



**Florida Department of Revenue**  
*Office of the Executive Director*

**Jim Zingale**  
Executive Director

5050 West Tennessee Street, Tallahassee, FL 32399

floridarevenue.com

September 23, 2021

Kenneth J. Plante, Coordinator  
Joint Administrative Procedures Committee  
Room 680, Pepper Building  
111 West Madison Street  
Tallahassee, Florida 32399-1400

Attn: Jamie Jackson, Senior Attorney

RE: Department of Revenue Rules 12E-1.008, .012, .023, 028, .030, .031, .036 and .039

Dear Ms. Jackson:

Please find enclosed information regarding the Department of Revenue's proposed rule amendments for the above-referenced rules. Enclosed is a copy of the Notice of Proposed Rule that was published in the September 23, 2021, edition of the Florida Administrative Register, the Rule Summary, the Facts and Circumstances Justifying Proposed Rule, the Federal Comparison Statement, and the Summary of Rule Development Workshop. All materials (forms) incorporated by reference are also provided.

For the materials (forms) incorporated by reference, the effective date of two forms is not included in the draft copy. The effective dates will be included on the forms when they are certified with the Department of State.

If you need additional information, please do not hesitate to contact me.

Sincerely,

*Bobby York* /for

Janet Young  
Agency Rules Coordinator

Attachments

## Notice of Proposed Rule

### DEPARTMENT OF REVENUE

#### Division of Child Support Enforcement

RULE NOS.:      RULE TITLES:

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

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

Any person who wishes 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.**

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 48 hours before the workshop/meeting by contacting: Bobby York at (850)617-8037. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

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:

**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 ~~41/20~~, ([http://www.flrules.org/Gateway/reference.asp?No=Ref-\\_\\_\\_\\_\\_12329](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](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 ~~41/20~~, ([http://www.flrules.org/Gateway/reference.asp?No=Ref-\\_\\_\\_\\_\\_12342](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/L 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](http://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 ~~4/20~~, ([http://www.flrules.org/Gateway/reference.asp?No=Ref-\\_\\_\\_\\_12364](http://www.flrules.org/Gateway/reference.asp?No=Ref-____12364)). 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-\\_\\_\\_\\_44094](http://www.flrules.org/Gateway/reference.asp?No=Ref-____44094)), CS-OP50, effective 10/21 08/19, or a Final Administrative Paternity and Support Order ([http://www.flrules.org/Gateway/reference.asp?No=Ref-\\_\\_\\_\\_44095](http://www.flrules.org/Gateway/reference.asp?No=Ref-____44095)), 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-\\_\\_\\_\\_44096](http://www.flrules.org/Gateway/reference.asp?No=Ref-____44096)), 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](http://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](http://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](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](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](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](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-\\_\\_\\_\\_42349](http://www.flrules.org/Gateway/reference.asp?No=Ref-____42349)), 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](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](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](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,\_\_\_\_\_.*

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:

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, 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 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.

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.

### SUMMARY OF PUBLIC HEARING

SEPTEMBER 21, 2021

The Governor and Cabinet, sitting as head of the Department of Revenue, met on September 21, 2021, and approved the publication of the Notice of Proposed Rule for changes to Rule 12E-1.008, Rule 12E-1.012, Rule 12E-1.023, Rule 12E-1.028, Rule 12E-1.030, Rule 12E-1.031, Rule 12E-1.036, and Rule 12E-1.039, F.A.C. A notice for the public hearing was published in the *Florida Administrative Register* on September 10, 2020 (Vol. 47, No. 176, PP. 4178).

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](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](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](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](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](http://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](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](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](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](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](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](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](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](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](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](http://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](http://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](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](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](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](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](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](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](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](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.

**If you have  
questions or  
need help:**

**Access your case online:** [childsupport.floridarevenue.com](http://childsupport.floridarevenue.com)  
**Email us:** [FloridaRevenue.com/AskChildSupport](mailto:FloridaRevenue.com/AskChildSupport)  
**Chat with us or learn more at:** [floridarevenue.com/childsupport](http://floridarevenue.com/childsupport)  
**Call:** <<CountyPhoneNumber>>  
Para asistencia en español, llame al 850-488-5437 y marque 7



## Request for Informal Review

If you disagree and feel you have cooperated and provided all the information we asked from you, you may ask for an informal review.

During the review, the Florida Department of Revenue Child Support Program will review the information you provide below and other information in our records and determine if you cooperated or not.

The Department has 20 business days from the date we receive your written request to complete the informal review. You may request to be present at the review by phone or ask that someone else be included in the review with you. If you select below to have a review by phone, the Department will call you at the time you indicate on your request.

I want to request a review on the case because (please explain):

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☐ I want to have a review by phone (You must provide a telephone number below and list the best time of day for a call.)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: <<CPName>>

Address: \_\_\_\_\_  
Street City Zip Code

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Best time to contact me: \_\_\_\_\_

Return this form to:

Florida Department of Revenue  
Child Support Program  
<<GenTaxworldCentralAddress1>>  
<<GenTaxworldCentralAddress2>>



XXXX  
XXXX  
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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.

**If you have  
questions or  
need help:**

**Access your case online:** [childsupport.floridarevenue.com](http://childsupport.floridarevenue.com)  
**Email us:** [FloridaRevenue.com/AskChildSupport](mailto:FloridaRevenue.com/AskChildSupport)  
**Chat with us or learn more at:** [floridarevenue.com/childsupport](http://floridarevenue.com/childsupport)  
**Call:** <<CountyPhoneNumber>>  
Para asistencia en español, llame al 850-488-5437 y marque 7

## 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](http://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](http://flrules.org).

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

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<<Option 6>>

<<Option 7>>

To contest you must:

- File a petition with the circuit court.
- Send a copy of the petition to:

Child Support Program  
Central Mail Processing Facility  
<<GenTaxworldCentralAddress1>>  
<<GenTaxworldCentralAddress2>>

This address is not a Child Support office location.

- If you have questions about how to file a petition, contact the Clerk of Court.
- If you file a petition, the Program will stop this action until the court rules on your petition.

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### 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](http://childsupport.floridarevenue.com) or by email using the online contact form at [FloridaRevenue.com/AskChildSupport](http://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](mailto: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	





## Child Support Program

CS-EF314  
Rule 12E-1.028  
Florida Administrative Code  
Effective 10/21

# 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



4. 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.

Child(ren) Name

<<Child1Name>>

<<Child2Name>>

Date of Birth

<<Child1DOB>>

<<Child2DOB>>

5. The child(ren) needs support and the Respondent has the ability to provide support as determined by this Final Modified Order.

6. This Final Modified Order is being entered without a hearing because <<Option 12>>.

7. The Child Support Program 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>> (<<CP 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>>

8. The total monthly child support need under Florida's Child Support Guidelines is \$ <<Total Monthly Child Support Need>>.

9. 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 7.

<<Option 15>>

10. 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>>

11. <<Option 50>>

<<Option 20>>

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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.

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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.

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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>>

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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:

\$<<1<sup>st</sup> 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; 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 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.



## Child Support Program

### Requirement to Provide Sample for Genetic Testing

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

<< Date>>

Child Support Case Number: <<CaseNumber>>

Activity Number: <<ActivityNum>>

A genetic test is needed to find out if <<Alleged Father Name>> is the biological father of the child(ren) named below:

Child's Name  
<<ChildName>>

Date of Birth  
<<ChildDOB>>

<<Alleged Father Name>> is named in an affidavit or written declaration that states he is or may be the child(ren)'s biological father.

<<Option 1>>

<<Option 2>>

If you are a minor parent, your parent or guardian must come with you to the appointment. During your appointment, a photo will be taken to verify your identity. You must bring picture identification to identify yourself and the child.

Valid Adult Identification	Valid Child Identification
<ul style="list-style-type: none"><li>A state issued driver license or ID card</li><li>A U.S. passport, a stamped foreign passport, or an ID card issued by the U.S. Bureau of Citizenship and Immigration Services</li><li>A U.S. armed forces ID card</li><li>State or federal inmate ID cards</li></ul>	<ul style="list-style-type: none"><li>A state issued ID card</li><li>A certified copy of a birth certificate</li><li>A Social Security card</li><li>An insurance card or a school ID</li></ul>

If you have  
questions or  
need help:

**Access your case online:** [childsupport.floridarevenue.com](http://childsupport.floridarevenue.com)  
**Email us:** [FloridaRevenue.com/AskChildSupport](mailto:FloridaRevenue.com/AskChildSupport)  
**Chat with us or learn more at:** [floridarevenue.com/childsupport](http://floridarevenue.com/childsupport)  
**Call:** <<CountyPhoneNumber>>  
Para asistencia en español, llame al 850-488-5437 y marque 7

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<<Option 3>>

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## 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

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Child Support Program

CS-OP02  
Rule 12E-1.036  
Florida Administrative Code  
Effective xx/xx

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.

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.

- c) Use a genetic sample previously obtained from you, if available, to determine if you are the child(ren)'s biological father.
  - d) File a petition in circuit court to establish paternity and obtain a support order requiring you to pay child support and/or provide health insurance for the child(ren), and obtain an order for costs against you, including costs for genetic testing.
5. You may contest this order by filing a written request for informal review within 15 days of receipt of this order. The purpose of the informal review is to provide an opportunity to discuss the proceedings and the basis for this order. At the conclusion of the informal review, we will notify you in writing whether we intend to proceed with this Order to Appear for Genetic Testing. If you are notified that we intend to proceed, you will be given additional information with the notice about your right to contest this order at an administrative hearing.

DONE AND ORDERED this <<day>> day of <<Month>>, <<year>>.

<<Image of Ann Coffin's signature>>  
Director, Child Support Program  
Authorized Representative  
Florida Department of Revenue

This document has been electronically signed as authorized by s. 668.004, F.S.

To contact us call: <<CountyPhoneNumber>>

Florida Department of Revenue  
Child Support Program  
P.O. Box 5330  
Tallahassee, FL 32314-5330

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<<Option 2>>

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## 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

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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.

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**Hourly** - If you are paid by the hour, you may convert your income to monthly as follows:

$$\begin{array}{lclclcl} \text{Hourly amount} & \times & \text{Hours worked per week} & = & \text{Weekly amount} \\ \text{Weekly amount} & \times & 52 \text{ Weeks per year} & = & \text{Yearly amount} \\ \text{Yearly amount} & \div & 12 \text{ Months per year} & = & \textbf{Monthly Amount} \end{array}$$

**Daily** - If you are paid by the day, you may convert your income to monthly as follows:

$$\begin{array}{lclclcl} \text{Daily amount} & \times & \text{Days worked per week} & = & \text{Weekly amount} \\ \text{Weekly amount} & \times & 52 \text{ Weeks per year} & = & \text{Yearly amount} \\ \text{Yearly amount} & \div & 12 \text{ Months per year} & = & \textbf{Monthly Amount} \end{array}$$

**Weekly** - If you are paid by the week, you may convert your income to monthly as follows:

$$\begin{array}{lclclcl} \text{Weekly amount} & \times & 52 \text{ Weeks per year} & = & \text{Yearly amount} \\ \text{Yearly amount} & \div & 12 \text{ Months per year} & = & \textbf{Monthly Amount} \end{array}$$

**Bi-weekly** - If you are paid every two weeks, you may convert your income to monthly as follows:

$$\begin{array}{lclclcl} \text{Bi-weekly amount} & \times & 26 & = & \text{Yearly amount} \\ \text{Yearly amount} & \div & 12 \text{ Months per year} & = & \textbf{Monthly Amount} \end{array}$$

**Bi-monthly** - If you are paid twice per month, you may convert your income to monthly as follows:

$$\text{Bi-monthly amount} \times 2 = \textbf{Monthly Amount}$$

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IN THE CIRCUIT COURT OF THE <<JUDICIAL CIRCUIT #>> JUDICIAL CIRCUIT,  
IN AND FOR <<COUNTY NAME>> COUNTY, FLORIDA

Case No.: <<Court Case #>>

<<Option 1>>

**FAMILY LAW FINANCIAL AFFIDAVIT (SHORT FORM)**  
(Under \$50,000 Individual Gross Annual Income)

I, <<NCPorCPName>>, being sworn, certify that the following information is true.

My Occupation: <<Option 2>> \_\_\_\_\_ Employed by: <<Option 2>> \_\_\_\_\_

Business Address: <<Option 2>> \_\_\_\_\_

Pay rate: \$ \_\_\_\_\_ ( ) every week ( ) every other week ( ) twice a month ( ) monthly  
( ) other: \_\_\_\_\_

\_\_\_\_\_ Check here if unemployed and explain on a separate sheet your efforts to find employment.

**SECTION I. 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 13. \_\_\_\_\_
14. Monthly gains derived from dealing in property (not including nonrecurring gains) 14. \_\_\_\_\_
15. Any other income of a recurring nature (list source) \_\_\_\_\_ 15. \_\_\_\_\_
16. \_\_\_\_\_ 16. \_\_\_\_\_
17. **PRESENT MONTHLY GROSS INCOME** (Add lines 1-16) **TOTAL:** 17. \$ \_\_\_\_\_

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. \$ \_\_\_\_\_

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**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.

**A. HOUSEHOLD:**

Mortgage or rent \$ \_\_\_\_\_  
Property taxes \$ \_\_\_\_\_  
Utilities \$ \_\_\_\_\_  
Telephone \$ \_\_\_\_\_  
Food \$ \_\_\_\_\_  
Meals outside home \$ \_\_\_\_\_  
Maintenance/Repairs \$ \_\_\_\_\_  
Other: \_\_\_\_\_ \$ \_\_\_\_\_

**B. AUTOMOBILE**

Gasoline \$ \_\_\_\_\_  
Repairs \$ \_\_\_\_\_  
Insurance \$ \_\_\_\_\_

**C. CHILD(REN)’S EXPENSES**

Day care \$ \_\_\_\_\_  
Lunch money \$ \_\_\_\_\_  
Clothing \$ \_\_\_\_\_  
Grooming \$ \_\_\_\_\_  
Gifts for holidays \$ \_\_\_\_\_  
Medical/dental (uninsured) \$ \_\_\_\_\_  
Other: \_\_\_\_\_ \$ \_\_\_\_\_

**D. INSURANCE**

Medical/dental (if not listed on  
Lines 23 or 45) \$ \_\_\_\_\_  
Child(ren)’s medical/dental \$ \_\_\_\_\_  
Life \$ \_\_\_\_\_  
Other: \_\_\_\_\_ \$ \_\_\_\_\_

**E. OTHER EXPENSES NOT LISTED ABOVE**

Clothing \$ \_\_\_\_\_  
Medical/Dental (uninsured) \$ \_\_\_\_\_  
Grooming \$ \_\_\_\_\_  
Entertainment \$ \_\_\_\_\_  
Gifts \$ \_\_\_\_\_  
Religious organizations \$ \_\_\_\_\_  
Miscellaneous \$ \_\_\_\_\_  
Other: \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

**F. PAYMENTS TO CREDITORS**

CREDITOR	MONTHLY PAYMENT
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
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_____	\$ _____

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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"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>	_____ Check here if additional pages are attached.			
<b>Total Debts</b> (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		Possible Value	Nonmarital (check correct column)	
Check the line next to any contingent asset(s) which you are requesting the judge award to you.			husband	wife
<input type="checkbox"/>		\$		
<input type="checkbox"/>				
<b>Total Contingent Assets</b>		\$		

Contingent Liabilities		Possible Amount Owed	Nonmarital (check correct column)	
Check the line next to any contingent debt(s) for which you believe you should be responsible			husband	wife
<input type="checkbox"/>		\$		
<input type="checkbox"/>				
<b>Total Contingent Liabilities</b>		\$		

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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} \_\_\_\_\_.

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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.

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**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	=	<b>Monthly Amount</b>

**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	=	<b>Monthly Amount</b>

**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	=	<b>Monthly Amount</b>

**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	=	<b>Monthly Amount</b>

**Semi-monthly** - If you are paid twice per month, you may convert your income to monthly as follows:

Semi-monthly amount	x	2	=	<b>Monthly Amount</b>
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IN THE CIRCUIT COURT OF THE <<JUDICIAL CIRCUIT #>> JUDICIAL CIRCUIT,  
IN AND FOR <<COUNTY NAME>> COUNTY, FLORIDA

Case No.: <<Court Case #>>

<<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: \_\_\_\_\_

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**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. _____   |                     |
| <b>17. PRESENT MONTHLY GROSS INCOME (Add lines 1 through 16) TOTAL:</b>   | <b>17. \$ _____</b> |

**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. _____    |

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| 21. Monthly mandatory union dues   | 21. _____                  |
| 22. Monthly mandatory retirement payments  | 22. _____                  |
| 23. Monthly health insurance payments (including dental insurance),<br>excluding portion paid for any minor children of this relationship                        | 23. _____                  |
| 24. Monthly court-ordered child support actually paid for children from another<br>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. _____                  |
|  |                            |
| <b>26. TOTAL DEDUCTIONS ALLOWABLE UNDER SECTION 61.30,<br/>FLORIDA STATUTES</b> (Add lines 18 through 25)  | <b>TOTAL: 26. \$</b> _____ |
|  |                            |
| <b>27. PRESENT NET MONTHLY INCOME</b> (Subtract line 26 from line 17)  | <b>27.</b> _____           |

<b>SECTION II. AVERAGE MONTHLY EXPENSES</b>
---

**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. _____           |
| <b>25. SUBTOTAL</b> (add lines 1 through 24)                             | <b>25. \$</b> _____ |

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**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. _____
<b>35. SUBTOTAL (add lines 26 through 34)</b>	<b>35. \$</b> _____

**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. _____
<b>58. SUBTOTAL (add lines 36 through 57)</b>	<b>58. \$</b> _____

**MONTHLY EXPENSES FOR CHILD(REN) FROM ANOTHER RELATIONSHIP:**  
(other than court-ordered child support)

59. _____	59. \$
60. _____	60. _____
61. _____	61. _____
62. _____	62. _____
<b>63. SUBTOTAL (add lines 59 through 62)</b>	<b>63.</b> _____

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**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. _____
<b>69. SUBTOTAL</b> (add lines 64 through 68, exclude lines 64 and 65)	<b>69. \$</b> _____

**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. _____
<b>90. SUBTOTAL</b> (add lines 70 through 89)	<b>90. \$</b> _____

**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. _____
<b>104. SUBTOTAL</b> (add lines 91 through 103)	<b>104. \$</b> _____

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**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.)

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"/>			

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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"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Other assets			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<b>Total Assets</b> (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.)

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A LIABILITIES: DESCRIPTION OF ITEM(S) <small>LIST ONLY LAST FOUR DIGITS OF ACCOUNT NUMBERS. Check the line next to any debt(s) for which you believe you should be responsible.</small>	B Current Amount Owed	C 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"/> Charge/credit card accounts			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Auto loan			
<input type="checkbox"/> Auto loan			
<input type="checkbox"/> Bank/Credit Union loans			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Money you owe (not evidenced by a note)			
<input type="checkbox"/>			
<input type="checkbox"/> Judgments			
<input type="checkbox"/>			
<input type="checkbox"/> Other			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<b>Total Debts</b> (add column B)	\$ _____		

**C. NET WORTH (excluding contingent assets and liabilities)**

**Total Assets** (enter total of Column B in Asset Table; Section A)
 \$ \_\_\_\_\_

**Total Liabilities** (enter total of Column B in Liabilities Table; Section B)
 \$ \_\_\_\_\_

**TOTAL NET WORTH (Total Assets minus Total Liabilities)**  
 (excluding contingent assets and liabilities)
 \$ \_\_\_\_\_

## 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"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<b>Total Contingent Assets</b>	\$		

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"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<b>Total Contingent Liabilities</b>	\$		

**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.

**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} \_\_\_\_\_,

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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.**



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>>

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CS-OP50  
Rule 12E-1.036  
Florida Administrative Code  
Effective 10/21

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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.

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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; 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 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>>

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XXXX CS-OA40

XXXX Rule 12E-1.036

XXXX Florida Administrative Code

XXXX 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 \$<<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>>

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.



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>>

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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 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.

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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:

\$<<1<sup>st</sup> 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; 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 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>>

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CS-0X40  
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>>**

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.

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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 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>>

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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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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>>

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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 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:

\$<<1<sup>st</sup> 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; 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 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](http://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

**If you have  
questions or  
need help:**

**Access your case online:** [childsupport.floridarevenue.com](http://childsupport.floridarevenue.com)

**Email us:** [FloridaRevenue.com/AskChildSupport](mailto:FloridaRevenue.com/AskChildSupport)

**Chat with us or learn more at:** [floridarevenue.com/childsupport](http://floridarevenue.com/childsupport)

**Call:** <<CountyPhoneNumber>

Para asistencia en español, llame al 850-488-5437 y marque 7



Child Support Program

**Paternity Declaration**

CS-PO34  
Rule 12E-1.039  
Florida Administrative Code  
Effective 12/21

<<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.

Full Name (First, Middle Initial, Last)	Identify the U.S. state or country where the pregnancy began

3. Under penalties of perjury, I declare that I have read this Paternity Declaration and the facts stated in it are true.

<<Option 1>>

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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

If you have  
questions or  
need help:

**Access your case online:** [childsupport.floridarevenue.com](http://childsupport.floridarevenue.com)  
**Email us:** [FloridaRevenue.com/AskChildSupport](mailto:FloridaRevenue.com/AskChildSupport)  
**Chat with us or learn more at:** [floridarevenue.com/childsupport](http://floridarevenue.com/childsupport)  
**Call:** <<CountyPhoneNumber>  
Para asistencia en español, llame al 850-488-5437 y marque 7



## 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)

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Name of other parent(s)

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Print your full name

Your signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (\_\_\_\_\_)\_\_\_\_\_  
Date Your daytime phone number

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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		
<b>Answer employment questions only if you are the mother or the father</b>			
Employer:			
Employer Address:			
Employer City:		Employer State:	Employer Zip:
<b>Answer Other State Child Support Information</b>			
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](http://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.					
<b>Child's Full Name (First, Middle, Last, Suffix):</b>		<b>Child's Social Security Number:</b>		<b>This Parent's Relationship to the Child (Mother or Father):</b>	
				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	

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](http://www.floridarevenue.com/pages/privacy)

## 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: _____			

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](http://www.floridarevenue.com/pages/privacy).



## Child Support Program

CS-ES51ACI  
Rule 12E-1.039  
Florida Administrative Code  
Effective 12/21

### 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 <input type="checkbox"/> Unknown			Is <u>this child</u> 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.aspx](http://www.floridarevenue.com/pages/privacy.aspx).



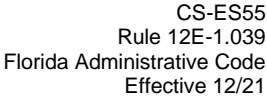
## Child Support Program

### 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):				
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:		
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. Please complete a separate Child Information form for each child listed.				
<b>Child's Full Name (First, Middle, Last, Suffix):</b>		<b>Child's Social Security Number:</b>	<b>This Parent's Relationship to the Child (Mother or Father):</b>	
_____		_____	_____	
_____		_____	_____	
_____		_____	_____	
_____		_____	_____	
Parent's citizenship: <input type="checkbox"/> US <input type="checkbox"/> Other Country:			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				

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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](http://www.floridarevenue.com/pages/privacy).



## Response to Request for Services and/or Information Request

**<<Address>>**



<<Date>>  
<<Option 1>>  
<<Option 2>>  
<<Option 3>>

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**If you have questions or need help:**

**Access your case online:** [childsupport.floridarevenue.com](https://childsupport.floridarevenue.com)  
**Email us:** [FloridaRevenue.com/AskChildSupport](mailto:FloridaRevenue.com/AskChildSupport)  
**Chat with us or learn more at:** [floridarevenue.com/childsupport](https://floridarevenue.com/childsupport)  
**Call:** <<CountyPhoneNumber>  
 Para asistencia en español, llame al 850-488-5437 y marque 7

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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.



## Child Support Program

## Information Needed to Provide Services

&lt;&lt;Address&gt;&gt;

&lt;&lt;Date&gt;&gt;

Child Support Case Number: <<CaseNumber>>

<<Option 1>>

<<Option 2>>

The Child Support Program received a request to open a child support case for you from the Department of Children and Families (DCF). We received this request because you recently began receiving temporary cash assistance or food assistance for you and your child(ren).

You are required by Florida law to cooperate with the Child Support Program. You must provide the requested information to continue to receive benefits. If you do not provide the requested information, we are required to notify DCF and they may stop some or all benefits to your family.

If you are in fear of the other parent, please contact us using the phone numbers at the bottom of this page to discuss your options regarding how to cooperate.

## WHAT YOU NEED TO DO

1. Complete and sign the form on the back of this letter. Provide as much information as possible.
2. If you have more than one child in the household, update a separate *Child Information* form included with the information for each child.
3. If there is more than one father associated with your child(ren), please complete a separate *Father/Alleged Father Information* form with the information for each father.
4. Attach or provide copies of any documents listed in Part 2 and Part 3a on the back of this letter.

<<Option 3>>

Mail everything above to the Child Support Program before <<INSERT DATE 20 DAYS FROM DATE OF NOTICE>> at:

Florida Department of Revenue  
Child Support Program  
P.O. Box 5320  
Tallahassee, FL 32314-5320

**\*If you do not have additional documents, you must still return this completed form.**

Call <<CountyPhoneNumber>> if you have questions or need help filling out this form.

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): _____			

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 <u>this child</u> 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: _____				
<b>Part 3a</b> – Please provide a copy of the birth certificate for any child(ren) not born in Florida with this form.				
<b>Part 4 – Other Parent Information</b> – Please provide additional information on the other parent.				
Other Parent's Full Name (First, Middle, Last, Suffix):				Social Security Number:
Date of Birth:	Driver License Number:	Issuing State:	Phone Number (Include Area Code): <input type="checkbox"/> Home <input type="checkbox"/> Cell	
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	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				
Other name(s) known by:	<input type="checkbox"/> Maiden			
	<input type="checkbox"/> Former Maiden			
	<input type="checkbox"/> Nickname			
Address:	City:	State:	Country:	Zip:
Employer Name:		Is this parent self-employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer Address:		City:	State:	Zip:
Is this parent in jail or prison? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where?	Is this parent disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Parent's citizenship: <input type="checkbox"/> US <input type="checkbox"/> Other Other country: _____	
Is this parent in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what branch?	Is this parent a member of a Tribal Association? <input type="checkbox"/> Yes <input type="checkbox"/> No    Tribe Name: _____		
<b>Part 5</b> – Please sign and date this form.				
Your Signature:				Date:

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](http://www.floridarevenue.com/pages/privacy)

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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.



## Child Support Program

CS-ES119  
Rule 12E-1.039  
Florida Administrative Code  
Effective 12/21

### Father/Alleged Father Information

Case Number: <<Insert Case Number>>

Please provide information on each father associated with your child(ren).

Attach additional pages if needed by making a copy of this form.

Please provide information on the father/alleged father.				
Parent's Full Name (First, Middle, Last, Suffix):			Social Security Number:	
Date of Birth:	Driver License Number:	Issuing State:	Phone Number (Include Area Code): <input type="checkbox"/> Home <input type="checkbox"/> Cell	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	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				
Other name(s) known by:				
Address:		City:	State:	Country: Zip:
Employer Name:		Is this parent self-employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer Address:		City:	State:	Zip:
Is this parent in jail or prison? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where?		Is this parent disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Parent's citizenship: <input type="checkbox"/> US <input type="checkbox"/> Other Other country: _____
Is this parent in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what branch?		Is this parent a member of a Tribal Association? <input type="checkbox"/> Yes <input type="checkbox"/> No Tribe Name: _____	
Please provide information on the father/alleged father.				
Parent's Full Name (First, Middle, Last, Suffix):			Social Security Number:	
Date of Birth:	Driver License Number:	Issuing State:	Phone Number (Include Area Code): <input type="checkbox"/> Home <input type="checkbox"/> Cell	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	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				
Other name(s) known by:				
Address:		City:	State:	Country: Zip:
Employer Name:		Is this parent self-employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer Address:		City:	State:	Zip:
Is this parent in jail or prison? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where?		Is this parent disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Parent's citizenship: <input type="checkbox"/> US <input type="checkbox"/> Other Other country: _____
Is this parent in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what branch?		Is this parent a member of a Tribal Association? <input type="checkbox"/> Yes <input type="checkbox"/> No Tribe Name: _____	

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.aspx](http://www.floridarevenue.com/pages/privacy.aspx).