

AGENDA
RULE DEVELOPMENT WORKSHOP
(If Requested in Writing)

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

1:00 P.M., July 12, 2023

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-1.008, F.A.C.
- Rule 12E-1.023, F.A.C.
- Rule 12E-1.036, F.A.C.

3. Closing Comments

Notice of Development of Rulemaking

DEPARTMENT OF REVENUE
Division of Child Support Enforcement

RULE NOS.: RULE TITLES:

12E-1.008 Determination of Cooperation; Determination of Noncooperation; Determination of Good Cause to Not Cooperate
12E-1.023 Suspension of Driver License; Suspension of Motor Vehicle Registration
12E-1.036 Administrative Establishment of Paternity and Support Obligations

PURPOSE AND EFFECT: The purpose of the proposed amendments to Rule 12E-1.008, F.A.C. (Determination of Cooperation; Determination of Noncooperation; Determination of Good Cause to Not Cooperate), is to adopt the updated Notice of Noncooperation (CS-CF07), Request to Not Cooperate (CS-CF08), and Notice of Decision Request to Not Cooperate (CS-CF11).

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 update the Notice of Intent to Suspend Driver License and Motor Vehicle Registration(s) (CS-EF55) to conform to Chapter 2023-152, sec. 2, Laws of Fla., effective July 1, 2023. The law amends s. 61.13016(1)(c)1., F.S., to authorize a deferred start date on a payment agreement for an obligor seeking to avoid driver license suspension for delinquent child support when the obligor is participating in good faith in job training.

The purpose of the proposed amendments to Rule 12E-1.036, F.A.C. (Administrative Establishment of Paternity and Support Obligations), is to add the Paternity Statement by Non-Parent (CS-PO102) and Paternity Statement by Alleged Father (CS-PO103) forms to the rule as valid documents on which to base the paternity action.

SUBJECT AREA TO BE ADDRESSED: Child support rules and forms regarding determining cooperation and administrative establishment of paternity and support obligations.

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

LAW IMPLEMENTED: 61.13016, 322.058, 409.256, 409.2563, 409.25633, 409.2572 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: Wednesday, July 12, 2023, at 1:00 P.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: Published on the Department's website at floridarevenue.com/rules.

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

**12E-1.008 Determination of Cooperation; Determination of Noncooperation;
Determination of Good Cause to Not Cooperate.**

(1) Definitions.

(a) Definitions. As used in this section:

1. “Applicant” or “recipient” means an individual who has applied for or receives public assistance.

2. “Cooperation” means an applicant or recipient taking the actions identified in Section 409.2572, F.S., as requested by the child support program, to assist in identifying and locating the parent who owes support; establishing paternity; establishing, modifying, and enforcing medical and financial support; and collecting support or other payments or property due from the parent who owes support.

3. “Department” means the Department of Revenue.

4. “Good cause to not cooperate” means a legally and factually sufficient reason to excuse the applicant or recipient from cooperation requirements as determined by the Department, after evaluating the applicant or recipient’s written good cause to not cooperate claim, and other evidence available to the Department, in accordance with subsection (5) of this rule.

5. “Public assistance” means temporary cash assistance; food assistance received on behalf of

a child under 18 years of age residing most of the time with only one parent or a nonparent caregiver; or money paid for foster care or Medicaid under Title IV-E and Title XIX of the Social Security Act, respectively.

~~(2) Cooperation Requirements for Applicants or Recipients of Public Assistance. As a condition of eligibility for public assistance, an applicant or recipient must cooperate in good faith with the child support program to help the Department identify and locate the alleged father or parent who owes support, establish paternity; establish, modify, and enforce medical and financial support; and collect support from the parent who owes support or the applicant must request to not cooperate.~~

~~(a) The requirement for an applicant or a recipient to cooperate with the child support program will be excused only when the Department has approved a request for good cause to not cooperate in accordance with subsection (5).~~

~~(b) An adult who applies for or receives Medicaid services for a child only is not required to cooperate.~~

~~(c) An applicant or recipient of Medicaid-only must cooperate in establishing, modifying and enforcing medical support if the applicant or recipient is receiving Medicaid. The requirement for an applicant or a recipient to cooperate with the child support program will be excused only when the Department has approved a request for good cause to not cooperate in accordance with subsection (5).~~

~~(a) Cooperation Requirement for Applicants for Public Assistance.~~

~~1. The requirement to cooperate for purpose of public assistance eligibility is satisfied if the applicant provides the Department, either directly or through the Department of Children and Families, the following information concerning the alleged father or parent who owes support of~~

~~each child for whom public assistance is sought:~~

- ~~a. First and last name;~~
- ~~b. Gender;~~
- ~~c. Race; and~~
- ~~d. Date of birth or social security number.~~

~~2. If the applicant does not cooperate as required by subparagraph 1., the applicant must be interviewed by the Department. At the interview, the applicant may cooperate by providing information concerning the alleged father or parent who owes support of each child. An applicant who does not have information about the location or identity of the alleged father or parent who owes support satisfies the requirement to cooperate.~~

~~3. An applicant is not eligible for public assistance when the applicant does not cooperate with the Department as provided by subparagraphs 1. and 2. The Department will notify the Department of Children and Families of the applicant's noncooperation as provided by subsection (6).~~

~~4. Once the applicant or recipient satisfies the requirement to cooperate for purposes of public assistance eligibility, the applicant or recipient must cooperate further with the Department as provided by subsection (2), paragraph (b) and Section 409.2572, F.S.~~

~~(b) Continuous Cooperation Requirement.~~

~~(d)1. A recipient of public assistance must ~~continue to~~ make a good faith effort to cooperate with the Department as provided by Section 409.2572, F.S., to assist the Department in its efforts to identify and locate the alleged father or parent who owes support to establish paternity; establish, modify, and enforce medical and financial support; and collect support from the parent who owes support.~~

2. The recipient must provide the following information regarding the alleged father or parent who owes support when requested by the Department, if known:

- a. Social Security Number;
- b. Race;
- c. Date of birth;
- d. Current or former employer;
- e. Place of birth;
- f. Current or former address and phone number;
- ~~g. Driver license number and state where issued;~~
- ~~h. Make, model, license number of vehicles owned, and state where the vehicle is or was registered;~~
- ~~i. Arrest and incarceration history; and~~
- j. Other information, based upon individual case circumstances, that may help the

Department determine the identity and location of the alleged father or parent who owes support.

3. A recipient who does not have information about the location or identity of the alleged father or parent who owes support satisfies the requirement to cooperate.

(3) Determination of Noncooperation. If a recipient of public assistance does not cooperate with the Department as provided by Section 409.2572, F.S., and subsection (2), the Department will mail the Notice of Noncooperation (Form CS-CF07), incorporated herein by reference, effective ~~xx/xx 11/21~~, (<http://www.flrules.org/Gateway/reference.asp?No=Ref-xxxxx 13848>) to the recipient at the last known address provided to the Department.

(a) The recipient may return the CS-CF07 or contact the Department within 10 business days after the date of mailing of the notice to make arrangements to cooperate, request good cause to

not cooperate, or request the Department to conduct an informal review as provided by subsection (4). At the time of the request for informal review the recipient may state if they want to be present during the review and if they want a representative present during the review.

(b) If the recipient does not take timely action as required by paragraph (3)(a), the Department will notify the Department of Children and Families of the recipient's noncooperation as provided by subsection (6).

(c) The Department does not report noncooperation to the Department of Children and Families if the recipient cooperates by the date specified in the CS-CF07 notice mailed to the recipient. The recipient is not reported as uncooperative unless the request to not cooperate is denied by the Department as provided by subsection (5), and the recipient continues to not cooperate. ~~Food assistance only recipients must make requests to not cooperate directly to the Department of Children and Families.~~

(4) Request for Informal Review.

(a) Reviews of pending determinations of noncooperation requested pursuant to subsection (3), paragraph (b), must be completed within 20 business days after receipt of a completed request for review. The Department will contact the recipient with an explanation of the additional information required if an incomplete request is provided to the Department. The Department will make arrangements for the parent to comply with the requested action if the parent indicates their intent is to cooperate in their request for a review. The Department will determine the recipient is noncooperative and notify the Department of Children and Families if the parent indicates their intent is to not cooperate in their request for a review. The Department will take the following actions when a completed request for review is received by the Department.

1. Schedule a date to conduct the review if the recipient has requested to be present for the review and send a notice to the recipient to appear in a local child support office before the date specified in the notice, which must be at least 10 days after the date the notice is mailed. If the recipient chooses to have a representative present at the review, the recipient is responsible for making those arrangements.

2. Conduct the review. Reviews consist of an examination of the Department's case record, interview with Department staff and an evaluation of the recipient's statements. The Department provides the results of the review to the parent on the Notice of Decision on Noncooperation (CS-CF38), incorporated herein by reference, effective 09/18, (<http://www.flrules.org/Gateway/reference.asp?No=Ref-09857>).

(5) Good Cause Request to not Cooperate in Public Assistance Cases. The Department is authorized in accordance with 42 U.S.C. 654(29), and Section 409.2572(4), F.S., to determine a recipient's request to not cooperate in public assistance cases, ~~except when the recipient is receiving only food assistance. Food assistance only recipients must make requests to not cooperate directly to the Department of Children and Families.~~ An approved request excuses the recipient from the requirement to cooperate with the Department ~~on the specific case against a specific alleged father or parent who owes support for which the request to not cooperate is approved.~~

(a) When an applicant or recipient ~~states he or she~~ does not want to cooperate because doing so ~~may will~~ endanger the recipient or child(ren), the recipient must complete, sign and return the Request to Not Cooperate (CS-CF08) form, incorporated herein by reference, effective ~~xx/xx 11/20~~, ([http://www.flrules.org/Gateway/reference.asp?No=Ref-xxxxx 12330](http://www.flrules.org/Gateway/reference.asp?No=Ref-<u>xxxxx</u> 12330)) ~~with supporting documents~~ within 30 ~~20~~ days after the date of the Request to Not Cooperate. ~~If the recipient does~~

~~provide documentation timely or the documentation is not sufficient to support the claim that cooperation may endanger the recipient or child, the Department denies the request to not cooperate and proceeds with establishing paternity or support order, or paternity and support.~~

(b) Requests for good cause to not cooperate are approved or denied based upon the information provided by the recipient. The Department will suspend action on child support case activities from the time a request to not cooperate is received until a final determination is made. The Department sends a Notice of Decision Request to Not Cooperate (CS-CF11), incorporated herein by reference, effective xx/xx, (<http://www.flrules.org/Gateway/reference.asp?No=Ref-xxxxx>) to notify the recipient of its decision.

~~(c)~~(b) A written request for good cause to not cooperate is approved when the recipient provides information that:

1. There is a reasonable likelihood that the recipient or child may be physically or emotionally harmed if cooperation is required;
2. The child was born as a result of rape or incest;
3. Legal proceedings for the adoption of the child are pending in court; or
4. The parent or caregiver is being assisted by a public or licensed private social services agency to determine whether to place the child for adoption.

~~(e) Requests for good cause are approved or denied based upon the information provided by the recipient. The Department will suspend child support case activities from the time a request to not cooperate is received until a final determination is made.~~

~~1. A request is approved when documentation is submitted to substantiate the circumstances establishing good cause.~~

(d)2. A written request for good cause to not cooperate is denied when the recipient does not

provide a written statement or documentation in support of the claim ~~no documentation is provided or documentation does not substantiate the circumstances establishing good cause.~~

~~(d) The Department sends the Notice of Decision on Request to Not Cooperate (CS-CF11), incorporated herein by reference, effective 09/18, (<http://www.flrules.org/Gateway/reference.asp?No=Ref-09858>) to notify the recipient of the decision.~~

(e) A recipient whose request for good cause to not cooperate is denied pursuant to paragraph ~~(e), subparagraph 2.,~~ must cooperate with the Department as provided by Section 409.2572, F.S. and subsection (2). If the recipient does not cooperate, the Department proceeds as provided ~~begins the process of determining noncooperation as stated in subsection (3)(2).~~

(6) Notification to the Department of Children and Families.

(a) In accordance with Section 409.2572(3), F.S., the Department is responsible for determining and reporting to the Department of Children and Families, noncooperation by applicants and recipients of public assistance.

(b) The Department will notify the Department of Children and Families when the applicant or recipient cooperates with the Department in accordance with Section 409.2572, F.S., or when the Department determines that an applicant or recipient has not cooperated, or when the Department determines the recipient is not required to cooperate.

(c) The Department will notify the Department of Children and Families and the applicant or recipient within two business days after the Department's determination that:

1. The applicant or recipient is cooperating in good faith; or
2. Cooperation by the applicant or recipient is not needed or required to take the next appropriate case action.

Rulemaking Authority 409.2557(3)(h) FS. Law Implemented 409.2572 FS. History—New 4-1-86, Amended 4-6-88, 7-20-94, Formerly 10C-25.006, Amended 3-6-02, 9-17-18, 11-12-20, 11-21-21,

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 ~~sends~~ 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 xx/xx 07/22, (<http://www.flrules.org/Gateway/reference.asp?No=Ref-xxxxx 14348>). ~~The~~ Notice ~~is~~ shall be mailed to the obligor's address of record with the Department of Highway Safety and Motor Vehicles.

(b) through (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, 6-9-22,

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

(1) through (2) No change.

(3) Case Selection Criteria.

(a) ~~Except as provided in paragraph (3)(b), as allowed by Section 409.256(2)(a), F.S.,~~ authorizes the Department ~~is authorized~~ to start an administrative proceeding to establish paternity or paternity and support when if: the statutory criteria ~~in the statute~~ are met.

(b) No Change.

(4) Statement of ~~Mother~~ Naming an Alleged Father or Fathers. For cases meeting the criteria in subsection (3), the Department requires ~~the mother~~ a statement naming to name an alleged father or fathers.

(a) The Department uses Form CS-PO34, Paternity Declaration (incorporated by reference in Rule 12E-1.039, F.A.C.), completed and signed by the mother to record the name of the alleged father or fathers.

(b) The Department uses Form CS-PO102, Paternity Statement by Non-Parent, (incorporated by reference in Rule 12E-1.039, F.A.C.), completed and signed by the non-parent caregiver.

(c) The Department uses Form CS-PO103, Paternity Statement by Alleged Father (incorporated by reference in Rule 12E-1.039, F.A.C.), completed and signed by the alleged father, who may or may not be the caregiver of the child.

(5) through (6) No change.

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

(a) Notice of Proceeding to Establish Paternity or Paternity and Administrative Support Requirements. The Department will serve the alleged father with Form CS-OP01, Notice of Administrative Proceeding to Establish Paternity, hereby incorporated by reference, effective 1/18, (<http://www.flrules.org/Gateway/reference.asp?No=Ref-08994>), hereafter referred to as the Notice of Proceeding. The Department will send the alleged father Form CS-OP02, Order to Appear for Genetic Testing, incorporated by reference, effective 01/22,

(<http://www.flrules.org/Gateway/reference.asp?No=Ref-13857>), with the Notice of Proceeding and a copy of the Paternity Declaration, CS-PO34, CS-PO102, or an affidavit that names the alleged father. The Notice of Proceeding will be served on the respondent by certified mail, restricted delivery, return receipt requested, or by any other means of service that meet the requirements for service of process in a civil action. Once served, the alleged father must notify the Department in writing of any change of address. If the alleged father does not update the Department, the Department will serve by regular mail any other document or resulting order to the address of record and the alleged father is deemed to have received them.

(b) No change.

(8) 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, 6-9-22,_____.



Child Support Program

CS-CF07
Rule 12E-1.008
Florida Administrative Code
Effective xx/xx

Notice of Noncooperation

<<CPName>>
<<CPAddress>>

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

Other Parent: <<NCPName>>

You are receiving this notice because your cooperation is needed for us to continue work on your child support case. Our records show you are receiving cash, food and/or medical assistance. You must cooperate with us to continue receiving public assistance.

<<Option 1>>

You should provide the information needed and/or complete the requirement(s) identified above right away, unless you believe doing so may result in harm to you or your child. If you believe your cooperation may endanger you or your child, you can be excused from cooperating with us. If this is a concern, please contact the Program right away and request to not cooperate.

If you believe you have cooperated to the best of your ability, you can complete the enclosed Request for Informal Review and mail it to us within 10 days after the date of this notice.

You must cooperate, request to not cooperate, or request an informal review withing 15 days after the date of this notice. If you do not, your noncooperation will be reported to the Department of Children and Families and:

- You will no longer be eligible to receive cash assistance or food assistance.
Unless you are pregnant you will not be eligible for Medicaid.
Medicaid and food assistance for your children will continue.

Table with 2 columns: 'If you have questions or need help:' and contact information including website, email, chat, and phone number.

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Request for Informal Review

If you believe you have cooperated to the best of your ability you can request an informal review.

During the informal review, the Child Support Program will review the information you provide below and other records to determine if you cooperated or not.

The Program has 20 business days from the date we receive your written request to complete the informal review. You may request to be present at the review by phone or ask that someone else be included in the review with you.

I am requesting an informal review because:

(Please explain)

I want to have a review by phone.

Provide a phone number below and the best time to contact you between 8:00 a.m. and 5:00 p.m.

By signing this form and providing my email address I consent to receive confidential information about myself or my child by email.

Signature: _____ Date: _____

Printed Name: <<CPName>>

Address: _____
Street City Zip Code

Email: _____

Best time to contact me by phone: _____

Phone: _____

Return this form to:

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

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Option 1 (Only one option is populated)

- A.** You did not complete the parent information form and the financial affidavit sent to you with the notice of administrative action being taken to establish a support obligation. Contact us for additional copies of the forms, if needed. You may also be able to complete the forms online through your e-services account. **(Administrative actions ZINC/ZPSN)**
- B.** You did not complete the financial affidavit we sent you. We are unable to proceed with establishing or modifying a support order without a completed financial affidavit. Contact us for an additional copy of the form, if needed. **(Judicial actions ZJUE)**
- C.** You did not complete and return the forms needed to send a request to another state to establish or modify a support order. Contact us for additional copies of the forms, if needed. **(Initiating Interstate ZOT1)**
- D. (NOT USED)**
- E.** You did not provide the forms or documents we requested from you. Contact us for additional copies of the forms, if needed. **(ZOMD)**
- F. (NOT USED)**
- G. (NOT USED)**
- H. (NOT USED)**
- I.** You did not appear for genetic testing. You must provide a sample for genetic testing for the child who needs paternity established and for yourself if you are the child's parent. You can do this at any child support office without an appointment. **(ZGT)**
- J. (NOT USED)**
- K. (NOT USED)**

DRAFT



Child Support Program

CS-CF08
Rule 12E-1.008
Florida Administrative Code
Effective xx/xx

Request to Not Cooperate

<<CPName>>
<<CPAddress>>

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

To request approval to not cooperate you must complete, sign and return the enclosed Request to Not Cooperate form within 30 days after the date of this notice. You must include a written statement on the form or provide documentation that supports your request. Return the form and any documentation to:

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

You can request approval to not cooperate if:

- You believe cooperation may result in emotional or physical harm to you or your child(ren);
The child(ren) was conceived because of incest or rape;
There is a pending court action to adopt the child(ren); or
You are actively working with an agency to place the child(ren) for adoption.

Important

We will not contact the other parent while we are reviewing your request.

- We will review what you provide and approve or deny your request to not cooperate.
If your request is approved, we will close the child support case.
If your request is denied, we will continue to take action on case.
If you do not complete, sign and return the form within 30 days after the date of this notice, we will consider the request withdrawn and will proceed with child support activities on the case.

Table with 2 columns: 'If you have questions or need help:' and contact information including website, email, chat, call, and Spanish assistance.

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Request to Not Cooperate

Child Support Case Number: <<CaseNumber>>
Activity number: <<ActivityNumber>>

Other Parent: <<NCPName>>

1. I request approval to not cooperate with the Child Support Program because (check all that apply):

- The child(ren) may be physically or emotionally harmed if I cooperate.
- I may suffer physical or emotional harm if I cooperate.
- The child(ren) was conceived because of incest or rape.
- There is a pending court action to adopt the following child(ren):

Child's Name	Date of Birth	Child's Name	Date of Birth
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The court action is in _____ County in the State of _____.

The court case number is _____.

Please provide a copy of the court papers or petition when returning this form.

- I am working with a social service agency to decide if the following child(ren) will be adopted:

Child's Name	Date of Birth	Child's Name	Date of Birth
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Agency Name	Contact Name	Phone/email
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2. My statement in support of this request:

- I have included additional documents

Under penalty of perjury, I declare that I have read this Request to Not Cooperate and that the facts stated in it are true. By signing this form and providing my email address I consent to receive confidential information about myself or my child by email.

Signature: _____ Date: _____

Printed Name: <<CPName>>

Email Address: _____

Address: _____	City	Zip Code	
Street			

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Child Support Program

Notice of Decision on
Request to Not Cooperate

┌ <<CPName>>
<<CPAddress>>

└

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

The Child Support Program has received your request to not cooperate. Based on the information provided, your request is <<Option 1>>

To contact the Child Support Program, call <<CountyPhoneNumber>>.

For more information, visit <<InsertAppropriateFDORInternetAddr>>.

DRAFT

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<<Option 2>> Included when option 1B is selected



Request for Review Request to Not Cooperate

Child Support Case Number: <<CaseNumber>>

Other Parent: <<NCPName>>

Activity number: <<activity number>>

Please reconsider my Request to Not Cooperate. Provided below is additional information to support my request.

I have included additional documents

Under penalty of perjury, I declare that I have read this Request for Review Request to Not Cooperate and that the facts stated in it are true.

Signature: _____ Date: _____

Printed Name: <<CPName>>

Email Address: _____

By signing this form and providing my email address I consent to receive confidential information about myself or my child by email.



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Option 1 (only one can be populated)

A. approved. We will close your child support case.

B. denied.

A written statement from you or documentation to support your claim was not provided.

The form was not signed.

We will continue to take action on your case as needed to establish paternity and to establish, modify and enforce child support. If you fear physical or emotional harm for you or your child from the other party in the case, you may request a nondisclosure indicator be placed on your case. Placing a nondisclosure indicator on your case means your location information cannot be obtained from the Federal Case Registry without a court order. Contact the Child Support Program at the number below to request nondisclosure.

If you would like this decision reviewed, complete the enclosed Request for Review form and mail it to:

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

<<Option 2>> Include form when option 1B is selected

C. We have not received a completed and signed *Request to Not Cooperate* (CS-CF08) form so we cannot make a determination about your request.

We will continue to take action on your case as needed to establish paternity and to establish, modify and enforce child support. If you fear physical or emotional harm for you or your child from the other party in the case, you may request a nondisclosure indicator be placed on your case. Placing a nondisclosure indicator on your case means your location information cannot be obtained from the Federal Case Registry without a court order. Contact the Child Support Program at the number below to request nondisclosure.



Child Support Program

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

<<NCPName>>
<<NCPAddress>>

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

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

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

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

<<Option 5>>

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

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<<Option 6>>

<<Option 7>>

To contest you must:

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

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

This address is not a Child Support office location.

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

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Option 1 [Select A or B]

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

Option 2

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

Option 3 [Select A or B]

A. Compliance [Nonpayment of support]

you are \$<<delinquency>> delinquent in your support payments as of the date of this notice. Your support order requires you to pay \$<<total periodic payment due>> <<payment frequency>> for child and/or spousal support. To see the total obligation and past due associated with this case visit the link below to view your case online.

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 or participating in job training, 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 on how to change the amount of your child support order and information about CareerSource Florida and other local programs who can connect you with employers who are hiring and programs that can provide you training to improve your skills.

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.

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