AGENDA
RULE DEVELOPMENT HEARING
(If Requested in Writing)
Hearing Material Available on the web at:
http://www.floridarevenue.com/rules

1:00 P.M., June 28, 2019

Contacts:  Bobby York, Government Analyst II, (850) 617-8037

ROOM 1220, BLDG TWO
2450 SHUMARD OAK BLVD
TALLAHASSEE, FLORIDA

THIS MEETING IS OPEN TO THE PUBLIC

1. Call to Order:
   (a) Introduction of Department of Revenue Staff
   (b) Opening Remarks by Department of Revenue

2. Business: Presentation and discussion of the proposed changes to the following rule sections of the Florida Administrative Code (F.A.C.):

   CHILD SUPPORT
   Rule 12E-1.030, F.A.C.
   Rule 12E-1.036, F.A.C.
   Rule 12E-1.039, F.A.C.

3. Closing Comments
STATE OF FLORIDA
DEPARTMENT OF REVENUE
CHAPTER 12E-1, FLORIDA ADMINISTRATIVE CODE

CHILD SUPPORT PROGRAM

AMENDING RULES 12E-1.030, 12E-1.036 AND 12E-1.039

SUMMARY OF PROPOSED RULES

The proposed amendments to Rule 12E-1.030, F.A.C., Administrative Establishment of Child Support Obligations, incorporate changes to form CS-ES96 to remove content that does not apply to judicially processed child support cases, to form CS-OA140R to include the statutory requirement for rendering a support order, and to form CS-OA178 to clarify the date for which the past due support was determined.

The proposed amendments to Rule 12E-1.036, F.A.C., Administrative Establishment of Paternity and Support Obligations, incorporate the Family Law Financial Affidavit (form CS-PO30) used to determine annual income when establishing child support obligations.

The proposed amendment to Rule 12E-1.039, F.A.C., Request for Services, incorporates changes to form CS-PO34 to assist customers in requesting child support services.

The proposed amendments to Rules 12E-1.030, 12E-1.036, and 12E-1.039, F.A.C., also incorporate administrative changes to forms CS-PO31, CS-OA01, CS-OA12, CS-OP50, CS-OA40, and CS-OX40 provide additional assistance to customers requesting child support services, to reflect the statutory requirements for administrative support orders, and to clarify the date upon which any past due support was determined for an administrative support order.
FACTS AND CIRCUMSTANCES JUSTIFYING PROPOSED RULES

The purpose of the proposed amendments to Rule 12E-1.030, 12E-1.036, and 12E-1.039 F.A.C., is to incorporate 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

APRIL 17, 2019

A Notice of Proposed Rule Development was published in the Florida Administrative Register on April 3, 2019 (Vol. 45, No. 65, P. 1463), to advise the public of the proposed changes to Rule 12E-1.030, 12E-1.036, and Rule 12E-1.039, F.A.C., and to provide that, if requested in writing, a rule development workshop would be held on April 17, 2019. No request was received by the Department and no workshop was held. No written comments were received by the Department.

SUMMARY OF PUBLIC HEARING

JUNE 4, 2019

The Governor and Cabinet, sitting as head of the Department of Revenue, met on June 4, 2019, and approved the publication of the Notice of Proposed Rule for changes to Rule 12E-1.030, 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 May 24, 2019 (Vol. 45, No. 102, P. 2367).
Notice of Proposed Rule

DEPARTMENT OF REVENUE
Division of Child Support Enforcement
RULE NOS.: RULE TITLES:
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 proposed amendments to Rules 12E-1.030, 12E-1.036, and 12E-1.039, F.A.C., incorporate administrative changes to forms used in establishing paternity and child support obligations.

SUMMARY: The proposed amendments to Rule 12E-1.030, F.A.C., incorporate the Family Law Rules in form CS-P030, Family Law Financial Affidavit, to be used in judicial actions when the individual’s gross annual income is more than $50,000. The proposed amendments to these rules also incorporate administrative changes to forms in Rules 12E-1.039, 12E-1.036, and 12E-1.030, F.A.C., to provide additional assistance to customers requesting child support services, to reflect the statutory requirements for administrative support orders, and to clarify the date upon which any past due support was determined for an administrative support order.

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 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: 61.14(1)(d), 409.2557(3), 409.256(17), 409.2563(7)(e), 409.2563(16), 409.2563(9), F.S.

LAW IMPLEMENTED: 409.2563, 409.25633, 409.2567, F.S.

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

DATE AND TIME: June 28, 2018, 1:00 p.m.
PLACE: 2450 Shumard Oak Boulevard, Building Two, Room 1220, Tallahassee, Florida

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-1.030 Administrative Establishment of Child Support Obligations.
   (1) through (3) No change.
   (4) Obtaining Cooperation from the Petitioner.
   (a) If a case is eligible for establishment of an administrative support order the Department must obtain cooperation from the petitioner before serving notice on the respondent. To obtain cooperation, the Department
mails the petitioner Form CS-ES96, Request for Information, incorporated herein by reference, effective xxx/xx/18, (http://www.flrules.org/Gateway/reference.asp?No=Ref-09864); the Financial Affidavit Administrative Proceeding (CS-OA11); the Parent Information Form (CS-OA12); and the Title IV-D Standard Parenting Time Plan (CS-OA250), except as provided by paragraph (6)(a). Forms CS-OA11 and CS-OA12 are incorporated by reference in Rule 12E-1.036, F.A.C. Form CS-OA250 is available at www.floridarevenue.com/childsupport/parenting_time_plans. The petitioner has 20 days after the mailing date of the forms to complete and return them.

(b) and (c) No change.

(5) 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 09/18, (http://www.flrules.org/Gateway/reference.asp?No=Ref-09862), 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 xxx/xx/09/18, (http://www.flrules.org/Gateway/reference.asp?No=Ref-09863). 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. and 3. No change.

(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 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 Administrative Order Terminating Support Order, hereby incorporated by reference, effective xxx/xx/09/19/2017, (http://www.flrules.org/Gateway/reference.asp?No=Ref-08628).

(16) through (18) No change.


(1) through (6) No change.

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

(a) No change.

(b) Proceeding in Circuit Court.

1. No change.

2. Respondent Asks the Department to Proceed in Circuit Court. The respondent may ask the Department to stop the administrative proceeding and proceed in circuit court. The respondent must make this request in writing.
and the request must be received by the Department within 20 days after being served the Initial Notice. The request from the respondent must state that he requests the Department proceed with the determination of paternity in circuit court or that he has custody matters or parental rights issues which need to be addressed by the court. Oral requests are not accepted. If the respondent files a timely request for the Department to file an action in circuit court, the Department will send the respondent Form CS-OA247, Request for Court Action Status Update, hereby incorporated by reference, effective 09/19/2017, (http://www.flrules.org/Gateway/reference.asp?No=Ref-08633). The Department sends the petitioning parent Form CS-OA248, Notice of Court Action Financial Affidavit Needed for Court, hereby incorporated by reference, effective 09/19/2017, (http://www.flrules.org/Gateway/reference.asp?No=Ref-08634).

5. The Department then sends the petitioning parent Form CS-PO31, Family Law Financial Affidavit (Short Form), hereby incorporated by reference, effective xx/xx/09/19/2017, (http://www.flrules.org/Gateway/reference.asp?No=Ref-08635). 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 more than $50,000 per year. Form CS-PO30 is hereby incorporated by reference, effective xx/xx, (http://www.flrules.org/Gateway/reference.asp?No=Ref-xxxxx). The Department will send the CS-PO30 to the petitioning parent upon request.

4. If the petitioning parent does not return the CS-PO30 or CS-PO31, the Department shall initiate case closure if the petitioning parent is not receiving public assistance. If the petitioning parent is receiving Medicaid or food assistance, the Department shall report noncooperation to the Department of Children and Families as required by section 409.2572, F.S., and initiate case closure. If the petitioning parent is receiving temporary cash assistance for the child, the Department shall prepare a financial affidavit for the other parent as authorized by section 61.30(15), F.S. If the petitioning parent returns the CS-PO30 or CS-PO31, the Department will file a petition with the clerk of court to determine the support obligation and obtain a civil case number.

5. After filing the petition in circuit court, the Department sends a copy of the petition to the respondent by certified mail, return receipt requested. Along with the copy of the petition, the Department sends the Notice of Commencement of Action and Request for Waiver of Service of Process Administrative Paternity Proceeding form (http://www.flrules.org/Gateway/reference.asp?No=Ref-06604), CS-OA18, effective 4/5/16, and incorporated by reference. The Department also sends two copies of the Waiver of Service of Process form (http://www.flrules.org/Gateway/reference.asp?No=Ref-06605), CS-OA19, effective 4/5/16, and incorporated by reference. If the respondent is represented by an attorney, the Department sends this packet of forms and petition to the respondent’s attorney.

6. The respondent has 10 days from the receipt of these forms to sign and complete one copy of the CS-OA19, and return it to the Department. If the Department does not receive the signed completed CS-OA19, within 10 days, it proceeds with the establishment of paternity administratively. The Department also files a voluntary dismissal of the civil case with the clerk of court and mails a copy of the voluntary dismissal to the respondent. If the respondent completes and returns the CS-OA19, within 10 days, the Department sends the petitioner or caregiver the Dismissal of Administrative Proceeding CS-OA88 form. The Department will then end the administrative proceeding and proceed in circuit court.

(8) through (12) No change.

(13) Proceeding to Establish an Administrative Paternity and Support Order.

(a) After paternity has been determined, the Department may serve the alleged father by regular mail at the address of record with the Notice of Proceeding to Establish Administrative Support Order form (http://www.flrules.org/Gateway/reference.asp?No=Ref-08996), CS-OA01, effective xx/xx/09/19/2017, and incorporated by reference. The CS-OA01 informs the alleged father the Department intends to establish a paternity and a support obligation for the child named in the Notice and explains the steps the Department will take. The CS-OA01 also informs the alleged father of his right to file an action in circuit court or request the Department to proceed in circuit court instead of administratively. The Department will:

1. No change.

the child support guideline amount. Also included in the packet is the Parent Information Form Administrative Support Proceeding (http://www.flrules.org/Gateway/reference.asp?No=Ref-____08641), CS-OA12, effective xx/xx09/19/2017, and incorporated by reference, which asks each party for case specific information regarding employment, residence, and children.

3. No change.
(b) No change.
(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-____09866), CS-OP50, effective xx/xx09/18, or a Final Administrative Paternity and Support Order (http://www.flrules.org/Gateway/reference.asp?No=Ref-____09867), CS-OA40, effective xx/xx09/18, 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-____09868), CS-OX40, effective xx/xx09/18, 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) through (e) No change.
(16) through (21) No change.

Rulemaking Authority 409.2557(3)(p), 409.256(17), 409.2563(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__________.

12E-1.039 Request for Services.
(1) through (4) No change.
(5) Supporting documents; additional requirements.
(a) The applicant and public assistance recipient must:
1. and 2. No change.
3. Provide a paternity declaration for each child who does not have a legal father.
(I) The Department uses the Paternity Declaration, Form CS-PO34, for the mother. Form CS-PO34, (http://www.flrules.org/Gateway/reference.asp?No=Ref-____08654), is incorporated herein by reference effective xx/xx09/19/2017.
(II) and (III) No change.
4. through 7. No change.
(6) No change.

Rulemaking Authority 409.2557(3)(h), (i) FS. Law Implemented 409.2567 FS. History–New 9-19-17,__________.

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: June 04, 2019
DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAR: April 3, 2019
Request for Information
Administrative Support Action

<<Option 1>>

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

The Child Support Program is establishing, modifying, or reviewing a support order for the child(ren) named below and needs information about you to decide how much the other parent should pay:

<table>
<thead>
<tr>
<th>Child's Name</th>
<th>Child’s Birth Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;&lt;Child1Name&gt;&gt;</td>
<td>&lt;&lt;Child1DOB&gt;&gt;</td>
</tr>
<tr>
<td>&lt;&lt;Child2Name&gt;&gt;</td>
<td>&lt;&lt;Child2DOB&gt;&gt;</td>
</tr>
</tbody>
</table>

**WHAT YOU NEED TO DO**

- Complete the enclosed forms.
- Return completed forms within <<Option 2>> days from the date of this notice.
- Mail the forms to:

  Florida Department of Revenue
  Child Support Program
  Central Mail Processing Facility
  <<GenTaxworldCentralAddress1>>
  <<GenTaxworldCentralAddress2>>

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

Call: <<CountyPhoneNumber>>
Chat with us or learn more at: floridarevenue.com/childsupport
Access your case online: childsupport.floridarevenue.com
Find an office near you: floridarevenue.com/childsupport/contact

<<Option 3>>
<<Option 4>>
Option 1 (Based on whether Florida is the initiating or responding state)

A. When Florida is the initiating state, the address of the parent due support is printed normally.

B. Insert when Florida is the responding state. The name of the parent due support is selected, with the following text:

In Care of Child Support Agency

Then the street, street 2, city, state, and zip code of the Business Partner in the role of other state county on the case, or, if other state county is missing, the Business Partner in the role of other state agency on the case.

Option 2 (Based upon the activity and recipient)

A. Insert when the form is generated to the other parent as part of an administrative establishment action, and when generated to the parent due support or caregiver with an Administrative Initial Notice or subsequent notice on in-state or initiating cases: 20

B. Insert when the form is generated to the parent due support or caregiver with an Administrative Initial Notice or subsequent notice on responding cases: 45

Option 3

A. Insert when the form is generated to the parent due support or caregiver with an Administrative Initial Notice or subsequent notice on in-state or initiating cases.

If you receive public assistance: If you receive temporary 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 forms, your case may be closed.

B. Insert when the form is generated to the parent due support or caregiver with an Administrative Initial Notice or subsequent notice on responding cases.

The Program requires the completed forms to move forward in establishing a child support case. If the completed forms are not returned within 45 days, the Program will proceed to close your case. Please contact the Program immediately if you have a question regarding these forms.
Option 4: Insert when the form is generated with an Administrative Initial Notice for administrative support only cases and the parenting time indicator is Yes.

Parenting Time Plan: A Title IV-D Standard Parenting Time Plan form is included in this packet. If you do not have a parenting time plan and wish to include a plan in your support order, the Title IV-D Standard Parenting Time Plan can be used for this purpose. A blank copy of the Title IV-D Standard Parenting Time Plan form will also be provided to the other parent.

You are not required to complete the enclosed Title IV-D Standard Parenting Time Plan to obtain a support order for your child. If both you and the other parent agree to and sign the Title IV-D Standard Parenting Time Plan, or your own parenting time plan, and mail the plan to the Florida Department of Revenue Child Support Program at the address on page 1 of this notice before a final administrative order is entered, the plan will be made a part of the final order. Both parents do not need to sign the same form, however, the plan provided must be identical.

If an agreed upon, signed parenting time plan is not provided to the Program before the final administrative order is entered, the Child Support Program will enter the child support order and provide the parents the Petition to Establish a Parenting Time Plan form that may be filed in court by either parent. The Child Support Program cannot file the petition or represent either parent at the hearing.

Once a parenting time plan is established and included in a child support order, the plan may only be changed or enforced by the court. The Program does not review, evaluate, negotiate or prepare parenting time plans, and cannot modify or enforce an existing parenting time plan.

For more information, visit floridarevenue.com/childsupport/parenting_time_plans.
State of Florida Department of Revenue  
Child Support Program and  
<<CP/CTR NAME>>  
Petitioners,  

vs.  

<<NCPName>>  
Respondent.  

FINAL MODIFIED ADMINISTRATIVE SUPPORT ORDER  

The Florida Department of Revenue, Child Support Program, enters this Final Modified Administrative Support Order (Final Modified Order). We have considered 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 Modified 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 Modified Order as authorized by section 409.2563, Florida Statutes. There is no judicial support order for the child(ren).

2. On <<Render Date of Order Being Modified>> the Child Support Program issued a Final Administrative Support Order (Final Order) establishing the Respondent’s support obligations. DOR reviewed the Final Order as provided by section 409.2564(11), Florida Statutes, and applied the child support guidelines in section 61.30, Florida Statutes, to the current circumstances of the parties and child(ren). Having completed the review the Child Support Program finds that the support order should be modified because <<Option 36>>

3. The Child Support Program is providing Title IV-D child support services for <<CP/CTR Name>>, the <<Option 11>> of the child(ren) named in Paragraph 4. The child(ren) resides with <<CP/CTR Name>> most of the time.
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.

<table>
<thead>
<tr>
<th>Child(ren) Name</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;&lt;Child1Name&gt;&gt;</td>
<td>&lt;&lt;Child1DOB&gt;&gt;</td>
</tr>
<tr>
<td>&lt;&lt;Child2Name&gt;&gt;</td>
<td>&lt;&lt;Child2DOB&gt;&gt;</td>
</tr>
</tbody>
</table>

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>>
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):

<table>
<thead>
<tr>
<th>Child(ren)’s Name</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;&lt;Child1FullName&gt;&gt;</td>
<td>&lt;&lt;Child1DOB&gt;&gt;</td>
</tr>
<tr>
<td>&lt;&lt;Child2FullName&gt;&gt;</td>
<td>&lt;&lt;Child2DOB&gt;&gt;</td>
</tr>
</tbody>
</table>

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.
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>>
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.
STATE OF FLORIDA
DEPARTMENT OF REVENUE
CHILD SUPPORT PROGRAM

State of Florida Department of Revenue
Child Support Program and
<<CP/CTR NAME>>
Petitioners,

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.
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>>
<<Option 56>>
**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.

**OPTION 11 (role/relationship of party to child[ren])**

- A. father
- B. mother
- C. caregiver

**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 A1, A2, or A3.**

- 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 B1 or B2**

- 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 and 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)

Additional Provisions: (Center as Header)

<<Free Form Text>>

OPTION 31 (Based on the office handling the case.)

A. <<ZCCOUNTY_CODES>>

OPTION 33 (Use B if Respondent has an attorney)

A. <<NCP Name>>

B. <<NCP Attorney Name>>

<<NCP Attorney Address>>
OPTION 35 (Notice goes to both parent who owes support and parent due support)
A. <<NCP Name>>
   <<NCP Address1>>
   <<NCP Address2>>
B. <<CP/CTR Name>>
   <<CP/CTR Address>>
   <<CP/CTR Address2>>

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 40
A. an increase
B. a decrease

OPTION 41
Current support for <<oldest child’s name 1>> is scheduled to end on <<child’s estimated emancipation date – 1 day>>, or date of high school graduation according to the conditions above, at which time the Respondent shall pay:

$<<1st step down support amount>> per month current support.

Current support for <<next oldest child’s name 1>> is scheduled to end on <<child’s estimated emancipation date – 1 day>>, or date of high school graduation according to the conditions above, at which time the Respondent shall pay:

$<<2nd step down support amount>> per month current support
OPTION 47

A. [Insert when neither blank Title IV-D Standard Parenting Time Plan nor signed parenting time plan is enclosed with Proposed Order.]

If there is a hearing, DOAH may enter a Final Order.

B. [Insert when either blank Title IV-D Standard Parenting Time Plan or signed parenting time plan is enclosed with Proposed Order.]

If there is a hearing, DOAH may enter a Final Order, which would include a parenting time plan or Title IV-D Standard Parenting Time Plan that is agreed to and signed by both parents.

OPTION 48

A. [Insert when neither blank Title IV-D Standard Parenting Time Plan nor signed parenting time plan is enclosed with Proposed Order. ZAPO parenting time indicator = N]

I. If you have questions about this Proposed Order call <<Option 31>> or see us in person at <<CSE Local Office and Address>>.

B. [Insert when a blank Title IV-D Standard Parenting Time Plan is enclosed with Proposed Order.]

H. If provided with a written parenting time plan agreed to and signed by both parents, we will make it a part of the Final Order. A blank Title IV-D Standard Parenting Time Plan is included with this notice. If you and the other parent both agree to, sign, and return either the Title IV-D Standard Parenting Time Plan or your own parenting time plan before a Final Order is entered, we will make it a part of the Final Order. A parenting time plan that is made a part of the Final Order may only be modified or enforced by a court. The Department is not authorized to modify or enforce a parenting time plan.

I. If you have questions about this Proposed Order call <<Option 31>> or see us in person at <<CSE Local Office and Address>>.

OPTION 49

A. [Insert when blank Title IV-D Standard Parenting Time Plan is included with Proposed Order.]

Title IV-D Standard Parenting Time Plan

B. [Insert when nonstandard parenting time plan signed by both parents is enclosed with Proposed Order.]

Signed Parenting Time Plan
OPTION 50

A. [Insert when blank Title IV-D Standard Parenting Time Plan is included with Proposed Order.]

A written parenting time plan agreed to and signed by both parents has not been provided to the Department as part of this proceeding. Therefore, a parenting time plan is not incorporated into this Final Order.

B. [Insert when either signed Title IV-D Standard Parenting Time Plan or signed parenting time plan is enclosed with Proposed Order.]

A written parenting time plan agreed to and signed by both parents has been provided to the Department as part of this proceeding.

OPTION 51

[Insert when either signed Title IV-D Standard Parenting Time Plan or signed parenting time plan is enclosed with Proposed Order.]

I. The attached parenting time plan, agreed to and signed by both parents, is made a part of and incorporated into this Final Order. The Department is not authorized to enforce or modify the parenting time plan. The parenting time plan may only be enforced or modified in court.

OPTION 57

[Inserted once final order has been approved and is regenerated for the Rendering and Indexing form bundles]

DONE and ORDERED this the << Day; 1st, 2nd, 3rd, etc.>> day of <<Month>>, 20<<YY>>.

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

This document has been signed electronically as authorized by section 668.004, Florida Statutes. The Final Order has been rendered on the above date by filing it with the agency clerk of the Florida Department of Revenue and serving it on the respondent.
Final Order Terminating
Administrative Support Order

1. Pursuant to section 409.2563, Florida Statutes, the Florida Department of Revenue (DOR) issues this Final Order Terminating Administrative Support Order. The child involved in this matter is:

<table>
<thead>
<tr>
<th>Child’s Name</th>
<th>Child’s Date of Birth</th>
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</table>

In support of this Order, DOR makes the following FINDINGS OF FACT AND CONCLUSIONS OF LAW:

2. The name of the parent due support is _____

3. We intend to take this action because we have been notified of reasons/facts justifying termination of the order, specifically:

☐ the Petitioner requests the order be terminated
☐ the Respondent is permanently disabled
☐ the child is 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 _____ DOR 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 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 ss. 61.30 and 409.2563, F.S., 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 contained 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 _____.

☐ The Petitioner has informed DOR that she/he wishes to waive arrears owed to him/her in the amount of $_____.

B. The Income Deduction Order rendered on _____ is terminated effective immediately.

☐ The Respondent shall pay $_____ each month towards past due support.

☐ The Respondent is responsible for making payments to the 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 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 the foregoing Final Order Terminating Administrative Support Order has been filed in the official records of Department of Revenue, this _____ day of _____, 20____.

_____________________________________________
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.
INSTRUCTIONS FOR FLORIDA FAMILY LAW RULES OF PROCEDURE FORM 12.902(b), FAMILY LAW FINANCIAL AFFIDAVIT (SHORT FORM)

When should this form be used?

This form should be used when you are involved in a family law case which requires a financial affidavit and your individual gross income is UNDER $50,000 per year unless:

1) You are filing a simplified dissolution of marriage under rule 12.105 and both parties have waived the filing of a financial affidavit;
2) You have no minor children, no support issues, and have filed a written settlement agreement disposing of all financial issues; or
3) The court lacks jurisdiction to determine any financial issues.

If your gross income is $50,000 or over per year, call us at: <<CountyPhoneNumber>> and request a Financial Affidavit (Long Form).

This form should be typed or printed in black ink. After completing this form, you should sign the form before a notary public and return it to: Child Support Program, 5050 W. Tennessee Street, Building L, Tallahassee, FL 32399-0195.

What should I do next?

A copy of this form must be served on the other party in your case within 45 days of being served with the petition, if it is not served on him or her with your initial papers. Service must be in accordance with Florida Rule of Judicial Administration 2.516.

Where can I look for more information?

Before completing this form, you should read the "General Information" and "Glossary" sections of the Florida Family Law Rules of Procedure forms. The words that are in “bold underline” in these instructions are defined there. For further information, see rule 12.285, Florida Family Law Rules of Procedure.

Special notes...

If this is a domestic violence case and you want to keep your address confidential for safety reasons, do not enter the address, telephone, and fax information at the bottom of this form. Instead, file Petitioner's Request for Confidential Filing of Address, Florida Supreme Court Approved Family Law Form 12.980(h).

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 below for making these conversions.

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

- Hourly amount \( \times \) Hours worked per week = Weekly amount
- Weekly amount \( \times \) 52 Weeks per year = Yearly amount
- Yearly amount \( \div \) 12 Months per year = **Monthly Amount**

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

- Daily amount \( \times \) Days worked per week = Weekly amount
- Weekly amount \( \times \) 52 Weeks per year = Yearly amount
- Yearly amount \( \div \) 12 Months per year = **Monthly Amount**

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

- Weekly amount \( \times \) 52 Weeks per year = Yearly amount
- Yearly amount \( \div \) 12 Months per year = **Monthly Amount**

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

- Bi-weekly amount \( \times \) 26 = Yearly amount
- Yearly amount \( \div \) 12 Months per year = **Monthly Amount**

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

- Bi-monthly amount \( \times \) 2 = **Monthly Amount**

Expenses may be converted in the same manner.

Remember, a person who is NOT an attorney is called a nonlawyer. If a nonlawyer helps you fill out these forms, that person must give you a copy of a **Disclosure from Nonlawyer**, Florida Family Law Rules of Procedure Form 12.900(a), before he or she helps you. A nonlawyer helping you fill out these forms also **must** put his or her name, address, and telephone number on the bottom of the last page of every form he or she helps you complete.
IN THE CIRCUIT COURT OF THE <<<JUDICIAL CIRCUIT #>> JUDICIAL CIRCUIT,
IN AND FOR <<<COUNTY NAME>> COUNTY, FLORIDA

Case No.: <<<Court Case #>>>

## 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.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>Monthly gross salary or wages</td>
</tr>
<tr>
<td>2.</td>
<td>Monthly bonuses, commissions, allowances, overtime, tips, and similar payments</td>
</tr>
<tr>
<td>3.</td>
<td>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.)</td>
</tr>
<tr>
<td>4.</td>
<td>Monthly disability benefits/SSI</td>
</tr>
<tr>
<td>5.</td>
<td>Monthly Workers’ Compensation</td>
</tr>
<tr>
<td>6.</td>
<td>Monthly Unemployment Compensation</td>
</tr>
<tr>
<td>7.</td>
<td>Monthly pension, retirement, or annuity payments</td>
</tr>
<tr>
<td>8.</td>
<td>Monthly Social Security benefits</td>
</tr>
<tr>
<td>9.</td>
<td>Monthly alimony actually received</td>
</tr>
<tr>
<td>9a. From this case</td>
<td>$________</td>
</tr>
<tr>
<td>9b. From other case(s)</td>
<td>$________ Add 9a and 9b</td>
</tr>
<tr>
<td>10.</td>
<td>Monthly interest and dividends</td>
</tr>
<tr>
<td>11.</td>
<td>Monthly rental income (gross receipts minus ordinary and necessary expenses required to produce income) (Attach sheet itemizing such income and expense items.)</td>
</tr>
<tr>
<td>12.</td>
<td>Monthly income from royalties, trusts, or estates</td>
</tr>
<tr>
<td>13.</td>
<td>Monthly reimbursed expenses and in-kind payments to the extent that they reduce personal living expenses</td>
</tr>
<tr>
<td>14.</td>
<td>Monthly gains derived from dealing in property (not including nonrecurring gains)</td>
</tr>
<tr>
<td>15.</td>
<td>Any other income of a recurring nature (list source)</td>
</tr>
<tr>
<td>16.</td>
<td>________________</td>
</tr>
<tr>
<td>17.</td>
<td>(<strong>PRESENT MONTHLY GROSS INCOME</strong> (Add lines 1-16)) TOTAL:</td>
</tr>
</tbody>
</table>

Florida Family Law Rules of Procedure Form 12.902(b), Family Law Financial Affidavit (Short Form) (01/15)
**PRESENT MONTHLY DEDUCTIONS**

18. Monthly federal, state, and local income tax (corrected for filing status and allowable dependents and income tax liabilities)
   - 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. $________
### 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
<table>
<thead>
<tr>
<th>CREDITOR</th>
<th>MONTHLY PAYMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
28. $____ TOTAL MONTHLY EXPENSES (add ALL monthly amounts in A through F above)

SUMMARY
29. $____ TOTAL PRESENT MONTHLY NET INCOME (from line 27 of SECTION I, INCOME)
30. $____ TOTAL MONTHLY EXPENSES (from line 28 above)
31. $____ SURPLUS (If line 29 is more than line 30, subtract line 30 from line 29.
   This is the amount of your surplus. Enter that amount here.)
32. ($____) (DEFICIT) (If line 30 is more than line 29, subtract line 29 from line 30.
   This is the amount of your deficit. Enter that amount here.)

SECTION III. ASSETS AND LIABILITIES
Use the nonmarital column 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(s) or debt belongs. (Typically, you
will only use this column if property/debt was owned/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.)

A. ASSETS:

DESCRIPTION OF ITEM(S). List a description of each
separate item owned 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 line
next to any asset(s) which you are requesting the judge
award to you.

<table>
<thead>
<tr>
<th>DESCRIPTION OF ITEM(S)</th>
<th>Current Fair Market Value</th>
<th>Nonmarital (check correct column)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>husband</td>
</tr>
<tr>
<td>Cash (on hand)</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Cash (in banks or credit unions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stocks, Bonds, Notes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Real estate (Home)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Other)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Automobiles</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other personal property</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retirement plans (Profit Sharing, Pension, IRA, 401(k)s, etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Check here if additional pages are attached.

Total Assets (add next column) $
B. LIABILITIES:

<table>
<thead>
<tr>
<th>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.</th>
<th>Current Amount Owed</th>
<th>Nonmarital (check correct column)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mortgages on real estate: First mortgage on home</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Second mortgage on home</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other mortgages</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Auto loans</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Charge/credit card accounts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Check here if additional pages are attached.

**Total Debts** (add next column) $__________

C. CONTINGENT ASSETS AND LIABILITIES:

INSTRUCTIONS: If you have any POSSIBLE asset(s) (income potential, accrued vacation or sick leave, bonus, inheritance, etc.) or POSSIBLE liabilities (possible lawsuits, future unpaid taxes, contingent tax liabilities, debts assumed by another), you must list them here.

<table>
<thead>
<tr>
<th>Contingent Assets</th>
<th>Possible Value</th>
<th>Nonmarital (check correct column)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Check the line next to any contingent asset(s) which you are requesting the judge award to you.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

**Total Contingent Assets** $__________

<table>
<thead>
<tr>
<th>Contingent Liabilities</th>
<th>Possible Amount Owed</th>
<th>Nonmarital (check correct column)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Check the line next to any contingent debt(s) for which you believe you should be responsible</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

**Total Contingent Liabilities** $__________
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]: ( ) e-mailed ( ) 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:________________________________
E-mail Address(es):__________________________

I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this affidavit and that the punishment for knowingly making a false statement includes fines and/or imprisonment.

Dated:__________________________
Signature of Party
Printed Name:_____________________________________
Address:________________________________________
City, State, Zip:______________________________
Fax Number:____________________________________
E-mail Address(es):__________________________

STATE OF FLORIDA
COUNTY OF _____________________

Sworn to or affirmed and signed before me on ________by______________________________.

_______________________________
NOTARY PUBLIC or DEPUTY CLERK

[Print, type, or stamp commissioned name of notary or deputy clerk.]

_____Personally known
_____Produced identification
Type of identification produced________________________
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}__________________.
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 FLORIDA FAMILY LAW RULES OF PROCEDURE FORM 12.902(b),
FAMILY LAW FINANCIAL AFFIDAVIT (LONG FORM)

When should this form be used?

This form should be used when 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.

This form should be typed or printed in black ink. After completing this form, you should sign the form before a notary public and return it to Child Support Program, 5050 Tennessee Street, Building L, Tallahassee, FL 32399-0195.

Where can I look for more information?

Before completing this form, you may want to read “General Information” and “Glossary” sections of the Florida Family Law Rules of Procedure forms. The words that are in “bold underline” in these instructions are defined there. For further information, see rule 12.285, Florida Family Law Rules of Procedure.

Special notes...

If this is a domestic violence case and you want to keep your address confidential for safety reasons, do not enter the address, telephone, and fax information at the bottom of this form. Instead, file Petitioner's 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 below for making these conversions.

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

- Hourly amount \* Hours worked per week = Weekly amount
- Weekly amount \* 52 Weeks per year = Yearly amount
- Yearly amount \div 12 Months per year = Monthly Amount

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

- Daily amount \* Days worked per week = Weekly amount
- Weekly amount \* 52 Weeks per year = Yearly amount
- Yearly amount \div 12 Months per year = Monthly Amount

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

- Weekly amount \* 52 Weeks per year = Yearly amount
- Yearly amount \div 12 Months per year = Monthly Amount

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

- Bi-weekly amount \* 26 = Yearly amount
- Yearly amount \div 12 Months per year = Monthly Amount

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

- Bi-monthly amount \* 2 = Monthly Amount

Expenses may be converted in the same manner.

Remember, a person who is NOT an attorney is called a nonlawyer. If a nonlawyer helps you fill out these forms, that person must give you a copy of a Disclosure from Nonlawyer, Florida Family Law Rules of Procedure Form 12.900(a), before he or she helps you. A nonlawyer helping you fill out these forms also must put his or her name, address, and telephone number on the bottom of the last page of every form he or she helps you complete.
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
($50,000 or more Individual Gross Annual Income)

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

SECTION I. INCOME

1. Date of Birth: _______________________

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: _______________________

   c. Retired. Date of retirement: _______________________
      Employer from whom retired: _______________________
      Address: _______________________
      City, State, Zip code: _______________________
      Telephone Number: _______________________

( ) 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.
LAST YEAR’S GROSS INCOME:  
Your Income  Other Party’s Income (if known)

YEAR _______ $ __________ $ __________________

PRESENT MONTHLY GROSS INCOME:

All amounts must be MONTHLY. See the instructions with this form to figure out money amounts for anything that is NOT paid monthly. Attach more paper, if needed. Items included under “other” should be listed separately with separate dollar amounts.

1. Monthly gross salary or wages 1. $__________
2. Monthly bonuses, commissions, allowances, overtime, tips, and similar payments 2. __________
3. Monthly business income from sources such as self-employment, partnerships, close corporations, and/or independent contracts (Gross receipts minus ordinary and necessary expenses required to produce income.) (Attach sheet itemizing such income and expenses.) 3. __________
4. Monthly disability benefits/SSI 4. __________
5. Monthly Workers’ Compensation 5. __________
6. Monthly Unemployment Compensation 6. __________
7. Monthly pension, retirement, or annuity payments 7. __________
8. Monthly Social Security benefits 8. __________
9. Monthly alimony actually received
   9a. From this case: $ __________________
   9b. From other case(s): __________________ (Add 9a and 9b) 9. __________
10. Monthly interest and dividends 10. __________
11. Monthly rental income (gross receipts minus ordinary and necessary expenses required to produce income) (Attach sheet itemizing such income and expense items.) 11. __________
12. Monthly income from royalties, trusts, or estates 12. __________
13. Monthly reimbursed expenses and in-kind payments to the extent that they reduce personal living expenses (Attach sheet itemizing each item and amount.) 13. __________
14. Monthly gains derived from dealing in property (not including nonrecurring gains) 14. __________
Any other income of a recurring nature (identify source)
15. __________________________________________________________
16. __________________________________________________________

17. PRESENT MONTHLY GROSS INCOME (Add lines 1–16) TOTAL: 17. $____________

PRESENT MONTHLY DEDUCTIONS:

All amounts must be MONTHLY. See the instructions with this form to figure out money amounts for anything that is NOT paid monthly.

18. Monthly federal, state, and local income tax (corrected for filing status and allowable dependents and income tax liabilities)
   Federal: __________ State: __________ Local: __________ = 18. $__________
   a. Filing Status__________ b. Number of dependents claimed__________
19. Monthly FICA or self-employment taxes 19. __________
20. Monthly Medicare payments 20. __________
21. Monthly mandatory union dues
22. Monthly mandatory retirement payments
23. Monthly health insurance payments (including dental insurance), excluding portion paid for any minor children of this relationship
24. Monthly court-ordered child support actually paid for children from another relationship (Complete if you PAY support. Do not enter support you receive.)
25. Monthly court-ordered alimony actually paid
   25a. from this case: $_______
   25b. from other case(s): ________
   Add 25a and 25b
26. TOTAL DEDUCTIONS ALLOWABLE UNDER SECTION 61.30, FLORIDA STATUTES (Add lines 18 through 25) TOTAL: $________
27. PRESENT NET MONTHLY INCOME (Subtract line 26 from line 17) 27. $________

SECTION II. AVERAGE MONTHLY EXPENSES

Proposed/Estimated Expenses. If this is a dissolution of marriage case and your expenses as listed below do not reflect what you actually pay currently, you should write "estimate" next to each amount that is estimated.

HOUSEHOLD:
1. Monthly mortgage or rent payments 1. $________
2. Monthly property taxes (if not included in mortgage) 2. ______
3. Monthly insurance on residence (if not included in mortgage) 3. ______
4. Monthly condominium maintenance fees and homeowner’s association fees 4. ______
5. Monthly electricity 5. ______
6. Monthly water, garbage, and sewer 6. ______
7. Monthly telephone 7. ______
8. Monthly fuel oil or natural gas 8. ______
9. Monthly repairs and maintenance 9. ______
10. Monthly lawn care 10. ______
11. Monthly pool maintenance 11. ______
12. Monthly pest control 12. ______
13. Monthly misc. household 13. ______
14. Monthly food and home supplies 14. ______
15. Monthly meals outside home 15. ______
16. Monthly cable t.v. 16. ______
17. Monthly alarm service contract 17. ______
18. Monthly service contracts on appliances 18. ______
19. Monthly maid service 19. ______

Other:
20. _____________________________________________________________ 20. ______
21. _____________________________________________________________ 21. ______
22. _____________________________________________________________ 22. ______
23. _____________________________________________________________ 23. ______
24. _____________________________________________________________ 24. ______

25. SUBTOTAL (add lines 1 through 24) 25. $________
### Automobile Expenses:

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>26.</td>
<td>Monthly gasoline and oil</td>
<td>$______</td>
</tr>
<tr>
<td>27.</td>
<td>Monthly repairs</td>
<td>______</td>
</tr>
<tr>
<td>28.</td>
<td>Monthly auto tags and emission testing</td>
<td>______</td>
</tr>
<tr>
<td>29.</td>
<td>Monthly insurance</td>
<td>______</td>
</tr>
<tr>
<td>30.</td>
<td>Monthly payments (lease or financing)</td>
<td>______</td>
</tr>
<tr>
<td>31.</td>
<td>Monthly rental/replacements</td>
<td>______</td>
</tr>
<tr>
<td>32.</td>
<td>Monthly alternative transportation (bus, rail, car pool, etc.)</td>
<td>______</td>
</tr>
<tr>
<td>33.</td>
<td>Monthly tolls and parking</td>
<td>______</td>
</tr>
<tr>
<td>34.</td>
<td>Other:</td>
<td>______</td>
</tr>
</tbody>
</table>

35. **SUBTOTAL** (add lines 26 through 34) $________

### Monthly Expenses for Children Common to Both Parties:

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>36.</td>
<td>Monthly nursery, babysitting, or day care</td>
<td>______</td>
</tr>
<tr>
<td>37.</td>
<td>Monthly school tuition</td>
<td>______</td>
</tr>
<tr>
<td>38.</td>
<td>Monthly school supplies, books, and fees</td>
<td>______</td>
</tr>
<tr>
<td>39.</td>
<td>Monthly after school activities</td>
<td>______</td>
</tr>
<tr>
<td>40.</td>
<td>Monthly lunch money</td>
<td>______</td>
</tr>
<tr>
<td>41.</td>
<td>Monthly private lessons or tutoring</td>
<td>______</td>
</tr>
<tr>
<td>42.</td>
<td>Monthly allowances</td>
<td>______</td>
</tr>
<tr>
<td>43.</td>
<td>Monthly clothing and uniforms</td>
<td>______</td>
</tr>
<tr>
<td>44.</td>
<td>Monthly entertainment (movies, parties, etc.)</td>
<td>______</td>
</tr>
<tr>
<td>45.</td>
<td>Monthly health insurance</td>
<td>______</td>
</tr>
<tr>
<td>46.</td>
<td>Monthly medical, dental, prescriptions (nonreimbursed only)</td>
<td>______</td>
</tr>
<tr>
<td>47.</td>
<td>Monthly psychiatric/psychological/counselor</td>
<td>______</td>
</tr>
<tr>
<td>48.</td>
<td>Monthly orthodontic</td>
<td>______</td>
</tr>
<tr>
<td>49.</td>
<td>Monthly vitamins</td>
<td>______</td>
</tr>
<tr>
<td>50.</td>
<td>Monthly beauty parlor/barber shop</td>
<td>______</td>
</tr>
<tr>
<td>51.</td>
<td>Monthly nonprescription medication</td>
<td>______</td>
</tr>
<tr>
<td>52.</td>
<td>Monthly cosmetics, toiletries, and sundries</td>
<td>______</td>
</tr>
<tr>
<td>53.</td>
<td>Monthly gifts from child(ren) to others (other children, relatives, teachers, etc.)</td>
<td>______</td>
</tr>
<tr>
<td>54.</td>
<td>Monthly camp or summer activities</td>
<td>______</td>
</tr>
<tr>
<td>55.</td>
<td>Monthly clubs (Boy/Girl Scouts, etc.)</td>
<td>______</td>
</tr>
<tr>
<td>56.</td>
<td>Monthly access expenses (for nonresidential parent)</td>
<td>______</td>
</tr>
<tr>
<td>57.</td>
<td>Monthly miscellaneous</td>
<td>______</td>
</tr>
</tbody>
</table>

58. **SUBTOTAL** (add lines 36 through 57) $________

### Monthly Expenses for Child(ren) from Another Relationship:

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>59.</td>
<td></td>
<td>______</td>
</tr>
<tr>
<td>60.</td>
<td></td>
<td>______</td>
</tr>
<tr>
<td>61.</td>
<td></td>
<td>______</td>
</tr>
<tr>
<td>62.</td>
<td></td>
<td>______</td>
</tr>
</tbody>
</table>

63. **SUBTOTAL** (add lines 59 through 62) $________
## MONTHLY INSURANCE:
- Health insurance, excluding portion paid for any minor child(ren) of this relationship: 64.
- Life insurance: 65.
- Dental insurance: 66.
- Other:
  - 67.
  - 68.

### SUBTOTAL (add lines 64 through 68)
69. $____________

## OTHER MONTHLY EXPENSES NOT LISTED ABOVE:
- Monthly dry cleaning and laundry: 70. $________
- Monthly clothing: 71. $________
- Monthly medical, dental, and prescription (unreimbursed only): 72. $________
- Monthly psychiatric, psychological, or counselor (unreimbursed only): 73. $________
- Monthly non-prescription medications, cosmetics, toiletries, and sundries: 74. $________
- Monthly grooming: 75. $________
- Monthly gifts: 76. $________
- Monthly pet expenses: 77. $________
- Monthly club dues and membership: 78. $________
- Monthly sports and hobbies: 79. $________
- Monthly entertainment: 80. $________
- Monthly periodicals/books/tapes/CD’s: 81. $________
- Monthly vacations: 82. $________
- Monthly religious organizations: 83. $________
- Monthly bank charges/credit card fees: 84. $________
- Monthly education expenses: 85. $________
- Other: (include any usual and customary expenses not otherwise mentioned in the items listed above)
  - 86.
  - 87.
  - 88.
  - 89.

### SUBTOTAL (add lines 70 through 89)
90. $____________

## MONTHLY PAYMENTS TO CREDITORS: (only when payments are currently made by you on outstanding balances)
NAME OF CREDITOR(s):
- 91. $________
- 92. $________
- 93. $________
- 94. $________
- 95. $________
- 96. $________
- 97. $________
- 98. $________
### SECTION II

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
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<td>99.</td>
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<tr>
<td>100.</td>
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<tr>
<td>101.</td>
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<tr>
<td>102.</td>
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<td></td>
</tr>
<tr>
<td>103.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**104. SUBTOTAL** (add lines 91 through 103)  
104. $__________

**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 box 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”.)

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ASSETS: DESCRIPTION OF ITEM(S)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DO NOT LIST ACCOUNT NUMBERS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Cash (on hand)</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>□ Cash (in banks or credit unions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Stocks/Bonds</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**B**  
Current Fair Market Value  
husband | wife

**C**  
Nonmarital (✓ correct column)  
husband | wife

Florida Family Law Rules of Procedure Form 12.902(b), Family Law Financial Affidavit (09/12)
<table>
<thead>
<tr>
<th>A</th>
<th>ASSETS: DESCRIPTION OF ITEM(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>DO NOT LIST ACCOUNT NUMBERS</td>
</tr>
<tr>
<td>✓</td>
<td>□ Notes (money owed to you in writing)</td>
</tr>
<tr>
<td></td>
<td>□ Money owed to you (not evidenced by a note)</td>
</tr>
<tr>
<td></td>
<td>□ Real estate: (Home)</td>
</tr>
<tr>
<td></td>
<td>□ (Other)</td>
</tr>
<tr>
<td></td>
<td>□ Business interests</td>
</tr>
<tr>
<td></td>
<td>□ Automobiles</td>
</tr>
<tr>
<td></td>
<td>□ Boats</td>
</tr>
<tr>
<td></td>
<td>□ Other vehicles</td>
</tr>
<tr>
<td></td>
<td>□ Retirement plans (Profit Sharing, Pension, IRA, 401(k)s, etc.)</td>
</tr>
<tr>
<td></td>
<td>□ Furniture &amp; furnishings in home</td>
</tr>
<tr>
<td></td>
<td>□ Furniture and Furnishings elsewhere</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B</th>
<th>Current Fair Market Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>C</td>
<td>Nonmarital (✓ correct column)</td>
</tr>
<tr>
<td></td>
<td>husband</td>
</tr>
</tbody>
</table>

Florida Family Law Rules of Procedure Form 12.902(b), Family Law Financial Affidavit (09/12)
### A. ASSETS: DESCRIPTION OF ITEM(S)

**DO NOT LIST ACCOUNT NUMBERS**

√ the box next to any asset(s) which you are requesting the judge award to you

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>□</td>
<td>Collectibles</td>
<td></td>
</tr>
<tr>
<td>□</td>
<td>Jewelry</td>
<td></td>
</tr>
<tr>
<td>□</td>
<td>Life insurance (cash surrender value)</td>
<td></td>
</tr>
<tr>
<td>□</td>
<td>Sporting and entertainment (T.V., stereo, etc.) equipment</td>
<td></td>
</tr>
<tr>
<td>□</td>
<td>Other assets</td>
<td></td>
</tr>
</tbody>
</table>

**Total Assets (add column B)** $__________

### B. LIABILITIES/DEBTS (This is where you list what you OWE.)

**INSTRUCTIONS:**

**STEP 1:** In column A, list a description of each separate debt owed by you (and/or your spouse, if this is a petition for dissolution of marriage). Blank spaces are provided if you need to list more than one of an item.

**STEP 2:** If this is a petition for dissolution of marriage, check the box 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.)
### A. LIABILITIES: DESCRIPTION OF ITEM(S)
**DO NOT LIST ACCOUNT NUMBERS**

√ the box next to any debt(s) which you believe you should be responsible

| □ | Mortgages on real estate: First mortgage on home | $ |
| □ | Second mortgage on home |
| □ | Other mortgages |
| □ | Charge/credit card accounts |
| □ | Auto loan |
| □ | Auto loan |
| □ | Bank/Credit Union loans |
| □ | Money you owe (not evidenced by a note) |
| □ | Judgments |
| □ | Other |

**Total Debts** (add column B) $________

### B. Current Amount Owed

| □ | Nonmarital (✓ correct column) |

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

1. **Total Assets** (enter total of Column B in Asset Table; Section A) $________
2. **Total Liabilities** (enter total of Column B in Liabilities Table; Section B) $________

**TOTAL NET WORTH** (Total Assets minus Total Liabilities) $______

---

Florida Family Law Rules of Procedure Form 12.902(b), Family Law Financial Affidavit (09/12)
D. 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.

<table>
<thead>
<tr>
<th>A Contingent Assets</th>
<th>B Possible Value</th>
<th>C Nonmarital</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>(✓ correct column)</td>
</tr>
<tr>
<td>✓ the box next to any contingent asset(s) which you are requesting the judge award to you</td>
<td>husband</td>
<td>wife</td>
</tr>
<tr>
<td>□</td>
<td>$</td>
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<td>□</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Total Contingent Assets</td>
<td>$____________</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>A Contingent Liabilities</th>
<th>B Possible Amount Owed</th>
<th>C Nonmarital</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(✓ correct column)</td>
<td></td>
</tr>
<tr>
<td>✓ the box next to any contingent debt(s) which you believe you should be responsible</td>
<td>husband</td>
<td>wife</td>
</tr>
<tr>
<td>□</td>
<td>$</td>
<td></td>
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<td>□</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Total Contingent Liabilities</td>
<td>$____________</td>
<td></td>
</tr>
</tbody>
</table>

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. [✓ 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 [✓ one only] ( ) e-mailed ( ) mailed ( ) faxed ( ) hand delivered to the person(s) listed below on {date}________________________.

Other party or his/her attorney:
Name: ___________________________ E-mail Address(es) __________________
Address: __________________________
City, State, Zip: __________________________
Fax Number: __________________________

Florida Family Law Rules of Procedure Form 12.902(b), Family Law Financial Affidavit (09/12)
I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this affidavit and that the punishment for knowingly making a false statement includes fines and/or imprisonment.

Dated: ____________________________

Signature of Party

Printed Name: ______________________

Address: <<Option 2>>

City, State, Zip: <<Option 2>>

Telephone Number: ____________________

Fax Number: _________________________

STATE OF ______________________
COUNTY OF ______________________

Sworn to or affirmed and signed before me on __________ by __________________________.

NOTARY PUBLIC or DEPUTY CLERK

[Print, type, or stamp commissioned name of notary or deputy clerk.]

___Personally known
___Produced identification

Type of identification produced __________________________

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} ____________.

Florida Family Law Rules of Procedure Form 12.902(b), Family Law Financial Affidavit (09/12)
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.
Notice of Proceeding to Establish Administrative Support Order

**Option 1**

Child Support Program

**Option 35**

<<Date>>

Child Support Case Number(s): <<CaseNumber>>

1. We have started a proceeding to establish an administrative support order that may require you, <<NCPName>>, to pay child support and/or provide health insurance and noncovered medical expenses for your child(ren) named below. The name and date of birth of the child(ren) is:

   <<Child1Name>>  <<Child1DOB>>
   <<Child2Name>>  <<Child2DOB>>

**Option 10**

Our records show there is no support order for the child(ren). We have started this proceeding because public assistance has been received for the child(ren) or because the other parent or caregiver has asked for our help in establishing support. You have a legal duty to contribute to the support of the child(ren) named above because you are the <<Option 11>>. <<Option 8>>

The name of the other parent is <<OtherParentName>>.

**Option 24**

**Option 55**

Based on public assistance records or a statement by the other parent or caregiver, you also may owe past child support.

2. You are required by law to fill out and sign the enclosed Financial Affidavit and Parent Information Form. You must return the filled-out forms to the address below no later than 20 days after you receive this notice.

Florida Department of Revenue
Child Support Program
P.O. Box 5330
Tallahassee, FL 32314-5330
If you have already given support for the child(ren), send us written proof of this support with your Parent Information Form. If the information on this form changes you must let us know the changes in writing. <<=InsertWebText:2>>.

The other parent/caregiver has already completed these forms.

3. We will review the financial affidavits we receive and will use all available, reliable information about your income and the other parent’s income to figure the monthly amount you should be required to pay to support the child(ren). If we cannot determine the correct monthly support amount, we may refer the proceeding to the Division of Administrative Hearings for an administrative law judge to conduct a hearing. Otherwise, this amount will be computed using the child support guidelines found in section 61.30, Florida Statutes, and placed in a Proposed Administrative Order (Proposed Order). Sometimes the support amount may be changed to an amount more or less than the amount shown by the guidelines. The deviation factors are found in section 61.30 (11)(a) & (b), Florida Statutes, which is available online at www.leg.state.fl.us. If you believe any of the reasons on the list apply to you then give us detailed information about that reason along with your Financial Affidavit.

If we know what your actual monthly income is, we will use that amount. We may ask for copies of your credit report, employment records, state wage data, or information from other sources to compute or verify your monthly income. If you do not tell us your income, we will use this other information to calculate a monthly income.

We will mail you the Proposed Order to the address on page one of this notice unless you provide a new address in writing. We will include the worksheet(s) used to compute the support amount and any financial affidavits we receive or prepare. We will send the same documents to the other parent/caregiver.

4. You may file a request for a hearing in writing within 20 days after the date of mailing or other service of the Proposed Order or you will be deemed to have waived the right to request a hearing. Directions about how to request a hearing are included in the Proposed Order.

5. If a Final Administrative Support Order is issued, it can be enforced in any way the law allows.

6. You must tell us your current mailing address and send us any changes to your mailing address. All proposed and final administrative support orders, notices of hearing, and any other papers will be mailed to you at the address on page one of this notice and 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 not receive a notice causing you to miss a deadline and lose your right to ask for a hearing or file an appeal.

7. You or the other parent/caregiver may file a civil action in an appropriate circuit court of this state at any time to determine your paternity and/or support obligations, if any. If, within 20 days after you are served with this notice, you file an action in circuit court and serve us with a copy of the petition, this administrative proceeding will end and the action will proceed in circuit court. If you file a petition, you must serve a copy on us at:

Deputy Agency Clerk
<<P.O.LegalAddress>>
Only the circuit court has jurisdiction to grant a divorce, resolve a paternity dispute, award alimony, make name changes or modify or enforce a parenting time plan. If you want a hearing on any of these issues, you must file a petition in circuit court.

A support order from a circuit court that changes the support obligation(s) takes the place of or supersedes a DOR administrative support order. However, any unpaid support due under the administrative order is still owed.

If you choose to file a court action and do not have a lawyer, you can check to see if there is a self-help center in the county courthouse where you live. For availability, locations, forms, and other information go to www.flcourts.org.

8. If you want us to proceed in circuit court to address your support obligation, we must receive a written request by mail within 20 days after you receive this notice at:

   Florida Department of Revenue
   Child Support Program
   <<Local Office Address>>

   If we receive your request within that time we will file an action in circuit court to determine your support obligations, if any, after the other parent or caregiver provides a financial affidavit and will mail you a copy of the court petition and a waiver of service form. You must then sign and return the waiver of service form within 10 days after you receive it. Upon receipt of your signed waiver of service form, we will end this administrative proceeding and proceed with the circuit court action. If the waiver of service is not returned, this proceeding will continue. Our petition will only address child support. It will not address custody or visitation.

9. Call us if you are now in a bankruptcy or Chapter 13 proceeding. Parts of this notice may not apply to you.

10. This proceeding is authorized by section 409.2563, Florida Statutes.

11. If you have any questions call <<Option 31>>. Provide address updates to the address below:

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

   Signed and dated this the <<Day; 1st, 2nd, 3rd, etc.>> day of <<Month>>, 20<<YY>>.

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

This document has been signed electronically as authorized by section 668.004, Florida Statutes.

Enclosures:
   Financial Affidavit
   Parent Information Form
   <<Option 49>>
Notice to Non-English Speaking Respondents

The Department of Revenue, Child Support Program (DOR) has begun a legal proceeding to establish paternity or a child support order for the child(ren) named on page one of the enclosed notice. To fully understand your rights and obligations you need to read the enclosed notice or order. If you do not understand English, ask someone you know to help translate the notice or order for you. If you have questions, call <<CountyPhoneNumber>> for further assistance.

Aviso Para Demandados Que No Hablen Inglés

El Ministerio de Hacienda (Department of Revenue) del Estado de la Florida, Programa Para Sustento de Menores, ha iniciado un procedimiento Legal para establecer una orden de paternidad/de sustento para el niño(s) nombrado en la primera página del documento incluido. Para entender sus derechos y obligaciones completamente usted necesita leer el documento y la orden incluida. Si usted no entiende Inglés, pidale a alguien conocido que le ayude a traducir el documento y la orden. Si tiene preguntas adicionales, llame al <<CountyPhoneNumber>>.

Mesaj Pou Moun Ki Pa Ka Reponn An Angle

The Department of Revenue, Child Support Program (DOR) komanse aksyon legal pou etabli patenite/yon dekre pou timoun/timoun-yo ki lonmen nan yon paj sou notis ki enfemen a. Pou konprann konpletman tout dwa-ou avek obligasyon-ou, fok ou li notis avek dekre ki enfemen a. Si ou pa konprann Angle, mande yon moun ou konnen pou tradui notis avke dekre-a pou ou. Si ou gen kesyon, rele <<CountyPhoneNumber>> pou asistans.
Child Support Program

Parent Information Form
Administrative Support Proceeding

<<Date>>
Child Support Case Number(s): <<CSECaseNum>>
Activity Number: <<ActivityNum>>

Your full name                                      Social security number    Other names known by
__________________________________________________
Date of birth                                      Driver license number     State issued
__________________________________________________
Other parent’s full name                           Social security number    Other names known by
__________________________________________________

YOUR CURRENT ADDRESS AND EMPLOYMENT INFORMATION

Your home address                                  City                      State                Zip
__________________________________________________
Your home phone                                    Mailing address           City                      State                Zip
__________________________________________________
(If different from above)
Your cell phone                                    Email address
__________________________________________________
Your current employer                              Occupation
__________________________________________________
Employer’s address                                  City                      State                Zip
Phone

CHILD(REN)’S PARENTS LIVING TOGETHER

This information is used to determine the date the child support obligation should begin.

When did the parents last live together? _________
(month/year)

In what city and state? ________________________________

Did the child(ren) live with anyone else, not counting visits, during the last two years?

☐ YES  ☐ NO    Who?____________________________________    When?____________________________
SUPPORT PAID FOR THE CHILDREN

Has any financial support been paid, either by cash payments or by paying for child care, doctor bills, food or clothing for the benefit of the child(ren)?  □ Yes  □ No  ________________

If yes, list:

<table>
<thead>
<tr>
<th>Type of support</th>
<th>Paid by</th>
<th>Paid to</th>
<th>Dates</th>
<th>Amounts</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

Please send proof (copies of checks, money orders, receipts, etc.) of the above payments with this information form.

TIME-SHARING ARRANGEMENT/PARENTING PLAN

Do you and the other parent currently have a time-sharing arrangement/parenting plan for the child(ren)?

□ Yes  □ No

If yes, please describe the arrangement/plan, including the number of days each month that the child stays overnight in your home. If the arrangement/plan is in writing or court-ordered, please attach a copy to this form.

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_______________________  ____________________________________________________

<<Option 1>>
DECLARATION

Under penalties of perjury, I declare that I have read this Parent Information Form and that the facts stated in it, and in any pages attached to it, are true and correct.

______________________________________________           _________________
Signed                                               Dated

If we need to reach you, what is the best time and phone number at which to contact you?

Time: __________________  □ AM  □ PM

Phone Number: __________________________

After completing and signing this form, return it to:

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

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 http://floridarevenue.com/Pages/privacy.aspx.
OPTION 1
(Insert the information below if form is sent to caregiver relative)

HEALTH CARE COVERAGE
Are you currently providing health insurance, for the child(ren)? ☐ Yes ☐ No

Insurance company ____________________________ Address ____________________________ Policy number ______________

Names of child(ren) covered ____________________________ ____________________________ ____________________________
Cost for that child ____________________________ ____________________________ ____________________________

When did the child(ren) come to live with you? ____________________________ Month/Year

CHILD CARE EXPENSES
The amount you now pay is $________________ per ____________ for ________ child(ren).
(month, week, etc.) (number)

Which child(ren) do you now pay child care expenses for?

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

DEVIAITON
The support amount calculated under Florida child support guidelines is presumed to be the correct amount of support owed. In some circumstances, the support amount may be adjusted to an amount more or less than the guideline amount. The deviation factors are found in section 61.30 (11) (a) & (b), Florida Statutes, which is available online at www.leg.state.fl.us.

As a caregiver you are not required to complete the Financial Affidavit referenced in the Notice of Proceeding to Establish Administrative Support Order. However, if you believe any of the circumstances listed in the Deviation Factors list apply to your case, state the reasons below and submit supporting documentation.

If you are paying child care expenses for the child(ren), we need to know so that we can factor them into the other parent’s support obligation. Please document the expenses below. Use additional sheets if necessary.

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
State of Florida Department of Revenue  
Child Support Program and  
<<CP/CTR NAME>>  
Petitioners,  

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 <<CPorCTRname>>. The child(ren) resides with <<CPorCTRname>>.

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):

<table>
<thead>
<tr>
<th>Child(ren) Name</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;&lt;ChildFullName&gt;&gt;</td>
<td>&lt;&lt;ChildDOB&gt;&gt;</td>
</tr>
</tbody>
</table>
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:

<table>
<thead>
<tr>
<th>Child(ren)’s Name</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;&lt;Child1FullName&gt;&gt;</td>
<td>&lt;&lt;Child1DOB&gt;&gt;</td>
</tr>
<tr>
<td>&lt;&lt;Child2FullName&gt;&gt;</td>
<td>&lt;&lt;Child2DOB&gt;&gt;</td>
</tr>
</tbody>
</table>

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>>
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.
<<Option 56>>
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 56

[Insert when no parenting time plan is enclosed and parenting time indicator on the parent activity = Y]

Parenting Time

This Final Order does not include a parenting time plan. A written parenting time plan agreed to and signed by both parents was not provided to the Department as part of this proceeding.

Either parent may file a petition in circuit court to establish a parenting time plan. The enclosed blank form (Petition to Establish a Parenting Time Plan) is available for your use.

The Department of Revenue does not obtain, enforce or modify parenting time plans.

For more information, go to floridarevenue.com/childsupport/parenting_time_plans.

Option 57

[Inserted once final order has been approved and is regenerated for the Rendering and Indexing form bundles]

DONE and ORDERED this the << Day; 1st, 2nd, 3rd, etc.>> day of <<Month>>, 20<<YY>>.

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

This document has been signed electronically as authorized by section 668.004, Florida Statutes. The Final Order has been rendered on the above date by filing it with the agency clerk of the Florida Department of Revenue and serving it on the respondent.
State of Florida Department of Revenue  
Child Support Program and  
<<CP/CTR NAME>>  
Petitioners,  
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 <<NCP Name>> 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>>

<table>
<thead>
<tr>
<th>Child(ren) Name</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;&lt;Child1Name&gt;&gt;</td>
<td>&lt;&lt;Child1DOB&gt;&gt;</td>
</tr>
<tr>
<td>&lt;&lt;Child2Name&gt;&gt;</td>
<td>&lt;&lt;Child2DOB&gt;&gt;</td>
</tr>
</tbody>
</table>

MAIL USE ONLY
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>>
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. <<NCP Name>> is the legal <<Option 22>> parent of <<Child1FullName>>, date of birth <<Child1DOB>>
   <<NCP Name>> 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>>
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.
State of Florida Department of Revenue
Child Support Program and
<<CP/CTR NAME>>
Petitioners,

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 <<NCP Name>>

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.
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>>
<<Option 56>>
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.
OPTIONS PAGE

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 A1, A2, or A3.

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 B1 or B2

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 and 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)
Additional Provisions: (Center as Header)
<<Free Form Text>>

OPTION 33 (Use B if Respondent has an attorney)
A. <<NCP Name>>
B. <<NCP Attorney Name>>
   <<NCP Attorney Address>>

OPTION 39:
A. The <<LV_HI_PROVIDER>> shall obtain and maintain health insurance for the child(ren) by enrolling them in group health insurance available through the <<LV_HI_PROVIDER>>’s employer, union, or other source. The <<LV_HI_PROVIDER>> shall send written proof of coverage to the <<CSE Local Office and Address>>. If there is any change in health insurance the <<LV_HI_PROVIDER>> must notify DOR within 30 days and send written proof of the change. <<Option 23>>

B. Neither parent is ordered to provide health insurance for the minor child(ren).

C. The Respondent’s share of the cost of health insurance provided for the child(ren) by the Petitioning parent/caregiver is $<<NCP Share of Health Insurance Expense When CP/CTR Provides>>, which is included in the Respondent’s share of the total child support need stated in paragraph 9.

OPTION 41
Current support for <<oldest child’s name 1>> is scheduled to end on <<child’s estimated emancipation date – 1 day>>, or date of high school graduation according to the conditions above, at which time the Respondent shall pay:

$<<1st step down support amount>> per month current support.

Current support for <<next oldest child’s name 1>> is scheduled to end on <<child’s estimated emancipation date – 1 day>>, or date of high school graduation according to the conditions above, at which time the Respondent shall pay:

$<<2nd step down support amount>> per month current support

OPTION 50
A. [Insert when a Title IV-D Standard Parenting Time Plan or other parenting time plan is not included with Final Order.]

A written parenting time plan agreed to and signed by both parents has not been provided to the Department as part of this proceeding. Therefore, a parenting time plan is not incorporated into this Final Order.
B. [Insert when either signed Title IV-D Standard Parenting Time Plan or signed parenting time plan is enclosed with Proposed Order.]

A written parenting time plan agreed to and signed by both parents has been provided to the Department as part of this proceeding.

**OPTION 51**

[Insert when either signed Title IV-D Standard Parenting Time Plan or signed parenting time plan is enclosed with Final Order.]

I. The attached parenting time plan, agreed to and signed by both parents, is made a part of and incorporated into this Final Order. The Department is not authorized to enforce or modify the parenting time plan. The parenting time plan may only be enforced or modified in court.

**OPTION 56**

[Insert when no parenting time plan is enclosed and parenting time indicator on the parent activity = Y]

Parenting Time

This Final Order does not include a parenting time plan. A written parenting time plan agreed to and signed by both parents was not provided to the Department as part of this proceeding.

Either parent may file a petition in circuit court to establish a parenting time plan. The enclosed blank form (Petition to Establish a Parenting Time Plan) is available for your use.

The Department of Revenue does not obtain, enforce or modify parenting time plans.

For more information, go to floridarevenue.com/childsupport/parenting_time_plans.

**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 as authorized by section 668.004, Florida Statutes. The Final Order has been rendered on the above date by filing it with the agency clerk of the Florida Department of Revenue and serving it on the 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>>

<table>
<thead>
<tr>
<th>Child(ren) Name</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;&lt;Child1Name&gt;&gt;</td>
<td>&lt;&lt;Child1DOB&gt;&gt;</td>
</tr>
<tr>
<td>&lt;&lt;Child2Name&gt;&gt;</td>
<td>&lt;&lt;Child2DOB&gt;&gt;</td>
</tr>
</tbody>
</table>
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 Sup ort 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 7.

<<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>>
<<Option 19>>
<<Option 50>>
<<Option 20>>
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.
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>>

<<Option 57>>

Copy furnished this date to:
<<County Name>> County Clerk of the Circuit Court

<<Option 33>>
<<CP/CTR name>>
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.
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>>

Current support for <<youngest child's name 1>> is scheduled to end on <<child's estimated emancipation date – 1 day>>, or date of high school graduation according to the conditions above, at which time the Respondent's current support obligation ends for all children.
2. To deduct 100 percent of any income paid in the form of a bonus or other similar one-time payment, up to the amount of the arrearage reported in the Order/Notice to Withhold, or any subsequent past-due amount that accrues.

3. To send these amounts to:

   Florida State Disbursement Unit
   <<SDUAddress>>

   Your check or other form of payment must include the Respondent's name, the date the deduction was made, and the court depository number <<Depository Number>>.

4. Not to deduct more than the amounts allowed under Section 303(b) of the Consumer Credit Protection Act, 15 U.S.C. 1673(b), as amended.

5. To deduct an additional 20 percent of the current support obligation or other amount agreed to by the parties if a delinquency accrues after the order establishing, modifying, or enforcing the obligation has been entered and there is no order for repayment of the delinquency or a preexisting arrearage. This amount is to be deducted until the delinquency and any attorney's fees and costs are paid in full. No deduction may be applied to attorney's fees and costs until the delinquency is paid in full.

6. To continue income deduction at the rate in effect immediately prior to emancipation, if the obligation to pay current support is reduced or terminated due to emancipation of a child and the obligor owes an arrearage, retroactive support, delinquency, or costs. Continued deduction at that rate shall continue until all arrearages, retroactive support, delinquencies, and costs are paid in full or until the amount of withholding is modified by the DOR or a court.

This Income Deduction Order or an Income Deduction Notice will be served on the Respondent's present and future employers. Enforcement of the Income Deduction Order may only be contested on the grounds of mistake of fact regarding the amount due pursuant to the order establishing, enforcing, or modifying the amounts in paragraph 1, or the identity of the Respondent, the Petitioning parent/caregiver, or the employer.

<<Option 57>>
<<Option 56>>
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.
OPTIONS PAGE

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 A1, A2, or A3.

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 B1 or B2

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 and 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)
Additional Provisions: (Center as Header)
<<Free Form Text>>

OPTION 33 (USE B IF RESPONDENT HAS AN ATTORNEY)
A. <<NCPName>>
B. <<NCP Attorney Name>>
<<NCP Attorney Address>>

OPTION 39:
The <<LV_HI_PROVIDER>> shall obtain and maintain health insurance for the child(ren) by enrolling them in group health insurance available through the <<LV_HI_PROVIDER>>’s employer, union, or other source. The <<LV_HI_PROVIDER>> shall send written proof of coverage to the <<CSE Local Office and Address>>. If there is any change in health insurance the <<LV_HI_PROVIDER>> must notify DOR within 30 days and send written proof of the change. <<Option 23>>

A. Neither parent is ordered to provide health insurance for the minor child(ren).

B. The Respondent’s share of the cost of health insurance provided for the child(ren) by the Petitioning parent/caregiver is $<<NCP Share of Health Insurance Expense When CP/CTR Provides>>, which is included in the Respondent’s share of the total child support need stated in paragraph 9.

OPTION 41
Current support for <<oldest child’s name 1>> is scheduled to end on <<child’s estimated emancipation date – 1 day>>, or date of high school graduation according to the conditions above, at which time the Respondent shall pay:

$<<1st step down support amount>> per month current support.
Current support for <<next oldest child’s name 1>> is scheduled to end on <<child’s estimated emancipation date – 1 day>>, or date of high school graduation according to the conditions above, at which time the Respondent shall pay:

$<<2nd step down support amount>> per month current support

OPTION 50

A. [Insert when a Title IV-D Standard Parenting Time Plan or other parenting time plan is not included with Final Order.]

A written parenting time plan agreed to and signed by both parents has not been provided to the Department as part of this proceeding. Therefore, a parenting time plan is not incorporated into this Final Order.

B. [Insert when either signed Title IV-D Standard Parenting Time Plan or signed parenting time plan is enclosed with Proposed Order.]

A written parenting time plan agreed to and signed by both parents has been provided to the Department as part of this proceeding.

OPTION 51

[Insert when either signed Title IV-D Standard Parenting Time Plan or signed parenting time plan is enclosed with Final Order.]

I. The attached parenting time plan, agreed to and signed by both parents, is made a part of and incorporated into this Final Order. The Department is not authorized to enforce or modify the parenting time plan. The parenting time plan may only be enforced or modified in court.

OPTION 56

[Insert when no parenting time plan is enclosed and parenting time indicator on the parent activity = Y]

Parenting Time

This Final Order does not include a parenting time plan. A written parenting time plan agreed to and signed by both parents was not provided to the Department as part of this proceeding.

Either parent may file a petition in circuit court to establish a parenting time plan. The enclosed blank form (Petition to Establish a Parenting Time Plan) is available for your use.

The Department of Revenue does not obtain, enforce or modify parenting time plans.

For more information, go to floridarevenue.com/childsupport/parenting_time_plans.
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\textsuperscript{st}, 2\textsuperscript{nd}, 3\textsuperscript{rd}, 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 as authorized by section 668.004, Florida Statutes. The Final Order has been rendered on the above date by filing it with the agency clerk of the Florida Department of Revenue and serving it on the respondent.
Paternity Declaration

<<CPName>>
<<CPAddress>>

<<Date>>
Case Number: <<CaseNumber>>

You are receiving this form because paternity has not been established for your child or needs to be resolved. You must complete and return the enclosed form 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 form(s) according to the instructions below.
2. Your name and your child’s name and information are printed on the form. Please check the spelling of your first, middle and last 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 by phone or in person to make any changes to your or your child’s information.
3. **Paragraph 2 on the form:** 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. Write *Unknown* if you don’t know the man’s full name. Make sure all possible fathers are named. If none of the men named are found to be the father, paternity will not be established. If paternity is not established, the Department of Children and Families may stop or reduce benefits you or your family receive.
4. **Paragraph 3 and 4:** Check all that apply for these two paragraphs. In paragraph 3, write the name of the person to whom you were married at or about the time the pregnancy began or when the child was born. In paragraph 4, if applicable, write the name of the person who is identified as the father on the birth certificate.
5. **On the Additional Alleged Fathers (CS-ES119) form:** Write the name, birth date and current address of any person named under number 2. Attach additional pages if needed.
6. **On line 5:** Sign the form and return it 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:**

Call: <<CountyPhoneNumber>>
Chat with us or learn more at: floridarevenue.com/childsupport
Access your case online: childsupport.floridarevenue.com
Find an office near you: floridarevenue.com/childsupport/contact
Paternity Declaration

<<Date>>
Case Number: <<Service Request or CaseNumber>>
Child Number: <<Child BP Num>>

1. <<CPFirstNameMiddleInitialLastName>>, make the following declaration:

1. I am the biological mother of <<ChildName>>, who was born on <<ChildDOB>>.

2. I had sexual intercourse with the following man or men at or about the time the pregnancy began, and I believe the biological father of this child is the man, or one of the men, named below.

<table>
<thead>
<tr>
<th>Full Name</th>
<th>State/County Where Pregnancy Began</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. (Check all that apply):

☐ I was married at or about the time the pregnancy began.

☐ I was married when the child was born.

☐ I was married to ______________________________________________________

    Date and Place of Marriage __________________________________________

    Date and Place of Divorce (If applicable) ______________________________

☐ The child’s birth certificate states that I was married when the child was born.

4. ☐ There is no one named on the birth certificate.

☐ The person named as the father or other parent on the birth certificate is ________________.

The name is on the birth certificate because:

☐ We were married when the child was born.

☐ We were married after the child was born and his name was added.

☐ We were not married at the time of birth. He signed the birth certificate in the hospital.

☐ We were not married at the time of birth. He signed a paternity acknowledgment later.

☐ There is a court order that says he is the father:

    Date of Order: __________ County: __________ State: ______ Case #: __________

5. I understand that a copy of this Paternity Declaration will be given to the person(s) named in paragraph 2 above.

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

__________________________      ______________________
Signed                        Dated

<<Date>>
Case Number: <<Service Request or CaseNumber>>
Child Number: <<Child BP Num>>