

AGENDA
RULE DEVELOPMENT WORKSHOP
(If Requested in Writing)

Workshop Material Available on the web at:
<http://www.floridarevenue.com/rules>

11:00 A.M., March 11, 2022

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-1.006, F.A.C.
Rule 12E-1.011, F.A.C.
Rule 12E-1.012, F.A.C.
Rule 12E-1.021, F.A.C.
Rule 12E-1.023, F.A.C.
Rule 12E-1.028, F.A.C.
Rule 12E-1.032, F.A.C.

3. Closing Comments

Notice of Development of Rulemaking

DEPARTMENT OF REVENUE

Division of Child Support Enforcement

RULE NOS.:RULE TITLES:

- 12E-1.006 Request for Reconsideration
- 12E-1.011 Lottery Intercept
- 12E-1.012 Consumer Reporting Agencies
- 12E-1.021 Case Closure
- 12E-1.023 Suspension of Driver License; Suspension of Motor Vehicle Registration
- 12E-1.028 Garnishment by Levy
- 12E-1.032 Electronic Remittance of Support Payments

PURPOSE AND EFFECT: The purpose of the proposed amendments to Rule 12E-1.006, F.A.C. (Request for Reconsideration) is to incorporate, by reference, the Request for Reconsideration (CS-POF4) form and update the administrative hearing process.

The purpose of the proposed amendments to Rule 12E-1.011, F.A.C. (Lottery Intercept), is to incorporate, by reference, changes to the Notice of Intent to Deduct Lottery Winnings (CS-EF160) form.

The purpose of the proposed amendments to Rule 12E-1.012, F.A.C. (Consumer Reporting Agencies), is to incorporate by reference changes to the Notice of Intent to Report to Consumer Reporting Agencies (CS-EF32) form.

The purpose of the proposed amendments to Rule 12E-1.021, F.A.C. (Case Closure), is to incorporate by reference federal regulation 45 CFR 303.11 (June 9, 2020), effective 10-1-20.

The purpose of the proposed amendments to Rule 12E-1.023, F.A.C. (Suspension of Driver License; Suspension of Motor Vehicle Registration), is to incorporate by reference changes to the Notice of Intent to Suspend Driver License Motor Vehicle Registration(s) (CS-EF55) form.

The purpose of the proposed amendments to Rule 12E-1.028, F.A.C. (Garnishment by Levy), is to incorporate by reference changes to the Notice of Intent to Levy (CS-EF122) form.

The purpose of the proposed amendments to Rule 12E-1.032, F.A.C. (Electronic Remittance of Support Payments), is to incorporate by reference the User Guide For Electronic Child Support Payments, Using The Child Support Application Banking Convention, Version 9.0, revised February 24, 2017, and the Electronic Remittance of Child Support Payments Waiver Expiration Notice (CS-FM48) form.

SUBJECT AREA TO BE ADDRESSED: Updates to child support rules and forms.

RULEMAKING AUTHORITY: 61.1354(5), 409.2557, 409.2557(3), 409.2557(3)(h), 409.2557(3)(i), 409.2557(3)(p), 409.256(17), 409.25633(9), 409.25656(11) FS.

LAW IMPLEMENTED: 24.115(4), 61.13016, 61.1354, 88.3111(2), 88.3071(1)(a), 322.058, 409.2557, 409.256, 409.2563, 409.25633, 409.25656, 409.2567 FS.

IF REQUESTED IN WRITING AND NOT DEEMED UNNECESSARY BY THE AGENCY HEAD, A RULE DEVELOPMENT WORKSHOP WILL BE HELD AT THE DATE, TIME AND PLACE SHOWN BELOW:

DATE AND TIME: March 11, 2022, 11:00 a.m.

PLACE: 2450 Shumard Oak Boulevard, Building 2, 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: 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 DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT, IF AVAILABLE, IS: Bobby York, Child Support Program, Department of Revenue, 2450 Shumard Oak Blvd., Suite 2-4466, Tallahassee, Florida 32399-0184, telephone: (850)617-8037, email: Bobby.York@floridarevenue.com.

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS AVAILABLE AT NO CHARGE FROM THE CONTACT PERSON LISTED ABOVE.

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

AMENDING RULES 12E-1.006, 12E-1.011, 12E-1.012, 12E-1.021, 12E-1.023, 12E-1.028,
12E-1.032, 12E-1.036, 12E-1.039, AND 12E-1.040

12E-1.006 Request for Reconsideration.

(1) No change

(2) Requests for reconsideration shall be made on the Request for Reconsideration (CS-POF4). Form CS-POF4, (http://www.flrules.org/Gateway/reference.asp?No=Ref-_____), is incorporated herein by reference effective xx/xx. If the request concerns information reported by the department on a collection notice, the request for reconsideration form must be received by the department within 60 days of the mailing date of the collection notice. If the request concerns collection or distribution information not referenced on the most recent collection notice, the request for reconsideration form must be received by the department within 60 days of the date the form is provided to the recipient.

(3) and (4) No change.

(5) On request, the department will provide the recipient one free copy of case file information that directly relates to the issue being reviewed, ~~FLORIDA~~ system information that directly relates to the issue being reviewed, and a non-certified depository history if on line access and printing capability is available in the local child support enforcement office, with the exception of any information whose release is prohibited by state or federal law. Additional

copies are subject to copying costs pursuant to section 119.07(1)(a), F.S.

(6) No change.

(7) A regional manager or contract equivalent must issue a final decision regarding the reconsideration within 25 days of the receipt of a complete request for reconsideration. The decision must be in writing and must include:

(a) through (d) No change.

(e) Notice of the right to request a hearing before a hearing officer regarding the reconsideration decision within 45~~30~~ days of the date of the written decision.

(8) and (9) No change.

(10) The department's reconsideration decision informs the parent or caregiver how to request an administrative hearing if they disagree with the decision. A request for an administrative hearing must be received within 45 days of the date of the reconsideration decision, which is the date it is mailed to the parent or caregiver. Hearings are conducted by the Appeal Hearings Section of the Department of Children and Families. A recipient who is dissatisfied with the reconsideration decision has the right to a fair hearing. The department's reconsideration decision shall notify the recipient of the right to request a hearing and how to request a hearing. A request for a hearing must be made within thirty (30) days of the date of the written reconsideration decision. Hearings will be held by the Office of Public Assistance Appeal Hearings of the Department of Health and Rehabilitative Services as long as they are willing to conduct such hearings for the department. Rules of the Department of Health and Rehabilitative Services for the conduct of hearings shall apply. In the event the Department of Health and Rehabilitative Services is no longer willing to conduct such hearings, requests for hearing will be referred to the Division of Administrative Hearings in accordance with Chapter 120, F.S. Rules

~~of the Division of Administrative Hearings shall govern hearings conducted by the division.~~

Rulemaking Authority 409.2558(6), FS. Law Implemented 409.2558(6) FS. History—New 1-11-76, Formerly 10C-25.04, Amended 2-18-86, 6-17-92, 7-20-94, Formerly 10C-25.004, Amended 8-19-96,_____.

12E-1.011 Lottery Intercept.

(1) through (3) No change.

(4) Notification of Intercept.

(a) The Department will notify the obligor by regular U.S. mail, that the prize money is being intercepted and will be applied to the balance of past-due support. The Notice of Intent to Deduct Lottery Winnings (CS-EF160), incorporated herein by reference, effective 07/22+1/20, (http://www.flrules.org/Gateway/reference.asp?No=Ref-_____+2334) will be sent to the address provided by the obligor to the Department of the Lottery. The obligor may request an administrative hearing as set forth in Chapter 120, F.S., to contest a mistake of fact about the amount of past-due support or the identity of the obligor.

(b) and (c) No change.

(5) No change.

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

12E-1.012 Consumer Reporting Agencies.

(1) through (3) No change.

(4) Notice and Right to Hearing.

(a) Before releasing a report or providing information concerning an obligor under this section the Department shall send the obligor by regular mail to his or her last known address a Notice of Intent to Report to Consumer Reporting Agencies, Form CS-EF32, incorporated herein by reference, effective ~~07/2211/20~~, (<http://www.flrules.org/Gateway/reference.asp?No=Ref-12332>). The notice must inform the obligor that:

1. The Department will report the amount of overdue support to the consumer reporting agencies,
2. The Department will report an update of the overdue support amount each month,
3. Reporting overdue support to consumer reporting agencies may affect the obligor's ability to obtain credit,
4. The obligor may avoid the initial report by paying the full amount of the overdue support within 20 days after the date the notice is mailed,
5. The obligor may request the Department to enter into a written agreement that establishes a payment plan to avoid reporting the overdue support; and,
6. By requesting an informal review, the obligor may contest the information proposed to be released if the overdue support amount is incorrect or the obligor is not the individual obligated to pay support.

(b) No change.

(5) and (6) No change.

Rulemaking Authority 61.1354(5), 409.2557 FS. Law Implemented 61.1354 FS. History—New 6-17-92, Amended 7-20-94, Formerly 10C-25.009, Amended 10-22-00, 10-30-06, 9-19-17, 11-12-20, 11-21-21,_____.

12E-1.021 Case Closure.

(1) Cases are closed in accordance with federal regulation 45 CFR 303.11, (June 9, 2020), incorporated herein by reference, effective 10-1-20 ~~under subsection 12E-1.002(1), F.A.C., of this rule with an effective date of June 1994.~~

(2) No change.

Rulemaking Authority 409.026 FS. Law Implemented 409.2561 FS. History—New 6-17-92, Amended 7-20-94, Formerly 10C-25.018, Amended_____.

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

(1) through (3) No change.

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

(a) In accordance with Section 61.13016(1), F.S., the Department shall send to the obligor by regular mail a Notice of Intent to Suspend Driver License and Motor Vehicle Registration(s), Form CS-EF55, incorporated herein by reference, effective 07/22~~11/21~~, (http://www.flrules.org/Gateway/reference.asp?No=Ref-____13850), Notice shall be mailed to the obligor's address of record with the Department of Highway Safety and Motor Vehicles.

(b) and (c) No change.

(5) through (8) No change.

Rulemaking Authority 409.2557(3)(i) FS. Law Implemented 61.13016, 322.058 FS. History—New 7-20-94, Formerly 10C-25.020, Amended 3-6-02, 9-19-17, 3-25-20, 11-12-20, 11-21-21,_____.

12E-1.028 Garnishment by Levy.

(1) through (5) No change.

(6) Notice of Intent to Levy.

(a) The Department sends a Notice of Intent to Levy (CS-EF122) by certified mail, return receipt requested to the obligor providing notice of its intent to levy on the obligor's personal property. The Notice of Intent to Levy (CS-EF122) is incorporated herein by reference, effective 07/22/20, (http://www.flrules.org/Gateway/reference.asp?No=Ref-____12343).

(b) No change.

(7) through (14) No change.

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

History—New 4-3-02, Amended 4-16-20, 11-12-20, 11-21-21, _____.

12E-1.032 Electronic Remittance of Support Payments.

(1) through (4) No change.

(5) Procedures for Payment.

(a) through (f) No change.

(g) All ACH credit transfers must be in the NACHA Cash Concentration and Disbursement Plus “CCD+” or NACHA Corporate Trade Exchange “CTX” format containing an Accredited Standards Committee (ASC) X12 820 Payment Order/Remittance Advice Transaction Set with associated addenda record(s) for child support, in the format specified by NACHA guidelines as referenced herein. The Department uses NACHA guidelines to govern the formats and specifications for the electronic remittance of support payments and the electronic submission of associated case data, which are contained in the User Guide For Electronic Child Support

Payments, Using The Child Support Application Banking Convention, Version 9.0 6-1, revised February 24, 2017 ~~October 9, 2007~~, incorporated in this rule by reference. ~~Members of the public may obtain a~~ A copy of the NACHA guidelines may be obtained at ~~by writing to the Florida Department of Revenue, Child Support Enforcement Program, Attn: Forms Coordinator, P.O. Box 8030, Tallahassee, Florida 32314-8030, or by accessing~~ <https://fl.smartchildsupport.com/> ~~<http://www.nacha.org/>~~. The employer, employer's financial institution, or the employer's processor providing ACH services may contact the State Disbursement Unit at www.fl.smartchildsupport.com to determine the formats, standards, and technical requirements to implement this provision.

(h) through (i) No change.

(6) No change.

(7) Waiver From Electronic Filing Requirements. The Department is authorized to waive the requirement that an employer or employer's processor pay support and provide associated case data through electronic means, if the employer or employer's processor is issued a waiver by the Department from the requirement to electronically file tax returns under section 213.755 or 443.163, F.S. or the employer or employer's processor is unable to comply with the requirements of section 61.1824(6), F.S., and this rule.

(a) No change.

(b) The Department shall review the information submitted by the employer or employer's processor and respond in writing regarding the decision to grant or deny such waiver. The Department will use the following forms for this purpose.

1. Form CS-FM43, Electronic Remittance of Child Support Payments Waiver Approval Notice, revised February 2008, incorporated in this rule by reference. Form CS-FM43 states: that

the waiver is approved for a specific period; the Department will remind the employer of the waiver expiration date no less than sixty (60) days before it expires; and, before the current waiver expires, the employer may apply for another waiver if he or she is unable to comply with the requirements of section 61.1824(6), F.S., and this rule. The Department will use ~~the Form CS-FM48~~, Electronic Remittance of Child Support Payments Waiver Expiration Notice (Form CS-FM48), ~~revised February 2008, incorporated in this rule by reference~~, as the reminder notice. Form CS-FM48, (http://www.flrules.org/Gateway/reference.asp?No=Ref-_____), is hereby incorporated by reference, effective xx/xx.

2. No change.

(c) through (f) No change.

Rulemaking Authority 61.1824(6), 409.2557(3)(o) FS. Law Implemented 61.1824(6) FS.

History—New 5-31-07, Amended 9-18-08,_____.

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

(1) through (4) No change.

(5) Obtaining Cooperation from the Mother or Caregiver.

(a) If a case is eligible for establishment of an administrative paternity order, the Department must obtain cooperation from the mother or caregiver before serving notice on the respondent. To obtain cooperation, the Department mails Form CS-OP05, Requirement to Provide Sample for Genetic Testing, hereby incorporated by reference, effective ~~xx/xx-01/22~~, (http://www.flrules.org/Gateway/reference.asp?No=Ref-_____ ~~13856~~), by regular mail to the mother or caregiver. The CS-OP05 informs the mother or caregiver where and when to appear to provide a sample for genetic testing, and it also informs the mother or caregiver to bring the

child(ren) named on the form to be tested.

(b) and (c) No change.

(6) through (21) No change.

Rulemaking Authority 409.2557(3)(p), 409.256(17), 409.25633(9) FS. Law Implemented 409.256, 409.2563, 409.25633 FS. History—New 4-5-16, Amended 9-19-17, 1-17-18, 9-17-18, 8-28-19, 11-12-20, 11-21-21, _____.

12E-1.039 Request for Services.

(1) through (5) No change.

(6) Application and Referral Review.

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

1. No change.

2. If the application is complete, the Department will send Form CS-ES55, Response to Request for Services and/or Information Request, to the applicant informing them the application was received. When additional information is required for the Department to proceed, the CS-ES55, will instruct the applicant to provide the required information within 30 days after the date of the notice. Form CS-ES55, (http://www.flrules.org/Gateway/reference.asp?No=Ref-____13869), is hereby incorporated by reference, effective xx/xx ~~12/21~~.

3. No change.

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

1. The Department will send the Information Needed to Provide Services, Form CS-ES56, to the public assistance recipient informing them a request to open a child support case was received and additional information is required for the Department to proceed. Form CS-ES56, (http://www.flrules.org/Gateway/reference.asp?No=Ref-____13870), is hereby incorporated by reference, effective xx/xx 12/21.

2. and 3. No change.

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

12E-1.040 Intergovernmental Forms.

(1) No change.

(2)(a) The Department uses the Information Needed to Establish a Support Order in Another State (CS-IS72) and Information Needed for Support Order Review in Another State (CS-IS75) forms to obtain information needed to prepare the General Testimony (CS-IS21) for the petitioning parent. Form CS-IS72, (effective xx/xx), (http://www.flrules.org/Gateway/reference.asp?No=Ref-____), is hereby incorporated by reference in this rule. Form CS-IS75, (effective xx/xx), (http://www.flrules.org/Gateway/reference.asp?No=Ref-____), is hereby incorporated by reference in this rule.

(b)(2) The Department uses the General Testimony (CS-IS21) form to obtain a ~~sworn~~ statement under penalty of perjury about the information and facts of the case from a person seeking establishment of paternity, support, or paternity and support in an intergovernmental case. The Department provides the CS-IS21 to the other government's child support program.

Form CS-IS21, (effective 09/19/2017), (<http://www.flrules.org/Gateway/reference.asp?No=Ref-08662>), is hereby incorporated by reference in this rule. When the petitioning parent does not receive public assistance, the Department prepares the General Testimony (CS-IS21) and mails it to them for review, correction as needed, and signature. The petitioning parent must complete the form and return it to the Department within 30 days after the date the form is mailed to them. If the petitioner is receiving temporary cash assistance for the child, the Department prepares the General Testimony (CS-IS21) for the petitioner.

~~(c)(3)~~ The Department uses the Declaration in Support of Establishing Parentage (CS-IS26) form to obtain a paternity affidavit from a person seeking establishment of paternity or paternity and support in an intergovernmental case. The Department provides the CS-IS26 to the other government's child support program. Form CS-IS26, (effective 09/19/2017), (<http://www.flrules.org/Gateway/reference.asp?No=Ref-08663>), is hereby incorporated by reference in this rule. The CS-IS26 is mailed to the parent for completion and signature along with Review and Sign Forms Needed to Obtain a Child Support Order (CS-IS73) and Review and Sign Forms Needed to Review a Child Support Order (CS-IS74), which provides instructions for reviewing and completing CS-IS26. The parent has 30 days from the date form CS-IS26 is mailed to them to complete it and return it to the Department. Form CS-IS73, (effective xx/xx), (http://www.flrules.org/Gateway/reference.asp?No=Ref-____), is hereby incorporated by reference in this rule. Form CS-IS74, (effective xx/xx), (http://www.flrules.org/Gateway/reference.asp?No=Ref-____), is hereby incorporated by reference in this rule.

(3)(a) If the petitioning parent returns forms CS-IS21 and CS-IS26 timely, the Department requests services from the child support agency in the state with personal jurisdiction over the

responding parent.

(b) If forms CS-IS21 and CS-IS26 are not returned timely, the Department initiates case closure if the petitioning parent does not receive public assistance. If the petitioner receives Medicaid or food assistance, the Department reports noncooperation to the Department of Children and Families as required by section 409.2572 F.S., and initiates case closure.

Rulemaking Authority 409.2557 FS. Law Implemented 88.3111(2), 88.3071(1)(a), 409.2557, 409.2561 FS. History—New 9-19-17,_____.



Child Support Program

CS-POF4
Rule 12E-1.006
Florida Administrative Code
Effective xx/xx

Request for Reconsideration

<<Date>>

Child Support Case Number: <<CaseNumber>>

The statement below indicates why you asked for reconsideration.

<<Option 1>>

To receive the review you are requesting, you must complete this form and mail it back to us at the address below within sixty days (60) from the date on this notice. Please do not use this form to request enforcement, modification or status of your case(s).

Florida Department of Revenue
Child Support Program
5050 West Tennessee Street, Building L
Tallahassee, FL 32399-0195

[illegible]

I am requesting a reconsideration review on my case with <<NCPName>>, child support case number <<CaseNumber>>.

I disagree with: (Check the box that applies and explain below):

☐ The payment(s) I received within the last 90 days

OR

☐ The payment recovery action

I disagree because: _____

Signature _____ Printed name _____ Date _____

Address _____ City _____ State _____ Zip _____

Home phone _____ Daytime phone _____

For questions, call <<CountyPhoneNumber>>.

XXXX
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T

Option 1 (A is for Request for recon for eServices and B is for Payment recovery)

A. Payment(s) within the last 90 days

You want us to review the payment(s) received and sent to you or kept by the State within the last 90 days.

B. Payment Recovery Action

You want us to review the payment recovery action.



Child Support Program

CS-EF160
Rule 12E-1.011
Florida Administrative Code
Effective 07/22

Notice of Intent to Deduct Lottery Winnings

<<NCPName>>
<<NCPAddress>>



<<Date>>

Child Support Activity Number: <<ActivityNum>>

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

1. **Past-due child support owed.** The Child Support Program's records show that you owe \$<<PDueSupAmt>> in past-due child support and costs as of the date of this notice.
2. **Deductions from lottery winnings.** The Program reported the amount you owe to the Florida Department of Lottery. The Department of Lottery must:
 - Deduct the amount you owe from your lottery winnings.
 - Send the money deducted for the amount you owe to us.
 - Send you any winnings that are left after deducting the amount you owe.
3. **Right to hearing.** If you think the amount you owe is incorrect, you may file a petition for an administrative hearing. If you file a petition, you must:
 - Tell us why you believe all or part of the winnings should not be deducted.
 - Mail the petition to the address provided on page two within 21 days of receipt of this notice.

Note: If you file a petition, we will hold any winnings the Department of Lottery sends us until there is a final order from the administrative hearing.

4. **Job resources and order modification.** Visit <FDOR Page> for information about CareerSource Florida and other local programs to help you find a job, upgrade your skills and training, and put you in contact with employers who are hiring and information on how to change the amount of your child support order.
5. **Legal authority.** This action is authorized by section 24.115(4), Florida Statutes.

If you have
questions or need
help:

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

NOTICE OF RIGHTS

1. You have the right to an administrative hearing under sections 120.569 and 120.57(1), Florida Statutes. If you want a hearing, you must file a "Petition for Administrative Hearing" within 21 days of receipt of this notice. A petition is not considered filed until the Department receives it. Send your petition to the Department's Deputy Agency Clerk at the following address:

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

This address is not a Child Support Program office location. Find ways to contact us at floridarevenue.com/childsupport/contact.

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

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

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

3. If you agree with the Department on all issues of material fact, you may ask for an informal hearing. A petition for an informal hearing must be in the form required by Rule 28-106.2015(5), Florida Administrative Code. A copy of the rule can be found at www.flrules.org.
4. Mediation under section 120.573, Florida Statutes, is not available.



Notice of Intent to Report to Consumer Reporting Agencies

<<NCPName>>
<<NCPAddress>>

IMPORTANT

We need to hear from you within
20 days to avoid possible action.

<<Date>>

Child Support Case Number: <<CaseNumber>>

The Child Support Program plans to report your overdue support to consumer reporting agencies each month. Reporting this information may affect your credit rating and ability to obtain credit. Based on our records, we plan to report \$<<Totalpastdue>> as the amount of overdue support you owe as of <<Date>>.

Legal Authority. This action is authorized by section 61.1354(2), Florida Statutes.

WHAT YOU NEED TO DO

To avoid reporting to consumer reporting agencies you must take action within 20 days from the date of this notice:

- Pay the amount above and stay current with your payments.
- Contact us to work out a payment plan if you cannot pay the amount above.
- Provide documentation of a reason to not report listed on page 2.
- Contest this action by requesting an informal review.

We want to work with you to avoid reporting to consumer reporting agencies. See additional information on these options on the next page.

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

Access your case online: childsupport.floridarevenue.com

Email us: floridarevenue.com/childsupport/ContactForm

Call: <<CountyPhoneNumber>>

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

Chat with us or learn more at: floridarevenue.com/childsupport

Enter into a payment plan. Contact the Program to discuss a payment plan. If you enter into a payment plan and continue to pay as agreed, we will not take further action.

- To request a payment plan, use your eServices account at child.support.floridarevenue.com or email using the online contact form at FloridaRevenue.com/AskChildSupport.
- If you are currently unemployed and provide proof that you are actively seeking employment, the first payment due under a payment plan may be delayed up to 60 days.

Reporting exceptions. We will not report your overdue support to consumer reporting agencies if you:

- Receive reemployment assistance or unemployment compensation;
- Receive Supplemental Security Income (SSI) benefits;
- Receive Social Security Disability Income (SSDI) benefits;
- Receive Temporary cash assistance.
- Are disabled and unable to support yourself; or
- Are making payments under a confirmed bankruptcy plan under Chapter 11, 12, or 13 of the U.S. Bankruptcy Code.

Request an informal review. If you disagree with the overdue support amount, or you are not the person ordered to pay support, you may ask for an informal review. If you ask for an informal review, we will not report the overdue support until the review is finished. If we agree that the overdue support should not be reported, we will not report it. To ask for an informal review:

- We must receive your request within 20 days after the date on this notice.
- You must send us your request in writing and tell us the reasons why you think we should not report.
- You must mail the request to:

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

This address is not a Child Support Program office location.

We will finish the informal review within 20 days after receiving your request and send you a decision. If you disagree with the decision, you can ask for a hearing.

Monthly reporting. If you take no action, we will report the overdue support 21 days after the date on this notice. After the first report, we will send a monthly report to the consumer reporting agencies as the amount of overdue support changes. After you pay the overdue support in full, the monthly report will show that you owe \$<<CurrSupAmt>> each <<Frequency>>.

Job resources order modification. Visit <FDOR Page> for information about CareerSource Florida and other local programs to help you find a job, upgrade your skills and training, and put you in contact with employers who are hiring and information on how to change the amount of your child support order.

45 CFR § 303.11 - Case closure criteria.

§ 303.11 Case closure criteria.

- (a) The [IV-D agency](#) shall establish a system for case closure.
- (b) The [IV-D agency](#) may elect to close a case if the case meets at least one of the following criteria and supporting documentation for the case closure decision is maintained in the case record:
- (1) There is no longer a current support order and arrearages are under \$500 or unenforceable under [State](#) law;
 - (2) There is no longer a current support order and all arrearages in the case are assigned to the [State](#);
 - (3) There is no longer a current support order, the children have reached the age of majority, the noncustodial parent is entering or has entered long-term care arrangements (such as a residential care facility or home health care), and the noncustodial parent has no income or assets available above the subsistence level that could be levied or attached for support;
 - (4) The noncustodial parent or alleged father is deceased and no further action, including a levy against the estate, can be taken;
 - (5) The noncustodial parent is living with the minor child (as the primary caregiver or in an intact two parent household), and the [IV-D agency](#) has determined that services are not appropriate or are no longer appropriate;
 - (6) Paternity cannot be established because:
 - (i) The child is at least 18 years old and an action to establish paternity is barred by a statute of limitations that meets the requirements of [§ 302.70\(a\)\(5\)](#) of this chapter;
 - (ii) A genetic test or a court or an administrative process has excluded the alleged father and no other alleged father can be identified;
 - (iii) In accordance with [§ 303.5\(b\)](#), the [IV-D agency](#) has determined that it would not be in the best interests of the child to establish paternity in a case involving incest or rape, or in any case where legal proceedings for adoption are pending; or
 - (iv) The identity of the biological father is unknown and cannot be identified after diligent efforts, including at least one interview by the [IV-D agency](#) with the recipient of services;
 - (7) The noncustodial parent's location is unknown, and the [State](#) has made diligent efforts using multiple sources, in accordance with [§ 303.3](#), all of which have been unsuccessful, to locate the noncustodial parent:
 - (i) Over a 2-year period when there is sufficient information to initiate an automated locate effort; or
 - (ii) Over a 6-month period when there is not sufficient information to initiate an automated locate effort; or
 - (iii) After a 1-year period when there is sufficient information to initiate an automated locate effort, but locate interfaces are unable to verify a Social Security Number;
 - (8) The [IV-D agency](#) has determined that throughout the duration of the child's minority (or after the child has reached the age of majority), the noncustodial parent cannot pay support and shows no evidence of support potential because the parent has been institutionalized in a psychiatric facility, is incarcerated, or has a medically-verified total and permanent disability. The [State](#) must also determine that the noncustodial parent has no income or assets available above the subsistence level that could be levied or attached for support;
 - (9) The noncustodial parent's sole income is from:

(i) Supplemental Security Income (SSI) payments made in accordance with sections 1601 *et seq.*, of title XVI of the [Act](#), [42 U.S.C. 1381 et seq.](#); or

(ii) Both SSI payments and either Social Security Disability Insurance (SSDI) or Social Security Retirement (SSR) benefits under title II of the [Act](#).

(10) The noncustodial parent is a citizen of, and lives in, a foreign [country](#), does not work for the Federal government or a company with headquarters or [offices](#) in the United [States](#), and has no reachable domestic income or assets; and there is no Federal or [State](#) treaty or reciprocity with the [country](#);

(11) The [IV-D agency](#) has provided location-only services as requested under [§ 302.35\(c\)\(3\)](#) of this chapter;

(12) The non-IV-A recipient of services requests closure of a case and there is no [assignment](#) to the [State](#) of medical support under [42 CFR 433.146](#) or of arrearages which accrued under a support order;

(13) The [IV-D agency](#) has completed a limited service under [§ 302.33\(a\)\(6\)](#) of this chapter;

(14) There has been a finding by the [IV-D agency](#), or at the option of the [State](#), by the responsible [State](#) agency of good cause or other exceptions to cooperation with the [IV-D agency](#) and the [State](#) or local assistance program, such as IV-A, IV-E, Supplemental Nutrition Assistance Program (SNAP), and [Medicaid](#), has determined that support enforcement may not proceed without risk of harm to the child or caretaker relative;

(15) In a non-IV-A case receiving services under [§ 302.33\(a\)\(1\)\(i\)](#) or (iii) of this chapter, or under [§ 302.33\(a\)\(1\)\(ii\)](#) when cooperation with the [IV-D agency](#) is not required of the recipient of services, the [IV-D agency](#) is unable to contact the recipient of services despite a good faith effort to contact the recipient through at least two different methods;

(16) In a non-IV-A case receiving services under [§ 302.33\(a\)\(1\)\(i\)](#) or (iii) of this chapter, or under [§ 302.33\(a\)\(1\)\(ii\)](#) when cooperation with the [IV-D agency](#) is not required of the recipient of services, the [IV-D agency](#) documents the circumstances of the recipient's noncooperation and an action by the recipient of services is essential for the next step in providing IV-D services;

(17) The [responding agency](#) documents failure by the [initiating agency](#) to take an action that is essential for the next step in providing services;

(18) The [initiating agency](#) has notified the responding [State](#) that the initiating [State](#) has closed its case under [§ 303.7\(c\)\(11\)](#);

(19) The [initiating agency](#) has notified the responding [State](#) that its intergovernmental services are no longer needed;

(20) Another assistance program, including IV-A, IV-E, SNAP, and [Medicaid](#), has referred a case to the [IV-D agency](#) that is inappropriate to establish, enforce, or continue to enforce a child support order and the custodial or noncustodial parent has not applied for services; or

(21) The IV-D case, including a case with arrears assigned to the [State](#), has been transferred to a Tribal [IV-D agency](#) and the [State IV-D agency](#) has complied with the following procedures:

(i) Before transferring the [State](#) IV-D case to a Tribal [IV-D agency](#) and closing the IV-D case with the [State](#):

(A) The recipient of services requested the [State](#) to transfer the case to the Tribal [IV-D agency](#) and close the case with the [State](#); or

(B) The [State IV-D agency](#) notified the recipient of services of its intent to transfer the case to the Tribal [IV-D agency](#) and close the case with the [State](#) and the recipient did not respond to the notice to transfer the case within 60 calendar days from the date notice was provided;

(ii) The [State IV-D agency](#) completely and fully transferred and closed the case; and

(iii) The [State IV-D agency](#) notified the recipient of services that the case has been transferred to the Tribal [IV-D agency](#) and closed; or

(iv) The Tribal [IV-D agency](#) has a [State-Tribal](#) agreement approved by OCSE to transfer and close cases. The [State-Tribal](#) agreement must include a provision for obtaining the consent from the recipient of services to transfer and close the case.

(c) The [IV-D agency](#) must close a case and maintain supporting documentation for the case closure decision when the following criteria have been met:

(1) The child is eligible for health care services from the Indian Health Service (IHS); and

(2) The IV-D case was opened because of a [Medicaid](#) referral based solely upon health care services, including the Purchased/Referred Care program, provided through an Indian Health Program (as defined at [25 U.S.C. 1603\(12\)](#)).

(d) The [IV-D agency](#) must have the following requirements for case closure notification and case reopening:

(1) In cases meeting the criteria in paragraphs (b)(1) through (10) and (b)(15) and (16) of this section, the [State](#) must notify the recipient of services in writing 60 calendar days prior to closure of the case of the [State's](#) intent to close the case.

(2) In an intergovernmental case meeting the criteria for closure under [paragraph \(b\)\(17\)](#) of this section, the responding [State](#) must notify the [initiating agency](#), in a [record](#), 60 calendar days prior to closure of the case of the [State's](#) intent to close the case.

(3) The case must be kept open if the recipient of services or the [initiating agency](#) supplies information in response to the notice provided under paragraph (d)(1) or (2) of this section that could lead to the establishment of paternity or a support order or enforcement of an order, or, in the instance of [paragraph \(b\)\(15\)](#) of this section, if contact is reestablished with the recipient of services.

(4) For cases to be closed in accordance with [paragraph \(b\)\(13\)](#) of this section, the [State](#) must notify the recipient of services, in writing, 60 calendar days prior to closure of the case of the [State's](#) intent to close the case. This notice must also provide information regarding reapplying for child support services and the consequences of receiving services, including any [State](#) fees, cost recovery, and distribution policies. If the recipient reapplies for child support services in a case that was closed in accordance with [paragraph \(b\)\(13\)](#) of this section, the recipient must complete a new application for IV-D services and pay any applicable fee.

(5) If the case is closed, the former recipient of services may request at a later date that the case be reopened if there is a change in circumstances that could lead to the establishment of paternity or a support order or enforcement of an order by completing a new application for IV-D services and paying any applicable fee.

(6) For notices under paragraphs (d)(1) and (4) of this section, if the recipient of services specifically authorizes consent for electronic notifications, the [IV-D agency](#) may elect to notify the recipient of services electronically of the [State's](#) intent to close the case. The [IV-D agency](#) must maintain documentation of the recipient's consent in the case [record](#).

(e) The [IV-D agency](#) must retain all [records](#) for cases closed in accordance with this section for a minimum of 3 years, in accordance with [45 CFR 75.361](#).

[[81 FR 93564](#), Dec. 20, 2016, as amended at [85 FR 35207](#), June 9, 2020]

<<Option 6>>

<<Option 7>>

To contest you must:

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

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

This address is not a Child Support office location.

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

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Option 1 [Select A or B]

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

Option 2

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

Option 3 [Select A or B]

A. Compliance [Nonpayment of support]

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

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

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

Option 4 [Select A or B]

A. Compliance [Nonpayment of support]

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

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

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

Option 5 [Select A or B]

A. Compliance [Nonpayment of support]

Legal Authority: Sections 61.13016 and 322.058, Florida Statutes.

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

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

Option 6 [Select A or B]

A. Compliance [Nonpayment of support]

Enter into a payment plan

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

- To request a payment plan, use your eServices account at childsupport.floridarevenue.com or by email using the online contact form at FloridaRevenue.com/AskChildSupport.

Provide documents showing you are unable to pay

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

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

Documents are also needed if you are:

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

Job resources and order modification

Visit [<FDOR Page>](#) for information about CareerSource Florida and other local programs to help you find a job, upgrade your skills and training, and put you in contact with employers who are hiring and information on how to change the amount of your child support order.

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

If B leave blank.

Option 7 [Select A or B]

A. Compliance [Nonpayment of support]

Contest this action

You can contest this action if:

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

Please contact us if any of these apply to you.

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

Contest this action

You can contest this action if:

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

Please contact us if any of these apply to you.



Child Support Program

CS-EF122
Rule 12E-1.028
Florida Administrative Code
Effective 07/22

Notice of Intent to Levy

<<NCPName>>
<<NCPAddress>>

<<Date>>

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

Activity Number: <<Activity #>>

- Past-due support owed.** According to our records, as of <<Date>>, you owe \$<<past due amount>> in past-due support.
- Property and income subject to taking.** To collect what you owe, the Department plans to take all or part of any personal property or other income, including wages, that <<Financial Institution BP Name>> owes you, or has in its possession.
- If you pay what you owe.** If you pay the past-due support within 21 days after you get this notice, this action will end. If you do nothing, the action will continue.
- Your right to contest.** You have a right to contest. To contest, you may either ask for an administrative hearing or file a petition in circuit court:
 - To ask for a hearing, follow the steps on page 3, Notice of Rights. If you want an administrative hearing, you must file a request with the Department's Deputy Agency Clerk within 21 days after you get this notice to the following address:

Florida Department of Revenue
Child Support Program
<<Central Intercept PO Legal>>
 - You may not request an administrative hearing and a hearing in circuit court. If you contest within the time allowed, we will not take the funds until there is a hearing and decision.
- Job resources and order modification.** Visit <<FDOR Page>> for information about CareerSource Florida and other local programs to help you find a job, upgrade your skills and training, and put you in contact with employers who are hiring and information on how to change the amount of your child support order.

6. Contesting in circuit court. If you contest in circuit court:

- You must file the petition with the clerk of court within 21 days after you get this notice.

AND

- You must mail a copy of the petition to the address below:

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

7. **Withholding limits.** Federal law, 15 U.S. Code 1673(b), limits how much we can take from an employee's earnings. The limit applies to take home pay. Take home pay is the income left after deductions such as state, federal, and local taxes. The limit is 50 percent of take home pay for child support and alimony, which is increased by:

- 10 percent if you do not support a second family; and
- 5 percent if past-due support has been owed for more than 12 weeks.

8. **If you are a joint owner who does not owe support.** If you claim all or part of the money in a joint bank account or other property subject to this action is yours, and you provide sufficient proof to substantiate this claim, we will release your portion of the frozen account(s). The hearing rights apply to you.

9. <<Option 1>>

10. <<Option 2>>

- 11. Final action.** This notice will become final agency action 21 days after you receive it. If that happens, you may appeal by following the steps on page 3, Notice of Rights.

12. **Questions.** If you have questions or would like to settle this at an informal conference, call <<LevyPhoneNumber>>.

- 13. Legal authority.** This action is authorized by section 409.25656, Florida Statutes.

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NOTICE OF RIGHTS

1. You have a right to an administrative hearing under sections 120.569 and 120.57(1), Florida Statutes. If you want a hearing, you must file a Petition for Administrative Hearing within 21 days from the date of receipt of this notice. A petition is not considered filed until the Department receives it. Send your petition to the Department's Deputy Agency Clerk at the following address:

Florida Department of Revenue
Child Support Program
Attention: Deputy Agency Clerk
<<Central Intercept PO Legal>>

2. If you do not file a petition within the time allowed, you lose your right to a hearing and this notice will become final agency action. If this notice becomes final agency action, you may appeal under section 120.68, Florida Statutes. To appeal you must file a Notice of Appeal as stated in Rule 9.110, Florida Rules of Appellate Procedure, within 30 days of the date of final agency action.
3. If you disagree about issues of material fact, you may ask for a formal hearing. A petition for a formal hearing must be in the form required by Rule 28-106.2015(5), Florida Administrative Code, which can be found at flrules.org. At a formal hearing, you may represent yourself or hire a lawyer. You or your lawyer may present evidence, argue issues, question witnesses, submit written statements of fact and proposed orders, and file exceptions to the judge's recommended order.
4. If you agree with the Department on all issues of material fact, you may ask for an informal hearing. A petition for an informal hearing must be in the form required by Rule 28-106.2015(5), Florida Administrative Code, which can be found at flrules.org.
5. Mediation under section 120.573, Florida Statutes, is not available.

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OUTBOUND FORMS PROCESSING RULES

Option 1:

Insert when the activity reason equal regular banking or securities

Levy on securities. The Department will notify you if we levy on securities that you own. If that happens, you will have 7 days to give instructions to the person who holds your securities. You will be able to tell them which securities to sell if they are worth more than you owe.

Option 2:

Insert when the activity reason equal regular banking or securities

If you receive Supplemental Security Income (SSI). If you send the Department proof that money in your account is from SSI, we will release the SSI payments to you.

**USER GUIDE FOR
ELECTRONIC CHILD SUPPORT PAYMENTS
USING THE CHILD SUPPORT APPLICATION
BANKING CONVENTION**

VERSION 9.0
(Revised February 24, 2017)

**The Task Force on
Electronic Child Support Payments**

**NACHA – THE ELECTRONIC PAYMENTS
ASSOCIATION**

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PURPOSE AND SCOPE

The purpose of this guide is to provide State Disbursement Units (SDU's), employers and their financial institutions with the current formats, definitions and implementation recommendations to remit child support payments and payment information electronically through the Automated Clearing House (ACH) Network according to the current conventions and standards. This method speeds up the income-withholding process and allows the employer and SDU to realize the numerous benefits of electronic funds transfer (EFT) and electronic data interchange (EDI).

The Child Support Application Banking Convention provides an employer with an electronic method for sending child support obligations withheld from employees' wages to the SDU by means of ACH credit payments. These payments, which are originated by the employer's financial institution through the ACH Network, transfer the funds and payment information electronically, thereby offering the employer a more attractive alternative to the less efficient practice of issuing a check with a detailed paper listing of the employees whose wages were garnished.

The convention forms the bases for remitting child support payments together with remittance detail about the payments using the NACHA CCD+ format. Remittance detail for a single payment is conveyed in the 80-character Payment Related Information field of the single DED (Deduction) Addenda Record of the CCD+. All SDUs were required to be capable of accepting employer-originated child support withholding payments sent in the NACHA CCD+ format by September 30, 1997. Currently (2007) only South Carolina does not have this capability.

States also allow employers to remit these payments electronically using the NACHA CTX format containing an Accredited Standards Committee (ASC) X12 820 Payment Order/Remittance Advice Transaction Set. (ASC X12 is the inter-industry standard setting authority for EDI). Use of the CTX/820 enables an employer to send multiple child support payments with remittance information in one transaction to an SDU. With a maximum allowance of 9,999 Addenda Records, the CTX format allows the entire 820 transaction set to be "enveloped" within the ACH format. Table 1 of the ASC X12 820 conveys the gross payment amount, while Table 2 details information for each employee covered by those payments using the DED (Deduction) data segment. This segment conveys the same information as in the CCD+ convention; however, it does so within the structure of 820 transaction set.

A banking convention typically refers to a standard format for the presentation of data within a single Addenda Record. When that convention is incorporated into the X12 standards, it is referred to as a data segment. This document depicts the status of the DED data segment of the ASC X12 820 as of version release 4010, published in December 1999 by the Data Interchange Standards Association (DISA). (DISA is the secretariat of the ASC X12).

BACKGROUND

Increasing rates of divorce and single-parent families have focused a great deal of attention on the well-being of our nation's children, generating considerable activity in federal and state government legislation and supporting agencies. Recognizing the changes occurring and the implications of these changes on our society Congress, has enacted a number of programs to help in the collection and disbursement of child support payments.

In 1975 Congress established the **Child Support Enforcement Program** with the passage of Title IV-D of the Social Security Act. This program provided a federally-funded, state-based system for:

- establishing paternity;
- establishing child support orders;
- collecting support payments, and
- disbursing funds collected.

The Child Support Enforcement Program provides Title IV-D services to families receiving assistance under the Temporary Assistance to Needy Families (TANF), Foster Care, and Medicaid programs. Title IV-D services also encompass families who formerly received assistance under these programs and any other family who applies for IV-D services. As a group, these are typically referred to as "IV-D" cases. Private, attorney-based, child support cases are known "non-IV-D" cases (i.e., private cases).

Child support obligations collected for families in the TANF and Foster Care programs have historically been used to repay the government assistance the families have received under these programs. Child support obligations collected for families who are not receiving government assistance go directly to those families to help them remain self-sufficient.

Further changing the landscape of family legislation, amendments were made to the **Child Support Enforcement Program in 1984, 1988, and 1996**. The **Family Support Act of 1988** made income-withholding the primary method for collecting child support obligations and mandated the method by which income-withholding is transmitted from the employer to the child support enforcement entities (the centralized collection sites for receipt of child support are currently referred to as SDUs).

With some exceptions, the withholding requirements of this legislation were:

- after November 1, 1990 all new and adjusted Title IV-D child support orders require immediate income-withholding, and
- after January 1, 1994 all new non-IV-D (private) cases must also provide for immediate income withholding.

The withholding transmission requirements of the legislation were:

- by October 1, 1997 states were required to have operational, automated state-wide child support enforcement management information systems;
- these systems must be able to accept withholdings transmitted using EFT technology, and
- employers are not required by federal law to send withholdings using EFT and EDI. (However, 16 states/territories, CA, FL, GU, IA, IL, IN, MA, OH, OR, ND, NE, NV, PA, TX, VA, and WV, currently require employers to remit child support payments electronically.)

The result of this legislation is that after January 1, 1994, with few exceptions, all new and adjusted child support cases are subject to immediate income withholding. This legislation applies to all cases. It applies to private child support cases as well as to Title IV-D cases, even if the family never received government assistance.

As part of the **Personal Responsibility and Work Opportunity Act of 1996** (more commonly known as “welfare reform”), states were required to set up centralized payment processing sites, known as state disbursement units (SDUs), for the collection of child support payments.

States are required to receive payments electronically and to disburse payments to custodial parents within two days of receipt. The impact of the welfare reform legislation became apparent when SDUs were deluged with paper checks that had previously been handled by county courts in most states.

Every day, thousands of paper checks arrive at SDUs all over the country. They must be opened, scanned, identified, deposited, credited to the appropriate non-custodial parent(s), and turned into disbursement payments for custodial parents. The federal Office of Child Support Enforcement (OCSE) reported that in 2011 \$27.3 billion in child support payments was collected. Almost seventy percent of this amount came from employers deducting child support obligations from their employees’ paychecks as required by law.

While the benefits to taxpayers and children have been proven, mandatory income- withholding has also resulted in an increased administrative burden on employers. For this reason, the value of the second component of the legislation, which requires that the SDU be able to accept withholdings and send and receive interstate child support collections transmitted using EFT technology, becomes evident.

PROCESS

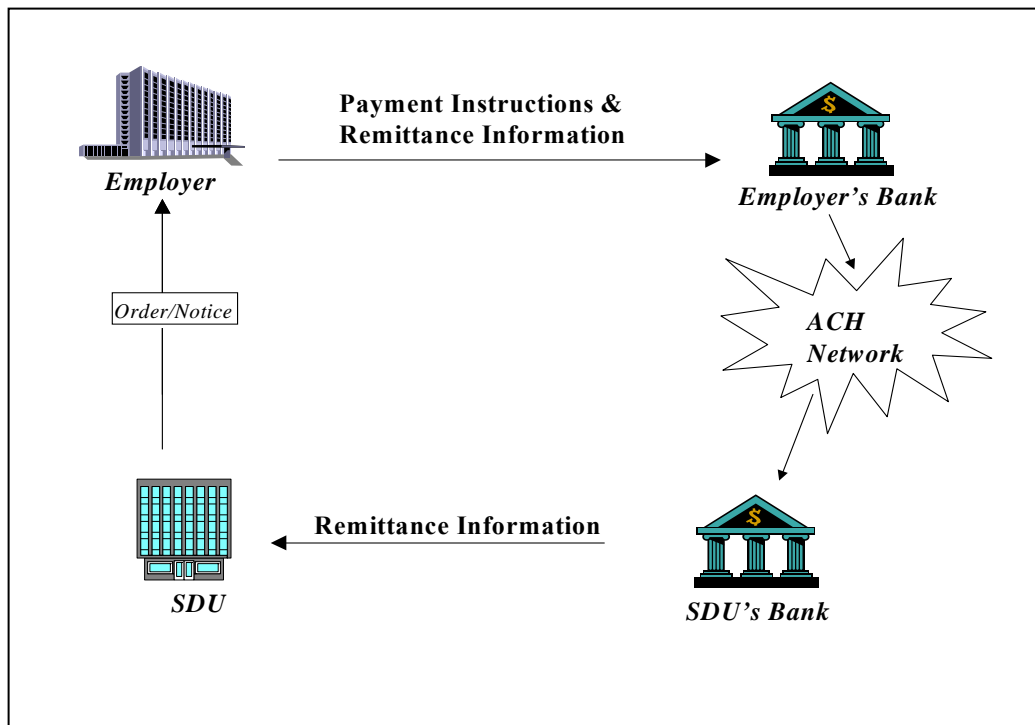
An employer is notified to withhold wages of a particular employee by an income withholding order or notice, generated either from a court or state or local child support enforcement agency. The order/notice instructs the employer to withhold wages from an employee and serves as the employer's legal basis for doing so. The order/notice includes contact information where the employer can obtain the necessary SDU's bank information for sending payments electronically.

The employer should contact the SDU that issued the order to determine which payment formats it is capable of receiving. All automated statewide child support enforcement systems are required to be capable of accepting child support payments in the CCD+ format. Most states also accept payments in the CTX format containing an ASC X12 820 Transaction Set. The employer should also contact its own financial institution to determine its EFT/EDI capabilities, seek assistance with formats, standards, and technical requirements to implement this application.

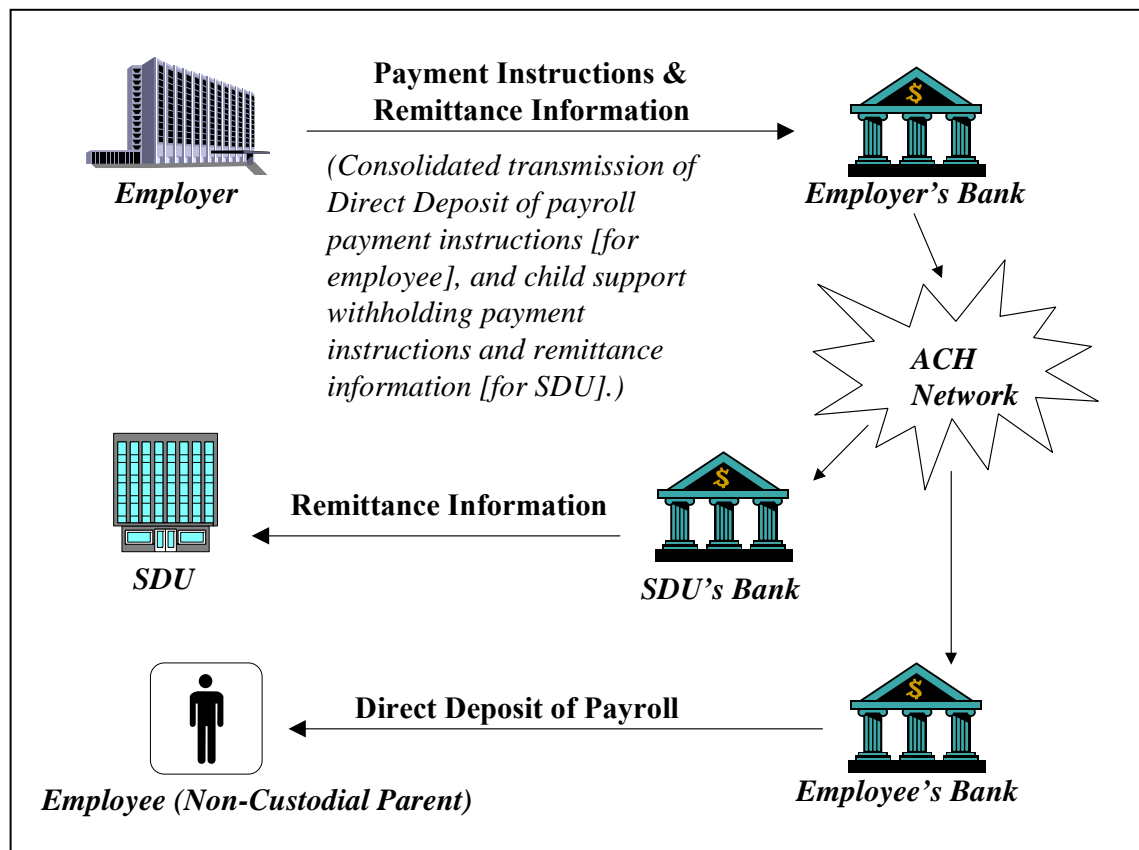
In order to transfer the funds and data, the employer transmits the payment instructions and remittance information to its financial institution. The financial institution then originates the ACH entries to transfer the payments and remittance information through the ACH Network to the financial institution of the SDU to which the payments must be sent. Once received, the SDU's financial institution posts the funds to the SDU account and provides the remittance information (EDI) associated with those payments in the format agreed to with that entity.

The SDU in turn updates its records, credits the non-custodial parent's account, and disburses an electronic payment (direct deposit or debit card) or issues a check to the custodial parent. If the custodial parent resides in a different state, the SDU will transfer the funds and payment data often using EFT/EDI technology to the SDU in the appropriate jurisdiction for disbursement to the custodial parent.

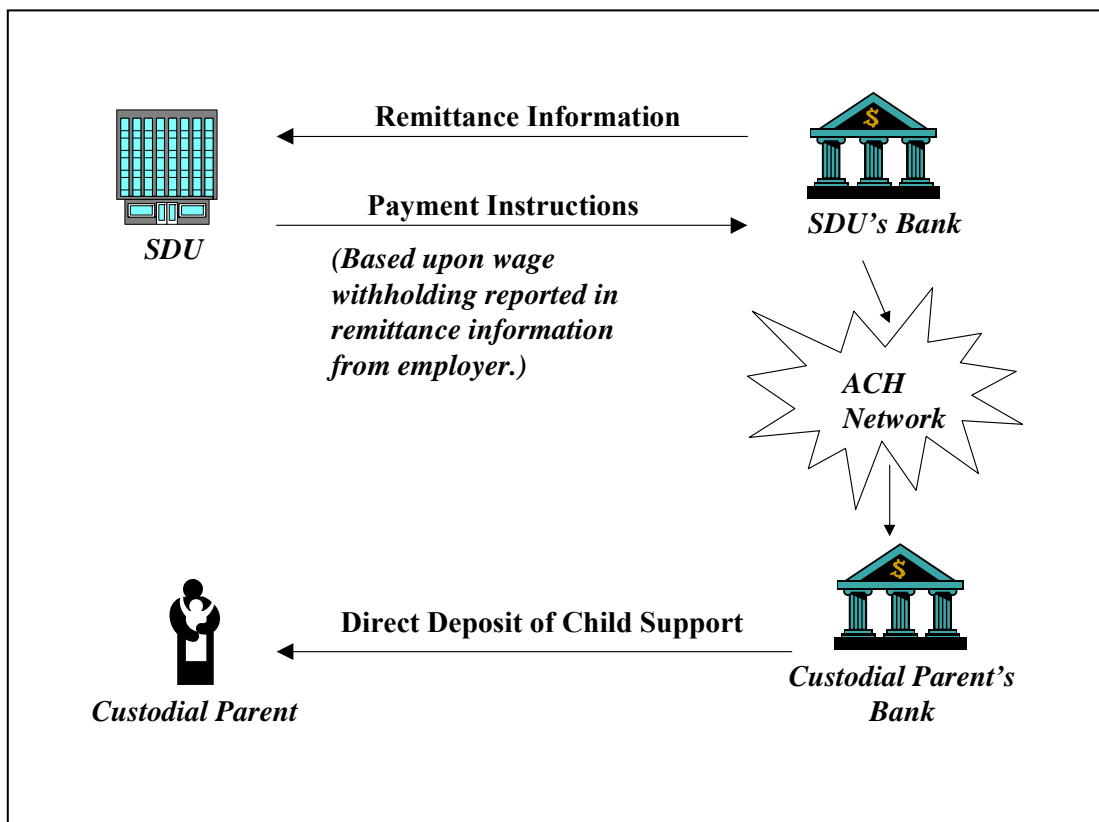
The following diagram illustrates the process between the employer and the SDU:



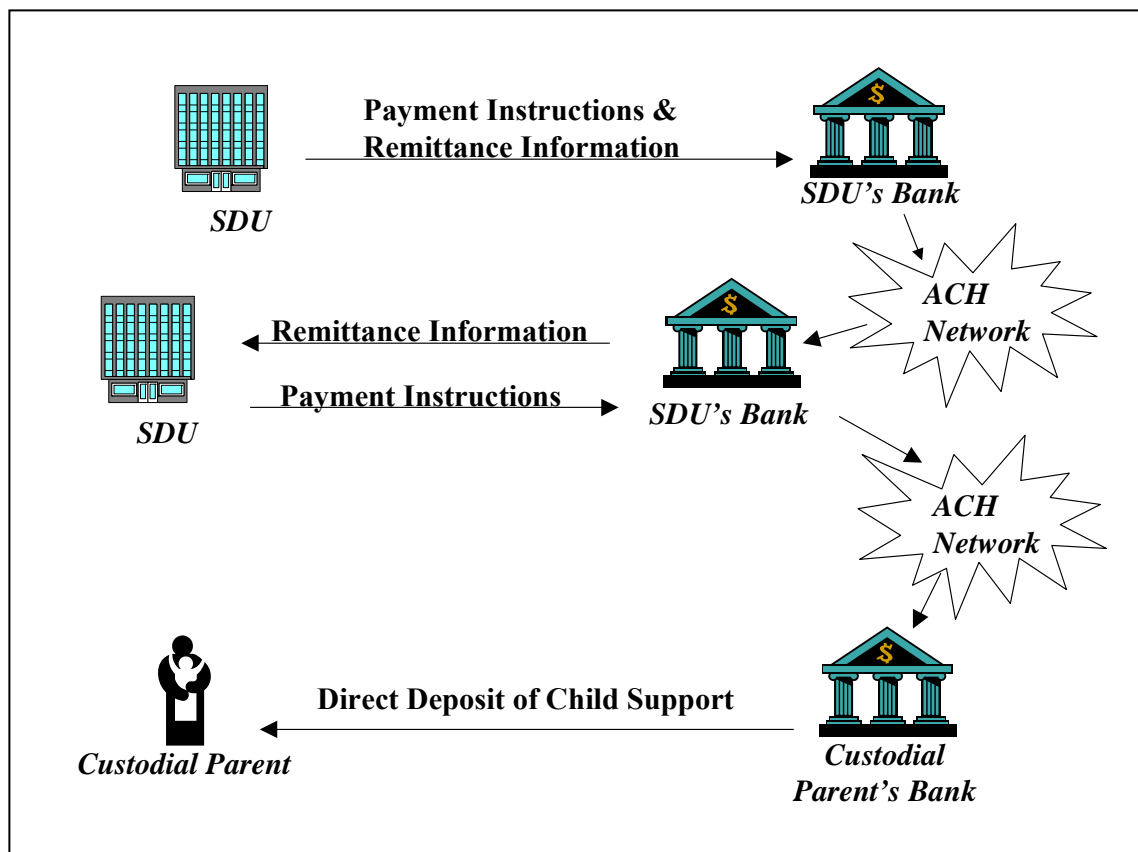
The employer can take further advantage of EFT technology by consolidating the transmission of wage withholding for child support with its Direct Deposit of payroll as shown below:



In addition, the SDU and custodial parent can realize the benefits of EFT technology when direct deposit is used for the disbursement of child support payments:



The following diagram illustrates the automated process used to transfer child support income-withholding if the custodial parent resides in another state:



NACHA RECORD FORMATS

The rules and guidelines governing the formats, specifications and exchange of ACH entries are published by NACHA, the Electronic Payments Association. With respect to the data that are contained in the addenda records of ACH formats, the *NACHA Operating Rules* stipulate the type of data that may be exchanged as well as which standards and formats are permitted, but the structure of the data therein contained is managed outside the NACHA rules. For example, the *NACHA Operating Rules* permit the exchange of certain EDI messages or transaction sets (e.g., 820 Payment Order/Remittance Advice) within the Addenda Records of the CTX format, but those standards are developed and maintained by other standards development organizations, such as ASC X12 and UN/EDIFACT.

The following record formats are used to convey entries through the ACH Network:

- File Header Record (the 1 record)
- Company/Batch Header Record (the 5 record)
- Entry Detail Record (the 6 record)
- Addenda Record (the 7 record)
- Company/Batch Control Record (the 8 record)
- File Control Record (the 9 record)

An ACH file is bounded by one File Header Record and one File Control Record, which serve to facilitate transmission, identification and balancing of the file. A file may be comprised of one or more batches, which are denoted by the Company/Batch Header Record and Company/Batch Control Record. These records contain information specific to all the Entry Detail Records contained within that batch. A batch may house one or more Entry Detail Records that share certain aspects as explained in the *NACHA Operating Rules*. The Entry Detail Record is the record that constitutes the payment order and is used within the banking system to execute EFT and settlement. An Addenda Record is used to supply additional payment related information related to the payment issued in the Entry Detail Record. Each Addenda Record includes an 80-position Payment Related Information Field within which this remittance detail is transmitted.

The CCD and CTX payment formats are used within the ACH Network to conduct the transfer of funds between business or government entities. To exchange data along with payments using EDI technology, Addenda Records are used. Under the *NACHA Operating Rules*, a CCD format may be accompanied by only one Addenda Record, which may carry X12 data segments or elements or NACHA-endorsed banking conventions. A CCD entry accompanied by an Addenda Record is referred to as a CCD+. The CTX format allows for the provision of 9,999 Addenda Records, which must carry a full X12 transaction set or UN/EDIFACT message (the transaction set or message must be formatted correctly – including the envelope information and in the case of the ASC X12 820, both Table 1 and Table 2).

The NACHA record formats for CCD+ entries flow in the following order:

File Header Record

Company/Batch Header Record

Entry Detail Record

Addenda Record

(1 addenda with 80 byte Payment Related Information Field)

Entry Detail Record

Addenda Record

(1 addenda with 80 byte Payment Related Information Field)

Entry Detail Record

Addenda Record

(1 addenda with 80 byte Payment Related Information Field)

Entry Detail Record

Addenda Record

(1 addenda with 80 byte Payment Related Information Field)

Company/Batch Control Record

File Control Record

The NACHA record formats for CTX entries flow in the following order: *Please remember that the CTX must contain a fully formatted ASC 820 transaction set – which includes all envelopes, the Table 1, and Table 2 which can contain multiple DED loops. The syntactically correct ASC 820 is then broken into 80 byte segments embedded in the CTX 07 addenda records.*

File Header Record

Company/Batch Header Record

Entry Detail Record

Addenda Record

(up to 9,999 addenda with 80 byte Payment Related Information Field)

Addenda Record

Addenda Record

Addenda Record

Addenda Record

Entry Detail Record

Addenda Record

(up to 9,999 addenda with 80 byte Payment Related Information Field)

Addenda Record

Addenda Record

Addenda Record

Addenda Record

Addenda Record

Company/Batch Control Record

File Control Record

THIRD PARTY SENDERS AND SDUs

This section is specific to payments being sent to SDUs by Third Party Senders.

Case Reconciliation

Before you begin sending electronic payments to a State Disbursement Unit (SDU), you must contact the state and perform case reconciliation so they have a chance to correct any case data. Our electronic funds transfer (EFT) and SDU contacts may be found on the federal Office of Child Support Enforcement website at

http://www.acf.hhs.gov/programs/cse/newhire/employer/contacts/contact_map.htm.

Banking Information

After you perform case reconciliation the SDU will give you its routing transit number (RTN) and bank account number. Please do not share this information with an employer client until they have performed case reconciliation with the state EFT contact.

Format Issues

SDUs need to know who the actual employer is as well as the Third Party Sender sending the payment. We are asking Third Party Senders to identify themselves and their employer clients in the Company/Batch Header Record (5 record) as follows:

- **“Company Name”** (field 3): name of employer client. The *2012 NACHA Operating Rules* state: “In a transaction in which the Originator of a credit Entry is not the payor of the transaction (the party from which payment is ultimately being directed), the Company Name field of the credit Entry must contain the name by which the payor is known to and readily recognized by the Receiver of the Entry.”
- **“Company Discretionary Data”** (field 4): federal employer identification number (FEIN) (without dashes or any preceding numbers) of the employer client. The *2012 NACHA Operating Rules* state: “This field in the Company/Batch Header Record allows Originators and/or ODFIs to include codes (one or more) of significance only to them, to enable specialized handling of all Entries in that batch. There is no standardized interpretation for the value of the field.”
- **“Company Identification”** (field 5): federal employer identification number (FEIN) (without dashes) of the Third Party Sender, preceded by the number 1. The *2012 NACHA Operating Rules* state: “The Company Identification is an alphameric [alphanumeric] code used to identify an Originator. The Company Identification Field must be included in all Entries. The Company ID may begin with an ANSI one-digit Identification Code Designator (ICD) followed by the identification number. The ANSI Identification Numbers and related Identification Code Designators (ICD) are:

IRS Employer Identification Number (FEIN) “1”
Data Universal Numbering Systems (DUNS) “3”
User Assigned Number “9” “

- **“Company Entry Description”** (field 7): name of the Third Party Sender. The *2012 NACHA Operating Rules* state: “The Originator establishes the value of this field to provide the Receiver with a description of the purpose of the Entry.” If you enter the name of the Third Party Sender, we will know who is sending the payments.

Batches

If you are sending payments in the CCD+ or CTX 820 file format, please prepare a separate batch per employer client.

Resource

For additional information on child support and employers, please visit the OCSE website at <http://www.acf.hhs.gov/programs/cse/newhire/employer/home.htm>.

Report Changes

If you make a change to your data, for example, one required by your bank that affects the data in the Company Batch Header record, you are strongly encouraged to notify the SDUs of those changes in advance so there is minimal impact to e-payment processing.

Reversals

If you make a mistake in your e-payment transmission, please do not reverse the payment. Instead, contact the SDUs immediately so they can try to stop the payments from being disbursed. For more information, see State Contacts and Program Information on the federal Office of Child Support Enforcement website at http://www.acf.hhs.gov/programs/cse/newhire/employer/contacts/contact_map.htm.

INTERSTATE PAYMENTS BETWEEN SDUs

This section is specific to payments being sent interstate between SDUs. The information does not pertain to employers originating payments to the SDUs.

The Company/Batch Header Record and Interstate Payments

When interstate child support payments are exchanged among SDUs, the SDU originating the transaction must use the Company Entry Description Field #7 of the NACHA Company Batch Header Record format to identify its state, territory or special district jurisdiction. SDU's receiving these transactions frequently need to know the origin of the funds. The two-character U.S. Postal Code of the originating state followed by the FIPS Code of the SDU originating the transaction must be input into this field (left justified) as XXXXXXXXXX, without spaces between the postal and FIPS codes. SDUs receiving interstate payments are advised to consult their respective financial institutions to ensure access to this data when receiving the payment related information from the Addenda Record, as not all financial institutions pass on the Company/Batch Header Record to the receiver.

Element Definitions

DED01 – Application Identifier: The following application identifiers should be used with child support payments.

Payments from Employers

CS Income Withholding from Employers

Interstate Payments

II Interstate Income Withholding
IT Interstate State Tax Offset
IO Interstate All Others
RI Interstate Cost-Recovery Income Withholding
RT Interstate Cost-Recovery State Tax Offset
RO Interstate Cost-Recovery All Others

Interstate Payments between SDUs when the funds are the result of a Financial Institution Data Match (FIDM):

IF: FIDM funds from a non-cost-recovery state to another state

RF: FIDM funds from a cost-recovery state to another state

IF and RF may now be used to identify interstate payments from financial institutions as part of the Office of Child Support Enforcement's Financial Institution Data Match (FIDM) program:

Code IF is used to notify the receiving SDU of payments (received in full) going from the sending SDU to the receiving SDU. (The state sending the payments is not a “cost-recovery” state.)

Code RF is used to notify the receiving SDU that fees were deducted from collection activities before the sending SDU transferred the payments to the receiving SDU. (The state sending the payments is a “cost-recovery” state.)

Payment from a Direct Payer

DP Child support payment from a direct payer

DP may be used in the CCD+ format and in versions 5050 and higher of the X12 820 Transaction Set in the ACH CTX. Code DP identifies a child support payment from a direct payer, either directly or via a third party provider. The direct payer could be self-employed and is typically not under an income-withholding order.

UC Unemployment Compensation funds from Unemployment Compensation Agency

UC may be used in the CCD+ format and in versions 7050 and higher of the X12 820 Transaction Set carried in the ACH CTX. Code UC is used to identify payments remitted by an Unemployment Compensation Agency that represent monies withheld from an obligor’s unemployment compensation and disbursed to the child support agency’s state disbursement unit (SDU).

The application identifier indicates the type of collection being transmitted. The code ‘CS’ is to be used by employers remitting income-withholdings. ‘II’, ‘IT’, ‘IO’, ‘RI’, ‘RT’ and ‘RO’ are solely for the use of SDU’s when transferring contributions interstate to another SDU. When the SDU originating the interstate transaction practices cost recovery from the family, it must use either ‘RI’, ‘RT’, or ‘RO’, as appropriate to the source of the payments, so that the SDU receiving the transaction is alerted that the payment amounts in the Entry Detail and Addenda Records do not agree.

NOTE: States that practice cost recovery from the family must use the CCD+ format.

CHILD SUPPORT APPLICATION BANKING CONVENTION

Within the 80 position Payment Related Information Field of the CCD+ Addenda Record, remittance information corresponding to the child support payment made by an employer to an SDU is presented in the following banking convention. This convention is referred to as the 'DED' Deduction data segment under ASC X12 syntax and is composed of ten fields:

- Segment Identifier
- Application Identifier
- Case Identifier
- Pay Date
- Payment Amount
- Non-Custodial Parent Social Security Number
- Medical Support Indicator
- Non-Custodial Parent Name
- FIPS Code
- Employment Termination Indicator

Each field is referred to as a data element, which is the smallest named item in a record. It can represent a qualifier, a value, or text. A data element has three primary attributes - length, field requirement, and type. Each data element is identified by an element identifier used for reference (e.g., DED01, DED02, etc.), and each element has a specific position within the record (segment). In constructing the segment, each data element is preceded by the separator character. In the ACH, the data element separator is an asterisk (*). Each segment must end with a terminator, which in the ACH is a backslash (\).

The following is an example of the DED segment as used in the Payment Related Information field of the CCD+ Addenda Record:

DED*application identifier*case identifier*pay date*payment amount*non-custodial parent ssn*medical support indicator*non-custodial parent name*FIPS code*employment termination indicator

Note the use of the asterisk (*) and backslash (\).

Data elements in a segment are either mandatory or optional. Data elements in a segment that are not mandatory as defined by the standard may be omitted. The omission of an optional element is noted by the placement of an asterisk in the place of that element. For example, if non-custodial parent name were to be omitted from the segment, it would look like this:

DED*application identifier*case identifier*pay date*payment amount*non-custodial parent ssn*medical support indicatorFIPS code*employment termination indicator**

Also, if an optional data element is the last data element in a segment and that field is not being used, the preceding asterisk is replaced by the backslash. For example, if the employment termination indicator is omitted from the segment, it would look like this:

DED*application identifier*case identifier*pay date*payment amount*non-custodial parent ssn*medical support indicator*non-custodial parent name*FIPS code

The following grid delineates the format for the DED Convention for employers:

DED CHILD SUPPORT CONVENTION

Element	Comments	Content	Attributes		
			1	2	3
	Segment Identifier	DED	M	ID	3/3
DED01	Application Identifier	CS	M	ID	2/2
DED02	Case Identifier	XXXXXXXXXX	M	AN	1/20
DED03	Pay Date	YYMMDD	M	DT	6/6
DED04	Payment Amount	\$\$\$\$\$\$CC	M	N2	1/10
DED05	Non-Custodial Parent Social Security Number	XXXXXXXXXX	M	AN	9/9
DED06	Medical Support Indicator	'Y' – Yes, 'N' - No	M	AN	1/1
DED07	Non-Custodial Parent Name	XXXXXXXXXXXX	O	AN	1/10
DED08	FIPS Code	XXXXXXX	O	AN	5/7
DED09	Employment Termination Indicator	'Y' – Yes	O	AN	1/1

SAMPLE DED CONVENTION

DED*CS*ZC146*951024*13547*975348431*N*SMITH,HAR*19000*Y\

(Reminder: due to the one-addenda limitation of the CCD+ format, the DED segment is restricted to a maximum of 80 characters. Note the use of the asterisk and backslash.)

The column headings used on the grid are as follows:

- the **Element** defines the data element name;
 - the **Comments** and **Content** define the data element, and
 - the **Attributes** are defined as follows:
1. **Field Requirement** - The first column of the attributes is the field requirement for that data element. An 'M' denotes a mandatory element, whereas an 'O' denotes an optional field.
 2. **Data Type** - The second column of the attributes specifies the field data type.

'AN' denotes a string type data element. Contents of string data elements are a sequence of letters, digits, spaces and/or special characters (with the exception of the asterisk). The contents shall be left justified. Trailing spaces should be suppressed unless they are necessary to satisfy a minimum length requirement.

'DT' denotes a date type data element. Format for the date is YYMMDD. YY is the last two digits of the year (00-99), MM is the numeric value of the month (1-12), and DD is the numeric value of the day (1-31). (This format does not support a 4-digit year.) The date field in the banking convention for the CCD+ is a 6/6 date field – the CCD+ does not support a 4 digit year.

'ID' denotes an identifier data element from a pre-defined list of values.

'N2' denotes a numeric type data element with 2 decimal places to the right of a fixed, implied decimal point. The decimal point is not transmitted. It is intended that this number will always be positive for the child support application banking convention. Thus the amount, \$550.00 would appear as *55000*.

3. **Length** - The third column of the attributes signifies the minimum/maximum use of an element. This specifies the minimum and maximum length of a particular field. For example, 1/6 indicates that this data element must be at least one character, but not more than six.

ELEMENT DEFINITIONS

DED01 Application Identifier: Supported Code Value - 'CS' - *Child Support*

The application identifier indicates the type of deduction being withheld from an employee's pay. If you are an employer withholding child support from an employee's paycheck, use CS as the application identifier. Child Support SDU's should use one of the following application identifiers to identify their child support payments:

Interstate Payments

II	Interstate Income Withholding
IT	Interstate State Tax Offset
IO	Interstate All Others
RI	Interstate Cost-Recovery Income Withholding
RT	Interstate Cost-Recovery State Tax Offset
RO	Interstate Cost-Recovery All Others

Financial Institution Data Match Payments

FD	FIDM funds from a financial institution
IF	FIDM funds from a non-cost-recovery state to another state
RF	FIDM funds from a cost-recovery state to another state

Payments from a Direct Payer

DP	Child support payment from a direct payer
UC	Child support payment from a direct payer funded by unemployment compensation

FD, IF, and RF may now be used to identify payments from financial institutions as part of the Office of Child Support Enforcement's Financial Institution Data Match (FIDM) operation:

Code FD is used to indicate that a child support agency requested that a financial institution disburse monies (seized from an account holder/non-custodial parent obligor), and the requested financial institution forwarded the monies to the child support agency's state disbursement unit (SDU). FD could also be used to indicate that a financial institution, upon request from one state child support agency, was sending interstate FIDM payments to another SDU.

Code IF is used to notify the receiving state disbursement unit (SDU) of payments (received in full) going from the sending SDU to the receiving SDU. (The state sending the payments is not a "cost-recovery" state.)

Code RF is used to notify the receiving SDU that fees were deducted from collection activities before the sending SDU transferred the payments to the receiving SDU. (The state sending the payments is a "cost-recovery" state.)

DP may be used in the CCD+ format and in versions 5050 and higher of the CTX 820. Code DP identifies a child support payment from a direct payer, either directly or via a third party

provider. The direct payer could be self-employed and is typically not under an income-withholding order.

UC may be used in the CCD+ format and in versions 7050 and higher of the X12 820 Transaction Set carried in the ACH CTX. Code UC is used to identify payments remitted by an Unemployment Compensation Agency that represent monies withheld from an obligor's unemployment compensation and disbursed to the child support agency's state disbursement unit (SDU).

DED02 Case Identifier:

The case identifier element is the IV-D case number or court order number. The case identifier always refers to the identification number of the case in the state receiving the EFT/EDI transaction (e.g., the child support SDU). This is true whether the transaction is from an employer or another state. It is the responsibility of the SDU to provide the employer with the correct Case Identifier, typically during the case clean-up/reconciliation process before an employer sends the first electronic payments.

DED03 Pay Date:

The pay date element provides the obligor's (non-custodial parent's) pay date; the date the income was withheld from the employee's paycheck.

DED04 Payment Amount:

The payment amount element indicates the non-custodial parent's child support withheld for this pay period, which is being paid to the SDU.

DED05 Non-Custodial Parent Social Security Number:

The non-custodial parent's Social Security number element provides the SDU with the non-custodial parent's Social Security number.

DED06 Medical Support Indicator: Supported Code Values - 'Y', 'N' and 'W'

The medical support indicator indicates whether the employer offers family medical insurance coverage. If medical insurance coverage is available, a 'Y' is placed in the field; if there is no coverage available, an 'N' is placed in the field. A 'W' indicates that the disposition of medical insurance is not applicable to the deduction. A 'W' is only used by a state when sending an interstate payment to another state.

DED07 Non-Custodial Parent Name:

The non-custodial parent's name element indicates the first seven letters of the obligor's last name followed by the first three letters of his/her first name. A comma must be used to separate the last name from the first name of the non-custodial parent when the last name is less than seven characters. This field is not case-sensitive, i.e., mixed case letters are acceptable.

820 PAYMENT ORDER/REMITTANCE ADVICE TRANSACTION SET

Financial Structure of the 820

Beginning Data

Table 1 Segment	
Pos. 1/010	
Through	Financial Data Block
Pos. 1/060	

Financial Organizational Identification

Table 1 Segment	
Pos. 1/70	Data Containing Payee and
Through	Payor Information Facilitating
Pos. 1/120	Remittance Error Resolution

Delivery Instructions

Table 1 Segment	
Pos. 1/130	Data to Identify Remittance
Through	Delivery
Pos. 1/140	

Table 2

Child Support Addendum Data	
Pos. 2/010	
Through	
Pos. 2/278	
DED Loop (2/280)	Detail Supporting CS Payments

DEFINITIONS AND TERMS – 820 TRANSACTION SET

Data Segments

A data segment is the intermediate unit of information in a transaction set. Segments consist of logically related data elements in a defined sequence. Segments have a unique segment identifier that comprises the first characters of the segment. When segments are combined to form a transaction set, their relationship to the transaction set is defined by a segment requirement designator and a segment sequence. Some segments may be repeated, and groups of segments may be repeated as loops.

Requirement Designator

Data segments within the 820 Transaction Set will have one of the following two designators which define their requirement in the transaction set:

M – Mandatory

The designated simple data element or composite data structure, whether allowed to repeat, must be present in the segment.

O – Optional

The presence of this data segment is at the option of the sender.

Data Elements

A data element is the smallest named unit of information in the transaction set. Data segments are made up of data elements. Data elements in a segment are assigned a structured code to indicate the segment in which it is used and its sequential position within that segment. The code is composed of the segment identifier followed by two digits indicating the position of the data element in that segment. For example, the reference designator N101 indicates the first element in the N1 segment. The counting of positions starts with 01 for the first data element and is incremented by one to the end of the segment.

Condition Designator

Data segment unit or component data element conditions are of three types: mandatory, optional, and relational, and define the circumstances under which a simple data element, composite data structure, or component data element may be required to be present or absent in a particular segment or composite data structure.

M – Mandatory

The data element must be present in the segment (presence means a data element must not be empty).

O – Optional

The presence of the data element is at the option of the sender.

X – Relational

Relational conditions may exist among two or more data elements within the same data segment based on the presence or absence of one of those data elements (presence means a data element must not be empty). For relational conditions, see the “SYNTAX NOTES” section of the segment diagram in the X12 Standards manual.

Data Element Types

The data element types are described as follows:

Nn – Numeric

A numeric data element is represented by one or more digits with an optional leading sign representing a value in the normal base 10. The value of a numeric data element includes an implied decimal point. It is used when the position of the decimal point within the data is permanently fixed and is not to be transmitted with the data. The data element dictionary defines the number of implied decimal positions. The representation for this data element type is Nn where N indicates that it is numeric and n indicates the number of decimal positions to the right of the implied decimal point. If n is 0, it need not appear in the specifications; N is equivalent to N0. For negative values, the leading minus sign (-) is used. Absence of a sign indicates a positive value. The plus sign (+) should not be transmitted. Leading zeros should be suppressed unless necessary to satisfy a minimum length requirement. The length of a numeric type data element does not include the optional sign.

R – Decimal Number

A decimal data element contains an explicit decimal point and is used for numeric values that have a varying number of decimal positions. The representation for this data element type is R. The decimal point always appears in the character stream if the decimal point is at any place other than the right end. If the value is an integer (decimal point at the right end), the decimal point should be omitted. For negative values, the leading minus sign (-) is used. Absence of a sign indicates a positive value. The plus sign (+) should not be transmitted. Leading zeros should be suppressed unless necessary to satisfy a minimum length requirement. Trailing zeros following the decimal point should be suppressed unless necessary to indicate precision. The use of triad separators (for example, the commas in 1,000,000) is expressly prohibited. The length of a decimal type data element does not include the optional leading sign or decimal point.

ID – Identifier

An identifier data element always contains a value from a predefined list of values that is maintained by the X12 Committee or some other body recognized by the X12 Committee. Trailing spaces should be suppressed unless necessary to satisfy minimum length. The representation for this data element type is ID.

AN – String

A string data element is a sequence of any characters from the basic or extended character sets. The significant characters shall be left justified and shall be space filled. Leading spaces, when they occur, are presumed to be significant characters. Trailing spaces should be suppressed unless they are necessary to satisfy minimum length. The representation for this data element type is AN.

DT – Date

A date data element is used to express the standard date in either YYMMDD or CCYYMMDD format in which CC is the first two digits of the calendar year, YY is the last two digits of the calendar year, MM is the month (01 to 12), and DD is the day in the month (01 to 31). The representation for this data element type is DT.

TM – Time

A time data element is used to express the ISO standard time in HHMMSSd.d format in which HH is the hour for a 24 hour clock (00 to 23), MM is the minutes (00 to 59), SS is the seconds (00 to 59), and d.d is decimal seconds. The representation for this data element type is TM.

Data Element Length

Each data element is assigned a minimum and maximum length. The length of the data element value is the number of character positions used except as noted for numeric and decimal elements.

CHILD SUPPORT MAPPING

Employer sending information to the Child Support State Disbursement Unit (SDU)

In a typical child support scenario, a local or state child support office sends an income-withholding order/notice to an employer, ordering the employer to deduct a certain amount of child support from the employee/non-custodial parent's paycheck every pay period. The employer must then submit the information and the funds to the appropriate SDU. Using a CTX containing an ASC X12 820 transaction set and employer may remit for multiple employees in the same transaction set.

EDI TRANSMISSION DATA	EXPLANATION
ISA	ISA is the Interchange Control Header used to start and identify an interchange of functional groups and interchange-related control segments.
GS	GS is the Functional Group Header and is used to indicate the beginning of a functional group and to provide control information.
ST*820*0001	ST is the Segment ID 820 is the Transaction Set Identifier 820. 0001 is the control number.
BPR*C*559.47*C*ACH*CTX*01*014321009*DA*123412345*345389001*01*987654321*DA*121004861234*20021229*P CS NOTE: BPR02 – Monetary Amount – Data Element Type – R, the decimal point must be provided, unless the dollar amount is a whole dollar that includes no cents. (e.g., 559.47)	BPR is the Segment ID (The first)C indicates the payment and remittance advice are together. 559.47 is the monetary amount (\$559.47). This is the total of all DED loops included in the transaction set. (The second) C indicates this is a credit. ACH indicates the payment method is the Automated Clearing House. CTX is the Payment Format Code indicating a Corporate Trade Exchange Payment. 01 is an ID qualifier indicating the ID used in the next field will be an ABA transit routing number. 014321009 is the ID number of the originating financial institution. DA is an ID qualifier indicating the type of bank account used is a Demand Deposit. 123412345 is the originator's bank account number. 345389001 is the originating company identifier.

EDI TRANSMISSION DATA	EXPLANATION
	<p>01 is an ID qualifier indicating the ID used in the next field will be an ABA transit routing number.</p> <p>987654321 is the ID number of the receiving financial institution. DA is an ID qualifier indicating the type of bank account used is a Demand Deposit.</p> <p>121004861234 is the receiving bank account number.</p> <p>20021229 is the effective entry date.</p> <p>PCS indicates the business reason for this payment is a Payment of Child Support.</p>
<p>TRN*1*1234570</p>	<p>TRN is the Segment ID</p> <p>1 indicates the trace type code is current transaction trace number.</p> <p>1234570 is the control number used to tie funds to the remittance.</p>
<p>DTM*097*20021227</p>	<p>DTM is the Segment ID</p> <p>097 indicates the date that follows is the transaction creation date.</p> <p>20021227 is the date (December 27, 2002)</p>
<p>DED*CS*ZC146*20021230*13447*789456123*N*SMITH,JOHN*17000*Y</p> <p>NOTE: In the DED loop, DED04 is Data Element Type – N2, no decimal point may be included, and the last two positions will be handled as the cents positions. (e.g., 13447 = \$134.47)</p>	<p>DED is the Segment ID</p> <p>CS indicates this is a Child Support payment</p> <p>ZC146 is the case identifier element. This can be the IV-D case number or court order number. The case identifier always refers to the identification number of the case in the state RECEIVING the EFT/EDI transaction. This is true whether the transaction is from an employer or another state. The child support receiving agency (SDU) determines which number is used.</p> <p>20021230 provides the obligor's (non-custodial parent's) pay date or the date of income-withholding.</p> <p>13447 is the non-custodial parent's withholding amount for this pay period being paid to the SDU.</p> <p>789456123 is the Social Security number of the non-custodial parent.</p> <p>N indicates that there is no family medical</p>

EDI TRANSMISSION DATA	EXPLANATION
	<p>coverage available through his/her employer. If medical coverage is available through his/her employer, a “Y” is used. SMITH,JOHN indicates the first seven letter of the non-custodial parent’s last name followed by at least the first three letters of his/her first name. A comma must be used to separate the last name from the first name of the non-custodial parent when the last name is less than seven characters.</p> <p>17000 this is the Federal Information Process Standard (FIPS) code of the child support entity receiving the transaction. It is five characters when indicating both the state and county codes. It is seven characters when indicating state, county, and local codes</p> <p>Y this is the Employment Termination Indicator and is only used if an employee has been terminated.</p>
DED*CS*ZC571*20021230*25000*123456789*N*LITTLE, STU*19000	
DED*CS*ZC678*20021230*17500*546978312*N*DOE,JOHN*17000	
SE	SE is the Transaction Set Trailer. This is the Control Segment used to indicate the end of the transaction set and to provide the count of the transmitted segments.
GE	GE is the Functional Group Trailer to indicate the end of a functional group and to provide control information.
IEA	IEA is the Control segment used to define the end of an interchange of one or more functional groups of interchange-related control segments or a combination of functional groups and interchange control segments.

820 Payment Order/Remittance Advice vs. 4010

Functional Group = RA

Purpose:

This Draft Standard for Trial Use contains the format and establishes the data contents of the Payment Order/Remittance Advice Transaction Set (820) for use within the context of an Electronic Data Interchange (EDI) environment. The transaction set can be used to make a payment, send a remittance advice, or make a payment and send a remittance advice.

This transaction set can be an order to a financial institution to make a payment to a payee. It can also be a remittance advice identifying the detail needed to perform cash application to the payee's accounts receivable system. The remittance advice can go directly from payer to payee, through a financial institution, or through a third party agent.

Segment Summary:

Table 1

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Notes</u>
010	ST	Transaction Set Header	M	1		
020	BPR	Beginning Segment for Payment Order/Remittance Advice	M	1		
030	NTE	Note/Special Instruction	O	>1		
035	TRN	Trace	O	1		C
040	CUR	Currency	O	1		C
050	REF	Reference Identification	O	>1		
060	DTM	Date/Time Reference	O	>1		
LOOP ID - N1					>1	
070	N1	Name	O	1		C
080	N2	Additional Name Information	O	>1		
090	N3	Address Information	O	>1		
100	N4	Geographic Location	O	1		
110	REF	Reference Identification	O	>1		
120	PER	Administrative Communications Contact	O	>1		
130	RDM	Remittance Delivery Method	O	1		
140	DTM	Date/Time Reference	O	1		

Table 2

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Notes</u>
LOOP ID - DED					>1	
287	DED	Deductions	O	1		N

Table 3

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Notes</u>
010	SE	Transaction Set Trailer	M	1		

Notes:

2/287 The DED loop is for child support payments.

Comments:

1/035 The TRN segment is used to uniquely identify a payment order/remittance advice.

ST

Transaction Set Header

Pos: 010	Max: 1
Heading - Mandatory	
Loop: N/A	Elms: 2

Purpose:

To indicate the start of a transaction set and to assign a control number

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
01	143	Transaction Set Identifier Code	M	ID	3/3	Used
02	329	Transaction Set Control Number	M	AN	4/9	Used

Semantics:

The transaction set identifier (ST01) used by the translation routines of the interchange partners to select the appropriate transaction set definition (e.g., 810 selects the Invoice Transaction Set).

BPR

Beginning Segment for Payment Order/Remittance Advice

Pos: 020	Max: 1
Heading - Mandatory	
Loop: N/A	Elms: 21

Purpose:

To indicate the beginning of a Payment Order/Remittance Advice Transaction Set and total payment amount, or to enable related transfer of funds and/or information from payer to payee to occur

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
01	305	Transaction Handling Code	M	ID	1/2	Used
02	782	Monetary Amount	M	R	1/18	Used
03	478	Credit/Debit Flag Code	M	ID	1/1	Used
04	591	Payment Method Code	M	ID	3/3	Used
05	812	Payment Format Code	O	ID	1/10	Used
06	506	(DFI) ID Number Qualifier	C	ID	2/2	Used
07	507	(DFI) Identification Number	C	AN	3/12	Used
08	569	Account Number Qualifier	O	ID	1/3	Used
09	508	Account Number	C	AN	1/35	Used
10	509	Originating Company Identifier	O	AN	10/10	Used
11	510	Originating Company Supplemental Code	O	AN	9/9	Used
12	506	(DFI) ID Number Qualifier	C	ID	2/2	Used
13	507	(DFI) Identification Number	C	AN	3/12	Used
14	569	Account Number Qualifier	O	ID	1/3	Used
15	508	Account Number	C	AN	1/35	Used
16	373	Date	O	DT	8/8	Used
17	1048	Business Function Code	O	ID	1/3	Used
18	506	(DFI) ID Number Qualifier	C	ID	2/2	Used
19	507	(DFI) Identification Number	C	AN	3/12	Used
20	569	Account Number Qualifier	O	ID	1/3	Used
21	508	Account Number	C	AN	1/35	Used

Syntax:

- 06 P0607 -- If either 06 or 07 are present, then the others are required.
- 08 C0809 -- If 08 is present, then 09 is required
- 12 P1213 -- If either 12 or 13 are present, then the others are required.
- 14 C1415 -- If 14 is present, then 15 is required
- 18 P1819 -- If either 18 or 19 are present, then the others are required.
- 20 C2021 -- If 20 is present, then 21 is required

Semantics:

BPR02 specifies the payment amount.

When using this transaction set to initiate a payment, all or some of BPR06 through BPR16 may be required, depending on the conventions of the specific financial channel being used.

BPR06 and BPR07 relate to the originating depository financial institution (ODFI).

BPR08 is a code identifying the type of bank account or other financial asset.

BPR09 is the account of the company originating the payment. This account may be debited or credited depending on the type of payment order.

BPR12 and BPR13 relate to the receiving depository financial institution (RDFI).

BPR14 is a code identifying the type of bank account or other financial asset.

BPR15 is the account number of the receiving company to be debited or credited with the payment order.

BPR16 is the date the originating company intends for the transaction to be settled (i.e., Payment Effective Date).

BPR17 is a code identifying the business reason for this payment.

BPR18, BPR19, BPR20 and BPR21, if used, identify a third bank identification number and account to be used for return items only.

BPR20 is a code identifying the type of bank account or other financial asset.

TRN Trace

Pos: 035	Max: 1
Heading - Optional	
Loop: N/A	Elms: 4

Purpose:

To uniquely identify a transaction to an application

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
01	481	Trace Type Code	M	ID	1/2	Used
02	127	Reference Identification	M	AN	1/30	Used
03	509	Originating Company Identifier	O	AN	10/10	Used
04	127	Reference Identification	O	AN	1/30	Used

Semantics:

TRN02 provides unique identification for the transaction.

TRN03 identifies an organization.

TRN04 identifies a further subdivision within the organization.

DTM Date/Time Reference

Pos: 060	Max: >1
Heading - Optional	
Loop: N/A	Elms: 6

Purpose:

To specify pertinent dates and times

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
01	374	Date/Time Qualifier	M	ID	3/3	Used
02	373	Date	C	DT	8/8	Used
03	337	Time	C	TM	4/8	Used
04	623	Time Code	O	ID	2/2	Used
05	1250	Date Time Period Format Qualifier	C	ID	2/3	Used
06	1251	Date Time Period	C	AN	1/35	Used

Syntax:

- 02 R020305 -- At least one of 02, 03 or 05 is required.
- 04 C0403 -- If 04 is present, then 03 is required
- 05 P0506 -- If either 05 or 06 are present, then the others are required.

DED Deductions

Pos: 287	Max: 1
Detail - Optional	
Loop: DED	Elms: 9

Purpose: To specify payment related information for child support payment deductions

Loop: Repeat: >1

Usage: Optional

Set Note: 1 The DED loop is for child support payments

Semantic:

- 1 DED01 is the type of deduction.
- 2 DED02 is the code indicating the case identifier.
- 3 DED03 is the pay date.
- 4 DED04 is the payment amount.
- 5 DED05 is the social security number of the absent parent.
- 6 DED06 indicates if the obligor has family medical insurance coverage available through their employer. A "Y" indicates medical coverage is available. An "N" indicates there is no coverage. A "W" indicates that the disposition of medical insurance is not applicable to the deduction.
- 7 DED07 is the name of the absent parent. The absent parent's name contains the first seven letters of the obligor's last name followed by the first three letters of the obligor's first name. A comma must be used to separate the last name from the first name of the absent parent when the last name is less than seven characters.
- 8 DED08 contains the Federal Information Process Standard (FIPS) Code. The FIPS code is 5 characters when indicating both the state and county codes. It is seven characters when indicating state, county and local codes.
- 9 DED09 identifies to the child support enforcement agency that an individual's employment has terminated. A "Y" is used if the employee has been terminated otherwise the field is not used. DED04 may contain zero if this field is used.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
01	1511	Type of Deduction Code specifying type of deduction being withheld from an employee's pay	M	ID	2/2	Used
02	127	Reference Identification Reference information as defined for a particular Transaction Set or as specified by the Reference Qualifier	M	AN	1/20	Used
03	373	Date Date expressed as CCYYMMDD	M	DT	8/8	Used
04	610	Amount Monetary amount	M	N2	1/10	Used

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
05	127	Reference Identification Reference information as defined for a particular Transaction Set or as specified by the Reference Qualifier	M	AN	9/9	Used
06	1073	Yes/No Condition or Response Code Code indicating a Yes or No condition or response	M	ID	1/1	Used
07	93	Name Free-form name	O	AN	1/10	Used
08	127	Reference Identification Reference information as defined for a particular Transaction Set or as specified by the Reference Qualifier	O	AN	5/7	Used
09	1073	Yes/No Condition or Response Code Code indicating a Yes or No condition or response	O	ID	1/1	Used

SE

Transaction Set Trailer

Pos: 010	Max: 1
Summary - Mandatory	
Loop: N/A	Elms: 2

Purpose:

To indicate the end of the transaction set and provide the count of the transmitted segments (including the beginning (ST) and ending (SE) segments)

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
01	96	Number of Included Segments	M	N0	1/10	Used
02	329	Transaction Set Control Number	M	AN	4/9	Used

Comments:

SE is the last segment of each transaction set.

GLOSSARY

Accredited Standards Committee (ASC) of the American National Standards Institute.

American Standard Code for Information Interchange (ASCII) – Defines the character set codes used for information exchange between equipment.

Accredited Standards Committee X 12 (ASC X12) - An American National Standards Institute committee that develops and maintains EDI standards. It is comprised of industry members for the purpose of creating Electronic Data Interchange standards for submission to the American National Standards Institute for subsequent approval and dissemination.

Address – A sequence of characters designating the origin or destination of data being transmitted.

American National Standards Institute (ANSI) – The parent organization of the Electronic Data Interchange's ANSI ASC X12 standard. It is also the recognized coordinator and clearing house for national standards information in the United States and sometimes Canada. ANSI serves as the North American representative to the International Standards Organization.

American National Standards Institute (ANSI) Standard – A document published by ANSI that has been approved through the consensus process of public announcement and review. Each standard must be developed by an ANSI committee and must be revisited by that committee within five years for update.

Asynchronous – A communications protocol in which messages are sent one character at a time. Each character is framed by start and stop bits. An optional parity bit may also be included.

Attributes – A name assigned to the three data elements of the ASC X 12 attributes: element usage, element type, and Minimum/Maximum length.

Authentication – A mechanism which allows the receiver of an electronic transmission to verify the sender and the integrity of the content of the transmission through the use of an electronic “key” or algorithm, which is shared by the trading partners. This is sometimes referred to as an electronic signature.

Automated Clearing House (ACH) – A central clearing facility, operated by the Federal Reserve or a private sector organization on behalf of depository financial institutions (DFI) in which participating DFI's transmit or receive ACH entries.

Beginning Segment – The first segment of data in a transaction set. The beginning segment typically contains a segment identifier, the transaction set, and other data elements. A segment is similar to a record in a standard database application.

Bisynchronous – An IBM communications protocol that sends messages as blocks of characters. The receiving computer checks each block of characters sent for completeness and accuracy.

Corporate Credit or Debit/Plus (CCD) and CCD+ – A credit or debit entry initiated by an organization to consolidate funds of that organization from its branches, franchises or agents, or from other organizations, or to fund the accounts of its branches, franchises or agents, or of another organization. A CCD+ carries one addenda record with 80 characters of additional payment related information.

Communications Session - The uninterrupted flow of data from one computer system to another, including commands. In a communication session, there are interchange groups that contain EDI control information about the originator and trading partner(s) and the functional groups in the transmission.

Compliance Checking – Process for ensuring that transmissions comply with ANSI ASC X12 or other EDI syntax rules.

Conditional Data – A data element that contains information that is Element dependent on the value or presence of other data elements in the transaction set. Conditional data elements are mandatory under certain conditions, either by nature of the specific transaction being transmitted or by agreement between EDI trading partners.

Control Segment – A control segment has the same structure as a data segment but is used for transferring control information for grouping data segments. Control Segments are Loop Control segments (LS/LE), Transaction Set Control Segments (ST/SE), and Functional Group Control Segments (GS/GE), defined in X12.6, and interchange Control Segments (ISA/IEA, TA1) defined in X12.5.

Corporate Trade Exchange (CTX) – A credit or debit entry initiated by an organization to effect a transfer of funds to or from the account of that organization or another organization and accompanied by remittance information formatted in accordance with ANSI ASC X12.5 and X12.6 syntax. The CTX is a NACHA format for use in the ACH payment system. Remittance information carried in the CTX must be formatted in a syntactically correct ANSI ASC X12 transaction set containing a BPR or BPS data segment.

Data Conversion – The process of converting the value in a data element to an equivalent value.

Data Element – A collection of all data elements available in an EDI system. The data element defines the data type, the minimum and maximum length of the data, a reference number, and, and if appropriate, a list of acceptable values.

Data Element Delimiter – A character used to separate data elements within a segment.

Data Element Length -- This is the range, minimum to maximum, or the number of character positions available to represent the value of a data element. A data element may be of variable length with range from minimum to maximum, or it may be of fixed length in which the minimum is equal to the maximum. (X12.3)

Data Element Number – A unique reference number assigned to each data element in the data element dictionary for each EDI standard.

Data Element Requirement Designator – A code defining the need for a data element value to appear in the segment if the segment is transmitted. The codes are mandatory (M), optional (O), or relational (X).

Data Element Type - A data element may be one of six types: numeric, decimal, identifier, string, date, or time.

Data Encryption Standard – The use of a binary number with a key of more than 72 quadrillion combinations to scramble the transmission of a message.

Data Interchange Standards Association (DISA) – ANSI ASC X12 Committee secretariat.

Data Mapping – A method by which information held in one format is restructured to a different format. In EDI, mapping is performed between the structure of data in an application system and the structure defined by the EDI standard.

Delimiter – The delimiters consist of two levels of separators and a terminator. The delimiters are an integral part of the transferred data stream. Delimiters are specified in the interchange header and may not be used in a data element value elsewhere in the interchange. From highest to lowest level, the separators, and terminator are segment terminator, data element separator, and sub-element separator.

Direct Transmission – The exchange of data from the computer of the sending party directly to the computer of the receiving party. A third party value added service is not used in a direct transmission.

EDI Translation – The conversion of application data to and from the X12 standard format.

EDI Translator – Computer software used to perform the conversion of application data to and from the X12 standard format.

Electronic Envelope – Electronic information which groups a set of transmitted documents being sent from one sender to one receiver.

Electronic Funds Transfer (EFT) – The electronic transfer of money between accounts at different banks.

Ending Segment – The segment that indicates the end of a transaction set.

Envelopes – The required header and trailer segments that surround EDI data.

FedWire – The US Federal Reserve’s large-dollar real-time gross settlement payment system.

Flat File – A data file that contains alphanumeric and/or numeric data but not control characters. It is neither indexed nor stored in hierarchical form.

Functional – An EDI transaction set that indicates the results of syntax analysis of the receipt of EDI messages. A functional acknowledgement applies to a functional group and can include details about EDI syntax and compliance checking errors.

Functional Acknowledgement – A transaction set (997) transmitted by the receiver of an EDI transmission to the sender, indicating receipt and syntactical acceptability of data transmitted according to the ASC X12 standards. The functional acknowledgement allows the receiving party to report back to the sending party problems encountered by the syntax analyzer as the data is interpreted. It is not intended to serve as an acknowledgement of data content.

Functional Group – A collection of one or more transactions of the same type.

Functional Group Header (GS) – A control segment used to begin an group of one or more functionally related transaction sets.

Functional Group Trailer (GE) – A control segment used to indicate the end of a functional group.

Header Segment – A segment that begins every envelop and identifies the data contained in that envelope. Each header contains a control number that must match the control number in the corresponding trailer.

Interchange Control Header (ISA) – A control segment used to begin an EDI transmission. The ISA is a fixed length control segment of which the fourth character identifies the data element separator.

Interchange Control Trailer (IEA) – A control segment used to define the end of an interchange of one or more functional groups.

Interchange Control Structure – The interchange header and trailer segments envelope one or more functional groups or interchange related control segments are performing the following functions: 1)defines the data element separators and the data segment terminators, 2)identifies the sender and receiver, 3)provides control information for the interchange, and 4)allows for authorization and security information (X12.5).

Interchange Envelopes – An envelope that contains the interchange header and trailer segments, control number and number of functional groups in the interchange. There is one interchange envelope for each trading partner in an EDI transmission.

Loop – A group of two or more semantically related, adjacent segments that reoccur in the same sequence and at the same location for either a specified maximum number of times or an unlimited number of times.

Loop repeat – Defines the maximum number of times a given loop can occur.

Mandatory Data Element – An element containing information that must be present in the transaction as mandated by the standard.

Mandatory Segment – A segment containing information that must be present in the transaction as mandated by the standards.

MAP – The organization of information that defines the relationship between application data fields and EDI standard data elements and segments.

Maximum Use – The maximum number of times a data segment can be used in Specifications succession.

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

Optional Data Element – A data element used in ANSI ASC X12 that contains information not required by the standard but that can be included in the transaction at the discretion of the sender or receiver.

Optional Data Segment – A data segment used in ANSI ASC X12 that contains information not required by the standard but that can be included in the transaction at the discretion of the sender and receiver.

Partner Identifier - The name or code of the trading partner to which a transaction set is to be sent or from whom it was received.

Proprietary Standard – An industry or company-specific data format that has been developed by a company for exchanging data with its trading partners. These proprietary formats usually do not comply with ANSI ASC X12 – based standards.

Protocol – A specification of the conventions between two or more communicating devices on the hardware configuration, timings, data format, error detection, and other parameters that may affect communication between those devices.

Qualifier – A data element value expressed as a code to give specific meaning to another data element or segment.

Reference Designator – A unique alphanumeric indicator that specifies the position of a data element within a data segment in the ANSI ASC X12 standard.

Release Number - A number that identifies the publication of the EDI standard used for the generation or interpretation of data.

Repeating Segment – A single segment that reoccurs for either a specified maximum number of times or an unlimited number of times at a single location in the transaction or message.

Security – System screening which denies access to unauthorized users and protects data from unauthorized uses.

Segment Directory (X12.22) -- Provides the purposes and formats of the segments used in the construction of transaction sets. The directory lists each segment by name, identifier, the contained data elements in the specified order, and the requirement designator for each data element.

Segment Identifier – A unique identifier for a segment composed of a combination of two or three uppercase letters and digits. The segment identifier occupies the first character positions of the segment. The segment identifier is not a data element.

Segment Terminator – A unique character appearing at the end of a segment to indicate the termination of the segment.

Synchronous – A communications protocol in which messages are sent as blocks of contiguous characters. Each block begins with a synchronization character and a start-of-message sequence and ends with an end of message sequence.

Syntax – A grammar or rules which define the structure of the EDI standards (i.e. the use of loops, qualifiers, etc.) Syntax rules are published in ANSI X12.6.

Trading Partner - Parties or entities who exchange EDI transactions.

Trailer Segment – A segment that ends every envelope and provides counts of the segments, transaction sets, or functional groups transmitted. Each trailer contains a control number that must match the control number in the corresponding header.

Transaction Set – The EDI equivalent of a business form. An example is a purchase order. This term is typically used to describe ANSI ASC X12 EDI formats.

Transaction Set ID - An identifier that uniquely identifies the transaction set. This identifier is the first data element of the transaction set header segment.

Translation – The act of accepting a document in other than an X12 standard format and translating it to the X12 format.

Value-Added Network (VAN) – A company that provides communications services, electronic mailboxing and other communications services for EDI transmission.

Version Number – A number that identifies the publication of the EDI standard used for the generation or interpretation of data. For example, in the ANSI ASC X12 standard format, the version number can be found in the functional group header segment (GS) and in the interchange control header segment (ISA).

X12 - The EDI standards as established by the Accredited Standards Committee of the American National Standards Institute. The full nomenclature is often referred to as ANSI ASC X12.

X12.5 – Interchange Control Structure. This standard provides the interchange envelope of a header and trailer for the electronic interchange through a data transmission, and it provides a structure to acknowledge the receipt and processing of this envelope. Separate segments and data elements not in X12.22 or X12.3.

X12.6 – Application Control Structure. This standard describes the control segments used to envelop loops of data segments, to envelop transaction sets, and to envelop groups of related transaction sets.



Electronic Remittance of Child Support Payments Waiver Expiration Notice

Recipient Name
Recipient Address
City, State, Zip

Date:

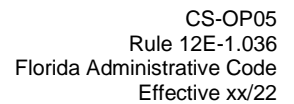
Your waiver from the requirement to send child support payments to the Florida State Disbursement Unit electronically will end .

Under Florida law, when the waiver ends you must comply with the requirement to send support payments to the Florida State Disbursement Unit electronically. However, if you still cannot comply with the requirement to send support payments electronically you may apply for another waiver.

The Florida State Disbursement Unit has options to make electronic remittance easy. Visit <https://fl.smartchildsupport.com> for more information. If you need help, please call the Florida State Disbursement Unit employer line at (888) 883-0743 Ext. 5706 or e-mail flsdu.eft@smimail.net.

To ask for a waiver, contact the Florida State Disbursement Unit at the telephone number or email address above.

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



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<<Option 3>>

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Option 1

A. (Option used when the parent resides outside of Florida and is not incarcerated)

The date, time and place of your appointment is:

Date: <<Appointment Date>>
Time: <<Appointment Time>>
Place: <<First Name of Appointment Site>>
Address: <<Appointment Site Address 2>>
 <<Appointment Site Address 1>>
 <<City, Region, Zip-Code>>

B. (Option used when the parent is incarcerated)

We will arrange the date and time for genetic testing with the correctional facility.

C. (Option used when the parent resides in Florida and is not incarcerated and the Department schedules the appointment)

The date, time and place of your appointment is:

Date: <<Appointment Date>>
Time: <<Appointment Time>>
Place: <<First Name of Appointment Site>>
Address: <<Appointment Site Address 2>>
 <<Appointment Site Address 1>>
 <<City, Region, Zip-Code>>

You may also go to a local child support office between 9:30 and 3:00 ET and provide a sample any time before 45 days after the date of this notice.

D. (Option used when the parent resides in Florida and is not incarcerated and when the Department contracts with a scheduling vendor)

You must provide a sample for genetic testing no later than 45 days after the date of this notice.

You may select a location and schedule an appointment online at
<<GTApptSchedulingWebsite>>.

You will need the Activity Number listed above to schedule an appointment.

Appointments may also be rescheduled through this website.

E. (If a private vendor collects the sample for genetic testing.)

You must provide the enclosed *Genetic Sample Collection for Paternity Testing* form when you appear for your appointment. Your genetic test sample cannot be collected without this form.

Option 2:

A. (Option used when the notice is being sent to the Alleged Father)

You must follow all other requirements in the *Order to Appear for Genetic Testing*.

If you do not provide a genetic sample, your driver license may be suspended, you may be fined \$500, or both.

B. (Option used when the notice is being sent to the Parent Due Support)

You must bring the child(ren) for genetic testing. If you are a nonparent caregiver, only the child(ren) must provide a sample.

If you are receiving cash assistance, Medicaid or food assistance for the children and do not provide genetic samples, we will tell the public assistance agency that you are not cooperating. The public assistance agency may:

- Cancel cash assistance for your family as provided by state law.
- Cancel Medicaid and food assistance for you. Medicaid and food assistance for your child(ren) will continue and Medicaid during pregnancy will continue.

If you are in fear of the other parent, please contact us at the number on page 1 of this notice to discuss your options regarding how to cooperate with us.

If you are not receiving cash assistance, Medicaid or food assistance and do not provide genetic samples, we may close your case.

If your child support case is closed, or your public assistance benefits have been reduced or terminated, you must bring the child(ren) for genetic testing before we will tell the public assistance agency that you are cooperating with us.

Option 3: Used only when Option 1.E is used. This option places the attached *Genetic Sample Collection for Paternity Testing* on a full separate page.



Child Support Program

Genetic Sample Collection for Paternity Testing

Date: <<Date>>

Authorization Number: <<ZGT Auth number>>

Child Support Case Number: <<CaseNumber>>

Parties to be collected:

Name	Date of Birth	Business Partner ID
<<CP/NCP Name>>	<<CP/NCP DOB>>	<<CP/NCP BP ID>>
<<DP1 Name>>	<<DP1 DOB>>	<<DP1 BP ID>>
<<DP2 Name>>	<<DP2 DOB>>	<<DP2 BP ID >>
<<DP3 Name>>	<<DP3 DOB>>	<<DP3 BP ID >>
<<DP4 Name>>	<<DP4 DOB>>	<<DP4 BP ID >>

Samples and completed chain of custody to be delivered by trackable delivery to:

DNA Diagnostics Center, Inc.
One DDC Way
Fairfield, OH 45014

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Child Support Program

CS-ES55
Rule 12E-1.039
Florida Administrative Code
Effective xx/22

Response to Request for Services and/or
Information Request



<<RecipientName>>
<<RecipientAddress>>



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

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If you have questions or need help:	Access your case online: childsupport.floridarevenue.com Email us: FloridaRevenue.com/AskChildSupport Chat with us or learn more at: floridarevenue.com/childsupport Call: <<CountyPhoneNumber>> Para asistencia en español, llame al 850-488-5437 y marque 7
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Option 1 (Either A or B, Not both. A – When the Program cannot open a case based on the application. B – In all other instances when the form is generated.)

- A. Service Request Number: <<SVSReqNum>>
- B. Child Support Case Number: <<CSECaseNum>>

Option 2 (A – When the Program cannot open a case based on the application) or (B – Case opened based on the application and no additional information needed) or (C– Case opened based on the application and additional information is needed) or (D – case opened previously and additional information is needed)

- A. The Child Support Program received your request for services. However, we cannot open a child support case with <<Insert NCP name>> at this time as we previously closed a case between you and <<Insert NCP name>> and the reason for closing your case has not changed.
- B. The Child Support Program received your request for services. We have opened your child support case and have everything we need at this time. Please allow thirty days before contacting us for status.

<<Option 4>>

- C. The Child Support Program received your request for services. We have opened your child support case; however, we need more information or documents from you so we can begin to take action.

WHAT YOU NEED TO DO

- Complete <<Option 5>>
- Return the requested information within 30 days from the date of this notice
- Mail the forms to:

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

<<Option 4>> When 2C is selected put Option 4 on page 2.

- D. The Child Support Program needs more information or documents from you so we can take action on your case.

WHAT YOU NEED TO DO

- Complete <<Option 5>>
- Return the requested information within 30 days from the date of this notice
- Mail the forms to:

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

If you receive public assistance: If you receive cash assistance, Medicaid, or food assistance and do not complete and return the form(s), your benefits may be reduced. 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 your child support case is already closed, or your public assistance benefits have been reduced or terminated, you must complete and return the enclosed forms before we will tell the public assistance agency that you are cooperating with us.

If you do not receive public assistance: If you do not receive public assistance and do not complete and return the form(s), your case may be closed.

Option 3 – Inserted when additional information is required from the parent.

- A. Provide a copy of your divorce or support order(s) and the following information:

Last child support payment received ____/____/____

I am receiving or I have received child support payments from another state's child support program

- ☐ Yes - State _____
☐ No

If you do not have a copy of the order to provide, fill in the following spaces and we will try to get a copy:

County and state of order: County _____ State _____

Date order was signed by judge or administrative authority: ____/____/____

Court case or docket number(s) _____

Name of child(ren) included in the order:

- B. Provide copies of the birth certificate for each child not born in Florida. If you do not have a copy, fill in the information below and we will try to get a copy. We need each child's name, date of birth and where they were born.

1. Child's Name <<ChildName>> Date of Birth ____/____/____
City _____ County _____ State ____ Country _____

2. Child's Name <<ChildName>> Date of Birth ____/____/____
City _____ County _____ State ____ Country _____

3. Child's Name <<ChildName>> Date of Birth ____/____/____
City _____ County _____ State ____ Country _____

Option 4 – Inserted when the case is opened based on the application for services, but not when the case has been previously opened.

- We are required by law to provide child support services for you and your child(ren).
- We will try to identify and locate the other parent; establish paternity if needed; establish, modify, and enforce support orders as needed; and pay you any support we collect that you are owed. If you do not cooperate by providing the information we need about yourself and the other parent, we will close the case.
- If you have never received cash assistance, any support we are able to collect will be paid to you. Payments made to you must be made electronically. You can choose either direct deposit to your own bank account or to a debit card we will provide. If you do not choose either, you will receive a debit card in the mail. For more information go to <<CSE web link to payment options>>
- There are no fees or costs that you are required to pay. If the Program pays money to you that you are not entitled to, we will seek to collect it from you.

Option 5 – Inserted when additional information is needed from the parent. Options selected depends on the type of information needed from the parent.

- A. the enclosed forms.
- B. the information requested on the following pages.
- C. the information requested on the following pages and the enclosed forms.



Child Support Program

Information Needed to Provide Services

<<RecipientName>>
<<RecipientAddress>>

<<Date>>
Child Support Case Number: <<CaseNumber>>
<<Option 1>>
<<Option 2>>

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

You are required by Florida law to cooperate with the Child Support Program. You must provide the requested information to continue to receive benefits. If you do not provide the requested information, we are required to notify DCF and they may stop some or all benefits to your family. If your case is closed, or your public assistance benefits have been reduced or terminated, you must provide the requested information before we will tell the public assistance agency you are cooperating with us.

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

WHAT YOU NEED TO DO

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

<<Option 3>>

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

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

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

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

If you receive **Temporary Cash Assistance**:

- We are required by law to provide child support services for you and your child(ren).
- We will try to identify and locate the other parent; establish paternity if needed; establish, modify, and enforce support orders as needed; and pay you any support we collect that you are owed. By law, you are required to cooperate with us by providing information about yourself and the other parent.
- As a condition of receiving public assistance, you are required to assign your support rights to the state. We will use the assignment to pay back the payors of public assistance with the support collected. Any support we collect that exceeds the amount of cash assistance you receive will be paid to you.
- If we are able to collect support for you, any payments you are owed will be made electronically. You can choose either direct deposit to your own bank account or choose a debit card we provide. If you do not choose either, you will receive a debit card in the mail. For more information go to [<<CSE web link to payment options>>](#)
- There are no fees or costs that you are required to pay. If the Programs pays money to you that you are not entitled to, we will seek to collect it from you.

If you receive **Medicaid**:

- We are required by law to provide child support services for you and your child(ren), if you want services. If you do not want us to collect child support for you, please tell us. We will still obtain a medical support obligation.
- We will try to identify and locate the other parent; establish paternity if needed; establish, modify, and enforce support orders as needed; and pay you any support we collect that you are owed. By law you are required to cooperate with us by providing information about yourself and the other parent. Because you receive Medicaid, we will try to establish and enforce an order that requires the other parent to provide health insurance for the child(ren) and payment of noncovered medical expenses.
- As a condition of receiving Medicaid, you are required to assign your rights to medical support to the state. We will use the assignment to collect and pay back any Medicaid expenses for the child(ren). The assignment of medical support rights does not affect your rights to periodic child support payments. Any medical support we collect beyond any Medicaid expenses will be paid to you.
- If you want to receive full child support services and we are able to collect support for you, any payments you are owed will be made electronically. You can choose either direct deposit to your own bank account or to a debit card we will provide. If you do not choose either, you will receive a debit card in the mail. For more information go to [<<CSE web link to payment options>>](#)
- There are no fees or costs that you are required to pay. If the Program pays money to you that you are not entitled to, we will seek to collect it from you.

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Case Number: <<INSERT CASE NUMBER>>

Part 1 – Your Information			
Your Full Name (First, Middle, Last, Suffix):		Email Address:	
Date of Birth:	Social Security Number:	Phone Number (include area code): <input type="checkbox"/> Home <input type="checkbox"/> Cell	
Race: <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Native American <input type="checkbox"/> Other <input type="checkbox"/> Unknown			
Part 2 – Please attach a copy of any paternity judgments, support orders, payment records, or written agreements between you and the other parent with this form.			
County of Order:	State of Order:	Date Order Signed by a Judge:	Court Case or Docket Number:
Person Ordered to Pay Support:		Person Receiving Support:	
Name(s) of Child(ren) Included in the Order:			
Date last child support payment was received: _____/_____/_____	I am receiving or I have received child support payments through another state's child support program: <input type="checkbox"/> Yes <input type="checkbox"/> No Other state: _____ Name the child(ren) in which payments were received: _____		
Do you have an open child support case with another state but not currently receiving payments? <input type="checkbox"/> Yes <input type="checkbox"/> No Other State: _____ Name of child(ren) on the case: _____			
<input type="checkbox"/> Yes <input type="checkbox"/> No I receive Medicaid, but not cash assistance and do not want you to collect child support for me.			
Part 3 – Child's Information			
Child's Full Name (First, Middle, Last, Suffix):		Social Security Number:	Date child began living with you: _____/_____/_____
Date of Birth:	Birth State or Country (See Part 3a):		Birth Certificate Number:
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Child's Race: <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Native American <input type="checkbox"/> Other <input type="checkbox"/> Unknown		
Does this child receive Social Security benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, in what amount? _____			Is this child disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is a father's name on the birth certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please print father's name: _____			
Is there a support order for <u>this child</u> ? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Person who is ordered to pay support: _____ Person receiving support: _____ Date of order: _____/_____/_____ Court Case number: _____ County/state/country where order was entered: _____ Where is support paid? <input type="checkbox"/> Clerk of Court <input type="checkbox"/> State Disbursement Unit <input type="checkbox"/> Directly to me <input type="checkbox"/> Other state's Child Support Agency Date last child support payment was received: _____/_____/_____ Other state: _____			
Is there a pending legal action that involves this child? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, type of pending legal action: <input type="checkbox"/> Custody <input type="checkbox"/> Adoption <input type="checkbox"/> Mediation <input type="checkbox"/> Enforcement <input type="checkbox"/> Modification <input type="checkbox"/> Other: _____ Please print the name of the person taking legal action: _____ Your attorney's name, address and phone #: _____			
Please list the name(s) of all possible fathers of <u>this child</u> : _____			
Where did the mother become pregnant? State: _____ Country: _____			
Was the mother married when she became pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, to whom? _____ Date of marriage: _____/_____/_____ Married where (City/County/State/Country): _____			
Was the mother married when <u>this child</u> was born? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, to whom? _____ Date of marriage: _____/_____/_____ Married where (City/County/State/Country): _____			

Was the mother divorced from the man named above? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, date of divorce: ____/____/____ Court Case #: _____ Divorced where (City/County/State/Country): _____				
Has <u>this child</u> ever lived with the other parent in Florida? <input type="checkbox"/> Yes <input type="checkbox"/> No Other parent's name: _____ If yes, please provide the approximate dates: From ____/____/____ To ____/____/____ City in Florida where they lived together: _____				
Part 3a – Please provide a copy of the birth certificate for any child(ren) not born in Florida with this form.				
Part 4 – Other Parent Information – Please provide additional information on the other parent.				
Other Parent's Full Name (First, Middle, Last, Suffix):				Social Security Number:
Date of Birth:	Driver License Number:	Issuing State:	Phone Number (Include Area Code): <input type="checkbox"/> Home <input type="checkbox"/> Cell	
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Height:	Hair color:	Eye color:	Other Identifying Features (scars, tattoos, or birth marks):
Race: <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Native American <input type="checkbox"/> Other <input type="checkbox"/> Unknown				
Other name(s) known by:	<input type="checkbox"/> Maiden			
	<input type="checkbox"/> Former Maiden			
	<input type="checkbox"/> Nickname			
Address:	City:	State:	Country:	Zip:
Employer Name:		Is this parent self-employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer Address:		City:	State:	Zip:
Is this parent in jail or prison? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where?	Is this parent disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Parent's citizenship: <input type="checkbox"/> US <input type="checkbox"/> Other Other country: _____	
Is this parent in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what branch?	Is this parent a member of a Tribal Association? <input type="checkbox"/> Yes <input type="checkbox"/> No Tribe Name: _____		
Part 5 – Please sign and date this form.				
Your Signature:				Date:

Social Security number disclosure is mandatory based on Title 42 United States Code sections 666(a)(13), 653a, and 654a(e), and on section 409.2577, Florida Statutes. We collect social security numbers for child support purposes. For more information go to www.floridarevenue.com/pages/privacy.aspx.

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Option 1 – Will list the dependent names under the case number. Multiple dependent names will be separated by commas.

<<DP 1 Name>>, <<DP 2 Name>, <<DP n Name>>

Option 2 – Will list the Father/Alleged Father associated with the case. Multiple names will be separated by commas.

Other Parent: <<Insert NCP/Alleged Father Name>>

Option 3 – Will populate if a *Paternity Declaration* is included.

5. Complete the enclosed *Paternity Declaration* and return it with this letter.



Child Support Program

CS-IS75
Rule 12E-1.040
Florida Administrative Code
Effective xx/xx

Information Needed for Support Order Review in Another State

Recipient Name
Recipient Address
City, State, Zip

Case Number:
Activity Number:
Other Parent:

Pick a date

You requested a review of your support order for a possible change, or you are receiving public assistance and a review of your order is needed. The review and possible change to your order must be completed by the child support agency in the state where the other parent lives. To begin the review, we need you to fill in the enclosed forms and return them to us. The Program will use the information you provide to prepare the forms needed by the state where the other parent resides. When those forms are ready, we will send them to you for your review and signature.

WHAT YOU NEED TO DO

Option 1: Complete and return the attached forms within the next 30 days

- Read the form and complete all sections.
- Use the addressed envelope provided to return the completed form and any requested information.

OR

Option 2: Request and complete an interview by phone within the next 30 days

- Access FloridaRevenue.com/AskChildSupport and complete the online contact form requesting we contact you for an interview.
- Use subject Interstate Interview and provide a phone number and preferred time of day when you can be reached.

Note: The interview may take up to one hour to complete.

If the enclosed forms are not completed and returned within 30 days, the Program will close your request for review of your support order, but your case will remain open.

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

Access your case online: childsupport.floridarevenue.com
Email us: FloridaRevenue.com/AskChildSupport
Chat with us or learn more at: floridarevenue.com/childsupport
Call: Select number
Para asistencia en español, llame al 850-488-5437 y marque 7

Interstate Request for Information

Click or tap to enter a date.

Case Number: Enter Case Number

Activity Number: Enter Activity Number

INFORMATION ABOUT YOU

Your full name

Other names known by

Provide the best phone number (____) ____-____, day and time to reach you Monday to Friday

[] Monday [] Tuesday [] Wednesday [] Thursday [] Friday 8:00 am to 4:00 pm (____:____ am/pm)

Your relationship to child(ren)

Race

Height

Weight

Hair color

Eye color

Tax filing status

Level of education: [] High School [] College/University [] Post Grad [] Vocational [] Other: _____

Occupation

\$ _____
Monthly Income Source

\$ _____
Monthly Income Source

CURRENT ADDRESS AND EMPLOYMENT INFORMATION

Your home address

City

State

Zip

- -
Your home phone

Mailing address (if different from above)

City

State

Zip

- -
Your cell phone

Email address

Your current employer

Employer FEIN, if known

Employer address

- -
Work phone

Do you have health insurance?

[] Yes [] No If yes, please provide insurance information, provider name and address

Provider name

Provider address

Policy number Group number

\$ _____
Monthly cost

\$ _____
Child(ren) cost

Adults

Children

If no, is employer health insurance offered?

[] Yes [] No

If yes, please provide the cost

\$ _____
Monthly Cost for self

\$ _____
Monthly Cost to add child

FINANCIAL RESPONSIBILITIES FOR OTHER DEPENDENTS

(Children belonging to you, not children of the other parent. Do not complete if you are a non-parent caregiver)

Are you responsible for other children?

☐ Yes ☐ No If yes, please provide children's name, year of birth, relationship to you, with whom the child resides and if there is a support order in place, provide the monthly amount, location the order was issued and case number

Name	Year	Relationship	Residence	Support Order information

INFORMATION ABOUT THE OTHER PARENT

Other Parent full name

Other names known by

Relationship to child(ren)

Is the parent incarcerated?

☐ Yes ☐ No If yes, provide name of the facility and the parent's identification number

Facility name

Inmate number

Race: Height: Weight: Hair color: Eye color: Tax filing status:

Level of education: ☐ High School ☐ College/University ☐ Post Grad ☐ Vocational ☐ Other: _____

Occupation \$ Monthly Income Source \$ Monthly Income Source

CURRENT ADDRESS AND EMPLOYMENT INFORMATION

Home address City State Zip

Home phone Mailing address (if different from above) City State Zip

Cell phone Email address

Current employer Employer FEIN, if known

Employer address Work phone

FINANCIAL RESPONSIBILITIES FOR DEPENDENTS

(Children belonging to the other parent, not your children)

Is the parent responsible for other children?

☐ Yes ☐ No If yes, please provide children's name, year of birth, relationship to the other parent, with whom the child resides and if there is a support order in place, provide the monthly amount, location the order was issued and case number

Name	Year	Relationship	Residence	Support Order information

INFORMATION ABOUT THE CHILD(REN)

(Please include child(ren) for whom support is sought or child(ren) of the other parent)

Is there an existing order for child support for the child(ren) on this case?

☐ Yes ☐ No If yes, provide order details and attach a copy of the order

_____/_____/_____
 County and State or Country Date

Is there a custody/parenting time order in place for child(ren) of this case?

☐ Yes ☐ No If yes, provide order details and attach a copy

_____/_____/_____
 County and State or Country Date

How many overnights has the child stayed with the other parent in the past year? _____
 # of nights

Are the child(ren) covered by health insurance?

☐ Yes ☐ No If yes, please list children included in health insurance and policy information

_____ Child(ren) included	_____ Provider name	_____ Policy #	_____ Group #
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Does the other parent have Health Insurance?

☐ Yes ☐ No If yes, please provide insurance information, provider name and address

_____ Provider name		_____ Provider address			
_____ Policy number	_____ Group number	\$_____ Monthly cost	\$_____ Child(ren) cost	_____ # Adults	_____ # Children

If no, does the employer offer health insurance?

☐ Yes ☐ No If yes, please provide the cost

\$_____
Monthly Cost for self

\$_____
Monthly Cost to add child

Do the child(ren) receive benefits from Social Security, Veterans Affairs, etc?

☐ Yes ☐ No If yes, please list children included in health insurance and benefit information

_____	_____	\$ _____	_____
Child(ren) included	Benefit type received	Monthly benefit	Claimant

Who claims the child(ren) on their yearly federal tax filing?

☐ Obligee ☐ Obligor ☐ Other If other, please provide the name and relationship

_____	_____
Name	Relationship to child(ren)

Child 1:

_____	_____
Child's full name	Other names known by

____/____/____	_____
Date of Birth	Place of birth

_____	_____	_____	_____
Child's address	City	State	Zip

_____	____/____/____
What state/country does the child reside?	When did the child begin residing in the state/country?

Child 2:

_____	_____
Child's full name	Other names known by

____/____/____	_____
Date of Birth	Place of birth

_____	_____	_____	_____
Child's address	City	State	Zip

_____	____/____/____
What state/country does the child reside?	When did the child begin residing in the state/country?

Child 3:

_____	_____
Child's full name	Other names known by

____/____/____	_____
Date of Birth	Place of birth

_____	_____	_____	_____
Child's address	City	State	Zip

_____	____/____/____
What state/country does the child reside?	When did the child begin residing in the state/country?

Note: If you have more than 3 children, attach additional sheets with the same information.

ADDITIONAL INFORMATION

(The parents' relationship)

Please answer the following questions about your relationship with the other parent

Never married ☐ Married ☐ Married by common law ☐ (if married, provide date and location of marriage)____/____/____
Date_____
Location – City/County/State/CountryLegally separated ☐ Divorce pending ☐ Divorced ☐ (if separated, provide date, or if divorced, provide date and location of divorce)____/____/____
Date_____
Location – City/County/State/Country**Additional information for child support calculation**

Do you want support included for the period before the order is entered (called retroactive support)?

☐ Yes ☐ No If yes, provide date support is being sought from

____/____/____

(Please indicate if the date is the date of separation, the child's birth or when custody changed)

Has the other parent paid you child support directly?

☐ Yes ☐ No If yes, provide the amount received from the other parent\$ _____ as of ____/____/____
Total paid Date

Do you have child-care/daycare costs?

☐ Yes ☐ No If yes, please provide the cost of child care, how often payment is made and who pays the cost\$ _____ per _____ paid by _____
Amount (wk, month, etc)\$ _____ per _____ paid by State subsidies
Amount (wk, month, etc)

Does the child(ren) have special needs or extraordinary medical expenses not covered by insurance?

☐ Yes ☐ No If yes, please provide the children's name, type of need, the monthly cost and attach additional documentation as needed_____
Child(ren)_____
Type of need_____
Monthly cost

Do you have medical expenses for the child for which you want to be reimbursed?

☐ Yes ☐ No If yes, please provide the total for reimbursement, the date of last bill or charge and attach additional documentation as needed\$ _____ as of ____/____/____
Balance Date

Does the child(ren) have ongoing medical expenses to be included in the order?

☐ Yes ☐ No If yes, please provide the type of expense (medical, dental, etc), the amount of the expense and how often the amount is paid_____
Type of expense\$ _____ per _____
Amount (attach additional documentation as needed)



Child Support Program

CS-IS72
Rule 12E-1.040
Florida Administrative Code
Effective xx/xx

Information Needed to Establish a Support Order in Another State

Recipient Name
Recipient Address
City, State, Zip

Case Number:
Activity Number:
Other Parent:

Pick a date

To help you obtain a child support order, we need you to fill in the enclosed forms and return them to us. The Program will use the information you provide to prepare the forms needed by the state where the other parent resides. When those forms are ready, we will send them to you for your review and signature.

WHAT YOU NEED TO DO

Option 1: Complete and return the attached forms within the next 30 days

- Read the form and complete all sections.
- Use the addressed envelope provided to return the completed form and any requested information.

OR

Option 2: Request and complete an interview by phone within the next 30 days

- Access FloridaRevenue.com/AskChildSupport and complete the online contact form requesting we contact you for an interview.
- Use subject Interstate Interview and provide a phone number and preferred time of day when you can be reached.

Note: The interview may take up to one hour to complete.

If the enclosed forms are not completed and returned within 30 days, the Program will close your case. If you or your child(ren) receive public assistance, the Department of Children and Families (DCF) will be notified that you did not cooperate, and your public assistance benefits may be reduced or stopped.

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

Access your case online: childsupport.floridarevenue.com
Email us: FloridaRevenue.com/AskChildSupport
Chat with us or learn more at: floridarevenue.com/childsupport
Call: Select number
Para asistencia en español, llame al 850-488-5437 y marque 7

Interstate Request for Information

Click or tap to enter a date.

Case Number: Enter Case Number

Activity Number: Enter Activity Number

INFORMATION ABOUT YOU

Your full name

Other names known by

Provide the best phone number (____) ____-____, day and time to reach you Monday to Friday

[] Monday [] Tuesday [] Wednesday [] Thursday [] Friday 8:00 am to 4:00 pm (____:____ am/pm)

Your relationship to child(ren)

Race

Height

Weight

Hair color

Eye color

Tax filing status

Level of education: [] High School [] College/University [] Post Grad [] Vocational [] Other: _____

Occupation

\$ _____ \$ _____
Monthly Income Source Monthly Income Source

CURRENT ADDRESS AND EMPLOYMENT INFORMATION

Your home address

City

State

Zip

Your home phone

Mailing address (if different from above)

City

State

Zip

Your cell phone

Email address

Your current employer

Employer FEIN, if known

Employer address

Work phone

Do you have health insurance?

[] Yes [] No If yes, please provide insurance information, provider name and address

Provider name

Provider address

Policy number

Group number

\$ _____ \$ _____
Monthly cost Child(ren) cost

Adults # Children

If no, is employer health insurance offered?

[] Yes [] No If yes, please provide the cost

\$ _____ \$ _____
Monthly Cost for self Monthly Cost to add child

FINANCIAL RESPONSIBILITIES FOR OTHER DEPENDENTS

(Children belonging to you, not children of the other parent. Do not complete if you are a non-parent caregiver)

Are you responsible for other children?

☐ Yes ☐ No If yes, please provide children's name, year of birth, relationship to you, with whom the child resides and if there is a support order in place, provide the monthly amount, location the order was issued and case number

Name	Year	Relationship	Residence	Support Order information

INFORMATION ABOUT THE OTHER PARENT

Other Parent full name

Other names known by

Relationship to child(ren)

Is the parent incarcerated?

☐ Yes ☐ No If yes, provide name of the facility and the parent's identification number

Facility name

Inmate number

Race:

Height:

Weight:

Hair color:

Eye color:

Tax filing status:

Level of education: ☐ High School ☐ College/University ☐ Post Grad ☐ Vocational ☐ Other: _____

Occupation \$ _____ Monthly Income Source \$ _____ Monthly Income Source

CURRENT ADDRESS AND EMPLOYMENT INFORMATION

Home address

City

State

Zip

Home phone

Mailing address (if different from above) City

State

Zip

Cell phone

Email address

Current employer

Employer FEIN, if known

Employer address

Work phone

FINANCIAL RESPONSIBILITIES FOR DEPENDENTS

(Children belonging to the other parent, not your children)

Is the parent responsible for other children?

☐ Yes ☐ No If yes, please provide children's name, year of birth, relationship to the other parent, with whom the child resides and if there is a support order in place, provide the monthly amount, location the order was issued and case number

Name	Year	Relationship	Residence	Support Order information

INFORMATION ABOUT THE CHILD(REN)

(Please include child(ren) for whom support is sought or child(ren) of the other parent)

Is there an existing order for child support for the child(ren) on this case?

☐ Yes ☐ No If yes, provide order details and attach a copy of the order

_____/_____/_____
 County and State or Country Date

Is there a custody/parenting time order in place for child(ren) of this case?

☐ Yes ☐ No If yes, provide order details and attach a copy

_____/_____/_____
 County and State or Country Date

How many overnights has the child stayed with the other parent in the past year? _____
 # of nights

Are the child(ren) covered by health insurance?

☐ Yes ☐ No If yes, please list children included in health insurance and policy information

 Child(ren) included Provider name Policy # Group #

Does the other parent have Health Insurance?

☐ Yes ☐ No If yes, please provide insurance information, provider name and address

 Provider name Provider address

 Policy number Group number \$ Monthly cost \$ Child(ren) cost # Adults # Children

If no, does the employer offer health insurance?

☐ Yes ☐ No If yes, please provide the cost

\$ _____ \$ _____
 Monthly Cost for self Monthly Cost to add child

Do the child(ren) receive benefits from Social Security, Veterans Affairs, etc?

☐ Yes ☐ No If yes, please list children included in health insurance and benefit information

_____	_____	\$ _____	_____
Child(ren) included	Benefit type received	Monthly benefit	Claimant

Who claims the child(ren) on their yearly federal tax filing?

☐ Obligee ☐ Obligor ☐ Other If other, please provide the name and relationship

_____	_____
Name	Relationship to children

Child 1:

_____	_____
Child's full name	Other names known by

____/____/____	_____
Date of Birth	Place of birth

_____	_____	_____	_____
Child's address	City	State	Zip

_____	____/____/____
What state/country does the child reside?	When did the child begin residing in the state/country?

Child 2:

_____	_____
Child's full name	Other names known by

____/____/____	_____
Date of Birth	Place of birth

_____	_____	_____	_____
Child's address	City	State	Zip

_____	____/____/____
What state/country does the child reside?	When did the child begin residing in the state/country?

Child 3:

_____	_____
Child's full name	Other names known by

____/____/____	_____
Date of Birth	Place of birth

_____	_____	_____	_____
Child's address	City	State	Zip

_____	____/____/____
What state/country does the child reside?	When did the child begin residing in the state/country?

Note: If you have more than 3 children, attach additional sheets with the same information.

ADDITIONAL INFORMATION

(The parents' relationship)

Please answer the following questions about your relationship with the other parent

Never married ☐ Married ☐ Married by common law ☐ (if married, provide date and location of marriage)____/____/____
Date_____
Location – City/County/State/CountryLegally separated ☐ Divorce pending ☐ Divorced ☐ (if separated, provide date, or if divorced, provide date and location of divorce)____/____/____
Date_____
Location – City/County/State/Country**Additional information for child support calculation**

Do you want support included for the period before the order is entered (called retroactive support)?

☐ Yes ☐ No If yes, provide date support is being sought from

____/____/____

(Please indicate if the date is the date of separation, the child's birth or when custody changed)

Has the other parent paid you child support directly?

☐ Yes ☐ No If yes, provide the amount received from the other parent\$ _____ as of ____/____/____
Total paid Date

Do you have child-care/daycare costs?

☐ Yes ☐ No If yes, please provide the cost of child care, how often payment is made and who pays the cost\$ _____ per _____ paid by _____
Amount (wk, month, etc)\$ _____ per _____ paid by State subsidies
Amount (wk, month, etc)

Does the child(ren) have special needs or extraordinary medical expenses not covered by insurance?

☐ Yes ☐ No If yes, please provide the children's name, type of need, the monthly cost and attach additional documentation as needed_____
Child(ren)_____
Type of need_____
Monthly cost

Do you have medical expenses for the child for which you want to be reimbursed?

☐ Yes ☐ No If yes, please provide the total for reimbursement, the date of last bill or charge and attach additional documentation as needed\$ _____ as of ____/____/____
Balance Date

Does the child(ren) have ongoing medical expenses to be included in the order?

☐ Yes ☐ No If yes, please provide the type of expense (medical, dental, etc), the amount of the expense and how often the amount is paid_____
Type of expense \$ _____ per _____
Amount (attach additional documentation as needed)



Child Support Program

CS-IS73
Rule 12E-1.040
Florida Administrative Code
Effective xx/xx

Review and Sign Forms Needed to Obtain a Child Support Order

Recipient Name
Recipient Address
City, State, Zip

Case Number:
Activity Number:
Other Parent:

Pick a date

Thank you for providing the information needed to prepare these forms. The next step is for you to review, sign and return the enclosed form(s) so we can request the state in which the other parent resides to establish a child support order for your child(ren).

WHAT YOU NEED TO DO

1. Review the attached form(s) carefully.
2. Strike through and initial any required revisions.
3. On the *Petitioner* line, enter the date, print your name, and sign.
4. Return the completed form(s) to your local child support office within 20 days.

***Use the self-addressed, postage paid envelope provided to return the forms.**

When we receive the signed forms, we will send them to the state where the other parent resides. If we do not receive the signed forms within 20 days, the Program will close your case. If you or your child(ren) receive public assistance, the Department of Children and Families (DCF) will be notified that you did not cooperate, and your public assistance benefits may be reduced or ended.

For purposes of reviewing the forms you are referred to as the *petitioner* and the *obligee*.

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

Access your case online: childsupport.floridarevenue.com
Email us: FloridaRevenue.com/AskChildSupport
Chat with us or learn more at: floridarevenue.com/childsupport
Call: Select number
Para asistencia en español, llame al 850-488-5437 y marque 7

Attachments:



Child Support Program

CS-IS74
Rule 12E-1.040
Florida Administrative Code
Effective xx/xx

Review and Sign Forms Needed to Review a Child Support Order

Recipient Name
Recipient Address
City, State, Zip

Case Number:
Activity Number:
Other Parent:

Pick a date

Thank you for providing the information needed to prepare these forms. The next step is for you to review, sign and return the enclosed form(s) so we can request the state in which the other parent resides to establish a child support order for your child(ren).

WHAT YOU NEED TO DO

1. Review the attached form(s) carefully.
2. Strike through and initial any required revisions.
3. On the *Petitioner* line, enter the date, print your name, and sign.
4. Return the completed form(s) to your local child support office within 20 days.

***Use the self-addressed, postage paid envelope provided to return the forms.**

When we receive the signed forms, we will send them to the state where the other parent resides. If we do not receive the signed forms within 20 days, the Program will close your request for review of your support order, but your case will remain open.

For purposes of reviewing the forms you are referred to as the *Petitioner* for signing. The parent paying support is referred to as the *Obligor*. The parent due support is referred to as the *Obligee*.

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

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

Attachments:

