



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 delinquent amount \$<<delinq of 12, 13 & 21>> and stay current with your payments.
- Contact us to work out a payment plan if you cannot pay the delinquent amount in full.
- 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.

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If you have questions or need help:	<p>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</p>
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Employment and other resources: <<FDOR Page>>

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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 month.

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.

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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
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, 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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Payment Agreement for Past-Due Support

┌ <<NCPName>>
 <<NCPAddress>>
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Child Support Case Number: <<CaseNumber>>
Activity Number: <<ActivityNumber>>
Parent Due Support: <<CPName>>

The Child Support Program and <<NCPName>>, the parent who owes support in the above case, agree as follows:

- On <<NotIntentSentDate>> the Child Support Program mailed notice to you that we would:
 - Take further enforcement action
 - Suspend or deny your driver license/motor vehicle registration
 - Suspend or deny your business/professional/recreational license
 - Suspend or deny your vessel registration
 - Report your past-due support to consumer reporting agencies
 - Place a lien on your vehicle or vessel

2. You are \$ <<DeliquantAmt>> behind in your support payments as of <<DelinquentDate>> and owe \$ <<PDueSupAmt>> in past-due support as of <<PDueSupAmtDate>>.

3. You agree to make a lump-sum payment(s) of \$ <<LumpSumPayAmt>> by <<LumpSumPayAmtDate>>.

You agree to make an additional periodic payment of \$ <<AddPayAmt>> each <<AddPayAmtDate>>.

4. Based on your support order and this agreement, your new periodic payment is:

\$ <<OngoingSupAmt>> each <<OngoingPayAmtFreq>> for current child support; and \$ <<PDuePayAmt>> each <<PDuePayAmtFreq>> for past-due support.

The first payment is due on <<FirstPayDate>> for a total periodic amount of \$ <<TotPerPayAmt>>.

5. You can make a payment by credit card or electronic check at fl.smartchildsupport.com.

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6. You can also make a payment by mailing a check or money order to:

Florida State Disbursement Unit
<<SDU Address>>

Make the check or money order payable to the Florida State Disbursement Unit. Include your name, the other parent's name, child support case number, and depository number <<DepositoryNumber>> to avoid processing delays.

- 7. The Child Support Program may notify your current or future employer of this agreement and ask the employer to deduct the payments from your income. You are responsible for making any payments not deducted by your employer.
- 8. The Child Support Program will not complete the enforcement action stated in paragraph 1 if you pay as agreed. If you do not pay as agreed, we will restart the enforcement action without further notice to you, unless the support is paid in full, enforcement is contrary to law, or we make a new agreement with you. If we restart the enforcement action, you waive the right to further notice or a hearing concerning it. We may take other actions to collect current or past-due support even if you pay as agreed, for example federal income tax refund offset.
- 9. This agreement is binding and may be used as evidence in court. The support order and/or judgment remains in effect and is unchanged by this agreement.

I, <<NCPName>>, understand and agree to the terms of this agreement.

Signature (Parent Who Owes Support)

Date

/s/ <<ProgramRepresentative>>
Signature (Program Representative)

The Program Representative's signature is an electronic signature as authorized by Florida law.

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THRIFT SAVINGS PLAN

INCOME WITHHOLDING ORDER FOR STATE AGENCIES

State agencies should use this form for garnishments related to participants' child support obligations. To be honored by the TSP, a legal process must meet the requirements of 5 U.S.C. § 8437(e)(3) and 5 C.F.R. part 1653, subpart B. **Use of this form is strongly encouraged but not mandatory. No other state agency documents are required.**

I. INFORMATION ABOUT THE TSP PARTICIPANT WHOSE ACCOUNT IS TO BE GARNISHED

Type of Order: Freeze Only Pay Modify Vacate Dispute Pending

1. <<NCP BP Name>>
Participant's Name
2. _____
Last 4 digits of participant's Social Security number
3. <<AcctHolderAddr1>> <<AcctHolderAddr2>> <<City>> <<State>> <<Zipcode>>
Participant's Street Address City State Zip Code

II. INFORMATION ABOUT THE STATE CHILD SUPPORT ENFORCEMENT AGENCY (CSEA)

4. _____
State Child Support Enforcement Agency
5. <<Central Intercept Address>> <<City>> <<State>> <<Zipcode>>
CSEA Address for Decision Letter City State Zip Code
6. _____
Make check payable to (if different from Item 4 above)
7. _____
CSEA Address for Payment (if different from Item 5 above) City State Zip Code
8. (_____) - _____ <<Levy Phone Number>>
CSEA Phone Number
9. <<CSECaseNumber>>
CSEA Case Reference Number or Order Identifier
10. Check if requesting current vested account balance

III. ARREARAGE OWED FOR CHILD SUPPORT AND AMOUNT(S) TO BE PAID

Enter the total arrearage owed for child support in Item 11. In Item 12, check the box next to each TSP account being garnished and enter the amount to be paid from each account. See form instructions for additional information.

11. Total Arrearage Owed for Child Support \$ _____
12. Check all applicable TSP accounts and enter the appropriate amount for each. (The total cannot exceed the amount in Item 11.) 0.00
 - Civilian Account \$ _____
 - Uniformed Services Account \$ _____
 - Beneficiary Participant Account—Civilian \$ _____
 - Beneficiary Participant Account—Uniformed Services \$ _____

IV. SIGNATURE

WHEREAS the participant identified in Section I of this document was required to pay child support;

AND WHEREAS the participant has failed to meet this obligation and is currently in arrears;

IT IS THEREFORE ORDERED by the Child Support Enforcement Agency (identified in Section II) that the Thrift Savings Plan (TSP) comply with the listed amount(s) from the TSP account(s) identified in Section III, Item 12 and described in Section I above.

13. <<Compliance Process Manager>>
Printed Name of Authorized Representative
14. <<Compliance Process Manager>>
Signature of Authorized Representative
15. <<Date>>
Date Signed (mm/dd/yyyy)

Or Certification by CSEA (including date certified):

TSP-CS-1, INFORMATION AND INSTRUCTIONS

GENERAL INFORMATION

The following instructions describe how to complete the Thrift Savings Plan (TSP) Income Withholding Order (IWO). A TSP IWO is considered a legal process that must meet the requirements of 5 U.S.C. § 8437(e)(3) and 5 C.F.R. part 1653, subpart B. The TSP will honor any legal process that meets these requirements. **Use of the TSP IWO form is not required, but it may help to expedite the process.**

A TSP IWO can only be used to

- place a freeze on an account,
- order payment or delivery of funds,
- modify a previously submitted IWO or order,
- vacate a previously submitted IWO or order, or
- notify the TSP of a pending dispute and request that the TSP hold a pending payment.

Do not submit duplicate orders.

SECTION I.

All items in Section I must be complete.

SECTION II.

Provide all of the requested information. The check will be made payable to the state Child Support Enforcement Agency named in Item 4 unless an alternate payee is provided in Item 6. The decision letter will be mailed to the address provided in Item 5. If you have a separate address for receipt of the check, provide it in Item 7. Provide a state case reference number or order identifier in Item 9. If account information is required, select Item 10.

SECTION III.

Note: Ensure that the amount entered on each account line in Item 12 reflects only the amount owed for that particular account. **Overpaid amounts cannot be returned to the TSP.**

Enter total arrearage owed for child support in Item 11. In Item 12, check the box next to each TSP account being garnished and enter the amount to be paid from each account.

EXAMPLE

Participant Has: \$3,000 in assets in two TSP accounts:

- Civilian account: \$1,500
- Uniformed Services account: \$1,500

State Wants To: Garnish \$2,000 to satisfy participant's arrears

State Should: Submit one IWO: Enter \$2,000 arrearage owed for child support in Item 11.

- Check the box in Item 12 for the Civilian account. Enter \$1,500 on the related line.
- Check the box in Item 12 for the Uniformed Services account. Enter \$500 on the related line.

Note: A beneficiary participant account is an account established in the name of a spouse beneficiary of a deceased TSP participant. If garnishing from more than one beneficiary participant account of the same type, you must submit a separate form.

SECTION IV.

The authorized state official should

- provide his or her name and signature in Items 13 and 14 and date the form in Item 15
 - provide the state's alternate means of certification and date the form in Item 15.
-

MAILING INSTRUCTIONS

This form may be uploaded, faxed, mailed, or overnighted.

Upload: <https://qoc.rk.tsp.gov/qoc/b/CsHome010Home.htm>

Fax Number: 773-915-6006

US Mail: Court Order Center
C/O Broadridge Processing
PO Box 120
Newark, NJ 07101-0120

Overnight: Court Order Center
C/O Broadridge Processing
2 Gateway Center
283-299 Market Street 17th Fl
Newark, NJ 07102



Agreement for Financial Institution Data Matching

This Agreement, entered into by and between the Florida Department of Revenue, Child Support Program (“the Department”) and _____ (“the Financial Institution”), together referred to herein as “the Parties,” is for the purpose of exchanging information as provided by section 409.25657, Florida Statutes. The Financial Institution’s FEIN is _____.

I. Data Matching

A. The Parties will proceed according to the method selected:

1. Method 1 - All Accounts Method

The Financial Institution will provide the Department with quarterly electronic data files identifying the Financial Institution’s open accounts. The data files will be provided in the manner specified by Method 1 of the Federal Office of Child Support Enforcement’s Multistate Financial Institution Data Match Specifications Handbook, Verison 3.0, December 30, 2020 (OCSE Handbook) and in the frequency specified by I.C of this Agreement. A file will identify all open accounts as of the date the file is produced.

2. Method 2 - Matched Accounts Method

The Department will provide the Financial Institution with quarterly electronic data files identifying individuals by name and social security number who owe past-due support. The Financial Institution will match the electronic data file against its open accounts. The Financial Institution’s open account data that matches to the Department’s data file will be provided to the Department in the manner specified by Method 2 of the OCSE Handbook. The Financial Institution will return a match file to the Department within fifteen (15) business days after receiving or downloading the Department’s data file.

B. Data Exchange Protocol

The Financial Institution will perform the data matching requirements under this Agreement using Secure File Transfer Protocol (SFTP) by:

1. Employing or contracting with a third-party service provider.

2. Exchanging data files directly with the Department.

C. Match Schedule

Data matching will occur during the following months of each calendar quarter:

Q1. _____

Q2. _____

Q3. _____

Q4. _____

II. Confidentiality and Data Safeguarding

The Parties agree that the data provided to and received from the other Party in performing the work under this Agreement is confidential and will be used solely for the purposes specified in sections 409.25657 and 409.25656, Florida Statutes. The Parties further agree to:

A. Maintain confidentiality of information exchanged in accordance with state and federal laws, rules, and regulations, including but not limited to, section 409.2479(1), Florida Statutes, 45 C.F.R. § 303.21, 42 U.S.C. § 654(26) and 42 U.S.C. § 654a(d)(1)(a).

B. Comply with the Florida Cybersecurity Standards in Rule Chapter 60GG-2, Florida Administrative Code, as applicable.

C. Take all action required by state and federal law in the event of a data breach including compliance with section 501.171, Florida Statutes, 45 C.F.R. § 164.402 and 45 C.F.R. § 164.408, as applicable. A Party that becomes aware of a suspected or known data breach will notify the other Party within 24 hours of the discovery of the breach or unauthorized disclosure of confidential information.

D. Establish managerial, operational, and technical safeguards to maintain confidentiality and prevent unauthorized access, use or disclosure of the confidential information provided in accordance with state and federal laws, rules and regulations, including but not limited to 45 C.F.R. § 307.13.

E. Restrict access to and disclosure of information exchanged to authorized personnel who need the information to perform official duties in connection with the purposes of this Agreement.

F. Process and store the information exchanged in the United States and prohibit access to the information exchanged by persons outside the United States.

G. Ensure if either a Party or a subcontractor uses a Cloud service provider to store or process data obtained under this Agreement, the provider must be certified Fed Ramp Compliant and must comply with the security requirements in this Agreement. The Parties agree to prohibit storage of the information exchanged on mobile devices.

H. Delete all interface files and nonmatching records received from the other Party, including all copies containing the data, within 90 days of receipt.

I. Complete annual security and privacy awareness training for all authorized personnel with access to the information exchanged. The training, to be provided by the Department, will describe the user's responsibility for proper use and protection of the confidential information exchanged, potential indicators of insider threat, and the possible sanctions for misuse of the information exchanged. Each user will complete an annual acknowledgment upon completion of the training.

J. Ensure that if the Financial Institution uses a subcontractor for data processing or storage of data, the Financial Institution shall assume toward the subcontractor all obligations and responsibilities that the Department assumes under this Agreement toward the Financial Institution, and the subcontractor shall assume toward the Financial Institution all the same obligations, duties and responsibilities which the Financial Institution assumes toward the

Department under this Agreement. If the Department uses a subcontractor for data processing or storage of data, the Department shall assume toward the subcontractor all obligations and responsibilities that the Financial Institution assumes, under the Agreement, toward the Department, and the subcontractor shall assume toward the Department all the same obligations, duties and responsibilities which the Department assumes toward the Financial Institution under this Agreement.

III. Fees

A. The Financial Institution is entitled to a reasonable fee for its services, as defined by Rule 12E-1.029(3), Florida Administrative Code.

1. The Financial Institution elects to receive fees for its services.
2. The Financial Institution waives fees.

B. If the Financial Institution elects to receive fees, the following terms and conditions apply:

1. If Method 1 is used as provided by I.A.1, the Department will pay \$50 per quarter for each data match conducted; if Method 2 is used as provided by I.A.2, the Department will pay \$250 per quarter for each data match conducted; and if the Financial Institution participates in multi-state financial institution data matching sponsored by the Federal Office of Child Support Enforcement, the Department will pay \$100 per quarter for each data match conducted.

2. An itemized invoice must be submitted each quarter to the Department's billing contact in IV.B by email or U.S. mail within thirty (30) days after submission of the Financial Institution's data file to the Department.

3. Invoices must contain:

- a. The Financial Institution's name and mailing address.
- b. The amount of the applicable fee.
- c. The month and year in which the data was provided.
- d. The annual purchase order number provided by the Department.

For the period _____ to _____, the purchase order number is _____. A new purchase order will be issued by the Department annually thereafter. Notice of subsequent purchase order numbers will be provided annually to the Financial Institution's Agreement Manager by the Department.

e. A contact name and phone number.

4. Upon request, the Financial Institution must provide the Department with documentation of data matching costs incurred and an itemized statement of data matching services rendered.

IV. Contact Information

A. Financial Institution

Agreement Manager:
Address:
Phone #:
E-mail:

Technical Contact: <input type="text"/>
Phone #:
E-mail:

Billing Contact:
Address:
Phone #:
E-mail:

Third-Party Service Provider (if applicable): <input type="text"/>
Contact Person: <input type="text"/>
Address:
Phone #:
E-mail:

Garnishment Contact:
Address:
Phone #:
E-mail:

B. Department of Revenue

Agreement Manager:
Address:
Phone #:
E-mail:

Technical Contact: <input type="text"/>
Phone #:
E-mail:

Billing Contact:
Address:
Phone #:
E-mail:

Correspondence and other communications will be addressed to the applicable points of contact. Changes in contact information will be provided in writing to the other Party's Agreement Manager.

V. Term

This Agreement becomes effective on _____, or when signed by both Parties, whichever occurs later, and remains in effect until _____. The Agreement may be renewed for up to five years by mutual agreement of the Parties. Either party may terminate this Agreement at will upon thirty days advance written notice to the other Party. Each Party bears its own costs.

IN WITNESS THEREOF, the Parties have caused this Agreement to be signed and delivered by their duly authorized representatives as of the date set forth below.

**For DEPARTMENT OF REVENUE
STATE OF FLORIDA**

For FINANCIAL INSTITUTION

Signature
Name
Title

Signature
Name
Title

DATE: _____

DATE: _____

Office of the General Counsel
Department of Revenue
Legal Review
BY: _____
DATE: _____

OCSE O&M and Continuous Improvements

Multistate Financial Institution Data Match

Specifications Handbook

Version 3.0

December 30, 2020

Administration for Children and Families
Office of Child Support Enforcement
330 C Street SW, 5th Floor
Washington, DC 20201

This document was prepared for the United States Department of Health and Human Services, Office of Child Support Enforcement under Contract Number HHSN316201200034W by Leidos Innovations Corporation. The work was authorized in compliance with the following specific prime task order:

Delivery Order Number:	C-34668-O
Delivery Order Title:	Multistate Financial Institution Data Match
Document Date:	December 30, 2020
Document Number:	C2-S0232A1.97.01

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this statutorily required (42 U.S.C. § 666(a)(17) information collection is for child support enforcement purpose. Public reporting estimated burden for this collection of information is .083 hours per respondent, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. As provided by the 42 U.S.C. 653(m) any confidential information collected for this program is by authorized users. A federal agency may not conduct or sponsor an information collection without a valid OMB Control Number. No individual or entity is required to respond to, nor shall an individual or entity be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, without a current valid OMB Control Number. If you have any comments on this collection of information, please contact OCSEFedSystems@acf.hhs.gov.

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1 Background

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) makes it more important than ever for children and their custodial parents to receive the child support they are entitled to, as the Act places time limits on the receipt of welfare assistance. To assist in this effort, the child support enforcement requirements of PRWORA mandate that each state employ quarterly matching of delinquent noncustodial parents to the accounts maintained at financial institutions. This handbook establishes the Specifications to conduct this matching.

2 Introduction

All data match filers should use these Specifications for all reports filed. For a general explanation of the institutions and financial assets subject to data match reporting, refer to the federal Office of Child Support Enforcement (OCSE) Action Transmittal 98-07 and 98-29 and the Data Match law of the states in which you do business.

3 Participation

Check with your state for available reporting options. Many states offer two reporting methods. In those states, each financial institution subject to the data match laws must inform the state which of the two reporting methods it will use to report data match information. You will find a description of each method in this handbook.

4 Method 1 – All Accounts Method

Institutions may elect to present to the state a file identifying all open accounts by April 30 of each year and quarterly thereafter. Certain states may require you to file only one All Account file in the first quarter of the year, followed by quarterly updates of accounts opened and closed. Please check with your state for this information.

Institutions electing Method 1 may also elect to treat their required Form 1099 filing as part of their obligation under the Data Match program, making changes in their 1099 filing to meet data match requirements. These institutions are then required to send a supplemental report containing account information not included in the 1099 file.

5 Method 2 – Matched Accounts Method

Institutions may elect to match a file presented by the state, not more than quarterly, against all accounts maintained at that institution. The file will be sent to the person designated by the institution. It is to be returned with the Match File or No Match report after processing. Institutions electing this option must report information required on all accounts at the institution maintained on the state's Inquiry File. You must deliver these reports within 30-45 days of receiving the Inquiry File.

6 Reporting Agents

Many financial institutions contract with reporting agents (also known as service agents, service providers, or transmitters) for Internal Revenue Service Form 1099 reporting. As these Specifications are similar to the Form 1099 format, these reporting agents may be used to report data match information. An institution electing Method 2 that designates a reporting agent to receive, process, and report data match information on its behalf must inform the state of this designation. This is to guarantee the confidentiality of the information on the state Inquiry File.

Anytime an institution wants the state to send the Inquiry File to a recipient whose Tax Identification Number (TIN) is different from the institution, the state must be informed.

7 Exchanging Data Match Information

These specifications apply specifically to the files and reports named below:

- **Account Files** – Files submitted to the state listing all accounts of the financial institution under the option offered by Method 1 – All Accounts Method. This includes the supplemental file from institutions that elected to include their annual Form 1099 filing as part of their data match reporting. (For more information, see Appendix B.3, “Combined 1099/Data Match Filing.”)
- **Account Update Files** – Files sent to the state reporting new, changed, or recently closed accounts, which supplement or update information previously filed under Method 1 – All Accounts Method.
- **Inquiry File** – Files sent from the state to financial institutions electing to report under Method 2 – Matched Accounts Method. This file contains a list of persons that the institution will match against its records.
- **Match Files** – The files sent to the state of accounts matched under Method 2 – Matched Accounts Method, where the state supplied the institution with an Inquiry File.

All files sent to the state under the Data Match program contain only three types of records, which are defined in this handbook:

- Financial Institution Record
- Account Owner Record
- “T” Total Record

We wrote these specifications to allow institutions to copy and change existing Form 1099 programs rather than create an entirely new layout. To minimize programming, certain Form 1099 fields are permitted in these Specifications and are designated as “Optional.”

8 Common Data Match Errors

The state encourages filers to verify the content of their data match files to ensure the accuracy of the data. This may eliminate the need for states to return files for correction. This is especially important to those who have reports prepared by a reporting agent.

Filing institutions will receive the rejected files back with an explanation for the rejection. The institution should make the appropriate corrections and resend the file as soon as possible.

The following were frequently encountered problems experienced by the Massachusetts Department of Revenue in the first year of its Financial Institution Data Match operation:

- **Form 1099 Reports submitted in place of Method 1 Data Match Reports**
Although the magnetic media specifications for 1099 and data match reporting are similar, a 1099 report cannot be filed in place of a data match report because there are important differences. An institution may elect to combine 1099 and data match filing, but only after electing to do so on the BMRS-I, Data Match Election Form. Even so, the 1099 file must be modified as instructed in this handbook.
- **Non-interest bearing accounts omitted or excluded**
Although such accounts may be exempt from IRS 1099 reporting, these accounts are not excludable under the laws governing data match reporting.
- **Transmittal Report not included with Data Match file**
This slows the processing of your file.
- **Transmitter TINXID omitted on Transmittal**
- **“A” Record: The institution or money market fund TIN/FID omitted, positions 7-15**
Only numerals should appear in these positions. Hyphens and spaces between digits are also common errors.
- **Levy service mailing address incorrect or omitted, positions 131-210**
The levy service address may be different from that entered on the IRS 1099 report or the general street address.
- **“B” Record: Account Balance omitted, positions 351-357**

9 Where to Send Data Match Forms and Files

Consult your state data match reporting site for this address. Method 2 institutions reporting matched accounts to different states should use Appendix D, “Data Match FIPS Code Directory,” to determine where to file their report.

10 Where to Get Help

If you have any questions regarding these specifications, contact the MSFIDM Help Desk at fidm@ssa.gov or 800-258-2736.

A “A” Record: Financial Institution Information

The “A” Record, which Chart A-1 shows, is used by all filers, regardless of the reporting method chosen. Separate “B” Record layouts for each reporting method follow. Type A is alphabetic, type N is numeric, and type A/N is alphanumeric.

Chart A-1: “A” Record – Financial Institution Information				
Field Name	Location	Length	A/N	Comments
Record Type	1	1	A	Constant “A.”
Filler	2-3	2	A/N	Space filled.
File Seq. Number	4-6	3	N	Enter the sequence number 001. This field is not relevant to Data Match and may be left blank. (Optional)
Institution TIN	7-15	9	N	This must be the valid nine-digit Taxpayer Identification Number (TIN) assigned to your financial institution. Do not enter spaces, hyphens, or alphabetic characters.
Institution Name Control	16-19	4	A/N	You can obtain the Payer Name Control only from the mail label on the 1099 package mailed to most payers each December. If a 1099 package was not received or the Payer Name Control is unknown, leave this field blank. (Optional)
Year and Month	20-25	6	N	Enter the year and month the file generated in CCYYMM format. For example, enter April 2021 as 202104 .
Filler	26-31	6	A/N	Space filled.
Test/Corr Indicator	32	1	A	Enter a valid test/corr indicator. Enter a T if this is a test file; otherwise, leave blank. (Optional)
Service Bureau Indicator	33	1	N	Enter a 1 if you used a person or organization to prepare or submit data match information. A parent company submitting data for a subsidiary is not considered a service agent. (Optional)
Filler	34-41	8	A/N	Space filled.

Chart A-1: “A” Record – Financial Institution Information

Field Name	Location	Length	A/N	Comments
Mag Tape Indicator	42-43	2	A	Enter the letters LS if you are filing a magnetic tape or cartridge; otherwise, leave blank. (Optional)
Filler	44-48	5	A/N	Space filled.
Foreign Corporation Indicator	49	1	N	Enter 1 if the financial institution is a foreign corporation. If not, leave blank. A foreign corporation is any corporation organized or created other than in or under the laws of the United States, any of its states or territories, or the District of Columbia. (Optional)
Institution Name	50-89	40	A/N	Institution name for levy service. Enter the name of the institution whose TIN appears in positions 7-15 of this “A” Record. Enter the name the state will use for proper levy processing. This is especially important for mutual funds.
Second Institution Name (or Transfer Agent)	90-129	40	A/N	If the Transfer Agent Indicator in position 130 contains 0 , meaning there is no transfer agent, you can use this field to continue the institution name above. If the indicator in position 130 contains a 1 , this field may contain the name of the transfer agent. Transfer agents are not relevant to data match, but this information will be accepted from institutions that change their Form 1099 programming for data match reporting. Fill unused positions with spaces. (Optional)
Transfer Agent Indicator	130	1	N	Enter 1 if the entity in 90-129 is the Transfer Agent. A transfer agent is used by institutions to pay certain taxes. Transfer agents are not relevant to data match, but this information will be accepted from institutions that change their Form 1099 programming for data match reporting. Fill unused positions with spaces. (Optional)
Institution Street Address	131-170	40		Address a levy should be mailed to. This address may differ from that entered in these positions for IRS 1099 reporting, particularly for larger institutions. Verify and enter the address authorized to receive a state levy served on your institution.

Chart A-1: “A” Record – Financial Institution Information

Field Name	Location	Length	A/N	Comments
Institution City	171-199	29	A	City a levy should be mailed to.
Institution State	200-201	2	A	State a levy should be mailed to.
Institution Zip Code	202-210	9	N	ZIP code a levy should be mailed to.
Reporting Agent/Transmitter TIN	211-219	9	N	This must be the valid nine-digit TIN assigned to the reporting agent or transmitter filing the report. This is for both Method 1 and Method 2 reporting agents or transmitters. For Method 2 filers, this TIN belongs to the agent designated to receive the Data Match Inquiry file on an institution’s behalf. This TIN must be the one entered on the Quarterly Inquiry/Response File Transmission Form. Do not enter hyphens or alphabetic characters. If the Institution TIN in positions 7-15 and the Reporting Agent/Transmitter TIN are the same, enter spaces.
Reporting Agent/Transmitter Name	220-290	71	A/N	This is not required if the Institution Name in positions 50-89 and Reporting Agent/Transmitter Name are the same.
Transmitter Street Address	291-330	40	N/A	The transmitter’s street address.
Transmitter City	331-359	29	A	The transmitter’s city.
Transmitter State	360-361	2	A	The transmitter’s state.
Transmitter Zip Code	362-370	9	N	The transmitter’s ZIP code.
Data Match File Indicator	371	1	A	M – The file submitted is a match file (M); the institution has elected Method 2, has matched its accounts to a State Inquiry file, and is remitting a list of those accounts owned by persons on that Inquiry File. A – The institution elected Method 1 and is submitting the file quarterly for the state to use in its internal data matching system. U – In states where permitted, the institution that elected Method 1 may have the option to submit a quarterly file to update the first quarter account file, identifying those accounts opened and closed in the prior quarter.

Chart A-1: "A" Record – Financial Institution Information				
Field Name	Location	Length	A/N	Comments
Filler	372-420	49	A/N	Space filled.

Method 1 filers should continue to the next section, Appendix B, "Method 1 – All Accounts Method." Method 2 filers should skip to Appendix C, "Method 2 – Matched Accounts Method."

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B Method 1 – All Accounts Method

B.1 Method 1 – “B” Record

This record layout, which Chart B-1 shows, is for filers electing Method 1, the All Accounts Method of reporting Data Match information.

Type A is alphabetic, type N is numeric, and type A/N is alphanumeric.

Chart B-1: Method 1 – All Accounts Method “B” Record				
Field Name	Location	Length	A/N	Comments
Record Type	1	1	A	Constant “B.”
Year and Month	2-7	6	N	Enter the year and month the file generated in CCYYMM format from “A” Record position 20–25. For example, enter April 2021 as 202104 .
Payee Last Name Control	8-11	4	A	Enter the first four characters of the last name on the matched account.
Filler	12-14	3	A/N	Space filled.
Payee SSN	15-23	9	N	Enter the Social Security number (SSN) of the primary owner of the account.
Payee’s Account Number	24-43	20		Report the account number associated with the payee’s matched account.
Filler	44-60	17	A/N	Space filled.
Account Full Legal Title	61-160	100	A/N	Report the full account title of the account reported. Some institutions may find this helpful to report trust accounts or other titles (for example, “Law Office of...”). (Optional)
Payee Foreign Country Indicator	161	1	N	If the address of the payee is in a foreign country, enter 1 in this field; otherwise, leave blank.
1st Payee Name	162-201	40	A	Enter the name of the primary owner of the account (preferably last name first) whose SSN is in positions 15-23 of the “B” Record.

Chart B-1: Method 1 – All Accounts Method “B” Record				
Field Name	Location	Length	A/N	Comments
2nd Payee Name	202-241	40	A	If there are multiple payees, (for example, joint owners, partners, or spouses), use this field for those names not associated with the SSN in positions 15-23 of the “B” Record. If none, enter spaces.
1st Payee Street Address	242-281	40	A/N	The street address for the person whose SSN is in positions 15–23. If this does not exist, enter the street address for the second account owner.
1st Payee City	282-310	29	A	The city for the person whose SSN is in positions 15–23. If this does not exist, enter the city for the second account owner.
1st Payee State	311-312	2	A	The two-letter state abbreviation for the person whose SSN is in positions 15–23. If this does not exist, enter the two-letter state abbreviation for the second account owner.
1st Payee Zip Code	313-321	9	N	The ZIP code for the person whose SSN is in positions 15–23. If this does not exist, enter the ZIP code for the second account owner.
Filler	322-350	29	A/N	Space filled.
Account Balance	351-357	7	A/N	Zeros required if position 361 is 0. The account balance is necessary to prevent financial institutions from receiving large numbers of state levies for accounts with insufficient funds. Show the account balance or value in whole dollars only, with the sign trailing (positive or negative). For brokerage firms reporting margin accounts, the balance or value is the account holder’s equity position, or the value of the account less any borrowed amount. For closed accounts, or where the information is unavailable, fill with zeros. For accounts with balances greater than 9,999,999, enter 9,999,999.
Filler	358	1	A/N	Space filled.

Chart B-1: Method 1 – All Accounts Method “B” Record				
Field Name	Location	Length	A/N	Comments
Trust Fund Indicator	359	1	N	The Trust Fund Indicator is necessary for effective state levy service. For closed accounts, you can enter a 0 , but not a space. Possible values: 0 – Not a trust account; closed account 1 – UTMA/UGMA account 2 – IOLTA account 3 – Mortgage escrow account 4 – Security deposits (including Real Estate) 5 – Other trust or escrow 6 – Information not available
Account Status Indicator	360	1	N	Possible values: Enter 0 if the account is open. Enter 1 if the account is closed. Enter 2 if the account is inactive. An inactive account is an account that has not had activity for a specified period of time determined by the financial institution.
Account Balance Indicator	361	1	N	Possible values based on value entered in positions 351-357: Enter 0 if there is no account balance. Enter 1 if there is an average balance. Enter 2 if there is a current balance (as of the day the report is created).

Chart B-1: Method 1 – All Accounts Method “B” Record				
Field Name	Location	Length	A/N	Comments
Account Update File Indicator	362	1	N	For account update files only (if not sending Account Update files, leave blank): Enter 0 if this account has been closed. Enter 1 if this is a new account opened since the last report the financial institution filed. Enter 2 if there is revised account information from the last report the financial institution filed (for example, changes in address or ownership).
Date of Birth	363-370	8	N	Report the account owner’s date of birth in CCYYMMDD format. If not available, enter blanks. For example, enter August 1, 1990, as 19900801 .
Filler	371-380	10	A/N	Space filled.
Account Type	381-382	2	N	Enter two digits for the code that identifies the type of account: 00 – Not Applicable 01 – Savings Account 04 – Checking/Demand Deposit Account 05 – Term Deposit Certificate 06 – Collateral Account 11 – Money Market Account 12 – IRA/KEOGH 14 – ERISA Plan Account 16 – Cash Balances 17 – Compound Account 18 – Other Note: If an IRA or ERISA plan contains any of the other types, identify the account only as an IRA or ERISA plan. A compound account is an investment account where portions of the balance are in differing funds, for example, stock, money market, or bonds.

Chart B-1: Method 1 – All Accounts Method “B” Record				
Field Name	Location	Length	A/N	Comments
Filler	383-410	28	A/N	Space filled.
2nd Payee SSN	411-419	9	N	Enter the SSN of the second owner of the account. If none, enter spaces.
Filler	420	1	A/N	Space filled.

B.2 Method 1 – “T” Record

Chart B-2: Method 1 – Total Records “T” Record				
Field Name	Location	Length	A/N	Comments
Record Type	1	1	A	Constant “T.”
Total Number of Accounts Reported	2-10	9	N	Numeric; sign trailing.
Number of Closed Accounts Reported	11-19	9	N	Numeric; sign trailing; account update files only.
Constant zero	20-28	9	N	Numeric; sign trailing.
Number of Trust Accounts Reported (All Types)	29-37	9	N	Numeric; sign trailing.
Number of New Accounts Reported	38-46	9	N	Account update files; only numeric; sign trailing.
Filler	47-55	9	A/N	Space filled.
Number of Address/Owner Changes Reported	56-64	9	N	Account update files; only numeric; sign trailing.
Filler	65-73	9	A/N	Space filled.
Constant zero	74-82	9	N	Numeric; sign trailing.

Chart B-2: Method 1 – Total Records “T” Record				
Field Name	Location	Length	A/N	Comments
Total Dollar Amount Reported	83-91	9	N	Numeric; sign trailing.
Total Number of IRAs Reported	92-100	9	N	Numeric; sign trailing.
Filler	101-420	320	A/N	Space filled.

B.3 Combined 1099/Data Match Filing

Where permitted, institutions making the election to report under Method 1 and include data match account information with their annual Form 1099 filing must change their 1099 “A” and “B” Records. Because Form 1099 specifications can vary from state to state, the format below may not be suitable for your institution. Contact your state for further information on this filing option.

B.3.1 “A” Record

The character “A” (Account File) must be entered in position 371. Otherwise, positions 1-750 should be filled as required in IRS Publication 1220 for Form 1099.

B.3.2 “B” Record

Positions 6-662 should be filled as required in IRS Publication 1220. However, the following additional fields must be added to the “B” Record in the positions 663-684, where the IRS permits states to add “Special Data Entries.” With the exception of the Account Status Indicator defined in Chart B-3, these fields and their description are found in the complete Method 1 “B” Record layout, but their location will be different.

Chart B-3: Method 1 – Combined 1099/Data Match “B” Record				
Field Name	Location	Length	A/N	Comments
Record Type	1	1	A	Constant “B.”
Year	2-5	4	N	Enter the year in CCYY format.

Chart B-3: Method 1 – Combined 1099/Data Match “B” Record				
Field Name	Location	Length	A/N	Comments
Account Status Indicator	663	1	N	Possible values: Enter 0 if the account is open. Enter 1 if the account is closed. Enter 2 if the account is inactive. An inactive account is an account that has not had activity for a specified period of time determined by the financial institution.
Account Balance	664-671	8	N	Whole dollars only; numeric; sign trailing.
Trust Fund Indicator	672	1	N	The Trust Fund Indicator is necessary for effective state levy service. For closed accounts, you may enter a zero but not a space. Possible values: 0 – Not a trust account; closed account 1 – UTMA/UGMA account 2 – IOLTA account 3 – Mortgage escrow account 4 – Security deposits (including Real Estate) 5 – Other trust or escrow 6 – Information not available

Chart B-3: Method 1 – Combined 1099/Data Match “B” Record				
Field Name	Location	Length	A/N	Comments
Account Type	673-674	2	N	Enter two digits for the code that identifies the type of account: 00 – Not Applicable 01 – Savings Account 04 – Checking/Demand Deposit Account 05 – Term Deposit Certificate 06 – Collateral Account 11 – Money Market Account 12 – IRA/KEOGH 14 – ERISA Plan Account 16 – Cash Balances 17 – Compound Account 18 – Other Note: If an IRA or ERISA plan contains any of the other types, identify the account only as an IRA or ERISA plan. A compound account is an investment account where portions of the balance are in differing funds, for example, stock, money market, or bonds.
Account Balance Indicator	684	1	N	Possible values based on value entered in positions 351-357: Enter 0 if there is no account balance. Enter 1 if there is an average balance. Enter 2 if there is a current balance (as of the day the report is created).
2nd Payee SSN	675-683	9	N	Enter the SSN of the second owner of the account. If none, enter spaces.
Filler	685-722	38	A/N	Space filled.
Account Status Indicator	750	1	N	Enter 0 if the account is still open. Enter 1 if the account has been closed.

B.3.3 “T” Record

There are no modifications to be made to the Form 1099 “T” Record.

After filing combined information by the February 28 due date, a data match supplemental report will be due on April 30. This includes all accounts not included on the 1099 file (such as non-interest bearing accounts), and all accounts opened and closed since January 1. An institution may file a complete All Accounts file in place of this supplemental report.

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C Method 2 – Matched Accounts Method

C.1 Inquiry File: Specifications for Files to be Given to Financial Institutions for Data Matching

Financial institutions (or their Reporting Agents) electing to perform the matching under Method 2, the Matched Accounts Method, will receive an Inquiry File from the state containing a list of persons to be matched.

The files the state sends to institutions for matching purposes must match against all open accounts the institution maintains and all account owners, including secondary owners. Institutions must match this file against accounts not typically considered for 1099 reporting, including non-interest bearing accounts and accounts earning less than \$10.00 in interest or dividends.

Inquiry Files contain only three kinds of records:

- “D” – A record identifying the year and month the state created the file
- “I” –The basic inquiry record, identifying the person to be matched
- “T” –The total record showing the number of inquiry records on this file

All records are 99 characters in length; the records are in groups of 100 records. These records are described in detail below.

Chart C-1: Method 2 – Inquiry Files “D” Record				
Field Name	Location	Length	A/N	Comments
Record Type Constant “D”	1	1	A	Constant “D.”
Year and Month File Generated	2-7	6	N	Enter the year and month the file was generated in CCYYMM format.
Data Match File Indicator	8	1	A	Constant “M.”
Filler	9-99	91	A/N	Space filled.

Chart C-2: Method 2 – Inquiry Files “I” Record

Field Name	Location	Length	A/N	Comments
Record Type	1	1	A	Constant “I.”
Inquiry Social Security Number	2-10	9	N	This is the SSN of the person to be matched. A match is to be reported by the financial institution whenever an account with the SSN indicated on the Inquiry File is found. A single SSN can appear more than once on the Inquiry File. These multiple entries are differentiated by entries in the Case Pass-Back Information in positions 57-71. If a match is found, matches should be reported for each account with each SSN and Case Pass-Back Information.
State Pass-Back Information	11-20	10	A/N	This field is a 10-digit alphanumeric entry (which can be blank) that is significant to the state in its administration of the Data Match system. This information must be passed back to the state if a match is found. (If this field is blank, a blank is passed back.)
Inquiry Last Name	21-40	20	A/N	This alphanumeric field will be left justified and filled with blanks. If the name to be recorded in this field exceeds 20 characters, it is continued in positions 41-56. Matches identified by a corresponding SSN should be reported by the financial institution, even if the name does not match the inquiry record.
Inquiry First Name	41-56	16	A/N	Left justified and filled with spaces.
Case Pass-Back Information	57-71	15	A/N	This 18-digit alphanumeric field (which may be blank) has significance to the state for its child support case administration. This field must be passed back to the state if a match is found. (If the ID Suffix is a blank, a blank is passed back.)
FIPS Code Pass-Back Information	72-76	5	A/N	This field is a five-digit alphanumeric field that contains the FIPS code of the state inquiring about the SSN. This information must be passed back to the state if a match is found. Financial institutions use this code to determine which state will receive the account information for the match.
Additional State Pass-Back Information	77-99	23		Optional field used by the state to pass information to the financial institution.

Chart C-3: Method 2 – Inquiry Files “T” Record				
Field Name	Location	Length	A/N	Comments
Record Type	1	1	A	Constant “T.”
Number of Inquiry Records on This File	2-11	10	N	Numeric; sign trailing.
Filler	12-99	88	N/A	Space filled.

The Inquiry File contains highly confidential data. Therefore, all Method 2 filers are to destroy the files, regardless of delivery medium, after conducting the data match, but no longer than 60 days after receipt. Deletion is not acceptable. You must overwrite the file and save with nulls before erasing the file.

C.2 Match File: Specifications for Files to be Given to State by Financial Institutions

C.2.1 Method 2 – “A” Record

The character “M” (Match File) must be entered in position 371. Otherwise, the Matched Accounts “A” Record is nearly identical to the “A” Record previously described in this Specifications document. For filing instructions, see Chart A-1.

C.2.2 Method 2 – “B” Record

When an Inquiry SSN is matched to an account, the financial institution reports account information on the following “B” Record. Be sure to read the note regarding Primary and Secondary SSN reporting at the end of the record description.

Chart C-4: Method 2 – Match Files “B” Record				
Field Name	Location	Length	A/N	Comments
Record Type	1	1	A	Constant “B.”
Year and Month	2-7	6	N	Enter the year and month the file generated in CCYYMM format passed back from Inquiry File data, “A” Record position 20-25. For example, enter April 2013 as 201304 .
Payee Last Name Control	8-11	4	A	First four characters of the last name.
Filler	12-14	3	A/N	Space filled.
Matched SSN	15-23	9	N	Enter the SSN matched from the Inquiry File.
Payee’s Account Number	24-43	20		Report the account number associated with the payee’s matched account.
Filler	44-60	17	A/N	Space filled.
Account Full Legal Title	61-160	100	A/N	Report the full account title of the account matched. Some institutions may find this helpful to report trust accounts or other titles (for example, “Law Office of...”). (Optional)
Matched Name Foreign Country Indicator	161	1	N	If the address of the payee is in a foreign country, enter 1 in this field; otherwise, leave blank.
Matched Name	162-201	40	A	Enter the name on the account from the financial institution account records. Be sure to enter both the first and last names.
2nd Payee Name	202-241	40	A	Method 2 filers having matched an account to the name entered in positions 162-201 will enter the name of any other owner of the account. If none exists, leave blank. If the secondary owner is entered in position 162-201, enter the primary owner name.
Matched Name Street Address	242-281	40	A/N	Enter the street address for the Matched Name whose SSN is in positions 15-23. If this does not exist, enter the street address for the second account owner.

Chart C-4: Method 2 – Match Files “B” Record				
Field Name	Location	Length	A/N	Comments
Matched Name City	282-310	29	A	Enter the city for the Matched Name whose SSN is in positions 15-23. If this does not exist, enter the city for the second account owner.
Matched Name State	311-312	2	A	Enter the two-letter state abbreviation for the Matched Name whose SSN is in positions 15-23. If this does not exist, enter the two-letter state abbreviation for the second account owner.
Matched Name Zip Code	313-321	9	N	Enter the ZIP code for the Matched Name whose SSN is in positions 15-23. If this does not exist, enter the ZIP code for the second account owner.
FIPS Code Pass-Back Information	322-326	5	A/N	FIPS Code Pass-Back Info from the “I” Record in positions 72-76. For federal data matching, insert the two-letter abbreviation of the state where the account is located. The FIPS Code Pass-Back Information field supplied by the state on the Inquiry File for matching purposes must be returned with the account information. If the state file includes multiple records matching the account, submit the account information once for each time the individual appears on the state Inquiry File.
Additional State Pass-Back Information	327-349	23		Pass-Back from “I” Record in positions 77-99. For federal data matching, this field may be left blank. The Additional State Pass-Back Information field supplied by the state on the Inquiry File for matching purposes must be returned with the account information. If the state file includes multiple records matching the account, submit the account information once for each time the individual appears on the state file.
Blank	350	1	A/N	Space filled.

Chart C-4: Method 2 – Match Files “B” Record

Field Name	Location	Length	A/N	Comments
Account Balance	351-357	7	N	<p>If position 361 is 0, zeros are required.</p> <p>The Account Balance is necessary to prevent financial institutions from receiving large numbers of state levies for accounts with insufficient funds. Show the account balance or value in whole dollars only, with the sign trailing (positive or negative). Do not include decimals. For brokerage firms reporting margin accounts, the balance or value is the account holder’s equity position or the value of the account less any borrowed amount. For closed accounts or where the information is unavailable, fill with zeros. For accounts with balances greater than 9,999,999, enter 9,999,999.</p>
Match Flag	358	1	N	<p>The FI will compare the SSN and first four characters of the last name. All SSN matches identified by a corresponding SSN should be reported by the institution. An additional comparison of the matched last name to the last name on the Inquiry File may prevent the financial institution from receiving incorrect levies.</p> <p>Enter 0 if the institution is unable to match the last name.</p> <p>Enter 1 if the first four letters of the matched last name and the Inquiry File last name are the same.</p> <p>Enter 2 if the first four letters of the matched last name and the Inquiry File last name are not the same.</p>

Chart C-4: Method 2 – Match Files “B” Record

Field Name	Location	Length	A/N	Comments
Trust Fund Indicator	359	1	N	Enter a single digit (0-6) to indicate whether the account registration is a trust or escrow account. Enter 0 if the account is not registered as a trust or escrow. For closed accounts, a 0 may be entered, but not a blank. Possible values: 0 – Not a trust account 1 – UTMA/UGMA account 2 – IOLTA account 3 – Mortgage escrow account 4 – Security deposits (including Real Estate) 5 – Other trust/escrow 6 – Information not available
Account Status Indicator	360	1	N	Enter 0 if account is open. Enter 1 if account is closed. Enter 2 if account is inactive. An inactive account is an account that has not had activity for a specified period of time determined by the financial institution.
Account Balance Indicator	361	1	N	Possible values based on value entered in positions 351-357: Enter 0 if there is no account balance. Enter 1 if there is an average balance. Enter 2 if there is a current balance (as of the day the report is created).
Filler	362	1	A/N	Space filled.
Date of Birth	363-370	8	N	Report the matched account owner’s date of birth, if known, in CCYYMMDD format; otherwise, enter zeros. For example, enter August 1, 1990, as 19900801 .

Chart C-4: Method 2 – Match Files “B” Record				
Field Name	Location	Length	A/N	Comments
State Pass-Back Information	371-380	10		The State Pass-Back field supplied on the Inquiry File must be returned with the account information. If the state file includes multiple records matching the account, submit the account information once for each time the individual appears on the state file.
Account Type	381-382	2	N	Enter two digits for the code that identifies the type of account: 00 – Not applicable: 01 – Savings account 04 – Checking/demand deposit account 05 – Term deposit certificate 06 – Collateral Account 11 – Money market account 12 – IRA/KEOGH 14 – ERISA Plan Account 16, Cash Balances 17 – Compound Account 18 – Other Note: If an IRA or ERISA plan contains any of the other types, identify the account only as an IRA or ERISA plan. A compound account is an investment account where portions of the balance are in differing funds: stock, money market, or bonds.
Case Pass-Back	383-397	15	A/N	Case Pass-Back Information from “I” Record in positions 57-071. The Case Pass-Back field supplied by the state on the Inquiry File must be returned with the account information. If the state file includes multiple records matching the account, submit the account information once for each time the individual SSN appears on the state file.
Filler	398-400	3	A/N	Space filled.

Chart C-4: Method 2 – Match Files “B” Record				
Field Name	Location	Length	A/N	Comments
Payee Indicator	401	1	N	Enter 0 if the matched account owner is the sole owner of the account. Enter 1 if a match is generated against a secondary owner’s SSN. Enter 2 if the matched account is to the primary owner, and there are secondary owners to the same account.
Primary SSN	402-410	9	N	If the SSN matched to an account is a secondary owner, and 1 is entered in position 401, enter the account’s primary owner’s SSN.
2nd Payee SSN	411-419	9	N	Enter the SSN of the second owner of the account.
Filler	420	1	A/N	Space filled.

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Method 2 Filers Regarding Primary and Secondary SSN Matching

Generally, if there are multiple owners of an account, the Primary Owner is the SSN designated for tax reporting. A Secondary Owner is any others. The following are instructions to clarify the Primary and Secondary owners reporting. All other fields not specified below are to be completed as instructed in the “B” Record layout above:

- If an SSN matched from the State Inquiry File is found to be the Primary Owner of an account, follow these instructions:
 - The Matched SSN is entered in the Matched SSN field in positions 15-23.
 - The Matched Name is entered in the Matched Name field in positions 162-201.
 - The Secondary Owner’s name will be entered in the 2nd Payee Name field in positions 202-241.
 - If the account owner is the sole owner of the account, enter **0** in the Payee Indicator field in position 401; enter **2** in position 401 if more than one owner exists.
 - The Secondary Owner’s SSN will be entered in the 2nd Payee SSN in positions 411-419. All other fields are to be filled as instructed in the “B” Record layout.
- If an SSN from the State Inquiry File is found to be a Secondary Owner of an account, follow these instructions:
 - The Matched SSN is entered in the Matched SSN field in positions 15-23.
 - The Matched Name is entered in the Matched Name field in positions 162-201.
 - The Primary Owner’s name will be entered in the 2nd Payee Name field in positions 202-241.
 - A **1** is entered in the Payee Indicator field in position 401.
 - The Primary Owner’s SSN will be entered in the Primary SSN field in positions 402-410. All other fields are to be filled as instructed in the “B” Record layout.

C.2.3 Method 2 – “T” Record

Chart C-5: Method 2 – Match Files “T” Record				
Field Name	Location	Length	A/N	Comments
Record Type	1	1	A	Constant “T.”
Total Number of Accounts Reported	2-10	9	N	Enter the total number of accounts matched to the SSNs on the Inquiry File.
Constant zero	11-19	9	N	Numeric; sign trailing

Chart C-5: Method 2 – Match Files “T” Record				
Field Name	Location	Length	A/N	Comments
Number of Accounts with Match Flags	20-28	9	N	Numeric; sign trailing Enter the total number of matches identified by SSN and the first four letters of the last name that are reported by the institution (where “B” Record position 358 is 1). This comparison of the matched last name to the last name on the Inquiry File may prevent financial institutions from receiving incorrect levies.
Number of Trust Accounts Reported (All Types)	29-37	9	N	Numeric; sign trailing.
Constant zero	38-46	9	N	Numeric; sign trailing.
Blanks	47-55	9	A/N	Space filled.
Constant zero	56-64	9	N	Numeric; sign trailing.
Blanks	65-73	9	A/N	Space filled.
Total Number of Accounts Compared Against State File	74-82	9	N	Numeric; sign trailing.
Total Dollar Amount Reported	83-91	9	N	Numeric; sign trailing.
Total Number of IRAs Reported	92-100	9	N	Numeric; sign trailing.
Blanks	101-420	320	A/N	Space filled.

C.3 Reporting No Matches Found

Those filing under Method 2 may have no matches to report after comparing their accounts against the state Inquiry File. Reporting agents and institutions that process Data Match Method 2 in-house may:

- Send an email with **No Matches** indicated and attach a list containing every institution name, TIN, and the total number of accounts compared against the Inquiry File for each.
- Send an empty response file with only a header and trailer.

Agents reporting both matches and no matches must include a complete “A” and “T” Record on the Match File for every institution it compares against the Inquiry File. Do not omit those institutions with no matches; enter zeros in the appropriate positions of the “T” Record. An institution that has been omitted may find itself in violation of data match filing requirements.

D Data Match FIPS Code Directory

The state Inquiry File contains the name, SSN, and other information for matching purposes. Included in this information is the five-digit Federal Information Processing Standard (FIPS) Code. The first two digits of this code identifies the state that requested the match information.

To facilitate the return of the match information, Chart D-1 provides the FIPS Codes and their corresponding state or territory.

Chart D-1: FIPS Code Directory			
FIPS Code	State/Territory	FIPS Code	State/Territory
01	Alabama	30	Montana
02	Alaska	31	Nebraska
04	Arizona	32	Nevada
05	Arkansas	33	New Hampshire
06	California	34	New Jersey
08	Colorado	35	New Mexico
09	Connecticut	36	New York
10	Delaware	37	North Carolina
11	District of Columbia	38	North Dakota
12	Florida	39	Ohio
13	Georgia	40	Oklahoma
15	Hawaii	41	Oregon
16	Idaho	42	Pennsylvania
17	Illinois	44	Rhode Island
18	Indiana	45	South Carolina
19	Iowa	46	South Dakota
20	Kansas	47	Tennessee
21	Kentucky	48	Texas
22	Louisiana	49	Utah
23	Maine	50	Vermont
24	Maryland	51	Virginia
25	Massachusetts	53	Washington
26	Michigan	54	West Virginia
27	Minnesota	55	Wisconsin
28	Mississippi	56	Wyoming
29	Missouri	60	American Samoa

Chart D-1: FIPS Code Directory			
FIPS Code	State/Territory	FIPS Code	State/Territory
66	Guam	72	Puerto Rico
69	Northern Mariana Islands	74	U.S. Minor Outlying Islands
70	Palau	78	Virgin Islands

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Child Support Program

<<Option 1>> Proposed Order To
Modify Administrative Support Order



<<Option 35>>

Child Support Case Number: <<CaseNumber>>
Depository Number: <<DepositoryNo>>
Activity Number: <<ActivityNumber>>



1. The Florida Department of Revenue, Child Support Program issues this <<Option 1>> Proposed Order to Modify Administrative Support Order (Proposed Modified Order) as authorized by section 409.2563, Florida Statutes. In this Proposed Order we refer to <<NCPName>> as the Respondent and <<CP/CTR Name>> as the Petitioning parent (or caregiver, if applicable).
2. The Child Support Program reviewed the existing Final Order and applied the child support guidelines in section 61.30, Florida Statutes, to the current circumstances of the parties and child(ren). Having completed the review we find that the support order should be modified because <<Option 36>>
3. Based on the enclosed Child Support Guideline Worksheet(s) and any relevant deviation factors, we propose and are prepared to enter a Final Modified Administrative Support Order (Final Modified Order) requiring the following support obligations for the child(ren) named in later in this Proposed Order:
 - a. **Current child support** of \$<<CurrSupAmt>> each month to be paid by the Respondent. This would be <<Option 40>> in the amount of current support ordered.
 - b. **Health Insurance**
<<Option 38>>
 - c. **Noncovered medical expenses.** The Respondent shall pay <<NCP Percent Support Need>>percent of the child(ren)'s reasonable and necessary noncovered medical, dental, and prescription medication expenses. The Petitioning/other parent is responsible for <<CP Percent Support Need>> percent of the expenses.
 - d. **Past-due support** of \$<<PDueSupAmt>> has accrued under the existing Final Order(s), which includes any retroactive support, to be paid by the Respondent at the rate of an additional \$<<Monthly Arrears Payment>> each month.

<<Option 52>>

This page is only a summary. The pages that follow contain our findings and additional terms and conditions of the Proposed Order. The start date for payments and health insurance (if ordered) will be covered in the Final Modified Order.

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Notice of Rights

- A. If both parties agree to the terms of this Proposed Order we will prepare a Final Modified Order for your signature.
- B. If you have questions or want to discuss this Proposed Order with us informally, contact us at the address, phone number, or fax number provided. If you ask for an informal discussion within 10 days from the mailing date of this proposed order, your time to ask for a hearing will be extended until 10 days after we notify you in writing that the informal discussions have ended.
- C. If you disagree with this Proposed Order, you may ask for a hearing by filing a written request with the Deputy Agency Clerk at the following address:

Deputy Agency Clerk
 << CSE Local Office and Address >>

Your written request must be received no later than 20 days after the mailing date of this proposed order, unless the time to request a hearing is extended under paragraph B. If you file a request for hearing, you should tell us in writing why you disagree with this Proposed Order, stating each point of disagreement.

If you file a timely request for a hearing, the Division of Administrative Hearings (DOAH) will mail you written notice of the date, time, and place of the hearing. If there is a hearing you will be able to tell your story to an administrative law judge who will decide the case. You are allowed to bring witnesses, present information, argue your case, and ask questions of any witnesses that testify. <<Option 47>>

Any hearing will consider only issues related to child support. Neither the Child Support Program nor DOAH has authority in this proceeding to decide issues of divorce, alimony, time-sharing, or contested paternity. Only the circuit court may decide these issues.

If you do not file a timely request for a hearing, you will lose your right to a hearing and we may render a Final Modified Order that incorporates the findings of this Proposed Order.

- D. If you do not respond timely to this Proposed Order we will issue a Final Modified Order that requires you to provide support. We will mail the Final Modified Order to you and the Petitioning parent (or caregiver, if applicable) and file a copy with the clerk of the circuit court. If we or an administrative law judge issues a Final Modified Order, you have the right to seek judicial review in the District Court of Appeal.

Effect of Final Modified Order

- E. If we issue a Final Modified Order, we may enforce it by any lawful means, including:
 - Requiring your employer to deduct payments from your income
 - Filing liens against your property
 - Suspending driver, professional, and recreational licenses
 - Attaching bank accounts and insurance settlement proceeds
 - Obtaining judgments by operation of law against you
 - Taking your lottery winnings and federal income tax refunds
 - Taking 40 percent of your reemployment assistance benefits
 - Taking part of your worker’s compensation benefits
 - Asking a court to enforce the order

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If payments are late we will report the amount owed to credit reporting agencies.

- F. If we issue a Final Modified Order we will issue an income deduction order that will be effective right away.

Requirement to Notify Department of Revenue
Change of Address and Other Changes

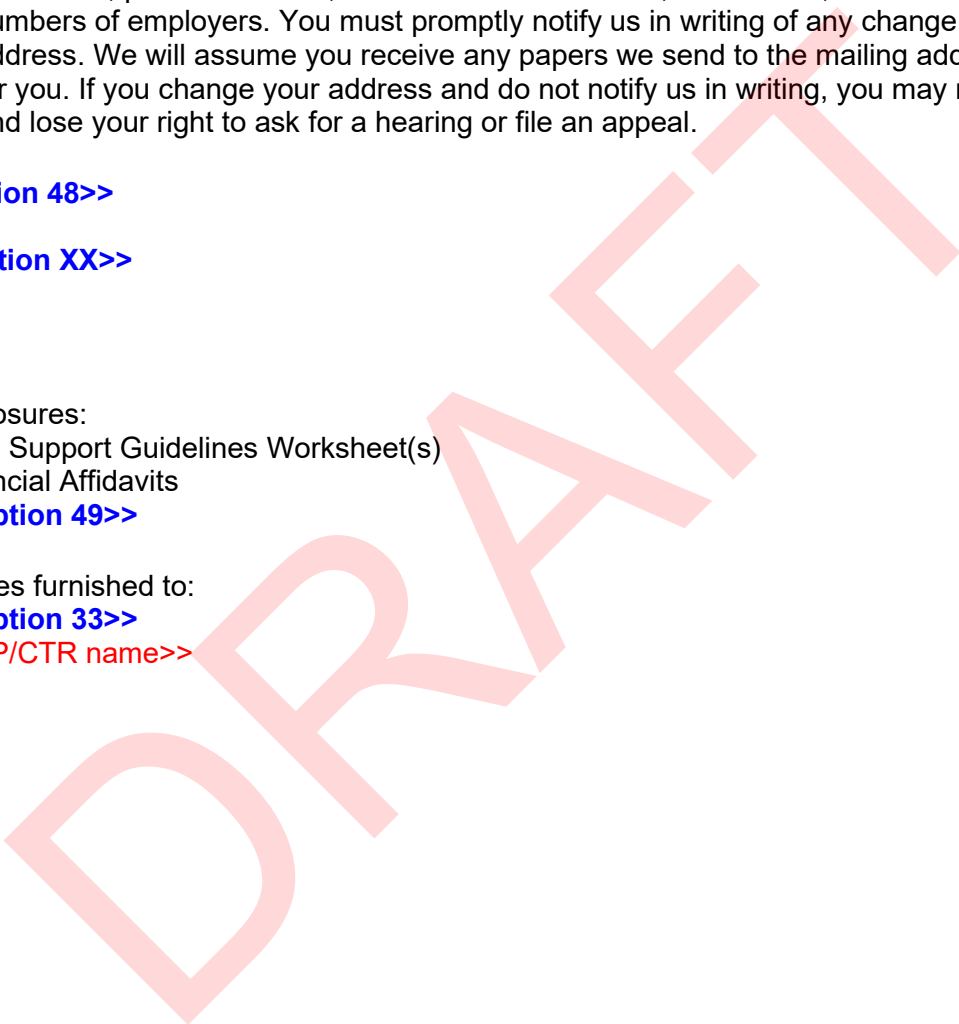
- G. Both parents (and caregiver, if any) must tell us of any changes concerning identity, contact information, or location. This includes name, social security number, residential and mailing addresses, phone numbers, driver's license numbers, and names, addresses, and phone numbers of employers. You must promptly notify us in writing of any change in your mailing address. We will assume you receive any papers we send to the mailing address we have for you. If you change your address and do not notify us in writing, you may miss a deadline and lose your right to ask for a hearing or file an appeal.

<<Option 48>>

<<Option XX>>

Enclosures:
 Child Support Guidelines Worksheet(s)
 Financial Affidavits
 <<Option 49>>

Copies furnished to:
 <<Option 33>>
 <<CP/CTR name>>



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STATE OF FLORIDA
DEPARTMENT OF REVENUE
CHILD SUPPORT PROGRAM

State of Florida Department of Revenue
Child Support Program and

<<CP/CTR NAME>>

Petitioners,

Depository Number: <<DepositoryNum>>

Child Support Case Number: <<CaseNumber>>

vs.

<<NCPName>>

Respondent.

FINAL MODIFIED ADMINISTRATIVE SUPPORT ORDER

Important Notice: This is only a Proposed Modified Order at this time. It is not yet in effect. If you disagree with this Proposed Modified Order, read the Notice of Rights section above. It tells you what to do to request a hearing. If you do nothing, we will enter this as a Final Modified Order.

The Florida Department of Revenue, Child Support Program, enters this Final Modified Administrative Support Order (Final Modified Order). We have considered the financial affidavits we received and/or other reliable information about the income of each parent. We have taken into account the child support guidelines and any relevant deviation factors in section 61.30, Florida Statutes. In this Final Modified Order we refer to <<NCPName>> as the Respondent and <<CP/CTR Name>> as the Petitioning parent (or caregiver, if applicable).

Findings of Fact and Conclusions of Law

1. The Child Support Program has subject matter jurisdiction in this proceeding and enters this Final Modified Order as authorized by section 409.2563, Florida Statutes. There is no judicial support order for the child(ren).
2. On <<Render Date of Order Being Modified>>, the Child Support Program issued a Final Administrative Support Order (Final Order) establishing the Respondent's support obligations. The Child Support Program reviewed the Final Order as provided by section 409.2564(11), Florida Statutes, and applied the child support guidelines in section 61.30, Florida Statutes, to the current circumstances of the parties and child(ren). Having completed the review, the Child Support Program finds that the support order should be modified because <<Option 36>>
3. The Child Support Program is providing Title IV-D child support services for <<CP/CTRName>>, the <<Option 11>> of the child(ren) named in Paragraph 4. The child(ren) resides with <<CP/CTR Name>> most of the time.

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4. The Respondent has a legal duty to contribute to the support of the child(ren) named below because the Respondent is the child(ren)'s parent.

Child(ren) Name
<<Child1Name>>
<<Child2Name>>

Date of Birth
<<Child1DOB>>
<<Child2DOB>>

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

6. This Final Modified Order is being entered without a hearing because: (Not Applicable – This is a Proposed Modified Order)

- 7. The Child Support Program makes the following findings of fact:
 - a. The Respondent's <<Option 13.1>> net monthly income is \$ <<NCP Net Income>> (<<NCP Percent Support Need>> percent of the parents' combined net income).
 - b. The Petitioning/other parent's <<Option 13.2>> net monthly income is \$<<Petitioning Parent's Net Income>> (<<Petitioning Parent's Percent Support Need>> percent of the parents' combined net income).
 - c. Monthly child care costs are \$<<Monthly Child Care Expense>>.
 - d. Monthly health insurance costs for the child(ren) are \$<<Monthly Health Insurance Expense>>.

<<Option 14.1>>
<<Option 14.2>>

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

9. The Respondent's guideline share of the total child support need is \$<<CurrSupAmt>> per month. The amount is based on section 61.30, Florida Statutes, which includes the factors in paragraph 7.

<<Option 15>>

10. Health insurance for the child(ren) <<Option 16.1>> available to the Respondent at reasonable cost through his/her employer, union, or other source and <<Option 16.2>> accessible to the child.

Health insurance for the child(ren) <<Option 16.3>> available to Petitioning/other parent at reasonable cost through his/her employer, union, or other source and <<Option 16.4>> accessible to the child.

<<Option 17>>

<<Option 18>>

11. <<Option 50>>

<<Option 20>>

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Based upon the Findings of Fact and Conclusions of Law and in accordance with section 409.2563, Florida Statutes, it is ORDERED that:

A. The Respondent shall pay support for the following child(ren):

<u>Child(ren)'s Name</u>	<u>Date of Birth</u>
<<Child1FullName>>	<<Child1DOB>>
<<Child2FullName>>	<<Child2DOB>>

B. Starting _____ (Start date will be stated in the Final Modified Order) the Respondent shall pay:

\$<<CurrSupAmt>> per month current support, plus
\$<<Total Payment for Past-Due Support>> per month to reduce the arrears amount of
\$<<Total Past Due Owed>>, for a total monthly payment of
\$<<Total Monthly Payment>>.

When the total past-due support amount and any arrears that accrue after the date of this Final Modified Order are paid, the monthly obligation becomes the current support amount.

C. All payments must be paid by cashier's check, certified check, money order, or a personal or business check payable to the Florida State Disbursement Unit at the following address:

Florida State Disbursement Unit
<<SDUAddress>>

Cash is not accepted. If a personal or business check is returned, the person who wrote the check may no longer be allowed to pay by check. All payments must be identified with the Respondent's name, the amount of the payment and depository number <<Depository Number>>. The Respondent shall not receive credit for any future support payments made directly to the <<CP/CTR Name>> or to the child(ren). Any payment that is not paid when due is considered late and will result in collection action by the Child Support Program.

D. Duration of order. This Final Modified Order stays in effect until:

- (1) Vacated, modified, suspended or terminated by the Child Support Program;
- (2) Vacated on appeal; or
- (3) Superseded by a circuit court order.

The current support obligation in Paragraph B is reduced according to the schedule below as each child reaches age 18, dies, marries, or otherwise emancipates, unless the child is dependent in fact, between the ages of 18 and 19, still in high school and performing in good faith with a reasonable expectation of graduating before the age of 19. If payable beyond the age of 18, the current support obligation ends when the child graduates from high school.

<<Option 41>>

Current support for <<youngest child's name 1>> is scheduled to end on <<child's estimated emancipation date – 1 day>>, or date of high school graduation according to the conditions above, at which time the Respondent's current support obligation ends for all children.

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E. Health Insurance and Noncovered Medical Expenses. <<Option 39>>

The obligation to pay reasonable and necessary noncovered medical, dental, and prescription medication expenses incurred for the minor child(ren) shall be based on each parent's percentage share of the monthly support obligation as stated in the child support guidelines worksheet(s). The Petitioning/other parent's share is <<CP Percent Support Need>>percent and the Respondent's share is <<NCP Percent Support Need>> percent.

F. Notice of Changes. Within seven (7) days the Respondent shall notify the <<CSE Local Office and Address>> and the Clerk of the Circuit Court in <<County Name>> County at <<Clerk of Court Address>> in writing of any change in name, Social Security number, residential address, mailing address, employer, employment address, phone numbers, and driver license number. It will be presumed that the Respondent has received any documents sent by regular U.S. Mail to the most recent mailing address provided.

G. The Respondent's income is subject to immediate income deduction for payment of the support obligations in Paragraph B and any late payments or past-due amounts that accrue after entry of this Final Modified Order. A separate Income Deduction Order is being entered. The Respondent is responsible for paying the support obligations under this Final Modified Order to the State Disbursement Unit until income deduction starts.

H. The Florida Department of Economic Opportunity (or its successor agency) shall deduct, withhold, and pay to the Child Support Program, forty percent (40%) of any unemployment compensation which may now or in the future be payable to the Respondent. The amount may not exceed the total amount in Paragraph B and any subsequent late payments or past-due amounts that accrue after entry of this Final Modified Order.

<<Option 51>>

<<Option 25>>

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OPTION 1 (When applicable):

- A. AMENDED (use in heading only)
- B. Amended

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

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

OPTION 13.1 (for parent who owes support)

- A. imputed
- B. actual

OPTION 13.2 (for parent due support)

- A. imputed
- B. actual

OPTION 14.1 (User selects additional findings related to income used for support guidelines for the parent who owes support) Select only when parent who owes support's income is imputed. Choose either A1, A2, or A3.

- A. The Respondent is voluntarily underemployed and is capable of earning the imputed net monthly income based upon his or her recent work history, occupational qualifications and prevailing earnings level in the community.
- B. The Respondent is voluntarily unemployed and is capable of earning the imputed net monthly income based upon his or her recent work history, occupational qualifications and prevailing earnings level in the community.
- C. There is a lack of sufficient, reliable information concerning the Respondent's actual earnings; therefore an earning capacity equal to full time employment at federal minimum wage is presumed for the purpose of establishing the support obligation.

OPTION 14.2 (User selects additional findings related to income used for support guidelines for the parent due support) Select only when parent due support/other parent (13.2) income is imputed. Choose either B1 or B2

- A. The Petitioning/other parent is voluntarily underemployed and is capable of earning the imputed net monthly income based upon his or her recent work history, occupational qualifications and prevailing earnings level in the community.
- B. The Petitioning/other parent is voluntarily unemployed and is capable of earning the imputed net monthly income based upon his or her recent work history, occupational qualifications and prevailing earnings level in the community.
- C. There is a lack of sufficient, reliable information concerning the Petitioning/other parent's actual earnings; therefore an earning capacity equal to full time employment at federal minimum wage is presumed for the purpose of establishing the support obligation.

OPTION 15 (Based on guideline information)

DOR is deviating from the guideline amount, which would be inappropriate for the following reason(s):

[Note: User selects applicable deviation reason(s). System will enumerate alphabetically as a., b., c., etc.] When options 15A – L are selected, option 20 must also be selected and the user must provide free text explanation.

- A. A particular parenting plan, a court-ordered time-sharing schedule, or a time-sharing arrangement exercised by agreement of the parties provides that each child spend a substantial amount of time with each parent, as explained in the Additional Findings of Fact and Conclusions of Law.
- B. The child(ren) spends a significant amount of time with the Respondent due to a particular parenting plan, a court-ordered time-sharing schedule, or a time-sharing arrangement exercised by agreement of the parties as explained in the Additional Findings of Fact and Conclusions of Law.
- C. Extraordinary medical, psychological, educational, or dental expenses as explained in the Additional Findings of Fact and Conclusions of Law.
- D. Payment of support to a parent that regularly has been paid and for which there is a demonstrated need as explained in the Additional Findings of Fact and Conclusions of Law.
- E. Seasonal variations in one or both parents' income as explained in the Additional Findings of Fact and Conclusions of Law.
- F. Age(s) of the child(ren), taking into consideration the greater needs of older child(ren) as explained in the Additional Findings of Fact and Conclusions of Law.
- G. Special needs that have been met traditionally within the family budget even though the fulfilling of those needs will cause support to exceed the guideline amount as explained in the Additional Findings of Fact and Conclusions of Law.
- H. Total available assets of mother, father, and child(ren) as explained in the Additional Findings of Fact and Conclusions of Law.
- I. Application of the child support guidelines requires the Respondent to pay more than 55 percent of gross income for a single support order as explained in the Additional Findings of Fact and Conclusions of Law.
- J. Independent income of the child(ren), excluding the child(ren)'s SSI income as explained in the Additional Findings of Fact and Conclusions of Law.
- K. Impact of IRS dependency exemption and waiver of that exemption as explained in the Additional Findings of Fact and Conclusions of Law.
- L. Adjustments needed to achieve an equitable result as explained in the Additional Findings of Fact and Conclusions of Law.
- M. The Respondent is entitled to a \$<<Allowable Deduction>> deduction from gross income for the Respondent's child(ren) who resides in his/her household.
- N. The Respondent receives Social Security Disability (SSD) benefits. The Respondent's guideline share of the total child support need is offset by \$<<ReducedObligAmt>>, which is the amount of Social Security dependent benefits received by the child(ren) due to Respondent's disability.

[The following concludes Option 15 and must print when 15B-L is selected.]

Therefore, the Respondent's monthly current support payment stated in Paragraph B is \$<<TotalDeviationAmountPOSD>><<Option 15.1>> per month than the guideline amount.

OPTION 15.1

- A. more
- B. less

OPTION 16.1 (Select whether health insurance is or is not available at reasonable cost to the parent who owes support)

- A. is
- B. is not

OPTION 16.2 (Select whether health insurance is or is not accessible to the child through the parent who owes support)

- A. is
- B. is not

OPTION 16.3 (Select whether health insurance is or is not available at reasonable cost to the parent due support)

- A. is
- B. is not

OPTION 16.4 (Select whether health insurance is or is not accessible to the child through the parent due support)

- A. is
- B. is not

OPTION 17

A. When parent due support is providing health insurance

The Respondent has the ability to pay all or part of the cost of the child(ren)'s health insurance, which is being provided by the Petitioning parent or caregiver.

B. When either the parent who owes support or the parent due support (not caregiver) is active duty or retired military

The <<LV_HI_PROVIDER>> is active or retired United States military. As a dependent of the <<LV_HI_PROVIDER>>, the child(ren) is entitled to health insurance under the military health insurance program.

OPTION 18 [Select A, B, or C]

- A. The Respondent has the ability to pay reasonable and necessary noncovered medical, dental, and prescription medication expenses incurred for the minor child(ren).
- B. The Petitioning parent has the ability to pay reasonable and necessary noncovered medical, dental, and prescription medication expenses incurred for the minor child(ren).
- C. Both parents have the ability to pay reasonable and necessary noncovered medical, dental, and prescription medication expenses incurred for the minor child(ren).

OPTION 20 (Include is user selects, However mandatory if option 15A – L is selected, as well as when 20A or 20B are selected) Center as header.

Additional Findings of Fact and Conclusions of Law

OPTION 20A (Must be selected when option 15A or 15B is selected and is listed as unnumbered paragraph under Option 20.)

The Respondent's obligation of \$<<DevOblig>> is based on a particular parenting plan, a court-ordered time-sharing schedule, or a time-sharing arrangement exercised by agreement of the Respondent and the Petitioning parent under which the child spends <<%ofNightsWithNCP>> percent of the overnights with Respondent.

Option 20B

<<Free Form Text>>

Option 20C Must be selected when the past due amount owed is positive, greater than 0.00 (for OX120, OA120, OA120R, OX140, OA140 and OA140R)

The Respondent has not made all payments as ordered under the <<Render Date of Order Being Modified>> Final Order and/or has not paid all retroactive support. Total past due support owed on this case, including retroactive support, is \$<<Total Past Due Owed>> as of <<date>>.

Option 23

A. When parent due support is providing health insurance

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

B. When either parent is active duty or retired military

The parents shall promptly enroll the child(ren) in the Defense Enrollment Eligibility Reporting System (DEERS). The parents shall cooperate with each other in doing so, which includes but is not limited to signing forms needed to enroll the child(ren) and providing any required documentation. If the child(ren) becomes ineligible for benefits under the military health care program, the parent who enrolls the child(ren) shall notify DOR within 30 days of the change in the child(ren)'s entitlement.

OPTION 25 (Include if user selects)

Additional Provisions: (Center as Header)

<<Free Form Text>>

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

A. <<ZCCOUNTY_CODES>>

OPTION 33 (Use B if Respondent has an attorney)

A. <<NCP Name>>

B. <<NCP Attorney Name>>

<<NCP Attorney Address>>

OPTION 35 (Notice goes to both parent who owes support and parent due support)

A. <<NCP Name>>

<<NCP Address1>>

<<NCP Address2>>

B. <<CP/CTR Name>>

<<CP/CTR Address>>

<<CP/CTR Address2>>

OPTION 36 (Reason for order modification)

- A. the needs of the child(ren) and/or financial circumstances of one or both parents have changed.
- B. <<Free Form Text>>

OPTION 38

- A. Health Insurance is to be provided by <<LV_HI_PROVIDER>>.
- B. Neither parent is ordered to provide health insurance for the minor child(ren).
- C. The Respondent has the ability to pay all or part of the cost of the child(ren)'s health insurance, which is being provided by the Petitioning parent or caregiver.

OPTION 39

- A. The <<LV_HI_PROVIDER>> shall obtain and maintain health insurance for the child(ren) by enrolling them in group health insurance available through the <<LV_HI_PROVIDER>>'s employer, union, or other source. The <<LV_HI_PROVIDER>> shall send written proof of coverage to the <<CSE Local Office and Address>>. If there is any change in health insurance the <<LV_HI_PROVIDER>> must notify DOR within 30 days and send written proof of the change. <<Option 23>>
- B. Neither parent is ordered to provide health insurance for the minor child(ren).
- C. The Respondent's share of the cost of health insurance provided for the child(ren) by the Petitioning parent/caregiver is \$<<NCP Share of Health Insurance Expense When CP/CTR Provides>>, which is included in the Respondent's share of the total child support need stated in paragraph 9.

OPTION 40

- A. an increase
- B. a decrease

OPTION 41

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

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

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

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

Option 47

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

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

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

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

Option 48

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

H. If you have questions about this Proposed Order call <<Option 31>>.

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

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

I. If you have questions about this Proposed Order call <<Option 31>>.

Option 49

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

Title IV-D Standard Parenting Time Plan

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

Signed Parenting Time Plan

Option 50

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

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

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

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

Option 51

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

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

Option 52 [Insert when either *signed* Title IV-D Standard Parenting Time Plan or *signed* parenting time plan is enclosed with Proposed Order.]

4. The enclosed parenting time plan has been agreed to and signed by both parents and will be made a part of the Final Order.

Option XX

Insert when order is rendered and indexed

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

s/<<1st initial & Last Name Resp Employee from ZAPO>>
Authorized Representative
Florida Department of Revenue

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

Option XX

A. Inserted when proposed order is to be printed and mailed at the local office because parenting time is included or there is a family violence indicator on the case

ISSUED this the <<Day; 1st, 2nd, 3rd, etc.>> day of <<Month>>, 20<<Year>>. MAILED this this ___ day of ___, 20___.

s/<<1st initial & Last Name Resp Employee from ZAPO>>
Authorized Representative
Florida Department of Revenue

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

B. Inserted when proposed order is printed and mailed at central mail processing.

ISSUED and MAILED this the <<Day; 1st, 2nd, 3rd, etc.>> day of <<Month>>, 20<<Year>>.

s/<<1st initial & Last Name Resp Employee from ZAPO>>
Authorized Representative
Florida Department of Revenue

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

STATE OF FLORIDA
DEPARTMENT OF REVENUE
CHILD SUPPORT PROGRAM

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

Depository Number: <<DepositoryNo>>
Child Support Case Number: <<CaseNumber>>

vs.

<<NCPName>>
Respondent.

FINAL MODIFIED ADMINISTRATIVE SUPPORT ORDER

The Florida Department of Revenue, Child Support Program, enters this Final Modified Administrative Support Order (Final Modified Order). We have considered the financial affidavits we received and/or other reliable information about the income of each parent. We have taken into account the child support guidelines and any relevant deviation factors in section 61.30, Florida Statutes. In this Final Modified Order we refer to <<NCPName>> as the Respondent and <<CP/CTR Name>> as the Petitioning parent (or caregiver, if applicable).

Findings of Fact and Conclusions of Law

1. The Department of Revenue has subject matter jurisdiction in this proceeding and enters this Final Modified Order as authorized by section 409.2563, Florida Statutes. There is no judicial support order for the child(ren).
2. On <<Render Date of Order Being Modified>> the Child Support Program issued a Final Administrative Support Order (Final Order) establishing the Respondent's support obligations. DOR reviewed the Final Order as provided by section 409.2564(11), Florida Statutes, and applied the child support guidelines in section 61.30, Florida Statutes, to the current circumstances of the parties and child(ren). Having completed the review the Child Support Program finds that the support order should be modified because <<Option 36>>
3. The Child Support Program is providing Title IV-D child support services for <<CP/CTR Name>>, the <<Option 11>> of the child(ren) named in Paragraph 4. The child(ren) resides with <<CP/CTR Name>> most of the time.

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CS-OA140R
Rule 12E-1.030
Florida Administrative Code
Effective xx/xx

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4. The Respondent has a legal duty to contribute to the support of the child(ren) named below because the Respondent is the child(ren)'s parent.

Child(ren) Name	Date of Birth
<<Child1Name>>	<<Child1DOB>>
<<Child2Name>>	<<Child2DOB>>

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

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

7. The Child Support Program makes the following findings of fact:

- a. The Respondent's <<Option 13.1>> net monthly income is \$ <<NCP Net Income>> (<<NCP Percent Support Need>> percent of the parents' combined net income).
- b. The Petitioning/other parent's <<Option 13.2>> net monthly income is \$ <<Petitioning Parent's Net Income>> (<<CP Percent Support Need>> percent of the parents' combined net income).
- c. Monthly child care costs are \$ <<Monthly Child Care Expense>>.
- d. Monthly health insurance costs for the child(ren) are \$ <<Monthly Health Insurance Expense>>.

<<Option 14.1>>
<<Option 14.2>>

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

9. The Respondent's guideline share of the total child support need is \$ <<CurrSupAmt>> per month. The amount is based on section 61.30, Florida Statutes, which includes the factors in paragraph 7.

<<Option 15>>

10. Health insurance for the child(ren) <<Option 16.1>> available to the Respondent at reasonable cost through his/her employer, union, or other source and <<Option 16.2>> accessible to the child.

Health insurance for the child(ren) <<Option 16.3>> available to Petitioning/other parent at reasonable cost through his/her employer, union, or other source and <<Option 16.4>> accessible to the child

<<Option 17>>

<<Option 18>>

11. <<Option 50>>

<<Option 20>>

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Based upon the Findings of Fact and Conclusions of Law and in accordance with section 409.2563, Florida Statutes, it is ORDERED that:

A. The Respondent shall pay support for the following child(ren):

<u>Child(ren)'s Name</u>	<u>Date of Birth</u>
<<Child1FullName>>	<<Child1DOB>>
<<Child2FullName>>	<<Child2DOB>>

B. Starting <<Payment Start Date>> the Respondent shall pay:

\$<<CurrSupAmt>> per month in current support, plus
\$<<Total Payment for Past-Due Support>> per month to reduce the arrears amount of
\$<< Total Past Due Owed>>, for a total monthly payment of
\$<<Total Monthly Payment>>.

When the total past-due support amount and any arrears that accrue after the date of this Final Modified Order are paid, the monthly obligation becomes the current support amount.

C. All payments must be paid by cashier's check, certified check, money order, or a personal or business check payable to the Florida State Disbursement Unit at the following address:

Florida State Disbursement Unit
<<SDUAddress>>

Cash is not accepted. If a personal or business check is returned, the person who wrote the check may no longer be allowed to pay by check. All payments must be identified with the Respondent's name, the amount of the payment and depository number <<Depository Number>>. The Respondent shall not receive credit for any future support payments made directly to <<CP/CTR Name>> or to the child(ren). Any payment that is not paid when due is considered late and will result in collection action by the Child Support Program.

D. Duration of order. This Final Modified Order stays in effect until:

- (1) Vacated, modified, suspended or terminated by the Child Support Program;
- (2) Vacated on appeal; or
- (3) Superseded by a circuit court order.

The current support obligation in Paragraph B is reduced according to the schedule below as each child reaches age 18, dies, marries, or otherwise emancipates, unless the child is dependent in fact, between the ages of 18 and 19, still in high school and performing in good faith with a reasonable expectation of graduating before the age of 19. If payable beyond the age of 18, the current support obligation ends when the child graduates from high school.

<<Option 41>>

Current support for <<youngest child's name 1>> is scheduled to end on <<child's estimated emancipation date – 1 day>>, or date of high school graduation according to the conditions above, at which time the Respondent's current support obligation ends for all children.

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E. Health Insurance and Noncovered Medical Expenses. <<Option 39>>

The obligation to pay reasonable and necessary noncovered medical, dental, and prescription medication expenses incurred for the minor child(ren) shall be based on each parent's percentage share of the monthly support obligation as stated in the child support guidelines worksheet(s). The Petitioning/other parent's share is <<CP Percent Support Need>> percent and the Respondent's share is <<NCP Percent Support Need>> percent.

F. Notice of Changes. Within seven (7) days the Respondent shall notify the <<CSE Local Office and Address>> and the Clerk of the Circuit Court in <<County Name>> County at <<Clerk of Court Address>> in writing of any change in name, Social Security number, residential address, mailing address, employer, employment address, phone numbers, and driver license number. It will be presumed that the Respondent has received any documents sent by regular U.S. Mail to the most recent mailing address provided.

G. The Respondent's income is subject to immediate income deduction for payment of the support obligations in Paragraph B and any late payments or past-due amounts that accrue after entry of this Final Modified Order. A separate Income Deduction Order is being entered. The Respondent is responsible for paying the support obligations under this Final Modified Order to the State Disbursement Unit until income deduction starts.

H. The Florida Department of Economic Opportunity (or its successor agency) shall deduct, withhold, and pay to the Child Support Program, forty percent (40%) of any reemployment assistance which may now or in the future be payable to the Respondent. The amount may not exceed the total amount in Paragraph B and any subsequent late payments or past-due amounts that accrue after entry of this Final Modified Order.

<<Option 51>>

<<Option 25>>

Effective Date. This Final Modified Order is effective immediately and remains in effect until modified by DOR, vacated on appeal, or superseded by a subsequent court order.

<<Option 57>>

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

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

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NOTICE OF RIGHT TO APPEAL

A party that is adversely affected by this Final Administrative Order, the Income Deduction Order, or both has the right to judicial review under section 120.68, Florida Statutes. To obtain judicial review you must complete the following steps:

- 1. File an original Notice of Appeal with the Department of Revenue’s Deputy Agency Clerk within 30 days after the date the Final Modified Order is rendered. The address is:

Department of Revenue
Child Support Program
Attention: Deputy Agency Clerk
P.O. Box 8030
Tallahassee, Florida 32314-8030

- 2. File a copy of the Notice of Appeal with the Clerk of the First District Court of Appeal or the Clerk of the District Court of Appeal for the district where you live. You also must pay a filing fee when you file the Notice of Appeal with the court.

Filing with the Department of Revenue or the District Court of Appeal is complete when the Notice of Appeal is received, not when it is mailed.

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STATE OF FLORIDA
DEPARTMENT OF REVENUE
CHILD SUPPORT PROGRAM

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

Depository Number: <<DepositoryNo>>
Child Support Case Number: <<CaseNumber>>

vs.

<<NCPName>>
Respondent.

**INCOME DEDUCTION ORDER
ADMINISTRATIVE SUPPORT PROCEEDING**

The Florida Department of Revenue, Child Support Program enters this Income Deduction Order regarding the Respondent's child support obligation pursuant to section 409.2563(7), Florida Statutes.

To: All current and subsequent employers and payors of income to Respondent <<NCPName>>

YOU ARE HEREBY ORDERED, as required by Florida law, to make regular deductions from all income of the Respondent in accordance with this Income Deduction Order and any accompanying Order/Notice to Withhold Income.

YOU ARE FURTHER ORDERED:

1. To deduct from all money due and payable to the Respondent:
 - (a) \$<<CurrSupAmt>> per month for current child support, plus
 - (b) \$<< Total Payment for Past-Due Support >> per month for past-due/retroactive support until the total past-due/retroactive/arrears amount of \$<<Total Past Due Owed>> is paid,
 - (c) for a total monthly payment of \$<<Total Monthly Payment>>
 - (d) When the total past-due/retroactive/arrears amount in (b) has been paid, continue to deduct the amount in (a) for current child support.

<<Option 41>>

Current support for <<youngest child's name 1>> is scheduled to end on <<child's estimated emancipation date - 1 day>>, or date of high school graduation according to the conditions above, at which time the Respondent's current support obligation ends for all children.

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2. To deduct 100 percent of any income paid in the form of a bonus or other similar one-time payment, up to the amount of the arrearage reported in the Order/Notice to Withhold, or any subsequent past-due amount that accrues.
3. To send these amounts to:

Florida State Disbursement Unit
<<SDUAddress>>

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

4. Not to deduct more than the amounts allowed under Section 303(b) of the Consumer Credit Protection Act, 15 U.S.C. 1673(b), as amended.
5. To deduct an additional 20 percent of the current support obligation or other amount agreed to by the parties if a delinquency accrues after the order establishing, modifying, or enforcing the obligation has been entered and there is no order for repayment of the delinquency or a preexisting arrearage. This amount is to be deducted until the delinquency and any attorney's fees and costs are paid in full. No deduction may be applied to attorney's fees and costs until the delinquency is paid in full.
6. To continue income deduction at the rate in effect immediately prior to emancipation, if the obligation to pay current support is reduced or terminated due to emancipation of a child and the obligor owes an arrearage, retroactive support, delinquency, or costs. Continued deduction at that rate shall continue until all arrearages, retroactive support, delinquencies, and costs are paid in full or until the amount of withholding is modified by the DOR or a court.

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

<<Option 57>>

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NOTES

- (1) The Certificate of Rendition paragraph must remain all together on a single page.
- (2) The Income Deduction Order section of this form must start on its own page.
- (3) Page 6 is intentionally left blank.

OPTIONS

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

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

OPTION 12 (Based on activity status codes)

A. No DOAH Request

the Respondent did not file a timely request for an administrative hearing. The time limits are stated in the Proposed Administrative Support Order, which was served on the Respondent. The Respondent is deemed to have waived the right to request a hearing as provided by section 409.2563(7)(b), Florida Statutes.

B. DOAH Relinquishes Jurisdiction

the Respondent waived his or her right to contest the proposed order at an administrative hearing.

OPTION 13.1 (for parent who owes support)

- A. imputed
- B. actual

OPTION 13.2 (for parent due support)

- A. imputed
- B. actual

OPTION 14.1 (User selects additional findings related to income used for support guidelines for the parent who owes support) Select only when parent who owes support's income is imputed. Choose either A, B, or C.

- A. The Respondent is voluntarily underemployed and is capable of earning the imputed net monthly income based upon his or her recent work history, occupational qualifications and prevailing earnings level in the community.
- B. The Respondent is voluntarily unemployed and is capable of earning the imputed net monthly income based upon his or her recent work history, occupational qualifications and prevailing earnings level in the community.
- C. There is a lack of sufficient, reliable information concerning the Respondent's actual earnings; therefore an earning capacity equal to full time employment at federal minimum wage is presumed for the purpose of establishing the support obligation.

OPTION 14.2 (User selects additional findings related to income used for support guidelines for the parent due support) Select only when parent due support/other parent (13.2) income is imputed. Choose either A, B, or C.

- A.** The Petitioning/other parent is voluntarily underemployed and is capable of earning the imputed net monthly income based upon his or her recent work history, occupational qualifications and prevailing earnings level in the community.
- B.** The Petitioning/other parent is voluntarily unemployed and is capable of earning the imputed net monthly income based upon his or her recent work history, occupational qualifications and prevailing earnings level in the community.
- C.** There is a lack of sufficient, reliable information concerning the Petitioning/other parent's actual earnings; therefore an earning capacity equal to full time employment at federal minimum wage is presumed for the purpose of establishing the support obligation.

OPTION 15 (Based on guideline information)

DOR is deviating from the guideline amount, which would be inappropriate for the following reason(s):

[Note: User selects applicable deviation reason(s). System will enumerate alphabetically as a., b., c., etc.] When options 15A – L are selected, option 20 must also be selected and the user must provide free text explanation.

- A.** A particular parenting plan, a court-ordered time-sharing schedule, or a time-sharing arrangement exercised by agreement of the parties provides that each child spend a substantial amount of time with each parent, as explained in the Additional Findings of Fact and Conclusions of Law.
- B.** The child(ren) spends a significant amount of time with the Respondent due to a particular parenting plan, a court-ordered time-sharing schedule, or a time-sharing arrangement exercised by agreement of the parties as explained in the Additional Findings of Fact and Conclusions of Law.
- C.** Extraordinary medical, psychological, educational, or dental expenses as explained in the Additional Findings of Fact and Conclusions of Law.
- D.** Payment of support to a parent that regularly has been paid and for which there is a demonstrated need as explained in the Additional Findings of Fact and Conclusions of Law.
- E.** Seasonal variations in one or both parents' income as explained in the Additional Findings of Fact and Conclusions of Law.
- F.** Age(s) of the child(ren), taking into consideration the greater needs of older child(ren) as explained in the Additional Findings of Fact and Conclusions of Law.
- G.** Special needs that have been met traditionally within the family budget even though the fulfilling of those needs will cause support to exceed the guideline amount as explained in the Additional Findings of Fact and Conclusions of Law.
- H.** Total available assets of mother, father, and child(ren) as explained in the Additional Findings of Fact and Conclusions of Law.
- I.** Application of the child support guidelines requires the Respondent to pay more than 55 percent of gross income for a single support order as explained in the Additional Findings of Fact and Conclusions of Law.
- J.** Independent income of the child(ren), excluding the child(ren)'s SSI income as explained in the Additional Findings of Fact and Conclusions of Law.
- K.** Impact of IRS dependency exemption and waiver of that exemption as explained in the Additional Findings of Fact and Conclusions of Law.
- L.** Adjustments needed to achieve an equitable result as explained in the Additional Findings of Fact and Conclusions of Law.

- M. The Respondent is entitled to a \$<<Allowable Deduction>> deduction from gross income for the Respondent's child(ren) who resides in his/her household.
- N. The Respondent receives Social Security Disability (SSD) benefits. The Respondent's guideline share of the total child support need is offset by \$<<ReducedObligAmt>>, which is the amount of Social Security dependent benefits received by the child(ren) due to Respondent's disability.

[The following concludes Option 15 and must print when 15B-L is selected.]

Therefore, the Respondent's monthly current support payment stated in Paragraph B is \$<<TotalDeviationAmountPOSD>><<Option 15.1>> per month than the guideline amount.

OPTION 15.1

- A. more
- B. less

OPTION 16.1 (Select whether health insurance is or is not available at reasonable cost to the parent who owes support)

- A. is
- B. is not

OPTION 16.2 (Select whether health insurance is or is not accessible to the child through the parent who owes support)

- A. is
- B. is not

OPTION 16.3 (Select whether health insurance is or is not available at reasonable cost to the parent due support)

- A. is
- B. is not

OPTION 16.4 (Select whether health insurance is or is not accessible to the child through the parent due support)

- A. is
- B. is not

OPTION 17

A. When parent due support is providing health insurance

The Respondent has the ability to pay all or part of the cost of the child(ren)'s health insurance, which is being provided by the Petitioning parent or caregiver.

B. When either the parent who owes support or the parent due support (not caregiver) is active duty or retired military

The <<LV_HI_PROVIDER>> is active or retired United States military. As a dependent of the <<LV_HI_PROVIDER>>, the child(ren) is entitled to health insurance under the military health insurance program.

OPTION 18 [Select A, B, or C]

- A.** The Respondent has the ability to pay reasonable and necessary noncovered medical, dental, and prescription medication expenses incurred for the minor child(ren).
- B.** The Petitioning parent has the ability to pay reasonable and necessary noncovered medical, dental, and prescription medication expenses incurred for the minor child(ren).
- C.** Both parents have the ability to pay reasonable and necessary noncovered medical, dental, and prescription medication expenses incurred for the minor child(ren).

OPTION 20 (Include is user selects, However mandatory if option 15A – L is selected, as well as when 20A or 20B are selected) Center as header.

Additional Findings of Fact and Conclusions of Law

OPTION 20A (Must be selected when option 15A or 15B is selected and is listed as unnumbered paragraph under Option 20.)

The Respondent's obligation of \$<<DevOblig>> is based on a particular parenting plan, a court-ordered time-sharing schedule, or a time-sharing arrangement exercised by agreement of the Respondent and the Petitioning parent under which the child spends <<%ofNightsWithNCP>> percent of the overnights with Respondent.

OPTION 20B

<<Free Form Text>>

Option 20C Must be selected when the past due amount owed is positive, greater than 0.00 (for OX120, OA120, OA120R, OX140, OA140 and OA140R)

The Respondent has not made all payments as ordered under the <<Render Date of Order Being Modified>> Final Order and/or has not paid all retroactive support. Total past due support owed on this case, including retroactive support, is \$<<Total Past Due Owed>> as of <<date>>.

OPTION 23

A. When parent due support is providing health insurance

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

B. When either parent is active duty or retired military

The parents shall promptly enroll the child(ren) in the Defense Enrollment Eligibility Reporting System (DEERS). The parents shall cooperate with each other in doing so, which includes but is not limited to signing forms needed to enroll the child(ren) and providing any required documentation. If the child(ren) becomes ineligible for benefits under the military health care program, the parent who enrolls the child(ren) shall notify DOR within 30 days of the change in the child(ren)'s entitlement.

OPTION 25 (Include if user selects) (Center as Header)

Additional Provisions:

<<Free Form Text>>

OPTION 33 (Use B if Respondent has an attorney)

- A. <<NCP Name>>
- B. <<NCP Attorney Name>>
<<NCP Attorney Address>>

OPTION 36 (Reason for order modification)

- A. the needs of the child(ren) and/or financial circumstances of one or both parents have changed.
- B. <<Free Form Text>>

OPTION 38

- A. Health Insurance is to be provided by <<LV_HI_PROVIDER>>.
- B. Neither parent is ordered to provide health insurance for the minor child(ren).
- C. The Respondent has the ability to pay all or part of the cost of the child(ren)'s health insurance, which is being provided by the Petitioning parent or caregiver.

OPTION 39

- A. The <<LV_HI_PROVIDER>> shall obtain and maintain health insurance for the child(ren) by enrolling them in group health insurance available through the <<LV_HI_PROVIDER>>'s employer, union, or other source. The <<LV_HI_PROVIDER>> shall send written proof of coverage to the <<CSE Local Office and Address>>. If there is any change in health insurance the <<LV_HI_PROVIDER>> must notify DOR within 30 days and send written proof of the change. <<Option 23>>
- B. Neither parent is ordered to provide health insurance for the minor child(ren).
- C. The Respondent's share of the cost of health insurance provided for the child(ren) by the Petitioning parent/caregiver is \$<<NCP Share of Health Insurance Expense When CP/CTR Provides>>, which is included in the Respondent's share of the total child support need stated in paragraph 9.

OPTION 41

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

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

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

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

OPTION 50

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

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

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

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

OPTION 51

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

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

OPTION 57

A. Inserted when the order is to be printed and mailed at central mail processing.

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

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

This document has been signed electronically and rendered on the above date as authorized by law.

B. Inserted when the order is to be printed and mailed at the local office because a parenting time plan is incorporated.

Populate <<Order Title>> with "Final Modified Administrative Support Order"

DONE AND ORDERED this ___ day of ___, 20___.

Signed by: _____
Authorized Designee for: Ann Coffin
Director, Child Support Program
State of Florida Department of Revenue

CERTIFICATE OF RENDITION

I HEREBY CERTIFY that this <<Order Title>> has been rendered on the above date as authorized by law.

Signed by: _____
Deputy Agency Clerk

DRAFT



Notice of Intent to Terminate Support, Determine Arrears and Establish Payment on Arrears

To:

Child Support Case Number:
Depository Number:
Parent or caregiver due support:
Parent who owes support:

1. **Intent to terminate.** The Florida Department of Revenue (the Department) intends to terminate support for the child(ren) named below:

Child's Name

Child's Date of Birth

We intend to take this action because we have been notified that:

- The parents reside together with the child(ren) named above.
- The child(ren) for whom support is ordered permanently resides with the parent who is ordered to pay support;
- The parent who is ordered to pay support began receiving Supplemental Security Income (SSI) after the support order was rendered.
- The parent who is ordered to pay support has no income, is permanently disabled, and provided a doctor's statement that the parent is permanently disabled and unable to work.
- The child(ren) for whom support is ordered permanently resides with a person other than the parent to whom support is owed or the parent who is ordered to pay support and that person is unknown, not responsive to the Department, or does not want the Department's services.
- A court has terminated the parental rights of the parent who is ordered to pay support.

If a written request to terminate support has been received, a copy of the request is provided to the other parent or caregiver.

2. **Final Administrative Support Order rendered.** On , the Department rendered an administrative support order establishing certain child support obligations; specifically, the final order requires the parent who owes support to pay current support in the amount of \$ per month, and \$ per month on a retroactive support obligation of \$, starting . The final order a requirement to provide health insurance for the child(ren) and payment of noncovered medical expenses.

3. **Informal discussions and right to administrative hearing.** Either parent or caregiver may contact us within 10 days to informally discuss this notice. Either parent or caregiver may file a written request for a hearing within 30 days after the date this notice is mailed. If there is an informal discussion, the time to request a hearing may be extended. If we do not receive a written request for a hearing within the time allowed, we will issue a final order terminating support, determining arrears and establishing payment on arrears. If there is a hearing, the issues will be decided by an administrative law judge.

If you have questions or would like to provide information, contact us by email or online chat at floridarevenue.com/childsupport or call 850-488-KIDS (5437).

4. **If a hearing is not requested.** If a timely request for a hearing is not filed, the Department will terminate support, determine arrears and establish payment on arrears effective .

- As of , the parent who owes support owes past-due support in the amount of \$ to the parent or caregiver due support.
- As of , the parent who owes support owes past-due support in the amount of \$, of which \$ is owed to the parent or caregiver due support and \$ has been assigned to the State of for reimbursement of temporary cash assistance.
- An arrears payment of \$ per month will be established for past-due support.
- The parent or caregiver due support has waived arrears owed in the amount of \$.
- No arrears are owed on this case.
- Current support payments in the amount of \$ are on hold as of . The Department will release \$ to the parent or caregiver due support and will refund \$ to the parent who owes support.
- The parenting time plan incorporated into the final order will remain in effect.
-

5. **Current mailing address and change of address.** This notice has been mailed to your address of record. You are required by law to tell us your current mailing address and any new mailing address. All proposed and final orders, notices of hearing, and any other papers will be mailed to your address of record. We will presume you have received any documents we send you. If you do not notify us of a change of address, you may miss a deadline and lose your right to ask for a hearing or file an appeal.

6. **Court action.** Either parent or caregiver may file a civil action in circuit court at any time

to determine child support issues.

7. **Time-sharing and disputed paternity.** The Department and administrative law judges do not have jurisdiction to award or change time-sharing or resolve paternity disputes. If you want a hearing on any of these issues, you must file a petition in circuit court.
8. **Legal authority.** This action is permitted by section 409.2563, Florida Statutes.

DRAFT



STATE OF FLORIDA
DEPARTMENT OF REVENUE
CHILD SUPPORT PROGRAM

State of Florida Department of Revenue
Child Support Program and

Parent or caregiver due support
Petitioners,
and

Depository Number: Depository Number
Child Support Case Number: Case #

Parent who owes support
Respondent.

Final Order Terminating Support,
Determining Arrears and Establishing Payment on Arrears

The Florida Department of Revenue (Department) issues this final order pursuant to section 409.2563, Florida Statutes.

In support of this Final Order, the Department makes the following

FINDINGS OF FACT AND CONCLUSIONS OF LAW:

1. The name of the child(ren) is:

Child's Name
Child's Name
Child's Name
Child's Name
Child's Name

Child's Date of Birth
Child's DOB
Child's DOB
Child's DOB
Child's DOB

2. The parent or caregiver due support is Name, the Petitioner.

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

- The parents reside together with the child(ren) named above.
The child(ren) for whom support is ordered permanently resides with the parent who is ordered to pay support;
The parent who is ordered to pay support began receiving Supplemental Security Income (SSI) after the support order was rendered.
The parent who is ordered to pay support has no income, is permanently disabled, and provided a doctor's statement that the parent is permanently disabled and unable to work.
The child(ren) for whom support is ordered permanently resides with a person other than the parent to whom support is owed or the parent who is ordered to pay support and that person is unknown, not responsive to the Department, or does not want the Department's services.

- A court has terminated the parental rights of the parent who is ordered to pay support.
4. The Department has jurisdiction over this proceeding because it is providing Title IV-D child support services to the Petitioner.
5. The Department rendered an administrative support order on _____ establishing the Respondent's child support obligations. The order requires the Respondent to pay current support in the amount of \$ _____ per month, and \$ _____ per month on a retroactive support obligation of \$ _____, starting _____.
6. Based on the Department's payment records, as of _____:
- The Respondent owes past-due support in the amount of \$ _____.
- \$ _____ is owed to the Petitioner.
- \$ _____ is assigned to _____ for reimbursement of public assistance.
- No past-due support is owed.
- Current support payments in the amount of \$ _____ are on hold as of _____. The Department will release \$ _____ to the parent or caregiver due support and will refund \$ _____ to the parent who owes support.
7. The Petitioner has waived past-due support in the amount of \$ _____.
8. The Respondent has the ability to pay \$ _____ each month for past-due support.
9.
10. A parent or caregiver has not requested an administrative hearing within the time allowed in the Notice of Intent to Terminate Support, Determine Arrears and Establish Payment on Arrears, a copy of which has been served on all parties. Pursuant to s. 409.2563(7)(b), F.S., the right of any party to request a hearing is deemed waived.

Based upon the foregoing Findings of Fact and Conclusions of Law, and in accordance with section 409.2563, Florida Statutes, it is

ORDERED AND ADJUDGED that:

- The administrative support order and income deduction order is terminated effective _____.
 \$ _____ on hold as of _____ will be released to the Petitioner.
 \$ _____ on hold as of _____ will be refunded to the Respondent.
- As of _____, the Respondent owes arrears:
 To the Petitioner in amount of \$ _____.
 To the _____ in amount of \$ _____.
- The Respondent shall pay \$ _____ each month towards arrears.
- A new Income Deduction Order is entered for collection of arrears.

This Final Order Terminating Support, Determining Arrears and Establishing Payment on Arrears is effective immediately and remains in effect until vacated on appeal or superseded by a subsequent court order.

DONE AND ORDERED this ____ day of ____, 20____.

Authorized Designee for: Ann Coffin
Director, Child Support Program
State of Florida Department of Revenue

CERTIFICATE OF RENDITION

I HEREBY CERTIFY that this Final Order Terminating Support, Determining Arrears and Establishing Payment on Arrears has been rendered on the above date as authorized by law.

Deputy Agency Clerk

Copies Furnished to:
Clerk of the Circuit Court
____, Petitioner
____, Respondent

NOTICE OF RIGHT TO APPEAL

Any party who is adversely affected by the foregoing Final Order Terminating Support, Determining Arrears and Establishing Payment on Arrears has the right to ask for judicial review (Section 120.68, Florida Statutes). The request must be received within thirty (30) days of the filing date on this Final Order. To ask for judicial review, complete both of the following steps:

1. File an original Notice of Appeal as prescribed by the Florida Rules of Appellate Procedure, with the Deputy Agency Clerk of the Department of Revenue at:

Department of Revenue
Child Support Program
Attention: Deputy Agency Clerk
P.O. Box 8030
Tallahassee, Florida 32314-8030

2. File a copy of the Notice of Appeal, together with the filing fee (Section 35.22, Florida Statutes, or other applicable law) with the Clerk of the First District Court of Appeal or the Clerk of the District Court of Appeal for the district where the party seeking review resides.

Filing with either the DOR Deputy Agency Clerk or the Clerk of a District Court of Appeal is effective when the clerk receives the notice, not when it was mailed.



Child Support Program

CS-OA179
Rule 12E-1.030
Florida Administrative Code
Effective xx/xx

Request to Terminate Support

Recipient Name
Recipient Address
Recipient Address

Pick a date
Child Support Case Number: Enter CSP Number

The Child Support Program may initiate action to terminate an administrative support order or support obligation for one or more of these reasons:

1. The parents reside together with the child(ren).
2. The child(ren) for whom support is ordered permanently resides with the parent who is ordered to pay support.
3. The parent who is ordered to pay support begins receiving Supplemental Security Income (SSI) after the support order was rendered.
4. The parent who is ordered to pay support has no income, is permanently disabled, and provides a doctor's statement that the parent is permanently disabled and unable to work.
5. A court has terminated the parental rights of the parent who is ordered to pay support.
6. The child(ren) for whom support is ordered permanently resides with a person other than the parent or caregiver who is owed support under the order or the parent who is ordered to pay support and that person is unknown or has not elected to receive child support services.

To request termination of support, if one or more of the reasons above applies to you, complete the attached form and mail or fax it to:

Florida Department of Revenue
Child Support Program
Local office address
Local office address
Enter Fax Number

Written requests will be reviewed and responded to in writing. If your request is not approved, the Program will not take action to terminate support but will close your case if you indicate on the attached form that you want the case closed. If support is not terminated, the order remains in effect. If you do not want to terminate support, do not complete and return the form.

<p>If you have questions or need help:</p>	<p>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</p>
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Request to Terminate Support

1. Name of parents or caregiver:

Parent or caregiver due support: Name _____

Parent who owes support: Name _____

2. Child support case number and depository number:

Child support case number: CSP Case Number _____

Depository number: Depository Number _____

3. Name of child(ren) in the order:

Name _____	Name _____
Name _____	Name _____
Name _____	Name _____
Name _____	Name _____

4. State the reason for your request to terminate support. See page 1 for allowable reasons. Include dates and provide supporting documentation.

5. I do not want and agree to waive and forgive all past-due support owed to me. Yes No

I agree to waive past-due support owed to me in the amount of \$ _____.

6. I want to close my child support case. Yes No

Under penalties of perjury, I declare that I have read this Request to Terminate Support and the facts stated in it are true.

Signed _____ Date _____

Name (please print) _____



Response to Request to Terminate Support

Recipient Name
Recipient Address
Recipient Address

Pick a date
Child Support Case Number: Enter CSP Number

The Child Support Program has reviewed your request to terminate your administrative support order or support obligation. Because your request does not meet the criteria under Rule 12E-1.030(15)(a), F.A.C., the Program will not initiate action to terminate the order or support obligation at this time.

If you disagree with this you may provide additional information within 30 days after the date of this notice for one or more of following reasons:

1. The parents reside together with the child(ren).
2. The child(ren) for whom support is ordered permanently resides with the parent who is ordered to pay support.
3. The parent who is ordered to pay support begins receiving Supplemental Security Income (SSI) after the support order was rendered.
4. The parent who is ordered to pay support has no income, is permanently disabled, and provided a doctor's statement that the parent is permanently disabled and unable to work.
5. A court has terminated the parental rights of the parent who is ordered to pay support.
6. The child(ren) for whom support is ordered permanently resides with a person other than the parent or caregiver who is owed support under the order or the parent who is ordered to pay support and that person is unknown or has not elected to receive child support services.

Florida Department of Revenue
Child Support Program
Local office address
Local office address

If you believe support should be terminated, you may file a petition in circuit court for a superseding order that terminates support.

Although we will not initiate action to terminate support, based upon your request the Program will:

- Close your child support case
- Other _____

If you have questions or need help:	<p>Access your case online: childsupport.floridarevenue.com</p> <p>Email us: FloridaRevenue.com/AskChildSupport</p> <p>Chat with us or learn more at: floridarevenue.com/childsupport</p> <p>Call: Select number</p> <p>Para asistencia en español, llame al 850-488-5437 y marque 7</p>
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Child Support Program

<<Option 1>> Proposed Administrative
<<Option 2>> Support Order

┌ <<Option 35>>

Depository Number: <<DepositoryNo>>
Child Support Case Number: <<CaseNumber>>
Activity Number: <<ActivityNumber>>



Attached is a proposed administrative support order. Please read this Proposed Order in detail. In this Proposed Order we refer to <<NCPName>> as the Respondent and <<CP/CTR Name>> as the Petitioning parent (or caregiver, if applicable).

The Proposed Order includes:

- a. **Current child support** of \$<<CurrSupAmt>> per month.
- b. **Past (Retroactive) support** of \$<<Monthly Retro Payment>> per month.
- c. **Health Insurance.** <<Option 38>>.
- d. **Noncovered medical expenses.** The Respondent is responsible for <<NCP Percent Support Need>> percent. The Petitioning/other parent is responsible for <<CP Percent Support Need>> percent.

The start date for payments and health insurance (if ordered) will be covered in the Final Order.

WHAT YOU NEED TO DO

IF YOU AGREE WITH THIS PROPOSED ORDER	IF YOU DO NOT AGREE WITH THIS PROPOSED ORDER
<p>You do not need to do anything. The Department will issue a Final Order as outlined above.</p> <p>Learn more about the effects of a Final order on page 2.</p>	<ul style="list-style-type: none"> • Please contact us by phone or in writing within 10 days. You can provide additional information and/or request an informal discussion. • Request a hearing by filing a written request within 20 days from the date of this Proposed Order. Address your written request to the Deputy Agency Clerk at the address in paragraph C on page 2. <p>If you do not agree with this Proposed Order and do not contact us as described above, the Department will issue a Final Order that requires you to provide child support as outlined above. Learn more about the effects of a Final Order on page 2.</p>

XXXX
XXXX
XXXX
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XXXX
XXXX

T

The Florida Department of Revenue, Child Support Program, issues this <<Option 1>> Proposed Administrative <<Option 2>> Support Order (Proposed Order) as authorized by section <<Option 5>> 409.2563, Florida Statutes.

<<Option 46>>

Respondent's Notice of Rights

- A. If you, the Respondent, <<NCPName>>, agree to the terms of this Proposed Order you do not need to do anything. We will issue a Final Order.
- B. If you have questions or want to discuss this Proposed Order with us informally, contact us at the address or phone number provided. If you ask for an informal discussion within 10 days from the mailing date of this proposed order, your time to ask for a hearing will be extended until 10 days after we notify you in writing that the informal discussions have ended.
- C. If you disagree with this Proposed Order, you may ask for a hearing by filing a written request with the Deputy Agency Clerk at the following address:

Deputy Agency Clerk
<< CSE Local Office and Address >>

Your written request must be received no later than 20 days after the mailing date of this proposed order, unless the time to request a hearing is extended under paragraph B. If you file a request for hearing, you should tell us in writing why you disagree with this Proposed Order, stating each point of disagreement.

If you file a timely request for a hearing, the Division of Administrative Hearings (DOAH) will mail you written notice of the date, time, and place of the hearing. If there is a hearing you will be able to tell your story to an administrative law judge who will decide the case. You are allowed to bring witnesses, present information, argue your case, and ask questions of any witnesses that testify. <<Option 47>>

<<Option 28>>

If you do not file a timely request for a hearing, you will lose your right to a hearing and we may render a Final Order that incorporates the findings of this Proposed Order.

- D. If you do not respond timely to this Proposed Order we will issue a Final Order that <<Option 29>> requires you to provide support. We will mail the Final Order to you and the Petitioning parent (or caregiver, if applicable) and file a copy with the clerk of the circuit court. If we or an administrative law judge issues a Final Order, you have the right to seek judicial review in the District Court of Appeal.

Effect of Final Order

E. <<Option 30>> If we issue a Final Order, we may enforce the support obligation by any lawful means, including:

- Requiring your employer to withhold payments from your income
- Filing liens against your property
- Suspending driver, professional, and recreational licenses
- Attaching bank accounts and insurance settlement proceeds
- Obtaining judgments by operation of law against you
- Taking your lottery winnings and federal income tax refunds
- Taking 40 percent of your reemployment assistance benefits
- Taking part of your worker's compensation benefits
- Asking a court to enforce the order

If payments are late we will report the amount owed to credit reporting agencies.

F. If we issue a Final Order we will issue an income deduction order that will be effective right away.

Requirement to Notify Department of Revenue Change of Address and Other Changes

G. Both parents (and caregiver, if any) must tell us of any changes concerning identity, contact information, or location. This includes name, social security number, residential and mailing addresses, phone numbers, driver license numbers, and names, addresses, and phone numbers of employers. You must promptly notify us in writing of any change in your mailing address. We will assume you receive any papers we send to the mailing address we have for you. If you change your address and do not notify us in writing, you may miss a deadline and lose your right to ask for a hearing or file an appeal.

<<Option 48>>

<<Option XX>>

Enclosures:

Child Support Guidelines Worksheet(s)

Financial Affidavits

<<Option 49>>

Copies furnished to:

<<Option 33>>

<<CP/CTR name>>

STATE OF FLORIDA
DEPARTMENT OF REVENUE
CHILD SUPPORT PROGRAM

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

Depository Number: <<DepositoryNo>>

Case Number: <<CSECaseNo>>

vs.

<<NCP NAME>>
Respondent.

FINAL ADMINISTRATIVE <<OPTION 2>> SUPPORT ORDER

Important Notice: This is only a Proposed Order at this time. It is not yet in effect. If you disagree with this Proposed Order, read the Notice of Rights section above. It tells you what to do to request a hearing. If you do nothing, we will enter this as a Final Order.

The Florida Department of Revenue, Child Support Program, enters this Final Administrative <<Option 2>> Support Order (Final Order) to establish <<Option 3>> a support obligation for the child(ren) named in Paragraph 5. We have considered <<Option 4>> the financial affidavits we received and/or other reliable information about the income of each parent. We have taken into account the child support guidelines and any relevant deviation factors in section 61.30, Florida Statutes. In this Final Order we refer to <<NCP Name>> as the Respondent and <<CP/CTR Name>> as the Petitioning parent (or caregiver, if applicable).

Findings of Fact and Conclusions of Law

1. The Child Support Program has subject matter jurisdiction in this proceeding and enters this Final Order as authorized by section <<Option 5>> 409.2563, Florida Statutes.
2. The Child Support Program is providing Title IV-D child support services for <<CP/CTR Name>>, the <<Option 6>> of the child(ren) named in Paragraph 5. <<Option 6.1>>
3. There is no support order for the child(ren) named in Paragraph 5. <<Option 7>>
4. <<Option 8>>
5. The Respondent has a legal duty to contribute to the support of the child(ren) named below because the Respondent is the child(ren)'s parent. <<Option 9>>

Child(ren) Name
<<Child1Name>>
<<Child2Name>>

Date of Birth
<<Child1DOB>>
<<Child2DOB>>

<<Option 10>>

6. The child(ren) needs support and the Respondent has the ability to provide support as determined by this Final Order.
7. The child(ren) resides with <<CP/CTR Name>> most of the time. <<CP/CTR Name>> is the child(ren)'s <<Option 11>>.
8. This Final Order is being entered without a hearing because (Not Applicable – This is a Proposed Order).
9. The Child Support Program makes the following findings of fact:
 - a. The Respondent's <<Option 13.1>> net monthly income is \$ <<NCP Net Income>> (<<NCP Percent Support Need>> percent of the parents' combined net income).
 - b. The Petitioning/other parent's <<Option 13.2>> net monthly income is \$ <<Petitioning Parent's Net Income>> (<<Petitioning Parent's Percent Support Need>> percent of the parents' combined net income).
 - c. Monthly child care costs are \$ <<Monthly Child Care Expense>>.
 - d. Monthly health insurance costs for the child(ren) are \$ <<Monthly Health Insurance Expense>>.

<<Option 14.1>>

<<Option 14.2>>

10. The total monthly child support need under Florida's Child Support Guidelines is \$ <<Total Monthly Child Support Need>>.
11. The Respondent's guideline share of the total child support need is \$ <<Current Support>> per month. The amount is based on section 61.30, Florida Statutes, which includes the factors in paragraph 9.

<<Option 15>>

12. Health insurance for the child(ren) <<Option 16.1>> available to the Respondent at reasonable cost through his/her employer, union, or other source and <<Option 16.2>> accessible to the child.

Health insurance for the child(ren) <<Option 16.3>> available to Petitioning/other parent at reasonable cost through his/her employer, union, or other source and <<Option 16.4>> accessible to the child.

<<Option 17>>

<<Option 18>>

13. <<Option 19>>

14. <<Option 50>>

<<Option 20>>

Based upon the Findings of Fact and Conclusions of Law and in accordance with sections 61.30 <<Option 21>> and 409.2563, Florida Statutes, it is ORDERED that:

- A. <<NCP Name>> is the legal <<Option 22>> parent of <<Child1FullName>>, date of birth <<Child1DOB>>
<<NCP Name>> is the legal <<Option 22>> parent of <<Child2FullName>>, date of birth <<Child2DOB>>
- B. Starting _____(Start date will be stated in the Final Order) the Respondent shall pay:
\$<<Current Support>> per month current support, plus
\$<<Monthly Retro Support Payment>> per month to reduce the retroactive support amount of
\$<<Net Retro Support Owed>>, for a total monthly payment of
\$<<Total Monthly Payment>>

When the total retroactive support amount and any arrears that accrue after the date of this Final Order are paid, the monthly obligation becomes the current support amount.

- C. All payments must be paid by cashier's check, certified check, money order, or a personal or business check payable to the Florida State Disbursement Unit at the following address:

Florida State Disbursement Unit
<<SDUAddress>>

Cash is not accepted. If a personal or business check is returned, the person who wrote the check may no longer be allowed to pay by check. All payments must be identified with the Respondent's name, the amount of the payment and depository number <<Depository Number>>. The Respondent shall not receive credit for any future support payments made directly to the <<CP/CTR Name>> or to the child(ren). Any payment that is not paid when due is considered late and will result in collection action by DOR.

- D. Duration of order. This Final Order stays in effect until:
(1) Vacated, modified, suspended or terminated by DOR;
(2) Vacated on appeal; or
(3) Superseded by a circuit court order.

The current support obligation in Paragraph B is reduced according to the schedule below as each child reaches age 18, dies, marries, or otherwise emancipates, unless the child is dependent in fact, between the ages of 18 and 19, still in high school and performing in good faith with a reasonable expectation of graduating before the age of 19. If payable beyond the age of 18, the current support obligation ends when the child graduates from high school.

<<Option 41>>

Current support for <<youngest child's name 1>> is scheduled to end on <<child's estimated emancipation date – 1 day>>, or date of high school graduation according to the conditions above, at which time the Respondent's current support obligation ends for all children.

E. Health Insurance and Noncovered Medical Expenses. <<Option 39>>

The obligation to pay reasonable and necessary noncovered medical, dental, and prescription medication expenses incurred for the minor child(ren) shall be based on each parent's percentage share of the monthly support obligation as stated in the child support guidelines worksheet(s). The Petitioning/other parent's share is <<CP Percent Support Need>> percent and the Respondent's share is <<NCP Percent Support Need>> percent.

F. Notice of Changes. Within seven (7) days the Respondent shall notify the <<CSE Local Office and Address>> and the Clerk of the Circuit Court in <<County Name>> County at <<Clerk of Court Address>> in writing of any change in name, Social Security number, residential address, mailing address, employer, employment address, phone numbers, and driver license number. It will be presumed that the Respondent has received any documents sent by regular U.S. Mail to the most recent mailing address provided.

G. The Respondent's income is subject to immediate income deduction for payment of the support obligations in Paragraph B and any late payments or past-due amounts that accrue after entry of this Final Order.

H. The Florida Department of Economic Opportunity (or its successor agency) shall deduct, withhold, and pay to the Child Support Program, forty percent (40%) of any unemployment compensation which may now or in the future be payable to the Respondent. The amount may not exceed the total monthly payment amount in Paragraph B and any subsequent late payments or past-due amounts that accrue after entry of this Final Order.

<<Option 51>>

<<Option 25>>

Option 1 (When applicable):

- A. AMENDED (use in heading only)
- B. Amended

Option 2 (When proceeding determines paternity)

- A. PATERNITY AND (use in heading only)
- B. Paternity and

Option 3 - If activity is for paternity and support order:

Paternity and

Option 4 (when proceeding determines paternity):

genetic testing results and

Option 5 (When proceeding determines paternity) (the leading 's' makes statute plural in the order)

s 409.256 and

Option 6

- A. parent
- B. caregiver

Option 6.1 (for each child for whom respondent is excluded by genetic testing,)

Based on the attached genetic test results the Respondent is not the biological father of <<Child X>>.

Option 7 (A or B)

A. When proceeding determines paternity in non-mixed case

Paternity has not been established previously and the child(ren) was not born or conceived when the mother was married.

B. When proceeding establishes paternity in mixed case (for each child)

Paternity has not been established previously for <<Child Y>> and the child was not born or conceived when the mother was married.

Option 8 – Jurisdiction/Long Arm for Parent Who Owes Support/alleged father

A. When served in Florida

DOR has personal jurisdiction over the Respondent because he/she was properly served notice in Florida on <<Date Served With Initial Notice>>.

B. When NCP served in another state or country (long-arm); if 8B is selected, select one or more from 8B1-8B6.

The Respondent is subject to DOR's jurisdiction in this proceeding under sections 48.193(1)(a)5., 48.193(1)(a)8., or 88.2011, Florida Statutes. The Respondent was properly served notice outside the State of Florida, however, he/she

1. resided in this state with the child(ren) and/or the Petitioning parent before this proceeding started.
2. resided in this state and provided prenatal expenses or support for the child(ren) before

this proceeding started.

3. maintained a matrimonial domicile in this state before this proceeding started.
4. acknowledged paternity of the child(ren) in this state before this proceeding started.
5. had sexual intercourse in this state, which may have resulted in conception of the child(ren).
6. submitted to the jurisdiction of this state by consent, by entering a general appearance, or by filing a responsive document having the effect of waiving any objection to personal jurisdiction.

Option 9:

When proceeding determines paternity in non-mixed case (don't use option 10 when 9 is selected).

Based on the attached genetic test results that equal or exceed a 99 percent probability of paternity, which are hereby incorporated by reference and made a part of this Final Order, the Respondent is the legal and biological father of the following child(ren):

Option 10 One entry for each child. (A-F Based on paternity codes associated with individual child BP record. H based on existence of ZGT activity involving the child associated with the parent activity)

- A. Paternity has been legally established for <<Child Z>> by affidavit or voluntary acknowledgment.
- B. Paternity has been established for <<Child Z>> through a court order issued within the State of Florida.
- C. Paternity is presumed for <<Child Z>> because the Respondent was married to the mother when the child was born or conceived.
- D. Paternity has been established for <<Child Z>> in another state by a court, other tribunal, or voluntary acknowledgment.
- E. Paternity is not an issue for <<Child Z>> because the Respondent and the mother married after the child's birth.
- F. Paternity has been established for <<Child Z>> by an administrative order based on a positive genetic test.
- G. Paternity is not an issue for <<Child Z>> because the Respondent is the mother to the child.
- H. Paternity has been established for <<Child Z>> based on the attached genetic test results that equal or exceeds a 99 percent probability of paternity.

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

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

Option 13.1 (for NCP)

- A. imputed
- B. actual

Option 13.2 (for CP)

- A. imputed
- B. actual

Option 14.1 User selects additional findings related to income used for support guidelines for the NCP

Select only when NCP's income is imputed. Choose either A1, A2, or A3.

- A.** The Respondent is voluntarily underemployed and is capable of earning the imputed net monthly income based upon his or her recent work history, occupational qualifications and prevailing earnings level in the community.
- B.** The Respondent is voluntarily unemployed and is capable of earning the imputed net monthly income based upon his or her recent work history, occupational qualifications and prevailing earnings level in the community.
- C.** There is a lack of sufficient, reliable information concerning the Respondent's actual earnings; therefore, an earning capacity equal to full time employment at federal minimum wage is presumed for the purpose of establishing the support obligation.

Option 14.2 User selects additional findings related to income used for support guidelines for the CP

Select only when CP/OP (13.2) income is imputed. Choose either B1 or B2

- A.** The Petitioning/other parent is voluntarily underemployed and is capable of earning the imputed net monthly income based upon his or her recent work history, occupational qualifications and prevailing earnings level in the community.
- B.** The Petitioning/other parent is voluntarily unemployed and is capable of earning the imputed net monthly income based upon his or her recent work history, occupational qualifications and prevailing earnings level in the community.
- C.** There is a lack of sufficient, reliable information concerning the Petitioning/other parent's actual earnings; therefore, an earning capacity equal to full time employment at federal minimum wage is presumed for the purpose of establishing the support obligation.

Option 15 Based on guideline information

DOR is deviating from the guideline amount, which would be inappropriate for the following reason(s):
[Note: User selects applicable deviation reason(s). System will enumerate alphabetically as a., b., c., etc.]

When options 15A – L are selected, option 20 must also be selected and the user must provide free text explanation.

- A.** A particular parenting plan, a court-ordered time-sharing schedule, or a time-sharing arrangement exercised by agreement of the parties provides that each child spend a substantial amount of time with each parent, as explained in the Additional Findings of Fact and Conclusions of Law.
- B.** The child(ren) spends a significant amount of time with the Respondent due to a particular parenting plan, a court-ordered time-sharing schedule, or a time-sharing arrangement exercised by agreement of the parties as explained in the Additional Findings of Fact and Conclusions of Law.
- C.** Extraordinary medical, psychological, educational, or dental expenses as explained in the Additional Findings of Fact and Conclusions of Law.
- D.** Payment of support to a parent that regularly has been paid and for which there is a demonstrated need as explained in the Additional Findings of Fact and Conclusions of Law.
- E.** Seasonal variations in one or both parents' income as explained in the Additional Findings of Fact and Conclusions of Law.
- F.** Age(s) of the child(ren), taking into consideration the greater needs of older child(ren) as explained in the Additional Findings of Fact and Conclusions of Law.
- G.** Special needs that have been met traditionally within the family budget even though the fulfilling of those needs will cause support to exceed the guideline amount as explained in the Additional Findings of Fact and Conclusions of Law.

- H. Total available assets of mother, father, and child(ren) as explained in the Additional Findings of Fact and Conclusions of Law.
- I. Application of the child support guidelines requires the Respondent to pay more than 55 percent of gross income for a single support order as explained in the Additional Findings of Fact and Conclusions of Law.
- J. Independent income of the child(ren), excluding the child(ren)'s SSI income as explained in the Additional Findings of Fact and Conclusions of Law.
- K. Impact of IRS dependency exemption and waiver of that exemption as explained in the Additional Findings of Fact and Conclusions of Law.
- L. Adjustments needed to achieve an equitable result as explained in the Additional Findings of Fact and Conclusions of Law.
- M. The Respondent is entitled to a \$<<Allowable Deduction>> deduction from gross income for the Respondent's child(ren) who resides in his/her household.
- N. The Respondent receives Social Security Disability (SSD) benefits. The Respondent's guideline share of the total child support need is offset by \$<<ReducedObligAmt>>, which is the amount of Social Security dependent benefits received by the child(ren) due to Respondent's disability.

[The following concludes Option 15 and must print when 15B-L is selected.]

Therefore, the Respondent's monthly current support payment stated in Paragraph B is \$<<TotalDeviationAmountPOSD>><<Option 15.1>> per month than the guideline amount.

Option 15.1

- A. more
- B. less

Option 16.1 Select whether health insurance is or is not available at reasonable cost to the NCP

- A. is
- B. is not

Option 16.2 Select whether health insurance is or is not accessible to the child through the NCP

- A. is
- B. is not

Option 16.3 Select whether health insurance is or is not available at reasonable cost to the CP

- A. is
- B. is not

Option 16.4 Select whether health insurance is or is not accessible to the child through the CP

- A. is
- B. is not

Option 17

A. When CP is providing health insurance

The Respondent has the ability to pay all or part of the cost of the child(ren)'s health insurance, which is being provided by the Petitioning parent or caregiver.

B. When either the NCP or the CP parent (not caregiver) is active duty or retired military

The <<LV_HI_PROVIDER>> is active or retired United States military. As a dependent of the <<LV_HI_PROVIDER>>, the child(ren) is entitled to health insurance under the military health insurance program.

Option 18 [Select A, B, or C]

- A. The Respondent has the ability to pay reasonable and necessary noncovered medical, dental, and prescription medication expenses incurred for the minor child(ren).
- B. The Petitioning parent has the ability to pay reasonable and necessary noncovered medical, dental, and prescription medication expenses incurred for the minor child(ren).
- C. Both parents have the ability to pay reasonable and necessary noncovered medical, dental, and prescription medication expenses incurred for the minor child(ren).

Option 19: Retroactive support

A. System pop when retroactive support is ordered

The total past (retroactive) child support amount in Paragraph B is based on the factors listed in the enclosed child support guideline worksheet(s).

The Respondent shall pay retroactive support for <<Number Months Retro Owed>>months. This is the period(s) of time when the Respondent did not live together with the child(ren), during the 24 months before <<Date Served With Initial Notice>>, the date the Respondent was served with the initial notice in this proceeding. If a Final Order is issued, monthly support that accrues between now and the date the first payment is due will be added to the total retroactive support amount in the Final Order.

The retroactive support amount of \$<<Net Retro Support Owed>> is calculated <<Option 19A1/19A2>>

<<Option 19A3>

Select either 19A1 or 19A2

19A1. at the same monthly rate as current support.

19A2. based on the monthly amounts as shown in the enclosed Guideline Worksheet(s) for the retroactive period. The retroactive support amount is calculated differently than current support because<<Free Form Text>>.

19A3 - If credit provided for payments made

The Respondent is given \$<<Retro Credit>> credit for support payments actually made or in-kind payments made during the retroactive period.

B. Select one of the following if retroactive support is not ordered

1. Past (retroactive) support is not appropriate because <<Free Form Text>>.
2. Past (retroactive) support is being waived by the Petitioning parent or caregiver

Option 20 (Include is user selects, However mandatory if option 15A – L is selected, as well as when 20A or 20B are selected) Center as header.

Additional Findings of Fact and Conclusions of Law

Option 20A Must be selected when option 15A or 15B is selected and is listed as unnumbered paragraph under Option 20.

The Respondent's obligation of \$<<DevOblig>>is based on a particular parenting plan, a court-ordered time-sharing schedule, or a time-sharing arrangement exercised by agreement of the Respondent and the Petitioning parent under which the child spends <<%ofNightsWithNCP>> percent of the overnights with Respondent.

Option 20B

<<Free Form Text>>

Option 21 When proceeding determines paternity (the leading ‘,’ is needed in the order)

, 409.256

Option 22 When proceeding determines paternity

and biological

Option 23

A. When CP is providing health insurance

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

B. When either parent is active duty or retired military

The parents shall promptly enroll the child(ren) in the Defense Enrollment Eligibility Reporting System (DEERS). The parents shall cooperate with each other in doing so, which includes but is not limited to signing forms needed to enroll the child(ren) and providing any required documentation. If the child(ren) becomes ineligible for benefits under the military health care program, the parent who enrolls the child(ren) shall notify DOR within 30 days of the change in the child(ren)'s entitlement.

Option 25 (Include if user selects) (Center as Header)

Additional Provisions:

<<Free Form Text>>

Option 28

A. When paternity is already established

Any hearing will consider issues related to child support. Neither DOR nor DOAH has authority in this proceeding to decide issues of divorce, alimony, or contested paternity. Only the circuit court may decide these issues.

B. When proceeding determines paternity

Any hearing will consider issues related to paternity and/or child support. Neither we nor DOAH may decide issues concerning name change.

Option 29 When proceeding determines paternity

establishes paternity and

Option 30 When proceeding determines paternity

If a Final Order is rendered, it will have the same effect as a judgment of paternity entered by the circuit court under chapter 742, Florida Statutes. You will be the legal father of the below named child(ren), and gain all the rights and responsibilities of a legal parent.

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

A. <<COUNTYPHONENUMBER>>

Option 33 (Use B if Respondent has an attorney)

A. <<NCP Name>>

B. <<NCP Attorney Name>>
<<NCP Attorney Address>>

Option 35 (Notice goes to both NCP and CP)

A. <<NCP Name>>
<<NCP Address1>>
<<NCP Address2>>

B. <<CP/CTR Name>>
<<CP/CTR Address>>
<<CP/CTR Address2>>

Option 38:

- A. Health Insurance is to be provided by <<LV_HI_PROVIDER>>.
- B. Neither parent is ordered to provide health insurance for the minor child(ren).
- C. The Respondent has the ability to pay all or part of the cost of the child(ren)'s health insurance, which is being provided by the Petitioning parent or caregiver.

Option 39:

- A. The << LV_HI_PROVIDER >> shall obtain and maintain health insurance for the child(ren) by enrolling them in group health insurance available through the <<LV_HI_PROVIDER>>'s employer, union, or other source. The <<LV_HI_PROVIDER>> shall send written proof of coverage to the <<CSE Local Office and Address>>. If there is any change in health insurance the <<LV_HI_PROVIDER>> must notify DOR within 30 days and send written proof of the change. <<Option 23>>
- B. Neither parent is ordered to provide health insurance for the minor child(ren).
- C. The Respondent's share of the cost of health insurance provided for the child(ren) by the Petitioning parent/caregiver is \$<<NCP Share of Health Insurance Expense When CP/CTR Provides>>, which is included in the Respondent's share of the total child support need stated in paragraph 9.

Option 41:

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

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

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

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

Option 46

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

The enclosed parenting time plan has been agreed to and signed by both parents and will be made a part of the Final Order.

Option 47

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

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

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

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

Option 48

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

H. If you have questions about this Proposed Order call <<Option 31>>.

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

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

I. If you have questions about this Proposed Order call <<Option 31>>.

Option 49

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

Title IV-D Standard Parenting Time Plan

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

Signed Parenting Time Plan

Option 50

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

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

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

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

Option 51

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

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

Option XX

A. Inserted when proposed order is to be printed and mailed at the local office because parenting time is included, there is a family violence indicator on the case or the parent due support has waived retroactive support.

ISSUED this the <<Day; 1st, 2nd, 3rd, etc.>> day of <<Month>>, 20<<Year>>. MAILED this this ___ day of ___, 20___.

s/<<1st initial & Last Name Resp Employee from ZAPO>>
Authorized Representative
Florida Department of Revenue

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

B. Inserted when proposed order is printed and mailed at central mail processing.

ISSUED and MAILED this the <<Day; 1st, 2nd, 3rd, etc.>> day of <<Month>>, 20<<Year>>.

s/<<1st initial & Last Name Resp Employee from ZAPO>>
Authorized Representative
Florida Department of Revenue

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

STATE OF FLORIDA
DEPARTMENT OF REVENUE
CHILD SUPPORT PROGRAM

State of Florida Department of Revenue
Child Support Program and

<<CP/CTR NAME>>

Petitioners,

Depository Number: <<DepositoryNo>>

Child Support Case Number: << CaseNumber >>

vs.

<<NCP NAME>>

Respondent.

FINAL ADMINISTRATIVE <<OPTION 2>> SUPPORT ORDER

The Florida Department of Revenue, Child Support Program (DOR), enters this Final Administrative <<Option 2>> Support Order (Final Order) to establish <<Option 3>> a support obligation for the child(ren) named in Paragraph 5. We have considered <<Option 4>> the financial affidavits we received and/or other reliable information about the income of each parent. We have taken into account the child support guidelines and any relevant deviation factors in section 61.30, Florida Statutes. In this Final Order we refer to <<NCPName>> as the Respondent and <<CP/CTR Name>> as the Petitioning parent (or caregiver, if applicable).

Findings of Fact and Conclusions of Law

1. The Department of Revenue has subject matter jurisdiction in this proceeding and enters this Final Order as authorized by section <<Option 5>> 409.2563, Florida Statutes.
2. DOR is providing Title IV-D services on behalf of <<CP/CTR Name>>, the <<Option 6>> of the child(ren) named in Paragraph 5. <<Option 6.1>>
3. There is no support order for the child(ren) named in Paragraph 5. <<Option 7>>
4. <<Option 8>>
5. The Respondent has a legal duty to contribute to the support of the child(ren) named below because the Respondent is the child(ren)'s parent. <<Option 9>>

Child(ren) Name
<<Child1Name>>
<<Child2Name>>

Date of Birth
<<Child1DOB>>
<<Child2DOB>>

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CS-OA40
Rule 12E-1.036
Florida Administrative Code
Effective XX/XX



<<Option 10>>

- 6. The child(ren) needs support and the Respondent has the ability to provide support as determined by this Final Order.
- 7. The child(ren) resides with <<CP/CTR Name>> most of the time. <<CP/CTR Name>> is the child(ren)'s <<Option 11>>.
- 8. This Final Order is being entered without a hearing because <<Option 12>>
- 9. DOR makes the following findings of fact:
 - a. The Respondent's <<Option 13.1>> net monthly income is \$ <<NCP Net Income>> (<<NCP Percent Support Need>> percent of the parents' combined net income).
 - b. The Petitioning/other parent's <<Option 13.2>> net monthly income is \$ <<Petitioning Parent's Net Income>> (<<Petitioning Parent's Percent Support Need>> percent of the parents' combined net income).
 - c. Monthly child care costs are \$ <<Monthly Child Care Expense>>.
 - d. Monthly health insurance costs for the child(ren) are \$ <<Monthly Health Insurance Expense>>.

<<Option 14.1>>
<<Option 14.2>>

- 10. The total monthly child support need under Florida's Child Support Guidelines is \$ <<Total Monthly Child Support Need>>.
- 11. The Respondent's guideline share of the total child support need is \$ <<Current Support>> per month. The amount is based on section 61.30, Florida Statutes, which includes the factors in paragraph 9.

<<Option 15>>

- 12. Health insurance for the child(ren) <<Option 16.1>> available to the Respondent at reasonable cost through his/her employer, union, or other source and <<Option 16.2>> accessible to the child.

Health insurance for the child(ren) <<Option 16.3>> available to Petitioning/other parent at reasonable cost through his/her employer, union, or other source and <<Option 16.4>> accessible to the child.

<<Option 17>>

<<Option 18>>

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- 13. <<Option 19>>

- 14. <<Option 50>>

<<Option 20>>

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Based upon the Findings of Fact and Conclusions of Law and in accordance with sections 61.30 <<Option 21>> and 409.2563, Florida Statutes, it is ORDERED that:

- A. <<NCPName>> is the legal <<Option 22>> parent of <<Child1FullName>>, date of birth <<Child1DOB>> <<<NCPName>> is the legal <<Option 22>> parent of <<Child2FullName>>, date of birth <<Child2DOB>>
- B. Starting <<Payment Start Date>> the Respondent shall pay:
 - \$<<Current Support>> per month current support, plus
 - \$<<Monthly Retro Support Payment>> per month to reduce the retroactive support amount of
 - \$<<Net Retro Support Owed>>, for a total monthly payment of
 - \$<<Total Monthly Payment>>

When the total retroactive support amount and any arrears that accrue after the date of this Final Order are paid, the monthly obligation becomes the current support amount.

- C. All payments must be paid by cashier’s check, certified check, money order, or a personal or business check payable to the Florida State Disbursement Unit at the following address:

Florida State Disbursement Unit
<<SDUAddress>>

Cash is not accepted. If a personal or business check is returned, the person who wrote the check may no longer be allowed to pay by check. All payments must be identified with the Respondent’s name, the amount of the payment and depository number <<Depository Number>>. The Respondent shall not receive credit for any future support payments made directly to <<CP/CTR Name>> or to the child(ren). Any payment that is not paid when due is considered late and will result in collection action by DOR.

- D. Duration of order. This Final Order stays in effect until:
 - (1) Vacated, modified, suspended or terminated by DOR;
 - (2) Vacated on appeal; or
 - (3) Superseded by a circuit court order.

The current support obligation in Paragraph B is reduced according to the schedule below as each child reaches age 18, dies, marries, or otherwise emancipates, unless the child is dependent in fact, between the ages of 18 and 19, still in high school and performing in good faith with a reasonable expectation of graduating before the age of 19. If payable beyond the age of 18, the current support obligation ends when the child graduates from high school.

<<Option 41>>

Current support for <<youngest child’s name 1>> is scheduled to end on <<child’s estimated emancipation date – 1 day>>, or date of high school graduation according to the conditions above, at which time the Respondent’s current support obligation ends for all children.

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E. Health Insurance and Noncovered Medical Expenses. <<Option 39>>

The obligation to pay reasonable and necessary noncovered medical, dental, and prescription medication expenses incurred for the minor child(ren) shall be based on each parent's percentage share of the monthly support obligation as stated in the child support guidelines worksheet(s). The Petitioning/other parent's share is <<CP Percent Support Need>> percent and the Respondent's share is <<NCP Percent Support Need>> percent.

F. Notice of Changes. Within seven (7) days the Respondent shall notify the <<CSE Local Office and Address>> and the Clerk of the Circuit Court in <<County Name>> County at <<Clerk of Court Address>> in writing of any change in name, Social Security number, residential address, mailing address, employer, employment address, phone numbers, and driver license number. It will be presumed that the Respondent has received any documents sent by regular U.S. Mail to the most recent mailing address provided.

G. The Respondent's income is subject to immediate income deduction for payment of the support obligations in Paragraph B and any late payments or past-due amounts that accrue after entry of this Final Order. A separate Income Deduction Order is being entered. The Respondent is responsible for paying the support obligations under this Final Order to the State Disbursement Unit until income deduction starts.

H. The Florida Department of Economic Opportunity (or its successor agency) shall deduct, withhold, and pay to the Child Support Program, forty percent (40%) of any reemployment assistance which may now or in the future be payable to the Respondent. The amount may not exceed the total amount in Paragraph B and any subsequent late payments or past-due amounts that accrue after entry of this Final Order.

<<Option 51>>

<<Option 25>>

Effective Date. This Final Order is effective immediately and remains in effect until modified by DOR, vacated on appeal, or superseded by a subsequent court order.

<<Option 57>>

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

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

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NOTICE OF RIGHT TO APPEAL

A party that is adversely affected by this Final Administrative Order, the Income Deduction Order, or both has the right to judicial review under section 120.68, Florida Statutes. To obtain judicial review, you must complete the following steps:

1. File an original Notice of Appeal with the Department of Revenue's Deputy Agency Clerk within 30 days after the date the Final Order is rendered. The address is:

Department of Revenue
 Child Support Program
 Attention: Deputy Agency Clerk
 P.O. Box 8030
 Tallahassee, Florida 32314-8030

2. File a copy of the Notice of Appeal with the Clerk of the First District Court of Appeal or the Clerk of the District Court of Appeal for the district where you live. You also must pay a filing fee when you file the copy of the Notice of Appeal with the court.

Filing with the Department of Revenue or the District Court of Appeal is complete when the Notice of Appeal is received, not when it is mailed.

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STATE OF FLORIDA
DEPARTMENT OF REVENUE
CHILD SUPPORT PROGRAM

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

Depository Number: <<DepositoryNo>>
Child Support Case Number: <<CaseNumber>>

vs.

<<NCP NAME>>
Respondent.

**INCOME DEDUCTION ORDER
ADMINISTRATIVE SUPPORT PROCEEDING**

The Florida Department of Revenue, Child Support Program (DOR) enters this Income Deduction Order regarding the Respondent's child support obligation pursuant to section 409.2563(7), Florida Statutes.

To: All current and subsequent employers and payors of income to Respondent <<NCPName>>

YOU ARE HEREBY ORDERED, as required by Florida law, to make regular deductions from all income of the Respondent in accordance with this Income Deduction Order and any accompanying Order/Notice to Withhold Income.

YOU ARE FURTHER ORDERED:

1. To deduct from all money due and payable to the Respondent:
 - (a) \$<<Current Support>> per month for current child support, plus
 - (b) \$<<Monthly Retro Support Payment>> per month for past-due/retroactive support until the total past-due/retroactive/arrears amount of \$<<Net Retro Support Owed>> is paid,
 - (c) for a total monthly payment of \$<<Total Monthly Payment>>
 - (d) When the total past-due/retroactive/arrears amount in (b) has been paid, continue to deduct the amount in (a) for current child support.

<<Option 41>>

Current support for <<youngest child's name 1>> is scheduled to end on <<child's estimated emancipation date - 1 day>>, or date of high school graduation according to the conditions above, at which time the Respondent's current support obligation ends for all children.

2. To deduct 100 percent of any income paid in the form of a bonus or other similar one-time payment, up to the amount of the arrearage reported in the Order/Notice to Withhold, or any subsequent past-due amount that accrues.

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3. To send these amounts to:

Florida State Disbursement Unit
<<SDUAddress>>

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

- 4. Not to deduct more than the amounts allowed under Section 303(b) of the Consumer Credit Protection Act, 15 U.S.C. 1673(b), as amended.
- 5. To deduct an additional 20 percent of the current support obligation or other amount agreed to by the parties if a delinquency accrues after the order establishing, modifying, or enforcing the obligation has been entered and there is no order for repayment of the delinquency or a preexisting arrearage. This amount is to be deducted until the delinquency and any attorney's fees and costs are paid in full. No deduction may be applied to attorney's fees and costs until the delinquency is paid in full.
- 6. To continue income deduction at the rate in effect immediately prior to emancipation, if the obligation to pay current support is reduced or terminated due to emancipation of a child and the obligor owes an arrearage, retroactive support, delinquency, or costs. Continued deduction at that rate shall continue until all arrearages, retroactive support, delinquencies, and costs are paid in full or until the amount of withholding is modified by the DOR or a court.

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

<<Option 57>>

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MAIL USE ONLY

Notes:

- (1) The Certificate of Rendition paragraph must remain all together on a single page.
- (2) The Income Deduction Order section of this form must start on its own page.
- (3) Page 6 is intentionally left blank.

OPTION 2 (When proceeding determines paternity)

- A. PATERNITY AND (use in heading only)
- B. Paternity and

OPTIONS 3 (If activity is for paternity and support order)

Paternity and

OPTION 4 (When proceeding determine paternity)

genetic testing results and

OPTION 5 (When proceeding determines paternity)(the leading 's' makes statute plural in the order)

s 409.256 and

OPTION 6 (Based on whether parent due support is a Caregiver or not)

- A. parent
- B. caregiver

OPTION 6.1 (For each child for whom respondent is excluded by genetic testing)

Based on the attached genetic test results the Respondent is not the biological father of <<Child X>>.

OPTION 7 (A or B)

A. When proceeding determines paternity in non-mixed case

Paternity has not been established previously and the child(ren) was not born or conceived when the mother was married.

B. When proceeding establishes paternity in mixed case (for each child)

Paternity has not been established previously for <<Child Y>> and the child was not born or conceived when the mother was married.

OPTION 8 (Jurisdiction/Long Arm for noncustodial parent/alleged father)

A. When served in Florida

DOR has personal jurisdiction over the Respondent because he/she was properly served notice in Florida on <<Date Served With Initial Notice>>.

B. When NCP served in another state or country (long-arm); if 8B is selected, select one or more from 8B1-8B6.

The Respondent is subject to DOR's jurisdiction in this proceeding under sections 48.193(1)(a)5., 48.193(1)(a)8., or 88.2011, Florida Statutes. The Respondent was properly served notice outside the State of Florida, however, he/she

1. resided in this state with the child(ren) and/or the Petitioning parent before this proceeding started.
2. resided in this state and provided prenatal expenses or support for the child(ren) before this proceeding started.
3. maintained a matrimonial domicile in this state before this proceeding started.
4. acknowledged paternity of the child(ren) in this state before this proceeding started.
5. had sexual intercourse in this state, which may have resulted in conception of the child(ren).
6. submitted to the jurisdiction of this state by consent, by entering a general appearance, or by filing a responsive document having the effect of waiving any objection to personal jurisdiction.

OPTION 9:

When proceeding determines paternity in non-mixed case (don't use option 10 when 9 is selected).

Based on the attached genetic test results that equal or exceed a 99 percent probability of paternity, which are hereby incorporated by reference and made a part of this Final Order, the Respondent is the legal and biological father of the following child(ren):

OPTION 10 (One entry for each child.) (A-F Based on paternity codes associated with individual child BP record. H based on existence of ZGT activity involving the child associated with the parent activity)

- A.** Paternity has been legally established for <<Child Z>> by affidavit or voluntary acknowledgment.
- B.** Paternity has been established for <<Child Z>> through a court order issued within the State of Florida.
- C.** Paternity is presumed for <<Child Z>> because the Respondent was married to the mother when the child was born or conceived.
- D.** Paternity has been established for <<Child Z>> in another state by a court, other tribunal, or voluntary acknowledgment.
- E.** Paternity is not an issue for <<Child Z>> because the Respondent and the mother married after the child's birth.
- F.** Paternity has been established for <<Child Z>> by an administrative order based on a positive genetic test.
- G.** Paternity is not an issue for <<Child Z>> because the Respondent is the mother to the child.
- H.** Paternity has been established for <<Child Z>> based on the attached genetic test results that equal or exceeds a 99 percent probability of paternity.

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

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

OPTION 12 (Based on activity status codes)

A. No DOAH Request

the Respondent did not file a timely request for an administrative hearing. The time limits are stated in the Proposed Administrative Support Order, which was served on the Respondent. The Respondent is deemed to have waived the right to request a hearing as provided by section 409.2563(7)(b), Florida Statutes.

B. DOAH Relinquishes Jurisdiction

the Respondent waived his or her right to contest the proposed order at an administrative hearing.

OPTION 13.1 (for parent who owes support)

- A. imputed
- B. actual

OPTION 13.2 (for parent due support)

- A. imputed
- B. actual

OPTION 14.1 (User selects additional findings related to income used for support guidelines for the parent who owes support) Select only when parent who owes support's income is imputed. Choose either A, B, or C.

- A. The Respondent is voluntarily underemployed and is capable of earning the imputed net monthly income based upon his or her recent work history, occupational qualifications and prevailing earnings level in the community.
- B. The Respondent is voluntarily unemployed and is capable of earning the imputed net monthly income based upon his or her recent work history, occupational qualifications and prevailing earnings level in the community.
- C. There is a lack of sufficient, reliable information concerning the Respondent's actual earnings; therefore, an earning capacity equal to full time employment at federal minimum wage is presumed for the purpose of establishing the support obligation.

OPTION 14.2 (User selects additional findings related to income used for support guidelines for the parent due support)

Select only when parent due support/other parent (13.2) income is imputed. Choose either A, B, or C.

- A. The Petitioning/other parent is voluntarily underemployed and is capable of earning the imputed net monthly income based upon his or her recent work history, occupational qualifications and prevailing earnings level in the community.
- B. The Petitioning/other parent is voluntarily unemployed and is capable of earning the imputed net monthly income based upon his or her recent work history, occupational qualifications and prevailing earnings level in the community.
- C. There is a lack of sufficient, reliable information concerning the Petitioning/other parent's actual earnings; therefore, an earning capacity equal to full time employment at federal minimum wage is presumed for the purpose of establishing the support obligation.

OPTION 15 (Based on guideline information)

DOR is deviating from the guideline amount, which would be inappropriate for the following reason(s):

[Note: User selects applicable deviation reason(s). System will enumerate alphabetically as a., b., c., etc.] When options 15A – L are selected, option 20 must also be selected and the user must provide free text explanation.

- A.** A particular parenting plan, a court-ordered time-sharing schedule, or a time-sharing arrangement exercised by agreement of the parties provides that each child spend a substantial amount of time with each parent, as explained in the Additional Findings of Fact and Conclusions of Law.
- B.** The child(ren) spends a significant amount of time with the Respondent due to a particular parenting plan, a court-ordered time-sharing schedule, or a time-sharing arrangement exercised by agreement of the parties as explained in the Additional Findings of Fact and Conclusions of Law.
- C.** Extraordinary medical, psychological, educational, or dental expenses as explained in the Additional Findings of Fact and Conclusions of Law.
- D.** Payment of support to a parent that regularly has been paid and for which there is a demonstrated need as explained in the Additional Findings of Fact and Conclusions of Law.
- E.** Seasonal variations in one or both parents' income as explained in the Additional Findings of Fact and Conclusions of Law.
- F.** Age(s) of the child(ren), taking into consideration the greater needs of older child(ren) as explained in the Additional Findings of Fact and Conclusions of Law.
- G.** Special needs that have been met traditionally within the family budget even though the fulfilling of those needs will cause support to exceed the guideline amount as explained in the Additional Findings of Fact and Conclusions of Law.
- H.** Total available assets of mother, father, and child(ren) as explained in the Additional Findings of Fact and Conclusions of Law.
- I.** Application of the child support guidelines requires the Respondent to pay more than 55 percent of gross income for a single support order as explained in the Additional Findings of Fact and Conclusions of Law.
- J.** Independent income of the child(ren), excluding the child(ren)'s SSI income as explained in the Additional Findings of Fact and Conclusions of Law.
- K.** Impact of IRS dependency exemption and waiver of that exemption as explained in the Additional Findings of Fact and Conclusions of Law.
- L.** Adjustments needed to achieve an equitable result as explained in the Additional Findings of Fact and Conclusions of Law.
- M.** The Respondent is entitled to a \$<<Allowable Deduction>> deduction from gross income for the Respondent's child(ren) who resides in his/her household.
- N.** The Respondent receives Social Security Disability (SSD) benefits. The Respondent's guideline share of the total child support need is offset by \$<<ReducedObligAmt>>, which is the amount of Social Security dependent benefits received by the child(ren) due to Respondent's disability.

[The following concludes Option 15 and must print when 15B-L is selected.]

Therefore, the Respondent's monthly current support payment stated in Paragraph B is \$<<TotalDeviationAmountPOSD>><<Option 15.1>> per month than the guideline amount.

OPTION 15.1

- A.** more
- B.** less

OPTION 16.1 (Select whether health insurance is or is not available at reasonable cost to the parent who owes support)

- A. is
- B. is not

OPTION 16.2 (Select whether health insurance is or is not accessible to the child through the parent who owes support)

- A. is
- B. is not

OPTION 16.3 (Select whether health insurance is or is not available at reasonable cost to the parent due support)

- A. is
- B. is not

OPTION 16.4 (Select whether health insurance is or is not accessible to the child through the parent due support)

- A. is
- B. is not

OPTION 17

A. When parent due support is providing health insurance

The Respondent has the ability to pay all or part of the cost of the child(ren)'s health insurance, which is being provided by the Petitioning parent or caregiver.

B. When either the parent who owes support or the parent due support parent (not caregiver) is active duty or retired military

The <<LV_HI_PROVIDER>> is active or retired United States military. As a dependent of the <<LV_HI_PROVIDER>>, the child(ren) is entitled to health insurance under the military health insurance program.

OPTION 18 [Select A, B, or C]

A. The Respondent has the ability to pay reasonable and necessary noncovered medical, dental, and prescription medication expenses incurred for the minor child(ren).

B. The Petitioning parent has the ability to pay reasonable and necessary noncovered medical, dental, and prescription medication expenses incurred for the minor child(ren).

C. Both parents have the ability to pay reasonable and necessary noncovered medical, dental, and prescription medication expenses incurred for the minor child(ren).

OPTION 19 (Retroactive support)

A. System pop when retroactive support is ordered

The total past (retroactive) child support amount in Paragraph B is based on the factors listed in the enclosed child support guideline worksheet(s).

The Respondent shall pay retroactive support for <<Number Months Retro Owed>>months. This is the period(s) of time when the Respondent did not live together with the child(ren), during the 24 months before <<Date Served With Initial Notice>>, the date the Respondent was served with the initial notice in this proceeding. If a Final Order is issued, monthly support that accrues between now and the date the first payment is due will be added to the total retroactive support amount in the Final Order.

The retroactive support amount of \$<<Net Retro Support Owed>> is calculated <<Option 19A1/19A2>>

<<OPTION 19A3>

Select either 19A1 or 19A2

19A1. at the same monthly rate as current support.

19A2. based on the monthly amounts as shown in the enclosed Guideline Worksheet(s) for the retroactive period. The retroactive support amount is calculated differently than current support because <<Free Form Text>>.

19A3 - If credit provided for payments made

The Respondent is given \$<<Retro Credit>> credit for support payments actually made or in-kind payments made during the retroactive period.

B. Select one of the following if retroactive support is not ordered

1. Past (retroactive) support is not appropriate because <<Free Form Text>>.
2. Past (retroactive) support is being waived by the Petitioning parent or caregiver.

OPTION 20 (Include is user selects, However mandatory if option 15A – L is selected, as well as when 20A or 20B are selected) Center as header.

Additional Findings of Fact and Conclusions of Law

OPTION 20A (Must be selected when option 15A or 15B is selected and is listed as unnumbered paragraph under Option 20.)

The Respondent's obligation of \$<<DevOblig>> is based on a particular parenting plan, a court-ordered time-sharing schedule, or a time-sharing arrangement exercised by agreement of the Respondent and the Petitioning parent under which the child spends <<%ofNightsWithNCP>> percent of the overnights with Respondent.

OPTION 20B

<<Free Form Text>>

OPTION 21 (When proceeding determines paternity) (the leading ',' is needed in the order)
, 409.256

OPTION 22 (When proceeding determines paternity)
and biological

OPTION 23

A. When parent due support is providing health insurance

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

B. When either parent is active duty or retired military

The parents shall promptly enroll the child(ren) in the Defense Enrollment Eligibility Reporting System (DEERS). The parents shall cooperate with each other in doing so, which includes but is not limited to signing forms needed to enroll the child(ren) and providing any required documentation. If the child(ren) becomes ineligible for benefits under the military health care program, the parent who enrolls the child(ren) shall notify DOR within 30 days of the change in the child(ren)'s entitlement.

OPTION 25 (Include if user selects) (Center as Header)

Additional Provisions:

<<Free Form Text>>

OPTION 33 (Use B if Respondent has an attorney)

A. <<NCP Name>>

B. <<NCP Attorney Name>>

<<NCP Attorney Address>>

OPTION 39:

- A. The << LV_HI_PROVIDER >> shall obtain and maintain health insurance for the child(ren) by enrolling them in group health insurance available through the <<LV_HI_PROVIDER>>'s employer, union, or other source. The <<LV_HI_PROVIDER>> shall send written proof of coverage to the <<CSE Local Office and Address>>. If there is any change in health insurance the <<LV_HI_PROVIDER>> must notify DOR within 30 days and send written proof of the change. <<Option 23>>
- B. Neither parent is ordered to provide health insurance for the minor child(ren).
- C. The Respondent's share of the cost of health insurance provided for the child(ren) by the Petitioning parent/caregiver is \$<<NCP Share of Health Insurance Expense When CP/CTR Provides>>, which is included in the Respondent's share of the total child support need stated in paragraph 9.

OPTION 41

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

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

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

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

OPTION 50

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

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

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

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

OPTION 51

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

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

OPTION 57

A. Inserted when the order is to be printed and mailed at central mail processing.

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

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

This document has been signed electronically and rendered on the above date as authorized by law.

B. Inserted when the order is to be printed and mailed at the local office because a parenting time plan is incorporated.

<<Order Title>> is based on the following:

- If the administrative activity reason is 'Paternity and Support', insert "Final Administrative Paternity and Support Order".
- If the administrative activity is Administrative Support, insert 'Final Administrative Support Order'.

DONE AND ORDERED this ___ day of ___, 20___.

Signed by: _____
Authorized Designee for: Ann Coffin
Director, Child Support Program
State of Florida Department of Revenue

CERTIFICATE OF RENDITION

I HEREBY CERTIFY that this <<Order Title>> has been rendered on the above date as authorized by law.

Signed by: _____

Deputy Agency Clerk

DRAFT



Order to Appear for Genetic Testing

<<RecipientName>>
<<RecipientAddress>>



<<Date>>
Child Support Case Number: <<CaseNumber>>
Activity Number: <<ActivityNum+first three letters of recipients last name>>

1. We have started an administrative proceeding to establish if you are the biological father of the child(ren) named below:

Child: <<Child's Name>> Date of Birth:<<Child's Date of Birth>>

We have done this because you have been named as a possible biological father of the child(ren) named above based upon an affidavit or written declaration by the mother, <<Mother's Name>>.

2. YOU ARE HEREBY ORDERED to appear to provide a sample for genetic testing.
<<Option 1>>

3. If you have custody of the child(ren) named above, you must also bring the child(ren) for genetic testing.

You must bring picture identification to identify yourself and the child. Valid adult identification includes: a state issued driver license or ID card, a US passport, a foreign passport stamped by or an ID card issued by the US Bureau of Citizenship and Immigration Services, a US armed forces ID card or certain Florida or federal inmate ID cards. Valid child identification includes: a state issued ID card, a certified copy of a birth certificate, a social security card, an insurance card or a school ID.

If you appear as ordered, we will pay the cost of the genetic test and provide you with a copy of the test results in the mail. We will not give you the results by phone.

4. If you fail to appear as ordered or refuse to submit to genetic testing without good cause, we may:

- a) Start proceedings to suspend your driver's license and motor vehicle registration.
- b) Impose an administrative fine of \$500.

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

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

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

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

To contact us call: <<CountyPhoneNumber>>

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

<<Option 3>>

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<<Option 2>>

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Option 1

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

The date, time and place of your appointment is:

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

B. (Option used when the parent is incarcerated)

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

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

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) – currently not used

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>> or scan the QR Code located on page 2.

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

Appointments may also be rescheduled through this website.

E. (If private vendor collects the sample for genetic testing) – currently not used

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

F. (Option used when the parent resides in Florida and is not incarcerated and the Department implements schedule-less genetic test collection)

You must provide a sample for genetic testing no later than 30 days after the date of this notice. No appointment is needed. Customers for genetic testing collection will be given priority attention during their office visit.

Scan the QR Code below or visit <<DOR office location website>> for a list of Child Support offices and their office hours for genetic testing collection.

Option 2

Used only when Option 1.E. is selected. This option places the attached *Genetic Sample Collection for Paternity Testing* on a full separate page. – currently not used

Option 3

Used when Option 1.F. is selected





Child Support Program

Genetic Sample Collection for Paternity Testing

Date: <<Date>>

Authorization Number: <<ZGT Auth number>>

Child Support Case Number: <<CaseNumber>>

Parties to be collected:

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

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

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

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Child Support Program

Requirement to Provide Sample for Genetic Testing

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



<< Date>>
 Child Support Case Number: <<CaseNumber>>
 Activity Number: <<ActivityNum+first three letters of recipients last name>>

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

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

<<Option 1>>
 <<Option 2>>

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

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

<<Option 4>>

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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) (currently not used)

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) (currently not used)

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>> or scan the QR Code below.

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.) (currently not used)

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.

F. (Option used when the parent resides in Florida and is not incarcerated and the Department implements schedule-less genetic test collection)

You must provide a sample for genetic testing no later than 30 days after the date of this notice. No appointment is needed. Customers for genetic testing collection will be given priority attention during their office visit.

Scan the QR Code below or visit <<DOR office location website>> for a list of Child Support offices and their office hours for genetic testing collection.

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. (currently not used)

Option 4:

A.

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
Employment and other resources: <<FDOR Page>>	

B. Used when Option 1.F. is selected

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	
Employment and other resources: <<FDOR 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

<<Option 1>> PROPOSED ORDER OF PATERNITY

<<Option 35>>

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

We have issued this Proposed Order of Paternity (Proposed Order) based upon the enclosed genetic testing results and intend to enter a Final Order of Paternity (Final Order) for the child(ren) named below. In this Proposed Order <<NCP NAME>> is referred to as the Respondent.

Proposed Findings of Fact and Conclusions of Law

The Department of Revenue (DOR) has jurisdiction over the subject matter of this proceeding under section 409.256, Florida Statutes, because paternity has not been established for the child(ren) and DOR is providing Title IV-D services for <<CPorCTRname>>.

<<Option 8>>

The mother, <<mother's name>>, was not married when the child(ren) named below was conceived, and the child(ren)'s paternity has not previously been established.

The enclosed genetic testing results prove that you are the biological father of the following child(ren):

Name Date of Birth
<<ChildName>> <<ChildDOB>>

The child(ren) resides with <<CP/CTRName>>.

We are not allowed to change the child's name in this proceeding. That can only be done in circuit court.

<< Free form text>>

<<Option 46>>

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Respondent's Notice of Rights

There are three ways you can proceed at this point:

- A. If you, the Respondent, <<NCP Name>>, agree to the terms of this Proposed Order you do not need to do anything. We will issue a Final Order.
- B. You may contact us within 10 days of the mailing of this Proposed Order at the address listed in paragraph C or at the phone number listed at the end of this notice to request an informal review of this Proposed Order.
- C. You may request a hearing by filing a written request with the Deputy Agency Clerk at the following address:

Deputy Agency Clerk
 <<Local Office Address>>
 <<Local Office Address>>

Your written request must be received no later than 20 days after the mailing date of this Proposed Order. If you file a written request for a hearing, you must tell us why you disagree with this Proposed Order, stating each point of disagreement.

If you file a timely request for a hearing, the Division of Administrative Hearings (DOAH) will mail you written notice of the date, time, and place of the hearing. Any hearing will consider only issues related to paternity and parenting time plans agreed to by both parents.

If you do not file a timely request for a hearing, we will find that you have waived your right to a hearing and we will render a Final Order. <<Option 47>>

<<Option 45>>

Effect of Final Order

If a Final Order is rendered, it will have the same effect as a judgment of paternity entered by the circuit court under chapter 742, Florida Statutes. You will be the legal father of the child(ren) named above and gain all the rights and responsibilities of a legal parent.

Requirement to Notify Department of Revenue
Change of Address and Other Changes

Both parents (and caregiver, if any) must tell us of any changes concerning identity, contact information, or location. This includes names you are known by, Social Security numbers, residential and mailing addresses, phone numbers, driver license numbers, and names, addresses, and telephone numbers of employers. You must promptly notify us in writing of any change in your mailing address. We will presume you have received any further papers we send you. If you change your address and do not notify us in writing, you may miss a deadline and lose your right to ask for a hearing or file an appeal.

If you have any questions call <<Option 31>>.

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<<Option XX>>

Enclosures:
Genetic Testing Results

<<NCP NAME>>

cc: <<CP NAME>>

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Option 1 (When applicable):

- A. AMENDED (use in heading only)
- B. Amended

Option 8 – Jurisdiction/Long Arm for Parent Who Owes Support/alleged father

A. When served in Florida

DOR has personal jurisdiction over the Respondent because he/she was properly served notice in Florida on <<Date Served With Initial Notice>>.

B. When NCP served in another state or country (long-arm); if 8B is selected, select one or more from 8B1-8B6.

The Respondent is subject to DOR's jurisdiction in this proceeding under sections 48.193(1)(a)5., 48.193(1)(a)8., or 88.2011, Florida Statutes. The Respondent was properly served notice outside the State of Florida, however, he/she

1. resided in this state with the child(ren) and/or the Petitioning parent before this proceeding started.
2. resided in this state and provided prenatal expenses or support for the child(ren) before this proceeding started.
3. maintained a matrimonial domicile in this state before this proceeding started.
4. acknowledged paternity of the child(ren) in this state before this proceeding started.
5. had sexual intercourse in this state, which may have resulted in conception of the child(ren).
6. submitted to the jurisdiction of this state by consent, by entering a general appearance, or by filing a responsive document having the effect of waiving any objection to personal jurisdiction.

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

- A. <<COUNTYPHONENUMBER>>

Option 35 (Notice goes to both NCP and CP)

- A. <<NCP Name>>
<<NCP Address1>>
<<NCP Address2>>
- B. <<CP/CTR Name>>
<<CP/CTR Address>>
<<CP/CTR Address2>>

Option 46

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

The enclosed parenting time plan has been agreed to and signed by both parents and will be made a part of the Final Order.

Option 47

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

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

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

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

Option XX

A. Inserted when proposed order is to be printed and mailed at the local office because the order includes parenting time or there is a family violence indicator on the case.

ISSUED this the <<Day; 1st, 2nd, 3rd, etc.>> day of <<Month>>, 20<<Year>>. MAILED this this ___ day of ___, 20___.

s/<<1st initial & Last Name Resp Employee from ZAPO>>
Authorized Representative
Florida Department of Revenue

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

B. Insert when order is printed and mailed from central mail processing.

ISSUED and MAILED this the <<Day; 1st, 2nd, 3rd, etc.>> day of <<Month>>, 20<<Year>>.

s/<<1st initial & Last Name Resp Employee from ZAPO>>
Authorized Representative
Florida Department of Revenue

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

STATE OF FLORIDA
DEPARTMENT OF REVENUE
CHILD SUPPORT PROGRAM

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

Depository Number: <<DepositoryNo>>
Child Support Case Number: <<CaseNumber>>

vs.

<<NCPName>>
Respondent.

FINAL ORDER OF PATERNITY

The Florida Department of Revenue, Child Support Program (DOR), enters this Final Order of Paternity.

Findings of Fact and Conclusions of Law

1. DOR has subject matter jurisdiction to determine paternity in this administrative proceeding for the child(ren) named below as provided by section 409.256, Florida Statutes.
2. DOR is providing Title IV-D child support services on behalf of <<CP/CTR NAME>>. The child(ren) resides with <<CP/CTR NAME>>.
3. The child(ren)'s mother is <<Mother's Full Name>>.
4. The child(ren) was not born or conceived while the mother was married, and the child(ren)'s paternity has not previously been established.
5. <<Option 8>>
6. The attached genetic test results, which are hereby incorporated by reference and made a part of this Final Order, show a 99 percent or greater probability that the Respondent is the biological father of the following child(ren):

Child(ren) Name
<<ChildFullName>>

Date of Birth
<<ChildDOB>>

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

7. The Respondent did not file a timely request for an administrative hearing in response to DOR's Proposed Order of Paternity, which was served on the Respondent by regular U.S. mail. Under section 409.256(10)(b), Florida Statutes, the Respondent is deemed to have waived the right to a hearing.

<<Option 53>>

<< Free form text1 – If populated starts with paragraph number 8>>

Based upon the Findings of Fact and Conclusions of Law and in accordance with sections 409.2563, Florida Statutes, it is ORDERED that:

A. <<Respname>> is the legal and biological father of:

Child(ren)'s Name
<<Child1FullName>>
<<Child2FullName>>

Date of Birth
<<ChildDOB>>
<<ChildDOB>>

B. The Respondent shall notify DOR in writing within seven (7) days after the date of this Final Order of any change in name, Social Security number, residential address, mailing address, employer, employment address, phone numbers, or driver license number. It will be presumed that the Respondent receives any documents that DOR mails to the most recent mailing address provided by the Respondent.

<<Option 54>>

<<Option 43>>

Effective Date. This Final Order is effective immediately and remains in effect until modified by DOR, vacated on appeal, or superseded by a subsequent court order.

<<Option 57>>

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MAIL USE
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NOTICE OF RIGHT TO APPEAL

A party that is adversely affected by this Final Order of Paternity has the right to judicial review under section 120.68, Florida Statutes. To obtain judicial review you must complete the following steps:

- 1. File an original Notice of Appeal with the Department of Revenue’s Deputy Agency Clerk within 30 days after the date the Final Order is rendered. The address is:

Department of Revenue
Child Support Program
Attention: Deputy Agency Clerk
P.O. Box 8030
Tallahassee, Florida 32314-8030

- 2. File a copy of the Notice of Appeal with the Clerk of the First District Court of Appeal or the Clerk of the District Court of Appeal for the district where you live. You also must pay a filing fee when you file the Notice of Appeal with the court.

Filing with the Department of Revenue or the District Court of Appeal is complete when the Notice of Appeal is received, not when it is mailed.

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MAIL USE ONLY

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Notes:

(1) The Certificate of Rendition paragraph must remain all together on a single page.

OPTION 8 (Jurisdiction/Long Arm for noncustodial parent/alleged father)

A. When served in Florida

DOR has personal jurisdiction over the Respondent because he/she was properly served notice in Florida on <<Date Served With Initial Notice>>.

B. When NCP served in another state or country (long-arm); if 8B is selected, select one or more from 8B1-8B6.

The Respondent is subject to DOR's jurisdiction in this proceeding under sections 48.193(1)(a)5., 48.193(1)(a)8., or 88.2011, Florida Statutes. The Respondent was properly served notice outside the State of Florida, however, he/she

1. resided in this state with the child(ren) and/or the Petitioning parent before this proceeding started.
2. resided in this state and provided prenatal expenses or support for the child(ren) before this proceeding started.
3. maintained a matrimonial domicile in this state before this proceeding started.
4. acknowledged paternity of the child(ren) in this state before this proceeding started.
5. had sexual intercourse in this state, which may have resulted in conception of the child(ren).
6. submitted to the jurisdiction of this state by consent, by entering a general appearance, or by filing a responsive document having the effect of waiving any objection to personal jurisdiction.

OPTION 43 (Include if user selects)

A. Additional Provisions: <<Free Form Text>>

Option 53

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

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

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

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

Option 54

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

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

Option 57

A. Inserted when the order is to be printed and mailed at central mail processing.

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

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

This document has been signed electronically and rendered on the above date as authorized by law.

B. Inserted when the order is to be printed and mailed at the local office because a parenting time plan is incorporated.

Insert 'Final Order of Paternity' for <<Order Title>> below.

DONE AND ORDERED this ___ day of ___, 20___.

Signed by: _____
Authorized Designee for: Ann Coffin
Director, Child Support Program
State of Florida Department of Revenue

CERTIFICATE OF RENDITION

I HEREBY CERTIFY that this <<Order Title>> has been rendered on the above date as authorized by law.

Signed by: _____
Deputy Agency Clerk

DRAFT



Child Support Program

<<Option 1>> Proposed Administrative <<Option 2>> Support Order

┌ <<Option 35>>

Depository Number: <<DepositoryNo>>
Child Support Case Number: <CaseNumber>>
Activity Number: <<ActivityNumber>>



Attached is a proposed administrative support order. Please read this order in detail. In this Proposed Order we refer to <<NCPName>> as the Respondent and <<CP/CTR Name>> as the Petitioning parent (or caregiver, if applicable).

This order includes:

- a. **Current child support** of \$<<CurrSupAmt>> per month.
- b. **Past (Retroactive) support** of \$<<Monthly Retro Payment>> per month.
- c. **Health Insurance.** <<Option 38>>.
- d. **Noncovered medical expenses.** The Respondent is responsible for <<NCP Percent Support Need>> percent. The Petitioning/other parent is responsible for <<CP Percent Support Need>> percent.

The start date for payments and health insurance (if ordered) will be covered in the Final Order.

WHAT YOU NEED TO DO

IF YOU AGREE WITH THIS PROPOSED ORDER	IF YOU DO NOT AGREE WITH THIS PROPOSED ORDER
<p>You do not need to do anything. The Department will issue a Final Order as outlined above.</p> <p>Learn more about the effects of a Final Order on page 2.</p>	<ul style="list-style-type: none"> • Please contact us by phone or in writing within 10 days. You can provide additional information and/or request an informal discussion. • Request a hearing by filing a written request within 20 days from the date of this Proposed Order. Address your written request to the Deputy Agency Clerk at the address in paragraph C on page 2. <p>If you do not agree with this Proposed Order and do not contact us as described above, the Department will issue a Final Order that requires you to provide child support as outlined above. Learn more about the effects of a Final Order on page 2.</p>

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The Florida Department of Revenue, Child Support Program, issues this <<Option 1>> Proposed Administrative <<Option 2>> Support Order (Proposed Order) as authorized by section<<Option 5>> 409.2563, Florida Statutes.

<<Option 46>>

Respondent's Notice of Rights

- A. If you, the Respondent, <<NCPName>>, agree to the terms of this Proposed Order you do not need to do anything. We will issue a Final Order.
- B. If you have questions or want to discuss this Proposed Order with us informally, contact us at the address or phone number provided. If you ask for an informal discussion within 10 days from the mailing date of this proposed order, your time to ask for a hearing will be extended until 10 days after we notify you in writing that the informal discussions have ended.
- C. If you disagree with this Proposed Order, you may ask for a hearing by filing a written request with the Deputy Agency Clerk at the following address:

Deputy Agency Clerk
<< CSE Local Office and Address >>

Your written request must be received no later than 20 days after the mailing date of this Proposed Order, unless the time to request a hearing is extended under paragraph B. If you file a request for hearing, you should tell us in writing why you disagree with this Proposed Order, stating each point of disagreement.

If you file a timely request for a hearing, the Division of Administrative Hearings (DOAH) will mail you written notice of the date, time, and place of the hearing. If there is a hearing you will be able to tell your story to an administrative law judge who will decide the case. You are allowed to bring witnesses, present information, argue your case, and ask questions of any witnesses that testify. <<Option 47>>

<<Option 28>>

If you do not file a timely request for a hearing, you will lose your right to a hearing and we may render a Final Order that incorporates the findings of this Proposed Order.

- D. If you do not respond timely to this Proposed Order we will issue a Final Order that <<Option 29>> requires you to provide support. We will mail the Final Order to you and the Petitioning parent (or caregiver, if applicable) and file a copy with the clerk of the circuit court. If we or an administrative law judge issues a Final Order, you have the right to seek judicial review in the District Court of Appeal.

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Effect of Final Order

- E. <<Option 30>> If we issue a Final Order, we may enforce the support obligation by any lawful means, including:
 - Requiring your employer to withhold payments from your income
 - Filing liens against your property
 - Suspending driver, professional, and recreational licenses
 - Attaching bank accounts and insurance settlement proceeds
 - Obtaining judgments by operation of law against you
 - Taking your lottery winnings and federal income tax refunds
 - Taking 40 percent of your reemployment assistance benefits
 - Taking part of your worker's compensation benefits
 - Asking a court to enforce the order

If payments are late we will report the amount owed to credit reporting agencies.

- F. If we issue a Final Order we will issue an income deduction order that will be effective right away.

Requirement to Notify Department of Revenue
Change of Address and Other Changes

- G. Both parents (and caregiver, if any) must tell us of any changes concerning identity, contact information, or location. This includes name, social security number, residential and mailing addresses, phone numbers, driver license numbers, and names, addresses, and phone numbers of employers. You must promptly notify us in writing of any change in your mailing address. We will assume you receive any papers we send to the mailing address we have for you. If you change your address and do not notify us in writing, you may miss a deadline and lose your right to ask for a hearing or file an appeal.

<<Option 48>>

<<Option XX>>

Enclosures:

Child Support Guidelines Worksheet(s)
Financial Affidavits

<<Option 49>>

Copies furnished to:

<<Option 33>>

<<CP/CTR name>>

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STATE OF FLORIDA
DEPARTMENT OF REVENUE
CHILD SUPPORT PROGRAM

State of Florida Department of Revenue
Child Support Program and

<<CP/CTR NAME>>
Petitioners,

Depository Number: <<DepositoryNo>>

Child Support Case Number: <<CaseNumber>>

vs.

<<NCPName>>
Respondent.

FINAL ADMINISTRATIVE <<OPTION 2>> SUPPORT ORDER

Important Notice: This is only a Proposed Order at this time. It is not yet in effect. If you disagree with this Proposed Order, read the Notice of Rights section above. It tells you what to do to request a hearing. If you do nothing, we will enter this as a Final Order.

The Florida Department of Revenue, Child Support Program, enters this Final Administrative <<Option 2>> Support Order (Final Order) to establish <<Option 3>> a support obligation for the child(ren) named in Paragraph 5. We have considered <<Option 4>> the financial affidavits we received and/or other reliable information about the income of each parent. We have taken into account the child support guidelines and any relevant deviation factors in section 61.30, Florida Statutes. In this Final Order we refer to <<NCPName>> as the Respondent and <<CP/CTR Name>> as the Petitioning parent (or caregiver, if applicable).

Findings of Fact and Conclusions of Law

1. The Child Support Program has subject matter jurisdiction in this proceeding and enters this Final Order as authorized by section <<Option 5>> 409.2563, Florida Statutes.
2. The Child Support Program is providing Title IV-D child support services for <<CP/CTR Name>>, the <<Option 6>> of the child(ren) named in Paragraph 5. <<Option 6.1>>
3. There is no support order for the child(ren) named in Paragraph 5. <<Option 7>>
4. <<Option 8>>
5. The Respondent has a legal duty to contribute to the support of the child(ren) named below because the Respondent is the child(ren)'s parent. <<Option 9>>

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Child(ren) Name
<<Child1Name>>
<<Child2Name>>

Date of Birth
<<Child1DOB>>
<<Child2DOB>>

<<Option 10>>

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6. The child(ren) needs support and the Respondent has the ability to provide support as determined by this Final Order.
7. The child(ren) resides with <<CP/CTR Name>> most of the time. <<CP/CTR Name>> is the child(ren)'s <<Option 11>>.
8. This Final Order is being entered without a hearing because (Not Applicable – This is a Proposed Order).
9. The Child Support Program makes the following findings of fact:
 - a. The Respondent's <<Option 13.1>> net monthly income is \$ <<NCP Net Income>> (<<NCP Percent Support Need>> percent of the parents' combined net income).
 - b. The Petitioning/other parent's <<Option 13.2>> net monthly income is \$ <<Petitioning Parent's Net Income>> (<<Petitioning Parent's Percent Support Need>> percent of the parents' combined net income).
 - c. Monthly child care costs are \$ <<Monthly Child Care Expense>>.
 - d. Monthly health insurance costs for the child(ren) are \$ <<Monthly Health Insurance Expense>>.

<<Option 14.1>>
<<Option 14.2>>

10. The total monthly child support need under Florida's Child Support Guidelines is \$ <<Total Monthly Child Support Need>>.
11. The Respondent's guideline share of the total child support need is \$ <<CurrSupAmt>> per month. The amount is based on section 61.30, Florida Statutes, which includes the factors in paragraph 9.

<<Option 15>>

12. Health insurance for the child(ren) <<Option 16.1>> available to the Respondent at reasonable cost through his/her employer, union, or other source and <<Option 16.2>> accessible to the child.

Health insurance for the child(ren) <<Option 16.3>> available to Petitioning/other parent at reasonable cost through his/her employer, union, or other source and <<Option 16.4>> accessible to the child.

<<Option 17>>

<<Option 18>>

XXXX 13. <<Option 19>>

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XXXX 14. <<Option 50>>

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<<Option 20>>

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Based upon the Findings of Fact and Conclusions of Law and in accordance with sections 61.30 <<Option 21>> and 409.2563, Florida Statutes, it is ORDERED that:

- A. <<NCPName>> is the legal <<Option 22>> parent of <<Child1FullName>>, date of birth <<Child1DOB>>
<<NCPName>> is the legal <<Option 22>> parent of <<Child2FullName>>, date of birth <<Child2DOB>>

B. Starting _____(Start date will be stated in the Final Order) the Respondent shall pay:

\$<<CurrSupAmt>> per month current support, plus
\$<<Monthly Retro Support Payment>> per month to reduce the retroactive support amount of
\$<<Net Retro Support Owed>>, for a total monthly payment of
\$<<Total Monthly Payment>>

When the total retroactive support amount and any arrears that accrue after the date of this Final Order are paid, the monthly obligation becomes the current support amount.

- C. All payments must be paid by cashier's check, certified check, money order, or a personal or business check payable to the Florida State Disbursement Unit at the following address:

Florida State Disbursement Unit
<<SDUAddress>>

Cash is not accepted. If a personal or business check is returned, the person who wrote the check may no longer be allowed to pay by check. All payments must be identified with the Respondent's name, the amount of the payment and depository number <<Depository Number>>. The Respondent shall not receive credit for any future support payments made directly to the <<CP/CTR Name>> or to the child(ren). Any payment that is not paid when due is considered late and will result in collection action by DOR.

- D. Duration of order. This Final Order stays in effect until:
 - (1) Vacated, modified, suspended or terminated by DOR;
 - (2) Vacated on appeal; or
 - (3) Superseded by a circuit court order.

The current support obligation in Paragraph B is reduced according to the schedule below as each child reaches age 18, dies, marries, or otherwise emancipates, unless the child is dependent in fact, between the ages of 18 and 19, still in high school and performing in good faith with a reasonable expectation of graduating before the age of 19. If payable beyond the age of 18, the current support obligation ends when the child graduates from high school.

<<Option 41>>

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Current support for <<youngest child's name 1>> is scheduled to end on <<child's estimated emancipation date – 1 day>>, or date of high school graduation according to the conditions above, at which time the Respondent's current support obligation ends for all children.

E. Health Insurance and Noncovered Medical Expenses. <<Option 39>>

The obligation to pay reasonable and necessary noncovered medical, dental, and prescription medication expenses incurred for the minor child(ren) shall be based on each parent's percentage share of the monthly support obligation as stated in the child support guidelines worksheet(s). The Petitioning/other parent's share is <<CP Percent Support Need>> percent and the Respondent's share is <<NCP Percent Support Need>> percent.

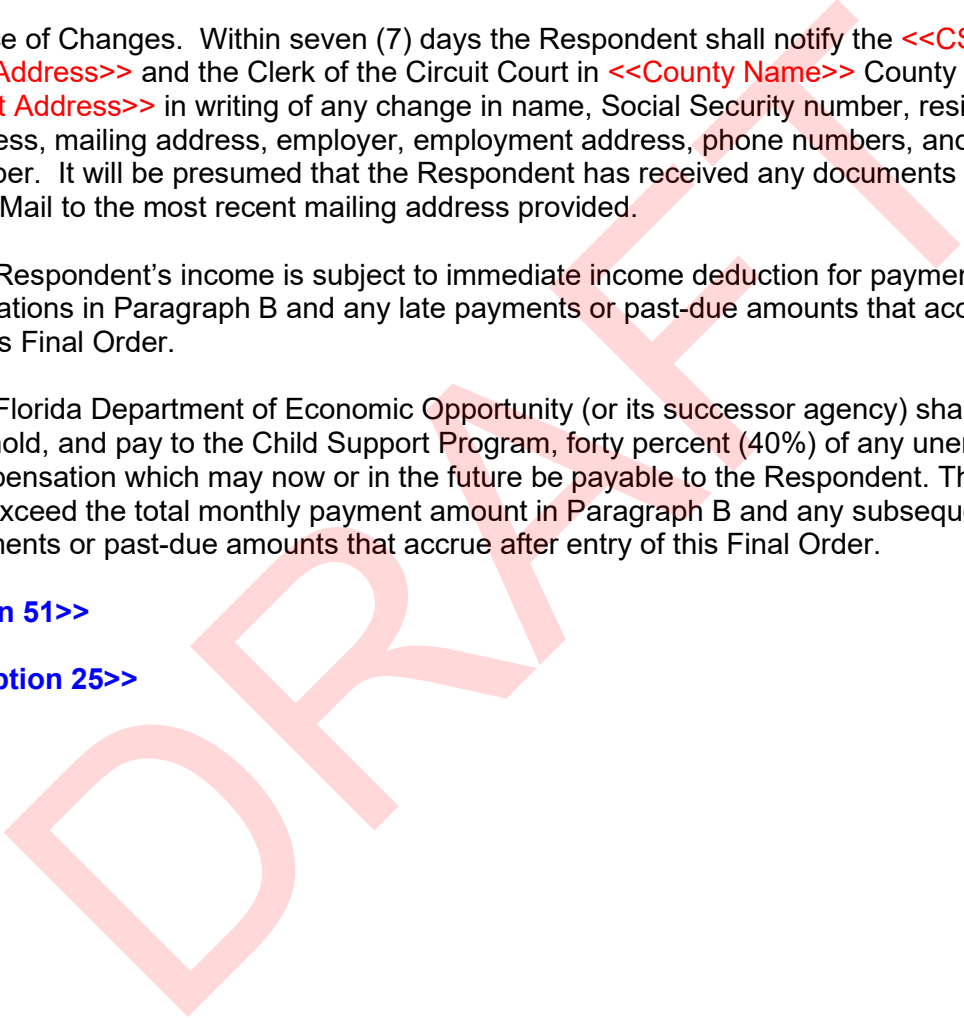
F. Notice of Changes. Within seven (7) days the Respondent shall notify the <<CSE Local Office and Address>> and the Clerk of the Circuit Court in <<County Name>> County at <<Clerk of Court Address>> in writing of any change in name, Social Security number, residential address, mailing address, employer, employment address, phone numbers, and driver license number. It will be presumed that the Respondent has received any documents sent by regular U.S. Mail to the most recent mailing address provided.

G. The Respondent's income is subject to immediate income deduction for payment of the support obligations in Paragraph B and any late payments or past-due amounts that accrue after entry of this Final Order.

H. The Florida Department of Economic Opportunity (or its successor agency) shall deduct, withhold, and pay to the Child Support Program, forty percent (40%) of any unemployment compensation which may now or in the future be payable to the Respondent. The amount may not exceed the total monthly payment amount in Paragraph B and any subsequent late payments or past-due amounts that accrue after entry of this Final Order.

<<Option 51>>

<<Option 25>>



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Option 1 (When applicable):

- A. AMENDED (use in heading only)
- B. Amended

Option 2 (When proceeding determines paternity):

- A. PATERNITY AND (use in heading only)
- B. Paternity and

Option 3 (If activity is for paternity and support order):

Paternity and

Option 4 (when proceeding determines paternity):

genetic testing results and

Option 5 (When proceeding determines paternity) (the leading 's' makes statute plural in the order:

s 409.256 and

Option 6

- A. parent
- B. caregiver

Option 6.1 (for each child for whom respondent is excluded by genetic testing,)

Based on the attached genetic test results the Respondent is not the biological father of <<Child X>>.

Option 7 (A or B)

A. When proceeding determines paternity in non-mixed case

Paternity has not been established previously and the child(ren) was not born or conceived when the mother was married.

B. When proceeding establishes paternity in mixed case (for each child)

Paternity has not been established previously for <<Child Y>> and the child was not born or conceived when the mother was married.

OPTION 8 – Jurisdiction/Long Arm for Noncustodial parent/alleged father

A. When served in Florida

DOR has personal jurisdiction over the Respondent because he/she was properly served notice in Florida on <<Date Served With Initial Notice>>.

B. When NCP served in another state or country (long-arm); if 8B is selected, select one or more from 8B1-8B6.

The Respondent is subject to DOR's jurisdiction in this proceeding under sections 48.193(1)(a)5., 48.193(1)(a)8., or 88.2011, Florida Statutes. The Respondent was properly served notice outside the State of Florida, however, he/she

1. resided in this state with the child(ren) and/or the Petitioning parent before this proceeding started.
2. resided in this state and provided prenatal expenses or support for the child(ren) before this proceeding started.
3. maintained a matrimonial domicile in this state before this proceeding started.
4. acknowledged paternity of the child(ren) in this state before this proceeding started.

5. had sexual intercourse in this state, which may have resulted in conception of the child(ren).
6. submitted to the jurisdiction of this state by consent, by entering a general appearance, or by filing a responsive document having the effect of waiving any objection to personal jurisdiction.

OPTION 9:

When proceeding determines paternity in non-mixed case (don't use option 10 when 9 is selected).

Based on the attached genetic test results that equal or exceed a 99 percent probability of paternity, which are hereby incorporated by reference and made a part of this Final Order, the Respondent is the legal and biological father of the following child(ren):

Option 10 One entry for each child. (A-F Based on paternity codes associated with individual child BP record. H based on existence of Genetic Testing (ZGT) activity involving the child associated with the parent activity)

- A. Paternity has been legally established for <<Child Z>> by affidavit or voluntary acknowledgment.
- B. Paternity has been established for <<Child Z>> through a court order issued within the State of Florida.
- C. Paternity is presumed for <<Child Z>> because the Respondent was married to the mother when the child was born or conceived.
- D. Paternity has been established for <<Child Z>> in another state by a court, other tribunal, or voluntary acknowledgment.
- E. Paternity is not an issue for <<Child Z>> because the Respondent and the mother married after the child's birth.
- F. Paternity has been established for <<Child Z>> by an administrative order based on a positive genetic test.
- G. Paternity is not an issue for <<Child Z>> because the Respondent is the mother to the child.
- H. Paternity has been established for <<Child Z>> based on the attached genetic test results that equal or exceeds a 99 percent probability of paternity.

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

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

Option 13.1 (for parent who owes support)

- A. imputed
- B. actual

Option 13.2 (for parent due support)

- A. imputed
- B. actual

Option 14.1 User selects additional findings related to income used for support guidelines for the parent who owes support

Select only when parent who owes support's income is imputed. Choose either A1, A2, or A3.

- A. The Respondent is voluntarily underemployed and is capable of earning the imputed net monthly income based upon his or her recent work history, occupational qualifications and prevailing earnings level in the community.
- B. The Respondent is voluntarily unemployed and is capable of earning the imputed net monthly income based upon his or her recent work history, occupational qualifications and prevailing earnings level in the community.
- C. There is a lack of sufficient, reliable information concerning the Respondent's actual earnings; therefore an earning capacity equal to full time employment at federal minimum wage is presumed for the purpose of establishing the support obligation.

Option 14.2 User selects additional findings related to income used for support guidelines for the parent due support. Select only when parent due support/other parent (13.2) income is imputed. Choose either B1 or B2

- A. The Petitioning/other parent is voluntarily underemployed and is capable of earning the imputed net monthly income based upon his or her recent work history, occupational qualifications and prevailing earnings level in the community.
- B. The Petitioning/other parent is voluntarily unemployed and is capable of earning the imputed net monthly income based upon his or her recent work history, occupational qualifications and prevailing earnings level in the community.
- C. There is a lack of sufficient, reliable information concerning the Petitioning/other parent's actual earnings; therefore an earning capacity equal to full time employment at federal minimum wage is presumed for the purpose of establishing the support obligation.

Option 15 Based on guideline information

DOR is deviating from the guideline amount, which would be inappropriate for the following reason(s):

[Note: User selects applicable deviation reason(s). System will enumerate alphabetically as a., b., c., etc.] When options 15A – L are selected, option 20 must also be selected and the user must provide free text explanation.

- A. A particular parenting plan, a court-ordered time-sharing schedule, or a time-sharing arrangement exercised by agreement of the parties provides that each child spend a substantial amount of time with each parent, as explained in the Additional Findings of Fact and Conclusions of Law.
- B. The child(ren) spends a significant amount of time with the Respondent due to a particular parenting plan, a court-ordered time-sharing schedule, or a time-sharing arrangement exercised by agreement of the parties as explained in the Additional Findings of Fact and Conclusions of Law.
- C. Extraordinary medical, psychological, educational, or dental expenses as explained in the Additional Findings of Fact and Conclusions of Law.
- D. Payment of support to a parent that regularly has been paid and for which there is a demonstrated need as explained in the Additional Findings of Fact and Conclusions of Law.
- E. Seasonal variations in one or both parents' income as explained in the Additional Findings of Fact and Conclusions of Law.
- F. Age(s) of the child(ren), taking into consideration the greater needs of older child(ren) as explained in the Additional Findings of Fact and Conclusions of Law.
- G. Special needs that have been met traditionally within the family budget even though the fulfilling of those needs will cause support to exceed the guideline amount as explained in the Additional Findings of Fact and Conclusions of Law.
- H. Total available assets of mother, father, and child(ren) as explained in the Additional Findings of Fact and Conclusions of Law.

- I. Application of the child support guidelines requires the Respondent to pay more than 55 percent of gross income for a single support order as explained in the Additional Findings of Fact and Conclusions of Law.
- J. Independent income of the child(ren), excluding the child(ren)'s SSI income as explained in the Additional Findings of Fact and Conclusions of Law.
- K. Impact of IRS dependency exemption and waiver of that exemption as explained in the Additional Findings of Fact and Conclusions of Law.
- L. Adjustments needed to achieve an equitable result as explained in the Additional Findings of Fact and Conclusions of Law.
- M. The Respondent is entitled to a \$<<Allowable Deduction>> deduction from gross income for the Respondent's child(ren) who resides in his/her household.
- N. The Respondent receives Social Security Disability (SSD) benefits. The Respondent's guideline share of the total child support need is offset by \$<<ReducedObligAmt>>, which is the amount of Social Security dependent benefits received by the child(ren) due to Respondent's disability.

[The following concludes Option 15 and must print when 15B-L is selected.]

Therefore, the Respondent's monthly current support payment stated in Paragraph B is \$<<TotalDeviationAmountPOSD>><<Option 15.1>> per month than the guideline amount.

Option 15.1

- A. more
- B. less

Option 16.1 Select whether health insurance is or is not available at reasonable cost to the parent who owes support

- A. is
- B. is not

Option 16.2 Select whether health insurance is or is not accessible to the child through the parent who owes support

- A. is
- B. is not

Option 16.3 Select whether health insurance is or is not available at reasonable cost to the parent due support

- A. is
- B. is not

Option 16.4 Select whether health insurance is or is not accessible to the child through the parent due support

- A. is
- B. is not

Option 17

A. When parent due support is providing health insurance

The Respondent has the ability to pay all or part of the cost of the child(ren)'s health insurance, which is being provided by the Petitioning parent or caregiver.

B. When either the parent who owes support or the parent due support (not caregiver) is active duty or retired military

The <<LV_HI_PROVIDER>> is active or retired United States military. As a dependent of the <<LV_HI_PROVIDER>>, the child(ren) is entitled to health insurance under the military health insurance program.

Option 18 [Select A, B, or C]

- A. The Respondent has the ability to pay reasonable and necessary noncovered medical, dental, and prescription medication expenses incurred for the minor child(ren).
- B. The Petitioning parent has the ability to pay reasonable and necessary noncovered medical, dental, and prescription medication expenses incurred for the minor child(ren).
- C. Both parents have the ability to pay reasonable and necessary noncovered medical, dental, and prescription medication expenses incurred for the minor child(ren).

Option 19: Retroactive support

A. System pop when retroactive support is ordered

The total past (retroactive) child support amount in Paragraph B is based on the factors listed in the enclosed child support guideline worksheet(s).

The Respondent shall pay retroactive support for <<Number Months Retro Owed>>months. This is the period(s) of time when the Respondent did not live together with the child(ren), during the 24 months before <<Date Served With Initial Notice>>, the date the Respondent was served with the initial notice in this proceeding. If a Final Order is issued, monthly support that accrues between now and the date the first payment is due will be added to the total retroactive support amount in the Final Order.

The retroactive support amount of \$<<Net Retro Support Owed>> is calculated <<Option 19A1/19A2>>
<<Option 19A3>>

Select either 19A1 or 19A2

19A1. at the same monthly rate as current support.

19A2. based on the monthly amounts as shown in the enclosed Guideline Worksheet(s) for the retroactive period. The retroactive support amount is calculated differently than current support because<<Free Form Text>>.

19A3 - If credit provided for payments made

The Respondent is given \$<<Retro Credit>> credit for support payments actually made or in-kind payments made during the retroactive period.

B. Select one of the following if retroactive support is not ordered

1. Past (retroactive) support is not appropriate because <<Free Form Text>>.
2. Past (retroactive) support is being waived by the Petitioning parent or caregiver.

Option 20 (Include is user selects, However mandatory if option 15A – L is selected, as well as when 20A or 20B are selected) Center as header.

Additional Findings of Fact and Conclusions of Law

Option 20A Must be selected when option 15A or 15B is selected and is listed as unnumbered paragraph under Option 20.

The Respondent's obligation of \$<<DevOblig>>is based on a particular parenting plan, a court-ordered time-sharing schedule, or a time-sharing arrangement exercised by agreement of the Respondent and the Petitioning parent under which the child spends <<%ofNightsWithNCP>> percent of the overnights with Respondent.

Option 20B

<<Free Form Text>>

Option 21 When proceeding determines paternity (the leading ‘,’ is needed in the order)
, 409.256

Option 22 When proceeding determines paternity
and biological

Option 23

A. When parent due support is providing health insurance

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

B. When either parent is active duty or retired military

The parents shall promptly enroll the child(ren) in the Defense Enrollment Eligibility Reporting System (DEERS). The parents shall cooperate with each other in doing so, which includes but is not limited to signing forms needed to enroll the child(ren) and providing any required documentation. If the child(ren) becomes ineligible for benefits under the military health care program, the parent who enrolls the child(ren) shall notify DOR within 30 days of the change in the child(ren)'s entitlement.

Option 25 (Include if user selects) (Center as Header)

Additional Provisions:

<<Free Form Text>>

Option 28

A. When paternity is already established

Any hearing will consider issues related to child support. Neither DOR nor DOAH has authority in this proceeding to decide issues of divorce, alimony, or contested paternity. Only the circuit court may decide these issues.

B. When proceeding determines paternity

Any hearing will consider issues related to paternity and/or child support. Neither we nor DOAH may decide issues concerning name change.

Option 29 When proceeding determines paternity
establishes paternity and

Option 30 When proceeding determines paternity

If a Final Order is rendered, it will have the same effect as a judgment of paternity entered by the circuit court under chapter 742, Florida Statutes. You will be the legal father of the below named child(ren), and gain all the rights and responsibilities of a legal parent.

Option 31 (based on the office handling the case)

A. <<CountyPhoneNumber>>

Option 33 (Use B if Respondent has an attorney)

- A. <<NCPName>>
- B. <<NCP Attorney Name>>
<<NCP Attorney Address>>

Option 35 (Notice goes to both parent who owes support and parent due support)

- A. <<NCP Name>>
<<NCP Address1>>
<<NCP Address2>>
- B. <<CP/CTR Name>>
<<CP/CTR Address>>
<<CP/CTR Address2>>

Option 38:

- A. Health Insurance is to be provided by <<LV_HI_PROVIDER>>.
- B. Neither parent is ordered to provide health insurance for the minor child(ren).
- C. The Respondent has the ability to pay all or part of the cost of the child(ren)'s health insurance, which is being provided by the Petitioning parent or caregiver.

Option 39:

- A. The << LV_HI_PROVIDER >> shall obtain and maintain health insurance for the child(ren) by enrolling them in group health insurance available through the <<LV_HI_PROVIDER>>'s employer, union, or other source. The <<LV_HI_PROVIDER>> shall send written proof of coverage to the <<CSE Local Office and Address>>. If there is any change in health insurance the <<LV_HI_PROVIDER>> must notify DOR within 30 days and send written proof of the change. <<Option 23>>
- B. Neither parent is ordered to provide health insurance for the minor child(ren).
- C. The Respondent's share of the cost of health insurance provided for the child(ren) by the Petitioning parent/caregiver is \$<<NCP Share of Health Insurance Expense When CP/CTR Provides>>, which is included in the Respondent's share of the total child support need stated in paragraph 9.

Option 41:

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

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

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

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

Option 46

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

The enclosed parenting time plan has been agreed to and signed by both parents and will be made a part of the Final Order.

Option 47

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

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

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

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

Option 48

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

H. If you have questions about this Proposed Order call <<Option 31>>.

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

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

I. If you have questions about this Proposed Order call <<Option 31>>.

Option 49

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

Title IV-D Standard Parenting Time Plan

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

Signed Parenting Time Plan

Option 50

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

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

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

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

Option 51

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

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

Option XX

A. Inserted when proposed order is to be printed and mailed at the local office because parenting time is included, there is a family violence indicator on the case or the parent due support has waived retroactive support.

ISSUED this the <<Day; 1st, 2nd, 3rd, etc.>> day of <<Month>>, 20<<Year>>. MAILED this this ___ day of ___, 20___.

s/<<1st initial & Last Name Resp Employee from ZAPO>>
Authorized Representative
Florida Department of Revenue

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

B. Inserted when proposed order is printed and mailed at central mail processing.

ISSUED and MAILED this the <<Day; 1st, 2nd, 3rd, etc.>> day of <<Month>>, 20<<Year>>.

s/<<1st initial & Last Name Resp Employee from ZAPO>>
Authorized Representative
Florida Department of Revenue

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

STATE OF FLORIDA
DEPARTMENT OF REVENUE
CHILD SUPPORT PROGRAM

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

Depository Number: <<DepositoryNo>>
Child Support Case Number: <<CaseNumber>>

vs.

<<NCPName>>
Respondent.

FINAL ADMINISTRATIVE <<OPTION 2>> SUPPORT ORDER

The Florida Department of Revenue, Child Support Program (DOR), enters this Final Administrative <<Option 2>> Support Order (Final Order) to establish <<Option 3>> a support obligation for the child(ren) named in Paragraph 5. We have considered <<Option 4>> the financial affidavits we received and/or other reliable information about the income of each parent. We have taken into account the child support guidelines and any relevant deviation factors in section 61.30, Florida Statutes. In this Final Order we refer to <<NCPName>> as the Respondent and <<CP/CTR Name>> as the Petitioning parent (or caregiver, if applicable).

Findings of Fact and Conclusions of Law

1. The Department of Revenue has subject matter jurisdiction in this proceeding and enters this Final Order as authorized by section <<Option 5>> 409.2563, Florida Statutes.
2. DOR is providing Title IV-D child support services for <<CP/CTR Name>>, the <<Option 6>> of the child(ren) named in Paragraph 5. <<Option 6.1>>
3. There is no support order for the child(ren) named in Paragraph 5. <<Option 7>>
4. <<Option 8>>
5. The Respondent has a legal duty to contribute to the support of the child(ren) named below because the Respondent is the child(ren)'s parent. <<Option 9>>

Child(ren) Name
<<Child1Name>>
<<Child2Name>>

Date of Birth
<<Child1DOB>>
<<Child2DOB>>

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CS-OX40
Rule 12E-1.036
Florida Administrative Code
Effective xx/xx

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<<Option 10>>

- 6. The child(ren) needs support and the Respondent has the ability to provide support as determined by this Final Order.
- 7. The child(ren) resides with <<CP/CTR Name>> most of the time. <<CP/CTR Name>> is the child(ren)'s <<Option 11>>.
- 8. This Final Order is being entered without a hearing because <<Option 12>>
- 9. DOR makes the following findings of fact:
 - a. The Respondent's <<Option 13.1>> net monthly income is \$ <<NCP Net Income>> (<<NCP Percent Support Need>> percent of the parents' combined net income).
 - b. The Petitioning/other parent's <<Option 13.2>> net monthly income is \$ <<Petitioning Parent's Net Income>> (<<Petitioning Parent's Percent Support Need>> percent of the parents' combined net income).
 - c. Monthly child care costs are \$ <<Monthly Child Care Expense>>.
 - d. Monthly health insurance costs for the child(ren) are \$ <<Monthly Health Insurance Expense>>.

<<Option 14.1>>
<<Option 14.2>>

- 10. The total monthly child support need under Florida's Child Support Guidelines is \$ <<Total Monthly Child Support Need>>.
- 11. The Respondent's guideline share of the total child support need is \$ <<CurrSupAmt>> per month. The amount is based on section 61.30, Florida Statutes, which includes the factors in paragraph 9.

<<Option 15>>

- 12. Health insurance for the child(ren) <<Option 16.1>> available to the Respondent at reasonable cost through his/her employer, union, or other source and <<Option 16.2>> accessible to the child.

Health insurance for the child(ren) <<Option 16.3>> available to Petitioning/other parent at reasonable cost through his/her employer, union, or other source and <<Option 16.4>> accessible to the child

<<Option 17>>

<<Option 18>>

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- 13. <<Option 19>>

- 14. <<Option 50>>

<<Option 20>>

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Based upon the Findings of Fact and Conclusions of Law and in accordance with sections 61.30 <<Option 21>> and 409.2563, Florida Statutes, it is ORDERED that:

- A. <<NCPName>> is the legal <<Option 22>> parent of <<Child1FullName>>, date of birth <<Child1DOB>>
<<<NCPName>> is the legal <<Option 22>> parent of <<Child2FullName>>, date of birth <<Child2DOB>>

B. Starting <<Payment Start Date>> the Respondent shall pay:

\$<< Current Support>> per month in current support, plus
\$<<Monthly Retro Support Payment>> per month to reduce the retroactive support amount of
\$<<Net Retro Support Owed>>, for a total monthly payment of
\$<<Total Monthly Payment>>

When the total past-due support amount and any arrears that accrue after the date of this Final Order are paid, the monthly obligation becomes the current support amount.

- C. All payments must be paid by cashier's check, certified check, money order, or a personal or business check payable to the Florida State Disbursement Unit at the following address:

Florida State Disbursement Unit
<<SDUAddress>>

Cash is not accepted. If a personal or business check is returned, the person who wrote the check may no longer be allowed to pay by check. All payments must be identified with the Respondent's name, the amount of the payment and depository number <<Depository Number>>. The Respondent shall not receive credit for any future support payments made directly to <<CP/CTR Name>> or to the child(ren). Any payment that is not paid when due is considered late and will result in collection action by DOR.

- D. Duration of order. This Final Order stays in effect until:
 - (1) Vacated, modified, suspended or terminated by DOR;
 - (2) Vacated on appeal; or
 - (3) Superseded by a circuit court order.

The current support obligation in Paragraph B is reduced according to the schedule below as each child reaches age 18, dies, marries, or otherwise emancipates, unless the child is dependent in fact, between the ages of 18 and 19, still in high school and performing in good faith with a reasonable expectation of graduating before the age of 19. If payable beyond the age of 18, the current support obligation ends when the child graduates from high school.

<<Option 41>>

Current support for <<youngest child's name 1>> is scheduled to end on <<child's estimated emancipation date – 1 day>>, or date of high school graduation according to the conditions above, at which time the Respondent's current support obligation ends for all children.

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E. Health Insurance and Noncovered Medical Expenses. <<Option 39>>

The obligation to pay reasonable and necessary noncovered medical, dental, and prescription medication expenses incurred for the minor child(ren) shall be based on each parent's percentage share of the monthly support obligation as stated in the child support guidelines worksheet(s). The Petitioning/other parent's share is <<CP Percent Support Need>> percent and the Respondent's share is <<NCP Percent Support Need>> percent.

F. Notice of Changes. Within seven (7) days the Respondent shall notify the <<CSE Local Office and Address>> and the Clerk of the Circuit Court in <<County Name>> County at <<Clerk of Court Address>> in writing of any change in name, Social Security number, residential address, mailing address, employer, employment address, phone numbers, and driver license number. It will be presumed that the Respondent has received any documents sent by regular U.S. Mail to the most recent mailing address provided.

G. The Respondent's income is subject to immediate income deduction for payment of the support obligations in Paragraph B and any late payments or past-due amounts that accrue after entry of this Final Order. A separate Income Deduction Order is being entered. The Respondent is responsible for paying the support obligations under this Final Order to the State Disbursement Unit until income deduction starts.

H. The Florida Department of Economic Opportunity (or its successor agency) shall deduct, withhold, and pay to DOR, forty percent (40%) of any reemployment assistance which may now or in the future be payable to the Respondent. The amount may not exceed the total amount in Paragraph B and any subsequent late payments or past-due amounts that accrue after entry of this Final Order.

<<Option 51>>

<<Option 25>>

Effective Date. This Final Order is effective immediately and remains in effect until modified by DOR, vacated on appeal, or superseded by a subsequent court order.

<<Option 57>>

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

<<Option 33>>

<<CP/CTR name>>

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NOTICE OF RIGHT TO APPEAL

A party that is adversely affected by this Final Administrative Order, the Income Deduction Order, or both has the right to judicial review under section 120.68, Florida Statutes. To obtain judicial review you must complete the following steps:

1. File an original Notice of Appeal with the Department of Revenue's Deputy Agency Clerk within 30 days after the date the Final Order is rendered. The address is:

Department of Revenue
Child Support Program
Attention: Deputy Agency Clerk
P.O. Box 8030
Tallahassee, Florida 32314-8030

2. File a copy of the Notice of Appeal with the Clerk of the First District Court of Appeal or the Clerk of the District Court of Appeal for the district where you live. You also must pay a filing fee when you file the Notice of Appeal with the court.

Filing with the Department of Revenue or the District Court of Appeal is complete when the Notice of Appeal is received, not when it is mailed.

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STATE OF FLORIDA
DEPARTMENT OF REVENUE
CHILD SUPPORT PROGRAM

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

Depository Number: <<DepositoryNo>>
Child Support Case Number: <<CaseNumber>>

vs.

<<NCPName>>
Respondent.

**INCOME DEDUCTION ORDER
ADMINISTRATIVE SUPPORT PROCEEDING**

The Florida Department of Revenue, Child Support Program (DOR) enters this Income Deduction Order regarding the Respondent's child support obligation pursuant to section 409.2563(7), Florida Statutes.

To: All current and subsequent employers and payors of income to Respondent <<NCPName>>

YOU ARE HEREBY ORDERED, as required by Florida law, to make regular deductions from all income of the Respondent in accordance with this Income Deduction Order and any accompanying Order/Notice to Withhold Income.

YOU ARE FURTHER ORDERED:

1. To deduct from all money due and payable to the Respondent:

- (a) \$<<CurrSupAmt>> per month for current child support, plus
- (b) \$<< Monthly Retro Support Payment >> per month for past-due/retroactive support until the total past-due/retroactive/arrears amount of \$<< Net Retro Support Owed >> is paid,
- (c) for a total monthly payment of \$<<Total Monthly Payment>>
- (d) When the total past-due/retroactive/arrears amount in (b) has been paid, continue to deduct the amount in (a) for current child support.

<<Option 41>>

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Current support for <<youngest child's name 1>> is scheduled to end on <<child's estimated emancipation date – 1 day>>, or date of high school graduation according to the conditions above, at which time the Respondent's current support obligation ends for all children.

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2. To deduct 100 percent of any income paid in the form of a bonus or other similar one-time payment, up to the amount of the arrearage reported in the Order/Notice to Withhold, or any subsequent past-due amount that accrues.
3. To send these amounts to:

Florida State Disbursement Unit
<<SDUAddress>>

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

4. Not to deduct more than the amounts allowed under Section 303(b) of the Consumer Credit Protection Act, 15 U.S.C. 1673(b), as amended.
5. To deduct an additional 20 percent of the current support obligation or other amount agreed to by the parties if a delinquency accrues after the order establishing, modifying, or enforcing the obligation has been entered and there is no order for repayment of the delinquency or a preexisting arrearage. This amount is to be deducted until the delinquency and any attorney's fees and costs are paid in full. No deduction may be applied to attorney's fees and costs until the delinquency is paid in full.
6. To continue income deduction at the rate in effect immediately prior to emancipation, if the obligation to pay current support is reduced or terminated due to emancipation of a child and the obligor owes an arrearage, retroactive support, delinquency, or costs. Continued deduction at that rate shall continue until all arrearages, retroactive support, delinquencies, and costs are paid in full or until the amount of withholding is modified by the DOR or a court.

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

<<Option 57>>

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MAIL USE
ONLY

NOTES

- (1) The Certificate of Rendition paragraph must remain all together on a single page.
- (2) The Income Deduction Order section of this form must start on its own page.
- (3) Page 6 is intentionally left blank.

OPTIONS

OPTION 2 (When proceeding determines paternity)

- A. PATERNITY AND (use in heading only)
- B. Paternity and

OPTIONS 3 (If activity is for paternity and support order)

Paternity and

OPTION 4 (When proceeding determine paternity)

genetic testing results and

OPTION 5 (When proceeding determines paternity)(the leading 's' makes statute plural in the order)

s 409.256 and

OPTION 6 (Based on whether parent due support is a Caregiver or not)

- A. parent
- B. caregiver

OPTION 6.1 (For each child for whom respondent is excluded by genetic testing)

Based on the attached genetic test results the Respondent is not the biological father of <<Child X>>.

OPTION 7 (A or B)

A. When proceeding determines paternity in non-mixed case

Paternity has not been established previously and the child(ren) was not born or conceived when the mother was married.

B. When proceeding establishes paternity in mixed case (for each child)

Paternity has not been established previously for <<Child Y>> and the child was not born or conceived when the mother was married.

OPTION 8 (Jurisdiction/Long Arm for parent who owes support/alleged father)

A. When served in Florida

DOR has personal jurisdiction over the Respondent because he/she was properly served notice in Florida on <<Date Served With Initial Notice>>.

B. When NCP served in another state or country (long-arm); if 8B is selected, select one or more from 8B1-8B6.

The Respondent is subject to DOR's jurisdiction in this proceeding under sections 48.193(1)(a)5., 48.193(1)(a)8., or 88.2011, Florida Statutes. The Respondent was properly served notice outside the State of Florida, however, he/she

1. resided in this state with the child(ren) and/or the Petitioning parent before this proceeding started.
2. resided in this state and provided prenatal expenses or support for the child(ren) before this proceeding started.
3. maintained a matrimonial domicile in this state before this proceeding started.
4. acknowledged paternity of the child(ren) in this state before this proceeding started.
5. had sexual intercourse in this state, which may have resulted in conception of the child(ren).
6. submitted to the jurisdiction of this state by consent, by entering a general appearance, or by filing a responsive document having the effect of waiving any objection to personal jurisdiction.

OPTION 9:

When proceeding determines paternity in non-mixed case (don't use option 10 when 9 is selected.

Based on the attached genetic test results that equal or exceed a 99 percent probability of paternity, which are hereby incorporated by reference and made a part of this Final Order, the Respondent is the legal and biological father of the following child(ren):

OPTION 10 (One entry for each child.) (A-F Based on paternity codes associated with individual child BP record. H based on existence of Genetic Testing (ZGT) activity involving the child associated with the parent activity)

- A.** Paternity has been legally established for <<Child Z>> by affidavit or voluntary acknowledgment.
- B.** Paternity has been established for <<Child Z>> through a court order issued within the State of Florida.
- C.** Paternity is presumed for <<Child Z>> because the Respondent was married to the mother when the child was born or conceived.
- D.** Paternity has been established for <<Child Z>> in another state by a court, other tribunal, or voluntary acknowledgment.
- E.** Paternity is not an issue for <<Child Z>> because the Respondent and the mother married after the child's birth.
- F.** Paternity has been established for <<Child Z>> by an administrative order based on a positive genetic test.
- G.** Paternity is not an issue for <<Child Z>> because the Respondent is the mother to the child.
- H.** Paternity has been established for <<Child Z>> based on the attached genetic test results that equal or exceeds a 99 percent probability of paternity.

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

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

OPTION 12 (Based on activity status codes)

A. No DOAH Request

the Respondent did not file a timely request for an administrative hearing. The time limits are stated in the Proposed Administrative Support Order, which was served on the Respondent. The Respondent is deemed to have waived the right to request a hearing as provided by section 409.2563(7)(b), Florida Statutes.

B. DOAH Relinquishes Jurisdiction

the Respondent waived his or her right to contest the proposed order at an administrative hearing.

OPTION 13.1 (for parent who owes support)

- A. imputed
- B. actual

OPTION 13.2 (for parent due support)

- A. imputed
- B. actual

OPTION 14.1 (User selects additional findings related to income used for support guidelines for the parent who owes support) Select only when parent who owes support's income is imputed. Choose either A, B, or C.

- A. The Respondent is voluntarily underemployed and is capable of earning the imputed net monthly income based upon his or her recent work history, occupational qualifications and prevailing earnings level in the community.
- B. The Respondent is voluntarily unemployed and is capable of earning the imputed net monthly income based upon his or her recent work history, occupational qualifications and prevailing earnings level in the community.
- C. There is a lack of sufficient, reliable information concerning the Respondent's actual earnings; therefore an earning capacity equal to full time employment at federal minimum wage is presumed for the purpose of establishing the support obligation.

OPTION 14.2 (User selects additional findings related to income used for support guidelines for the parent due support) Select only when parent due support/other parent (13.2) income is imputed. Choose either A, B or C.

- A. The Petitioning/other parent is voluntarily underemployed and is capable of earning the imputed net monthly income based upon his or her recent work history, occupational qualifications and prevailing earnings level in the community.
- B. The Petitioning/other parent is voluntarily unemployed and is capable of earning the imputed net monthly income based upon his or her recent work history, occupational qualifications and prevailing earnings level in the community.
- C. There is a lack of sufficient, reliable information concerning the Petitioning/other parent's actual earnings; therefore an earning capacity equal to full time employment at federal minimum wage is presumed for the purpose of establishing the support obligation.

OPTION 15 (Based on guideline information)

DOR is deviating from the guideline amount, which would be inappropriate for the following reason(s):

[Note: User selects applicable deviation reason(s). System will enumerate alphabetically as a., b., c., etc.] When options 15A – L are selected, option 20 must also be selected and the user must provide free text explanation.

- A.** A particular parenting plan, a court-ordered time-sharing schedule, or a time-sharing arrangement exercised by agreement of the parties provides that each child spend a substantial amount of time with each parent, as explained in the Additional Findings of Fact and Conclusions of Law.
- B.** The child(ren) spends a significant amount of time with the Respondent due to a particular parenting plan, a court-ordered time-sharing schedule, or a time-sharing arrangement exercised by agreement of the parties as explained in the Additional Findings of Fact and Conclusions of Law.
- C.** Extraordinary medical, psychological, educational, or dental expenses as explained in the Additional Findings of Fact and Conclusions of Law.
- D.** Payment of support to a parent that regularly has been paid and for which there is a demonstrated need as explained in the Additional Findings of Fact and Conclusions of Law.
- E.** Seasonal variations in one or both parents' income as explained in the Additional Findings of Fact and Conclusions of Law.
- F.** Age(s) of the child(ren), taking into consideration the greater needs of older child(ren) as explained in the Additional Findings of Fact and Conclusions of Law.
- G.** Special needs that have been met traditionally within the family budget even though the fulfilling of those needs will cause support to exceed the guideline amount as explained in the Additional Findings of Fact and Conclusions of Law.
- H.** Total available assets of mother, father, and child(ren) as explained in the Additional Findings of Fact and Conclusions of Law.
- I.** Application of the child support guidelines requires the Respondent to pay more than 55 percent of gross income for a single support order as explained in the Additional Findings of Fact and Conclusions of Law.
- J.** Independent income of the child(ren), excluding the child(ren)'s SSI income as explained in the Additional Findings of Fact and Conclusions of Law.
- K.** Impact of IRS dependency exemption and waiver of that exemption as explained in the Additional Findings of Fact and Conclusions of Law.
- L.** Adjustments needed to achieve an equitable result as explained in the Additional Findings of Fact and Conclusions of Law.
- M.** The Respondent is entitled to a \$<<Allowable Deduction>> deduction from gross income for the Respondent's child(ren) who resides in his/her household.
- N.** The Respondent receives Social Security Disability (SSD) benefits. The Respondent's guideline share of the total child support need is offset by \$<<ReducedObligAmt>>, which is the amount of Social Security dependent benefits received by the child(ren) due to Respondent's disability.

[The following concludes Option 15 and must print when 15B-L is selected.]

Therefore, the Respondent's monthly current support payment stated in Paragraph B is \$<<TotalDeviationAmountPOSD>><<Option 15.1>> per month than the guideline amount.

OPTION 15.1

- A. more
- B. less

OPTION 16.1 (Select whether health insurance is or is not available at reasonable cost to the parent who owes support)

- A. is
- B. is not

OPTION 16.2 (Select whether health insurance is or is not accessible to the child through the parent who owes support)

- A. is
- B. is not

OPTION 16.3 (Select whether health insurance is or is not available at reasonable cost to the parent due support)

- A. is
- B. is not

OPTION 16.4 (Select whether health insurance is or is not accessible to the child through the parent due support)

- A. is
- B. is not

OPTION 17

A. When parent due support is providing health insurance

The Respondent has the ability to pay all or part of the cost of the child(ren)'s health insurance, which is being provided by the Petitioning parent or caregiver.

B. When either the parent who owes support or the parent due support (not caregiver) is active duty or retired military

The <<LV_HI_PROVIDER>> is active or retired United States military. As a dependent of the <<LV_HI_PROVIDER>>, the child(ren) is entitled to health insurance under the military health insurance program.

OPTION 18 [Select A, B, or C]

- A. The Respondent has the ability to pay reasonable and necessary noncovered medical, dental, and prescription medication expenses incurred for the minor child(ren).
- B. The Petitioning parent has the ability to pay reasonable and necessary noncovered medical, dental, and prescription medication expenses incurred for the minor child(ren).
- C. Both parents have the ability to pay reasonable and necessary noncovered medical, dental, and prescription medication expenses incurred for the minor child(ren).

OPTION 19 (Retroactive support)

A. System pop when retroactive support is ordered

The total past (retroactive) child support amount in Paragraph B is based on the factors listed in the enclosed child support guideline worksheet(s).

The Respondent shall pay retroactive support for <<Number Months Retro Owed>>months. This is the period(s) of time when the Respondent did not live together with the child(ren), during the 24 months before <<Date Served With Initial Notice>>, the date the Respondent was served with the initial notice in this proceeding. If a Final Order is issued, monthly support that accrues between now and the date the first payment is due will be added to the total retroactive support amount in the Final Order.

The retroactive support amount of \$<<Net Retro Support Owed>> is calculated <<Option 19A1/19A2>>

<<OPTION 19A3>

Select either 19A1 or 19A2

19A1. at the same monthly rate as current support.

19A2. based on the monthly amounts as shown in the enclosed Guideline Worksheet(s) for the retroactive period. The retroactive support amount is calculated differently than current support because<<Free Form Text>>.

19A3 - If credit provided for payments made

The Respondent is given \$<<Retro Credit>> credit for support payments actually made or in-kind payments made during the retroactive period.

B. Select one of the following if retroactive support is not ordered

1. Past (retroactive) support is not appropriate because <<Free Form Text>>.
2. Past (retroactive) support is being waived by the Petitioning parent or caregiver.

OPTION 20 (Include is user selects, However mandatory if option 15A – L is selected, as well as when 20A or 20B are selected) Center as header.

Additional Findings of Fact and Conclusions of Law

OPTION 20A (Must be selected when option 15A or 15B is selected and is listed as unnumbered paragraph under Option 20.)

The Respondent's obligation of \$<<DevOblig>>is based on a particular parenting plan, a court-ordered time-sharing schedule, or a time-sharing arrangement exercised by agreement of the Respondent and the Petitioning parent under which the child spends <<%ofNightsWithNCP>> percent of the overnights with Respondent.

OPTION 20B

<<Free Form Text>>

OPTION 21 (When proceeding determines paternity) (the leading ‘,’ is needed in the order)
, 409.256

**OPTION 22 (When proceeding determines paternity)
and biological**

OPTION 23

A. When parent due support is providing health insurance

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

B. When either parent is active duty or retired military

The parents shall promptly enroll the child(ren) in the Defense Enrollment Eligibility Reporting System (DEERS). The parents shall cooperate with each other in doing so, which includes but is not limited to signing forms needed to enroll the child(ren) and providing any required documentation. If the child(ren) becomes ineligible for benefits under the military health care program, the parent who enrolls the child(ren) shall notify DOR within 30 days of the change in the child(ren)'s entitlement.

OPTION 25 (INCLUDE IF USER SELECTS) (Center as Header)

Additional Provisions:

<<Free Form Text>>

OPTION 33 (USE B IF RESPONDENT HAS AN ATTORNEY)

A. <<NCPName>>

B. <<NCP Attorney Name>>

<<NCP Attorney Address>>

OPTION 39:

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

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

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

OPTION 41

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

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

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

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

OPTION 50

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

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

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

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

OPTION 51

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

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

OPTION 57

A. Inserted when the order is to be printed and mailed at central mail processing.

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

<<Image of Ann Coffin's signature>>

Director, Child Support Program
Authorized Representative
Florida Department of Revenue

This document has been signed electronically and rendered on the above date as authorized by law.

B. Inserted when the order is to be printed and mailed at the local office because a parenting time plan is incorporated.

Auto Populate <<Order Title>> based on the following:

- If the Administrative Activity is Paternity and Support Mixed with indicator of 'Support Only', insert "Final Administrative Support Order"
- If the Administrative Activity is Paternity and Support Mixed with no indicator insert "Final Administrative Paternity and Support Order"

DONE AND ORDERED this ___ day of ___, 20___.

Signed by: _____
Authorized Designee for: Ann Coffin
Director, Child Support Program
State of Florida Department of Revenue

CERTIFICATE OF RENDITION

I HEREBY CERTIFY that this <<Order Title>> has been rendered on the above date as authorized by law.

Signed by: _____
Deputy Agency Clerk

DRAFT



Child Support Program

Application for Child Support Services

The Florida Child Support Program provides full child support services.

The Child Support Program will:

- Attempt to find the other parent(s)
- Establish paternity, if needed
- Obtain and modify support orders, if needed
- Send you payments we collect that are owed to you
- Review changes in your and the other parent's circumstances and determine whether a change in the amount of support ordered is necessary
- Notify you when it appears you are not cooperating with us, and give you a chance to respond

You must:

- Cooperate with us
- Provide us with requested information
- Provide copies of requested documents
- Notify us of any changes in information for you, the child(ren) or other parent(s). This includes addresses, employment, phone numbers, and where the child(ren) lives
- Keep appointments with us
- Attend court or administrative hearings
- Notify us when you want to close your case(s)
- Complete a new application to reopen the case if the case has been closed

To apply for child support services for the child(ren) named below, you must accept the following terms and conditions:

- I understand that the Florida Department of Revenue's attorneys represent the Department only and do not represent me.
- I want to apply for child support services for the child(ren) named in this application and I agree to cooperate with the Child Support Program.
- I am a parent or caregiver of a child(ren) included in this application for services.
- To the best of my knowledge, I have provided true and correct information in this application.

Name(s) of child(ren)

Name of other parent(s)

Print your full name

Your signature

_____/_____/_____
Date

(____)_____
Your daytime phone number

<<ActivityNumber>>

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My Information

Your Full Name (First, Middle, Last, Suffix):		
I have a fear of physical or emotional harm from the other parent(s): <input type="checkbox"/> Yes <input type="checkbox"/> No		
You are the child(ren)'s: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Caregiver		
Child(ren) primarily lives with: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Caregiver		
Social Security Number: _____ - _____ - _____	Date of Birth: ____/____/____	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Mailing Address:	Driver License Number.:	Issuing State
City:	Country:	Home Phone (include area code):
State:	Zip Code:	Work Phone (include area code):
Race: <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Native American <input type="checkbox"/> Other	Email Address:	
Other Names Known By:	<input type="checkbox"/> Maiden	
	<input type="checkbox"/> Former Married	
	<input type="checkbox"/> Nickname	
Answer employment questions only if you are the mother or the father		
Employer:		
Employer Address:		
Employer City:	Employer State:	Employer Zip:
Answer Other State Child Support Information		
I am receiving or I have received child support payments through another state's child support program: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Other state: _____		
Name the child(ren) for which payments were received: _____		
Do you have an open child support case with another state:		
<input type="checkbox"/> Yes <input type="checkbox"/> No Other State: _____ Name of child(ren) on the case: _____		

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

Other Parent Information

A separate form is required for the other parent(s) of each child who needs services.

Parent's Full Name (First, Middle, Last, Suffix):		Are you seeking child support from this parent? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Social Security Number: ____ - ____ - ____	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth: ____ / ____ / ____	
Home Phone (include area code):		Cell Phone (include area code):	
Mailing Address:			Country:
City:	State:	Zip code:	Driver License Number: Issuing State:
Employer:		Employer Address:	
Employer City:	Employer State:	Employer Zip:	Self Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Other Names Known By:			
Height:	Hair Color:	Eye Color:	Other Identifying Features (scars, tattoos, or birth marks):
Race: <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Native American <input type="checkbox"/> Other <input type="checkbox"/> Unknown			
List this parent's children (or possible children) included in this application. Complete a separate Child Information form for each child listed.			
Child's Full Name (First, Middle, Last, Suffix):	Child's Social Security Number:	This Parent's Relationship to the Child (Mother or Father):	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
Is this parent a member of a Tribal Association? <input type="checkbox"/> Yes <input type="checkbox"/> No Tribe name: _____			
Is this parent in jail or prison? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where? _____			
Is this parent in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what branch? _____			
Is this parent disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is this parent a member of a union? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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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Child Information

Child's Full Name (First, Middle, Last, Suffix): _____			
Date of Birth: _____	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Social Security Number: _____ - _____ - _____	Date child began living with you: _____ / _____ / _____
Child's Race: <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Native American <input type="checkbox"/> Other			Is this child disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No
Child's Place of Birth (City/ County /State/Country): _____		Birth Certificate Number: _____	
Is a father's name on the birth certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please print father's name: _____			
Is there a support order for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
Person who is ordered to pay support: _____		Person receiving support: _____	
Date of order: _____ / _____ / _____		Court Case number: _____	
County/state/country where order was entered: _____			
Where is support paid? <input type="checkbox"/> Clerk of Court <input type="checkbox"/> State Disbursement Unit <input type="checkbox"/> Directly to me <input type="checkbox"/> Other State's Child Support Agency			
Date last child support payment was received: _____ / _____ / _____		Other state: _____	
Is there a pending legal action that involves this child? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
If yes, type of pending legal action: <input type="checkbox"/> Custody <input type="checkbox"/> Adoption <input type="checkbox"/> Mediation <input type="checkbox"/> Enforcement <input type="checkbox"/> Modification <input type="checkbox"/> Other: _____			
Please print the name of the person taking legal action: _____			
Your attorney's name, address and phone #: _____			
Please list the name(s) of all possible fathers of this child: _____			
Where did the mother become pregnant? State: _____ Country: _____			
Was the mother married when she became pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, to whom? _____			
Date of marriage: _____ / _____ / _____		Married where (City/County/State/Country): _____	
Was the mother married when this child was born? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, to whom? _____			
Date of marriage: _____ / _____ / _____		Married where (City/County/State/Country): _____	
Was the mother divorced from the man named above? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, date of divorce: _____ / _____ / _____			
Court Case #: _____		Divorced where (City/County/State/Country): _____	
Has this child ever lived with the other parent in Florida? <input type="checkbox"/> Yes <input type="checkbox"/> No Other parent's name: _____			
If yes, please provide the approximate dates: From _____ / _____ / _____ to _____ / _____ / _____			
City in Florida where they lived together: _____			

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

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Child Support Program

Child Information

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

<<Childs Name and BP ID>>

Form with multiple sections for child information including: Child's Full Name, Date of Birth, Sex, Social Security Number, Date child began living with you, Child's Race, Is this child disabled?, Child's Place of Birth, Birth Certificate Number, Is a father's name on the birth certificate?, Is there a support order for this child?, Person who is ordered to pay support, Date of order, Court Case number, County/state/country where order was entered, Where is support paid?, Date last child support payment was received, Is there a pending legal action that involves this child?, If yes, type of pending legal action, Please print the name of the person taking legal action, Your attorney's name, address and phone #, Please list the name(s) of all possible fathers of this child, Where did the mother become pregnant?, Was the mother married when she became pregnant?, Was the mother married when this child was born?, Was the mother divorced from the man named above?, Has this child ever lived with the other parent in Florida?

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

T

GENERAL TESTIMONY

(Instructions should be provided to the petitioner as part of the form.)

THIS FORM CONTAINS SENSITIVE INFORMATION – DO NOT FILE THIS FORM IN A PUBLIC ACCESS FILE

The information on this form will be filed with the petition or pleading and disclosed to the parties in the case unless accompanied by a nondisclosure finding/affidavit.

If you are not the intended recipient, you are hereby notified that any use, disclosure, distribution, or copying of this form or its contents is strictly prohibited.

Personal Information Form for UIFSA § 311 must be attached.

Petitioner: (1) **Legal Name** (first, middle, last, suffix)

(3) **IV-D Case:** TANF

IV-E Foster Care

Obligee **Obligor** (1A)

Medicaid Only

Tribal Affiliation (if applicable) (1B)

Former Assistance

Never Assistance

Respondent: (2) **Legal Name** (first, middle, last, suffix)

Non-IV-D Case:

Obligee **Obligor** (2A)

Responding IV-D Case Identifier: (4) _____

Tribal Affiliation (if applicable) (2B)

Responding Tribunal Number: (5) _____

NOTE:

Initiating IV-D Case Identifier: (6) _____

Initiating Tribunal Number: (7) _____

(8) **Nondisclosure Finding/Affidavit attached**

(9) **This form sent through EDE**

I, _____ (1), _____, declare under penalty of perjury:
Legal Name (first, middle, last, suffix)

I. Personal Information About Obligee: (Obligee caretaker complete section I.E only) (10) See section IX

A. Obligee parent information

1. Legal name (first, middle, last, suffix): (11) _____

2. Gender: Male Female Other (12)

3. a. Occupation, trade, or profession: (13) _____

b. Highest level of education attained: (14) _____

4. Current tax filing status: Single Head of household Married filing jointly Married filing separately
 Qualifying widow/widower with dependent children Unknown (15)

B. Physical description of the obligee parent: (Attach a recent photo if available.)

1. Race: (16) _____ 2. Height: (17) _____ 3. Weight: (18) _____ 4. Hair color: (19) _____

5. Eye color: (20) _____

C. Is the obligee parent financially responsible for dependent children other than those of this action (listed in section IV)?

Yes No Unknown (21) (If yes, provide information below if known.)

1. a. Legal name (first, middle, last, suffix): (22) _____ b. Year of birth: (23) _____

c. Relationship: (24) _____

d. Living with: (25) _____

2. a. Legal name (first, middle, last, suffix): (26) _____ b. Year of birth: (27) _____

c. Relationship: (28) _____

d. Living with: (29) _____

GENERAL TESTIMONY, PAGE 2

I. Personal Information About Obligee (Continued):

3.	a. Legal name (first, middle, last, suffix): (30)	b. Year of birth: (31)
	c. Relationship: (32)	d. Living with: (33)
D.	Does the obligee parent have an order to pay support for any child listed in C above? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown(34) (If yes, fill out information below, if known, and attach a copy of the order and payment record/proof of payment, if available.)	
1.	a. Child(ren) name(s): (35)	
	b. Amount: (36)	c. Frequency: (37)
	d. State and county/tribe/country: (38)	e. Tribunal number: (39)
2.	a. Child(ren) name(s): (40)	
	b. Amount: (41)	c. Frequency: (42)
	d. State and county/tribe/country: (43)	e. Tribunal number: (44)
3.	a. Child(ren) name(s): (45)	
	b. Amount: (46)	c. Frequency: (47)
	d. State and county/tribe/country: (48)	e. Tribunal number: (49)
E.	Obligee Caretaker information: (Provide any relevant non-party parent information, including financial information, in section IX.)	
	1. Caretaker legal name (first, middle, last, suffix): (50)	
	2. Caretaker relationship to child is: (51) _____ <input type="checkbox"/> Has legal custody/guardianship of child (52)	
	3. Date child(ren) began residing with caretaker: (53)	

II. Personal Information About Obligor:

(54) See section IX

A. Obligor information:

1.	Legal name (first, middle, last, suffix): (55)		
2.	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other (56)		
3.	a. Occupation, trade or profession: (57)		
	b. Highest level of education attained: (58)		
4.	Current tax filing status: <input type="checkbox"/> Single <input type="checkbox"/> Head of household <input type="checkbox"/> Married filing jointly <input type="checkbox"/> Married filing separately <input type="checkbox"/> Qualifying widow/widower with dependent children <input type="checkbox"/> Unknown (59)		

B. Physical description of the obligor: (Attach a recent photo if available.)

1.	Race: (60)	2. Height: (61)	3. Weight: (62)	4. Hair color: (63)
5.	Eye color: (64)			

C. Is the obligor financially responsible for dependent children other than those of this action (listed in section IV)?
 Yes No Unknown (65)(If yes, provide information below if known.)

1.	a. Legal name (first, middle, last, suffix): (66)	b. Year of birth: (67)
	c. Relationship: (68)	d. Living with: (69)
2.	a. Legal name (first, middle, last, suffix): (70)	b. Year of birth: (71)
	c. Relationship: (72)	d. Living with: (73)

GENERAL TESTIMONY, PAGE 3

II. Personal Information About Obligor (Continued):

3.	a. Legal name (first, middle, last, suffix): (74)	b. Year of birth: (75)
	c. Relationship: (76)	d. Living with: (77)

D. Does the obligor have an order to pay support for any child listed in C above? Yes No Unknown (78)
 (If yes, fill out information below, if known, and attach a copy of the order and payment record/proof of payment, if available.)

1.	a. Child(ren) name(s): (79)	
	b. Amount: \$ (80)	c. Frequency: (81)
	d. State and county/tribe/country: (82)	e. Tribunal number: (83)

2.	a. Child(ren) name(s): (84)	
	b. Amount: \$ (85)	c. Frequency: (86)
	d. State and county/tribe/country: (87)	e. Tribunal number: (88)

3.	a. Child(ren) name(s): (89)	
	b. Amount: \$ (90)	c. Frequency: (91)
	d. State and county/tribe/country: (92)	e. Tribunal number: (93)

III. Legal Relationship of Parents of Children Listed in Section IV: (94) See section IX

- A. (95) Never married to each other
- B. (96) Married on (97) _____ in (98) _____
(Date) (State and County/tribe/country)
- C. (99) Married by common law for the period (100) _____ in (101) _____
(Date) (State and County/tribe/country)
- D. (102) Legally separated on (103) _____ in (104) _____
(Date) (State and County/tribe/country)
- E. (105) Divorce pending in (106) _____
- F. (107) Divorced on (108) _____ in (109) _____
(Date) (State and County/tribe/country)
- G. (110) Other (111) _____

IV. Dependent Child(ren) in This Action: (112) See section IX

A.	1. Legal name (first, middle, last, suffix): (113)	2. Parentage established? (114) <input type="checkbox"/> Yes <input type="checkbox"/> No
	3. Child care expense per month – Total \$(115) _____ State Subsidized: \$(724) _____ Out of Pocket \$(725) _____	4. Support order established? (116) <input type="checkbox"/> Yes <input type="checkbox"/> No
	5. Living with petitioner? (117) <input type="checkbox"/> Yes <input type="checkbox"/> No	
	6. Does the child receive benefits from Social Security, VA, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No (118) (If yes, complete the information below.) (119) _____ \$ (120) _____ per month <small>(Benefit type(s))</small> Based on claim of (121) _____ Relationship to child: (122) _____ <small>(Name)</small>	
	7. Tribal Affiliation <input type="checkbox"/> Yes <input type="checkbox"/> No (123) (If yes, basis of tribal affiliation: (124) _____)	

GENERAL TESTIMONY, PAGE 4

IV. Dependent Child(ren) in This Action (Continued):

B.	1. Legal name (first, middle, last, suffix): (125)	2. Parentage established? (126) [] Yes [] No
	3. Child care expense per month – Total \$(127) State Subsidized: \$(726) Out of Pocket \$(727)	4. Support order established? (128) [] Yes [] No
	5. Living with petitioner? (129) [] Yes [] No	
	6. Does the child receive benefits from Social Security, VA, etc.? [] Yes [] No (130)(If yes, complete the information below.) (131) _____ \$ (132) _____ per month (Benefit type(s)) Based on claim of (133) _____ Relationship to child: (134) _____ (Name)	
	7. Tribal Affiliation [] Yes [] No (135)(If yes, basis of tribal affiliation: (136) _____)	

C.	1. Legal name (first, middle, last, suffix): (137)	2. Parentage established? (138) [] Yes [] No
	3. Child care expense per month – Total \$(139) State Subsidized: \$(728) Out of Pocket \$(729)	4. Support order established? (140) [] Yes [] No
	5. Living with petitioner? (141) [] Yes [] No	
	6. Does the child receive benefits from Social Security, VA, etc.? [] Yes [] No (142) (If yes, complete the information below.) (143) _____ \$ (144) _____ per month (Benefit type(s)) Based on claim of (145) _____ Relationship to child: (146) _____ (Name)	
	7. Tribal Affiliation [] Yes [] No (147)(If yes, basis of tribal affiliation: (148) _____)	

V. Health Care Coverage: (149) [] See section IX

A. Health Care Coverage for Child(ren): For each child listed in section IV, complete the information below.

1. a.	Child's name: (113) _____ Does this child have health care coverage? [] Yes [] No [] Unknown (150)(If no or unknown, skip to 1.e.)
b.	Health care coverage is provided by (check all that apply): [] (151) Medicaid (Skip to 1.e.) [] (152) CHIP (Skip to 1.e.) [] (153) TRICARE (Skip to 1.e.) [] (154) Indian Health Service (Skip to 1.e.) [] (155) Petitioner through an individual policy (Continue to 1.c below.) [] (156) Petitioner through his/her employer (Continue to 1.c below.) [] (157) Respondent through an individual policy (Continue to 1.c below.) [] (158) Respondent through his/her employer (Continue to 1.c below.) [] (159) Other person: (160) _____ Relationship to child: (161) _____ (Complete 1.c below.)
c.	Health care coverage provider name: (162) _____ Address: (163) _____ Policy ID number: (164) _____ Group number: (165) _____
d.	Is this a child only policy? [] Yes [] No (166)(If yes, what is the monthly premium for this child only? \$ (167) _____)
e.	Who claims a dependency exemption for the child for federal tax purposes? [] Obligee [] Obligor [] Other (168) If other, identify the person: (169) _____ Relationship to child: (170) _____ (Attach a copy of any order addressing the dependency exemption.)
f.	Does the individual entitled to claim the dependency exemption change from year to year? [] Yes [] No (171)(If yes, explain.) (172) _____

GENERAL TESTIMONY, PAGE 5

V. Health Care Coverage (Continued):

2. a. Child's name: (125)
Does this child have health care coverage? Yes No Unknown (173)(If no or unknown, skip to 2.e.)
If yes, is all the information the same as Child 1? (174) Yes (Skip to 2.e.) No (Continue with 2.b.)

b. Health care coverage is provided by (check all that apply):
 (175)Medicaid (Skip to 2.e.) (176)CHIP (Skip to 2.e.) (177)TRICARE (Skip to 2.e.)
 (178)Indian Health Service (Skip to 2.e.)
 (179)Petitioner through an individual policy (Continue to 2.c below.)
 (180)Petitioner through his/her employer (Continue to 2.c below.)
 (181)Respondent through an individual policy (Continue to 2.c below.)
 (182)Respondent through his/her employer (Continue to 2.c below.)
 (183)Other person:
(184) Relationship to child: (185) (Complete 2.c below.)

c. Health care coverage provider name: (186)
Address: (187)
Policy ID number: (188) Group number: (189)

d. Is this a child only policy? Yes No (190)(If yes, what is the monthly premium for this child only? \$(191))

e. Who claims a dependency exemption for the child for federal tax purposes? Obligee Obligor Other (192)
If other, identify the person (193) Relationship to child: (194)
(Attach a copy of any order addressing the dependency exemption.)

f. Does the individual entitled to claim the dependency exemption change from year to year?
 Yes No (195)(If yes, explain in section IX.)

3. a. Child's name: (137)
Does this child have health care coverage? Yes No Unknown (196)(If no or unknown, skip to 3.e.)
If yes, is all the information the same as Child 1? (197) Yes (Skip to 3.e.) No (Continue with 3.b.)

b. Health care coverage is provided by (check all that apply):
 (198)Medicaid (Skip to 3.e.) (199)CHIP (Skip to 3.e.) (200)TRICARE (Skip to 3.e.)
 (201)Indian Health Service (Skip to 3.e.)
 (202)Petitioner through an individual policy (Continue to 3.c below.)
 (203)Petitioner through his/her employer (Continue to 3.c below.)
 (204)Respondent through an individual policy (Continue to 3.c below.)
 (205)Respondent through his/her employer (Continue to 3.c below.)
 (206)Other person: (207) Relationship to child: (208) (Complete 3.c. below.)

c. Health care coverage provider name: (209)
Address: (210)
Policy ID number: (211) Group number: (212)

d. Is this a child only policy? Yes No (213)(If yes, what is the monthly premium for this child only? \$(214))

e. Who claims a dependency exemption for the child for federal tax purposes? Obligee Obligor Other(215)
If other, identify the person: (216) Relationship to child: (217)
(Attach a copy of any order addressing the dependency exemption.)

f. Does the individual entitled to claim the dependency exemption change from year to year?
 Yes No (218)(If yes, explain in section IX.)

GENERAL TESTIMONY, PAGE 6

V. Health Care Coverage (Continued):

B. **Health Care Coverage for Petitioner:** Does the petitioner have health care coverage? Yes No (219) (If no, skip to B.4.)

1. Petitioner's health care coverage is provided by: (220) Medicaid (Skip to B.4.) (221) TRICARE (Skip to C.)
 (222) Indian Health Service (Skip to C.) (226)
 (223) Self through his/her employer (Continue to B.2 below.) (227)
 (224) Self through an individual policy (Continue to B.2 below.) (228)
 (225) Other person: (226) _____ Relationship to petitioner: (227) _____ (Complete B.2 below.)
2. Health care coverage provider name: (228) _____
Address: (229) _____
Policy ID number: (230) _____ Group number: (231) _____
Monthly premium \$ (232) _____ Portion for the child(ren) listed in section IV: \$ (233) _____
3. Other than children of this action listed in section IV, are other adults and/or child(ren) included in this plan? Yes No (234)
(If yes, provide information below.)
Total number of adults: (235) _____ Total number of children: (236) _____
4. If the petitioner does not have health care coverage or the coverage is through Medicaid, is employer-sponsored coverage available for:
 - a. Self Yes No (237)
 - b. Child(ren) listed in section IV Yes No (238) (If no, skip to C.)
5. Based on the residence of the child(ren), is the petitioner's employer-sponsored coverage accessible to the child(ren) in section IV? Yes No Unknown (239) (If no, skip to C.)
6. How much would the premiums be for an insurance plan offered by the petitioner's employer?
 - a. For self: \$(240) _____ per (241) _____ (weekly, bi-weekly, semi-monthly, monthly, quarterly, yearly)
 - b. To add child(ren) in section IV: \$(242) _____ per (243) _____ (weekly, bi-weekly, semi-monthly, monthly, quarterly, yearly)

C. **Health Care Coverage for Respondent:** Does the respondent have health care coverage? Yes No (244) (If no, skip to C.4.)
 Unknown (If unknown, skip to D.)

1. Respondent's health care coverage is provided by: (245) Medicaid (Skip to C.4.) (246) TRICARE (Skip to D.)
 (247) Indian Health Service (Skip to D.) (248) Unknown (Skip to D.)
 (249) Self through his/her employer (Continue to C.2 below.)
 (250) Self through an individual policy (Continue to C.2 below.)
 (251) Other person: (252) _____ Relationship to respondent: (253) _____ (Complete C.2 below.)
2. Health care coverage provider name: (254) _____
Address: (255) _____
Policy ID number: (256) _____ Group number: (257) _____
Monthly premium \$ (258) _____ Portion for the child(ren) in section IV: \$ (259) _____
3. Other than children listed in section IV, are other adults and/or child(ren) included in this plan? Yes No (260)
(If yes, provide information below.)
Total number of adults: (261) _____ Total number of children: (262) _____
4. If the respondent does not have health care coverage or the coverage is through Medicaid, is employer-sponsored coverage available for:
 - a. Self Yes No Unknown (263) (If no or unknown, skip to question D.)
 - b. Children listed in section IV Yes No Unknown (264) (If no or unknown, skip to question D.)
5. Based on the residence of the child(ren), is the respondent's employer-sponsored coverage accessible to the child(ren) in section IV? Yes No Unknown (265) (If no, skip to question D.)

GENERAL TESTIMONY, PAGE 7

V. Health Care Coverage (Continued):

6. How much would the premiums be for an insurance plan offered by the respondent's employer?
- a. For self: \$(266) per (267) (weekly, bi-weekly, semi-monthly, monthly, quarterly, yearly)
- b. To add child(ren) in section IV: \$(268) per (269) (weekly, bi-weekly, semi-monthly, monthly, quarterly, yearly)
- D. Do any of the children listed in section IV have special needs or extraordinary medical expenses not covered by insurance? Yes No Unknown (270) (If yes, provide additional information about the child(ren) involved, the type of needs/medical expenses, and the related costs in section IX.)
- E. Is the petitioner asking to be reimbursed for medical expenses paid? Yes No (271) (If yes, provide information below.)
Balance: \$(272) as of (273) (date) (Provide date, type of expense, and cost in section IX.)
- F. Is the petitioner asking to be compensated for ongoing medical expenses? Yes No (274) (If yes, provide information below.)
Type of expense: (275) Amount: \$(276) Per (277) (frequency)

(Provide additional information about the child(ren) involved, the need for ongoing expenses, and the expenses in section IX.)

VI. Additional Information for Child Support Calculation:

(278) See section IX

- A. **Establishment** (If no child support order exists, complete the following section.):
1. Does a custody/parenting time order exist? Yes No (279) (If yes, complete the information below and attach a copy of the order.)
Issuing tribunal number: (280) Date of order: (281)
2. If an order does not exist, is there a written custody/parenting time agreement? Yes No (282) (If yes, attach a copy.)
3. In the past 12 months or since separation (whichever is shorter), how many overnights has the child(ren) stayed with obligee (283) obligor (284) ?
4. Is child support sought for a period of time prior to the date of the petition for support (Uniform Support Petition)? Yes No (285) If yes, complete the following questions and section VIII for the period of time.

a.	Support is sought from the following date: (286)				
b.	During the period of time for which retroactive support is being sought, did the child(ren) reside with the obligor, other than the time specified under an existing custody/parenting time order? <input type="checkbox"/> Yes <input type="checkbox"/> No (287) (If yes, describe.) (288)				
c.	During the period of time for which retroactive support is being sought, did the obligor make direct payments to the obligee? <input type="checkbox"/> Yes <input type="checkbox"/> No (289) (If yes, attach an affidavit of payments.)				
d.	Was public assistance paid for any of the children listed in section IV? (290) <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, check the appropriate box and provide the period of benefit and the state.)				
	<input type="checkbox"/> TANF (291)	(292)	(293)	To (294)	(295) By: (296) State
		First month	/	year	To Last month / year
	<input type="checkbox"/> Medicaid (297)	(298)	(299)	To (300)	(301) By: (302) State
		First month	/	year	To Last month / year
	<input type="checkbox"/> Foster Care (303)	(304)	(305)	To (306)	(307) By: (308) State
		First month	/	year	To Last month / year

GENERAL TESTIMONY, PAGE 8

VI. Additional Information for Child Support Calculation (Continued):

B. **Modification** (If a child support order exists that the petitioner seeks to modify, complete the following section.):

1. Indicate the basis for the modification petition (check all that apply):

a. The earnings of the obligor have: (309)

substantially increased

substantially decreased

b. The earnings of the obligee have: (310)

substantially increased

substantially decreased

c. The needs of the child(ren) have: (311)

substantially increased

substantially decreased

d. (312) The current support order was most recently established or modified at least 3 years ago or such lesser time as permitted by the laws of the responding jurisdiction.

e. (313) Other; explain: (314) _____

2. Does a custody/parenting time order exist? Yes No (279) (If yes, attach a copy of the order.)

Issuing tribunal number (280) _____ Date of order (281) _____

3. If a custody/parenting time order does not exist, is there a written custody/parenting time agreement? Yes No (282)
(If yes, attach a copy of the agreement.)

4. In the past 12 months or since separation (whichever is shorter), how many overnights has the child(ren) stayed with the obligee (283) _____ obligor (284) _____ ?

VII. Support Order and Payment:

(315) See section IX

A. Is there an order for divorce or legal separation involving the children in this action?

Yes No (316) (If yes, provide a copy of the order.)

B. Does a current support order exist? Yes No (317) (If yes, attach obligor's support payment history.)

C. Does the support order require the obligor to pay amounts to anyone other than to the State Disbursement Unit (SDU) (e.g., directly to the obligee, child care provider, or health care provider)?

Yes No (318) (If yes, complete D.)

D. Has the obligor made any direct payments under the order noted in C?

Yes No (319) (If yes, attach an affidavit of payments.)

E. If a support order does not exist, has the obligor made any voluntary support payments?

Yes No (320) (If yes, attach an affidavit of payments.)

VIII. Financial Information:

(321) See section IX

Information required varies based on responding jurisdiction's support guidelines. Petitioner includes an obligee caretaker with legal custody of the child(ren).

Monthly income from all sources:

1. Is the petitioner employed? (322) Yes; occupation: (323) _____ No; income source: (324) _____

GENERAL TESTIMONY, PAGE 9

VIII. Financial Information (Continued):

Monthly income from all sources (Continued):

	<u>Petitioner</u>
2. Gross monthly income amounts:	
a) Public Assistance	
i) Supplemental Security Income (SSI)	\$(325)
ii) TANF	\$(326)
iii) Other	\$(327)
b) Base pay salary, wages	\$(328)
c) Overtime, commission, tips, bonuses, part time	\$(329)
d) Unemployment compensation	\$(330)
e) Worker's compensation	\$(331)
f) Social Security Disability (not SSI)	\$(332)
g) Social Security Retirement	\$(333)
h) Dividends and interest	\$(334)
i) Trust/annuity income	\$(335)
j) Pensions, retirement	\$(336)
k) Child support	\$(337)
l) Spousal support/alimony	\$(338)
m) Income producing assets	\$(339)
n) All other sources (specify)	\$(340)
	(341)
<hr/>	
3. Deductions from gross pay:	
a) Federal income tax	\$(342)
b) State income tax	\$(343)
c) Local tax	\$(344)
d) FICA	\$(345)
4. Other deductions:	
a) Mandatory retirement	\$(346)
b) Nonmandatory retirement	\$(347)
c) Medical insurance	\$(232)
d) Union dues	\$(348)
e) Other (specify)	\$(349)
	(350)
<hr/>	
5. Gross income prior year:	\$(351)

IX. Other Pertinent Information: (352)

[] (353)Continued on attached sheet(s), incorporated by reference.

GENERAL TESTIMONY, PAGE 10

X. Attached and Incorporated by Reference:

- (354) Required number of copies of all support orders for the case
 - (355) Certified child support payment records
 - (356) Arrears balance and/or accrued Interest (affidavit of arrears)
 - (357) Payment history
 - (358) Copies of three most recent pay stubs from current employer(s)
 - (359) Copies of unreimbursed medical bills for the child(ren) in this action
 - (360) Copy of most recent federal tax return
 - (361) Declaration in Support of Establishing Parentage for each child whose parentage is at issue
 - (362) Copy of child(ren)'s birth certificate(s)/record(s)
 - (363) Acknowledgment of parentage
 - (364) Documentation of legal custody/guardianship of child(ren)
 - (365) Documentation of child care expenses
 - (366) Documentation of ongoing medical expenses for the child(ren) in this action
 - (367) Documentation in support of request for modification
 - (368) Copy of order for divorce or legal separation involving the child(ren) in this action
 - (369) Other: (370) _____
 - (371) Additional attached document(s), incorporated by reference.
-

XI. Declaration:

Under penalty of perjury, all information and facts stated in this General Testimony are true to the best of my knowledge, information, and belief.

Date	Petitioner (Name) or	Signature
Date	Name/Title, Agency or Tribunal Representative	Signature

Encryption Requirements:

When communicating this form through electronic transmission, precautions must be taken to ensure the security of the data. Child support agencies are encouraged to use the electronic applications provided by the federal Office of Child Support Enforcement. Other electronic means, such as encrypted attachments to e-mails may be used if the encryption method is compliant with Federal Information Processing Standard (FIPS) Publication 140-2 (FIPS PUB 140-2).

DECLARATION IN SUPPORT OF ESTABLISHING PARENTAGE

THIS FORM CONTAINS SENSITIVE INFORMATION – DO NOT FILE THIS FORM IN A PUBLIC ACCESS FILE

The information on this form will be filed with the petition or pleading and disclosed to the parties in the case unless accompanied by a nondisclosure finding/affidavit.

If you are not the intended recipient, you are hereby notified that any use, disclosure, distribution, or copying of this form or its contents is strictly prohibited.

Personal Information Form for UIFSA § 311 must be attached.

File Stamp

Petitioner: Legal Name (first, middle, last, suffix)

<<1>>

Tribal Affiliation (if applicable)

Respondent: Legal Name (first, middle, last, suffix)

<<2>>

Tribal Affiliation (if applicable)

IV-D Case: TANF

IV-E Foster Care

Medicaid Only

Former Assistance

Never Assistance

Non-IV-D Case:

Responding IV-D Case Identifier: <<4>>

Responding Tribunal Number: _____

Initiating IV-D Case Identifier: <<6>>

Initiating Tribunal Number: _____

NOTE:

Nondisclosure Finding/Affidavit attached

This form sent through EDE

DO NOT COMPLETE THIS FORM IF THERE IS AN ORDER OF PARENTAGE OR A SIGNED VOLUNTARY ACKNOWLEDGMENT OF PARENTAGE

A SEPARATE DECLARATION IS REQUIRED FOR EACH CHILD NEEDING PARENTAGE ESTABLISHED.

COMPLETE THE DECLARATION TO THE EXTENT THAT YOU HAVE THE INFORMATION.

Section I. Declaration:

I, _____, declare under penalty of perjury:

Legal Name (first, middle, last, suffix)

1. Check one:

I am the biological parent of the child named below. Gender: Female Male Other

I am the nonbiological parent of the child named below. Gender: Female Male Other

Other (Explain relationship to the child in section IV.)

Child's legal name (first, middle last, suffix):	
Date conception occurred (month, year):	Location where child was conceived (city, county, state):
Full term pregnancy: <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, explain in section IV.)	Birth certificate attached: <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, explain in section IV.)

2. The respondent is the biological parent nonbiological parent of the child named above.

XXXX
XXXX
XXXX
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XXXX
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XXXX

T

DECLARATION IN SUPPORT OF ESTABLISHING PARENTAGE, PAGE 2

Section I. Declaration (Continued):

3. The child was conceived as a result of sexual intercourse between _____ and _____
Legal Name (first, middle, last, suffix)
_____ during the time stated above.
Legal Name (first, middle, last, suffix)

(NOTE: If #3 is not applicable, please provide all pertinent information regarding the conception of the child in section IV.)

4. The following facts support a presumption of parentage:

If additional space is needed, use section IV.

a. The biological mother was married, and the child's birth occurred during the marriage or within 300 days after the marriage legally ended.

Yes No (If yes, attach documentation.)

Date marriage began: _____
(month, day, year)

Date marriage legally ended: _____
(month, day, year)

If yes, and the mother's spouse/former spouse is not the person named as respondent in this Declaration, provide the spouse/former spouse's name, address, and gender, and explain why he/she is not the child's parent:

Tribunal that issued order legally ending the marriage:

b. A person acted as, and presented herself/himself to be, the child's parent.

Yes No

If yes, and he/she is not the person named as the respondent in this Declaration, provide the individual's name, address, and gender, and explain why the individual is not the child's parent:

c. A genetic test ordered/administered by a court or a IV-D agency to determine the other biological parent of the child indicates a probability of parentage of ____%.

Yes No (If yes, attach results.)

If yes, and the individual tested is not the respondent named in this Declaration, provide the individual's name, address, and gender, and explain why the individual is not the child's parent:

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DECLARATION IN SUPPORT OF ESTABLISHING PARENTAGE, PAGE 3

Section I. Declaration (Continued):

5. Is any person other than the birth mother named on the child's birth certificate? Yes No
If yes, provide the individual's name, address, and gender:

6. Has any person completed a voluntary acknowledgment of parentage for this child that has been rescinded? Yes No (If yes, attach document.)
If yes, provide the individual's name, address, and gender:

Section II. To Be Completed by the Petitioner (complete either 1 or 2, as appropriate):

1. I assert that the respondent, _____, is the parent of the child.

The following facts support my allegations of parentage: (If an explanation is needed, use section IV.)

- a. I lived with the respondent. Yes Dates _____ to _____ Location: _____
 No Not applicable
- b. I told the respondent that he/she is the parent of the child. Yes No Not applicable
- c. The respondent admitted being the parent of the child. Yes No
- d. The respondent communicated about the pregnancy and/or about the child. Yes No Copies of communications attached
- e. The respondent was present at the birth of the child. Yes No
- f. The respondent visited the child at the hospital following birth. Yes No
- g. The respondent offered to pay abortion expenses. Yes No
- h. The respondent offered to pay/paid medical expenses. Yes No
- i. The respondent offered to pay/paid birth related expenses. Yes No
- j. The respondent claimed the child on a tax return. Yes No Don't know
- k. The respondent provided food, clothing, gifts, or financial support for the child. Yes No
- l. The respondent lived with the child. Yes No
- m. The respondent visited the child. Yes No
- n. The child resembles the respondent. Photo attached Yes No

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DECLARATION IN SUPPORT OF ESTABLISHING PARENTAGE, PAGE 4

Section II. To Be Completed by the Petitioner (complete either 1 or 2, as appropriate) (Continued):

2. I, _____, assert that I am the parent of the child:

The following facts support my belief and statements that I am the parent of the child: (If an explanation is needed, use section IV.)

- I lived with the respondent. Yes No Dates _____ to _____
Location _____
- The respondent told me that I am the parent of the child. Yes No
- I was present at the birth of the child. Yes No
- I visited the child at the hospital following birth. Yes No
- I offered to pay abortion expenses. Yes No
- I offered to pay/paid medical expenses. Yes No
- I offered to pay/paid birth related expenses. Yes No
- I claimed the child on a tax return. Yes No
- I provided food, clothing, gifts, or financial support for the child. Yes No
- I lived with the child. Yes No
- I visited the child. Yes No
- The child resembles me. Photo attached Yes No

Section III. To Be Completed by the Birth Mother Only (if you are not the birth mother, skip this Section and go to Section IV):

1. I had sexual intercourse with a man (other than the person I am naming as the respondent) during the 30 days before or 30 days after the child was conceived. Yes No (If yes, complete the following.)

a. The name(s) and address(es) of the other man/men:

b. The other man/men is/are biologically related to the person I am naming as the respondent.
 Yes No (If yes, explain the biological relationship in the space below, e.g., brother, cousin, uncle.)

c. I do not believe the other man/men is/are the child's biological parent because:

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DECLARATION IN SUPPORT OF ESTABLISHING PARENTAGE PAGE 5

Section IV. Other Pertinent Information: (Include detailed information for section I, section II, or section III above.)

[] Continued on attached sheet(s), incorporated by reference.

Section V. Declaration:

Under penalty of perjury, all information and facts stated in this Declaration are true to the best of my knowledge, information and belief. I agree to submit myself and, if I am the custodian, the child to genetic testing as may be necessary to establish parentage.

_____	_____	_____
Date	Petitioner (Name)	Signature
	or	
_____	_____	_____
Date	Name/Title, Agency or Tribunal Representative	Signature

Encryption Requirements:

When communicating this form through electronic transmission, precautions must be taken to ensure the security of the data. Child support agencies are encouraged to use the electronic applications provided by the federal Office of Child Support Enforcement.

Other electronic means, such as encrypted attachments to e-mails may be used if the encryption method is compliant with Federal Information Processing Standard (FIPS) Publication 140-2 (FIPS PUB 140-2).

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DECLARATION IN SUPPORT OF ESTABLISHING PARENTAGE

THIS FORM CONTAINS SENSITIVE INFORMATION – DO NOT FILE THIS FORM IN A PUBLIC ACCESS FILE

CS-IS26
Rule 12E-1.040
Florida Administrative Code
Effective xx/xx

The information on this form will be filed with the petition or pleading and disclosed to the parties in the case unless accompanied by a nondisclosure finding/affidavit.

If you are not the intended recipient, you are hereby notified that any use, disclosure, distribution, or copying of this form or its contents is strictly prohibited.

Personal Information Form for UIFSA § 311 must be attached.

File Stamp

Petitioner: (1) **Legal Name** (first, middle, last, suffix) (3) **IV-D Case:** [] TANF

[] IV-E Foster Care

Tribal Affiliation (if applicable) (1B)

[] Medicaid Only

[] Former Assistance

Respondent: (2) **Legal Name** (first, middle, last, suffix)

[] Never Assistance

Non-IV-D Case: []

Tribal Affiliation (if applicable) (2B)

Responding IV-D Case Identifier: (4) _____

Responding Tribunal Number: (5) _____

NOTE:

[] (8) **Nondisclosure Finding/Affidavit attached**

[] (9) **This form sent through EDE**

Initiating IV-D Case Identifier: (6) _____

Initiating Tribunal Number: (7) _____

DO NOT COMPLETE THIS FORM IF THERE IS AN ORDER OF PARENTAGE OR A SIGNED VOLUNTARY ACKNOWLEDGMENT OF PARENTAGE

A SEPARATE DECLARATION IS REQUIRED FOR EACH CHILD NEEDING PARENTAGE ESTABLISHED.

COMPLETE THE DECLARATION TO THE EXTENT THAT YOU HAVE THE INFORMATION

Section I. Declaration:

I, _____ (1), declare under penalty of perjury:
Legal Name (first, middle, last, suffix)

1. Check one:

- [] (506) I am the biological parent of the child named below. Gender: (507) [] Female [] Male [] Other
- [] (508) I am the nonbiological parent of the child named below. Gender: (507) [] Female [] Male [] Other
- [] (509) Other (Explain relationship to the child in section IV.)

Child's legal name (first, middle last, suffix): (510)

Date conception occurred (month, year): (511)

Location where child was conceived (city, county, state): (512)

Full term pregnancy: [] Yes [] No (If no, explain in section IV.) (513)

Birth certificate attached: [] Yes [] No (If no, explain in section IV.) (514)

2. The respondent is the [] biological parent [] nonbiological parent of the child named above. (515)

DECLARATION IN SUPPORT OF ESTABLISHING PARENTAGE, PAGE 2

Section I. Declaration (Continued):

3. The child was conceived as a result of sexual intercourse between (516) _____ and _____
Legal Name (first, middle, last, suffix)
(517) _____ during the time stated above.

Legal Name (first, middle, last, suffix)

(NOTE: If #3 is not applicable, please provide all pertinent information regarding the conception of the child in section IV.)

4. The following facts support a presumption of parentage: If additional space is needed, use section IV.

a. The biological mother was married, and the child's birth (518) Yes No (If yes, attach documentation.)
occurred during the marriage or within 300 days after the Date marriage began: (519) _____
marriage legally ended. (month, day, year)

If yes, and the mother's spouse/former spouse is not the person Date marriage legally ended: (520) _____
named as respondent in this Declaration, provide the (month, day, year)

spouse/former spouse's name, address, and gender, and Tribunal that issued order legally ending the marriage:
explain why he/she is not the child's parent: (521) _____

(522)

b. A person acted as, and presented herself/himself to be, the child's (523) Yes No
parent.
If yes, and he/she is not the person named as the respondent in this
Declaration, provide the individual's name, address, and gender, and
explain why the individual is not the child's parent:

(524)

c. A genetic test ordered/administered by a court or a IV-D agency (525) Yes No (If yes, attach results.)
to determine the other biological parent of the child
indicates a probability of parentage of (526) ____%.
If yes, and the individual tested is not the respondent named in
this Declaration, provide the individual's name, address,
and gender, and explain why the individual is not the child's parent:

(527)

DECLARATION IN SUPPORT OF ESTABLISHING PARENTAGE, PAGE 3

Section I. Declaration (Continued):

5. Is any person other than the birth mother named on the child's birth certificate? (528) Yes No
If yes, provide the individual's name, address, and gender:

(529)

6. Has any person completed a voluntary acknowledgment of parentage for this child (530) Yes No (If yes, attach document.)
that has been rescinded?
If yes, provide the individual's name, address, and gender:

(531)

Section II. To Be Completed by the Petitioner (complete either 1 or 2, as appropriate):

(532) I assert that the respondent, (2) _____, is the parent of the child.

The following facts support my allegations of parentage: (If an explanation is needed, use section IV.)

- a. I lived with the respondent. (533) Yes Dates (534) _____ to (535) _____ Location: (536) _____
 No Not applicable
- b. I told the respondent that he/she is the parent of the child. (537) Yes No Not applicable
- c. The respondent admitted being the parent of the child. (538) Yes No
- d. The respondent communicated about the pregnancy and/or about the child. (539) Yes No (540) Copies of communications attached
- e. The respondent was present at the birth of the child. (541) Yes No
- f. The respondent visited the child at the hospital following birth. (542) Yes No
- g. The respondent offered to pay abortion expenses. (543) Yes No
- h. The respondent offered to pay/paid medical expenses. (544) Yes No
- i. The respondent offered to pay/paid birth related expenses. (545) Yes No
- j. The respondent claimed the child on a tax return. (546) Yes No Don't know
- k. The respondent provided food, clothing, gifts, or financial support (547) Yes No for
the child.
- l. The respondent lived with the child. (548) Yes No
- m. The respondent visited the child. (549) Yes No
- n. The child resembles the respondent. (551) Photo attached (550) Yes No

DECLARATION IN SUPPORT OF ESTABLISHING PARENTAGE, PAGE 4

Section II. To Be Completed by the Petitioner (complete either 1 or 2, as appropriate) (Continued):

[] (552) 2. I, (1) _____, assert that I am the parent of the child:

The following facts support my belief and statements that I am the parent of the child: (If an explanation is needed, use section IV.)

- a. I lived with the respondent. (553) [] Yes [] No Dates (554) _____ to (555) _____
Location (556) _____
- b. The respondent told me that I am the parent of the child. (557) [] Yes [] No
- c. I was present at the birth of the child. (558) [] Yes [] No
- d. I visited the child at the hospital following birth. (559) [] Yes [] No
- e. I offered to pay abortion expenses. (560) [] Yes [] No
- f. I offered to pay/paid medical expenses. (561) [] Yes [] No
- g. I offered to pay/paid birth related expenses. (562) [] Yes [] No
- h. I claimed the child on a tax return. (563) [] Yes [] No
- i. I provided food, clothing, gifts, or financial support for the child. (564) [] Yes [] No
- j. I lived with the child. (565) [] Yes [] No
- k. I visited the child. (566) [] Yes [] No
- l. The child resembles me. (568) [] Photo attached (567) [] Yes [] No

Section III. To Be Completed by the Birth Mother Only: (if you are not the birth mother, skip this Section and go to Section IV);

1. I had sexual intercourse with a man (other than the person I am naming as the respondent) during the 30 days before or 30 days after the child was conceived. (569) [] Yes [] No (If yes, complete the following.)

a. The name(s) and address(es) of the other man/men:

(570)

b. The other man/men is/are biologically related to the person I am naming as the respondent.

[] Yes [] No. (571) (If yes, explain the biological relationship in the space below, e.g., brother, cousin, uncle.)

(572)

c. I do not believe the other man/men is/are the child's biological parent because:

(573)

DECLARATION IN SUPPORT OF ESTABLISHING PARENTAGE PAGE 5

Section IV. Other Pertinent Information: (Include detailed information for section I, section II, or section III above.)

(574)

(575) [] Continued on attached sheet(s), incorporated by reference.

Section V. Declaration:

Under penalty of perjury, all information and facts stated in this Declaration are true to the best of my knowledge, information, and belief. I agree to submit myself and, if I am the custodian, the child to genetic testing as may be necessary to establish parentage.

_____	_____	_____
Date	Petitioner (Name)	Signature
	or	
_____	_____	_____
Date	Name/Title, Agency or Tribunal Representative	Signature

Encryption Requirements:

When communicating this form through electronic transmission, precautions must be taken to ensure the security of the data. Child support agencies are encouraged to use the electronic applications provided by the federal Office of Child Support Enforcement. Other electronic means, such as encrypted attachments to e-mails may be used if the encryption method is compliant with Federal Information Processing Standard (FIPS) Publication 140-2 (FIPS PUB 140-2).



Instructions for Completing the Declaration in Support of Establishing Parentage

To complete the Declaration in Support of Establishing Paternity form, follow these instructions. The sections below correspond to what you as the, petitioner, must complete.

Section I - Declaration

Complete Section 1, items 1 through 6, to the best extent of your knowledge.

- Complete item 1 with your relationship to the child, your gender and information related to child's conception and birth.
 - Select one of the check boxes to indicate your relationship to the child and indicate your gender.
 - Select biological parent if you are a parent biologically related to the child.
 - Select nonbiological parent if you are a parent who is a legal parent not biologically related to the child. This includes a same-sex spouse or partner and intended parent in a surrogacy.
 - Select other if you are not a biological or nonbiological (legal) parent to the child (explain your relationship (ex. aunt, uncle, grandparent, or non-relative caregiver) to the child in section IV)
 - Complete Child's information in the table provided.
 - Complete the 'Child's legal name' with full legal name of the child (a separate form must be completed for each child you are seeking to establish parentage).
 - Complete the 'Date conception occurred' with the period of time when the mother became pregnant. Please complete both month and year (ex. 04/19 or 04/19 to 05/19) to the best of your knowledge.
 - Complete the 'Location' for where the child was conceived as city, county, state. If the child was born in another country, please enter the full name of the country.
 - Select the checkbox for 'Full term pregnancy' as yes if the pregnancy lasted 9 months. Select the checkbox no if less or greater than 9 months and explain in section IV.
 - Select the checkbox for 'Birth certificate attached' as yes and provide a copy of the birth record for the child.

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- Select the checkbox for item 2 to indicate if the respondent (parent we are pursuing to establish parentage) is a biological parent or the nonbiological parent.
- Complete item 3 with the full legal name of the birth mother and the other biological parent (possible alleged father). If the child was conceived using assisted reproduction or surrogate, enter pertinent information in section IV.
- Complete item 4 questions to identify if there is a presumed parent under. A presumed parent can be the other biological parent or a parent with a legal tie to the child under state law.

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- Complete item 4a by selecting a checkbox indicating if the child was born during a time when the mother was married or within 300 days when the marriage legally ended.
 - If yes is selected and the mother’s spouse/former spouse is not the respondent, provide the date marriage began and legally ended, with the county/state/country that legally ended the marriage. In the space provided, complete the name, address, gender and explain why they are not the child’s parent.
- Complete item 4b as yes, if a person has introduced themselves as the child’s parent or has acted as the child’s parent. Otherwise, select no.
 - If yes is selected as a person has indicated they are the child’s parent and they are not the respondent, in the space provided, complete the name, address, gender and explain why they are not the child’s parent.
- Complete item 4c as yes, if a parent has completed a genetic test ordered by a court or a child support agency and enter the probability of parentage in numerical value as provided in the genetic test results. Otherwise, select no.
 - If yes is selected, and the person tested is not the respondent, in the space provided, complete the name, address, gender and explain why they are not the child’s parent.
- Complete item 5 as yes if anyone other than the birth mother is listed on the birth record as a parent. Otherwise, select no.
 - If yes is selected, in the space provided, complete the name, current address, gender of the person named on the birth record.
- Complete item 6 as yes if anyone was listed on the birth record as a parent and later rescinded their name. Otherwise, select no.
 - If yes is selected, in the space provided, complete the name, current address, gender of the person named on the birth record.

Section II – To Be Completed by the Petitioner

If you are the petitioner, complete Section II: Questions 1a through 1n or Section II: Questions 2a through 2l. Complete section 1a through 1n if you are the legal parent or caregiver to the child. Complete section 2a through 2l if you are claiming to be a parent to the child and seeking to establish a legal relationship.

- Complete item 1 checkbox if you are the legal parent or caregiver to the child. Enter the respondent’s full legal name and answer questions 1a through 1n.
 - Complete questions 1a through 1n as yes or no, to the best extent of your knowledge. Enter dates as MM/YY and location as city/county/state. If the location is in another country, please enter the full name of the country.
- Complete item 2 checkbox if you are seeking to establish a legal relationship with the child. Complete your full name and answer questions 2a through 2l.
 - Complete questions 2a through 2l as yes or no, to the best extent of your knowledge. Enter dates as MM/YY and location as city/county/state. If the location is in another country, please enter the full name of the country.

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Section III – To Be Completed by the Birth Mother

If you are the birth mother of the child complete Section III.

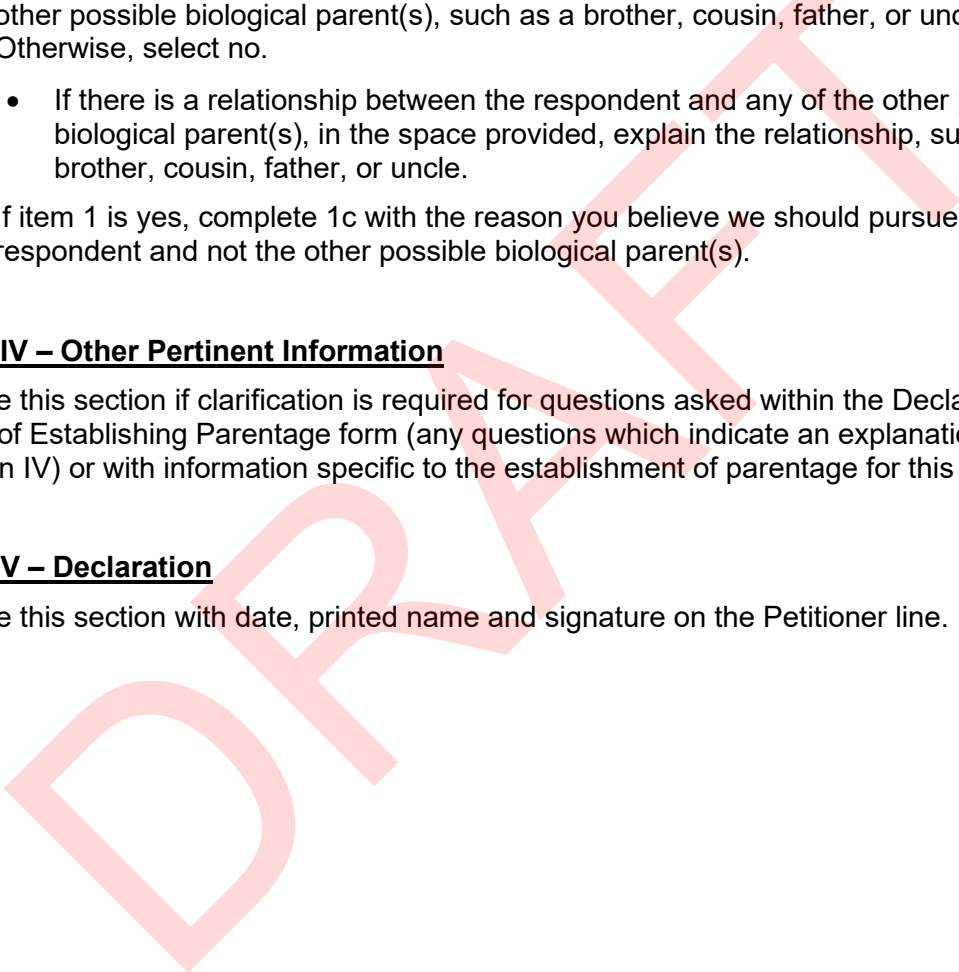
- Select the checkbox for item 1, as yes if the respondent is not the only possible biological parent (you had sexual intercourse with someone other than the respondent 30 days before or 30 days after the conception date listed in Section I, item 1). Otherwise, check no.
 - If item 1 is yes, complete 1a with full names and current addresses of the other possible biological parent(s).
 - If item 1 is yes, identify in 1b if the other possible biological parent(s) are related to the person named as the respondent. Select yes, if the respondent is related to any of the other possible biological parent(s), such as a brother, cousin, father, or uncle. Otherwise, select no.
 - If there is a relationship between the respondent and any of the other possible biological parent(s), in the space provided, explain the relationship, such as a brother, cousin, father, or uncle.
 - If item 1 is yes, complete 1c with the reason you believe we should pursue the respondent and not the other possible biological parent(s).

Section IV – Other Pertinent Information

Complete this section if clarification is required for questions asked within the Declaration in Support of Establishing Parentage form (any questions which indicate an explanation is needed in Section IV) or with information specific to the establishment of parentage for this child.

Section V – Declaration

Complete this section with date, printed name and signature on the Petitioner line.



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Information Needed to Establish a Support Order in Another State

<<RecipientName>>
<<RecipientAddress>>

Child Support Case Number: <<CaseNumber>>
Activity Number: <<ActivityNumber>>
Other Parent: <<OtherParent>>

<<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.

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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

Employment and other resources: <<FDOR Page>>

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Interstate Request for Information

<<Date>>

Child Support Case Number: <<CaseNumber>>

Activity Number: <<ActivityNumber>>

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

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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 _____

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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

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Do the child(ren) receive benefits from governmental programs (e.g., Social Security, Veterans Affairs)?

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.

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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/Country

Legally 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)

\$ _____ per _____ paid by State subsidies
Amount (wk, month)

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 (e.g., medical, dental), the amount of the expense and how often the amount is paid

Type of expense \$ _____ per _____
Amount (attach additional documentation as needed)

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ADDITIONAL INFORMATION REQUIRED FOR INTERNATIONAL CASE

Applicant's expenses

<input type="checkbox"/> Monthly	Applicant	Applicant's current spouse/partner
1. Rent or mortgage		
2. Household costs		
3. Food and house supplies		
4. Clothing		
5. Medical/dental/optical fees		
6. Maintenance paid		
7. Insurance (other than under Part V.B)		
8. Transportation expenses		
9. Child care		
10. Education for children		
11. Extracurricular activities for children		
12. Yearly savings		
13. Debt-repayment		
14. Other expenses*		
15. Total		

*Please list specifically each additional item

Value of applicant's assets**

1. House – Market value: Ownership: <input type="checkbox"/> Self <input type="checkbox"/> Joint (specify)	2. Location and/or registration number:
3. Other real estate – Market value: Ownership: <input type="checkbox"/> Self <input type="checkbox"/> Joint (specify)	4. Location and/or registration number, description:
5. Motor vehicles – Market value: Ownership: <input type="checkbox"/> Self <input type="checkbox"/> Joint (specify)	6. Location and/or registration number, model, year:
7. Caravans/boats – Market value: Ownership: <input type="checkbox"/> Self <input type="checkbox"/> Joint (specify)	8. Location and/or registration number, model, year:
9. Furniture and household effects – Market value: Ownership: <input type="checkbox"/> Self <input type="checkbox"/> Joint (specify)	10. Location and description:
11. Bank accounts	12. Institution(s) and account number(s):
13. Life insurance and buy back value	14. Insurance company and policy number:
15. Other assets – Value:	16. Institution(s) and account number(s):



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 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 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 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:



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 review 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 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 30 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:



Information Needed for Support Order Review in Another State

<<RecipientName>>
<<RecipientAddress>>

Child Support Case Number: <<CaseNumber>>
Activity Number: <<ActivityNumber>>
Other Parent: <<OtherParent>>

<<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: <<CountyPhoneNumber>>
Para asistencia en español, llame al 850-488-5437 y marque 7

Employment and other resources: <<FDOR Page>>

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Interstate Request for Information

<<Date>>

Child Support Case Number: <<CaseNumber>>

Activity Number: <<ActivityNumber>>

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

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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 _____

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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

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Do the child(ren) receive benefits from governmental programs (e.g., Social Security, Veterans Affairs)

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.

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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/Country

Legally 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)

\$ _____ per _____ paid by State subsidies
Amount (wk, month)

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 (e.g., medical, dental), the amount of the expense and how often the amount is paid

Type of expense \$ _____ per _____
Amount (attach additional documentation as needed)

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Declaration of Change in Circumstances

1. Please check one of the boxes below.

I am the child's parent.

The child resides with me, but I am not the child's parent.

2. How have your circumstances changed since your support order was issued or last changed?

3. When did the change happen?

4. How did the change come about? What caused it? _____

5. Do you pay for health insurance or childcare for the child? _____

If yes, please fill in the name and amount for each child and provide documentation.

Child's name	Health insurance paid each month per child	Childcare paid each month per child

Under penalties of perjury, I declare that I have answered the questions on this declaration and the facts stated in it are true and correct.

Signature

Date

Print full name

Current mailing address

Phone number

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<<Option 1>> Insert when.....

ADDITIONAL INFORMATION REQUIRED FOR INTERNATIONAL CASE

Applicant's expenses

<input type="checkbox"/> Monthly	Applicant	Applicant's current spouse/partner
1. Rent or mortgage		
2. Household costs		
3. Food and house supplies		
4. Clothing		
5. Medical/dental/optical fees		
6. Maintenance paid		
7. Insurance (other than under Part V.B)		
8. Transportation expenses		
9. Child care		
10. Education for children		
11. Extracurricular activities for children		
12. Yearly savings		
13. Debt-repayment		
14. Other expenses*		
15. Total		

*Please list specifically each additional item

Value of applicant's assets**

1. House – Market value: Ownership: <input type="checkbox"/> Self <input type="checkbox"/> Joint (specify)	2. Location and/or registration number:
3. Other real estate – Market value: Ownership: <input type="checkbox"/> Self <input type="checkbox"/> Joint (specify)	4. Location and/or registration number, description:
5. Motor vehicles – Market value: Ownership: <input type="checkbox"/> Self <input type="checkbox"/> Joint (specify)	6. Location and/or registration number, model, year:
7. Caravans/boats – Market value: Ownership: <input type="checkbox"/> Self <input type="checkbox"/> Joint (specify)	8. Location and/or registration number, model, year:
9. Furniture and household effects – Market value: Ownership: <input type="checkbox"/> Self <input type="checkbox"/> Joint (specify)	10. Location and description:
11. Bank accounts	12. Institution(s) and account number(s):
13. Life insurance and buy back value	14. Insurance company and policy number:
15. Other assets – Value:	16. Institution(s) and account number(s):



Child Support Program

Support Order Review Update

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



<<Date>>
Child Support Case Number: <<CaseNumber>>
Activity Number: <<ActivityNum>>
Parent Due Support: <<CPName >>
Parent Ordered to Pay Support: <<NCPName>>

You are receiving this notice because <<Option 2>>.

<<Option 1>>

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

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Option 1

- A. A support order review cannot begin because the Child Support Program does not have a good address to let the other parent know a support order review is starting. If you know where the other parent works or lives, please contact us. If a good address cannot be found in the next 60 days, this request will be closed.
- B. This request is closing because the Child Support Program cannot find a good address to let the other parent know a support order review is starting.
- C. The Child Support Program is unable to verify there is a support order. If you have a support order or need one, please contact us for assistance.
- D. The Child Support Program cannot review the support order at this time because you did not provide information showing your situation or the other parent's situation has changed.
- E. The Child Support Program cannot review the support order because the current support obligation will end in less than six months when your child reaches age 18 (or the age of majority in the state that issued the order). This does not allow enough time for support order modification before current support ends.
- F. The review cannot be started or completed because the child support case is closing.
- G. The Child Support Program cannot review the support order for modification because the child is over the age of 18.
- H. The Child Support Program is stopping the review because you did not provide the information we asked for within 20 days of when we mailed you the *Support Order Review Started (CS-POBB)* form.
- I. The support order review must be performed by the child support agency in the state where the other parent lives. To begin the review, a certified copy of your support order is needed. Because we have been unable to get a certified copy of your order, we are unable to proceed at this time. If you get a certified copy of your order, you may request a review at that time.
- J. The Child Support Program has reviewed the case and will be filing a petition with the court to modify the support order.
- K. The Child Support Program cannot complete the review at this time because the parent who owes support is receiving cash assistance.
- L. The Child Support Program cannot review the support order at this time because you or the other parent filed a court action.

Option 2

- A. you requested the Child Support Program to review your support order. **[When the review is requested by a parent]**
- B. the Child Support Program is required to review your support order because you receive cash assistance for your child(ren). **[When the review is initiated by the Department in a cash assistance case]**

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Declaration of Change in Circumstances

<<Option 1>>
<<Recipient Name>>
<<Recipient Address>>

<<Date>>
Child Support Case Number: <<CaseNumber>>
Activity Number: <<ActivityNum>>
Parent Due Support: <<CPName>>
Parent Who Owes Support: <<NCPName>>

You are receiving this form because <<Option 2>>

WHAT YOU NEED TO DO

1. Review page 2 for important information about what happens next.
2. Answer the questions on the enclosed forms and attach any supporting documents.
3. Return the enclosed forms and any supporting documentation to the Child Support Program by <<MAIL DATE PLUS 20 DAYS>>. <<Option 3>>
4. Mail the completed forms and supporting documentation to:
<<EST Box 5330>>

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

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Important Information

- When reviewing a request to change a support order, we ask for current financial information from both parents and proof of a permanent change in circumstances.
- To change a support order there must be a substantial, permanent change in circumstances for one or both parents or the child. To reduce the child support amount, the change also must be involuntary.
- We will review the completed forms and other information provided to determine if the support amount should change. We will complete the review within 60 days after receiving the requested information.
- If the parent who did not request the review does not provide current financial information, we will proceed with the best available information.
- If we believe the support amount should be changed, we will notify both parties in writing.

For more information:

https://floridarevenue.com/childsupport/change_support_orders/Pages/change_support_orders.aspx

<<Option 4>>

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Declaration of Change in Circumstances

1. Please check one of the boxes below.

I am the child's parent.

The child resides with me, but I am not the child's parent.

2. How have your circumstances changed since your support order was issued or last changed?

3. When did the change happen?

4. How did the change come about? What caused it?

5. Do you pay for health insurance or childcare for the child?

If yes, please fill in the name and amount for each child and provide documentation.

Child's name	Health insurance paid each month per child	Childcare paid each month per child

Under penalties of perjury, I declare that I have answered the questions on this declaration and the facts stated in it are true and correct.

Signature

Date

Print full name

Current mailing address

Phone number

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OPTIONS

Option 1

A. When it is a two-state case and the recipient is the parent who is due support, or the level of service is Modification Only and the recipient resides in in the same state where the Other State Agency attached to the case is located, insert:

In Care of Child Support Agency

Then insert the street, street 2, city, state, and zip of the business partner in the role of other state county on the case, or, if other state county is missing, the business partner in the role of other state agency on the case.

B. Unless it is a two-state case and the parent who owes support resides in Florida, the recipient's mailing address prints normally.

Option 2 (A or B or C)

- 2A.** the Child Support Program received your request to review the support order for this case.
- 2B.** the Child Support Program received a request to review your support order for this case.
- 2C.** the Child Support Program is required to periodically review the support order in your case since your child is receiving cash assistance.

Option 2A and Option 3 are selected for the POBB sent to the parent or caregiver who requested the review. Option 3 is selected only with Option 2A.

Option 2B is selected for the POBB sent to the nonrequesting party.

Option 2C is selected when the Program initiates the review without a request from either party, in which case the POBB is mailed to both parties.

Option 3 (populate only on notice to requestor when Option 2A is selected)

Note: If you do not complete the enclosed forms and return them to us within 20 days after the date of this notice, your request will be closed and no further action on the request will be taken.

Option 4: Insert when a Standard Parenting Time Plan is sent

If the review shows the order should be changed, the Child Support Program will provide additional information and written notice at that time. Enclosed is a blank *Title IV-D Standard Parenting Time Plan* form. If both you and the other parent agree to the plan, sign and return the form. You may also provide your own parenting time plan to the Child Support Program before an administrative final order is entered and it will be made a part of the final order. A blank copy of the form is being provided to both parents. Both parents do not need to sign the same form. Once a parenting time plan is ordered, the Child Support Program is not authorized to modify or enforce a parenting time plan. That must be done by the circuit court. For more information, go to floridarevenue.com/childsupport/parenting_time_plans.



Child Support Program

CS-POBCa
Rule 12E-1.041
Florida Administrative Code
Effective xx/xx

Results of Support Order Review

Recipient Name
Recipient Address

Pick a date
Child Support Case Number: Enter CSP Number
Parent Owed Support: Enter Name
Parent Ordered to Pay Support: Enter Name

You are receiving this notice because you requested the Child Support Program to begin a review of your support order or the Child Support Program is required to begin a review of your support order because you currently receive cash assistance for the child.

The Child Support Program has finished the review and the results indicate:
[Click or tap here to enter text.](#)

The Child Support Program will not attempt to change the support order. If you believe there are grounds for relief, you may file a petition in circuit court. If you have questions about filing a petition, you should contact an attorney or the clerk of court for more information.

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
Employment and other resources: floridarevenue.com/childsupport/parentresources	



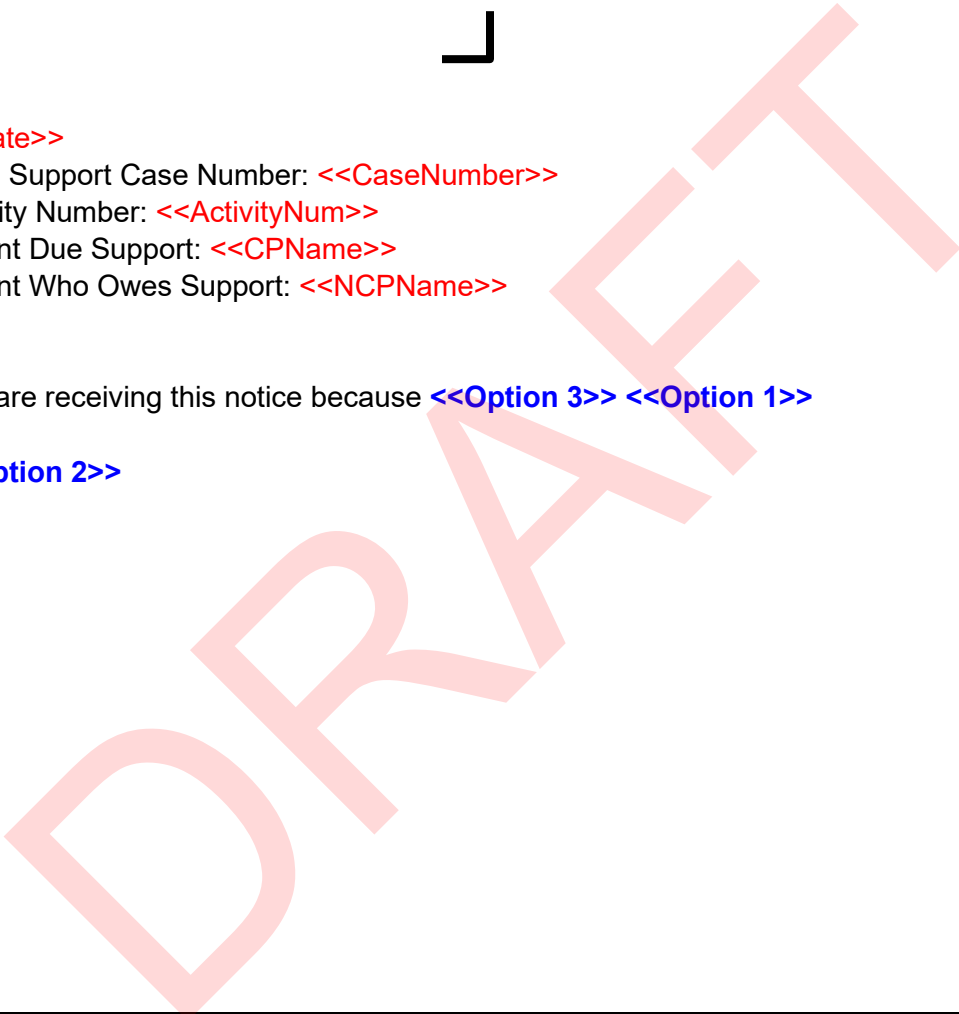
Results of Support Order Review

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



<<Date>>
Child Support Case Number: <<CaseNumber>>
Activity Number: <<ActivityNum>>
Parent Due Support: <<CPName>>
Parent Who Owes Support: <<NCPName>>

You are receiving this notice because <<Option 3>> <<Option 1>>
<<Option 2>>



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

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Option 1

A and B are used for judicial orders only. C, D and E are used for both administrative and judicial orders.

- A. your support order amount should be increased.
- B. your support order amount should be reduced.
- C. there is no proof of a substantial, permanent or involuntary change in your circumstances.
- D. there is a change in circumstances, but the change is not permanent. A change in circumstances cannot be temporary. Normally, the change must be in effect for at least one year to modify a support order.
- E. there is a change in circumstances, but the change is voluntary. A change in circumstances must be something beyond your control to modify the order.

Option 2

A. (Selected if the order is judicial. Use with Option 1A or 1B)

The Child Support Program will ask its attorney to file a petition in circuit court based on its review. If filed, you and the other parent will receive notice of the action.

Note: The Child Support Program's authority to file a petition to change a support order is limited by Florida law. The Child Support Program may only seek to modify support for the parent who is ordered to pay if:

1. Either parent or the child is receiving public assistance; or
2. There is nonpayment and the Child Support Program is enforcing the order at the request of the parent or caregiver who is owed support.

B. (Selected if option 1C, 1D or 1E is selected)

The Child Support Program will not attempt to change the support order. If you believe the order should be changed, you may file a petition in circuit court. If you have questions about filing a petition, you should contact an attorney or the clerk of court for more information.

Option 3:

A. When a parent or caregiver requests review

you requested the Child Support Program to begin a review of your support order. The Child Support Program finished the review and the results indicate

B. When the Program initiates the review without a request

the Child Support Program is required to begin a review of your support order since you currently receive cash assistance for the child. The Child Support Program has finished the review and the results indicate



Right to Support Order Review Due to Incarceration

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

<<Date>>
Child Support Case Number: <<CaseNumber>>
Parent Due Support: <<CPName>>
Parent Who Owes Support: <<NCPName>>

You are receiving this letter because you have a child support case with the Child Support Program. The Child Support Program recently became aware <<NCPName>> is incarcerated and is expected to remain incarcerated for at least 180 days.

WHAT YOU NEED TO DO

1. Either parent in this case may request the court to review the order to determine if the child support amount is appropriate due to the incarceration of the parent who owes support.
2. To request a review of your support order, you must file a petition with a court that has jurisdiction to modify the order. That court may be in another state.
3. For more information about filing a petition, you may want to consult an attorney, legal aid, or the Self-Help Center in the courthouse.

Helpful Resources

- Find a Florida Courts Self-Help Center Near You at flicourts.org/florida-courts/locations/court-locations.shtml
- Florida Courts Self-Help Resources Online at flicourts.org/resources-and-services/family-courts/family-law-self-help-information
- Florida Bar Lawyer Referral Service at 800-342-8011 or floridabar.org/public/lrs/

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Your Right to a Support Order Review

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

<<Date>>
Case Number: <<CaseNumber>>
Parent Due Support: <<CPName>>
Parent Who Owes Support: <<NCPName>>

You are receiving this letter because the Child Support Program has an open child support case. This letter is to remind you that you may ask us to review your support order to see if the ongoing child support amount should be changed. When we are asked to review an order and there is proof of a substantial, permanent, and involuntary change in circumstances, we may take action to change the order based on the results of the review.

Here's what the Child Support Program will do if you ask us to review the support order:

- Collect information from you and the other parent.
- Determine whether there is proof of a substantial, permanent, and involuntary change in circumstances.
- If there is proof of a permanent and involuntary change, we will use the information provided to determine whether the difference between the proposed new support amount and the current support amount is significant enough for a change to be made to the support order. If so, we will begin action to change the support order.

If the Child Support Program reviews the support order and begins action to change it:

- The amount due under the support order and/or the health insurance terms of the order could be changed. If the support order is changed, we will enforce the terms of the new support order.
- You will get a written notice of any action we take.
- Any change in the amount due does not affect unpaid support that is currently owed. Any unpaid support currently owed will still be owed.

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

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Unable to Conduct Support Order Review Parent Who Owes Support in Jail

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

<<Date>>
Child Support Case Number: <<CaseNumber>>
Activity Number: <<ActivityNum>>
Parent Due Support: <<CPName>>
Parent Who Owes Support: <<NCPName>>

The Child Support Program received a request to review your support order or is required to do so because your child(ren) is receiving cash assistance. The Child Support Program cannot review the support order at this time because <<Option 1>>

<<Option 2>>

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

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Option 1

- A. the parent who owes support is in jail. **(if requester is the custodial parent)**
- B. you are in jail. **(if requester is the noncustodial parent)**

Option 2 (A & B are for judicial orders only, C & D are for admin orders)

- A. The other parent may ask for a change in the support order amount by filing a petition with the court. After the petition is filed, the court will hold it until the parent is released from jail. Once released, either parent may ask the court for a hearing. **(if order is a judicial order and Option 1A is chosen)**
- B. You may ask for a change in the support order amount by filing a petition with the court. After the petition is filed, the court will hold it until you are released from jail. At that time, either parent may ask the court for a hearing. **(If order is a judicial order and Option 1B is chosen)**
- C. When the parent who owes support is released they may ask the Child Support Program, in writing, to review the support order amount for a change. **(if order is an administrative order and Option 1A is chosen)**
- D. You may ask the Child Support Program, in writing, to review the support order for a change when you are released. **(if order is an administrative order and Option 1B is chosen)**

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INCOME WITHHOLDING FOR SUPPORT

CS-EF05/06
Rule 12E-1.042
Florida Administrative Code
Effective xx/xx

I. Sender Information: (Completed by the Sender)

- INCOME WITHHOLDING ORDER/NOTICE FOR SUPPORT AMENDED IWO
- (IWO) ONE-TIME ORDER/NOTICE FOR LUMP SUM PAYMENT TERMINATION OF IWO

<<RecipientName>>
<<RecipientAddress>>

Date: <<Date>>

- Child Support Program (CSP) Agency Court Attorney Private Individual/Entity (Check One)

NOTE: This IWO must be regular on its face. Under certain circumstances you must reject this IWO and return it to the sender (see IWO instructions www.acf.hhs.gov/css/resource/income-withholding-for-support-instructions). If you receive this document from someone other than a state or tribal CSP agency or a court, a copy of the underlying order must be attached.

State/Tribe/Territory <<State/Tribe/TerritoryName>> Remittance ID (include w/payment) <<DepositoryNumber>>
 City/County/Dist./Tribe <<City>>/<<CountyName>> Order ID <<DepositoryNumber>>
 Private Individual/Entity _____ CSP Agency Case ID <<CSECaseNum>>

II. Employer and Case Information: (Completed by the Sender)

<<Employer/Income Withholder's Name>> RE: <<NCPLastName>>, <<NCPFirstName>>, <<NCPMiddleInitial>>
 Employer/Income Withholder's Name Employee/Obligor's Name (Last, First, Middle)

<<EmployerAddress>> <<NCPSSN>>
 Employer/Income Withholder's Address Employee/Obligor's Social Security Number

<<NCPDOB>>
 Employee/Obligor's Date of Birth

<<CPLastName>>, <<CPFirstName>>, <<CPMiddleInitial>>
 Custodial Party/Obligee's Name (Last, First, Middle)

<<Employer FEIN Number>>
 Employer/Income Withholder's FEIN

Child(ren)'s Name(s) (Last, First, MI) Child(ren)'s Birth Date(s)

<<DP1LastName>>, <<DP1FirstName>>, <<DP1MiddleInitial>>, <<DP1suffix>> <<DP1 date of birth>>
 <<DP2LastName>>, <<DP2FirstName>>, <<DP2MiddleInitial>>, <<DP2suffix>> <<DP2 date of birth>>
 <<DP3LastName>>, <<DP3FirstName>>, <<DP3MiddleInitial>>, <<DP3suffix>> <<DP3 date of birth>>

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Employer's Name: <<Employer/Income Withholder's Name>> Employer FEIN: <<Employer FEIN Number>>
Employee/Obligor's Name: <<NCPLastName>>, <<NCPFirstName>>, <<NCPMiddleInitial>> SSN: <<NCP SSN>>
CSP Agency Case Identifier: <<CSPCaseNum>> Order Identifier: <<DepositoryNumber>>

III. ORDER INFORMATION: (Completed by the Sender)

This document is based on the support order from <<IssuingState>> (State/Tribe).

You are required by law to deduct these amounts from the employee/obligor's income until further notice.

- \$<CurrSupAmt> <Frequency> current child support
- \$<PDueSupAmt> <Frequency> past-due child support - **Arrears greater than 12 weeks?** Yes No
- \$<CshMedSup> <Frequency> current cash medical support
- \$<PDueCshMS> <Frequency> past-due cash medical support
- \$<CurSpSAmt> <Frequency> current spousal support
- \$<PdueSpSAmt> <Frequency> past-due spousal support
- \$<OthrAmount> <Frequency> other (must specify) _____.

for a **Total Amount to Withhold** of \$<TotalWithholdAmt> per <Frequency>.

IV. AMOUNTS TO WITHHOLD: (Completed by the Sender)

You do not have to vary your pay cycle to be in compliance with the *Order Information*.

If your pay cycle does not match the ordered payment cycle, withhold one of the following amounts:

- \$<AmtCovWeek> per weekly pay period
- \$<AmtCovBiWeek> per biweekly pay period (every two weeks)
- \$<AmtCovSeMnth> per semimonthly pay period (twice a month)
- \$<AmtCovMnth> per monthly pay period
- \$ _____ **Lump Sum Payment:** Do not stop any existing IWO unless you receive a termination order.

V. REMITTANCE INFORMATION: (Completed by the Sender except for the "Return to Sender" checkbox.)

If the employee/obligor's principal place of employment is Florida (State/Tribe), you must begin withholding no later than the first pay period that occurs 14 days after the date of <<Date>> of the order/notice. Send payment within 2 business days of the pay date. If you cannot withhold the full amount of support for any or all orders for this employee/obligor, withhold <<CCPALimitForNCP>>% of disposable income for all orders. If the employee/obligor's principal place of employment is not Florida (State/Tribe), obtain withholding limitations, time requirements, the appropriate method to allocate among multiple child support cases/orders and any allowable employer fees from the jurisdiction of the employee/obligor's principal place of employment.

State-specific withholding limit information is available at www.acf.hhs.gov/css/resource/state-income-withholding-contacts-and-program-requirements. For tribe-specific contacts, payment addresses, and withholding limitations, please contact the tribe at www.acf.hhs.gov/sites/default/files/programs/css/tribal_agency_contacts_printable_pdf.pdf or https://www.bia.gov/tribalmmap/DataDotGovSamples/tld_map.html.

You may not withhold more than the lesser of: 1) the amounts allowed by the Federal Consumer Credit Protection Act (CCPA) [15 USC §1673 (b)]; or 2) the amounts allowed by the law of the state of the employee/obligor's principal place of employment if the place of employment is in a state; or the tribal law of the employee/obligor's principal place of employment if the place of employment is under tribal jurisdiction. The CCPA is available at www.dol.gov/sites/dolgov/files/WHD/legacy/files/garn01.pdf. If the Order Information section does not indicate that the arrears are greater than 12 weeks, then the employer should calculate the CCPA limit using the lower percentage.

If there is more than one IWO against this employee/obligor and you are unable to fully honor all IWOs due to federal, state, or tribal withholding limits, you must honor all IWOs to the greatest extent possible, giving priority to current support before payment of any past-due support.

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Employer's Name: <<Employer/Income Withholder's Name>> Employer FEIN: <<Employer FEIN Number>>
Employee/Obligor's Name: <<NCPLastName>>, <<NCPFirstName>>, <<NCPMiddleInitial>> SSN: <<NCP SSN>>
CSP Agency Case Identifier: <<CSPCaseNum>> Order Identifier: <<DepositoryNumber>>

If the obligor is a nonemployee, obtain withholding limits from the Supplemental Information section in this IWO. This information is also available at www.acf.hhs.gov/css/resource/state-income-withholding-contacts-and-programrequirements.

Remit payment to Florida State Disbursement Unit (SDU/Tribal Order Payee)
at P.O. Box 8500, Tallahassee, FL 32314-8500 (SDU/Tribal Payee Address)

Include the Remittance ID with the payment and if necessary this locator code: _____

To set up electronic payment or to learn state requirements for checks, call the State Disbursement Unit (SDU) at <<EFT/EDTPhoneNum>> before first submission. Contacts and information are found at www.acf.hhs.gov/css/resource/sdu-eft-contacts-and-program-requirements.

Return to Sender [Completed by Employer/Income Withholder]. Payment must be directed to an SDU in accordance with sections 466(b)(5) and (6) of the Social Security Act or Tribal Payee (see Payments in Section VI). If payment is not directed to an SDU/Tribal Payee or this IWO is not regular on its face, you *must* check this box and return the IWO to the sender.

If Required by State or Tribal Law:
Issuing Official: _____
Print Name of Issuing Official: <<PrintFullNameComplianceCoreProcessManager-Sharon Keri>>
Title of Issuing Official: Process Manager
Date of Signature: <<Date>>

If the employee/obligor works in a state or for a tribe that is different from the state or tribe that issued this order, a copy of this IWO must be provided to the employee/obligor.

If checked, the employer/income withholder must provide a copy of this form to the employee/obligor.

VI. ADDITIONAL INFORMATION FOR EMPLOYERS/INCOME WITHHOLDERS: (Completed by the Sender)

State-specific contact and withholding information can be found on the Federal Employer Services website located at www.acf.hhs.gov/css/resource/state-income-withholding-contacts-and-program-requirements.

Employers/income withholders may use OCSE's Child Support Portal (<https://ocsp.acf.hhs.gov/csp/>) to provide information about employees who are eligible to receive a lump sum payment, have terminated employment, and to provide contacts, addresses, and other information about their company.

Priority: Withholding for support has priority over any other legal process under State law against the same income (section 466(b)(7) of the Social Security Act). If a federal tax levy is in effect, please notify the sender.

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Payments: You must send child support payments payable by income withholding to the appropriate State Disbursement Unit or to a tribal CSE agency within 7 business days, or fewer if required by state law, after the date the income would have been paid to the employee/obligor and include the date you withheld the support from his or her income. You may combine withheld amounts from more than one employee/obligor's income in a single payment as long as you separately identify each employee/obligor's portion of the payment. Child support payments may not be made through the federal Office of Child Support Enforcement (OCSE) Child Support Portal.

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Employer's Name: <<Employer/Income Withholder's Name>> Employer FEIN: <<Employer FEIN Number>>
Employee/Obligor's Name: <<NCPLastName>>, <<NCPFirstName>>, <<NCPMiddleInitial>> SSN: <<NCP SSN>>
CSP Agency Case Identifier: <<CSPCaseNum>> Order Identifier: <<DepositoryNumber>>

Lump Sum Payments: You may be required to notify a state or tribal CSP agency of upcoming lump sum payments to this employee/obligor such as bonuses, commissions, or severance pay. Contact the sender to determine if you are required to report and/or withhold lump sum payments. Employers/income withholders may use OCSE's Child Support Portal (ocsp.acf.hhs.gov/csp/) to provide information about employees who are eligible to receive lump sum payments and to provide contacts, addresses, and other information about their companies. Child support payments may not be made through the federal OCSE Child Support Portal.

Liability: If you have any doubts about the validity of this IWO, contact the sender. If you fail to withhold income from the employee/obligor's income as the IWO directs, you are liable for both the accumulated amount you should have withheld and any penalties set by state or tribal law/procedure.

Anti-discrimination: You are subject to a fine determined under state or tribal law for discharging an employee/obligor from employment, refusing to employ, or taking disciplinary action against an employee/obligor because of this IWO. (Section 61.1301(2)(e)9, Florida Statutes)

Arrears greater than 12 weeks? If the **Order Information** section does not indicate that the arrears are greater than 12 weeks, then the employer should calculate the CCPA limit using the lower percentage.

Supplemental Information: The specific rules for prorating support deductions when the person has multiple cases are stated in section 61.1301(4), Florida Statutes. Please contact us by calling the phone number given below if you have questions.

<<OPTION 1>>

If the employee's work state is Florida, you may collect up to \$5 against this employee's income to reimburse you for administrative costs for the first income deduction and up to \$2 for each deduction thereafter.

Collection of Arrears upon Emancipation of Child: If the employee/obligor's current support obligation is reduced or terminated due to emancipation of a child and the obligor owes an arrearage, retroactive support, delinquency, or costs, you must continue to deduct income at the rate in effect immediately prior to emancipation until all arrearages, retroactive support, delinquency, and costs are paid in full or until the amount of withholding is modified by a court or administrative order.

As of the date of this notice, the past-due amount owed is \$<<TotalPastDue>>. Upon payment in full of the past-due amount, deduct \$<<AmountReducedTo>> per <<Frequency>>.

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VII. NOTIFICATION OF EMPLOYMENT TERMINATION OR INCOME STATUS: (Completed by the Employer/Income Withholder) If this employee/obligor never worked for you or you are no longer withholding income for this employee/obligor, you must promptly notify the CSP agency and/or the sender by returning this form to the address listed in the **Contact Information** section below or using OCSE's Child Support Portal (ocsp.acf.hhs.gov/csp/). Please report the new employer or income withholder, if known.

- This person has never worked for this employer nor received periodic income.
- This person no longer works for this employer nor receives periodic income.

Please provide the following information for the employee/obligor:

Termination date: _____ Last known phone number: _____

Last known address: _____

Final payment date to SDU/ tribal payee: _____ Final payment amount: _____

New employer's name: _____

New employer's address: _____

VIII. CONTACT INFORMATION: (Completed by the Sender)

To Employer/Income Withholder: If you have any questions, contact Florida Department of Revenue (sender) by telephone: 850-617-8989, by fax, by email, or website:

<<InsertAppropriateFDORInternetAddr>>.

Send termination/income status notice and other correspondence to:

<<GenTaxWorldCentralAddress1>>, <<GenTaxWorldCentralAddress2>> (sender address).

To Employee/Obligor: If the employee/obligor has questions, contact Florida Department of Revenue (sender name) by telephone: <<CountyPhoneNumber>>, by fax, by email, or website:

<<InsertAppropriateFDORInternetAddr>>.

IMPORTANT: The person completing this form is advised that the information may be shared with the employee/obligor.

Encryption Requirements:

When communicating this form through electronic transmission, precautions must be taken to ensure the security of the data. Child support agencies are encouraged to use the electronic applications provided by the federal Office of Child Support Enforcement. Other electronic means, such as encrypted attachments to emails, may be used if the encryption method is compliant with Federal Information Processing Standard (FIPS) Publication 140-2 (FIPS PUB 140-2).

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PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to provide uniformity and standardization. Public reporting burden for this collection of information is estimated to average two to five minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a mandatory collection of information in accordance with 45 CFR 303.100 of the Child Support Enforcement Program. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. If you have any comments on this collection of information, please contact the Employer Services Team by email at employerservices@acf.hhs.gov.

Option 1 (When an amended Income Withholding notice is sent due to a change in the obligation amount or a change to the remittance identification number)

A. The amended Income Withholding for Support notice is being sent to you because the obligation amount has changed on the case.

B. The amended Income Withholding for Support notice is being sent to you because the remittance ID number has changed. **(if A. Condition is not met)**

C. Leave blank **(if A. or B. Conditions are not met)**

NOTE: CAMS must place an "X" in the appropriate box for the following line.

Arrears greater than 12 weeks? Yes No

NOTE: CAMS must place an "X" in the appropriate box for the following line.

Collection of Arrears upon Emancipation of Child:

The EFT/EDT phone number is 888-883-0743

NOTE: Notification of Termination of Employment must be on its own page.

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