mailing address, if different	
Parcel identification number or legal description		Applicant Phone Co-applicant Phone	
Type of deed _____	Date of deed _____		
Recorded: Book _____ Page _____ Date _____ or Instrument number _____			
Did any applicant receive or file for exemptions last year? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Previous address:			
Please provide as much information as possible. Your county property appraiser will make the final determination.			
Proof of Residence	Applicant	Co-applicant/Spouse	
Previous residency outside Florida and date terminated	date	date	
FL driver license or ID card number	date	date	
Evidence of relinquishing driver license from other state			
Florida vehicle tag number			
Florida voter registration number (if US citizen)	date	date	
Declaration of domicile, enter date	date	date	
Current employer			
Address on your last IRS return			
School location of dependent children			
Bank statement and checking account mailing address			
Proof of payment of utilities at homestead address	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Name and address of any owners not residing on the property			

*Disclosure of your social security number is mandatory. It is required by section 196.011(1)(b), Florida Statutes. The social security number will be used to verify taxpayer identity and homestead exemption information submitted to property appraisers.

In addition to homestead exemption, I am applying for the following benefits.
 See page 3 for qualification and required documents.

By local ordinance only:

Age 65 and older with limited income (amount determined by ordinance)

Age 65 and older with limited income and permanent residency for 25 years or more

\$500 widowed \$500 blind \$500 totally and permanently disabled

Total and permanent disability - quadriplegic

Certain total and permanent disabilities - limited income and hemiplegic, paraplegic, wheelchair required, or legally blind

First responder totally and permanently disabled in the line of duty or surviving spouse

Surviving spouse of first responder who died in the line of duty

Disabled veteran discount, 65 or older which carries over to the surviving spouse

Veteran disabled 10% or more

Disabled veteran confined to wheelchair, service-connected

Service-connected totally and permanently disabled veteran or veteran's surviving spouse. Applicants for this exemption may qualify for a prorated refund of previous year's taxes if in the previous year they acquired this parcel between January 1 and November 1 and received the same exemption on another parcel. Enter previous parcel information. Parcel number _____ County _____.

Surviving spouse of veteran who died while on active duty. Applicants for this exemption may qualify for a prorated refund of previous year's taxes if in the previous year they acquired this parcel between January 1 and November 1 and received the same exemption on another parcel. Enter previous parcel information. Parcel number _____ County _____.

Other, specify: _____

I authorize this agency to obtain information to determine my eligibility for the exemptions applied for. I qualify for these exemptions under Florida Statutes. I own the property above and it is my permanent residence or the permanent residence of my legal or natural dependent(s). (See s. 196.031, Florida Statutes.)

I understand that under section 196.131(2), F.S., any person who knowingly and willfully gives false information to claim homestead exemption is guilty of a misdemeanor of the first degree, punishable by imprisonment up to one year, a fine up to \$5,000, or both.

I have read, or have had someone read to me, the contents of this form.

I certify all information on this form and any attachments are true, correct, and in effect on January 1 of this year.

_____ Signature, applicant	_____ Date	_____ Signature, co-applicant	_____ Date
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Contact your local property appraiser if you have questions about your exemption.
File the signed application for exemption with the county property appraiser.

_____ Signature, property appraiser or deputy	_____ Date	_____ Entered by	_____ Date
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Penalties

The property appraiser has a duty to put a tax lien on your property if you received a homestead exemption during the past 10 years that you were not entitled to. The property appraiser will notify you that taxes with penalties and interest are due. You will have 30 days to pay before a lien is recorded. If this was not an error by the property appraiser, you will be subject to a penalty of 50 percent of the unpaid taxes and 15 percent interest each year (see s. 196.011(9)(a), F.S.). For special requirements for estates probated or administered outside Florida, see s. 196.161(1), F.S.

The information in this application will be given to the Department of Revenue. Under s. 196.121, F.S., the Department and property appraisers can give this information to any state where the applicant has resided. Social security numbers will remain confidential under s.193.114(5), F.S.

EXEMPTION AND DISCOUNT REQUIREMENTS

Homestead Every person who owns real property in Florida on January 1, makes the property his or her permanent residence or the permanent residence of a legal or natural dependent, and files an application may receive a property tax exemption up to \$50,000. The first \$25,000 applies to all property taxes. The added \$25,000 applies to assessed value over \$50,000 and only to non-school taxes.

Your local property appraiser will determine whether you are eligible. The appraiser may consider information such as the items requested on the bottom of page 1.

Save our Homes (SOH) Beginning the year after you receive homestead exemption, the assessment on your home cannot increase by more than the lesser of the change in the Consumer Price Index or 3 percent each year, no matter how much the just value increases. If you have moved from one Florida homestead to another within the last three years, you may be eligible to take some of your SOH savings with you. See your property appraiser for more information.

**This page does not contain all the requirements that determine your eligibility for an exemption.
Consult your local property appraiser and Chapter 196, Florida Statutes, for details.**

Added Benefits Available for Qualified Homestead Properties				
	Amount	Qualifications	Forms and Documents*	Statute
Exemptions				
Local option, age 65 and older	Determined by local ordinance	Local ordinance, limited income	Proof of age DR-501SC, household income	196.075
	The amount of the assessed value	Local ordinance, just value under \$250,000, permanent residency for 25 years or more.	DR-501SC, household income	
Widowed	\$500		Death certificate of spouse	196.202
Blind	\$500		Florida physician, DVA*, or SSA**	196.202
Totally and Permanently Disabled	\$500	Disabled	Florida physician, DVA*, or SSA**	196.202
	All taxes	Quadriplegic	2 Florida physicians or DVA*	196.101
	All taxes	Hemiplegic, paraplegic, wheelchair required for mobility, or legally blind Limited income	DR-416, DR-416B, or letters from 2 FL physicians (For the legally blind, one can be an optometrist.) Letter from DVA*, and DR-501A, household income	196.101
Veterans and First Responders Exemptions and Discount				
Disabled veteran discount, age 65 and older which carries over to the surviving spouse	% of disability	Combat-related disability	Proof of age, DR-501DV Proof of disability, DVA*, or US government	196.082
Veteran, disabled 10% or more by misfortune or during wartime service	Up to \$5,000	Veteran or surviving spouse	Proof of disability, DVA*, or US government	196.24
Veteran confined to wheelchair, service-connected, totally disabled	All taxes	Veteran or surviving spouse	Proof of disability, DVA*, or US government	196.091
Service-connected, totally and permanently disabled veteran or surviving spouse	All taxes	Veteran or surviving spouse	Proof of disability, DVA*, or US government	196.081
Surviving spouse of veteran who died while on active duty	All taxes	Surviving spouse	Letter attesting to the veteran's death while on active duty	196.081
First responder totally and permanently disabled in the line of duty or surviving spouse	All Taxes	First responder or surviving spouse	Proof of Disability, employer certificate, physician's certificate and SSA** (or additional physician certificate)	196.102
Surviving spouse of first responder who died in the line of duty	All taxes	Surviving spouse	Letter attesting to the first responder's death in the line of duty	196.081
*DVA is the US Department of Veterans Affairs or its predecessor. **SSA is the Social Security Administration.				

References

This form mentions the following documents, which are incorporated by reference in Rule 12D-16.002, F.A.C.
The forms may be available on your county property appraiser's website
or the Department of Revenue's website at <http://floridarevenue.com/property/Pages/Forms.aspx>.

<u>Form</u>	<u>Form Title</u>
DR-416	Physician's Certification of Total and Permanent Disability
DR-416B	Optometrist's Certification of Total and Permanent Disability
DR-501A	Statement of Gross Income
DR-501DV	Application and Return for Homestead Tax Discount, Veterans Age 65 and Older with a Combat-Related Disability and Surviving Spouse
DR-501SC	Adjusted Gross Household Income, Sworn Statement and Return



AD VALOREM TAX EXEMPTION APPLICATION AND RETURN FOR PROPRIETARY CONTINUING CARE FACILITY

Section 196.1977, Florida Statutes

DR-501CC
R. xx/xx
Rule 12D-16.002
F.A.C.
Effective xx/xx
Page 1 of 2

This application is for use by certified continuing care facilities that are not qualified for exemption as a nonprofit home for the aged to apply for an ad valorem tax exemption, as provided in section (s.) 196.1977, Florida Statutes (F.S.).

This completed application, including all required attachments, must be filed with the county property appraiser on or before **March 1 of the current tax year.**

Applicant name		Facility name	
Mailing address		Physical address, if different	
Business phone		County where property is located	
Parcel identification or legal description			
<p>1. On January 1 of the current year, did the applicant hold a valid Certificate of Authority as a Continuing Care Provider, certified by the Florida Office of Insurance Regulation under Chapter 651, F.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach a copy of the certification.</p> <p>2. Is the applicant qualified for an exemption under s. 196.1975, F.S., as a nonprofit home for the aged or other ad valorem tax exemption? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. On January 1 of the current year, the number of units and apartments that qualify for \$25,000 exemption under s. 196.1977(1) and (2), F.S. _____</p> <p>4. On January 1 of the current year, the number of units and apartments in the facility _____</p> <p><input type="checkbox"/> I have included an affidavit for each eligible resident of a qualified unit or apartment.</p>			

I understand as owner, I must disclose to a qualified resident the amount of the benefit and how he or she will receive it. I affirm the resident will receive the full benefit from this exemption in either an annual or monthly credit to his or her unit's monthly maintenance fee. If a resident later qualifies for the exemption, I will disclose the same information.

I certify all information on this application, including any attachments, is true, correct, and in effect on January 1 of the tax year.

Signature _____ Print name _____ Date

Title

INSTRUCTIONS

To apply for this exemption, a proprietary continuing care facility must:

- ◆ be certified under Chapter 651, F.S.
- ◆ not qualify for an exemption under section 196.1975, F.S., or similar exemption, on January 1 of the year applied for.

For each qualifying unit or apartment, on January 1 the resident must:

- ◆ hold a continuing care contract under Chapter 651, F.S.
- ◆ reside in and make the unit his or her permanent home
- ◆ not be eligible for any other homestead exemption
- ◆ file an affidavit with the facility.

Include an affidavit (sample on page 2) for each qualifying residents with this application.

INDIVIDUAL AFFIDAVIT FOR AD VALOREM TAX EXEMPTION

PROPRIETARY CONTINUING CARE FACILITY
Section 196.1977, F.S.

DR-501CC
Eff. xx/xx
Page 2 of 2

COMPLETED BY EACH RESIDENT

Resident name _____ Tax Year 20__

Facility name _____ Unit number _____

1. On January 1 of the current year, did you live in this unit or apartment and consider it your permanent home? Yes No
2. Do you have a continuing care contract as defined in Chapter 651, F.S.? Yes No
3. Have you claimed homestead exemption on any other property for the current year? Yes No

Under penalties of perjury, I declare that I have read the foregoing Affidavit, and that the facts stated in it are true.

Signature, resident

Date

NOTICE TO RESIDENT

This facility must tell you how much they will save in taxes from this exemption. The facility must lower your maintenance fee by the full amount. They must lower your fee every month, or lower your fee one time for the entire year.

Any person who knowingly and willfully gives false information to claim homestead exemption is guilty of a misdemeanor of the first degree, punishable by imprisonment up to 1 year or a fine up to \$ 5,000, or both. (see Section 196.131(2), F.S.)



FLORIDA

APPLICATION AND RETURN FOR HOMESTEAD TAX DISCOUNT

Veterans Age 65 and Older

with a Combat-Related Disability and Surviving Spouse

Section 196.082, Florida Statutes

DR-501DV
R. xx/xx
12D-16.002, F.A.C.
Effective xx/xx
Page 1 of 2

This application is for use by a veteran or their surviving spouse to apply for an ad valorem tax discount on homestead property. To qualify, veterans must be age 65 or older, partially or totally permanently disabled with a combat-related disability, honorably discharged, and reside in the homestead. Please answer the questions below.

The discount will carry over to a veteran's surviving spouse if the spouse resides in the same home as the veteran and has not remarried. If the surviving spouse moves to a new home, the surviving spouse must complete page 2 to notify the property appraiser that the discount should be carried over to the new homestead.

	Yes	No
• Were you honorably discharged from military service?*	<input type="checkbox"/>	<input type="checkbox"/>
• Is a portion of your service-connected disability combat related?*	<input type="checkbox"/>	<input type="checkbox"/>
• Do you currently have a homestead exemption in this county?*	<input type="checkbox"/>	<input type="checkbox"/>
• If not, have you applied for homestead exemption?	<input type="checkbox"/>	<input type="checkbox"/>

*If you answered **"No"** to the questions above,  you do not qualify. Do not submit this form.

*If you answered **"Yes"** to all the above, sign and submit the completed form by **March 1**, with the required documents, to the property appraiser in the county of your homestead.

Parcel ID		County	
Name		Date of birth	
Spouse's name		Phone	
Mailing address		Physical address, if different	

Percent of service-connected disability %

Provide the documents below to the property appraiser.	Property appraiser check box
• Copy of honorable discharge papers (example: DD Form 214)	<input type="checkbox"/>
• Copy of the rating decision letter from the US Department of Veterans Affairs	<input type="checkbox"/>
• Evidence from the US Department of Veterans Affairs or military branch identifying the portion of the disability that is combat related, if not included in the rating decision letter	<input type="checkbox"/>
• Proof of age on January 1	<input type="checkbox"/>

I certify all information on this form and any attachment is true, correct, and in effect on January 1 of this year.

Signature, Applicant

Print name

Date

Signature, property appraiser or deputy

Date

Surviving Spouse of Veteran who Received the Discount and is Moving to a New Homestead

This notification is for use by a surviving spouse to inform the property appraiser when moving to a new homesteaded property. Discounts granted on homestead property qualify to be carried over to new homestead property. The amount to be transferred equals the dollar amount of the discount granted on the previous homestead included in the most recent ad valorem tax roll. Please complete the section below.

If you have not completed the *Original Application for Homestead and Related Tax Exemptions* (Form DR-501) for the new homestead, complete Form DR-501 (incorporated by reference in Rule 12D-16.002, F.A.C.).

Sign and submit this completed form by **March 1**, with a completed Form DR-501 if required, to the property appraiser in the county of your new homestead.

COMPLETED BY SURVIVING SPOUSE WHEN MOVING TO A NEW HOMESTEAD

Spouse name		Parcel ID	
Veteran name		County	
New address		Phone	
Previous address		Parcel ID	
		County	
		Date sold or no longer used as your homestead	

I affirm that I am transferring the discount for the partially or totally and permanently disabled veteran from the previous homestead above. I have not remarried since the veteran's death and the new homestead is my primary residence.

I certify all information on this form and any attachments is true, correct, and in effect on January 1 of this year.

Signature, Surviving Spouse

Date

COMPLETED BY PROPERTY APPRAISER OF NEW HOMESTEAD

If the surviving spouse moves to a new homestead in the same county, the discount is verified by the same county property appraiser and the dollar amount granted from the most recent ad valorem tax roll is transferred to the new homestead.

If the previous homestead of the surviving spouse is in another county, provide this form to obtain the dollar amount of the discount granted from that property appraiser. Complete your contact information for the property appraiser of the previous homestead to return the verified form.

Dollar amount discount granted from the most recent ad valorem tax roll \$ _____ .

Signature, property appraiser or deputy

County

Date

Contact		Email	
Address		Phone 1	
		Phone 2	
		Fax	

COMPLETED BY PROPERTY APPRAISER OF PREVIOUS HOMESTEAD

Verify the dollar amount, sign and return to the county of the new homestead.

Dollar amount discount granted from the most recent ad valorem tax roll for the county where the previous homestead is located \$ _____

Signature, property appraiser or deputy

County

Date



CERTIFICATE FOR TRANSFER OF HOMESTEAD ASSESSMENT DIFFERENCE

DR-501RVSH
R. xx/xx
Rule 12D-16.002, F.A.C.
Effective. xx/xx

Section 193.155, Florida Statutes
Transfer between Counties

The property appraiser in the county of the previous homestead should send this form to the requesting county by April 1 or two weeks after receiving Form DR-501T, Transfer of Homestead Assessment Difference, whichever is later.

TO: PROPERTY APPRAISER'S OFFICE REQUESTING TRANSFER (NEW HOMESTEAD)				FROM: PROPERTY APPRAISER'S OFFICE PREVIOUS HOMESTEAD			
County				County			
Name				Name			
Address				Address			
Phone		Fax		Phone		Fax	
Email				Email			

PART 1. PREVIOUS HOMESTEAD					
Applicant name			Parcel ID		
Address			Did the applicant receive a homestead exemption in either of the last 3 years?	<input type="checkbox"/> yes	<input type="checkbox"/> no
			If yes, the most recent year an exemption was received was 20__		
Was or will the property be reassessed at just value? <input type="checkbox"/> yes <input type="checkbox"/> no Date of reassessment, January 1, 20__					
If yes, complete either PART 2 or PART 3.					

PART 2. <input type="checkbox"/> SOLE OWNER, JOINT TENANTS WITH RIGHTS OF SURVIVORSHIP, OR TENANCY BY ENTIRETIES			
Number of homesteaders of record. ____			
Enter homesteaders of record. Include the applicant. If ownership is not equal, enter ownership percentage.			
Name _____	____%	Name _____	____%
Name _____	____%	Name _____	____%
Values below are from the tax roll of 20___. Enter only the value for the homestead portion.			
Homestead just value	Homestead assessed value	Is the assessment of this property currently under appeal with the VAB or in circuit court?	<input type="checkbox"/> yes <input type="checkbox"/> no

PART 3. <input type="checkbox"/> TENANT IN COMMON			
Values below are from the tax roll of 20___. Enter only the values for the applicant's interest in the homestead portion.			
Homestead just value	Homestead assessed value	Is the assessment of this property currently under appeal with the VAB or in circuit court?	<input type="checkbox"/> yes <input type="checkbox"/> no

SIGNATURE OF PROPERTY APPRAISER OF THE PREVIOUS HOMESTEAD			
Signature, property appraiser or deputy	County	DOR county #	Date

Add pages, if needed.



AD VALOREM TAX EXEMPTION APPLICATION AND RETURN FOR CHARITABLE, RELIGIOUS, SCIENTIFIC, LITERARY ORGANIZATIONS, HOSPITALS, NURSING HOMES, AND HOMES FOR SPECIAL SERVICES

Sections 196.195, 196.196 and 196.197, Florida Statutes

This application is for use by nonprofit organizations to apply for an ad valorem tax exemption for property used predominantly for an exempt purpose, as provided in sections (ss.) 196.195, 196.196, and 196.197, Florida Statutes (F.S.) (select all that apply):

- Charitable Religious Scientific Literary
 Hospital Nursing Home Homes for Special Services

This completed application, including all required attachments, must be filed with the county property appraiser on or before **March 1 of the current tax year.**

General Information (All applicants must complete this section.)			
Applicant name		Facility name	
Mailing address		Physical address, if different	
Business phone		County where property is located	
Parcel identification number or legal description			
1. On January 1 of the current year, was the applicant a Florida not-for-profit corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes , attach a copy of the filing confirmation letter from the Florida Department of State, a copy of the Articles of Incorporation, as amended, and a copy of the Bylaws, as amended. If qualified as charitable under section 501(c)(3) of the Internal Revenue Code, attach a copy of the determination letter issued by the Internal Revenue Service. If no , attach a copy of the applicant's Articles of Organization, as amended, and other organizing documents evidencing the organization's purpose.			
2. How is the property used? (Attach additional pages if needed.)			
3. Is any portion of the property rented or leased? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach a copy of all rental and lease contracts in effect during the last calendar year.			
4. Is any portion of the property used for non-exempt purposes as provided in ss. 196.196 and 196.197, F.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide a detailed explanation. (Attach additional pages if needed.)			
For use by property appraisers		Application Number _____	

Hospitals, Nursing Homes, and Homes for Special Services

1. On January 1 of the current year, was the applicant qualified as charitable under section 501(c)(3) of the Internal Revenue Code, as determined by the Internal Revenue Service? Yes No

If **yes**, attach a copy of the determination letter from the Internal Revenue Service, a copy of the Articles of Incorporation, as amended, and a copy of the Bylaws, as amended.

2. On January 1 of the current year, did the organization hold a valid license issued by the Agency for Health Care Administration under

- Chapter 395, F.S. – Hospital or Ambulatory Surgical Center Yes No
- Chapter 400, F.S. – Nursing Home, Home for Special Services and Related Health Care Facility, or Yes No
- Part I, Chapter 429, F.S. – Assisted Living Facility? Yes No

If **yes**, attach a copy of the license issued by the Agency for Health Care Administration.

Attachments (All applicants must attach the following information to this application.) On each attachment, include your name, address, and an indication that the information is an attachment to this application.

1. Provide a copy of the organization's most recent financial statement.

2. Provide a copy of the organization's most recent federal tax return (if filed).

3. Provide the following fiscal and other records showing in reasonable detail the financial condition, record of operation, and exempt and nonexempt uses of the property, where appropriate, for the immediately preceding fiscal year:

a. A schedule of payments or advances, directly or indirectly, by way of salaries, fees, loans, gifts, bonuses, gratuities, drawing accounts, commissions or other compensation (except reimbursements for reasonable out-of-pocket expenses incurred on behalf of the applicant) to

- any officer, director, trustee, member, or stockholder, or
- any person, company, or other entity directly or indirectly controlled by the applicant.

b. An explanation for the guarantee of any loan to or obligation of any officer, director, trustee, member, or stockholder of the applicant or any entity directly or indirectly controlled by the applicant.

c. Any contractual arrangement by the applicant or any officer, director, trustee, member, or stockholder of the applicant regarding the

- rendition of services;
- provision of goods or supplies;
- management of the applicant;
- construction or renovation of the property;
- procurement of the real, personal, or intangible property; and
- other similar financial interest in the affairs of the applicant.

d. A schedule of payments or amounts for

- salaries for operation;
- services received;
- supplies and materials;
- reserves for repair, replacement, and depreciation of the property;
- any mortgage, lien, and other encumbrances; and
- other purposes (explain).

e. A schedule of charges for services rendered by the applicant. If the charges for services rendered exceed the value of the services rendered, information on whether the excess is used to pay maintenance and operational expenses furthering its exempt purpose or to provide services to persons unable to pay for the services.

f. An affirmative statement that no part of the property, or no part of the proceeds of the sale, lease, or other disposition of the property, will inure to the benefit of its members, directors, or officers, or to any person or firm operating for a profit or for a nonexempt purpose.

Signature (ALL applicants must complete this section.)

Florida law requires property appraisers to determine whether an organization uses the identified property for exempt purposes before granting an ad valorem tax exemption. Property appraisers will notify you if additional information or documentation is needed to determine eligibility for the exemption requested.

I certify all information on this application, including any attachments, is true, correct, and in effect on January 1 of the tax year.

Signature

Title

Date

Need Help?

In Florida, local governments are responsible for administering property tax. The best resource for assistance is the property appraiser in the county where the property is located. Find websites for county property appraisers at:

FloridaRevenue.com/Property/Pages/LocalOfficials.aspx



**AD VALOREM TAX EXEMPTION APPLICATION AND RETURN
FOR MULTIFAMILY PROJECT AND
AFFORDABLE HOUSING PROPERTY**
Section 196.1978, Florida Statutes

DR-504AFH
N. XX/XX
Rule 12D-16.002, F.A.C.
Effective XX/XX
Page 1 of 2

This application is for use by owners of affordable housing for persons or families with certain income limits, as provided in section (s.) 196.1978, Florida Statutes (F.S.), to apply for a (select one):

- Affordable Housing Property Exemption
 Multifamily Project Exemption

This completed application, including all required attachments, must be filed with the county property appraiser on or before **March 1 of the current tax year.**

General Information (ALL applicants must complete this section)

Applicant name			
Mailing address		Physical address, if different	
Business phone		County where property is located	
Parcel identification number or legal description			

Multifamily Project Exemption (Complete this section if you are applying for an exemption for a multifamily project for affordable housing to persons or families with certain income limits.)

- On January 1 of the current year, how many units of the multifamily project are used to provide affordable housing? _____
- Is the property subject to an agreement with the Florida Housing Finance Corporation which provides the property will be used for affordable housing property for extremely-low-income, very-low-income, or low-income limits? Yes No
- Is the agreement with the Florida Housing Finance Corporation recorded in the official records of the county where the property is located? Yes No
- On January 1 of the current year, has at least 15 years of the recorded agreement been completed? Yes No

Affordable Housing Property Exemption (Complete this section if you are applying for an exemption from ad valorem tax on affordable housing property.)

- On January 1 of the current year, was the applicant a not-for-profit corporation, qualified as charitable under s. 501(c)(3) of the Internal Revenue Code, and in compliance with Revenue Procedures 96-32, 1996-1 C.B. 717? Yes No

If **yes**, attach a copy of the determination letter issued by the Internal Revenue Service, a copy of the Articles of Incorporation, as amended, and a copy of the Bylaws, as amended.

If **no**, attach a copy of the applicant's Articles of Organization, as amended, and other organizing documents evidencing the organization's purpose.
- Does the property provide affordable housing to eligible persons as defined by s. 159.603, F.S.? Yes No
- Does the property provide affordable housing to persons or families meeting the income limits specified in s. 420.0004, F.S.? Yes No

For use by property appraisers	<u>Application Number</u> _____
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Affordable Housing Property Exemption - Information and Documentation Required

1. Provide a copy of the organization's most recent financial statement.
2. Provide a copy of the organization's most recent federal tax return (if filed).
3. Provide the following fiscal and other records showing in reasonable detail the financial condition, record of operation, and exempt and nonexempt uses of the property, where appropriate, for the immediately preceding fiscal year:
 - a. A schedule of payments or advances, directly or indirectly, by way of salaries, fees, loans, gifts, bonuses, gratuities, drawing accounts, commissions or other compensation (except for reimbursements for reasonable out-of-pocket expenses incurred on behalf of the applicant) to
 - any officer, director, trustee, member, or stockholder, or
 - any person, company, or other entity directly or indirectly controlled by the applicant.
 - b. An explanation for the guarantee of any loan to or obligation of any officer, director, trustee, member, or stockholder of the applicant or any entity directly or indirectly controlled by the applicant.
 - c. Any contractual arrangement by the applicant or any officer, director, trustee, member, or stockholder of the applicant regarding the
 - rendition of services;
 - provision of goods or supplies;
 - management of the applicant;
 - construction or renovation of the property;
 - procurement of the real, personal, or intangible property; and
 - other similar financial interest in the affairs of the applicant.
 - d. A schedule of payments or amounts for
 - salaries for operation;
 - services received;
 - supplies and materials;
 - reserves for repair, replacement, and depreciation of the property;
 - any mortgage, lien, and other encumbrances; and
 - other purposes (explain).
 - e. A schedule of charges for services rendered by the applicant. If the charges for services rendered exceed the value of the services rendered, information on whether the excess is used to pay maintenance and operational expenses furthering its exempt purpose or to provide services to persons unable to pay for the services.
 - f. An affirmative statement that no part of the property, or no part of the proceeds of the sale, lease, or other disposition of the property, will inure to the benefit of its members, directors, or officers, or to any person or firm operating for a profit or for a nonexempt purpose.

Signature (ALL applicants must complete this section.)

Florida law requires property appraisers to determine whether an organization uses the identified property for exempt purposes before granting an ad valorem tax exemption. Property appraisers will notify you if additional information or documentation is needed to determine eligibility for the exemption requested.

I certify all information on this application, including any attachments, is true, correct and in effect on January 1 of the tax year.

Signature **Title** **Date**

Need Help?	<p>In Florida, local governments are responsible for administering property tax. The best resource for assistance is the property appraiser in the county where the property is located. Find websites for county property appraisers at:</p> <p style="text-align: center;">FloridaRevenue.com/Property/Pages/LocalOfficials.aspx</p>
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AD VALOREM TAX EXEMPTION APPLICATION AND RETURN FOR CHARTER SCHOOL FACILITIES

Section 196.1983, Florida Statutes

DR-504CS
R. xx/xx
Rule 12D-16.002, F.A.C.
Effective xx/xx
Page 1 of 2

FLORIDA

This application is for use by any charter school that owns property used as a charter school facility, or any owner of property leased and used as a charter school facility, to apply for an ad valorem tax exemption for property as provided in section 196.1983, Florida Statutes. The owner of the property must file this application to receive the exemption.

This completed application, including all required attachments, must be filed with the county property appraiser on or before **March 1 of the current tax year.**

General Information (ALL applicants must complete this section.)

Applicant name		Charter school name	
Mailing Address		Physical Address, if different	
Business Phone		County where property is located	

1. Parcel identification or legal description

2. Description of property used by the charter school: (Attach additional pages if needed.)

3. On January 1 of the current year, the percentage of property used by the charter school: _____%

Florida law requires property appraisers to determine whether an organization uses the identified property for exempt purposes before granting an ad valorem tax exemption. Property appraisers will notify you if additional information or documentation is needed to determine eligibility for the exemption requested.

Charter School (To be completed by the charter school as owner of the property.)

I certify all information on this application, including any attachments, is true, correct, and in effect on January 1 of the tax year.

_____ Signature	_____ Title	_____ Date
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Landlord for Leasehold Properties

(To be completed by the owner of the property leased and used as a charter school.)

I hereby certify that the above charter school has been provided an affidavit certifying that required payments made by the school under the lease, whether paid to the landlord or on behalf of the landlord to a third party, will be reduced to the extent of the exemption received. The full amount of the benefit derived from the exemption has been will be disclosed to the charter school on _____ (date).

I certify all information on this application, including any attachments, is true, correct, and in effect on January 1 of the tax year.

Signature

Title

Date

Need Help?

In Florida, local governments are responsible for administering property tax. The best resource for assistance is the property appraiser in the county where the property is located. Find websites for county property appraisers at:

FloridaRevenue.com/Property/Pages/LocalOfficials.aspx



AD VALOREM TAX EXEMPTION APPLICATION AND RETURN FOR EDUCATIONAL PROPERTY

Section 196.198, Florida Statutes

DR-504ED
N. XX/XX
Rule 12D-16.002, F.A.C.
Effective xx/xx
Page 1 of 2

This application is used by owners of certain educational institutions to apply for an ad valorem tax exemption for property used exclusively for educational purposes as provided in section (s.) 196.198, Florida Statutes (F.S.), by (select one):

- Educational institutions, including schools, colleges, and universities, as defined in s. 196.012(5), F.S., and their property used exclusively for education purposes as provided in s. 196.198, F.S. (Attach a copy of evidence of the certification, accreditation, membership, or participation as an educational institution as provided in s. 196.012(5), F.S.)
- College or university fraternities and sororities certified by the president of the college or university to the property appraiser as being essential to the educational process. (Attach a copy of the letter issued to the property appraiser.)
- Sheltered workshop providing rehabilitation and retraining of individuals who have disabilities which hold a certificate to employ workers with disabilities at subminimum wages issued under section (14)(c) of the federal Fair Labor Standards Act, as amended. (Attach a copy of the certificate issued by the U.S. Department of Labor, Wage and Hour Division.)
- Public fairs and expositions chartered by Chapter 616, F.S. (Attach a copy of the Fair Permit (Form FDACS-06118) issued by the Florida Department of Agriculture and Consumer Services.)

This completed application, including all required attachments, must be filed with the county property appraiser on or before **March 1 of the current tax year.**

General Information			
Applicant name			
Mailing address		Physical address, if different	
Business phone		County where property is located	
Parcel identification or legal description			
<p>1. On January 1 of the current year, was the applicant a not-for-profit corporation qualified under section 501(c)(3) of the Internal Revenue Code? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, attach a copy of the Articles of Incorporation, as amended, and a copy of the Bylaws, as amended. If qualified as charitable under section 501(c)(3) of the Internal Revenue Code, attach a copy of the determination letter issued by the Internal Revenue Service.</p>			
2. How is the property used exclusively for educational purposes as provided in s. 196.198, F.S? (Attach additional pages if needed.)			

For use by property appraisers	Application Number _____
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3. Is any portion of the property used for non-exempt purposes? Yes No

If **yes**, provide a detailed explanation. (Attach additional pages if needed.)

Signature

Florida law requires property appraisers to determine whether an organization uses the identified property for exempt purposes before granting an ad valorem tax exemption. Property appraisers will notify you if additional information or documentation is needed to determine eligibility for the exemption requested.

I certify all information on this application, including any attachments, is true, correct, and in effect on January 1 of the tax year.

Signature

Title

Date

Need Help?

In Florida, local governments are responsible for administering property tax. The best resource for assistance is the property appraiser in the county where the property is located. Find websites for county property appraisers at:

FloridaRevenue.com/Property/Pages/LocalOfficials.aspx

Residential Unit Information	
1. On January 1 of the current year, the number of units and apartments (“units”) in the facility, excluding non-resident units.	_____
2. On January 1 of the current year, the number of units that qualify for the exemption provided in s. 196.1975(4), F.S. <i>See Instructions.</i>	_____
3. Percent of the units that are exempt (line 2 divided by line 1)	_____%
4. On January 1 of the current year, the number of units qualifying for the \$25,000 exemption under s. 196.1975(9)(a), F. S.	_____
Signature	
<p>Florida law requires property appraisers to determine whether an organization uses the identified property for exempt purposes before granting an ad valorem tax exemption. Property appraisers will notify you if additional information or documentation is needed to determine eligibility for the exemption requested.</p> <p>I certify all information on this application, including any attachments, is true, correct, and in effect on January 1 of the tax year.</p>	
_____	_____
Signature	Title

	Date

INSTRUCTIONS

In addition to the general requirements specified in s. 196.195, F.S., a unit or apartment (“unit”) must be occupied by the following classes of persons as of January 1 of the year to qualify for the exemption. Each person must also meet the income limitations provided in s. 196.1975(4), F.S.

- Persons that are age 62 years of age or older
- Persons that are totally and permanently disabled
- Couples, one of whom must be 62 years old or older
- Couples, one or both of whom are totally and permanently disabled

The Department publishes the annual maximum income limitation in the publication, *Cost of Living*, available at <https://floridarevenue.com/property/Documents/CostofLivingAdjust.pdf>. These income limitations do not apply to totally and permanently disabled veterans who meet the requirements of s. 196.081, F.S.

Occupant Affidavits Required

Each person occupying a unit to which an ad valorem tax exemption applies must issue an *Individual Affidavit for Ad Valorem Tax Exemption Homes for the Aged* (Form DR-504S, incorporated by reference in Rule 12D-16.002, F.A.C.) stating the person occupies the unit and the person’s annual income. Attach the affidavits to this application.

Need Help?

In Florida, local governments are responsible for administering property tax. The best resource for assistance is the property appraiser in the county where the property is located. Find websites for county property appraisers at:

FloridaRevenue.com/Property/Pages/LocalOfficials.aspx

INSTRUCTIONS

This affidavit must be completed by residents who reside in a home for the aged, per section 196.1975(4), F.S. This affidavit is an attachment to the *Ad Valorem Tax Exemption Application and Return for Nonprofit Homes for the Aged* (Form DR-504HA, incorporated by reference in Rule 12D-16.002, F.A.C.). The applicant must submit both the application and all affidavits to the county property appraiser.

The Department publishes the annual maximum income limitation in the publication, *Cost of Living*, available at <https://floridarevenue.com/property/Documents/CostofLivingAdjust.pdf>. These income limitations do not apply to totally and permanently disabled veterans who meet the requirements of s. 196.081, F.S.

Need Help?

In Florida, local governments are responsible for administering property tax. The best resource for assistance is the property appraiser in the county where the property is located. Find websites for county property appraisers at:

FloridaRevenue.com/Property/Pages/LocalOfficials.aspx



**AD VALOREM TAX EXEMPTION APPLICATION
AND RETURN NOT-FOR-PROFIT
SEWER AND WATER COMPANY AND
NOT-FOR-PROFIT WATER AND WASTEWATER SYSTEMS**
Sections 196.2001 and 196.2002, Florida Statutes

DR-504W
N. XX/XX
Rule 12D-16.002, F.A.C.
Effective xx/xx
Page 1 of 3

This application is used by not-for-profit owners or operators of a water, sewer, or wastewater system to apply for an ad valorem tax exemption, as provided in sections (ss.) 196.2001 and 196.2002, Florida Statutes (F.S.) (select one):

- Sewer and Water System
 Water, Wastewater, or Water and Wastewater System

This completed application, including all required attachments, must be filed with the county property appraiser on or before **March 1 of the current tax year.**

A. General Information (ALL applicants must complete this section)			
Applicant name			
Mailing address		Physical address, if different	
Business phone		County where property is located	
Parcel identification or legal description			
Not-for-profit Sewer and Water System (The property appraiser must determine that the sewer and water nonprofit corporation qualifies for exemption and performs a public purpose in the absence of which the expenditures of public funds would be required, as provided in s. 196.2001, F.S.)			
1. On January 1 of the current year, was the applicant a Florida not-for-profit corporation, qualified as exempt from federal income tax under section 115(a), Internal Revenue Code? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes , attach a copy of the filing confirmation letter from the Florida Department of State, a copy of the Articles of Incorporation, as amended, a copy of the Bylaws, as amended, and a copy of the determination letter issued by the Internal Revenue Service.			
2. Does any net income derived by the corporation benefit any private shareholder or individual? <input type="checkbox"/> Yes <input type="checkbox"/> No			
3. Do the gross receipts of the applicant constitute gross income for federal income tax purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No			
4. Do members of the governing board serve without compensation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
5. Are rates for services established by the governing board of the county where services are provided or by the Public Service Commission? <input type="checkbox"/> Yes <input type="checkbox"/> No			
6. Does ownership of the corporation revert to the county when the company's outstanding indebtedness is retired? <input type="checkbox"/> Yes <input type="checkbox"/> No			
7. Is any portion of the property rented or leased? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes , attach a copy of all rental and lease contracts in effect during the last calendar year.			

Not-for-profit Sewer and Water - Information and Documentation Required (Florida not-for-profit corporations owning or operating a water and sewer system must attach the following information to this application. On each attachment, include your name, address, and an indication that the information is an attachment to this application.)

1. Provide the following financial records for the immediately preceding fiscal year:

- Financial statements showing the financial condition and records of operations for the preceding fiscal year, certified by an independent certified public accountant.
- Additional records and information requested by the property appraiser to determine whether the applicant has met the requirements of subsection 196.2001(1), F.S.

2. Provide a schedule of payments or advances, directly or indirectly, by way of salaries, fees, loans, gifts, bonuses, gratuities, drawing accounts, commissions, or other compensation (except for reimbursements for reasonable out-of-pocket expenses incurred on behalf of the applicant) to

- any officer, director, trustee, member, or stockholder, or
- any person, company, or other entity directly or indirectly controlled by the applicant.

3. Provide any contracts between any officer, director, trustee, member, or stockholder of the corporation regarding the:

- rendition of services;
- provision of goods or supplies;
- management of the applicant;
- construction or renovation of the property of the corporation;
- procurement of the real, personal, or intangible property of the corporation; and
- other similar financial interest in the affairs of the corporation.

4. Provide a schedule of payments or amounts for:

- salaries for the operations of the corporation;
- services received;
- supplies and materials;
- reserves for repair, replacement, and depreciation of the property;
- any mortgage, lien, and other encumbrance; and
- other purposes (explain).

Not-for-profit Water, Wastewater, or Water and Wastewater System

1. On January 1 of the current year, was the applicant not-for-profit corporation qualified as exempt from federal income tax under section 501(c)(12), Internal Revenue Code? Yes No

If **yes**, attach a copy of the Articles of Incorporation, as amended, a copy of the Bylaws, as amended, and a copy of the letter ruling issued by the Internal Revenue Service.

2. Is the sole or primary function of the not-for-profit corporation to construct, maintain, or operate a water system, wastewater system, or a water and wastewater system? Yes No

If **yes**, explain.

Signature (ALL applicants must complete this section)

Florida law requires property appraisers to determine whether an organization uses the identified property for exempt purposes before granting an ad valorem tax exemption. Property appraisers will notify you if additional information or documentation is needed to determine eligibility for the exemption requested.

I certify all information on this application, including any attachments, is true, correct, and in effect on January 1 of the tax year.

Signature

Title

Date

Need Help?

In Florida, local governments are responsible for administering property tax. The best resource for assistance is the property appraiser in the county where the property is located. Find websites for county property appraisers at:

FloridaRevenue.com/Property/Pages/LocalOfficials.aspx

ATTACHMENT 4



Florida Department of Revenue
Office of the Executive Director

Jim Zingale
Executive Director

5050 West Tennessee Street, Tallahassee, FL 32399

floridarevenue.com

September 1, 2021

TO: The Honorable Ron DeSantis, Governor
Attention: Beau Beaubien, Deputy Chief of Staff

The Honorable Jimmy Patronis, Chief Financial Officer
Attention: Tanya Cooper, Director of Cabinet Affairs

The Honorable Ashley Moody, Attorney General
Attention: Dan Olson, Governmental Affairs Director
Erin Sumpter, Deputy Director of Cabinet Affairs

The Honorable Nikki Fried, Commissioner of Agriculture
Attention: Kyle W. Troop, Director of Cabinet Affairs
Lasha Williams-Potts, Deputy Director of Cabinet Affairs

THRU: Jim Zingale, Executive Director

FROM: Debbie Longman, Director, Legislative and Cabinet Services

SUBJECT: Requesting Approval to File a Notice of Proposed Rules and Hold Public Hearings; and Requesting Approval of Filing and Certifying Proposed Rules for Final Adoption if the Rules Remain Unchanged

Statement of Sections 120.54(3)(b) and 120.541, F.S. Impact: No impact.

The Department has reviewed the proposed rules for compliance with Sections 120.54(3)(b) and 120.541, F.S. The proposed rules will not likely have an adverse impact on small business, small counties, or small cities, and they are not likely to have an increased regulatory cost in excess of \$200,000 within 1 year. Additionally, the proposed rules are not likely to have an adverse impact or increased regulatory costs in excess of \$1,000,000 within 5 years.

What is the Department requesting? Section 120.54(3)(a), F.S., requires the Department to obtain Cabinet approval to hold public hearings for the development of proposed rules. The Department therefore requests approval to publish a Notice of Proposed Rule in the *Florida Administrative Register* for the following proposed rules.

- Rule 12E-1.008, F.A.C., Determination of Cooperation; Determination of Noncooperation; Determination of Good Cause
- Rule 12E-1.012, F.A.C., Consumer Reporting Agencies
- Rule 12E-1.023, F.A.C., Suspension of Driver License; Suspension of Motor Vehicle Registration
- Rule 12E-1.028, F.A.C., Garnishment by Levy

- Rule 12E-1.030, F.A.C., Administrative Establishment of Child Support Obligations
- Rule 12E-1.036, F.A.C., Administrative Establishment of Paternity and Support Obligations
- Rule 12E-1.039, F.A.C. Request for Services

The Department further requests final adoption of these rules and approval to file and certify the rules with the Secretary of State pursuant to s. 120.54(3)(e)1., F.S., if the substance of the proposed rules [including materials incorporated by reference, if any] remain unchanged upon reaching the date applicable to filing for final adoption pursuant to s. 120.54(3)(e)2., F.S.

Why are the proposed rules necessary?

The proposed amendments are necessary to incorporate the provisions of Chapter 2021-103, L.O.F., which allow notices to the obligor relating to consumer reports to be made by regular mail instead of certified or registered mail and updates the process for rendering final orders by removing the requirement for the order to be filed with the Department of Revenue's clerk or deputy clerk.

The proposed amendments are also necessary to provide procedures to allow financial institutions to elect to participate in the Federally Assisted State Transmitted (FAST) data exchange to receive secure levy notifications and data electronically, and to provide for online scheduling of appointments to submit samples for required genetic testing to establish paternity and child support obligations.

What do the proposed rules do?

Rule 12E-1.008, F.A.C., Determination of Cooperation; Determination of Noncooperation; Determination of Good Cause

- Provide that a *Notice of Noncooperation* (Form CS-CF07) may also be issued to recipients of public assistance from the State of Florida that have not completed and returned documents required by the Department

Rule 12E-1.012, F.A.C., Consumer Reporting Agencies

- Provide that notices relating to consumer reports to obligors are to be sent by regular mail, as provided in s. 61.1354(3), F.S., as amended by section 2, Chapter 2021-103, L.O.F.
- Incorporate, by reference, updates to the *Notice of Decision Concerning Report to Consumer Reporting Agencies* (Form CS-EF62) which eliminate the need for customers to come into an office to receive services in child support proceedings

Rule 12E-1.023, F.A.C., Suspension of Driver License; Suspension of Motor Vehicle Registration

- Provide that a *Notice of Decision Concerning Report to Consumer Reporting* (Form CS-CF07) will be issued to recipients of assistance from the State of Florida that have not completed and returned documents required by the Department
- Incorporate, by reference, updates to the *Notice of Intent to Suspend Driver License and Motor Vehicle Registration(s)* (Form CS-EF55) to eliminate the need to come into an office to receive assistance and to allow the recipient to contact the Department by email for assistance

Rule 12E-1.028, F.A.C., Garnishment by Levy

- Allows financial institutions to elect to participate in the Federally Assisted State Transmitted (FAST) data exchange to receive electronic notices of levy, authorized by s. 409.25656(4), F.S., as amended by section 7, Chapter 2021-103, L.O.F.
- Incorporates, by reference, forms used in the FAST Levy service

Rule 12E-1.030, F.A.C., Administrative Establishment of Child Support Obligations

Rule 12E-1.036, F.A.C., Administrative Establishment of Paternity and Support Obligations

- Removes the filing of a final order with the Department of Revenue's clerk or deputy clerk to render a final order, as provided in ss. 409.256(1)(i) and 409.2563(1)(e), as amended by ss. 5 and 6, Chapter 2021-103, L.O.F.
- Incorporates, by reference, updated rendering language in final orders
 - *Final Modified Administrative Support Order* (CS-OA140R)
 - *Notice of Intent to Terminate Final Administrative Support Order* (CS-OA160)
 - *Final Order Terminating Administrative Support Order* (CS-OA178)
 - *Final Administrative Paternity and Support Order* (CS-OA40)
 - *Final Administrative Paternity and Support Order* (CS-OX40)
 - *Final Order of Paternity* (CS-OP50)

Rule 12E-1.036, F.A.C., Administrative Establishment of Paternity and Support Obligations

- Allow persons required to submit samples for genetic testing to schedule an appointment online
 - *Requirement to Provide Sample for Genetic Testing* (CS-OP05)
 - *Order to Appear for Genetic Testing* (CS-OP02)
- Incorporates, by reference, simplified instructions for the *Family Law Financial Affidavit* forms
 - *Family Law Financial Affidavit - Long Form* (CS-PO30)
 - *Family Law Financial Affidavit - Short Form* (CS-PO31)

Rule 12E-1.039, F.A.C., Request for Services

- Incorporates, by reference, updates to forms used in the application for services process that eliminate the request for information available to the Department on other forms or by other means
 - *Paternity Declaration* (CS-PO34)
 - *Application Instructions* (CS-ES50)
 - *Application for Child Support Services* (CS-ES51)
 - *Child Information* (CS-ES51ACI) [Eliminating *Additional Information* (CS-ES56ACI)]
 - *Other Parent Information* (CS-ES52)
 - *Response to Request for Services and/or Information Request* (CS-ES55)
 - *Information Needed to Provide Services* (CS-ES56)
 - *Father/Alleged Father Information* (CS-ES119)

Were comments received from external parties? No. A rule development workshop was scheduled to be held on August 12, 2021, if requested in writing. No request was received, and no workshop was held. No comments were received by the Department.

For each rule, attached are copies of:

- Summary of the proposed rule, which includes:
 - Statements of facts and circumstances justifying the rule;
 - Federal comparison statement; and
 - Summary of the workshop
 - Summary of the hearing
- Rule text
- Incorporated materials

STATE OF FLORIDA
DEPARTMENT OF REVENUE
CHAPTER 12E-1, FLORIDA ADMINISTRATIVE CODE
CHILD SUPPORT PROGRAM

AMENDING RULES 12E-1.008, 1.012, 1.023, 1.028, 1.030, 1.036 AND 1.039

SUMMARY OF PROPOSED RULES

The proposed amendments incorporate the provisions of Chapter 2021-103, L.O.F., to provide that notices to the obligor relating to consumer reports will be sent by regular mail instead of certified or registered mail updates the process for rendering final orders by removing the requirement for the order to be filed with the Department of Revenue's clerk or deputy clerk. The proposed amendments provide procedures to allow financial institutions to elect to participate in the Federally Assisted State Transmitted (FAST) data exchange to receive secure levy notifications and data electronically. In addition, forms used by the Child Support Program are updated to provide a notice may be issued to recipients of public assistance from the State of Florida that have not returned required documents to the Department and provide for online scheduling of appointments to submit samples for required genetic testing to establish paternity and child support obligations.

FACTS AND CIRCUMSTANCES JUSTIFYING PROPOSED RULES

The proposed amendments are necessary to incorporate the provisions of Chapter 2021-103, L.O.F., which allow notices to the obligor relating to consumer reports to be made by regular mail, updates the process for rendering final orders, and allows financial institutions to

elect to participate in the Federally Assisted State Transmitted (FAST) data exchange to receive secure levy notifications and data electronically. In addition, this rulemaking is necessary to adopt updates to forms used by the Child Support Program.

FEDERAL COMPARISON STATEMENT

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

SUMMARY OF RULE DEVELOPMENT WORKSHOP

AUGUST 12, 2021

A Notice of Proposed Rule Development was published in the *Florida Administrative Register* on July 29, 2021 (Vol. 47, No. 146, PP. 3503-3504), to advise the public of the proposed changes to the rule and to provide that, if requested in writing, and not deemed unnecessary by the agency head a rule development workshop would be noticed in the next available *Florida Administrative Register*. No request has been received, and no workshop has been held. No written comments have been received by the Department.

NOTICE OF PROPOSED RULE

DEPARTMENT OF REVENUE

CHILD SUPPORT PROGRAM

RULE NO: RULE TITLE:

12E-1.008 Determination of Cooperation; Determination of Noncooperation;
 Determination of Good Cause

12E-1.012 Consumer Reporting Agencies

12E-1.023 Suspension of Driver License; Suspension of Motor Vehicle Registration

12E-1.028 Garnishment by Levy

12E-1.030 Administrative Establishment of Child Support Obligations

12E-1.036 Administrative Establishment of Paternity and Support Obligations

12E-1.039 Request for Services

PURPOSE AND EFFECT: The purpose of the proposed amendments to these rule sections regarding administration of the Child Support Program is to incorporate the provisions of Chapter 2021-103, L.O.F., which allow notices to the obligor relating to consumer reports to be made by regular mail, updates the process for rendering final orders, and allows financial institutions to elect to participate in the Federally Assisted State Transmitted (FAST) data exchange to receive secure levy notifications and data electronically. In addition, this rulemaking is necessary to adopt updates to forms used by the Program.

SUMMARY: The proposed amendments to these rule sections allow notices to the obligor relating to consumer reports to be made by regular mail and updates the process for rendering final orders by removing the requirement for the order to be filed with the Department of Revenue's clerk or deputy clerk. The proposed amendments provide procedures to allow

financial institutions to elect to participate in the Federally Assisted State Transmitted (FAST) data exchange to receive secure levy notifications and data electronically. In addition, forms used by the Child Support Program are updated to provide a notice may be issued to recipients of public assistance from the State of Florida that have not returned required documents to the Department and provide for online scheduling of appointments to submit samples for required genetic testing to establish paternity and child support obligations.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COSTS AND

LEGISLATIVE RATIFICATION: The Agency has determined that these rules 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 rules. A Statement of Estimated Regulatory Cost has not been prepared by the agency. The Agency has determined that the proposed rules are not expected to require legislative ratification based on the Statement of Estimated Regulatory Cost or if no Statement of Estimated Regulatory Cost 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 SERC, as set forth in Section 120.541(2)(a), F.S. Any person wishing to provide information regarding a Statement of Estimated Regulatory Costs, or provide a proposal for a lower cost regulatory alternative, must do so in writing within 21 days of this notice.

RULEMAKING AUTHORITY: 61.13(1)(b)7., 61.1354(5), 61.14(1)(d), 409.2557, 409.2557(3)(h), 409.2557(3)(i), 409.2557(3)(p), 409.2563(7)(e), 409.2563(16), 409.25633(9), 409.25656(11) FS.

LAW IMPLEMENTED: 61.13016, 61.1354, 322.058, 409.256, 409.2563, 409.25633, 409.25656, 409.2567, 409.2572 FS.

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

NOTICE UNDER THE AMERICANS WITH DISABILITIES ACT: Any person requiring special accommodations to participate in any rulemaking proceeding before the Child Support Program is asked to advise the Department at least 48 hours before such proceeding by contacting Bobby York at (850) 617-8037. Persons with hearing or speech impairments may contact the Department by using the Florida Relay Service, which can be reached at (800) 955-8770 (Voice) and (800) 955-8771 (TTY).

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Bobby York, Government Analyst II, Child Support Program, Department of Revenue, P.O. Box 8030, Mail Stop 2-4464, Tallahassee, Florida 32314-8030, Telephone: (850) 617-8037

THE FULL TEXT OF THE PROPOSED RULE IS:

NAME OF PERSON ORIGINATING PROPOSED RULE: Bobby York

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

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: To be determined

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAR: July 29,
2021

STATE OF FLORIDA
DEPARTMENT OF REVENUE
CHAPTER 12E-1, FLORIDA ADMINISTRATIVE CODE
CHILD SUPPORT PROGRAM
AMENDING RULES 12E-1.008, 12E-1.012, 12E-1.023, 12E-1.028,
12E-1.030, 12E-1.036, AND 12E-1.039

12E-1.008 Determination of Cooperation; Determination of Noncooperation;

Determination of Good Cause.

(1) and (2) No change.

(3) Determination of Noncooperation. If a recipient of public assistance does not cooperate with the Department as provided by Section 409.2572, F.S., and subsection (2), the Department will mail the Notice of Noncooperation (Form CS-CF07), incorporated herein by reference, effective 11/21 ~~11/20~~, (http://www.flrules.org/Gateway/reference.asp?No=Ref-____12329) to the recipient at the last known address provided to the Department.

(a) through (c) No change.

(4) through (6) No change.

Rulemaking Authority 409.2557(3)(h) FS. Law Implemented 409.2572 FS. History—New 4-1-86, Amended 4-6-88, 7-20-94, Formerly 10C-25.006, Amended 3-6-02, 9-17-18, 11-12-20,

12E-1.012 Consumer Reporting Agencies.

(1) through (3) No change.

(4) Notice and Right to Hearing.

(a) No change.

(b) An obligor may contest the Department's reporting of overdue support to consumer reporting agencies. To contest:

1. and 2. No change.

3. When the review is concluded, the Department shall hand-deliver or send the obligor by regular mail a Notice of Decision Concerning Report to Consumer Reporting Agencies, Form CS-EF62, incorporated herein by reference, effective 11/21 ~~09/19/2017~~, (http://www.flrules.org/Gateway/reference.asp?No=Ref-____08618). The notice must inform the obligor whether the Department intends to report the obligor's overdue support amount to the consumer reporting agencies. The notice must inform the obligor of the right under Chapter 120, F.S., to file a petition for administrative hearing to contest the accuracy of the information to be reported.

4. No change.

(5) No change.

(6) Department Requests for Consumer Reports. The Department is authorized to request consumer reports from consumer reporting agencies pursuant to Sections 61.1354(3) and (4), F.S. Before the Department submits a request for a consumer report to a consumer reporting agency, the Department shall certify one-time to the consumer reporting agency that every subsequent request for a consumer report from that agency will meet the requirements set forth in Section 61.1354(3), F.S. When the Department requests a consumer report, the Department shall provide the Notice of Intent to Request Credit Report, Form CS-EF15, incorporated herein by reference, effective 09/19/2017,

(<http://www.flrules.org/Gateway/reference.asp?No=Ref-08619>), by regular certified mail to the individual's last known address at least 15 days prior to transmitting the request to the consumer reporting agency.

Rulemaking Authority 61.1354(5), 409.2557 FS. Law Implemented 61.1354 FS. History—New 6-17-92, Amended 7-20-94, Formerly 10C-25.009, Amended 10-22-00, 10-30-06, 9-19-17, 11-12-20,_____.

12E-1.023 Suspension of Driver License; Suspension of Motor Vehicle Registration.

(1) through (3) No change.

(4) Notice to Obligor of Intent to Suspend Driver License; Notice to Suspend Motor Vehicle Registration.

(a) In accordance with Section 61.13016(1), F.S., the Department shall send to the obligor by regular mail a Notice of Intent to Suspend Driver License and Motor Vehicle Registration(s), Form CS-EF55, incorporated herein by reference, effective 11/21 11/20, (http://www.flrules.org/Gateway/reference.asp?No=Ref-_____12342), Notice shall be mailed to the obligor's address of record with the Department of Highway Safety and Motor Vehicles.

(b) and (c) No change.

(5) through (8) No change.

Rulemaking Authority 409.2557(3)(i) FS. Law Implemented 61.13016, 322.058 FS. History—New 7-20-94, Formerly 10C-25.020, Amended 3-6-02, 9-19-17, 3-25-20, 11-12-20,_____.

12E-1.028 Garnishment by Levy.

(1) through (12) No change.

(13) FAST Levy; Electronic Notification and Data Exchange.

(a) Financial institutions may elect to participate in the Federally Assisted State Transmitted (FAST) Levy service sponsored by the federal Office of Child Support Enforcement. With FAST Levy, the Department notifies participating financial institutions of pending levy actions by periodically transmitting an electronic data file to the federal Office of Child Support Enforcement, instead of serving the financial institution with notices by registered mail for each obligor. The financial institution receives the Department's data by accessing the secure website maintained by the federal office and processes the Department's data to determine the customer accounts levied upon and the amounts of the levies. The financial institution provides the data to the FAST Levy central site, which generates a response file to the Department. Using FAST Levy, participating financial institutions are able to process levy notices from multiple states in a standardized, automated manner.

(b) To learn more about Fast Levy, financial institutions may contact the federal Office of Child Support Enforcement at FASTLevy@acf.hhs.gov. The federal Agreement to Receive Electronic Lien/Levy Notices (FAST Levy Financial Institution Profile Form) is incorporated herein by reference, effective 10/21 (<http://www.flrules.org/Gateway/reference.asp?No=Ref>).
Financial institutions that elect to participate in FAST Levy must enter into a memorandum of understanding with the Department that is the same or substantially similar to Memorandum of Understanding, Child Support Garnishment Actions and Electronic Data Exchange (CS-EF314), incorporated herein by reference, effective 10/21
(<http://www.flrules.org/Gateway/reference.asp?No=Ref>).

(14)(13) No change.

Rulemaking Authority 409.2557(3)(i), 409.25656(11) FS. Law Implemented 409.25656 FS.

History—New 4-3-02, Amended 4-16-20, 11-12-20, _____.

12E-1.030 Administrative Establishment of Child Support Obligations.

(1) through (13) No change.

(14) Modifying an Administrative Support Order.

(a) through (c) No change.

(d) The Department shall notify the parents or caregiver when it begins a proceeding to modify the support obligation of an Administrative Support Order.

1. The Department uses Form CS-OA120R, Proposed Order to Modify Administrative Support Order, hereby incorporated by reference, effective 11/20, (<http://www.flrules.org/Gateway/reference.asp?No=Ref-12346>), to modify the support obligation amount when a review indicates a modification is appropriate. If the party that did not request the review responds during the support order review, the Department sends the proposed order by regular mail to both parties to their addresses of record. If the non-requesting party does not participate in the support order review, the Department shall attempt to serve the proposed order on the non-requesting party by certified mail or personal service. If service is not accomplished by certified mail or personal service, the Department shall send the non-requesting party the proposed order by regular mail to the non-requesting party's address of record. If the proposed order is not contested by either party within 30 days of service by certified mail or personal service, or 35 days after the Notice is sent by regular mail, the Department prepares and renders Form CS-OA140R, Final Modified Administrative Support Order, hereby incorporated by reference, effective 10/21 ~~08/19~~, (http://www.flrules.org/Gateway/reference.asp?No=Ref-_____44088). Under Section 409.2563(13)(c), F.S., a party to an administrative proceeding has a

continuing duty to provide the Department with a current mailing address after being served with an initial notice under paragraph (5)(b) of this rule, and the party is presumed to receive a subsequent notice, proposed order or other document mailed to the party's address of record including a proposed order to modify support.

2. No change.

3. Except as provided by paragraph (6)(a), a blank Title IV-D Standard Parenting Time Plan is included with Form CS-OA120R and CS-OA140R when the parents do not provide a parenting time plan of their own or do not agree to a Title IV-D Standard Parenting Time Plan. If a parenting time plan is not incorporated into the Final Modified Administrative Order, the Department will provide each parent a blank Petition to Establish a Parenting Time Plan is provided, except as provided by paragraph (6)(a). The Petition to Establish a Parenting Time Plan is available at www.floridarevenue.com/childsupport/parenting_time_plans.

(15) Termination of an Administrative Support Order.

(a) through (d) No change.

(e) When the Department begins a proceeding to terminate an Administrative Support Order, the Department shall notify the parents or caregiver by regular mail at the address of record for each party using Form CS-OA160, Notice of Intent to Terminate Final Administrative Support Order, hereby incorporated by reference, effective 10/21 09/19/2017, (http://www.flrules.org/Gateway/reference.asp?No=Ref-____08627). If the notice is not contested the Department shall render Form CS-OA178, Final Order Terminating Administrative Support Order, hereby incorporated by reference, effective 10/21 08/19, (http://www.flrules.org/Gateway/reference.asp?No=Ref-____11089).

(16) through (18) 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 409.2563, 409.25633 FS. History—New 9-19-17, Amended 1-17-18, 9-17-18, 8-28-19, 11-12-20,_____.

12E-1.036 Administrative Establishment of Paternity and Support Obligations.

(1) through (4) No change.

(5) Obtaining Cooperation from the Mother or Caregiver.

(a) If a case is eligible for establishment of an administrative paternity order, the Department must obtain cooperation from the mother or caregiver before serving notice on the respondent. To obtain cooperation, the Department mails Form CS-OP05, Requirement to Provide Sample for Notice of Genetic Testing Appointment, hereby incorporated by reference, effective xx/xx 11/20, (http://www.flrules.org/Gateway/reference.asp?No=Ref-_____12351), by regular mail to the mother or caregiver. The CS-OP05 informs the mother or caregiver where and when to appear to provide a sample for genetic testing, and it also informs the mother or caregiver to bring the child(ren) named on the form to be tested.

(b) and (c) No change.

(6) No change.

(7) Notice of Proceeding to Establish Paternity and Order to Appear for Genetic Testing.

(a) Notice of Proceeding to Establish Paternity or Paternity and Administrative Support Requirements. The Department will serve the alleged father with Form CS-OP01, Notice of Administrative Proceeding to Establish Paternity, hereby incorporated by reference, effective 1/18, (<http://www.flrules.org/Gateway/reference.asp?No=Ref-08994>), hereafter referred to as the Notice of Proceeding. The Department will send the alleged father Form CS-OP02, Order to

Appear for Genetic Testing, incorporated by reference, effective xx/xx 11/20, (http://www.flrules.org/Gateway/reference.asp?No=Ref-_____12352), with the Notice of Proceeding and a copy of the Paternity Declaration, CS-PO34, or an affidavit that names the alleged father. The Notice of Proceeding will be served on the respondent by certified mail, restricted delivery, return receipt requested, or by any other means of service that meet the requirements for service of process in a civil action. Once served, the alleged father must notify the Department in writing of any change of address. If the alleged father does not update the Department, the Department will serve by regular mail any other document or resulting order to the address of record and the alleged father is deemed to have received them.

(b) Proceeding in Circuit Court.

1. and 2. No change.

3. The Department then sends the petitioning parent Form CS-PO31, Family Law Financial Affidavit (Short Form), hereby incorporated by reference, effective 11/21 11/20, (http://www.flrules.org/Gateway/reference.asp?No=Ref-_____12360). Form CS-PO31 instructs the petitioning parent to contact the Department by phone to request a Family Law Financial Affidavit (Long Form), Form CS-PO30, if the individual's gross income is \$50,000 or more per year. Form CS-PO30 is hereby incorporated by reference, effective 11/21 11/20, (http://www.flrules.org/Gateway/reference.asp?No=Ref-_____12361). The Department will send the CS-PO30 to the petitioning parent upon request.

4. through 6. No change.

(8) No change.

(9) Scheduling and Rescheduling of Genetic Testing Sample Collections.

(a) Scheduling of Genetic Testing Sample Collections. The Department will schedule the

initial genetic testing sample collection before sending the alleged father the Order to Appear for Genetic Testing, CS-OP02, and the mother or caregiver the Requirement to Provide Sample for Notice of Genetic Testing Appointment, CS-OP05. The CS-OP02 and CS-OP05, informs the parties when and where to appear for the genetic testing sample collection. The CS-OP05 will also direct the child's mother or caregiver to bring the child to the genetic test sample collection.

(b) Rescheduling of Genetic Testing. The Department will reschedule the appointment for a genetic testing sample collection:

1. When a person scheduled for the genetic testing sample collection asks the Department to reschedule the genetic testing sample collection before the ordered test date. The person does not have to provide the Department a reason for rescheduling the initial genetic testing sample collection. The Department will inform the person of the new date using Department form Requirement to Provide Sample for Notice of Genetic Testing Appointment, CS-OP05.

2. through 3. No change.

(c) through (d) No change.

(10) Refusal to Submit to Genetic Testing Sample Collection or Failure to Appear for Genetic Testing Sample Collection.

(a) Section 409.256(7), F.S., allows the Department to take one or more of the following actions if a person refuses to submit to the genetic testing sample collection or fails to appear on the ordered date, does not use the one-time opportunity to reschedule, or does not show good cause for missing the sample collection within 10 days after the scheduled sample collection.

(b)(a) If the alleged father does not appear without requesting rescheduling or providing good cause, the Department will schedule a second genetic sample collection and send the alleged father the Requirement to Provide Sample for Notice of Genetic Testing Appointment, CS-OP05,

which will list the new date, time, and location of the genetic testing sample collection. If the alleged father does not appear to the second sample collection, the Department is authorized to start a proceeding to suspend the alleged father's driver license and motor vehicle registration as allowed by Section 61.13016, F.S. The Department will tell the alleged father of the intent to suspend his driver license and vehicle registration by sending the Notice of Intent to Suspend Driver's License and Vehicle Registration(s) form, CS-EF55, incorporated by reference in Rule 12E-1.023, F.A.C. The Department sends this form by regular mail and it also informs the alleged father of his right to contest the action in circuit court. If the alleged father does not request a new genetic testing sample collection or contest the driver license suspension within 20 days after the mailing date of the CS-EF55, the Department will send an electronic request to the Department of Highway Safety and Motor Vehicles to suspend the driver license and vehicle registration of the alleged father. If the alleged father later complies with the Department and requests another test, and appears at the rescheduled genetic testing appointment, the Department will electronically request reinstatement of the driver license/vehicle registration from the Department of Highway Safety and Motor Vehicles. The Department will provide the alleged father the Driver License/Vehicle Registration Reinstatement Notice, CS-EF57, incorporated by reference in Rule 12E-1.023, F.A.C., which informs the alleged father to go to a local Driver License Examining Office to get the license reinstated. If the alleged father does not contest the suspension of the driver license/vehicle registration or request a new appointment, the Department will end the administrative proceeding and proceed in circuit court. The Department will not authorize reinstatement of the license until the alleged father submits to genetic testing.

(b) through (c) Renumbered (c) through (d) No change.

(11) through (14) No change.

(15) Final Order Establishing Paternity or Paternity and Child Support.

(a) The Department will render a Final Order of Paternity

(http://www.flrules.org/Gateway/reference.asp?No=Ref-____41094), CS-OP50, effective 10/21 08/19, or a Final Administrative Paternity and Support Order

(http://www.flrules.org/Gateway/reference.asp?No=Ref-____41095), CS-OA40, effective 10/21 08/19, both forms incorporated by reference, if the alleged father does not ask for a

hearing timely. The Department may use a Final Administrative Paternity and Support Order

(http://www.flrules.org/Gateway/reference.asp?No=Ref-____41096), CS-OX40, effective 10/21 08/19, and incorporated by reference, in cases where there is more than one child on the

order and paternity does not need to be established for all of the children. In addition to the Final

Administrative Paternity and Support Order, the Department enters an Income Deduction Order

as part of the Final Administrative Paternity and Support Order. The respondent is responsible

for making the ordered payments to the State Disbursement Unit until the income deduction begins.

(b) If a parenting time plan is not incorporated into the final order, the Department will provide each parent forms CS-OP50, CS-OA40 and CS-OX40 include a blank Petition to

Establish a Parenting Time Plan, except as provided by paragraph (6)(a). The Petition to

Establish a Parenting Time Plan is available at

www.floridarevenue.com/childsupport/parenting_time_plans.

(c) through (e) No change.

(16) through (21) No change.

Rulemaking Authority 409.2557(3)(p), 409.256(17), 409.25633(9) FS. Law Implemented

409.256, 409.2563, 409.25633 FS. History—New 4-5-16, Amended 9-19-17, 1-17-18, 9-17-

18, 8-28-19, 11-12-20,_____.

12E-1.039 Request for Services.

(1) through (3) No change.

(4) Application.

(a) To apply for services, an individual who does not receive temporary cash assistance or food assistance must submit a signed and complete electronic or paper application. The Department will obtain information concerning parents and children including: name, address, date of birth, Social Security Number, employment, health insurance, military service, and other relevant information necessary to provide child support services.

1. No change.

2. A 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 ~~Internet~~ website www.floridarevenue.com.

a. Upon request, the Department will provide an individual who requests services with Forms CS-ES51 and CS-ES50. Form CS-ES51, Application for Child Support Services, is hereby incorporated by reference effective 12/21 09/19/2017,

(http://www.flrules.org/Gateway/reference.asp?No=Ref-____08650). Form CS-ES50,

Application Instructions, is hereby incorporated by reference effective 12/21 09/19/2017,

(http://www.flrules.org/Gateway/reference.asp?No=Ref-____08651). The applicant must

complete and submit the CS-ES51 form provided.

b. When an applicant requests services for more than one child, the Department will provide the applicant a ~~an Additional~~ Child Information, Form CS-ES51ACI, for each additional child.

Form CS-ES51ACI, (http://www.flrules.org/Gateway/reference.asp?No=Ref-____08652), is incorporated herein by reference, effective 12/21 09/19/2017. The applicant must complete and submit the CS-ES51ACI form(s) provided.

c. When there is more than one alleged father, the Department will provide the applicant a separate Other Parent Information ~~Additional Alleged Father~~, Form CS-ES52, for each alleged father. Form CS-ES52, (http://www.flrules.org/Gateway/reference.asp?No=Ref-____08653), is incorporated herein by reference, effective 12/21 09/19/2017. The applicant must complete and submit the CS-ES52 form(s) provided.

d. No change.

(5) Supporting documents; additional requirements.

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

1. and 2. No change.

3. Provide a paternity declaration for each child who does not have a legal father.

a. The Department uses 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-____12349), is incorporated herein by reference, effective 12/21 11/20.

b. and c. No change.

4. Provide a separate completed Father/Alleged Father Information ~~Additional Alleged Fathers~~ form (CS-ES119) for each alleged father named on the paternity declaration. Form CS-ES119, (http://www.flrules.org/Gateway/reference.asp?No=Ref-____08661), is hereby incorporated by reference, effective 12/21 09/19/2017.

5. through 8. No change.

(6) Application and Referral Review.

(a) The Department 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. No change.

2. If the application is complete, the Department will send Form CS-ES55, Response to Request for Services and/or Information Request ~~Acknowledge Request for Services~~, to the applicant informing them the application was received. When additional information is required for the Department to proceed, the CS-ES55, 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-____08658), is hereby incorporated by reference, effective 12/21 ~~09/19/2017~~.

3. No change.

(b) The Department 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 will send the Information Needed to Provide Services, Form CS-ES56, to the public assistance recipient informing them 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-____08659), is hereby incorporated by reference, effective 12/21 ~~09/19/2017~~.

2. The Department will provide the public assistance recipient Form CS-ES51ACI, Child Information ~~CS-ES56ACI, Additional Children~~, if there is more than one child in the household.

The public assistance recipient must complete and submit the CS-ES51ACI ~~CS-ES56ACI~~ form(s) provided. ~~Form CS-ES56ACI, (<http://www.flrules.org/Gateway/reference.asp?No=Ref-08660>), is hereby incorporated by reference, effective 09/19/2017.~~

3. No change.

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,_____.



Child Support Program

Notice of Noncooperation

┌
<<CPName>>
<<CPAddress>>

└

<<Date>>
Child Support Case Number: <<CaseNumber>>
Other Parent: <<NCPName>>

The Child Support Program's records show that you are receiving cash assistance, food assistance and/or Medicaid. To continue receiving benefits, you must work with the Child Support Program to establish paternity and/or establish, modify and enforce child and medical support for the child(ren) in your care.

You are receiving this Notice of Noncooperation because <<Option 1>>

To continue receiving benefits from the State of Florida you must take one of the following actions now with the Florida Child Support Program (Program):

- Contact the Program right away and arrange to cooperate, or
- Contact the Program right away to request not to cooperate if you feel that you or the child(ren) will be placed in danger by cooperating with the Child Support Program, or
- Complete and send the Program your written Request for Informal Review, included in this mailing, within 10 days after the date of this notice.

Important

If you do not cooperate by taking one of the actions listed above within 10 days after the date of this notice:

- The State of Florida will no longer be able to provide your family with cash assistance.
- Medicaid and food assistance will no longer be provided. However:
 - Medicaid and food assistance for your child(ren) will continue.
 - You will continue to receive Medicaid if you are pregnant.

XXXX
XXXX

If you have questions or need help:	<p>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</p>
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Notice of Decision Concerning Report to Consumer Reporting Agencies

┌
<<NCPName>>
<<NCPAddress>>



<<Date>>
Child Support Case Number: <<CSECaseNum>>

1. **We have received your written request for an informal review.** The review is complete.
2. **Overdue support.** Based on our records and the records of the Clerk of the Court, you owe overdue support of \$<<OverdueSupport>> as of <<date>>.
3. **Informal review.** Based on our review, we will:
 - Report overdue support amount to consumer reporting agencies.
 - Not report overdue support amount to consumer reporting agencies.
4. **If you disagree.** You may file a petition for administrative hearing within 15 days after the date on this notice. The petition must be filed according to the attached Notice of Rights. If you ask for a formal hearing, you may only raise the accuracy of the information to be reported.
5. **To avoid credit reporting.** If you do not want a hearing, you may avoid reporting either by:
 - Paying the overdue support in full; or
 - Entering into a written agreement within 15 days after receipt of this notice.
6. **Written agreement.** If you enter into a written agreement:
 - We will not report your overdue support as long as you pay as agreed.
 - We report you if you do not pay as agreed, without further notice to you.

Contact us to enter into a written agreement.

XXXX
XXXX

If you have questions or need help:	<p>Access your case online: childsupport.floridarevenue.com</p> <p>Email us: FloridaRevenue.com/AskChildSupport</p> <p>Chat with us or learn more at: floridarevenue.com/childsupport</p> <p>Call: <<CountyPhoneNumber>></p> <p>Para asistencia en español, llame al 850-488-5437 y marque 7</p>
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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 15 days after receipt of this notice. A petition is not considered filed until the Program receives it. Send your petition to the Program'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**

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.

2. If you disagree about 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. A copy of the rule can be found at flrules.org.

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.

3. If you agree with the Program 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 28-106.301, Florida Administrative Code. A copy of the rule can be found at flrules.org.

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

XXXX
XXXX



Child Support Program

Notice of Intent to Suspend Driver License and Motor Vehicle Registration(s) for <<Option 1>>

<<NCPName>>
<<NCPAddress>>

IMPORTANT
You must act within 20 days or your driver license will be suspended.

<<Date>>
Child Support Case Number: <<CaseNumber>>
<<Option 2>>

The Child Support Program may ask the Department of Highway Safety and Motor Vehicles to suspend your driver license and the registration of all motor vehicles you own because <<Option 3>>

WHAT YOU NEED TO DO
You have 20 days from the date of this notice to take action or we will ask the Department of Highway Safety and Motor Vehicles to suspend your license and any registration of motor vehicles you own.
<<Option 4>>
We want to work with you to avoid license suspension. See additional information on these options on the next page.

<<Option 5>>

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

XXXX

T

Option 1 [Select A or B]

- A. Nonpayment of Support
- B. Failure to Submit to Genetic Testing

Option 2

- A. Depository Number: <<DepNum>>
- B. Leave blank

Option 3 [Select A or B]

A. Compliance [Nonpayment of support]

you are \$<<delinquency>> behind in your support payments as of the date of this notice. Your support order requires you to pay \$<<total periodic payment due>> <<payment frequency>>.

B. Paternity establishment [Failure to submit to DNA testing as ordered]

you have not complied with the Order to Appear for Genetic Testing that you were served with on <<insert date of service of process of the order>>.

Option 4 [Select A or B]

A. Compliance [Nonpayment of support]

1. Pay the amount above and stay current with your payments.
2. If you cannot pay the amount above, contact us to work out a payment plan or provide documentation showing you are unable to pay.
 - a. We will consider your current situation and ability to pay.
 - b. If you are currently unemployed and provide proof that you are actively seeking employment, the first payment due under a payment plan may be delayed up to 60 days.
3. Contest this action by filing a petition in circuit court.

B. Paternity establishment [Failure to submit to DNA testing as ordered]

1. Contact the Child Support Program to schedule a genetic test appointment.
2. Contest this action by filing a petition in circuit court.

Option 5 [Select A or B]

A. Compliance [Nonpayment of support]

Legal Authority: Sections 61.13016 and 322.058, Florida Statutes.

B. Paternity establishment [Failure to submit to DNA testing as ordered]

Legal Authority: Sections 61.13016, 322.058, and 409.256(7), Florida Statutes.

Option 6 [Select A or B]

A. Compliance [Nonpayment of support]

Enter into a payment plan

Contact the Child Support Program to discuss a payment plan. If you enter into a payment plan and continue to pay as agreed, we will not suspend your driver license or registration(s).

- Request a call back to work out a payment plan using your eServices account at childsupport.floridarevenue.com or by email using the online contact form at FloridaRevenue.com/AskChildSupport.

Provide documents showing you are unable to pay

If you receive any of the following benefits, you need to provide documents to us:

- Reemployment assistance or unemployment compensation;
- Supplemental Security Income (SSI) benefits;
- Social Security Disability Income (SSDI) benefits; or
- Temporary cash assistance.

Documents are also needed if you are:

- Disabled and unable to support yourself; or
- Making payments under a confirmed bankruptcy plan under Chapter 11, 12, or 13 of the U.S. Bankruptcy Code.

B. Paternity establishment [Failure to submit to DNA testing as ordered]

If B leave blank.

Option 7 [Select A or B]

A. Compliance [Nonpayment of support]

Contest this action

You can contest this action if:

- You are not the person who owes support.
- You are not late in your payments.
- You have no ability to make payments.

Please contact us if any of these apply to you.

B. Paternity establishment [Failure to submit to DNA testing as ordered]

Contest this action

You can contest this action if:

- You have already provided a genetic sample.
- You are not the person who is ordered to submit to genetic testing.

Please contact us if any of these apply to you.

Department of Health and Human Services
Administration for Families and Children
Office of Child Support Enforcement

Agreement to Receive Electronic Lien/Levy Notices (FAST Levy Financial Institution Profile Form)

By completing the information in the Federally Assisted State Transmitted (FAST) Levy Financial Institution (FI) Profile Form, the FI agrees to the following conditions:

Electronically receive lien/levy notices issued by a state, tribe, or territory, hereafter referred to as "state."

Not impersonate any individual, entity, or association, use false headers, or otherwise conceal or submit misleading information about its identity while receiving electronic lien/levy notices.

Supply true, accurate, current, and complete information about the entity identified on this form.

Receive, handle, and process lien/levy notices electronically transmitted to it in the same way as if received via regular mail. Any electronic lien/levy notices it receives shall represent records generated during the ordinary course of business. The electronic lien/levy notice it receives shall be admissible as evidence in the same way as paper documents. The FI will process the FAST Levy file "as is," and is not responsible for any request sent in error or with incorrect data.

Report issues with edit check failures or bugs on the FAST Levy files to the federal Office of Child Support Enforcement (OCSE) at FASTLevy@acf.hhs.gov.

If the FI is unable to accept electronic FAST Levy requests due to a catastrophic event, it will notify OCSE as soon as possible. The FI shall let OCSE know when it is able to accept and process electronic lien/levy notices again. The FI will not be liable for its inability to accept electronic FAST Levy requests due to such an event.

Send written notice to OCSE at least 60 days in advance of its intent to no longer accept electronic lien/levy notices.

Not process FAST Levy files on weekends or federally recognized holidays.

Accept Decline

OCSE agrees to the following conditions:

E-mail an acknowledgement to the FI at the address on this form within 24 hours of receiving the electronic FAST Levy response.

Report issues encountered with file transmissions to the FI at the phone number or e-mail address on this form.

Report issues with edit check failures or bugs on FAST Levy files to the e-mail address on this form. Key FI personnel should have access to this mailbox so they can respond to OCSE.

Notify the FI as soon as possible that a state will send paper requests in the event of a catastrophic event, via e-mail to the address on this form.

Notify the state when the FI is unable to receive FAST Levy requests, and when the FI is able to receive requests again.

Instructions

When completing the profile form, fields followed by an asterisk are required. If data is entered incorrectly, a pop-up box may be displayed that includes instructions about how to enter the data. Please follow the instructions and do not ignore the pop-up box.

General Information

Enter general information about the organization and participation in FAST Levy.

Start Date: *

(Click on the field and an arrow appears to the right of the field. Use the arrow to show a calendar. Select a date from the calendar. When entering a date instead of using the calendar, use the format: MM/DD/YYYY. If the actual date is unknown, enter a projected date.)

FEIN: *

(Primary Federal Employer Identification Number - enter as 9 numbers without a dash after the second number - this FEIN is the FEIN used on the batch for the files being transferred.)

Organization Type: *

(Select if you are a financial institution or a transmitter.)

Organization Name: *

Organization Short Name:

(Supply an abbreviation or acronym for the organization such as DFAS or KBR.)

Address Information

Enter required address information.

Address Line 1: *

Address Line 2:

Address Line 3:

City: *

State: *

Zip Code: *

Zip Code Extension

(Enter 5 numbers for the zip code and an optional 4 number zip code extension.)

Contact Information

Enter business and technical support contact information. Enter information for the primary and alternate, if applicable, business contact or technical contact.

Business Contact Information

Enter business contact information.

Contact Name: *

Contact Phone Number: *

(Enter numeric digits only, including area code. For example, enter 1231231111.)

Contact Fax: *

(Enter numeric digits only, including area code. For example, enter 1231231111.)

Contact E-mail: *

(Enter as: name@somewhere.com)

Click if you want e-mail notifications sent to this e-mail address

Technical Support Contact Information

Enter technical support contact information.

Contact Name: *

Contact Phone Number: *

(Enter numeric digits only, including area code. For example, enter 1231231111.)

Contact Fax:

(Enter numeric digits only, including area code. For example, enter 1231231111.)

Contact E-mail: *

(Enter as: name@somewhere.com)

Click if you want e-mail notifications sent to this e-mail address

Alternate Contact Information

Enter additional business or technical contact information. None of the fields are required.

Alternate Business Contact Information

Enter business contact information.

Contact Name:

Contact Phone Number:

(Enter numeric digits only, including area code. For example, enter 1231231111.)

Contact Fax:

(Enter numeric digits only, including area code. For example, enter 1231231111.)

Contact E-mail:

(Enter as: name@somewhere.com)

Click if you want e-mail notifications sent to this e-mail address

Alternate Technical Support Contact Information

Enter technical support contact information.

Contact Name:

Contact Phone Number:

(Enter numeric digits only, including area code. For example, enter 1231231111.)

Contact Fax:

(Enter numeric digits only, including area code. For example, enter 1231231111.)

Contact E-mail:

(Enter as: name@somewhere.com)

Click if you want e-mail notifications sent to this e-mail address

File Information

All files transferred using the FAST Levy batch application must be in text format. Files can be named using the standard FAST Levy file naming convention or the organization's file naming convention.

Defaults have been chosen based on the selections being made by the majority of the organizations. Verify the defaults to make sure that the wrong selection is not made for your organization.

General File Information

Enter information related to the file exchange.

E-mail Notification:

- Always When Errors
 Never

Click **Always** if you want to receive e-mails for notification of files received, acknowledgment of files sent, and errors.
Click **When Errors** if you only want to receive e-mails when there are errors.

Connection Information

Select how you would like to set up your secure connection.

- You will be using the FIDM connection that is currently in place for your financial institution.
 You want our network team to contact you about setting up a secure connection.

File Process Information

Complete the file information in the file name convention box, including the file name convention to be used.

- A. First use the checkboxes in the second column (Standard/Organization Supplied File Name Convention) to select whether you want to use your file name convention or use the standard file name convention determined by the OCSE batch application.
- B. If you are using your file name convention, you must supply the file name convention in the third column (File Name Convention). For example, for the file containing withhold requests (Incoming State Files), you might enter: xxx.mybiz.requests.txt. This would be the name of the file that you expect to receive that contains your withhold requests. If you are using the file name conventions from the FAST Levy batch application an example file name is shown. Refer to the FAST Levy software interface specification for more details about file name conventions and formats.

File Name Convention:

File Type	Standard/Organization Supplied File Name Convention	File Name Convention
Lien/Levy Files *	<input type="checkbox"/> OCSE Standard	(Example: F999.FSTLVYO.FPLS.RYYMMDD)
	<input type="checkbox"/> Organization Supplied	
Response Files *	<input type="checkbox"/> OCSE Standard	(Example: F999.FSTLVYCO.FPLS.RYYMMDD)
	<input type="checkbox"/> Organization Supplied	
Response Error Files *	<input type="checkbox"/> OCSE Standard	(Example: F999.FSTLVYIO.FPLS.RYYMMDD)
	<input type="checkbox"/> Organization Supplied	



MEMORANDUM OF UNDERSTANDING

Child Support Garnishment Actions and Electronic Data

1. The Florida Department of Revenue and the _____ (hereafter "the Parties") mutually agree to participate in the Federally Assisted State Transmitted Levy service (hereafter "FAST Levy") administered by the federal Office of Child Support Enforcement. FAST Levy provides banks, credit unions and other financial institutions a secure electronic means of responding to garnishment actions initiated by the Florida Department of Revenue Child Support Program.

2. The Parties intend to use FAST Levy to the maximum extent feasible to reduce or eliminate reliance on U.S. mail and the need for manual processing of paper forms and notices. As authorized by section 409.25656(4), Florida Statutes, _____ consents to receive notification of child support garnishment actions initiated by the Florida Department of Revenue Child Support Program by secure electronic means through Fast Levy instead of by registered mail.

3. The Parties agree to work cooperatively in good faith to accomplish the purpose and intent of this Memorandum of Understanding (hereafter "MOU").

4. The primary contact persons responsible for administering this MOU are:

_____	FLORIDA DEPARTMENT OF REVENUE
Name _____	Name _____
Title _____	Title _____
Address _____	Address _____
Address _____	Address _____
Phone _____	Phone _____
Email _____	Email _____

5. This MOU becomes effective when signed by both Parties and remains in effect until terminated by either Party. Either party may terminate the MOU at will upon 30 days advance written notice to the other Party. Each party bears its own costs.

By signing below, the Parties agree to be bound by the terms and conditions of this two-page MOU.

_____	FLORIDA DEPARTMENT OF REVENUE
Signed _____	Signed _____
Name _____	Name _____
Title _____	Title _____
Date _____	Date _____

Approved as to form and legal content
Office of General Counsel

Signed _____
Date _____

Not valid until signed and dated by both parties

Based upon the Findings of Fact and Conclusions of Law and in accordance with section 409.2563, Florida Statutes, it is ORDERED that:

A. The Respondent shall pay support for the following child(ren):

<u>Child(ren)'s Name</u>	<u>Date of Birth</u>
<<Child1FullName>>	<<Child1DOB>>
<<Child2FullName>>	<<Child2DOB>>

B. Starting <<Payment Start Date>> the Respondent shall pay:

\$<<CurrSupAmt>> per month in current support, plus
\$<<Total Payment for Past-Due Support>> per month to reduce the arrears amount of
\$<< Total Past Due Owed>>, for a total monthly payment of
\$<<Total Monthly Payment>>.

When the total past-due support amount and any arrears that accrue after the date of this Final Modified Order are paid, the monthly obligation becomes the current support amount.

C. All payments must be paid by cashier's check, certified check, money order, or a personal or business check payable to the Florida State Disbursement Unit at the following address:

Florida State Disbursement Unit
<<SDUAddress>>

Cash is not accepted. If a personal or business check is returned, the person who wrote the check may no longer be allowed to pay by check. All payments must be identified with the Respondent's name, the amount of the payment and depository number <<Depository Number>>. The Respondent shall not receive credit for any future support payments made directly to <<CP/CTR Name>> or to the child(ren). Any payment that is not paid when due is considered late and will result in collection action by the Child Support Program.

D. Duration of order. This Final Modified Order stays in effect until:

- (1) Vacated, modified, suspended or terminated by the Child Support Program;
- (2) Vacated on appeal; or
- (3) Superseded by a circuit court order.

The current support obligation in Paragraph B is reduced according to the schedule below as each child reaches age 18, dies, marries, or otherwise emancipates, unless the child is dependent in fact, between the ages of 18 and 19, still in high school and performing in good faith with a reasonable expectation of graduating before the age of 19. If payable beyond the age of 18, the current support obligation ends when the child graduates from high school.

<<Option 41>>

Current support for <<youngest child's name 1>> is scheduled to end on <<child's estimated emancipation date – 1 day>>, or date of high school graduation according to the conditions above, at which time the Respondent's current support obligation ends for all children.

XXXX
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E. Health Insurance and Noncovered Medical Expenses. <<Option 39>>

The obligation to pay reasonable and necessary noncovered medical, dental, and prescription medication expenses incurred for the minor child(ren) shall be based on each parent's percentage share of the monthly support obligation as stated in the child support guidelines worksheet(s). The Petitioning/other parent's share is <<CP Percent Support Need>> percent and the Respondent's share is <<NCP Percent Support Need>> percent.

F. Notice of Changes. Within seven (7) days the Respondent shall notify the <<CSE Local Office and Address>> and the Clerk of the Circuit Court in <<County Name>> County at <<Clerk of Court Address>> in writing of any change in name, Social Security number, residential address, mailing address, employer, employment address, phone numbers, and driver license number. It will be presumed that the Respondent has received any documents sent by regular U.S. Mail to the most recent mailing address provided.

G. The Respondent's income is subject to immediate income deduction for payment of the support obligations in Paragraph B and any late payments or past-due amounts that accrue after entry of this Final Modified Order. A separate Income Deduction Order is being entered. The Respondent is responsible for paying the support obligations under this Final Modified Order to the State Disbursement Unit until income deduction starts.

H. The Florida Department of Economic Opportunity (or its successor agency) shall deduct, withhold, and pay to the Child Support Program, forty percent (40%) of any unemployment compensation which may now or in the future be payable to the Respondent. The amount may not exceed the total amount in Paragraph B and any subsequent late payments or past-due amounts that accrue after entry of this Final Modified Order.

<<Option 51>>

<<Option 25>>

Effective Date. This Final Modified Order is effective immediately and remains in effect until modified by DOR, vacated on appeal, or superseded by a subsequent court order.

<<Option 57>>

Copy furnished this date to:
<<County Name>> County Clerk of the Circuit Court

<<Option 33>>
<<CP/CTR name>>

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NOTICE OF RIGHT TO APPEAL

A party that is adversely affected by this Final Administrative Order, the Income Deduction Order, or both has the right to judicial review under section 120.68, Florida Statutes. To obtain judicial review you must complete the following steps:

1. File an original Notice of Appeal with the Department of Revenue's Deputy Agency Clerk within 30 days after the date the Final Modified Order is rendered. The address is:

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

2. File a copy of the Notice of Appeal with the Clerk of the First District Court of Appeal or the Clerk of the District Court of Appeal for the district where you live. You also must pay a filing fee when you file the Notice of Appeal with the court.

Filing with the Department of Revenue or the District Court of Appeal is complete when the Notice of Appeal is received, not when it is mailed.

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STATE OF FLORIDA
DEPARTMENT OF REVENUE
CHILD SUPPORT PROGRAM

State of Florida Department of Revenue
Child Support Program and
<<CP/CTR NAME>>
Petitioners,

Depository Number: <<DepositoryNo>>
Child Support Case Number: <<CaseNumber>>

vs.

<<NCPName>>
Respondent.

**INCOME DEDUCTION ORDER
ADMINISTRATIVE SUPPORT PROCEEDING**

The Florida Department of Revenue, Child Support Program enters this Income Deduction Order regarding the Respondent's child support obligation pursuant to section 409.2563(7), Florida Statutes.

To: All current and subsequent employers and payors of income to Respondent <<NCPName>>

YOU ARE HEREBY ORDERED, as required by Florida law, to make regular deductions from all income of the Respondent in accordance with this Income Deduction Order and any accompanying Order/Notice to Withhold Income.

YOU ARE FURTHER ORDERED:

1. To deduct from all money due and payable to the Respondent:
 - (a) \$<<CurrSupAmt>> per month for current child support, plus
 - (b) \$<< Total Payment for Past-Due Support >> per month for past-due/retroactive support until the total past-due/retroactive/arrears amount of \$<<Total Past Due Owed>> is paid,
 - (c) for a total monthly payment of \$<<Total Monthly Payment>>
 - (d) When the total past-due/retroactive/arrears amount in (b) has been paid, continue to deduct the amount in (a) for current child support.

<<Option 41>>

Current support for <<youngest child's name 1>> is scheduled to end on <<child's estimated emancipation date - 1 day>>, or date of high school graduation according to the conditions above, at which time the Respondent's current support obligation ends for all children.

XXXX
XXXX

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NOTES

- (1) The Certificate of Rendition paragraph must remain all together on a single page.
- (2) The Income Deduction Order section of this form must start on its own page.
- (3) Page 6 is intentionally left blank.

OPTIONS

OPTION 11 (role/relationship of party to child[ren])

- A. father
- B. mother
- C. caregiver

OPTION 12 (Based on activity status codes)

A. No DOAH Request

the Respondent did not file a timely request for an administrative hearing. The time limits are stated in the Proposed Administrative Support Order, which was served on the Respondent. The Respondent is deemed to have waived the right to request a hearing as provided by section 409.2563(7)(b), Florida Statutes.

B. DOAH Relinquishes Jurisdiction

the Respondent waived his or her right to contest the proposed order at an administrative hearing.

OPTION 13.1 (for parent who owes support)

- A. imputed
- B. actual

OPTION 13.2 (for parent due support)

- A. imputed
- B. actual

OPTION 14.1 (User selects additional findings related to income used for support guidelines for the parent who owes support) Select only when parent who owes support's income is imputed. Choose either A, B, or C.

- A.** The Respondent is voluntarily underemployed and is capable of earning the imputed net monthly income based upon his or her recent work history, occupational qualifications and prevailing earnings level in the community.
- B.** The Respondent is voluntarily unemployed and is capable of earning the imputed net monthly income based upon his or her recent work history, occupational qualifications and prevailing earnings level in the community.
- C.** There is a lack of sufficient, reliable information concerning the Respondent's actual earnings; therefore an earning capacity equal to full time employment at federal minimum wage is presumed for the purpose of establishing the support obligation.

OPTION 14.2 (User selects additional findings related to income used for support guidelines for the parent due support) Select only when parent due support/other parent (13.2) income is imputed. Choose either A, B, or C.

- A.** The Petitioning/other parent is voluntarily underemployed and is capable of earning the imputed net monthly income based upon his or her recent work history, occupational qualifications and prevailing earnings level in the community.
- B.** The Petitioning/other parent is voluntarily unemployed and is capable of earning the imputed net monthly income based upon his or her recent work history, occupational qualifications and prevailing earnings level in the community.
- C.** There is a lack of sufficient, reliable information concerning the Petitioning/other parent's actual earnings; therefore an earning capacity equal to full time employment at federal minimum wage is presumed for the purpose of establishing the support obligation.

OPTION 15 (Based on guideline information)

DOR is deviating from the guideline amount, which would be inappropriate for the following reason(s):

[Note: User selects applicable deviation reason(s). System will enumerate alphabetically as a., b., c., etc.] When options 15A – L are selected, option 20 must also be selected and the user must provide free text explanation.

- A.** A particular parenting plan, a court-ordered time-sharing schedule, or a time-sharing arrangement exercised by agreement of the parties provides that each child spend a substantial amount of time with each parent, as explained in the Additional Findings of Fact and Conclusions of Law.
- B.** The child(ren) spends a significant amount of time with the Respondent due to a particular parenting plan, a court-ordered time-sharing schedule, or a time-sharing arrangement exercised by agreement of the parties as explained in the Additional Findings of Fact and Conclusions of Law.
- C.** Extraordinary medical, psychological, educational, or dental expenses as explained in the Additional Findings of Fact and Conclusions of Law.
- D.** Payment of support to a parent that regularly has been paid and for which there is a demonstrated need as explained in the Additional Findings of Fact and Conclusions of Law.
- E.** Seasonal variations in one or both parents' income as explained in the Additional Findings of Fact and Conclusions of Law.
- F.** Age(s) of the child(ren), taking into consideration the greater needs of older child(ren) as explained in the Additional Findings of Fact and Conclusions of Law.
- G.** Special needs that have been met traditionally within the family budget even though the fulfilling of those needs will cause support to exceed the guideline amount as explained in the Additional Findings of Fact and Conclusions of Law.
- H.** Total available assets of mother, father, and child(ren) as explained in the Additional Findings of Fact and Conclusions of Law.
- I.** Application of the child support guidelines requires the Respondent to pay more than 55 percent of gross income for a single support order as explained in the Additional Findings of Fact and Conclusions of Law.
- J.** Independent income of the child(ren), excluding the child(ren)'s SSI income as explained in the Additional Findings of Fact and Conclusions of Law.
- K.** Impact of IRS dependency exemption and waiver of that exemption as explained in the Additional Findings of Fact and Conclusions of Law.
- L.** Adjustments needed to achieve an equitable result as explained in the Additional Findings of Fact and Conclusions of Law.

- M. The Respondent is entitled to a \$<<Allowable Deduction>> deduction from gross income for the Respondent's child(ren) who resides in his/her household.
- N. The Respondent receives Social Security Disability (SSD) benefits. The Respondent's guideline share of the total child support need is offset by \$<<ReducedObligAmt>>, which is the amount of Social Security dependent benefits received by the child(ren) due to Respondent's disability.

[The following concludes Option 15 and must print when 15B-L is selected.]

Therefore, the Respondent's monthly current support payment stated in Paragraph B is \$<<TotalDeviationAmountPOSD>><<Option 15.1>> per month than the guideline amount.

OPTION 15.1

- A. more
- B. less

OPTION 16.1 (Select whether health insurance is or is not available at reasonable cost to the parent who owes support)

- A. is
- B. is not

OPTION 16.2 (Select whether health insurance is or is not accessible to the child through the parent who owes support)

- A. is
- B. is not

OPTION 16.3 (Select whether health insurance is or is not available at reasonable cost to the parent due support)

- A. is
- B. is not

OPTION 16.4 (Select whether health insurance is or is not accessible to the child through the parent due support)

- A. is
- B. is not

OPTION 17

A. When parent due support is providing health insurance

The Respondent has the ability to pay all or part of the cost of the child(ren)'s health insurance, which is being provided by the Petitioning parent or caregiver.

B. When either the parent who owes support or the parent due support (not caregiver) is active duty or retired military

The <<LV_HI_PROVIDER>> is active or retired United States military. As a dependent of the <<LV_HI_PROVIDER>>, the child(ren) is entitled to health insurance under the military health insurance program.

OPTION 18 [Select A, B, or C]

- A.** The Respondent has the ability to pay reasonable and necessary noncovered medical, dental, and prescription medication expenses incurred for the minor child(ren).
- B.** The Petitioning parent has the ability to pay reasonable and necessary noncovered medical, dental, and prescription medication expenses incurred for the minor child(ren).
- C.** Both parents have the ability to pay reasonable and necessary noncovered medical, dental, and prescription medication expenses incurred for the minor child(ren).

OPTION 20 (Include is user selects, However mandatory if option 15A – L is selected, as well as when 20A or 20B are selected) Center as header.

Additional Findings of Fact and Conclusions of Law

OPTION 20A (Must be selected when option 15A or 15B is selected and is listed as unnumbered paragraph under Option 20.)

The Respondent's obligation of \$<<DevOblig>> is based on a particular parenting plan, a court-ordered time-sharing schedule, or a time-sharing arrangement exercised by agreement of the Respondent and the Petitioning parent under which the child spends <<%ofNightsWithNCP>> percent of the overnights with Respondent.

OPTION 20B

<<Free Form Text>>

Option 20C Must be selected when the past due amount owed is positive, greater than 0.00 (for OX120, OA120, OA120R, OX140, OA140 and OA140R)

The Respondent has not made all payments as ordered under the <<Render Date of Order Being Modified>> Final Order and/or has not paid all retroactive support. Total past due support owed on this case, including retroactive support, is \$<<Total Past Due Owed>> as of <<date>>.

OPTION 23

A. When parent due support is providing health insurance

The Respondent's share of the cost of health insurance provided for the child(ren) by the Petitioning parent/caregiver is \$<<NCP Share of Health Insurance Expense When CP/CTR Provides>>, which is included in the Respondent's share of the total child support need stated in paragraph 9.

B. When either parent is active duty or retired military

The parents shall promptly enroll the child(ren) in the Defense Enrollment Eligibility Reporting System (DEERS). The parents shall cooperate with each other in doing so, which includes but is not limited to signing forms needed to enroll the child(ren) and providing any required documentation. If the child(ren) becomes ineligible for benefits under the military health care program, the parent who enrolls the child(ren) shall notify DOR within 30 days of the change in the child(ren)'s entitlement.

OPTION 25 (Include if user selects) (Center as Header)

Additional Provisions:

<<Free Form Text>>

OPTION 33 (Use B if Respondent has an attorney)

- A. <<NCP Name>>
- B. <<NCP Attorney Name>>
<<NCP Attorney Address>>

OPTION 36 (Reason for order modification)

- A. the needs of the child(ren) and/or financial circumstances of one or both parents have changed.
- B. <<Free Form Text>>

OPTION 38

- A. Health Insurance is to be provided by <<LV_HI_PROVIDER>>.
- B. Neither parent is ordered to provide health insurance for the minor child(ren).
- C. The Respondent has the ability to pay all or part of the cost of the child(ren)'s health insurance, which is being provided by the Petitioning parent or caregiver.

OPTION 39

- A. The <<LV_HI_PROVIDER>> shall obtain and maintain health insurance for the child(ren) by enrolling them in group health insurance available through the <<LV_HI_PROVIDER>>'s employer, union, or other source. The <<LV_HI_PROVIDER>> shall send written proof of coverage to the <<CSE Local Office and Address>>. If there is any change in health insurance the <<LV_HI_PROVIDER>> must notify DOR within 30 days and send written proof of the change. <<Option 23>>
- B. Neither parent is ordered to provide health insurance for the minor child(ren).
- C. The Respondent's share of the cost of health insurance provided for the child(ren) by the Petitioning parent/caregiver is \$<<NCP Share of Health Insurance Expense When CP/CTR Provides>>, which is included in the Respondent's share of the total child support need stated in paragraph 9.

OPTION 41

Current support for <<oldest child's name 1>> is scheduled to end on <<child's estimated emancipation date – 1 day>>, or date of high school graduation according to the conditions above, at which time the Respondent shall pay:

\$<<1st step down support amount>> per month current support.

Current support for <<next oldest child's name 1>> is scheduled to end on <<child's estimated emancipation date – 1 day>>, or date of high school graduation according to the conditions above, at which time the Respondent shall pay:

\$<<2nd step down support amount>> per month current support

OPTION 50

A. [Insert when blank Title IV-D Standard Parenting Time Plan is included with Proposed Order.]

A written parenting time plan agreed to and signed by both parents has not been provided to the Department as part of this proceeding. Therefore, a parenting time plan is not incorporated into this Final Order.

B. [Insert when either signed Title IV-D Standard Parenting Time Plan or signed parenting time plan is enclosed with Proposed Order.]

A written parenting time plan agreed to and signed by both parents has been provided to the Department as part of this proceeding.

OPTION 51

[Insert when either signed Title IV-D Standard Parenting Time Plan or signed parenting time plan is enclosed with Proposed Order.]

- I. The attached parenting time plan, agreed to and signed by both parents, is made a part of and incorporated into this Final Order. The Department is not authorized to enforce or modify the parenting time plan. The parenting time plan may only be enforced or modified in court.

OPTION 57

[Inserted once final order has been approved and is regenerated for the Rendering and Indexing form bundles]

DONE and ORDERED this the << Day; 1st, 2nd, 3rd, etc.>> day of <<Month>>, 20<<YY>>.

<<Image of Ann Coffin's signature>>

Director, Child Support Program
Authorized Representative
Florida Department of Revenue

This document has been signed electronically and rendered on the above date as authorized by law.



Child Support Program

**Notice of Intent to Terminate Final
Administrative Support Order**

To:

Child Support Case Number:
Depository Number:

1. **Intent to terminate.** The Florida Department of Revenue intends to terminate the Final Administrative Support Order rendered on . The involved in this order :

Child's Name

Child's Date of Birth

The name of the parent due support is . We intend to take this action because we have been notified of reasons/facts justifying termination of the order, specifically:

- The Respondent is permanently disabled
- The Petitioner requests the order be terminated
- The Petitioner and Respondent are now living together with the
- The now living with the parent who owes support.
- The parental rights of the parent who owes support have been terminated.

2. On , we rendered a Final Administrative Support Order establishing certain child support obligations of the Respondent; specifically, the final order requires the Respondent to pay, starting , current support of \$ per month, and \$ per month on a retroactive support obligation of \$. The final order a requirement to provide health insurance for the child(ren) and payment of noncovered medical expenses.
3. **Informal discussions and your right to a hearing.** You may contact us by phone at within 10 days to informally discuss the proposed termination, or you may request a hearing before we issue a final order terminating the Final Administrative Support Order. You can also agree to the proposed termination without an informal discussion or a hearing. You have 20 days from the date of service of this notice to file a written request for a hearing. If there is an informal discussion, your time period to request a hearing may be extended. If we do not receive your written request for a hearing within the time allowed, you will lose your right to a hearing and we will issue a final order terminating the Final Administrative Support Order. If there is a hearing, an administrative law judge will decide whether to terminate the Final Administrative Support Order.

4. **Effects of termination.** If the Final Administrative Support Order is terminated, the termination date will be .

- Past-due support as of is owed in the amount of \$ and is owed to .
- Past-due support as of is owed in the amount of \$, of which \$ is owed to and \$ has been assigned to the State of Florida for reimbursement of temporary cash assistance paid out on behalf of the .

In addition,

- An arrears payment of \$ per month will be established to repay the past-due amount owed.
- has waived arrears owed in the amount of \$.
- No arrears are owed on this case.

5. **Current mailing address and change of address.** This notice has been mailed to your address of record. You are required by law to tell us your current mailing address and any new mailing address. All proposed and final administrative orders, notices of hearing, and any other papers will be mailed to you at the address above, unless you notify us in writing of a different address. We will presume you have received any documents we send you. You must provide us written notice of changes to your address right away. If you do not provide us address changes, you may miss a deadline and lose your right to ask for a hearing or file an appeal.
6. **Court action.** You or the other parent or caregiver may file a civil action in circuit court at any time to determine child support issues. A support order from a circuit court supersedes a Final Administrative Support Order issued by the Department of Revenue; however, any unpaid support due under the administrative order is still owed.
7. **Custody, visitation, alimony, and disputed paternity.** Neither the Department of Revenue nor administrative law judges have jurisdiction to grant a divorce, resolve paternity disputes, or to award or change custody, visitation, or alimony. If you want a hearing on any of these issues, you must file a petition in an appropriate circuit court.
8. **Legal authority.** This action is permitted by section 409.2563, Florida Statutes.

Dated:

Copy provided to:



STATE OF FLORIDA
DEPARTMENT OF REVENUE
CHILD SUPPORT PROGRAM

State of Florida Department of Revenue
Child Support Program and

Petitioner
Petitioners,
and
Respondent
Respondent.

Depository Number: Depository Number
Child Support Case Number: Case #

**Final Order Terminating
Administrative Support Order**

The Florida Department of Revenue (DOR) issues this Final Order Terminating Administrative Support Order pursuant to section 409.2563, Florida Statutes.

**In support of this Final Order, DOR makes the following
FINDINGS OF FACT AND CONCLUSIONS OF LAW:**

1. The name of the child(ren) is:

Child's Name
Child's Name
Child's Name
Child's Name
Child's Name

Child's Date of Birth
Child's DOB
Child's DOB
Child's DOB
Child's DOB

2. The name of the parent due support is Parent Name.

3. We intend to take this action because we have been notified of reasons/facts justifying termination of the Administrative Support Order, specifically:

- The Respondent is permanently disabled.
- The Petitioner requests the order be terminated.
- The Petitioner and Respondent are now living together with the as of Click or tap to enter a date.
- The is/are now living with the parent who owes support.
- The parental rights of the parent who owes support have been terminated.

4. DOR has jurisdiction over this proceeding because we are providing Title IV-D child support services to the Petitioner.

5. On Enter date DOR rendered an Administrative Support Order establishing certain child support obligations of the Respondent; specifically, the Administrative Support Order requires the Respondent to pay, starting Enter date, current support of \$Amount per month, and \$Amount per month on a retroactive support obligation of \$Amount.

The Administrative Support Order includes a requirement to provide health insurance for the child(ren) and payment of noncovered medical expenses.

6. Neither parent or caregiver has requested an administrative hearing within the time allowed in the Notice of Intent to Terminate Final Administrative Support Order, a copy of which has been served on all parties. Pursuant to s. 409.2563(7)(b), F.S., the right of any party to request a hearing is deemed waived.

Based upon the foregoing Findings of Fact and Conclusions of Law, and in accordance with section 409.2563, Florida Statutes, it is

ORDERED AND ADJUDGED that:

A. The current child support obligation of the Respondent and any requirement to provide health insurance and/or payment of noncovered medical expenses for the minor child(ren) named in the Final Administrative Support Order rendered on _____ are terminated effective _____.

The Respondent owes \$_____ in past-due support that accrued while the Administrative Support Order was in effect.

A. Past-due support as of Enter date in the amount of \$_____ is owed to the State of Florida.

B. Past-due support as of Enter date in the amount of \$_____ is owed to the Petitioner _____.

No arrears are owed to the Petitioner _____.

Petitioner _____ has waived arrears owed to them in the amount of \$_____.

B. The Income Deduction Order rendered on _____ is terminated effective immediately. If past-due support is owed, a new Income Deduction Order will be entered.

The Respondent shall pay \$_____ each month towards past-due support.

The Respondent is responsible for making payments to the Florida State Disbursement Unit until income deductions begins.

C. The Department of Revenue's file in this matter will be closed when all past-due support owed is paid.

D. **Effective Date.** This Final Order Terminating Administrative Support Order is effective immediately and remains in effect until vacated on appeal or superseded by a subsequent court order.

DONE AND ORDERED this _____ day of _____, 20_____.

Authorized Designee for: Ann Coffin
Director, Child Support Program
State of Florida Department of Revenue

CERTIFICATE OF RENDITION

I HEREBY CERTIFY that this Final Order Terminating Administrative Support has been rendered on the above date as authorized by law.

Deputy Agency Clerk

Copies Furnished to:
Clerk of the Circuit Court
_____, Petitioner
_____, Respondent

NOTICE OF RIGHT TO APPEAL

Any party who is adversely affected by the foregoing Final Order Terminating Administrative Support Order has the right to ask for judicial review (Section 120.68, Florida Statutes). The request must be received within thirty (30) days of the filing date on this Final Order. To ask for judicial review, complete both of the following steps:

1. File an original Notice of Appeal as prescribed by the Florida Rules of Appellate Procedure, with the Deputy Agency Clerk of the Department of Revenue at:

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

2. File a copy of the Notice of Appeal, together with the filing fee (Section 35.22, Florida Statutes, or other applicable law) with the Clerk of the First District Court of Appeal or the Clerk of the District Court of Appeal for the district where the party seeking review resides.

Filing with either the DOR Deputy Agency Clerk or the Clerk of a District Court of Appeal is effective when the clerk receives the notice, not when it was mailed.

XXXX
XXXX

T

<<Option 3>>

XXXX
XXXX

T

Option 1

A. (Option used when the parent resides outside of Florida and is not incarcerated)

The date, time and place of your appointment is:

Date: <<Appointment Date>>
Time: <<Appointment Time>>
Place: <<First Name of Appointment Site>>
Address: <<Appointment Site Address 2>>
<<Appointment Site Address 1>>
<<City, Region, Zip-Code>>

B. (Option used when the parent is incarcerated)

We will arrange the date and time for genetic testing with the correctional facility.

C. (Option used when the parent resides in Florida and is not incarcerated and the Department schedules the appointment)

The date, time and place of your appointment is:

Date: <<Appointment Date>>
Time: <<Appointment Time>>
Place: <<First Name of Appointment Site>>
Address: <<Appointment Site Address 2>>
<<Appointment Site Address 1>>
<<City, Region, Zip-Code>>

You may also go to a local child support office between 9:30 and 3:00 ET and provide a sample any time before 45 days after the date of this notice.

D. (Option used when the parent resides in Florida and is not incarcerated and when the Department contracts with a scheduling vendor)

You must provide a sample for genetic testing no later than 45 days after the date of this notice.

You may select a location and schedule an appointment online at <insert URL>. You will need the Activity Number listed above to schedule an appointment.

Appointments may also be rescheduled through this website.

E. (If a private vendor collects the sample for genetic testing.)

You must provide the enclosed *Genetic Sample Collection for Paternity Testing* form when you appear for your appointment. Your genetic test sample cannot be collected without this form.

Option 2:

A. (Option used when the notice is being sent to the Alleged Father)

You must follow all other requirements in the *Order to Appear for Genetic Testing*.

If you do not provide a genetic sample, your driver license may be suspended, you may be fined \$500, or both.

B. (Option used when the notice is being sent to the Parent Due Support)

You must bring the child(ren) named above for genetic testing. If you are a nonparent caregiver, only the child(ren) must provide a sample.

If you are receiving cash assistance, Medicaid or food assistance for the children and do not provide genetic samples, we will tell the public assistance agency that you are not cooperating. The public assistance agency may:

- Cancel cash assistance for your family as provided by state law.
- Cancel Medicaid and food assistance for you. Medicaid and food assistance for your child(ren) will continue and Medicaid during pregnancy will continue.

However, if you are in fear of the other parent, please contact us at the number above to discuss your options regarding how to cooperate with us.

If you are not receiving cash assistance, Medicaid or food assistance and do not provide genetic samples, we may close your case.

Option 3: Used only when Option 1.E is used. This option places the attached *Genetic Sample Collection for Paternity Testing* on a full separate page.



Child Support Program

Genetic Sample Collection for Paternity Testing

Date: <<Date>>

Authorization Number: <<ZGT Auth number>>

Child Support Case Number: <<CaseNumber>>

Parties to be collected:

Name	Date of Birth	Business Partner ID
<<CP/NCP Name>>	<<CP/NCP DOB>>	<<CP/NCP BP ID>>
<<DP1 Name>>	<<DP1 DOB>>	<<DP1 BP ID>>
<<DP2 Name>>	<<DP2 DOB>>	<<DP2 BP ID >>
<<DP3 Name>>	<<DP3 DOB>>	<<DP3 BP ID >>
<<DP4 Name>>	<<DP4 DOB>>	<<DP4 BP ID >>

Samples and completed chain of custody to be delivered by trackable delivery to:

DNA Diagnostics Center, Inc.
One DDC Way
Fairfield, OH 45014

XXXX
XXXX

T



Order to Appear for Genetic Testing

┌ <<RecipientName>>
 <<RecipientAddress>>

└

<<Date>>
Child Support Case Number: <<CaseNumber>>
Activity Number: <<ActivityNum>>

1. We have started an administrative proceeding to establish if you are the biological father of the child(ren) named below:

Child: <<Child's Name>> Date of Birth:<<Child's Date of Birth>>

We have done this because you have been named as a possible biological father of the child(ren) named above based upon an affidavit or written declaration by the mother, <<Mother's Name>>.

2. YOU ARE HEREBY ORDERED to appear to provide a sample for genetic testing.
<<Option 1>>

3. If you have custody of the child(ren) named above, you must also bring the child(ren) for genetic testing.

You must bring picture identification to identify yourself and the child. Valid adult identification includes: a state issued driver license or ID card, a US passport, a foreign passport stamped by or an ID card issued by the US Bureau of Citizenship and Immigration Services, a US armed forces ID card or certain Florida or federal inmate ID cards. Valid child identification includes: a state issued ID card, a certified copy of a birth certificate, a social security card, an insurance card or a school ID.

If you appear as ordered, we will pay the cost of the genetic test and provide you with a copy of the test results in the mail. We will not give you the results by phone.

XXXX
XXXX

4. If you fail to appear as ordered or refuse to submit to genetic testing without good cause, we may:
 - a) Start proceedings to suspend your driver's license and motor vehicle registration.
 - b) Impose an administrative fine of \$500.

T

<<Option 2>>

XXXX
XXXX

T

Option 1

A. (Option used when the parent resides outside of Florida and is not incarcerated)

The date, time and place of your appointment is:

Date: <<Appointment Date>>
Time: <<Appointment Time>>
Place: <<First Name of Appointment Site>>
Address: <<Appointment Site Address 2>>
<<Appointment Site Address 1>>
<<City, Region, Zip-Code>>

B. (Option used when the parent is incarcerated)

We will arrange the date and time for genetic testing with the correctional facility.

C. (Option used when the parent resides in Florida and is not incarcerated and the Department schedules the appointment)

The date, time and place of your appointment is:

Date: <<Appointment Date>>
Time: <<Appointment Time>>
Place: <<First Name of Appointment Site>>
Address: <<Appointment Site Address 2>>
<<Appointment Site Address 1>>
<<City, Region, Zip-Code>>

You may also go to a local child support office between 9:30 and 3:00 ET and provide a sample any time before 45 days after the date of this notice.

D. (Option used when the parent resides in Florida and is not incarcerated and when the Department contracts with a scheduling vendor)

You must provide a sample for genetic testing no later than 45 days after the date of this notice.

You may select a location and schedule an appointment online at <insert URL>.

You will need the Activity Number listed above to schedule an appointment.

Appointments may also be rescheduled through this website.

E. (If private vendor collects the sample for genetic testing)

You must provide the enclosed *Genetic Sample Collection for Paternity Testing* form to the lab when you appear for your appointment. Your sample cannot be collected without this form.

Option 2

Used only when Option 1.E. is selected. This option places the attached *Genetic Sample Collection for Paternity Testing* on a full separate page.



Child Support Program

Genetic Sample Collection for Paternity Testing

Date: <<Date>>

Authorization Number: <<ZGT Auth number>>

Child Support Case Number: <<CaseNumber>>

Parties to be collected:

Name	Date of Birth	Business Partner ID
<<CP/NCP Name>>	<<CP/NCP DOB>>	<<CP/NCP BP ID>>
<<DP1 Name>>	<<DP1 DOB>>	<<DP1 BP ID>>
<<DP2 Name>>	<<DP2 DOB>>	<<DP2 BP ID >>
<<DP3 Name>>	<<DP3 DOB>>	<<DP3 BP ID >>
<<DP4 Name>>	<<DP4 DOB>>	<<DP4 BP ID >>

Samples and completed chain of custody to be delivered via trackable delivery to:

DNA Diagnostics Center, Inc.
One DDC Way
Fairfield, OH 45014

XXXX
XXXX

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INSTRUCTIONS FOR FAMILY LAW FINANCIAL AFFIDAVIT (SHORT FORM)

Why am I receiving this form?

This form is used because you are involved in a family law case that requires a **financial affidavit** and your individual gross income is **UNDER \$50,000 per year**.

If your annual gross income is \$50,000 or more, call <<CountyPhoneNumber>> to request a Financial Affidavit (Long Form).

What should I do next?

This form should be printed in black ink. After completing and signing the form, mail the original to Child Support Program, 5050 W. Tennessee Street, Building L, Tallahassee, FL 32399-0195.

What happens after I complete and return this form?

We will serve a copy of this form and a petition for child support on the other party in your case.

Special notes...

If you want to keep your address confidential because you are the victim of sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery, or domestic violence, do not enter the address, telephone, and fax information at the bottom of this form. Instead, file a **Request for Confidential Filing of Address**, Florida Supreme Court Approved Family Law Form 12.980(h).

The affidavit must be completed using **monthly** income and expense amounts. If you are paid or your bills are due on a schedule which is not monthly, you must convert those amounts. Hints are provided on the next page for making these conversions. Expenses may be converted in the same manner.

XXXX
XXXX

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Hourly - If you are paid by the hour, you may convert your income to monthly as follows:

$$\begin{array}{lclcl} \text{Hourly amount} & \times & \text{Hours worked per week} & = & \text{Weekly amount} \\ \text{Weekly amount} & \times & 52 \text{ Weeks per year} & = & \text{Yearly amount} \\ \text{Yearly amount} & \div & 12 \text{ Months per year} & = & \text{Monthly Amount} \end{array}$$

Daily - If you are paid by the day, you may convert your income to monthly as follows:

$$\begin{array}{lclcl} \text{Daily amount} & \times & \text{Days worked per week} & = & \text{Weekly amount} \\ \text{Weekly amount} & \times & 52 \text{ Weeks per year} & = & \text{Yearly amount} \\ \text{Yearly amount} & \div & 12 \text{ Months per year} & = & \text{Monthly Amount} \end{array}$$

Weekly - If you are paid by the week, you may convert your income to monthly as follows:

$$\begin{array}{lclcl} \text{Weekly amount} & \times & 52 \text{ Weeks per year} & = & \text{Yearly amount} \\ \text{Yearly amount} & \div & 12 \text{ Months per year} & = & \text{Monthly Amount} \end{array}$$

Bi-weekly - If you are paid every two weeks, you may convert your income to monthly as follows:

$$\begin{array}{lclcl} \text{Bi-weekly amount} & \times & 26 & = & \text{Yearly amount} \\ \text{Yearly amount} & \div & 12 \text{ Months per year} & = & \text{Monthly Amount} \end{array}$$

Bi-monthly - If you are paid twice per month, you may convert your income to monthly as follows:

$$\text{Bi-monthly amount} \times 2 = \text{Monthly Amount}$$

XXXX
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PRESENT MONTHLY DEDUCTIONS

18. Monthly federal, state, and local income tax (corrected for filing status and allowable dependents and income tax liabilities)

a. Filing Status _____ b. Number of dependents claimed _____

Federal: _____ State: _____ Local: _____ = 18. \$ _____

19. Monthly FICA or self-employment taxes 19. _____

20. Monthly Medicare payments 20. _____

21. Monthly mandatory union dues 21. _____

22. Monthly mandatory retirement payments 22. _____

23. Monthly health insurance payments (including dental insurance), excluding portion paid for any minor children of this relationship 23. _____

24. Monthly court-ordered child support actually paid for children from another relationship (Complete if you PAY support. Do not enter support you receive.) 24. _____

25. Monthly court-ordered alimony actually paid (Add 25a and 25b)

25a. From this case \$ _____

25b. From other case(s) _____ 25. _____

26. TOTAL DEDUCTIONS ALLOWABLE UNDER SECTION 61.30, FLORIDA STATUTES

(Add lines 18 through 25)

26. \$ _____

27. PRESENT NET MONTHLY INCOME (Subtract line 26 from 17)

27. \$ _____

XXXX
XXXX

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B. LIABILITIES:

DESCRIPTION OF ITEM(S). List a description of each separate debt owed by you (and/or your spouse, if this is a petition for dissolution of marriage). LIST ONLY LAST 4 DIGITS OF ACCOUNT NUMBERS. Check the box next to any debt(s) for which you believe you should be responsible.	Current Amount Owed	Nonmarital (check correct column)	
		husband	wife
<input type="checkbox"/> Mortgages on real estate: First mortgage on home	\$		
<input type="checkbox"/> Second mortgage on home			
<input type="checkbox"/> Other mortgages			
<input type="checkbox"/>			
<input type="checkbox"/> Auto loans			
<input type="checkbox"/>			
<input type="checkbox"/> Charge/credit card accounts			
<input type="checkbox"/> Other			
<input type="checkbox"/>			
<input type="checkbox"/> _____ Check here if additional pages are attached.			
Total Debts (add next column)	\$ _____		

C. CONTINGENT ASSETS AND LIABILITIES:

INSTRUCTIONS: If you have any **POSSIBLE asset(s)** (income potential, accrued vacation or sick leave, bonus, inheritance, etc.) or **POSSIBLE liabilities** (possible lawsuits, future unpaid taxes, contingent tax liabilities, debts assumed by another), you must list them here.

Contingent Assets Check the line next to any contingent asset(s) which you are requesting the judge award to you.	Possible Value	Nonmarital (check correct column)	
		husband	wife
<input type="checkbox"/>	\$		
<input type="checkbox"/>			
Total Contingent Assets	\$ _____		

Contingent Liabilities Check the line next to any contingent debt(s) for which you believe you should be responsible	Possible Amount Owed	Nonmarital (check correct column)	
		husband	wife
<input type="checkbox"/>	\$		
<input type="checkbox"/>			
Total Contingent Liabilities	\$ _____		

XXXX
XXXX

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SECTION IV. CHILD SUPPORT GUIDELINES WORKSHEET

(Florida Family Law Rules of Procedure Form 12.902(e), Child Support Guidelines Worksheet, MUST be filed with the court at or prior to a hearing to establish or modify child support. This requirement cannot be waived by the parties.)

[Check **one** only]

____ **A Child Support Guidelines Worksheet IS or WILL BE filed in this case.** This case involves the establishment or modification of child support.

____ **A Child Support Guidelines Worksheet IS NOT being filed in this case.** The establishment or modification of child support is not an issue in this case.

I certify that a copy of this document was [check all used]: () emailed () mailed () faxed () hand delivered to the person(s) listed below on {date} _____.

Other party or his/her attorney:

Name: _____

Address: _____

City, State, Zip: _____

Fax Number: _____

Email Address(es): _____

Under penalties of perjury, I declare that I have read this document and that the facts stated in it are true.

Dated: _____

Signature of Party

Printed Name:

Address: <<Option 2>> _____

City, State, Zip: <<Option 2>> _____

Fax Number: _____

Email Address(es): _____

IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW: [fill in **all** blanks] This form was prepared for the: {choose only **one**}

() Petitioner () Respondent

This form was completed with the assistance of:

{name of individual} _____,

{name of business} _____,

{address} _____,

{city} _____, {state} _____ {telephone number} _____.

XXXX
XXXX

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OPTION 1 (automatically default to A. B is used if we need to change the styling)

A.

State of Florida Department of Revenue
Child Support Program and

<<CP NAME>>
Petitioners,

and

<<NCP NAME>>
Respondent.

B.

<<FreeFormTextStyling>>

NOTE: This form may be sent to both parties at the same time.

OPTION 2

A. If recipient of form has active “Requests Non-Disclosure” relationship with other parent on case or activity, print Confidential Information in these fields.

B. If recipient of form does not have active “Requests Non-Disclosure” relationship with other parent on case or activity, leave field blank.

INSTRUCTIONS FOR FAMILY LAW FINANCIAL AFFIDAVIT (LONG FORM)

Why am I receiving this form?

This form is used because you are involved in a family law case which requires a **financial affidavit** and **your individual gross income is \$50,000 OR MORE per year.**

What should I do next?

This form should be printed in black ink. After completing and signing the form, mail the original to Child Support Program, 5050 Tennessee Street, Building L, Tallahassee, FL 32399-0195, and keep a copy for your records.

What happens after I complete and return this form?

We will serve a copy of this form and a petition for child support on the other party in your case.

Special notes...

If you want to keep your address confidential because you are the victim of sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery, or domestic violence, do not enter the address, telephone, and fax information at the bottom of this form. Instead, file **Request for Confidential Filing of Address**, Florida Supreme Court Approved Family Law Form 12.980(h).

The affidavit must be completed using **monthly** income and expense amounts. If you are paid or your bills are due on a schedule which is not monthly, you must convert those amounts. Hints are provided on the next page for making these conversions. Expenses may be converted in the same manner.

XXXX
XXXX

Hourly - If you are paid by the hour, you may convert your income to monthly as follows:
 Hourly amount **x** Hours worked per week = Weekly amount
 Weekly amount **x** 52 Weeks per year = Yearly amount
 Yearly amount **÷** 12 Months per year = **Monthly Amount**

Daily - If you are paid by the day, you may convert your income to monthly as follows:
 Daily amount **x** Days worked per week = Weekly amount
 Weekly amount **x** 52 Weeks per year = Yearly amount
 Yearly amount **÷** 12 Months per year = **Monthly Amount**

Weekly - If you are paid by the week, you may convert your income to monthly as follows:
 Weekly amount **x** 52 Weeks per year = Yearly amount
 Yearly amount **÷** 12 Months per year = **Monthly Amount**

Bi-weekly - If you are paid every two weeks, you may convert your income to monthly as follows:
 Bi-weekly amount **x** 26 = Yearly amount
 Yearly amount **÷** 12 Months per year = **Monthly Amount**

Semi-monthly - If you are paid twice per month, you may convert your income to monthly as follows:
 Semi-monthly amount **x** 2 = **Monthly Amount**

XXXX
 XXXX

<<Option 1>>

FAMILY LAW FINANCIAL AFFIDAVIT (LONG FORM)
(\$50,000 or more Individual Gross Annual Income)

I, <<NCPorCPName>>, being sworn, certify that the following information is true:

SECTION I. INCOME

1. My age is: _____
2. My occupation is: <<Option 2>> _____
3. I am currently

[check **all** that apply]

___ a. Unemployed
Describe your efforts to find employment, how soon you expect to be employed, and the pay you expect to receive: _____

___ b. Employed by: <<Option 2>> _____
Address: <<Option 2>> _____
City, State, Zip code: <<Option 2>> _____
Telephone Number: _____
Pay rate: \$ _____ () every week () every other week () twice a month
() monthly () other: _____

If you are expecting to become unemployed or change jobs soon, describe the change you expect and why and how it will affect your income: _____

() Check here if you currently have more than one job. List the information above for the second job(s) on a separate sheet and attach it to this affidavit.

___ c. Retired. Date of retirement: _____
Employer from whom retired: _____
Address: _____
City, State, Zip code: _____ Telephone Number: _____

XXXX
XXXX

LAST YEAR'S GROSS INCOME: Your Income Other Party's Income (if known)
 YEAR _____ \$ _____ \$ _____

PRESENT MONTHLY GROSS INCOME:

All amounts must be MONTHLY. See the instructions with this form to figure out money amounts for anything that is NOT paid monthly. Attach more paper, if needed. Items included under "other" should be listed separately with separate dollar amounts.

- 1. Monthly gross salary or wages 1. \$ _____
- 2. Monthly bonuses, commissions, allowances, overtime, tips, and similar payments 2. _____
- 3. Monthly business income from sources such as self-employment, partnerships, close corporations, and/or independent contracts (Gross receipts minus ordinary and necessary expenses required to produce income.) (Attach sheet itemizing such income and expenses.) 3. _____
- 4. Monthly disability benefits/SSI 4. _____
- 5. Monthly Workers' Compensation 5. _____
- 6. Monthly Unemployment Compensation 6. _____
- 7. Monthly pension, retirement, or annuity payments 7. _____
- 8. Monthly Social Security benefits 8. _____
- 9. Monthly alimony actually received
 - 9a. From this case: \$ _____
 - 9b. From other case(s): _____ (Add 9a and 9b) 9. _____
- 10. Monthly interest and dividends 10. _____
- 11. Monthly rental income (gross receipts minus ordinary and necessary expenses required to produce income) (Attach sheet itemizing such income and expense items.) 11. _____
- 12. Monthly income from royalties, trusts, or estates 12. _____
- 13. Monthly reimbursed expenses and in-kind payments to the extent that they reduce personal living expenses (Attach sheet itemizing each item and amount.) 13. _____
- 14. Monthly gains derived from dealing in property (not including nonrecurring gains) 14. _____
- Any other income of a recurring nature (identify source)
- 15. _____
- 16. _____
- 17. PRESENT MONTHLY GROSS INCOME (Add lines 1 through 16) TOTAL: 17. \$ _____**

PRESENT MONTHLY DEDUCTIONS:

All amounts must be MONTHLY. See the instructions with this form to figure out money amounts for anything that is NOT paid monthly.

- 18. Monthly federal, state, and local income tax (corrected for filing status and allowable dependents and income tax liabilities)
 - Federal: _____ State: _____ Local: _____ = 18. \$ _____
 - a. Filing Status _____ b. Number of dependents claimed _____
- 19. Monthly FICA or self-employment taxes 19. _____
- 20. Monthly Medicare payments 20. _____

XXXX
 XXXX

- | | |
|--|----------------------------|
| 21. Monthly mandatory union dues | 21. _____ |
| 22. Monthly mandatory retirement payments | 22. _____ |
| 23. Monthly health insurance payments (including dental insurance),
excluding portion paid for any minor children of this relationship | 23. _____ |
| 24. Monthly court-ordered child support actually paid for children from another
relationship (Complete if you PAY support. Do not enter support you receive.) | 24. _____ |
| 25. Monthly court-ordered alimony actually paid. (Add 25a and 25b) | |
| 25a. from this case: \$ _____ | |
| 25b. from other case(s): _____ | 25. _____ |
| 26. TOTAL DEDUCTIONS ALLOWABLE UNDER SECTION 61.30,
FLORIDA STATUTES (Add lines 18 through 25) | TOTAL: 26. \$ _____ |
| 27. PRESENT NET MONTHLY INCOME (Subtract line 26 from line 17) | 27. _____ |

SECTION II. AVERAGE MONTHLY EXPENSES

Proposed/Estimated Expenses. If this is a dissolution of marriage case and your expenses as listed below do not reflect what you actually pay currently, you should write "estimate" next to each amount that is estimated.

HOUSEHOLD:

- | | |
|--|---------------------|
| 1. Monthly mortgage or rent payments | 1. \$ _____ |
| 2. Monthly property taxes (if not included in mortgage) | 2. _____ |
| 3. Monthly insurance on residence (if not included in mortgage) | 3. _____ |
| 4. Monthly condominium maintenance fees and homeowner's association fees | 4. _____ |
| 5. Monthly electricity | 5. _____ |
| 6. Monthly water, garbage, and sewer | 6. _____ |
| 7. Monthly telephone | 7. _____ |
| 8. Monthly fuel oil or natural gas | 8. _____ |
| 9. Monthly repairs and maintenance | 9. _____ |
| 10. Monthly lawn care | 10. _____ |
| 11. Monthly pool maintenance | 11. _____ |
| 12. Monthly pest control | 12. _____ |
| 13. Monthly misc. household | 13. _____ |
| 14. Monthly food and home supplies | 14. _____ |
| 15. Monthly meals outside home | 15. _____ |
| 16. Monthly cable t.v. | 16. _____ |
| 17. Monthly alarm service contract | 17. _____ |
| 18. Monthly service contracts on appliances | 18. _____ |
| 19. Monthly maid service | 19. _____ |
| Other: | |
| 20. _____ | 20. _____ |
| 21. _____ | 21. _____ |
| 22. _____ | 22. _____ |
| 23. _____ | 23. _____ |
| 24. _____ | 24. _____ |
| 25. SUBTOTAL (add lines 1 through 24) | 25. \$ _____ |

XXXX
XXXX

AUTOMOBILE:

- 26. Monthly gasoline and oil 26. \$ _____
- 27. Monthly repairs 27. _____
- 28. Monthly auto tags and emission testing 28. _____
- 29. Monthly insurance 29. _____
- 30. Monthly payments (lease or financing) 30. _____
- 31. Monthly rental/replacements 31. _____
- 32. Monthly alternative transportation (bus, rail, car pool, etc.) 32. _____
- 33. Monthly tolls and parking 33. _____
- 34. Other: _____ 34. _____
- 35. SUBTOTAL (add lines 26 through 34) 35. \$ _____**

MONTHLY EXPENSES FOR CHILDREN COMMON TO BOTH PARTIES:

- 36. Monthly nursery, babysitting, or day care 36. \$ _____
- 37. Monthly school tuition 37. _____
- 38. Monthly school supplies, books, and fees 38. _____
- 39. Monthly after school activities 39. _____
- 40. Monthly lunch money 40. _____
- 41. Monthly private lessons or tutoring 41. _____
- 42. Monthly allowances 42. _____
- 43. Monthly clothing and uniforms 43. _____
- 44. Monthly entertainment (movies, parties, etc.) 44. _____
- 45. Monthly health insurance 45. _____
- 46. Monthly medical, dental, prescriptions (nonreimbursed only) 46. _____
- 47. Monthly psychiatric/psychological/counselor 47. _____
- 48. Monthly orthodontic 48. _____
- 49. Monthly vitamins 49. _____
- 50. Monthly beauty parlor/barber shop 50. _____
- 51. Monthly nonprescription medication 51. _____
- 52. Monthly cosmetics, toiletries, and sundries 52. _____
- 53. Monthly gifts from child(ren) to others (other children, relatives, teachers, etc.) 53. _____
- 54. Monthly camp or summer activities 54. _____
- 55. Monthly clubs (Boy/Girl Scouts, etc.) 55. _____
- 56. Monthly access expenses (for nonresidential parent) 56. _____
- 57. Monthly miscellaneous 57. _____
- 58. SUBTOTAL (add lines 36 through 57) 58. \$ _____**

MONTHLY EXPENSES FOR CHILD(REN) FROM ANOTHER RELATIONSHIP:
(other than court-ordered child support)

- 59. _____ 59. \$ _____
- 60. _____ 60. _____
- 61. _____ 61. _____
- 62. _____ 62. _____
- 63. SUBTOTAL (add lines 59 through 62) 63. _____**

XXXX
XXXX

MONTHLY INSURANCE:

64. Health insurance (if not listed on lines 23 or 45)	64. _____
65. Life insurance	65. _____
66. Dental insurance	66. _____
Other:	
67. _____	67. _____
68. _____	68. _____
69. SUBTOTAL (add lines 64 through 68, exclude lines 64 and 65)	69. \$ _____

OTHER MONTHLY EXPENSES NOT LISTED ABOVE:

70. Monthly dry cleaning and laundry	70. \$ _____
71. Monthly clothing	71. _____
72. Monthly medical, dental, and prescription (unreimbursed only)	72. _____
73. Monthly psychiatric, psychological, or counselor (unreimbursed only)	73. _____
74. Monthly non-prescription medications, cosmetics, toiletries, and sundries	74. _____
75. Monthly grooming	75. _____
76. Monthly gifts	76. _____
77. Monthly pet expenses	77. _____
78. Monthly club dues and membership	78. _____
79. Monthly sports and hobbies	79. _____
80. Monthly entertainment	80. _____
81. Monthly periodicals/books/tapes/CD's	81. _____
82. Monthly vacations	82. _____
83. Monthly religious organizations	83. _____
84. Monthly bank charges/credit card fees	84. _____
85. Monthly education expenses	85. _____
Other: (include any usual and customary expenses not otherwise mentioned in the items listed above)	
86. _____	86. _____
87. _____	87. _____
88. _____	88. _____
89. _____	89. _____
90. SUBTOTAL (add lines 70 through 89)	90. \$ _____

MONTHLY PAYMENTS TO CREDITORS: (only when payments are currently made by you on outstanding balances)

NAME OF CREDITOR(s):

91. _____	91. \$ _____
92. _____	92. _____
93. _____	93. _____
94. _____	94. _____
95. _____	95. _____
96. _____	96. _____
97. _____	97. _____
98. _____	98. _____
99. _____	99. _____
100. _____	100. _____
101. _____	101. _____
102. _____	102. _____
103. _____	103. _____
104. SUBTOTAL (add lines 91 through 103)	104. \$ _____

XXXX
XXXX

105. TOTAL MONTHLY EXPENSES: (add lines 25, 35, 58, 63, 69, 90, and 104 of Section II, Expenses) **105. \$ _____**

SUMMARY

106. TOTAL PRESENT MONTHLY NET INCOME (from line 27 of SECTION I. INCOME) **106. \$ _____**

107. TOTAL MONTHLY EXPENSES (from line 105 above) **107. \$ _____**

108. SURPLUS (If line 106 is more than line 107, subtract line 107 from line 106. This is the amount of your surplus. Enter that amount here.) **108. \$ _____**

109. (DEFICIT) (If line 107 is more than line 106, subtract line 106 from line 107. This is the amount of your deficit. Enter that amount here.) **109. (\$ _____)**

SECTION III. ASSETS AND LIABILITIES

A. ASSETS (This is where you list what you OWN.)

INSTRUCTIONS:

STEP 1: In column A, list a description of each separate item owned by you (and/or your spouse, if this is a petition for dissolution of marriage). Blank spaces are provided if you need to list more than one of an item.

STEP 2: If this is a petition for dissolution of marriage, check the line in Column A next to any item that you are requesting the judge award to you.

STEP 3: In column B, write what you believe to be the current fair market value of all items listed.

STEP 4: Use column C only if this is a petition for dissolution of marriage and you believe an item is "nonmarital," meaning it belongs to only one of you and should not be divided. You should indicate to whom you believe the item belongs. (Typically, you will only use Column C if property was owned by one spouse before the marriage. See the "General Information for Self-Represented Litigants" found at the beginning of these forms and section 61.075(1), Florida Statutes, for definitions of "marital" and "nonmarital" assets and liabilities.)

XXXX
XXXX

A ASSETS: DESCRIPTION OF ITEM(S) LIST ONLY LAST FOUR DIGITS OF ACCOUNT NUMBERS. Check the line next to any asset(s) which you are requesting the judge award to you.	B Current Fair Market Value	C Nonmarital (Check correct column)	
		husband	wife
<input type="checkbox"/> Cash (on hand)	\$		
<input type="checkbox"/> Cash (in banks or credit unions)			
<input type="checkbox"/>			
<input type="checkbox"/> Stocks/Bonds			
<input type="checkbox"/>			

A ASSETS: DESCRIPTION OF ITEM(S) LIST ONLY LAST FOUR DIGITS OF ACCOUNT NUMBERS. Check the line next to any asset(s) which you are requesting the judge award to you.	B Current Fair Market Value	C Nonmarital (Check correct column)	
		husband	wife
<input type="checkbox"/> Collectibles			
<input type="checkbox"/>			
<input type="checkbox"/> Jewelry			
<input type="checkbox"/>			
<input type="checkbox"/> Life insurance (cash surrender value)			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Sporting and entertainment (T.V., stereo, etc.) equipment			
<input type="checkbox"/>			
<input type="checkbox"/> Other assets			
<input type="checkbox"/>			
Total Assets (add column B)	\$ _____		

B. LIABILITIES/DEBTS (This is where you list what you OWE.)

INSTRUCTIONS:

STEP 1: In column A, list a description of each separate debt owed by you (and/or your spouse, if this is a petition for dissolution of marriage). Blank spaces are provided if you need to list more than one of an item.

STEP 2: If this is a petition for dissolution of marriage, check the line in Column A next to any debt(s) for which you believe you should be responsible.

STEP 3: In column B, write what you believe to be the current amount owed for all items listed.

STEP 4: Use column C only if this is a petition for dissolution of marriage and you believe an item is “nonmarital,” meaning the debt belongs to only one of you and should not be divided. You should indicate to whom you believe the debt belongs. (Typically, you will only use Column C if the debt was owed by one spouse before the marriage. See the “General Information for Self-Represented Litigants” found at the beginning of these forms and section 61.075(1), Florida Statutes, for definitions of “marital” and “nonmarital” assets and liabilities.)

XXXX
XXXX

CONTINGENT ASSETS AND LIABILITIES

INSTRUCTIONS:

If you have any **POSSIBLE assets** (income potential, accrued vacation or sick leave, bonus, inheritance, etc.) or **POSSIBLE liabilities** (possible lawsuits, future unpaid taxes, contingent tax liabilities, debts assumed by another), you must list them here.

A Contingent Assets Check the line next to any contingent asset(s) which you are requesting the judge award to you.	B Possible Value	C Nonmarital (Check correct column)	
		husband	wife
<input type="checkbox"/>	\$		
<input type="checkbox"/>			
Total Contingent Assets	\$ _____		

A Contingent Liabilities Check the line next to any contingent debt(s) for which you believe you should be responsible.	B Possible Amount Owed	C Nonmarital (Check correct column)	
		husband	wife
<input type="checkbox"/>	\$		
<input type="checkbox"/>			
Total Contingent Liabilities	\$ _____		

E. CHILD SUPPORT GUIDELINES WORKSHEET. Florida Family Law Rules of Procedure Form 12.902(e), Child Support Guidelines Worksheet, **MUST** be filed with the court at or prior to a hearing to establish or modify child support. This requirement cannot be waived by the parties.

[Check **one** only]

___ **A Child Support Guidelines Worksheet IS or WILL BE filed in this case.** This case involves the establishment or modification of child support.

___ **A Child Support Guidelines Worksheet IS NOT being filed in this case.** The establishment or modification of child support is not an issue in this case.

XXXX
XXXX

I certify that a copy of this financial affidavit was [**one** only] () emailed () mailed () faxed () hand delivered to the person(s) listed below on {date} _____.

Other party or his/her attorney:

Name: _____ Email Address(es) _____

Address: _____

City, State, Zip: _____

Fax Number: _____



Under penalties of perjury, I declare that I have read this document and that the facts stated in it are true.

Dated: _____

Signature of Party
Printed Name: _____
Address: <<Option 2>> _____
City, State, Zip: <<Option 2>> _____
Telephone Number: _____
Fax Number: _____

IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW: [fill in **all** blanks]

This form was prepared for the: {choose only **one**} () Petitioner () Respondent

This form was completed with the assistance of:

{name of individual} _____,
{name of business} _____,
{address} _____,
{city} _____, {state} _____, {telephone number} _____

XXXX
XXXX



OPTION 1 (automatically default to A. B is used if we need to change the styling)

A.

State of Florida Department of Revenue
Child Support Program and

<<CP NAME>>

Petitioners,

and

<<NCP NAME>>

Respondent.

B.

<<FreeFormTextStyling>>

NOTE: This form may be sent to both parties at the same time.

OPTION 2

A. If recipient of form has active “Requests Non-Disclosure” relationship with other parent on case or activity, print Confidential Information in these fields.

B. If recipient of form does not have active “Requests Non-Disclosure” relationship with other parent on case or activity, leave field blank.

STATE OF FLORIDA
DEPARTMENT OF REVENUE
CHILD SUPPORT PROGRAM

State of Florida Department of Revenue
Child Support Program and
<<CP/CTR NAME>>
Petitioners,

Depository Number: <<DepositoryNo>>
Child Support Case Number: <<CaseNumber>>

vs.

<<NCPName>>
Respondent.

FINAL ORDER OF PATERNITY

The Florida Department of Revenue, Child Support Program (DOR), enters this Final Order of Paternity.

Findings of Fact and Conclusions of Law

1. DOR has subject matter jurisdiction to determine paternity in this administrative proceeding for the child(ren) named below as provided by section 409.256, Florida Statutes.
2. DOR is providing Title IV-D child support services on behalf of <<CP/CTR NAME>>. The child(ren) resides with <<CP/CTR NAME>>.
3. The child(ren)'s mother is <<Mother's Full Name>>.
4. The child(ren) was not born or conceived while the mother was married, and the child(ren)'s paternity has not previously been established.
5. <<Option 8>>
6. The attached genetic test results, which are hereby incorporated by reference and made a part of this Final Order, show a 99 percent or greater probability that the Respondent is the biological father of the following child(ren):

Child(ren) Name
<<ChildFullName>>

Date of Birth
<<ChildDOB>>

XXXX
XXXX

CS-OP50
Rule 12E-1.036
Florida Administrative Code
Effective 10/21

7. The Respondent did not file a timely request for an administrative hearing in response to DOR's Proposed Order of Paternity, which was served on the Respondent by regular U.S. mail. Under section 409.256(10)(b), Florida Statutes, the Respondent is deemed to have waived the right to a hearing.

<<Option 53>>

<< Free form text1 – If populated starts with paragraph number 8>>

Based upon the Findings of Fact and Conclusions of Law and in accordance with sections 409.2563, Florida Statutes, it is ORDERED that:

A. <<Respname>> is the legal and biological father of:

Child(ren)'s Name	Date of Birth
<<Child1FullName>>	<<ChildDOB>>
<<Child2FullName>>	<<ChildDOB>>

B. The Respondent shall notify DOR in writing within seven (7) days after the date of this Final Order of any change in name, Social Security number, residential address, mailing address, employer, employment address, phone numbers, or driver's license number. It will be presumed that the Respondent receives any documents that DOR mails to the most recent mailing address provided by the Respondent.

<<Option 54>>

<<Option 43>>

Effective Date. This Final Order is effective immediately and remains in effect until modified by DOR, vacated on appeal, or superseded by a subsequent court order.

<<Option 57>>

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NOTICE OF RIGHT TO APPEAL

A party that is adversely affected by this Final Order of Paternity has the right to judicial review under section 120.68, Florida Statutes. To obtain judicial review you must complete the following steps:

1. File an original Notice of Appeal with the Department of Revenue's Deputy Agency Clerk within 30 days after the date the Final Order is rendered. The address is:

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

2. File a copy of the Notice of Appeal with the Clerk of the First District Court of Appeal or the Clerk of the District Court of Appeal for the district where you live. You also must pay a filing fee when you file the Notice of Appeal with the court.

Filing with the Department of Revenue or the District Court of Appeal is complete when the Notice of Appeal is received, not when it is mailed.

XXXX
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Notes:

(1) The Certificate of Rendition paragraph must remain all together on a single page.

OPTION 8 (Jurisdiction/Long Arm for noncustodial parent/alleged father)

A. When served in Florida

DOR has personal jurisdiction over the Respondent because he/she was properly served notice in Florida on <<Date Served With Initial Notice>>.

B. When NCP served in another state or country (long-arm); if 8B is selected, select one or more from 8B1-8B6.

The Respondent is subject to DOR's jurisdiction in this proceeding under sections 48.193(1)(e), (h), or 88.2011, Florida Statutes. The Respondent was properly served notice outside the State of Florida, however, he/she

1. resided in this state with the child(ren) and/or the Petitioning parent before this proceeding started.
2. resided in this state and provided prenatal expenses or support for the child(ren) before this proceeding started.
3. maintained a matrimonial domicile in this state before this proceeding started.
4. acknowledged paternity of the child(ren) in this state before this proceeding started.
5. had sexual intercourse in this state, which may have resulted in conception of the child(ren).
6. submitted to the jurisdiction of this state by consent, by entering a general appearance, or by filing a responsive document having the effect of waiving any objection to personal jurisdiction.

OPTION 43 (Include if user selects)

A. Additional Provisions: <<Free Form Text>>

Option 53

A. [Insert when neither a signed Title IV-D Standard Parenting Time Plan nor a signed parenting time plan is enclosed with the Final Order.]

8. A written parenting time plan agreed to and signed by both parents has not been provided to the Department as part of this proceeding. Therefore, a parenting time plan is not incorporated into this Final Order.

B. [Insert when either *signed* Title IV-D Standard Parenting Time Plan or *signed* parenting time plan is enclosed with Proposed Order.]

8. A written parenting time plan agreed to and signed by both parents has been provided to the Department as part of this proceeding.

Option 54

[Insert when either *signed* Title IV-D Standard Parenting Time Plan or *signed* parenting time plan is enclosed with Final Order.]

- C. The attached parenting time plan, agreed to and signed by both parents, is made a part of and incorporated into this Final Order. The Department is not authorized to enforce or modify the parenting time plan. The parenting time plan may only be enforced or modified in court.

Option 57

[Inserted once final order has been approved and is regenerated for the Rendering and Indexing form bundles]

DONE and ORDERED this the << Day; 1st, 2nd, 3rd, etc.>> day of <<Month>>, 20<<YY>>.

<<Image of Ann Coffin's signature>>
Director, Child Support Program
Authorized Representative
Florida Department of Revenue

This document has been signed electronically and rendered on the above date as authorized by law.

STATE OF FLORIDA
DEPARTMENT OF REVENUE
CHILD SUPPORT PROGRAM

State of Florida Department of Revenue
Child Support Program and

<<CP/CTR NAME>>

Petitioners,

Depository Number: <<DepositoryNo>>

Child Support Case Number: << CaseNumber >>

vs.

<<NCP NAME>>

Respondent.

FINAL ADMINISTRATIVE <<OPTION 2>> SUPPORT ORDER

The Florida Department of Revenue, Child Support Program (DOR), enters this Final Administrative <<Option 2>> Support Order (Final Order) to establish <<Option 3>> a support obligation for the child(ren) named in Paragraph 5. We have considered <<Option 4>> the financial affidavits we received and/or other reliable information about the income of each parent. We have taken into account the child support guidelines and any relevant deviation factors in section 61.30, Florida Statutes. In this Final Order we refer to <<NCPName>> as the Respondent and <<CP/CTR Name>> as the Petitioning parent (or caregiver, if applicable).

Findings of Fact and Conclusions of Law

1. The Department of Revenue has subject matter jurisdiction in this proceeding and enters this Final Order as authorized by section <<Option 5>> 409.2563, Florida Statutes.
2. DOR is providing Title IV-D services on behalf of <<CP/CTR Name>>, the <<Option 6>> of the child(ren) named in Paragraph 5. <<Option 6.1>>
3. There is no support order for the child(ren) named in Paragraph 5. <<Option 7>>
4. <<Option 8>>
5. The Respondent has a legal duty to contribute to the support of the child(ren) named below because the Respondent is the child(ren)'s parent. <<Option 9>>

Child(ren) Name

<<Child1Name>>

<<Child2Name>>

Date of Birth

<<Child1DOB>>

<<Child2DOB>>

XXXX

XXXX

XXXX

XXXX

XXXX

CS-OA40
Rule 12E-1.036
Florida Administrative Code
Effective 10/21

XXXX

XXXX

XXXX

XXXX

XXXX

XXXX

XXXX



<<Option 10>>

- 6. The child(ren) needs support and the Respondent has the ability to provide support as determined by this Final Order.
- 7. The child(ren) resides with <<CP/CTR Name>> most of the time. <<CP/CTR Name>> is the child(ren)'s <<Option 11>>.
- 8. This Final Order is being entered without a hearing because <<Option 12>>
- 9. DOR makes the following findings of fact:
 - a. The Respondent's <<Option 13.1>> net monthly income is \$ <<NCP Net Income>> (<<NCP Percent Support Need>> percent of the parents' combined net income).
 - b. The Petitioning/other parent's <<Option 13.2>> net monthly income is \$ <<Petitioning Parent's Net Income>> (<<Petitioning Parent's Percent Support Need>> percent of the parents' combined net income).
 - c. Monthly child care costs are \$ <<Monthly Child Care Expense>>.
 - d. Monthly health insurance costs for the child(ren) are \$ <<Monthly Health Insurance Expense>>.

<<Option 14.1>>
<<Option 14.2>>

- 10. The total monthly child support need under Florida's Child Support Guidelines is \$ <<Total Monthly Child Support Need>>.
- 11. The Respondent's guideline share of the total child support need is \$ <<Current Support>> per month. The amount is based on section 61.30, Florida Statutes, which includes the factors in paragraph 9.

<<Option 15>>

- 12. Health insurance for the child(ren) <<Option 16.1>> available to the Respondent at reasonable cost through his/her employer, union, or other source and <<Option 16.2>> accessible to the child.

Health insurance for the child(ren) <<Option 16.3>> available to Petitioning/other parent at reasonable cost through his/her employer, union, or other source and <<Option 16.4>> accessible to the child.

<<Option 17>>

<<Option 18>>

XXXX
XXXX

- 13. <<Option 19>>

- 14. <<Option 50>>

<<Option 20>>

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Based upon the Findings of Fact and Conclusions of Law and in accordance with sections 61.30 <<Option 21>> and 409.2563, Florida Statutes, it is ORDERED that:

- A. <<NCPName>> is the legal <<Option 22>> parent of <<Child1FullName>>, date of birth <<Child1DOB>>
<<<NCPName>> is the legal <<Option 22>> parent of <<Child2FullName>>, date of birth <<Child2DOB>>
- B. Starting <<Payment Start Date>> the Respondent shall pay:

\$<<Current Support>> per month current support, plus
\$<<Monthly Retro Support Payment>> per month to reduce the retroactive support amount of
\$<<Net Retro Support Owed>>, for a total monthly payment of
\$<<Total Monthly Payment>>

When the total retroactive support amount and any arrears that accrue after the date of this Final Order are paid, the monthly obligation becomes the current support amount.

- C. All payments must be paid by cashier’s check, certified check, money order, or a personal or business check payable to the Florida State Disbursement Unit at the following address:

Florida State Disbursement Unit
<<SDUAddress>>

Cash is not accepted. If a personal or business check is returned, the person who wrote the check may no longer be allowed to pay by check. All payments must be identified with the Respondent’s name, the amount of the payment and depository number <<Depository Number>>. The Respondent shall not receive credit for any future support payments made directly to <<CP/CTR Name>> or to the child(ren). Any payment that is not paid when due is considered late and will result in collection action by DOR.

- D. Duration of order. This Final Order stays in effect until:
 - (1) Vacated, modified, suspended or terminated by DOR;
 - (2) Vacated on appeal; or
 - (3) Superseded by a circuit court order.

The current support obligation in Paragraph B is reduced according to the schedule below as each child reaches age 18, dies, marries, or otherwise emancipates, unless the child is dependent in fact, between the ages of 18 and 19, still in high school and performing in good faith with a reasonable expectation of graduating before the age of 19. If payable beyond the age of 18, the current support obligation ends when the child graduates from high school.

<<Option 41>>

Current support for <<youngest child’s name 1>> is scheduled to end on <<child’s estimated emancipation date – 1 day>>, or date of high school graduation according to the conditions above, at which time the Respondent’s current support obligation ends for all children.

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MAIL USE ONLY

E. Health Insurance and Noncovered Medical Expenses. <<Option 39>>

The obligation to pay reasonable and necessary noncovered medical, dental, and prescription medication expenses incurred for the minor child(ren) shall be based on each parent's percentage share of the monthly support obligation as stated in the child support guidelines worksheet(s). The Petitioning/other parent's share is <<CP Percent Support Need>> percent and the Respondent's share is <<NCP Percent Support Need>> percent.

F. Notice of Changes. Within seven (7) days the Respondent shall notify the <<CSE Local Office and Address>> and the Clerk of the Circuit Court in <<County Name>> County at <<Clerk of Court Address>> in writing of any change in name, Social Security number, residential address, mailing address, employer, employment address, phone numbers, and driver license number. It will be presumed that the Respondent has received any documents sent by regular U.S. Mail to the most recent mailing address provided.

G. The Respondent's income is subject to immediate income deduction for payment of the support obligations in Paragraph B and any late payments or past-due amounts that accrue after entry of this Final Order. A separate Income Deduction Order is being entered. The Respondent is responsible for paying the support obligations under this Final Order to the State Disbursement Unit until income deduction starts.

H. The Florida Department of Economic Opportunity (or its successor agency) shall deduct, withhold, and pay to the Child Support Program, forty percent (40%) of any unemployment compensation which may now or in the future be payable to the Respondent. The amount may not exceed the total amount in Paragraph B and any subsequent late payments or past-due amounts that accrue after entry of this Final Order.

<<Option 51>>

<<Option 25>>

Effective Date. This Final Order is effective immediately and remains in effect until modified by DOR, vacated on appeal, or superseded by a subsequent court order.

<<Option 57>>

Copy furnished this date to:
<<County Name>> County Clerk of the Circuit Court

<<Option 33>>
<<CP/CTR name>>

XXXX
XXXX

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MAIL USE ONLY

NOTICE OF RIGHT TO APPEAL

A party that is adversely affected by this Final Administrative Order, the Income Deduction Order, or both has the right to judicial review under section 120.68, Florida Statutes. To obtain judicial review, you must complete the following steps:

1. File an original Notice of Appeal with the Department of Revenue's Deputy Agency Clerk within 30 days after the date the Final Order is rendered. The address is:

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

2. File a copy of the Notice of Appeal with the Clerk of the First District Court of Appeal or the Clerk of the District Court of Appeal for the district where you live. You also must pay a filing fee when you file the copy of the Notice of Appeal with the court.

Filing with the Department of Revenue or the District Court of Appeal is complete when the Notice of Appeal is received, not when it is mailed.

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STATE OF FLORIDA
DEPARTMENT OF REVENUE
CHILD SUPPORT PROGRAM

State of Florida Department of Revenue
Child Support Program and

<<CP/CTR NAME>>
Petitioners,

Depository Number: <<DepositoryNo>>
Child Support Case Number: <<CaseNumber>>

vs.

<<NCP NAME>>
Respondent.

**INCOME DEDUCTION ORDER
ADMINISTRATIVE SUPPORT PROCEEDING**

The Florida Department of Revenue, Child Support Program (DOR) enters this Income Deduction Order regarding the Respondent's child support obligation pursuant to section 409.2563(7), Florida Statutes.

To: All current and subsequent employers and payors of income to Respondent <<NCPName>>

YOU ARE HEREBY ORDERED, as required by Florida law, to make regular deductions from all income of the Respondent in accordance with this Income Deduction Order and any accompanying Order/Notice to Withhold Income.

YOU ARE FURTHER ORDERED:

1. To deduct from all money due and payable to the Respondent:
 - (a) \$<<Current Support>> per month for current child support, plus
 - (b) \$<<Monthly Retro Support Payment>> per month for past-due/retroactive support until the total past-due/retroactive/arrears amount of \$<<Net Retro Support Owed>> is paid,
 - (c) for a total monthly payment of \$<<Total Monthly Payment>>
 - (d) When the total past-due/retroactive/arrears amount in (b) has been paid, continue to deduct the amount in (a) for current child support.

<<Option 41>>

Current support for <<youngest child's name 1>> is scheduled to end on <<child's estimated emancipation date – 1 day>>, or date of high school graduation according to the conditions above, at which time the Respondent's current support obligation ends for all children.

2. To deduct 100 percent of any income paid in the form of a bonus or other similar one-time payment, up to the amount of the arrearage reported in the Order/Notice to Withhold, or any subsequent past-due amount that accrues.

XXXX
XXXX



3. To send these amounts to:

Florida State Disbursement Unit
<<SDUAddress>>

Your check or other form of payment must include the Respondent's name, the date the deduction was made, and the court depository number <<Depository Number>>.

- 4. Not to deduct more than the amounts allowed under Section 303(b) of the Consumer Credit Protection Act, 15 U.S.C. 1673(b), as amended.
- 5. To deduct an additional 20 percent of the current support obligation or other amount agreed to by the parties if a delinquency accrues after the order establishing, modifying, or enforcing the obligation has been entered and there is no order for repayment of the delinquency or a preexisting arrearage. This amount is to be deducted until the delinquency and any attorney's fees and costs are paid in full. No deduction may be applied to attorney's fees and costs until the delinquency is paid in full.
- 6. To continue income deduction at the rate in effect immediately prior to emancipation, if the obligation to pay current support is reduced or terminated due to emancipation of a child and the obligor owes an arrearage, retroactive support, delinquency, or costs. Continued deduction at that rate shall continue until all arrearages, retroactive support, delinquencies, and costs are paid in full or until the amount of withholding is modified by the DOR or a court.

This Income Deduction Order or an Income Deduction Notice will be served on the Respondent's present and future employers. Enforcement of the Income Deduction Order may only be contested on the grounds of mistake of fact regarding the amount due pursuant to the order establishing, enforcing, or modifying the amounts in paragraph 1, or the identity of the Respondent, the Petitioning parent/caregiver, or the employer.

<<Option 57>>

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Notes:

- (1) The Certificate of Rendition paragraph must remain all together on a single page.**
- (2) The Income Deduction Order section of this form must start on its own page.**
- (3) Page 6 is intentionally left blank.**

OPTION 2 (When proceeding determines paternity)

- A. PATERNITY AND (use in heading only)
- B. Paternity and

OPTIONS 3 (If activity is for paternity and support order)

Paternity and

OPTION 4 (When proceeding determine paternity)

genetic testing results and

OPTION 5 (When proceeding determines paternity)(the leading 's' makes statute plural in the order)

s 409.256 and

OPTION 6 (Based on whether parent due support is a Caregiver or not)

- A. parent
- B. caregiver

OPTION 6.1 (For each child for whom respondent is excluded by genetic testing)

Based on the attached genetic test results the Respondent is not the biological father of <<Child X>>.

OPTION 7 (A or B)

A. When proceeding determines paternity in non-mixed case

Paternity has not been established previously and the child(ren) was not born or conceived when the mother was married.

B. When proceeding establishes paternity in mixed case (for each child)

Paternity has not been established previously for <<Child Y>> and the child was not born or conceived when the mother was married.

OPTION 8 (Jurisdiction/Long Arm for noncustodial parent/alleged father)

A. When served in Florida

DOR has personal jurisdiction over the Respondent because he/she was properly served notice in Florida on <<Date Served With Initial Notice>>.

B. When NCP served in another state or country (long-arm); if 8B is selected, select one or more from 8B1-8B6.

The Respondent is subject to DOR's jurisdiction in this proceeding under sections 48.193(1)(e), (h), or 88.2011, Florida Statutes. The Respondent was properly served notice outside the State of Florida, however, he/she

1. resided in this state with the child(ren) and/or the Petitioning parent before this proceeding started.
2. resided in this state and provided prenatal expenses or support for the child(ren) before this proceeding started.
3. maintained a matrimonial domicile in this state before this proceeding started.
4. acknowledged paternity of the child(ren) in this state before this proceeding started.
5. had sexual intercourse in this state, which may have resulted in conception of the child(ren).
6. submitted to the jurisdiction of this state by consent, by entering a general appearance, or by filing a responsive document having the effect of waiving any objection to personal jurisdiction.

OPTION 9:

When proceeding determines paternity in non-mixed case (don't use option 10 when 9 is selected).

Based on the attached genetic test results that equal or exceed a 99 percent probability of paternity, which are hereby incorporated by reference and made a part of this Final Order, the Respondent is the legal and biological father of the following child(ren):

OPTION 10 (One entry for each child.) (A-F Based on paternity codes associated with individual child BP record. H based on existence of ZGT activity involving the child associated with the parent activity)

- A.** Paternity has been legally established for <<Child Z>> by affidavit or voluntary acknowledgment.
- B.** Paternity has been established for <<Child Z>> through a court order issued within the State of Florida.
- C.** Paternity is presumed for <<Child Z>> because the Respondent was married to the mother when the child was born or conceived.
- D.** Paternity has been established for <<Child Z>> in another state by a court, other tribunal, or voluntary acknowledgment.
- E.** Paternity is not an issue for <<Child Z>> because the Respondent and the mother married after the child's birth.
- F.** Paternity has been established for <<Child Z>> by an administrative order based on a positive genetic test.
- G.** Paternity is not an issue for <<Child Z>> because the Respondent is the mother to the child.
- H.** Paternity has been established for <<Child Z>> based on the attached genetic test results that equal or exceeds a 99 percent probability of paternity.

OPTION 11 (role/relationship of party to child[ren])

- A. father
- B. mother
- C. caregiver

OPTION 12 (Based on activity status codes)

A. No DOAH Request

the Respondent did not file a timely request for an administrative hearing. The time limits are stated in the Proposed Administrative Support Order, which was served on the Respondent. The Respondent is deemed to have waived the right to request a hearing as provided by section 409.2563(7)(b), Florida Statutes.

B. DOAH Relinquishes Jurisdiction

the Respondent waived his or her right to contest the proposed order at an administrative hearing.

OPTION 13.1 (for parent who owes support)

- A. imputed
- B. actual

OPTION 13.2 (for parent due support)

- A. imputed
- B. actual

OPTION 14.1 (User selects additional findings related to income used for support guidelines for the parent who owes support) Select only when parent who owes support's income is imputed. Choose either A, B, or C.

- A. The Respondent is voluntarily underemployed and is capable of earning the imputed net monthly income based upon his or her recent work history, occupational qualifications and prevailing earnings level in the community.
- B. The Respondent is voluntarily unemployed and is capable of earning the imputed net monthly income based upon his or her recent work history, occupational qualifications and prevailing earnings level in the community.
- C. There is a lack of sufficient, reliable information concerning the Respondent's actual earnings; therefore, an earning capacity equal to full time employment at federal minimum wage is presumed for the purpose of establishing the support obligation.

OPTION 14.2 (User selects additional findings related to income used for support guidelines for the parent due support)

Select only when parent due support/other parent (13.2) income is imputed. Choose either A, B, or C.

- A. The Petitioning/other parent is voluntarily underemployed and is capable of earning the imputed net monthly income based upon his or her recent work history, occupational qualifications and prevailing earnings level in the community.
- B. The Petitioning/other parent is voluntarily unemployed and is capable of earning the imputed net monthly income based upon his or her recent work history, occupational qualifications and prevailing earnings level in the community.
- C. There is a lack of sufficient, reliable information concerning the Petitioning/other parent's actual earnings; therefore, an earning capacity equal to full time employment at federal minimum wage is presumed for the purpose of establishing the support obligation.

OPTION 15 (Based on guideline information)

DOR is deviating from the guideline amount, which would be inappropriate for the following reason(s):

[Note: User selects applicable deviation reason(s). System will enumerate alphabetically as a., b., c., etc.] When options 15A – L are selected, option 20 must also be selected and the user must provide free text explanation.

- A.** A particular parenting plan, a court-ordered time-sharing schedule, or a time-sharing arrangement exercised by agreement of the parties provides that each child spend a substantial amount of time with each parent, as explained in the Additional Findings of Fact and Conclusions of Law.
- B.** The child(ren) spends a significant amount of time with the Respondent due to a particular parenting plan, a court-ordered time-sharing schedule, or a time-sharing arrangement exercised by agreement of the parties as explained in the Additional Findings of Fact and Conclusions of Law.
- C.** Extraordinary medical, psychological, educational, or dental expenses as explained in the Additional Findings of Fact and Conclusions of Law.
- D.** Payment of support to a parent that regularly has been paid and for which there is a demonstrated need as explained in the Additional Findings of Fact and Conclusions of Law.
- E.** Seasonal variations in one or both parents' income as explained in the Additional Findings of Fact and Conclusions of Law.
- F.** Age(s) of the child(ren), taking into consideration the greater needs of older child(ren) as explained in the Additional Findings of Fact and Conclusions of Law.
- G.** Special needs that have been met traditionally within the family budget even though the fulfilling of those needs will cause support to exceed the guideline amount as explained in the Additional Findings of Fact and Conclusions of Law.
- H.** Total available assets of mother, father, and child(ren) as explained in the Additional Findings of Fact and Conclusions of Law.
- I.** Application of the child support guidelines requires the Respondent to pay more than 55 percent of gross income for a single support order as explained in the Additional Findings of Fact and Conclusions of Law.
- J.** Independent income of the child(ren), excluding the child(ren)'s SSI income as explained in the Additional Findings of Fact and Conclusions of Law.
- K.** Impact of IRS dependency exemption and waiver of that exemption as explained in the Additional Findings of Fact and Conclusions of Law.
- L.** Adjustments needed to achieve an equitable result as explained in the Additional Findings of Fact and Conclusions of Law.
- M.** The Respondent is entitled to a \$<<Allowable Deduction>> deduction from gross income for the Respondent's child(ren) who resides in his/her household.
- N.** The Respondent receives Social Security Disability (SSD) benefits. The Respondent's guideline share of the total child support need is offset by \$<<ReducedObligAmt>>, which is the amount of Social Security dependent benefits received by the child(ren) due to Respondent's disability.

[The following concludes Option 15 and must print when 15B-L is selected.]

Therefore, the Respondent's monthly current support payment stated in Paragraph B is \$<<TotalDeviationAmountPOSD>><<Option 15.1>> per month than the guideline amount.

OPTION 15.1

- A.** more
- B.** less

OPTION 16.1 (Select whether health insurance is or is not available at reasonable cost to the parent who owes support)

- A. is
- B. is not

OPTION 16.2 (Select whether health insurance is or is not accessible to the child through the parent who owes support)

- A. is
- B. is not

OPTION 16.3 (Select whether health insurance is or is not available at reasonable cost to the parent due support)

- A. is
- B. is not

OPTION 16.4 (Select whether health insurance is or is not accessible to the child through the parent due support)

- A. is
- B. is not

OPTION 17

A. When parent due support is providing health insurance

The Respondent has the ability to pay all or part of the cost of the child(ren)'s health insurance, which is being provided by the Petitioning parent or caregiver.

B. When either the parent who owes support or the parent due support parent (not caregiver) is active duty or retired military

The <<LV_HI_PROVIDER>> is active or retired United States military. As a dependent of the <<LV_HI_PROVIDER>>, the child(ren) is entitled to health insurance under the military health insurance program.

OPTION 18 [Select A, B, or C]

A. The Respondent has the ability to pay reasonable and necessary noncovered medical, dental, and prescription medication expenses incurred for the minor child(ren).

B. The Petitioning parent has the ability to pay reasonable and necessary noncovered medical, dental, and prescription medication expenses incurred for the minor child(ren).

C. Both parents have the ability to pay reasonable and necessary noncovered medical, dental, and prescription medication expenses incurred for the minor child(ren).

OPTION 19 (Retroactive support)

A. System pop when retroactive support is ordered

The total past (retroactive) child support amount in Paragraph B is based on the factors listed in the enclosed child support guideline worksheet(s).

The Respondent shall pay retroactive support for <<Number Months Retro Owed>>months. This is the period(s) of time when the Respondent did not live together with the child(ren), during the 24 months before <<Date Served With Initial Notice>>, the date the Respondent was served with the initial notice in this proceeding. If a Final Order is issued, monthly support that accrues between now and the date the first payment is due will be added to the total retroactive support amount in the Final Order.

The retroactive support amount of \$<<Net Retro Support Owed>> is calculated <<Option 19A1/19A2>>

<<OPTION 19A3>

Select either 19A1 or 19A2

19A1. at the same monthly rate as current support.

19A2. based on the monthly amounts as shown in the enclosed Guideline Worksheet(s) for the retroactive period. The retroactive support amount is calculated differently than current support because<<Free Form Text>>.

19A3 - If credit provided for payments made

The Respondent is given \$<<Retro Credit>> credit for support payments actually made or in-kind payments made during the retroactive period.

B. Select one of the following if retroactive support is not ordered

1. Past (retroactive) support is not appropriate because <<Free Form Text>>.
2. Past (retroactive) support is being waived by the Petitioning parent or caregiver.

OPTION 20 (Include is user selects, However mandatory if option 15A – L is selected, as well as when 20A or 20B are selected) Center as header.

Additional Findings of Fact and Conclusions of Law

OPTION 20A (Must be selected when option 15A or 15B is selected and is listed as unnumbered paragraph under Option 20.)

The Respondent's obligation of \$<<DevOblig>>is based on a particular parenting plan, a court-ordered time-sharing schedule, or a time-sharing arrangement exercised by agreement of the Respondent and the Petitioning parent under which the child spends <<%ofNightsWithNCP>> percent of the overnights with Respondent.

OPTION 20B

<<Free Form Text>>

OPTION 21 (When proceeding determines paternity) (the leading ‘,’ is needed in the order)
, 409.256

OPTION 22 (When proceeding determines paternity)
and biological

OPTION 23

A. When parent due support is providing health insurance

The Respondent's share of the cost of health insurance provided for the child(ren) by the Petitioning parent/caregiver is \$<<NCP Share of Health Insurance Expense When CP/CTR Provides>>, which is included in the Respondent's share of the total child support need stated in paragraph 9.

B. When either parent is active duty or retired military

The parents shall promptly enroll the child(ren) in the Defense Enrollment Eligibility Reporting System (DEERS). The parents shall cooperate with each other in doing so, which includes but is not limited to signing forms needed to enroll the child(ren) and providing any required documentation. If the child(ren) becomes ineligible for benefits under the military health care program, the parent who enrolls the child(ren) shall notify DOR within 30 days of the change in the child(ren)'s entitlement.

OPTION 25 (Include if user selects) (Center as Header)

Additional Provisions:

<<Free Form Text>>

OPTION 33 (Use B if Respondent has an attorney)

A. <<NCP Name>>

B. <<NCP Attorney Name>>

<<NCP Attorney Address>>

OPTION 39:

- A. The << LV_HI_PROVIDER >> shall obtain and maintain health insurance for the child(ren) by enrolling them in group health insurance available through the <<LV_HI_PROVIDER>>'s employer, union, or other source. The <<LV_HI_PROVIDER>> shall send written proof of coverage to the <<CSE Local Office and Address>>. If there is any change in health insurance the <<LV_HI_PROVIDER>> must notify DOR within 30 days and send written proof of the change. <<Option 23>>
- B. Neither parent is ordered to provide health insurance for the minor child(ren).
- C. The Respondent's share of the cost of health insurance provided for the child(ren) by the Petitioning parent/caregiver is \$<<NCP Share of Health Insurance Expense When CP/CTR Provides>>, which is included in the Respondent's share of the total child support need stated in paragraph 9.

OPTION 41

Current support for <<oldest child's name 1>> is scheduled to end on <<child's estimated emancipation date – 1 day>>, or date of high school graduation according to the conditions above, at which time the Respondent shall pay:

\$<<1st step down support amount>> per month current support.

Current support for <<next oldest child's name 1>> is scheduled to end on <<child's estimated emancipation date – 1 day>>, or date of high school graduation according to the conditions above, at which time the Respondent shall pay:

\$<<2nd step down support amount>> per month current support

OPTION 50

A. [Insert when a Title IV-D Standard Parenting Time Plan or other parenting time plan is not included with Final Order.]

A written parenting time plan agreed to and signed by both parents has not been provided to the Department as part of this proceeding. Therefore, a parenting time plan is not incorporated into this Final Order.

B. [Insert when either signed Title IV-D Standard Parenting Time Plan or signed parenting time plan is enclosed with Proposed Order.]

A written parenting time plan agreed to and signed by both parents has been provided to the Department as part of this proceeding.

OPTION 51

[Insert when either signed Title IV-D Standard Parenting Time Plan or signed parenting time plan is enclosed with Final Order.]

I. The attached parenting time plan, agreed to and signed by both parents, is made a part of and incorporated into this Final Order. The Department is not authorized to enforce or modify the parenting time plan. The parenting time plan may only be enforced or modified in court.

OPTION 57

[Inserted once final order has been approved and is regenerated for the Rendering and Indexing form bundles]

DONE and ORDERED this the << Day; 1st, 2nd, 3rd, etc.>> day of <<Month>>, 20<<YY>>.

<<Image of Ann Coffin's signature>>
Director, Child Support Program
Authorized Representative
Florida Department of Revenue

This document has been signed electronically and rendered on the above date as authorized by law.

STATE OF FLORIDA
DEPARTMENT OF REVENUE
CHILD SUPPORT PROGRAM

State of Florida Department of Revenue
Child Support Program and
<<CP/CTR NAME>>
Petitioners,

Depository Number: <<DepositoryNo>>
Child Support Case Number: <<CaseNumber>>

vs.

<<NCPName>>
Respondent.

FINAL ADMINISTRATIVE <<OPTION 2>> SUPPORT ORDER

The Florida Department of Revenue, Child Support Program (DOR), enters this Final Administrative <<Option 2>> Support Order (Final Order) to establish <<Option 3>> a support obligation for the child(ren) named in Paragraph 5. We have considered <<Option 4>> the financial affidavits we received and/or other reliable information about the income of each parent. We have taken into account the child support guidelines and any relevant deviation factors in section 61.30, Florida Statutes. In this Final Order we refer to <<NCPName>> as the Respondent and <<CP/CTR Name>> as the Petitioning parent (or caregiver, if applicable).

Findings of Fact and Conclusions of Law

1. The Department of Revenue has subject matter jurisdiction in this proceeding and enters this Final Order as authorized by section<<Option 5>> 409.2563, Florida Statutes.
2. DOR is providing Title IV-D child support services for <<CP/CTR Name>>, the <<Option 6>> of the child(ren) named in Paragraph 5. <<Option 6.1>>
3. There is no support order for the child(ren) named in Paragraph 5. <<Option 7>>
4. <<Option 8>>
5. The Respondent has a legal duty to contribute to the support of the child(ren) named below because the Respondent is the child(ren)'s parent. <<Option 9>>

Child(ren) Name
<<Child1Name>>
<<Child2Name>>

Date of Birth
<<Child1DOB>>
<<Child2DOB>>

XXXX
XXXX

CS-OX40
Rule 12E-1.036
Florida Administrative Code
Effective 10/21

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<<Option 10>>

- 6. The child(ren) needs support and the Respondent has the ability to provide support as determined by this Final Order.
- 7. The child(ren) resides with <<CP/CTR Name>> most of the time. <<CP/CTR Name>> is the child(ren)'s <<Option 11>>.
- 8. This Final Order is being entered without a hearing because <<Option 12>>
- 9. DOR makes the following findings of fact:
 - a. The Respondent's <<Option 13.1>> net monthly income is \$ <<NCP Net Income>> (<<NCP Percent Support Need>> percent of the parents' combined net income).
 - b. The Petitioning/other parent's <<Option 13.2>> net monthly income is \$ <<Petitioning Parent's Net Income>> (<<Petitioning Parent's Percent Support Need>> percent of the parents' combined net income).
 - c. Monthly child care costs are \$ <<Monthly Child Care Expense>>.
 - d. Monthly health insurance costs for the child(ren) are \$ <<Monthly Health Insurance Expense>>.

<<Option 14.1>>
<<Option 14.2>>

- 10. The total monthly child support need under Florida's Child Support Guidelines is \$ <<Total Monthly Child Support Need>>.
- 11. The Respondent's guideline share of the total child support need is \$ <<CurrSupAmt>> per month. The amount is based on section 61.30, Florida Statutes, which includes the factors in paragraph 9.

<<Option 15>>

- 12. Health insurance for the child(ren) <<Option 16.1>> available to the Respondent at reasonable cost through his/her employer, union, or other source and <<Option 16.2>> accessible to the child.

Health insurance for the child(ren) <<Option 16.3>> available to Petitioning/other parent at reasonable cost through his/her employer, union, or other source and <<Option 16.4>> accessible to the child

<<Option 17>>

<<Option 18>>

XXXX
XXXX

- 13. <<Option 19>>

- 14. <<Option 50>>

<<Option 20>>

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Based upon the Findings of Fact and Conclusions of Law and in accordance with sections 61.30 <<Option 21>> and 409.2563, Florida Statutes, it is ORDERED that:

- A. <<NCPName>> is the legal <<Option 22>> parent of <<Child1FullName>>, date of birth <<Child1DOB>>
<<<NCPName>> is the legal <<Option 22>> parent of <<Child2FullName>>, date of birth <<Child2DOB>>

B. Starting <<Payment Start Date>> the Respondent shall pay:

\$<< Current Support>> per month in current support, plus
\$<<Monthly Retro Support Payment>> per month to reduce the retroactive support amount of
\$<<Net Retro Support Owed>>, for a total monthly payment of
\$<<Total Monthly Payment>>

When the total past-due support amount and any arrears that accrue after the date of this Final Order are paid, the monthly obligation becomes the current support amount.

- C. All payments must be paid by cashier's check, certified check, money order, or a personal or business check payable to the Florida State Disbursement Unit at the following address:

Florida State Disbursement Unit
<<SDUAddress>>

Cash is not accepted. If a personal or business check is returned, the person who wrote the check may no longer be allowed to pay by check. All payments must be identified with the Respondent's name, the amount of the payment and depository number <<Depository Number>>. The Respondent shall not receive credit for any future support payments made directly to <<CP/CTR Name>> or to the child(ren). Any payment that is not paid when due is considered late and will result in collection action by DOR.

- D. Duration of order. This Final Order stays in effect until:
 - (1) Vacated, modified, suspended or terminated by DOR;
 - (2) Vacated on appeal; or
 - (3) Superseded by a circuit court order.

The current support obligation in Paragraph B is reduced according to the schedule below as each child reaches age 18, dies, marries, or otherwise emancipates, unless the child is dependent in fact, between the ages of 18 and 19, still in high school and performing in good faith with a reasonable expectation of graduating before the age of 19. If payable beyond the age of 18, the current support obligation ends when the child graduates from high school.

<<Option 41>>

Current support for <<youngest child's name 1>> is scheduled to end on <<child's estimated emancipation date – 1 day>>, or date of high school graduation according to the conditions above, at which time the Respondent's current support obligation ends for all children.

XXXX
XXXX

E. Health Insurance and Noncovered Medical Expenses. <<Option 39>>

The obligation to pay reasonable and necessary noncovered medical, dental, and prescription medication expenses incurred for the minor child(ren) shall be based on each parent's percentage share of the monthly support obligation as stated in the child support guidelines worksheet(s). The Petitioning/other parent's share is <<CP Percent Support Need>> percent and the Respondent's share is <<NCP Percent Support Need>> percent.

F. Notice of Changes. Within seven (7) days the Respondent shall notify the <<CSE Local Office and Address>> and the Clerk of the Circuit Court in <<County Name>> County at <<Clerk of Court Address>> in writing of any change in name, Social Security number, residential address, mailing address, employer, employment address, phone numbers, and driver license number. It will be presumed that the Respondent has received any documents sent by regular U.S. Mail to the most recent mailing address provided.

G. The Respondent's income is subject to immediate income deduction for payment of the support obligations in Paragraph B and any late payments or past-due amounts that accrue after entry of this Final Order. A separate Income Deduction Order is being entered. The Respondent is responsible for paying the support obligations under this Final Order to the State Disbursement Unit until income deduction starts.

H. The Florida Department of Economic Opportunity (or its successor agency) shall deduct, withhold, and pay to DOR, forty percent (40%) of any unemployment compensation which may now or in the future be payable to the Respondent. The amount may not exceed the total amount in Paragraph B and any subsequent late payments or past-due amounts that accrue after entry of this Final Order.

<<Option 51>>

<<Option 25>>

Effective Date. This Final Order is effective immediately and remains in effect until modified by DOR, vacated on appeal, or superseded by a subsequent court order.

<<Option 57>>

Copy furnished this date to:
<<County Name>> County Clerk of the Circuit Court

<<Option 33>>
<<CP/CTR name>>

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NOTICE OF RIGHT TO APPEAL

A party that is adversely affected by this Final Administrative Order, the Income Deduction Order, or both has the right to judicial review under section 120.68, Florida Statutes. To obtain judicial review you must complete the following steps:

- 1. File an original Notice of Appeal with the Department of Revenue’s Deputy Agency Clerk within 30 days after the date the Final Order is rendered. The address is:

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

- 2. File a copy of the Notice of Appeal with the Clerk of the First District Court of Appeal or the Clerk of the District Court of Appeal for the district where you live. You also must pay a filing fee when you file the Notice of Appeal with the court.

Filing with the Department of Revenue or the District Court of Appeal is complete when the Notice of Appeal is received, not when it is mailed.

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STATE OF FLORIDA
DEPARTMENT OF REVENUE
CHILD SUPPORT PROGRAM

State of Florida Department of Revenue
Child Support Program and
<<CP/CTR NAME>>
Petitioners,

Depository Number: <<DepositoryNo>>
Child Support Case Number: <<CaseNumber>>

vs.

<<NCPName>>
Respondent.

**INCOME DEDUCTION ORDER
ADMINISTRATIVE SUPPORT PROCEEDING**

The Florida Department of Revenue, Child Support Program (DOR) enters this Income Deduction Order regarding the Respondent's child support obligation pursuant to section 409.2563(7), Florida Statutes.

To: All current and subsequent employers and payors of income to Respondent <<NCPName>>

YOU ARE HEREBY ORDERED, as required by Florida law, to make regular deductions from all income of the Respondent in accordance with this Income Deduction Order and any accompanying Order/Notice to Withhold Income.

YOU ARE FURTHER ORDERED:

1. To deduct from all money due and payable to the Respondent:

- (a) \$<<CurrSupAmt>> per month for current child support, plus
- (b) \$<< Monthly Retro Support Payment >> per month for past-due/retroactive support until the total past-due/retroactive/arrears amount of \$<< Net Retro Support Owed >> is paid,
- (c) for a total monthly payment of \$<<Total Monthly Payment>>
- (d) When the total past-due/retroactive/arrears amount in (b) has been paid, continue to deduct the amount in (a) for current child support.

<<Option 41>>

XXXX
XXXX

Current support for <<youngest child's name 1>> is scheduled to end on <<child's estimated emancipation date – 1 day>>, or date of high school graduation according to the conditions above, at which time the Respondent's current support obligation ends for all children.



2. To deduct 100 percent of any income paid in the form of a bonus or other similar one-time payment, up to the amount of the arrearage reported in the Order/Notice to Withhold, or any subsequent past-due amount that accrues.
3. To send these amounts to:

Florida State Disbursement Unit
<<SDUAddress>>

Your check or other form of payment must include the Respondent's name, the date the deduction was made, and the court depository number <<Depository Number>>.

4. Not to deduct more than the amounts allowed under Section 303(b) of the Consumer Credit Protection Act, 15 U.S.C. 1673(b), as amended.
5. To deduct an additional 20 percent of the current support obligation or other amount agreed to by the parties if a delinquency accrues after the order establishing, modifying, or enforcing the obligation has been entered and there is no order for repayment of the delinquency or a preexisting arrearage. This amount is to be deducted until the delinquency and any attorney's fees and costs are paid in full. No deduction may be applied to attorney's fees and costs until the delinquency is paid in full.
6. To continue income deduction at the rate in effect immediately prior to emancipation, if the obligation to pay current support is reduced or terminated due to emancipation of a child and the obligor owes an arrearage, retroactive support, delinquency, or costs. Continued deduction at that rate shall continue until all arrearages, retroactive support, delinquencies, and costs are paid in full or until the amount of withholding is modified by the DOR or a court.

This Income Deduction Order or an Income Deduction Notice will be served on the Respondent's present and future employers. Enforcement of the Income Deduction Order may only be contested on the grounds of mistake of fact regarding the amount due pursuant to the order establishing, enforcing, or modifying the amounts in paragraph 1, or the identity of the Respondent, the Petitioning parent/caregiver, or the employer.

<<Option 57>>

XXXX
XXXX

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MAIL USE
ONLY

NOTES

- (1) The Certificate of Rendition paragraph must remain all together on a single page.
- (2) The Income Deduction Order section of this form must start on its own page.
- (3) Page 6 is intentionally left blank.

OPTIONS

OPTION 2 (When proceeding determines paternity)

- A. PATERNITY AND (use in heading only)
- B. Paternity and

OPTIONS 3 (If activity is for paternity and support order)

Paternity and

OPTION 4 (When proceeding determine paternity)

genetic testing results and

OPTION 5 (When proceeding determines paternity)(the leading 's' makes statute plural in the order)

s 409.256 and

OPTION 6 (Based on whether parent due support is a Caregiver or not)

- A. parent
- B. caregiver

OPTION 6.1 (For each child for whom respondent is excluded by genetic testing)

Based on the attached genetic test results the Respondent is not the biological father of <<Child X>>.

OPTION 7 (A or B)

A. When proceeding determines paternity in non-mixed case

Paternity has not been established previously and the child(ren) was not born or conceived when the mother was married.

B. When proceeding establishes paternity in mixed case (for each child)

Paternity has not been established previously for <<Child Y>> and the child was not born or conceived when the mother was married.

OPTION 8 (Jurisdiction/Long Arm for parent who owes support/alleged father)

A. When served in Florida

DOR has personal jurisdiction over the Respondent because he/she was properly served notice in Florida on <<Date Served With Initial Notice>>.

B. When NCP served in another state or country (long-arm); if 8B is selected, select one or more from 8B1-8B6.

The Respondent is subject to DOR's jurisdiction in this proceeding under sections 48.193(1)(e), (h), or 88.2011, Florida Statutes. The Respondent was properly served notice outside the State of Florida, however, he/she

1. resided in this state with the child(ren) and/or the Petitioning parent before this proceeding started.
2. resided in this state and provided prenatal expenses or support for the child(ren) before this proceeding started.
3. maintained a matrimonial domicile in this state before this proceeding started.
4. acknowledged paternity of the child(ren) in this state before this proceeding started.
5. had sexual intercourse in this state, which may have resulted in conception of the child(ren).
6. submitted to the jurisdiction of this state by consent, by entering a general appearance, or by filing a responsive document having the effect of waiving any objection to personal jurisdiction.

OPTION 9:

When proceeding determines paternity in non-mixed case (don't use option 10 when 9 is selected).

Based on the attached genetic test results that equal or exceed a 99 percent probability of paternity, which are hereby incorporated by reference and made a part of this Final Order, the Respondent is the legal and biological father of the following child(ren):

OPTION 10 (One entry for each child.) (A-F Based on paternity codes associated with individual child BP record. H based on existence of Genetic Testing (ZGT) activity involving the child associated with the parent activity)

- A.** Paternity has been legally established for <<Child Z>> by affidavit or voluntary acknowledgment.
- B.** Paternity has been established for <<Child Z>> through a court order issued within the State of Florida.
- C.** Paternity is presumed for <<Child Z>> because the Respondent was married to the mother when the child was born or conceived.
- D.** Paternity has been established for <<Child Z>> in another state by a court, other tribunal, or voluntary acknowledgment.
- E.** Paternity is not an issue for <<Child Z>> because the Respondent and the mother married after the child's birth.
- F.** Paternity has been established for <<Child Z>> by an administrative order based on a positive genetic test.
- G.** Paternity is not an issue for <<Child Z>> because the Respondent is the mother to the child.
- H.** Paternity has been established for <<Child Z>> based on the attached genetic test results that equal or exceeds a 99 percent probability of paternity.

OPTION 11 (role/relationship of party to child[ren])

- A. father
- B. mother
- C. caregiver

OPTION 12 (Based on activity status codes)

A. No DOAH Request

the Respondent did not file a timely request for an administrative hearing. The time limits are stated in the Proposed Administrative Support Order, which was served on the Respondent. The Respondent is deemed to have waived the right to request a hearing as provided by section 409.2563(7)(b), Florida Statutes.

B. DOAH Relinquishes Jurisdiction

the Respondent waived his or her right to contest the proposed order at an administrative hearing.

OPTION 13.1 (for parent who owes support)

- A. imputed
- B. actual

OPTION 13.2 (for parent due support)

- A. imputed
- B. actual

OPTION 14.1 (User selects additional findings related to income used for support guidelines for the parent who owes support) Select only when parent who owes support's income is imputed. Choose either A, B, or C.

- A. The Respondent is voluntarily underemployed and is capable of earning the imputed net monthly income based upon his or her recent work history, occupational qualifications and prevailing earnings level in the community.
- B. The Respondent is voluntarily unemployed and is capable of earning the imputed net monthly income based upon his or her recent work history, occupational qualifications and prevailing earnings level in the community.
- C. There is a lack of sufficient, reliable information concerning the Respondent's actual earnings; therefore an earning capacity equal to full time employment at federal minimum wage is presumed for the purpose of establishing the support obligation.

OPTION 14.2 (User selects additional findings related to income used for support guidelines for the parent due support) Select only when parent due support/other parent (13.2) income is imputed. Choose either A, B or C.

- A. The Petitioning/other parent is voluntarily underemployed and is capable of earning the imputed net monthly income based upon his or her recent work history, occupational qualifications and prevailing earnings level in the community.
- B. The Petitioning/other parent is voluntarily unemployed and is capable of earning the imputed net monthly income based upon his or her recent work history, occupational qualifications and prevailing earnings level in the community.
- C. There is a lack of sufficient, reliable information concerning the Petitioning/other parent's actual earnings; therefore an earning capacity equal to full time employment at federal minimum wage is presumed for the purpose of establishing the support obligation.

OPTION 15 (Based on guideline information)

DOR is deviating from the guideline amount, which would be inappropriate for the following reason(s):

[Note: User selects applicable deviation reason(s). System will enumerate alphabetically as a., b., c., etc.] When options 15A – L are selected, option 20 must also be selected and the user must provide free text explanation.

- A.** A particular parenting plan, a court-ordered time-sharing schedule, or a time-sharing arrangement exercised by agreement of the parties provides that each child spend a substantial amount of time with each parent, as explained in the Additional Findings of Fact and Conclusions of Law.
- B.** The child(ren) spends a significant amount of time with the Respondent due to a particular parenting plan, a court-ordered time-sharing schedule, or a time-sharing arrangement exercised by agreement of the parties as explained in the Additional Findings of Fact and Conclusions of Law.
- C.** Extraordinary medical, psychological, educational, or dental expenses as explained in the Additional Findings of Fact and Conclusions of Law.
- D.** Payment of support to a parent that regularly has been paid and for which there is a demonstrated need as explained in the Additional Findings of Fact and Conclusions of Law.
- E.** Seasonal variations in one or both parents' income as explained in the Additional Findings of Fact and Conclusions of Law.
- F.** Age(s) of the child(ren), taking into consideration the greater needs of older child(ren) as explained in the Additional Findings of Fact and Conclusions of Law.
- G.** Special needs that have been met traditionally within the family budget even though the fulfilling of those needs will cause support to exceed the guideline amount as explained in the Additional Findings of Fact and Conclusions of Law.
- H.** Total available assets of mother, father, and child(ren) as explained in the Additional Findings of Fact and Conclusions of Law.
- I.** Application of the child support guidelines requires the Respondent to pay more than 55 percent of gross income for a single support order as explained in the Additional Findings of Fact and Conclusions of Law.
- J.** Independent income of the child(ren), excluding the child(ren)'s SSI income as explained in the Additional Findings of Fact and Conclusions of Law.
- K.** Impact of IRS dependency exemption and waiver of that exemption as explained in the Additional Findings of Fact and Conclusions of Law.
- L.** Adjustments needed to achieve an equitable result as explained in the Additional Findings of Fact and Conclusions of Law.
- M.** The Respondent is entitled to a \$<<Allowable Deduction>> deduction from gross income for the Respondent's child(ren) who resides in his/her household.
- N.** The Respondent receives Social Security Disability (SSD) benefits. The Respondent's guideline share of the total child support need is offset by \$<<ReducedObligAmt>>, which is the amount of Social Security dependent benefits received by the child(ren) due to Respondent's disability.

[The following concludes Option 15 and must print when 15B-L is selected.]

Therefore, the Respondent's monthly current support payment stated in Paragraph B is \$<<TotalDeviationAmountPOSD>><<Option 15.1>> per month than the guideline amount.

OPTION 15.1

- A. more
- B. less

OPTION 16.1 (Select whether health insurance is or is not available at reasonable cost to the parent who owes support)

- A. is
- B. is not

OPTION 16.2 (Select whether health insurance is or is not accessible to the child through the parent who owes support)

- A. is
- B. is not

OPTION 16.3 (Select whether health insurance is or is not available at reasonable cost to the parent due support)

- A. is
- B. is not

OPTION 16.4 (Select whether health insurance is or is not accessible to the child through the parent due support)

- A. is
- B. is not

OPTION 17

A. When parent due support is providing health insurance

The Respondent has the ability to pay all or part of the cost of the child(ren)'s health insurance, which is being provided by the Petitioning parent or caregiver.

B. When either the parent who owes support or the parent due support (not caregiver) is active duty or retired military

The <<LV_HI_PROVIDER>> is active or retired United States military. As a dependent of the <<LV_HI_PROVIDER>>, the child(ren) is entitled to health insurance under the military health insurance program.

OPTION 18 [Select A, B, or C]

- A. The Respondent has the ability to pay reasonable and necessary noncovered medical, dental, and prescription medication expenses incurred for the minor child(ren).
- B. The Petitioning parent has the ability to pay reasonable and necessary noncovered medical, dental, and prescription medication expenses incurred for the minor child(ren).
- C. Both parents have the ability to pay reasonable and necessary noncovered medical, dental, and prescription medication expenses incurred for the minor child(ren).

OPTION 19 (Retroactive support)

A. System pop when retroactive support is ordered

The total past (retroactive) child support amount in Paragraph B is based on the factors listed in the enclosed child support guideline worksheet(s).

The Respondent shall pay retroactive support for <<Number Months Retro Owed>>months. This is the period(s) of time when the Respondent did not live together with the child(ren), during the 24 months before <<Date Served With Initial Notice>>, the date the Respondent was served with the initial notice in this proceeding. If a Final Order is issued, monthly support that accrues between now and the date the first payment is due will be added to the total retroactive support amount in the Final Order.

The retroactive support amount of \$<<Net Retro Support Owed>> is calculated <<Option 19A1/19A2>>

<<OPTION 19A3>

Select either 19A1 or 19A2

19A1. at the same monthly rate as current support.

19A2. based on the monthly amounts as shown in the enclosed Guideline Worksheet(s) for the retroactive period. The retroactive support amount is calculated differently than current support because<<Free Form Text>>.

19A3 - If credit provided for payments made

The Respondent is given \$<<Retro Credit>> credit for support payments actually made or in-kind payments made during the retroactive period.

B. Select one of the following if retroactive support is not ordered

1. Past (retroactive) support is not appropriate because <<Free Form Text>>.
2. Past (retroactive) support is being waived by the Petitioning parent or caregiver.

OPTION 20 (Include is user selects, However mandatory if option 15A – L is selected, as well as when 20A or 20B are selected) Center as header.

Additional Findings of Fact and Conclusions of Law

OPTION 20A (Must be selected when option 15A or 15B is selected and is listed as unnumbered paragraph under Option 20.)

The Respondent's obligation of \$<<DevOblig>>is based on a particular parenting plan, a court-ordered time-sharing schedule, or a time-sharing arrangement exercised by agreement of the Respondent and the Petitioning parent under which the child spends <<%ofNightsWithNCP>> percent of the overnights with Respondent.

OPTION 20B

<<Free Form Text>>

OPTION 21 (When proceeding determines paternity) (the leading ‘,’ is needed in the order)
, 409.256

OPTION 22 (When proceeding determines paternity)

and biological

OPTION 23

A. When parent due support is providing health insurance

The Respondent's share of the cost of health insurance provided for the child(ren) by the Petitioning parent/caregiver is \$<<NCP Share of Health Insurance Expense When CP/CTR Provides>>, which is included in the Respondent's share of the total child support need stated in paragraph 9.

B. When either parent is active duty or retired military

The parents shall promptly enroll the child(ren) in the Defense Enrollment Eligibility Reporting System (DEERS). The parents shall cooperate with each other in doing so, which includes but is not limited to signing forms needed to enroll the child(ren) and providing any required documentation. If the child(ren) becomes ineligible for benefits under the military health care program, the parent who enrolls the child(ren) shall notify DOR within 30 days of the change in the child(ren)'s entitlement.

OPTION 25 (INCLUDE IF USER SELECTS) (Center as Header)

Additional Provisions:

<<Free Form Text>>

OPTION 33 (USE B IF RESPONDENT HAS AN ATTORNEY)

A. <<NCPName>>

B. <<NCP Attorney Name>>

<<NCP Attorney Address>>

OPTION 39:

The <<LV_HI_PROVIDER>> shall obtain and maintain health insurance for the child(ren) by enrolling them in group health insurance available through the <<LV_HI_PROVIDER>>'s employer, union, or other source. The <<LV_HI_PROVIDER>> shall send written proof of coverage to the <<CSE Local Office and Address>>. If there is any change in health insurance the <<LV_HI_PROVIDER>> must notify DOR within 30 days and send written proof of the change. <<Option 23>>

A. Neither parent is ordered to provide health insurance for the minor child(ren).

B. The Respondent's share of the cost of health insurance provided for the child(ren) by the Petitioning parent/caregiver is \$<<NCP Share of Health Insurance Expense When CP/CTR Provides>>, which is included in the Respondent's share of the total child support need stated in paragraph 9.

OPTION 41

Current support for <<oldest child's name 1>> is scheduled to end on <<child's estimated emancipation date – 1 day>>, or date of high school graduation according to the conditions above, at which time the Respondent shall pay:

\$<<1st step down support amount>> per month current support.

Current support for <<next oldest child's name 1>> is scheduled to end on <<child's estimated emancipation date – 1 day>>, or date of high school graduation according to the conditions above, at which time the Respondent shall pay:

\$<<2nd step down support amount>> per month current support

OPTION 50

A. [Insert when a Title IV-D Standard Parenting Time Plan or other parenting time plan is not included with Final Order.]

A written parenting time plan agreed to and signed by both parents has not been provided to the Department as part of this proceeding. Therefore, a parenting time plan is not incorporated into this Final Order.

B. [Insert when either *signed* Title IV-D Standard Parenting Time Plan or *signed* parenting time plan is enclosed with Proposed Order.]

A written parenting time plan agreed to and signed by both parents has been provided to the Department as part of this proceeding.

OPTION 51

[Insert when either *signed* Title IV-D Standard Parenting Time Plan or *signed* parenting time plan is enclosed with Final Order.]

- I. The attached parenting time plan, agreed to and signed by both parents, is made a part of and incorporated into this Final Order. The Department is not authorized to enforce or modify the parenting time plan. The parenting time plan may only be enforced or modified in court.

OPTION 57

[Inserted once final order has been approved and is regenerated for the Rendering and Indexing form bundles]

DONE and ORDERED this the << Day; 1st, 2nd, 3rd, etc.>> day of <<Month>>, 20<<YY>>.

<<Image of Ann Coffin's signature>>

Director, Child Support Program
Authorized Representative
Florida Department of Revenue

This document has been signed electronically and rendered on the above date as authorized by law.



Child Support Program

CS-PO34
Rule 12E-1.039
Florida Administrative Code
Effective 12/21

Paternity Declaration

<<Date>>

Case Number: <<CaseNumber>>

You are receiving these forms because paternity has not been established for your child or needs to be resolved. You must complete and return the enclosed forms for your child.

WHAT YOU NEED TO DO

IMPORTANT: Please make sure all the information you provide is true and correct. If you provide false information you could be found guilty of perjury.

1. Complete the enclosed forms according to the instructions below.
2. **Paternity Declaration (CS-PO34):**
 - a. Check the spelling of your name and your child's information to make sure it is correct. If it is wrong, you cannot correct it on this form. Please contact the Program to make changes to your or your child's information. You can call or email us using the online contact form at FloridaRevenue.com/AskChildSupport
 - b. **Section 2:** Write the full name of any man with whom you had sexual intercourse at or about the time your pregnancy began and the state and county where the pregnancy began. Make sure all possible fathers are named. If none of the men named are found to be the father, paternity will not be established, and the Department of Children and Families may stop or reduce benefits you or your family receive.
 - c. **Section 3:** Sign the form.
3. **Father/Alleged Father Information (CS-ES119):** Provide a separate completed form for each alleged father named. Attach additional pages if needed.
4. **Child Information (CS-ES51ACI):** Provide information requested for the child named on the Paternity Declaration. Complete all fields. Enter "N/A" in fields that do not apply.
5. Return all documents to the Child Support Program at:

Florida Department of Revenue
Child Support Program
P.O. Box 5320
Tallahassee, FL 32314-5320

XXXX
XXXX

If you have questions or need help:	<p>Access your case online: childsupport.floridarevenue.com</p> <p>Email us: FloridaRevenue.com/AskChildSupport</p> <p>Chat with us or learn more at: floridarevenue.com/childsupport</p> <p>Call: <<CountyPhoneNumber>></p> <p>Para asistencia en español, llame al 850-488-5437 y marque 7</p>
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Child Support Program
Paternity Declaration

<<Date>>

Case Number: << CaseNumber>>

Child Number: <<Child BP Num>>

I, <<CPFIRSTNAMEMIDDLEINITIALLASTNAME>>, make the following declaration:

- 1. I am the biological mother of <<ChildName>>, who was born on <<ChildDOB>>.
2. I had sexual intercourse with the following man or men at or about the time the pregnancy began, and I believe the biological father of this child is the man, or one of the men, named below.

Table with 2 columns: Full Name (First, Middle Initial, Last) and Identify the U.S. state or country where the pregnancy began. Contains 4 empty rows.

3. Under penalties of perjury, I declare that I have read this Paternity Declaration and the facts stated in it are true.

<<Option 1>>

XXXX

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Option 1

A. This signature line populates when the form is generated from the system for mailing.

Signed _____ Date _____

B. This signature line populates when the form is completed on eServices.

Signed <<CPNAME>> _____ Date <<System Date>> _____

This document has been signed electronically as authorized by section 668.004, Florida Statutes.



Child Support Program

Application Instructions

┌ <<Address>>

└

<<Date>>
Activity Number: <<Activity Number>>

Thank you for applying for child support services. The forms required for opening a child support case are included with this notice. The information you provide will be used for child support purposes only. The Child Support Program will mail send you a letter to notify you when the case is opened. We will use the address you provide in your application.

WHAT YOU NEED TO DO

1. Read and complete all forms carefully. Enter "N/A" in fields that do not apply.
2. Complete a separate *Other Parent Information* form for each parent. If there is more than one possible father, or a legal father and a biological father, complete an *Other Parent Information* form for each father.
3. Complete a separate *Child Information* and *Paternity Declaration* form for each child. Do not complete the *Paternity Declaration* if a support order is already established for the child.
4. Sign your application. If the application is not signed, it will be returned to you.
5. Provide copies of the following:
 - Birth certificate for each child not born in Florida
 - Paternity judgments
 - Support orders
 - Payment records
 - Written agreements between you and the other parent about child support

Mail the completed forms with copies of any documents to the address below.

Florida Department of Revenue
Child Support Program
P.O. Box 5320
Tallahassee, FL 32314-5320

XXXX
XXXX

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

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Child Support Program

Application for Child Support Services

The Florida Child Support Program provides full child support services.

The Child Support Program will:

- Attempt to find the other parent(s)
- Establish paternity, if needed
- Obtain and modify support orders, if needed
- Send you payments we collect that are owed to you
- Review changes in your and the other parent's circumstances and determine whether a change in the amount of support ordered is necessary
- Notify you when it appears you are not cooperating with us, and give you a chance to respond

You must:

- Cooperate with us
- Provide us with requested information
- Provide copies of requested documents
- Notify us of any changes in information for you, the child(ren) or other parent(s). This includes addresses, employment, phone numbers, and where the child(ren) lives
- Keep appointments with us
- Attend court or administrative hearings
- Notify us when you want to close your case(s)
- Complete a new application to reopen the case if the case has been closed

To apply for child support services for the child(ren) named below, you must accept the following terms and conditions:

- I understand that the Florida Department of Revenue's attorneys represent the Department only and do not represent me.
- I want to apply for child support services for the child(ren) named in this application and I agree to cooperate with the Child Support Program.
- I am a parent or caregiver of a child(ren) included in this application for services.
- To the best of my knowledge, I have provided true and correct information in this application.

Name(s) of child(ren)

Name of other parent(s)

Print your full name

Your signature

____/____/____ (____)____
Date Your daytime phone number

XXXX
XXXX

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My Information

Your Full Name (First, Middle, Last, Suffix):		
I have a fear of physical or emotional harm from the other parent(s): <input type="checkbox"/> Yes <input type="checkbox"/> No		
You are the child(ren)'s: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Caregiver		
Child(ren) primarily lives with: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Caregiver		
Social Security Number: _____ - _____ - _____	Date of Birth: ____/____/____	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Mailing Address:	Driver License Number.:	Issuing State
City:	Country:	Home Phone (include area code):
State:	Zip Code:	Work Phone (include area code):
Race: <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Native American <input type="checkbox"/> Other	Email Address:	
Other Names Known By:	<input type="checkbox"/> Maiden	
	<input type="checkbox"/> Former Married	
	<input type="checkbox"/> Nickname	
Answer employment questions only if you are the mother or the father		
Employer:		
Employer Address:		
Employer City:	Employer State:	Employer Zip:
Answer Other State Child Support Information		
I am receiving or I have received child support payments through another state's child support program: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Other state: _____		
Name the child(ren) for which payments were received: _____		
Do you have an open child support case with another state: <input type="checkbox"/> Yes <input type="checkbox"/> No Other State: _____ Name of child(ren) on the case: _____		

Social Security number disclosure is mandatory based on Title 42 United States Code sections 666(a)(13), 653a, and 654a(e), and on section 409.2577, Florida Statutes. We collect social security numbers for child support purposes. For more information go to www.floridarevenue.com/pages/privacy.

Other Parent Information

A separate form is required for the other parent(s) of each child who needs services.					
Parent's Full Name (First, Middle, Last, Suffix):				Are you seeking child support from this parent? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Social Security Number: _____ - _____ - _____		Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male		Date of Birth: ____/____/____	
Home Phone (include area code):			Cell Phone (include area code):		
Mailing Address:					Country:
City:		State:	Zip code:	Driver License Number.:	Issuing State:
Employer:			Employer Address:		
Employer City:		Employer State:	Employer Zip:	Self Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Names Known By:	_____				
_____	_____				
_____	_____				
_____	_____				
Height:	Hair Color:	Eye Color:	Other Identifying Features (scars, tattoos, or birth marks):		
Race: <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Native American <input type="checkbox"/> Other <input type="checkbox"/> Unknown					
List this parent's children (or possible children) included in this application. Complete a separate Child Information form for each child listed.					
Child's Full Name (First, Middle, Last, Suffix):		Child's Social Security Number:		This Parent's Relationship to the Child (Mother or Father):	
_____		_____		_____	
_____		_____		_____	
_____		_____		_____	
_____		_____		_____	
				Is this parent a member of a Tribal Association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Tribe name: _____					
Is this parent in jail or prison? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where? _____					
Is this parent in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what branch? _____					
Is this parent disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No			Is this parent a member of a union? <input type="checkbox"/> Yes <input type="checkbox"/> No		

XXXX
XXXX

Social Security number disclosure is mandatory based on Title 42 United States Code sections 666(a)(13), 653a, and 654a(e), and on section 409.2577, Florida Statutes. We collect social security numbers for child support purposes. For more information go to www.floridarevenue.com/pages/privacy

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Child Information

Child's Full Name (First, Middle, Last, Suffix): _____			
Date of Birth: _____	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Social Security Number: _____ - _____ - _____	Date child began living with you: _____/_____/_____
Child's Race: <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Native American <input type="checkbox"/> Other			Is this child disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No
Child's Place of Birth (City/ County /State/Country): _____		Birth Certificate Number: _____	
Is a father's name on the birth certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please print father's name: _____			
Is there a support order for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
Person who is ordered to pay support: _____ Person receiving support: _____			
Date of order: _____/_____/_____ Court Case number: _____			
County/state/country where order was entered: _____			
Where is support paid? <input type="checkbox"/> Clerk of Court <input type="checkbox"/> State Disbursement Unit <input type="checkbox"/> Directly to me <input type="checkbox"/> Other state's Child Support Agency			
Date last child support payment was received: _____/_____/_____ Other state: _____			
Is there a pending legal action that involves this child? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
If yes, type of pending legal action: <input type="checkbox"/> Custody <input type="checkbox"/> Adoption <input type="checkbox"/> Mediation <input type="checkbox"/> Enforcement <input type="checkbox"/> Modification <input type="checkbox"/> Other: _____			
Please print the name of the person taking legal action: _____			
Your attorney's name, address and phone #: _____			
Please list the name(s) of all possible fathers of this child: _____			
Where did the mother become pregnant? State: _____ Country: _____			
Was the mother married when she became pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, to whom? _____			
Date of marriage: _____/_____/_____ Married where (City/ County /State/Country): _____			
Was the mother married when this child was born? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, to whom? _____			
Date of marriage: _____/_____/_____ Married where (City/ County /State/Country): _____			
Was the mother divorced from the man named above? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, date of divorce: _____/_____/_____			
Court Case #: _____ Divorced where (City/ County /State or Country): _____			
Has this child ever lived with the other parent in Florida? <input type="checkbox"/> Yes <input type="checkbox"/> No Other parent's name: _____			
If yes, please provide the approximate dates: From _____/_____/_____ to _____/_____/_____			
City in Florida where they lived together: _____			

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Social Security number disclosure is mandatory based on Title 42 United States Code sections 666(a)(13), 653a, and 654a(e), and on section 409.2577, Florida Statutes. We collect social security numbers for child support purposes. For more information go to www.floridarevenue.com/pages/privacy.

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Option 1 (Either A or B, Not both. A – When the Program cannot open a case based on the application. B – In all other instances when the form is generated.)

- A. Service Request Number: <<SVSReqNum>>
- B. Child Support Case Number: <<CSECaseNum>>

Option 2 (A – When the Program cannot open a case based on the application) or (B – Case opened based on the application and no additional information needed) or (C– Case opened based on the application and additional information is needed) or (D – case opened previously and additional information is needed)

- A. The Child Support Program received your request for services. However, we cannot open a child support case with <<Insert NCP name>> at this time as we previously closed a case between you and <<Insert NCP name>> and the reason for closing your case has not changed.
- B. The Child Support Program received your request for services. We have opened your child support case and have everything we need at this time. Please allow thirty days before contacting us for status.

<<Option 4>>

- C. The Child Support Program received your request for services. We have opened your child support case; however, we need more information or documents from you so we can begin to take action.

WHAT YOU NEED TO DO

- Complete <<Option 5>>
- Return the requested information within 30 days from the date of this notice
- Mail the forms to:

Florida Department of Revenue
Child Support Program
P.O. Box 5320
Tallahassee, FL 32314-5320

<<Option 4>> When 2C is selected put Option 4 on page 2.

- D. The Child Support Program needs more information or documents from you so we can take action on your case.

WHAT YOU NEED TO DO

- Complete <<Option 5>>
- Return the requested information within 30 days from the date of this notice
- Mail the forms to:

Florida Department of Revenue
Child Support Program
P.O. Box 5320
Tallahassee, FL 32314-5320

If you receive public assistance: If you receive cash assistance, Medicaid, or food assistance and do not complete and return the form(s), your benefits may be reduced. However, if you are in fear of the other parent, please contact us to discuss your options for how to cooperate with the Child Support Program.

If you do not receive public assistance: If you do not receive public assistance and do not complete and return the form(s), your case may be closed.

Option 3 – Inserted when additional information is required from the parent.

- A. Provide a copy of your divorce or support order(s) and the following information:

Last child support payment received ___/___/_____

I am receiving or I have received child support payments from another state's child support program

- Yes - State _____
 No

If you do not have a copy of the order to provide, fill in the following spaces and we will try to get a copy:

County and state of order: County _____ State _____

Date order was signed by judge or administrative authority: ___/___/_____

Court case or docket number(s) _____

Name of child(ren) included in the order:

- B. Provide copies of the birth certificate for each child not born in Florida. If you do not have a copy, fill in the information below and we will try to get a copy. We need each child's name, date of birth and where they were born.

1. Child's Name <<ChildName>> Date of Birth ___/___/___
City _____ County _____ State ___ Country _____

2. Child's Name <<ChildName>> Date of Birth ___/___/___
City _____ County _____ State ___ Country _____

3. Child's Name <<ChildName>> Date of Birth ___/___/___
City _____ County _____ State ___ Country _____

Option 4 – Inserted when the case is opened based on the application for services, but not when the case has been previously opened.

- We are required by law to provide child support services for you and your child(ren).
- We will try to identify and locate the other parent; establish paternity if needed; establish, modify, and enforce support orders as needed; and pay you any support we collect that you are owed. If you do not cooperate by providing the information we need about yourself and the other parent, we will close the case.
- If you have never received cash assistance, any support we are able to collect will be paid to you. Payments made to you must be made electronically. You can choose either direct deposit to your own bank account or to a debit card we will provide. If you do not choose either, you will receive a debit card in the mail. For more information go to <<[CSE web link to payment options](#)>>
- There are no fees or costs that you are required to pay. If the Program pays money to you that you are not entitled to, we will seek to collect it from you.

Option 5 – Inserted when additional information is needed from the parent. Options selected depends on the type of information needed from the parent.

- A. the enclosed forms.
- B. the information requested on the following pages.
- C. the information requested on the following pages and the enclosed forms.

If you receive **Temporary Cash Assistance**:

- We are required by law to provide child support services for you and your child(ren).
- We will try to identify and locate the other parent; establish paternity if needed; establish, modify, and enforce support orders as needed; and pay you any support we collect that you are owed. By law, you are required to cooperate with us by providing information about yourself and the other parent.
- As a condition of receiving public assistance, you are required to assign your support rights to the state. We will use the assignment to pay back the payors of public assistance with the support collected. Any support we collect that exceeds the amount of cash assistance you receive will be paid to you.
- If we are able to collect support for you, any payments you are owed will be made electronically. You can choose either direct deposit to your own bank account or choose a debit card we provide. If you do not choose either, you will receive a debit card in the mail. For more information go to [<<CSE web link to payment options>>](#)
- There are no fees or costs that you are required to pay. If the Programs pays money to you that you are not entitled to, we will seek to collect it from you.

If you receive **Medicaid**:

- We are required by law to provide child support services for you and your child(ren), if you want services. If you do not want us to collect child support for you, please tell us. We will still obtain a medical support obligation.
- We will try to identify and locate the other parent; establish paternity if needed; establish, modify, and enforce support orders as needed; and pay you any support we collect that you are owed. By law you are required to cooperate with us by providing information about yourself and the other parent. Because you receive Medicaid, we will try to establish and enforce an order that requires the other parent to provide health insurance for the child(ren) and payment of noncovered medical expenses.
- As a condition of receiving Medicaid, you are required to assign your rights to medical support to the state. We will use the assignment to collect and pay back any Medicaid expenses for the child(ren). The assignment of medical support rights does not affect your rights to periodic child support payments. Any medical support we collect beyond any Medicaid expenses will be paid to you.
- If you want to receive full child support services and we are able to collect support for you, any payments you are owed will be made electronically. You can choose either direct deposit to your own bank account or to a debit card we will provide. If you do not choose either, you will receive a debit card in the mail. For more information go to [<<CSE web link to payment options>>](#)
- There are no fees or costs that you are required to pay. If the Program pays money to you that you are not entitled to, we will seek to collect it from you.

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Case Number: <<INSERT CASE NUMBER>>

Part 1 – Your Information		
Your Full Name (First, Middle, Last, Suffix):		Email Address:
Date of Birth:	Social Security Number:	Phone Number (include area code): <input type="checkbox"/> Home <input type="checkbox"/> Cell
Race: <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Native American <input type="checkbox"/> Other <input type="checkbox"/> Unknown		
Part 2 – Please attach a copy of any paternity judgements, support orders, payment records, or written agreements between you and the other parent with this form.		
County of Order:	State of Order:	Date Order Signed by a Judge: Court Case or Docket Number:
Person Ordered to Pay Support:		Person Receiving Support:
Name(s) of Child(ren) Included in the Order:		
Date last child support payment was received: _____/_____/_____	I am receiving or I have received child support payments through another state's child support program: <input type="checkbox"/> Yes <input type="checkbox"/> No Other state: _____ Name the child(ren) in which payments were received: _____	
Do you have an open child support case with another state but not currently receiving payments: <input type="checkbox"/> Yes <input type="checkbox"/> No Other State: _____ Name of child(ren) on the case: _____		
<input type="checkbox"/> Yes <input type="checkbox"/> No I receive Medicaid, but not cash assistance and do not want you to collect child support for me.		
Part 3 – Child's Information		
Child's Full Name (First, Middle, Last, Suffix):	Social Security Number:	Date child began living with you: _____/_____/_____
Date of Birth:	Birth State or Country (See Part 3a):	Birth Certificate Number:
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Child's Race: <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Native American <input type="checkbox"/> Other <input type="checkbox"/> Unknown	
Does this child receive Social Security benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, in what amount? _____		Is this child disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is a father's name on the birth certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please print father's name: _____		
Is there a support order for <u>this child</u> ? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Person who is ordered to pay support: _____ Person receiving support: _____ Date of order: _____/_____/_____ Court Case number: _____ County/state/country where order was entered: _____ Where is support paid? <input type="checkbox"/> Clerk of Court <input type="checkbox"/> State Disbursement Unit <input type="checkbox"/> Directly to me <input type="checkbox"/> Other state's Child Support Agency Date last child support payment was received: _____/_____/_____ Other state: _____		
Is there a pending legal action that involves this child? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, type of pending legal action: <input type="checkbox"/> Custody <input type="checkbox"/> Adoption <input type="checkbox"/> Mediation <input type="checkbox"/> Enforcement <input type="checkbox"/> Modification <input type="checkbox"/> Other: _____ Please print the name of the person taking legal action: _____ Your attorney's name, address and phone #: _____		
Please list the name(s) of all possible fathers of <u>this child</u> :		
Where did the mother become pregnant? State: _____ Country: _____		
Was the mother married when she became pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, to whom? _____ Date of marriage: _____/_____/_____ Married where (City/ County /State/Country): _____		
Was the mother married when <u>this child</u> was born? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, to whom? _____ Date of marriage: _____/_____/_____ Married where (City/ County /State/Country): _____		

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Option 1 – Will list the dependent names under the case number. Multiple dependent names will be separated by commas.

<<DP 1 Name>>, <<DP 2 Name>, <<DP n Name>>

Option 2 – Will list the Father/Alleged Father associated with the case. Multiple names will be separated by commas.

Other Parent: <<Insert NCP/Alleged Father Name>>

Option 3 – Will populate if a *Paternity Declaration* is included.

5. Complete the enclosed *Paternity Declaration* and return it with this letter.

