



Child Support Program

Request for Support Order Review

If your address has changed, provide new address here:

[Empty address form box]

<<date>>

Child Support Case Number: <<CSECaseNum>>

Parent ordered to receive support: <<INSERT CP>>

Parent ordered to pay support: <<INSERT NCP>>

You asked us to review your support order to see if the ongoing amount should be changed.

We will not review the support order if

- o The last or only child will emancipate in the next six months
- o There is no current support obligation
- o Either parent is in jail
- If a review can proceed, we will ask you to submit information about your current financial situation to determine if there is proof of a permanent and involuntary change in your circumstances.
- If the change is permanent and involuntary, we will ask the other parent to provide information about their current financial situation. We will use financial information from both of you to determine if the change is substantial.
- If the change is permanent, involuntary, and substantial we will take action to change the order, as long as we are providing services.
- If Florida does not have jurisdiction to change the order, we will send the request to the state that has jurisdiction.

If we review the order and take legal action to change it

- You will get notice of any legal action we take.
- The amount due under the order and/or the health insurance terms of the order could be changed, upward or downward. If the order is changed, we will enforce the terms of the new order.

If you want us to review your support order

- Fill in all the information on the other side of this form.
- Sign and date the form.
- Mail this form to:

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

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

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T

Please review my support order with <<NonRequestingPartyName>>

The child(ren) lives with you

The child(ren) lives with the other parent

Child Support Case Number: <<CSECaseNum>>

Last four digits of your Social Security Number: _____
(If known)

Print your full name

Address

Signature

City, State, Zip

Date

Phone number

Legal Authority: The state's child support guidelines are at section 61.30, Florida Statutes.

To contact us call <<CountyPhoneNumber>>.

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T

The system will automatically check the box on page 2 (see below) indicating who the form is being mailed to.

The child(ren) lives with you

The child(ren) lives with the other parent

Taxworld general address:

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