



Child Support Program

CS-EF210
Rule 12E-1.031
Florida Administrative Code
Effective xx/xx

Notice of Proceeding to Establish the Amount Owed for
Medical Expenses Not Covered by Insurance

<<RecipientName>>
<<RecipientAddress>>



<<Date>>

Child Support Case Number: <<CSECaseNum>>
Depository Number: <<DepNum>>
Activity Number: <<ActivityNum>>
Parent Owed Support: <<CPFfirstMiddleLastSffx>>
Parent Who Owes Support: <<NCPfirstMiddleLastSffx>>

- 1. We have started an action to establish the amount you owe for medical expenses not covered by insurance for your minor child(ren).
2. This action is based on:
- The support order entered by <<Option 1>> on <<date of original or recently modified support order>> which requires you to pay <<NCP noncovered medical expense % obligation>> percent of the medical expenses for your minor child(ren).
- The other parent's written statement.
- Proof of medical expenses and payment by the other parent. Copies of the expenses, proof of payment and the other parent's statement are included with this notice.
3. Based on the information we were given by the other parent, you owe \$<<proposed amount of noncovered medical expenses owed>> in medical expenses not covered by insurance from <<date of earliest expense incurred> to <date of latest expense incurred>>for:
<<DP1 first name, middle initial, last name, suffix>>
<<DP2 first name, middle initial, last name, suffix>>
<<DP3 first name, middle initial, last name, suffix>>

<<Option 2>>

<<Option 3>>

- 5. You have the right to contest this action if you disagree that you owe the amount stated in paragraph 3.

<<Option 4>>

XXXX
XXXX
XXXX
XXXX
XXXX
XXXX
XXXX
XXXX
XXXX
XXXX
XXXX
XXXX



6. If you do not timely file a motion or petition to contest the amount, you will owe the amount claimed in this notice.
7. If the amount owed is determined after a hearing or becomes final because you did not file a timely motion or petition to contest, we will begin collection action. We can collect by using any remedies available to collect child support.
8. This action is authorized by section 409.25635, Florida Statutes.

To contact us call <<CountyPhoneNumber>>.

<<Option 5>>

XXXX
XXXX
XXXX
XXXX
XXXX
XXXX
XXXX
XXXX
XXXX
XXXX
XXXX
XXXX
XXXX
XXXX
XXXX

T

OPTION 1 (either A or B, not Both)

- A. the Department of Revenue **(Use when FDOR entered an administrative order)**
- B. the court in<<County>> County, <<State>> **(use when order is judicial)**

OPTION 2 (system automatically populates the following verbiage if one or more medical expenses were determined to be ineligible even after notifying the CP and a CS-EF209 “Notice of Medical Expenses Not Eligible for Reimbursement” is to be attached to this form for NCP notification.)

- A. We calculated the total owed by subtracting the ineligible medical expenses (see attached Notice of Medical Expenses Not Eligible for Reimbursement - CS-EF209), from the total amount of medical expenses claimed by the other parent, (see attached Statement of Medical Expenses Not Covered by Insurance - CS-EF205).
- B. We filed the Notice of Proceeding to Establish Amount Owed for Medical Expenses Not Covered by Insurance with the Clerk of Court. Your copy is enclosed. **(Use this option when the CS-EF210 is being used as a cover letter when sending copies of the EF210 & EF211 to the CP and NCP IP E-030-120-350)**

OPTION 3 (the system shall auto-populate OPTION 3A verbiage if the \$<proposed noncovered medical expense repayment obligation amount> field contains a dollar amount, else the system shall auto-populate with OPTION 3B verbiage.)

- A. The amount owed is to be paid at \$<<proposed noncovered medical expense repayment obligation amount>> per <<Proposed noncovered medical expense repayment obligation frequency>> effective <<Proposed noncovered medical expense repayment obligation effective date>>.

- 4. If you agree you owe this amount, send the periodic payment amounts indicated above to the Florida State Disbursement Unit at:

Florida State Disbursement Unit

<<SDUAddress>>

B.

- 4. If you agree you owe this amount, send payment in full to the Florida State Disbursement Unit at:

Florida State Disbursement Unit

<<SDUAddress>>

Or you may contact us to work out a payment plan.

OPTION 4 (if the original or recently modified order is judicial or from another state the system shall auto-populate OPTION 4A; else the system shall auto-populate OPTION 4B)

A - To contest:

- You must file a motion in circuit court within 25 days after the date of this notice.
- You must provide a copy of the motion to the Department at:

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

- You cannot file a petition with the Department. You must file in circuit court.

If you contest, the circuit court will determine the amount owed and enter judgment as appropriate.

B - To contest:

- You must file a petition with the Department within 25 days after the date this notice was mailed.
- You must follow the procedures set out in the attached Notice of Rights.

If you contest, the Department will determine the amount owed and enter a final order as appropriate.

**OPTION 5 – (system populates only if OPTION 4B was selected above)
(Design Note – if OPTION 6 verbiage is included, there should be a page break here so that the Notice of Rights begins on the next page)**

Notice of Rights

1. You have the right to an administrative hearing under sections 120.569 and 120.57(1), Florida Statutes. If you want a hearing, you must file a “Petition for Administrative Hearing” within 25 days after receipt of this notice. A petition is not considered filed until the Department receives it. Send your petition to the Department’s Deputy Agency Clerk at the following address:

Florida Department of Revenue
Child Support Program
Attention: Deputy Agency Clerk
<<GenTaxworldCentralAddress1>>
<<GenTaxworldCentralAddress2>>

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

2. If you disagree about issues of material fact, you may ask for a formal hearing as required by Rule 28-106.301, Florida Administrative Code. A copy of the rule can be found at www.flrules.org.

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

3. If you agree with the Department on all issues of material fact, you may ask for an informal hearing. A petition for an informal hearing must be in the same form as required by Rule 28-106.301, Florida Administrative Code. A copy of the rule can be found at www.flrules.org.

At an informal hearing, you may represent yourself or hire a lawyer. You or your lawyer may ask questions, tell us about your situation and submit documents.

4. Mediation under section 120.573, Florida Statutes, is not available.

Design Note for #3- Form must accommodate all dependents. Three are shown just as an example.

Notice of Rights must be on its own page. Inserter marks will be needed.

Copy of the CS-EF210 & EF211 are sent to both NCP and CP.

Taxworld general address:

5050 West Tennessee Street, Building L
Tallahassee, FL 32399-0195