



Child Support Program

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

Notice of Noncooperation

<<CPName>>
<<CPAddress>>

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

Other Parent: <<NCPName>>

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

<<Option 1>>

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

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

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

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

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

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### Request for Informal Review

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

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

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

I am requesting an informal review because:

(Please explain)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I want to have a review by phone.

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

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

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

Printed Name: <<CPName>>

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

Email: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Return this form to:

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

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**Option 1 (Only one option is populated)**

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

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Child Support Program

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

Request to Not Cooperate

<<CPName>>
<<CPAddress>>

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

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

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

You can request approval to not cooperate if:

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

Important

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

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

Table with contact 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: <<CountyPhoneNumber>>, Para asistencia en español, llame al 850-488-5437 y marque 7. Employment and other resources: <<FDOR Page>>

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# Request to Not Cooperate

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

Other Parent: <<NCPName>>

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

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

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

The court case number is \_\_\_\_\_.

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

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

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

- I have included additional documents

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

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

Printed Name: <<CPName>>

Email Address: \_\_\_\_\_

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

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Child Support Program

CS-CF11  
Rule 12E-1.008  
Florida Administrative Code  
Effective xx/xx

Notice of Decision on  
Request to Not Cooperate

┌ <<CPName>>  
<<CPAddress>>

└

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

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

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

For more information, visit <<InsertAppropriateFDORInternetAddr>>.

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



### Request for Review Request to Not Cooperate

Child Support Case Number: <<CaseNumber>>

Other Parent: <<NCPName>>

Activity number: <<activity number>>

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

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I have included additional documents

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

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

Printed Name: <<CPName>>

Email Address: \_\_\_\_\_

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



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**Option 1 (only one can be populated)**

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

B. denied.

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

The form was not signed.

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

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

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

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

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

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





Child Support Program

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

<<NCPName>>  
<<NCPAddress>>

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

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

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

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

<<Option 5>>

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

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<<Option 6>>

<<Option 7>>

To contest you must:

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

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

This address is not a Child Support office location.

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

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### Option 1 [Select A or B]

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

### Option 2

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

### Option 3 [Select A or B]

#### A. Compliance [Nonpayment of support]

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

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

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

### Option 4 [Select A or B]

#### A. Compliance [Nonpayment of support]

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

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

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

### Option 5 [Select A or B]

#### A. Compliance [Nonpayment of support]

**Legal Authority:** Sections 61.13016 and 322.058, Florida Statutes.

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

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

### **Option 6 [Select A or B]**

#### **A. Compliance [Nonpayment of support]**

##### **Enter into a payment plan**

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

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

##### **Provide documents showing you are unable to pay**

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

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

Documents are also needed if you are:

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

##### **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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