

AGENDA
FLORIDA DEPARTMENT OF REVENUE

Meeting Material Available on the web at:
<http://floridarevenue.com/opengovt/Pages/meetings.aspx>

MEMBERS

Governor Ron DeSantis
Attorney General Ashley Moody
Chief Financial Officer Jimmy Patronis
Commissioner Nikki Fried

September 22, 2020

Contacts: Debra J. Longman, Director
Office of Legislative and Cabinet Services
(850) 617-8324

Jamie Peate, Legislation Specialist
Office of Legislative and Cabinet Services
(850) 617-8324

9:00 A.M
LL-03, The Capitol
Tallahassee, Florida

ITEM	SUBJECT	RECOMMENDATION
1.	Respectfully request approval of the minutes of the December 3, 2019, Cabinet meeting. (ATTACHMENT 1)	RECOMMEND APPROVAL
2.	Respectfully request approval of and authority to publish a Notice of Proposed Rule in the Florida Administrative Register, for rules relating to Child Support and further request approval to file and certify with the Secretary of State for final adoption under Chapter 120, Florida Statutes, if the substance of the proposed rules remains unchanged upon reaching the date applicable for final adoption. (ATTACHMENT 2)	RECOMMEND APPROVAL
3.	Respectfully request approval of and authority to publish Notices of Proposed Rule in the Florida Administrative Register, for rules relating to General Tax Administration and further request approval to file and certify with the Secretary of State for final adoption under Chapter 120, Florida Statutes, if the substance of the proposed rules remains unchanged upon reaching the date applicable for final adoption. (ATTACHMENT 3)	RECOMMEND APPROVAL
4.	Respectfully request approval of and authority to publish a Notice of Proposed Rule in the Florida Administrative Register, for rules relating to Property Tax Oversight and further request approval to file and certify with the Secretary of State for final adoption under Chapter 120, Florida Statutes, if the substance of the proposed rules remains unchanged upon reaching the date applicable for final adoption. (ATTACHMENT 4)	RECOMMEND APPROVAL
5.	Respectfully submit the Department of Revenue's 2021 proposed legislative concepts. (ATTACHMENT 5)	RECOMMEND APPROVAL

ATTACHMENT 2



September 22, 2020

MEMORANDUM

TO: The Honorable Ron DeSantis, Governor
Attention: Beau Beaubien, Director of Cabinet Affairs

The Honorable Jimmy Patronis, Chief Financial Officer
Attention: Tanya Cooper, Director of Cabinet Affairs

The Honorable Ashley Moody, Attorney General
Attention: Dan Olson, Director of Governmental Affairs
Erin Sumpter, Deputy Director of Cabinet Affairs

The Honorable Nikki Fried, Commissioner of Agriculture
Attention: Kyle W. Troop, Director of Cabinet Affairs
Lasha Williams-Potts, Deputy Director of Cabinet Affairs

THRU: Jim Zingale, Executive Director

FROM: Debbie Longman, Director, Legislative and Cabinet Services

SUBJECT: Requesting Approval to File Notice of Proposed Rules and Hold Public Hearings; and Requesting Approval of Filing and Certifying Proposed Rules for Final Adoption if the Rules Remain Unchanged

Statement of Sections 120.54(3)(b) and 120.541, F.S. Impact: No impact.

The Department has reviewed the proposed rules for compliance with Sections 120.54(3)(b) and 120.541, F.S. The proposed rules will not likely have an adverse impact on small business, small counties, or small cities, and are not likely to have an increased regulatory cost in excess of \$200,000 within 1 year. Additionally, the proposed rules are not likely to have an adverse impact or increased regulatory costs in excess of \$1,000,000 within 5 years.

What is the Department requesting? Section 120.54(3)(a), F.S., requires the Department to obtain Cabinet approval to hold public hearings for the development of proposed rules. The Department therefore requests approval to publish a Notice of Proposed Rule in the *Florida Administrative Register* for the following rules:

- 12E-1.008, F.A.C., Determination of Cooperation; Determination of Noncooperation; Determination of Good Cause
- 12E-1.011, F.A.C., Lottery Intercept

- 12E-1.012, F.A.C., Consumer Reporting Agencies
- 12E-1.023, F.A.C., Suspension of Driver License; Suspension of Motor Vehicle Registration
- 12E-1.028, F.A.C., Garnishment by Levy
- 12E-1.030, F.A.C., Administrative Establishment of Child Support Obligations
- 12E-1.031, F.A.C., Noncovered Medical Expenses
- 12E-1.036, F.A.C., Administrative Establishment of Paternity and Support Obligations
- 12E-1.039, F.A.C., Request for Services

The Department further requests final adoption of these rules and approval to file and certify the rules with the Secretary of State pursuant to s. 120.54(3)(e)1., F.S., if the substance of the proposed rules [including materials incorporated by reference, if any] remain unchanged upon reaching the date applicable to filing for final adoption pursuant to s. 120.54(3)(e)2., F.S.

Why are the proposed rules necessary?

The Child Support Program has eliminated the need for customers to come into an office to receive services in child support proceedings. The proposed amendments to nine child support program rules are necessary to adopt, by reference, all forms used in child support proceedings amended to provide how to obtain services without coming into an office.

Section 4, Chapter 2019-72, L.O.F., amended section 117.05(13), F.S., to authorize public notaries to perform notarial acts using electronic means in which the principal appears before the notary public by means of audio-video communication technology. Proposed amendments to two forms are necessary to include provisions for online notarization.

What do the proposed rules do?

The proposed amendments to Rules 12E-1.008, 12E-1.011, 12E-1.012, 12E-1.023, 12E-1.028, 12E-1.030, 12E-1.031, 12E-1.036, and 12E-1.039, F.A.C., adopt, by reference, all forms used in child support proceedings which provide how to obtain services without coming into an office. In addition, the proposed amendments to two of these forms contain affidavits for financial information which provide for online notarization.

What external interest is anticipated? None.

Were comments received from external parties? No.

A Notice of Proposed Rule Development was published in the Florida Administrative Register to advise the public of the proposed changes and to provide that, if requested in writing and not deemed unnecessary by the agency head, a rule development workshop would be noticed in the next available Florida Administrative Register. No request has been received, and no workshop has been held. No written comments have been received by the Department.

For each rule, attached are copies of:

- Summaries of the proposed rules, which include:
 - Statements of facts and circumstances justifying the rules
 - Federal comparison statements
 - Summary of the workshop
- Rule text
- Incorporated materials

STATE OF FLORIDA
DEPARTMENT OF REVENUE
CHAPTER 12E-1, FLORIDA ADMINISTRATIVE CODE
CHILD SUPPORT PROGRAM

AMENDING RULES 12E-1.008, 1.011, 1.012, 1.023, 1.028, 1.029, 1.030, 1.036 AND 1.039

SUMMARY OF PROPOSED RULES

The proposed amendments to Rules 12E-1.008, 1.011, 1.012, 1.023, 1.028, 1.029, 1.030, 1.036 and 1.039, adopt, by reference, forms used in paternity and child support proceedings which have been updated to provide how to obtain services without coming into an office. In addition, the proposed amendments to two forms contain affidavits for financial information which provide for online notarization.

FACTS AND CIRCUMSTANCES JUSTIFYING PROPOSED RULES

The proposed amendments are necessary to incorporate, by reference, updates to forms used in paternity and child support proceedings, to advise how to obtain services without coming into an office. In addition, Chapter 2019-71, L.O.F., amended section 117.05(13), F.S., to authorize public notaries to perform notarial acts using electronic means in which the principal appears before the notary public by means of audio-video communication technology. The proposed amendments to Rules 12E-1.008, 1.011, 1.012, 1.023, 1.028, 1.029, 1.030, 1.036 and 1.039, F.A.C., are necessary to incorporate, by reference, updated forms providing how to obtain services without coming into an office, and, when required, allow for online notarization.

FEDERAL COMPARISON STATEMENT

The provisions contained in these rules do not conflict with comparable federal laws, policies, or standards.

SUMMARY OF RULE DEVELOPMENT WORKSHOP

AUGUST 24,2020

A Notice of Proposed Rule Development was published in the *Florida Administrative Register* on August 24, 2020 (Vol. 46, No. 165, pp. 3351-3352), to advise the public of the proposed changes to the rule and to provide that, if requested in writing, and not deemed unnecessary by the agency head a rule development workshop would be noticed in the next available *Florida Administrative Register*. No request has been received, and no workshop has been held. No written comments have been received by the Department.

NOTICE OF PROPOSED RULE

DEPARTMENT OF REVENUE

CHILD SUPPORT PROGRAM

RULE NO: RULE TITLE:

- 12E-1.008 Determination of Cooperation; Determination of Noncooperation;
 Determination of Good Cause
- 12E-1.011 Lottery Intercept
- 12E-1.012 Consumer Reporting Agencies
- 12E-1.023 Suspension of Driver License; Suspension of Motor Vehicle Registration
- 12E-1.028 Garnishment by Levy
- 12E-1.030 Administrative Establishment of Child Support Obligations
- 12E-1.031 Noncovered Medical Expenses
- 12E-1.036 Administrative Establishment of Paternity and Support Obligations
- 12E-1.039 Request for Services

PURPOSE AND EFFECT: The purpose of the proposed amendments is to provide child support services and proceedings that will no longer require customers to come into an office to receive services. In addition, Chapter 2019-71, L.O.F., amended section 117.05(13), F.S., to authorize public notaries to perform notarial acts using electronic means in which the principal appears before the notary public by means of audio-video communication technology. The proposed amendments are also necessary to incorporate updates to provide for online notarization of two forms required by Florida Statutes to be notarized. When in effect, Rules 12E-1.008, 12E-1.011, 12E-1.012, 12E-1.023, 12E-1.028, 12E-1.030, 12E-1.031, 12E-1.036, and 12E-1.039, F.A.C., will incorporate, by reference, forms used in paternity and child support proceedings which

provide how to obtain services without coming into an office, and allow for online notarization.

SUMMARY: The proposed amendments to Rules 12E-1.008, 1.011, 1.012, 1.023, 1.028, 1.029, 1.030, 1.036 and 1.039, adopt, by reference, forms used in paternity and child support proceedings which have been updated to provide how to obtain services without coming into an office, and allow for online notarization.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COSTS AND

LEGISLATIVE RATIFICATION: The Agency has determined that these rules will not have an adverse impact on small business or likely increase directly or indirectly regulatory costs in excess of \$200,000 in the aggregate within one year after the implementation of the rules. A Statement of Estimated Regulatory Cost has not been prepared by the agency. The Agency has determined that the proposed rules are not expected to require legislative ratification based on the Statement of Estimated Regulatory Cost or if no Statement of Estimated Regulatory Cost is required, the information expressly relied upon and described herein: 1) no requirement for the Statement of Economic Regulatory Costs (SERC) was triggered under Section 120.541(1), F.S.; and 2) based on past experiences regarding rules of this nature, the adverse impact or regulatory cost, if any, do not exceed nor would exceed any one of the economic analysis criteria in a SERC, as set forth in Section 120.541(2)(a), F.S. Any person wishing to provide information regarding a Statement of Estimated Regulatory Costs, or provide a proposal for a lower cost regulatory alternative, must do so in writing within 21 days of this notice.

RULEMAKING AUTHORITY: 61.13(1)(b)7., 61.1354(5), 61.14(1)(d), 409.25656(11), 409.2557, 409.2557(3), 409.2557(3)(h), 409.2557(3)(i), 409.2557(3)(j), 409.2557(3)(p), 409.256(17), 409.2563(7)(e), 409.25633(9), 409.25635(9), 409.2563(16), 409.25633(9), FS.
LAW IMPLEMENTED: 24.115(4), 61.13016, 61.1354, 61.17, 322.058, 409.256, 409.2563,

409.25633, 409.25635, 409.25656, 409.2567, 409.2572 FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE SCHEDULED AND ANNOUNCED IN THE FAR.

NOTICE UNDER THE AMERICANS WITH DISABILITIES ACT: Any person requiring special accommodations to participate in any rulemaking proceeding before the Child Support Program is asked to advise the Department at least 48 hours before such proceeding by contacting Bobby York at (850) 617-8037. Persons with hearing or speech impairments may contact the Department by using the Florida Relay Service, which can be reached at (800) 955-8770 (Voice) and (800) 955-8771 (TTY).

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Bobby York, Government Analyst II, Child Support Program, Department of Revenue, P.O. Box 8030, Mail Stop 2-4464, Tallahassee, Florida 32314-8030, Telephone: (850) 617-8037

THE FULL TEXT OF THE PROPOSED RULE IS:

12E-1.008 Determination of Cooperation; Determination of Noncooperation;

Determination of Good Cause.

(1) and (2) No change.

(3) Determination of Noncooperation. If a recipient of public assistance does not cooperate with the Department as provided by section 409.2572, F.S., and subsection (2), the Department will mail the Notice of Noncooperation (CS-CF07), incorporated herein by reference, effective _____09/18, (http://www.flrules.org/Gateway/reference.asp?No=Ref-_____09855) to the recipient at the last known address provided to the Department.

(a) through (c) No change.

(4) No change.

(5) No change.

(a) When an applicant or recipient states he or she does not want to cooperate because doing so will endanger the recipient or child(ren), the recipient must complete, sign and return the Request to Not Cooperate (CS-CF08) form, incorporated herein by reference, effective ____09/18, (http://www.flrules.org/Gateway/reference.asp?No=Ref-____09856) with supporting documents within 20 days after the date of the Request to Not Cooperate. If the recipient does not provide documentation timely or the documentation is not sufficient to support the claim that cooperation may endanger the recipient or child, the Department denies the request to not cooperate and proceeds with establishing paternity, support, or paternity and support.

(b) through (e) No change.

(6) No change.

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

12E-1.011 Lottery Intercept.

(1) through (3) No change.

(4) Notification of Intercept.

(a) The Department will notify the obligor by regular U.S. mail, that the prize money is being intercepted and will be applied to the balance of past-due support. The Notice of Intent to Deduct Lottery Winnings (CS-EF160), incorporated herein by reference, effective ____09/18, (http://www.flrules.org/Gateway/reference.asp?No=Ref-____09859) will be sent to the address provided by the obligor to the Department of the Lottery. The obligor may request an administrative hearing as set forth in chapter 120, F.S., to contest a mistake of fact about the

amount of past-due support or the identity of the obligor.

(b) and (c) No change.

(5) No change.

Rulemaking Authority 409.2557(3) FS. Law Implemented 24.115(4) FS. History—New 6-17-92, Amended 7-20-94, Formerly 10C-25.008, Amended 1-23-03, 9-17-18,_____.

12E-1.012 Consumer Reporting Agencies.

(1) through (3) No change.

(4) Notice and Right to Hearing.

(a) Before releasing a report or providing information concerning an obligor under this section the Department shall send the obligor by regular mail to his or her last known address a Notice of Intent to Report to Consumer Reporting Agencies, Form CS-EF32, incorporated herein by reference, effective ____09/19/2017, (http://www.flrules.org/Gateway/reference.asp?No=Ref-____08617). The notice must inform the obligor that:

1. through 6. No change.

(b) An obligor may contest the Department's reporting of overdue support to consumer reporting agencies. To contest:

1. and 2. No change.

3. When the review is concluded, the Department shall hand-deliver or send the obligor by regular mail a Notice of Decision Concerning Report to Consumer Reporting Agencies, Form CS-EF62, incorporated herein by reference, effective 09/19/2017, (<http://www.flrules.org/Gateway/reference.asp?No=Ref-08618>). The notice must inform the

obligor whether the Department intends to report the obligor's overdue support amount to the consumer reporting agencies. The notice must inform the obligor of the right under chapter 120, F.S., to file a petition for administrative hearing to contest the accuracy of the information to be reported.

4. No change.

(5) and (6) No change.

Rulemaking Authority 61.1354(5), 409.2557 FS. Law Implemented 61.1354 FS. History—New 6-17-92, Amended 7-20-94, Formerly 10C-25.009, Amended 10-22-00, 10-30-06, 9-19-17,_____.

12E-1.023 Suspension of Driver License; Suspension of Motor Vehicle Registration.

(1) through (3) No change.

(4) Notice to Obligor of Intent to Suspend Driver License; Notice to Suspend Motor Vehicle Registration.

(a) In accordance with Section 61.13016(1), F.S., the Department shall send to the obligor by regular mail a Notice of Intent to Suspend Driver License and Motor Vehicle Registration(s), Form CS-EF55, incorporated herein by reference, effective _____03/20, (http://www.flrules.org/Gateway/reference.asp?No=Ref-_____41778), Notice shall be mailed to the obligor's address of record with the Department of Highway Safety and Motor Vehicles.

(b) and (c) No change.

(5) through (8) No change.

Rulemaking Authority 409.2557(3)(i) FS. Law Implemented 61.13016, 322.058 FS. History—New 7-20-94, Formerly 10C-25.020, Amended 3-6-02, 9-19-17, 3-25-20,_____.

12E-1.028 Garnishment by Levy.

(1) through (5) No change.

(6) Notice of Intent to Levy.

(a) The Department sends a Notice of Intent to Levy (CS-EF122) by certified mail, return receipt requested to the obligor providing notice of its intent to levy on the obligor's personal property. The Notice of Intent to Levy (CS-EF122) is incorporated herein by reference, effective ____04/20, (http://www.flrules.org/Gateway/reference.asp?No=Ref-____41825).

(b) No change.

(7) through (13) No change.

Rulemaking Authority 409.2557(3)(i), 409.25656(11) FS. Law Implemented 409.25656 FS.

History—New 4-3-02, Amended 4-16-20,_____.

12E-1.030 Administrative Establishment of Child Support Obligations.

(1) through (3) No change.

(4) Obtaining Cooperation from the Petitioner.

(a) If a case is eligible for establishment of an administrative support order the Department must obtain cooperation from the petitioner before serving notice on the respondent. To obtain cooperation, the Department mails the petitioner Form CS-ES96, Request for Information Administrative Support Action, incorporated herein by reference, effective ____08/19, (http://www.flrules.org/Gateway/reference.asp?No=Ref-____41087); the Financial Affidavit Administrative Proceeding (CS-OA11); the Parent Information Form (CS-OA12); and the Title IV-D Standard Parenting Time Plan (CS-OA250), except as provided by paragraph (6)(a). Forms CS-OA11 and CS-OA12 are incorporated by reference in Rule 12E-1.036, F.A.C. Form CS-

OA250 is available at www.floridarevenue.com/childsupport/parenting_time_plans. The petitioner has 20 days after the mailing date of the forms to complete and return them. If the action was requested by another state's Title IV-D agency, the petitioner has 45 days after the mailing date of the forms to complete and return them.

(b) and (c) No change.

(5) through (13) No change.

(14) Modifying an Administrative Support Order.

(a) No change.

(b) A parent or caregiver may request in writing that the Department modify an administrative support order by completing Form CS-PO200, Request for Support Order Review, hereby incorporated by reference, effective 09/19/2017, (<http://www.flrules.org/Gateway/reference.asp?No=Ref-08624>).

(c) No change.

(d) The Department shall notify the parents or caregiver when it begins a proceeding to modify the support obligation of an Administrative Support Order.

1. The Department uses Form CS-OA120R, Proposed Order to Modify Administrative Support Order, hereby incorporated by reference, effective 09/18, (<http://www.flrules.org/Gateway/reference.asp?No=Ref-09862>), to modify the support obligation amount when a review indicates a modification is appropriate. If the party that did not request the review responds during the support order review, the Department sends the proposed order by regular mail to both parties to their addresses of record. If the non-requesting party does not participate in the support order review, the Department shall attempt to serve the proposed order on the non-requesting party by certified mail or personal service. If service is not

accomplished by certified mail or personal service, the Department shall send the non-requesting party the proposed order by regular mail to the non-requesting party's address of record. If the proposed order is not contested by either party within 30 days of service by certified mail or personal service, or 35 days after the Notice is sent by regular mail, the Department prepares and renders Form CS-OA140R, Final Modified Administrative Support Order, hereby incorporated by reference, effective 08/19, (<http://www.flrules.org/Gateway/reference.asp?No=Ref-11088>). Under section 409.2563(13)(c), F.S., a party to an administrative proceeding has a continuing duty to provide the Department with a current mailing address after being served with an initial notice under paragraph (5)(b) of this rule, and the party is presumed to receive a subsequent notice, proposed order or other document mailed to the party's address of record including a proposed order to modify support.

2. and 3. No change.

(15) through (18) No change.

Rulemaking Authority 61.13(1)(b)7., 61.14(1)(d), 409.2557(3)(p), 409.2563(7)(e), 409.2563(16), 409.25633(9) FS. Law Implemented 409.2563, 409.25633 FS. History—New 9-19-17, Amended 1-17-18, 9-17-18, 8-28-19, _____.

12E-1.031 Noncovered Medical Expenses.

(1) through (4) No change.

(5) Determination of Eligible and Ineligible Expenses.

(a) through (c) No change.

(d) If the obligee does not return the Statement of Medical Expenses Not Covered by Insurance (CS-EF205), Worksheet for Medical Expenses Not Covered by Insurance (CS-EF206),

and supporting documents within 30 calendar days the request is considered abandoned and the Department closes the request for services.

1. The Department will send the obligee, by regular mail, a Status Update Medical Expenses Not Covered by Insurance (CS-EF208) (http://www.flrules.org/Gateway/reference.asp?No=Ref-____06589), incorporated herein by reference effective ____4/5/16, to inform the obligee the information did not arrive timely.

2. and 3. No change.

(e) through (g) No change.

(6) Notice of Proceeding. When the Department determines expenses claimed by the obligee as noncovered medical expenses are subject to reimbursement by the obligor, the Department will send the obligor, by regular mail, the Notice of Proceeding to Establish the Amount Owed for Medical Expenses Not Covered by Insurance (CS-EF210) (http://www.flrules.org/Gateway/reference.asp?No=Ref-____06591), incorporated herein by reference effective ____4/5/16, by regular mail.

(7) and (8) No change.

Rulemaking Authority 61.13(1)(b)7., 409.25635(9), 409.2557(3)(j) FS. Law Implemented 61.17, 409.25635 FS. History—New 4-5-16,_____.

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

(1) through (4) No change.

(5) Obtaining Cooperation from the Mother or Caregiver.

(a) If a case is eligible for establishment of an administrative paternity order, the Department must obtain cooperation from the mother or caregiver before serving notice on the respondent.

To obtain cooperation, the Department mails Form CS-OP05, Notice of Genetic Testing Appointment, hereby incorporated by reference, effective ____09/19/2017, (http://www.flrules.org/Gateway/reference.asp?No=Ref-____08995), by regular mail to the mother or caregiver. The CS-OP05 informs the mother or caregiver where and when to appear to provide a sample for genetic testing, and it also informs the mother or caregiver to bring the child(ren) named on the form to be tested.

(b) and (c) No change.

(6) No change.

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

(a) Notice of Proceeding to Establish Paternity or Paternity and Administrative Support Requirements. The Department will serve the alleged father with Form CS-OP01, Notice of Administrative Proceeding to Establish Paternity, hereby incorporated by reference, effective 1/18, (<http://www.flrules.org/Gateway/reference.asp?No=Ref-08994>), hereafter referred to as the Notice of Proceeding. The Department will send the alleged father Form CS-OP02, Order to Appear for Genetic Testing, incorporated by reference, effective ____04/16, (http://www.flrules.org/Gateway/reference.asp?No=Ref-____06601), with the Notice of Proceeding and a copy of the Paternity Declaration, CS-PO34, or an affidavit that names the alleged father. The Notice of Proceeding will be served on the respondent by certified mail, restricted delivery, return receipt requested, or by any other means of service that meet the requirements for service of process in a civil action. Once served, the alleged father must notify the Department in writing of any change of address. If the alleged father does not update the Department, the Department will serve by regular mail any other document or resulting order to the address of record and the alleged father is deemed to have received them.

(b) Proceeding in Circuit Court.

1. As allowed by sections 409.256(4)(a)11. and 12., F.S., the alleged father may file a paternity action in circuit court and serve the Department with a copy of the petition. The person ordered to appear must have the petition served on the Deputy Agency Clerk within 20 days after the date he is served the Notice of Proceeding. If the Department is served timely, the administrative proceeding ends and the case proceeds in circuit court. If the alleged father files a petition in circuit court but does not serve the Department in the 20-day time frame, the Department will continue with the administrative establishment proceeding. If the petition is served on the Department timely, the Department will mail the child's mother or caregiver Form CS-OA88, Dismissal of Administrative Proceeding form, hereby incorporated by reference, effective ____09/19/2017, (http://www.flrules.org/Gateway/reference.asp?No=Ref-____08632).

2. Respondent Asks the Department to Proceed in Circuit Court. The respondent may ask the Department to stop the administrative proceeding and proceed in circuit court. The respondent must make this request in writing and the request must be received by the Department within 20 days after being served the Initial Notice. The request from the respondent must state that he requests the Department proceed with the determination of paternity in circuit court or that he has custody matters or parental rights issues which need to be addressed by the court. Oral requests are not accepted. If the respondent files a timely request for the Department to file an action in circuit court, the Department will send the respondent Form CS-OA247, Request for Court Action Status Update, hereby incorporated by reference, effective ____09/19/2017, (http://www.flrules.org/Gateway/reference.asp?No=Ref-____08633). The Department sends the petitioning parent Form CS-OA248, Notice of Court Action Financial Affidavit Needed for

Court, hereby incorporated by reference, effective 09/19/2017,
(<http://www.flrules.org/Gateway/reference.asp?No=Ref-08634>).

3. The Department then sends the petitioning parent Form CS-PO31, Family Law Financial Affidavit (Short Form), hereby incorporated by reference, effective ~~08/19~~,
([http://www.flrules.org/Gateway/reference.asp?No=Ref-____~~11090~~](http://www.flrules.org/Gateway/reference.asp?No=Ref-____11090)). Form CS-PO31 instructs the petitioning parent to contact the Department by phone to request a Family Law Financial Affidavit (Long Form), Form CS-PO30, if the individual's gross income is \$50,000 or more per year. Form CS-PO30 is hereby incorporated by reference, effective ____~~08/19~~,
([http://www.flrules.org/Gateway/reference.asp?No=Ref-____~~11091~~](http://www.flrules.org/Gateway/reference.asp?No=Ref-____11091)). The Department will send the CS-PO30 to the petitioning parent upon request.

4. through 6. No change.

(8) Right to Contest the Order to Appear for Genetic Testing.

(a) No change.

(b) Alleged Father Asks for an Administrative Hearing.

1. In accordance with section 409.256(5)(b), F.S., the person ordered to appear has 15 calendar days from the mailing date of the Notice of Conclusion of Informal Review to ask the Department for an administrative hearing. If the Department receives the request within the 15-day period, the Department will refer the request to the Division of Administrative Hearings. The Department will inform the requestor it sent the request to the Division of Administrative Hearings using the Acknowledgment of Hearing Request Administrative Proceeding form ([http://www.flrules.org/Gateway/reference.asp?No=Ref-____~~06608~~](http://www.flrules.org/Gateway/reference.asp?No=Ref-____06608)), CS-OA55, effective ____~~4/5/16~~, and incorporated by reference. If the Department receives a timely hearing request, it will not continue the proceeding until the Division of Administrative Hearings issues an order,

or the alleged father withdraws his request for a hearing. The Department will mail the Notice of Proceeding, Order to Appear for Genetic Testing, Paternity Declaration, and the alleged father's request for hearing to the Division of Administrative Hearings within 15 calendar days after the receipt of the request for hearing.

2. If the alleged father does not ask for an administrative hearing within the 15-day time frame, the Department will proceed with the administrative proceeding. The alleged father may not ask for an administrative hearing without first requesting an informal review.

(9) through (11) No change.

(12) Proposed Order of Paternity. The Proposed Order of Paternity (http://www.flrules.org/Gateway/reference.asp?No=Ref-____08995), CS-OP30, effective ____4/18, and incorporated by reference, is sent to the alleged father by regular mail to the address of record. The Proposed Order of Paternity informs him that the Department intends to issue a final order establishing him as the legal father of the child or children named in the Proposed Order of Paternity. The Proposed Order of Paternity informs the alleged father of his right to an informal review and to an administrative hearing. The time frames, forms, and procedures for the informal review and administrative hearing are the same as described in paragraph (14)(f) paragraphs (14)(a) and (b). A blank Title IV-D Standard Parenting Time Plan, CS-OA250, is included with form CS-OP30 except as provided by paragraph (6)(a). The Department will:

(a) through (c) No change.

(13) Proceeding to Establish an Administrative Paternity and Support Order.

(a) After paternity has been determined, the Department may serve the alleged father by regular mail at the address of record with the Notice of Proceeding to Establish Administrative

Support Order form (<http://www.flrules.org/Gateway/reference.asp?No=Ref-11092>), CS-OA01, effective 08/19, and incorporated by reference. The CS-OA01 informs the alleged father the Department intends to establish a paternity and a support obligation for the child named in the Notice and explains the steps the Department will take. The CS-OA01 also informs the alleged father of his right to file an action in circuit court or request the Department to proceed in circuit court instead of administratively. The Department will:

1. No change.

2. Send the alleged father the Financial Affidavit Administrative Support Proceeding form (http://www.flrules.org/Gateway/reference.asp?No=Ref-____08640), CS-OA11, effective ____09/19/2017, and incorporated by reference. The CS-OA11 requests information to determine an individual's income for the purpose of calculating the child support guideline amount. Also included in the packet is the Parent Information Form Administrative Support Proceeding (http://www.flrules.org/Gateway/reference.asp?No=Ref-____11093), CS-OA12, effective ____08/19, and incorporated by reference, which asks each party for case specific information regarding employment, residence, and children.

3. No change.

(b) Alleged Father's Rights; Proceeding in Circuit Court as an alternative to the Administrative Process:

1. The alleged father may file a paternity action in circuit court and serve the Department with a copy of the petition. The alleged father must have the petition served on the Deputy Agency Clerk at the address specified in the notice within 20 days after the date the Notice of Proceeding to Establish Administrative Support Order was mailed. If the Department is served timely, it will end the administrative establishment process and proceed in circuit court. If the

alleged father files a petition in circuit court, but does not serve the Department in the 20-day time frame, the Department will continue with the administrative establishment proceeding by either issuing a Proposed Administrative Paternity and Support Order (http://www.flrules.org/Gateway/reference.asp?No=Ref-____09864), CS-OA20, effective ____09/18, and incorporated by reference, or referring the proceeding to the Division of Administrative Hearings without issuing a Proposed Administrative Paternity and Support Order if the Department determines that an evidentiary hearing is appropriate to determine the respondent's income. If the petition is served on the Department timely, the Department will mail the petitioning parent or caregiver the Dismissal of Administrative Proceeding form, CS-OA88.

2. No change.

(14) Proposed Administrative Paternity and Support Order. Not sooner than 20 days after serving the Notice of Proceeding to Establish Administrative Support Order form, CS-OA01, under subsection ~~(13)~~(12), the Department shall calculate the respondent's support obligation using the child support guidelines in section 61.30, F.S. If the respondent does not provide financial information within the time required by sections 409.2563(13)(a) and (b), F.S., the Department shall impute income as provided section 61.30(2)(b) or 409.2563(5), F.S., as applicable.

(a) and (b) No change.

(c) The Department may proceed with the administrative establishment of paternity and support by either sending the alleged father a Proposed Administrative Paternity and Support Order, CS-OA20, or referring the proceeding to the Division of Administrative Hearings without issuing a Proposed Administrative Paternity and Support Order if the Department determines that

an evidentiary hearing is appropriate to determine the respondent's income. The Department will calculate the respondent's support obligation using the child support guidelines in section 61.30, F.S. If the respondent does not provide financial information within the time required by sections 409.2563(13)(a) and (b), F.S., the Department will impute income as provided by section 61.30(2)(b), F.S., or impute income at fulltime minimum wage as provided by section 409.2563(5)(a), F.S. Calculation of the respondent's retroactive support obligation is in accordance with section 61.30(17), F.S. Retroactive support is addressed in an initial determination of child support. The Department uses a Proposed Administrative Paternity and Support Order (http://www.flrules.org/Gateway/reference.asp?No=Ref-____09865), CS-OX20, effective 09/18, and incorporated by reference, when a proceeding involves more than one child and paternity has already been established for one or more of the children. The Proposed Administrative Paternity and Support Order may include terms for monetary support, retroactive support, health insurance, and non-covered medical expenses as appropriate. The Proposed Administrative Paternity and Support Order tells the alleged father that the Department intends to issue an administrative order establishing paternity and a support obligation for the child or children listed in the Proposed Administrative Paternity and Support Order. When an agreed to and signed parenting time plan is provided by the parents, it is enclosed with Proposed Order. If a signed parenting time plan is not enclosed, the Department will provide a blank Title IV-D Standard Parenting Time Plan, CS-OA250, with form CS-OX20 except as provided by paragraph (6)(a).

(d) through (h) No change.

(15) Final Order Establishing Paternity or Paternity and Child Support.

(a) and (b) No change.

(c) A respondent may consent to the entry of a final order any time after the receipt of the Initial Notice. To do this, the respondent must complete and return the Waiver of Opt-Out Administrative Proceeding (CS-PO384), (<http://www.flrules.org/Gateway/reference.asp?No=Ref-08647>), incorporated by reference, effective 09/19/2017, after the respondent receives the Initial Notice Packet. If the respondent returns the Waiver of Opt-Out Administrative Proceeding, Financial Affidavit, and Parent Information Form, the Department sends the respondent the Waiver of Administrative Hearing (CS-ES97), (<http://www.flrules.org/Gateway/reference.asp?No=Ref-08648>), incorporated herein by reference, effective 09/19/2017. The Department also sends a copy of the Proposed Administrative Support Order discussed in subsection ~~(12)~~(7) of this rule. If the respondent completes and returns the CS-ES97, the Department need not wait 27 days from sending the Proposed Order to complete and render a Final Administrative Paternity and Support Order, CS-OX40. If the respondent does not return the CS-ES97, the Department waits at least 27 days after sending the Proposed Order before completing a Final Administrative Paternity and Support Order.

(d) and (e) No change

(16) through (21) No change.

Rulemaking Authority 409.2557(3)(p), 409.256(17), 409.25633(9) FS. Law Implemented 409.256, 409.2563, 409.25633 FS. History—New 4-5-16, Amended 9-19-17, 1-17-18, 9-17-18, 8-28-19,_____.

12E-1.039 Request for Services.

(1) through (4) No change.

(5) Supporting documents; additional requirements.

(a) An individual who applies for services under subsection (4) or who receives public assistance must:

1. and 2. No change.

3. Provide a paternity declaration for each child who does not have a legal father.

a. The Department uses the Paternity Declaration, Form CS-PO34, for the mother. Form CS-PO34, (http://www.flrules.org/Gateway/reference.asp?No=Ref-____44097), is incorporated herein by reference effective ____08/19.

b. No change.

c. The Department uses the Paternity Statement by Alleged Father, Form CS-PO103 for the alleged father. Form CS-PO103, (http://www.flrules.org/Gateway/reference.asp?No=Ref-____08656), is incorporated herein by reference effective ____09/19/2017.

4. through 8. No change.

(6) No change.

Rulemaking Authority 409.2557(3)(h), (i) FS. Law Implemented 409.2567 FS. History—New 9-19-17, Amended 8-28-19,_____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Bobby York

NAME OF AGENCY HEAD WHO APPROVED THE PROPOSED RULE: Governor and Cabinet

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: To be determined

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAR: August 24, 2020



Child Support Program

Notice of Noncooperation

<<CPName>>
<<CPAddress>>

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

The Child Support Program's records show that you are receiving cash assistance, food assistance and/or Medicaid. To continue receiving benefits, you must work with the Child Support Program to establish paternity and/or establish, modify and enforce child and medical support for the child(ren) in your care.

You are receiving this Notice of Noncooperation because <<Option 1>>

To continue receiving benefits from the State of Florida you must take one of the following actions now with the Florida Department of Revenue (Department) Child Support Program:

- Contact the Department right away and arrange to cooperate, or
• Contact the Department right away to request not to cooperate if you feel that you or the child(ren) will be placed in danger by cooperating with the Child Support Program, or
• Complete and send the Department your written Request for Informal Review, included in this mailing, within 10 days after the date of this notice.

Important

If you do not cooperate by taking one of the actions listed above within 10 days after the date of this notice:

- The State of Florida will no longer be able to provide your family with cash assistance.
• Medicaid and food assistance will no longer be provided. However:
- Medicaid and food assistance for your child(ren) will continue.
- You will continue to receive Medicaid if you are pregnant.

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Contact Information

To contact the Child Support Program, call <<CountyPhoneNumber>>.
For more information, visit <<InsertAppropriateFDORInternetAddr>>.

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Request for Informal Review

If you disagree and feel you have cooperated and provided all the information, we asked from you, you may ask for an informal review.

During the review, the Florida Department of Revenue Child Support Program will review the information you provide below and other information in our records and determine if you cooperated or not.

The Department 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. If you select below to have a review by phone, the Department will call you at the time you indicate on your request.

I want to request a review on the case because (please explain):

I want to have a review by phone (You must provide a telephone number below and list the best time of day for a call.)

Signature: _____ Date: _____

Printed Name: <<CPName>>

Address: _____
Street City Zip Code

Home Phone: _____ Work Phone: _____

Best time to contact me: _____

Return this form to:

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



Option 1 (Only one option is populated)

- A.** you did not complete and return the parent information form and financial affidavit sent to you with the notice of administrative action to establish or modify a support order.
- B.** you did not complete and return the financial affidavit we sent to you. Without a financial affidavit we are unable to continue action to establish or modify a support order.
- C.** you did not complete and return the forms needed to send a request to another state to establish or modify a support order.
- D.** you did not appear at a court hearing.
- E.** you did not complete and return a paternity declaration for each child born outside of marriage.
- H.** you did not return information we requested from you about the child's residence.
- I.** you did not appear for a genetic testing appointment.



Child Support Program

Request to Not Cooperate

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<<CPName>>
<<CPAddress>>

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

If you apply for or receive temporary cash assistance, Medicaid, or food assistance you must cooperate with the Florida Department of Revenue Child Support Program to establish paternity and/or establish, modify and enforce child and medical support. You can request approval to not cooperate if:

- You feel cooperation will result in emotional or physical harm to you or your child(ren);
- The child(ren) was born because of rape or incest;
- 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.

If you want to request approval to not cooperate, you must complete, sign and return the enclosed *Request to Not Cooperate* form, along with additional documents you have to support your request, within 20 days after the above date. One or more of the documents listed below can be used to support a request:

- | | |
|-------------------------|---|
| Medical Records | Court Documents |
| Doctor Statements | Criminal Records |
| Evidence from Others | Social Service Agency Records |
| Law Enforcement Records | Affidavit Signed by You (Sworn Statement) |

Important

- We will not contact the other parent while we are reviewing your request.
- We will review the documents 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 your case.

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

For more information, visit <<InsertAppropriateFDORInternetAddr>>.

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Request to Not Cooperate

You can mail this form to the Child Support Program or go to floridarevenue.com/childsupport/contact for additional options.

Mailing Address:

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

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

Child Support Case Number: <<CaseNumber>>

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):

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

Name _____	Date of Birth _____	Name _____	Date of Birth _____
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- 2. I understand I must give the Child Support Program any documents I have that support my request to not cooperate with the Department.
- 3. If I do not provide documents, or my own sworn statement for review, I understand the Child Support Program will continue to take action on my case to locate the other parent, establish paternity and support, and enforce the support order.
- 4. I received and reviewed the *Request to Not Cooperate Fact Sheet*.

Signature _____ Date _____

Printed Name: <<CPName>>

Address: _____
 Street City Zip Code

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Child Support Program

CS-EF32
Rule 12E-1.012
Florida Administrative Code
Effective xx/xx

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
Within 20 days after the mailing date on this notice, you must:
1. Pay the amount above and stay current with your payments.
2. If you cannot pay the amount above, contact us to work out 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 requesting an informal review.
We want to work with you to avoid reporting your case. See additional information about these options on the next page.

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If you have questions or need help:
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

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1. Make a payment and stay current with your payments

Online payments are accepted by electronic check or credit card at fl.smartchildsupport.com, or by cash transfer through amscot.com and moneygram.com. Mail payments to:

Florida State Disbursement Unit
<<SDU Address>>

Make payments payable to the Florida State Disbursement Unit. Print your name and depository number <<DepositoryNumber>> on your check or money order to ensure credit.

2. Agree to a payment plan

Contact the Program to work out a payment plan. If you agree to a payment plan and continue to pay, we will not take further action. If you do not pay as agreed, we will report your overdue support to consumer reporting agencies without further notice to you.

Be prepared to 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 may also be needed if you are:

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

Fax the required documents to the Child Support Program at (850-921-0792).

Monthly reporting

If you do not take 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 <<Frequency>>.

3. Request an informal review

If you disagree with this notice, you may ask for an informal review. At an informal review, you can tell us if you think the overdue support amount is wrong, or you are not the person ordered to pay support. 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 conclude our informal review within 20 days after receiving the request and send you a decision. If you disagree with the decision, you can ask for a hearing.

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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 is going to 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 your license will be
suspended.
<<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
Call: <<CountyPhoneNumber>>
Chat with us or learn more at: floridarevenue.com/childsupport
Find ways to contact us: floridarevenue.com/childsupport/contact

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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>> behind in your support payments as of the date of this notice. Your support order requires you to pay \$<<total periodic payment due>> <<payment frequency>>.

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 work out 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 work out 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).

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

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.



Notice of Decision Concerning Report to Consumer Reporting Agencies

<<NCPName>>
<<NCPAddress>>

<<Date>>

Child Support Case Number: <<CSECaseNum>>

1. **We have received your written request for an informal review.** The review is complete.
2. **Overdue support.** Based on our records and the records of the Clerk of the Court, you owe overdue support of \$<<OverdueSupport>> as of <<date>>.
3. **Informal review.** Based on our review, we will:
 - Report overdue support amount to consumer reporting agencies.
 - Not report overdue support amount to consumer reporting agencies.
4. **If you disagree.** You may file a petition for administrative hearing within 15 days after the date on this notice. The petition must be filed according to the attached Notice of Rights. If you ask for a formal hearing, you may only raise the accuracy of the information to be reported.
5. **To avoid credit reporting.** If you do not want a hearing, you may avoid reporting either by:
 - Paying the overdue support in full; or
 - Entering into a written agreement within 15 days after receipt of this notice.
6. **Written agreement.** If you enter into a written agreement:
 - We will not report your overdue support as long as you pay as agreed.
 - We report you if you do not pay as agreed, without further notice to you.

Contact us to enter into a written agreement.

<p>If you have questions or need help:</p>	<p>Access your case or email us: childsupport.floridarevenue.com 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>
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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 15 days after receipt of this notice. A petition is not considered filed until the Program receives it. Send your petition to the Program's Deputy Agency Clerk at the following address:

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

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 stated in Rule 9.110, 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. A petition for a formal hearing must be in the form required by Rule 28-106.2015(5), 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 Program on all issues of material fact, you may ask for an informal hearing. A petition for an informal hearing must be in the form required by Rule 28-106.301, Florida Administrative Code. A copy of the rule can be found at www.flrules.org.

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

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Child Support Program

Notice of Intent to Levy

<<NCPName>>
<<NCPAddress>>



<<Date>>
Child Support Case Number(s): <<CaseNumber>>
Activity Number: <<Activity #>>

- 1. Past-due support owed. According to our records, as of <<Date>>, you owe \$<<past due amount>> in past-due support.
2. Property and income subject to taking. To collect what you owe, the Department plans to take all or part of any personal property or other income, including wages, that <<Financial Institution BP Name>> owes you, or has in its possession.
3. If you pay what you owe. If you pay the past-due support within 21 days after you get this notice, this action will end. If you do nothing, the action will continue.
4. Your right to contest. You have a right to contest. To contest, you may either ask for an administrative hearing or file a petition in circuit court:
- To ask for a hearing, follow the steps on page 3, Notice of Rights. If you want an administrative hearing, you must file a request with the Department's Deputy Agency Clerk within 21 days after you get this notice to the following address:

Florida Department of Revenue
Child Support Program
<<Central Intercept PO Legal>>

You may not request an administrative hearing and a hearing in circuit court. If you contest within the time allowed, we will not take the funds until there is a hearing and decision.

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5. **Contesting in circuit court.** If you contest in circuit court:

- You must file the petition with the clerk of court within 21 days after you get this notice.

AND

- You must mail a copy of the petition to the address below:

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

6. **Withholding limits.** Federal law, 15 U.S. Code 1673(b), limits how much we can take from an employee's earnings. The limit applies to take home pay. Take home pay is the income left after deductions such as state, federal, and local taxes. The limit is 50 percent of take home pay for child support and alimony, which is increased by:

- 10 percent if you do not support a second family; and
- 5 percent if past-due support has been owed for more than 12 weeks.

7. **If you are a joint owner who does not owe support.** If you claim all or part of the money in a joint bank account or other property subject to this action is yours, and you provide sufficient proof to substantiate this claim, we will release your portion of the frozen account(s). The hearing rights apply to you.

8. <<Option 1>>

9. <<Option 2>>

10. **Final action.** This notice will become final agency action 21 days after you receive it. If that happens, you may appeal by following the steps on page 3, Notice of Rights.

11. **Questions.** If you have questions or would like to settle this at an informal conference, call <<LevyPhoneNumber>>.

12. **Legal authority.** This action is authorized by section 409.25656, Florida Statutes.

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NOTICE OF RIGHTS

1. You have a 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 21 days from the date of 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
<<Central Intercept PO Legal>>

2. 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 stated in Rule 9.110, Florida Rules of Appellate Procedure, within 30 days of the date of final agency action.
3. If you disagree about issues of material fact, you may ask for a formal hearing. A petition for a formal hearing must be in the form required by Rule 28-106.2015(5), Florida Administrative Code, which can be found at 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.
4. 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 form required by Rule 28-106.2015(5), Florida Administrative Code, which can be found at flrules.org.
5. Mediation under section 120.573, Florida Statutes, is not available.

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OUTBOUND FORMS PROCESSING RULES

Option 1:

Insert when the activity reason equal regular banking or securities

Levy on securities. The Department will notify you if we levy on securities that you own. If that happens, you will have 7 days to give instructions to the person who holds your securities. You will be able to tell them which securities to sell if they are worth more than you owe.

Option 2:

Insert when the activity reason equal regular banking or securities

If you receive Supplemental Security Income (SSI). If you send the Department proof that money in your account is from SSI, we will release the SSI payments to you.



Child Support Program

Notice of Intent to Deduct Lottery Winnings



<<NCPName>>
<<NCPAddress>>



<<Date>>

Child Support Activity Number: <<ActivityNum>>
Child Support Case Number(s): <<CaseNumber>>

1. **Past-due child support owed.** The Florida Department of Revenue Child Support Program's records show that you owe \$<<PDueSupAmt>> in past-due child support and costs as of the date of this notice.
2. **Deductions from lottery winnings.** The Program reported the amount you owe to the Florida Department of Lottery. The Department of Lottery must:
 - Deduct the amount you owe from your lottery winnings.
 - Send the money deducted for the amount you owe to us.
 - Send you any winnings that are left after deducting the amount you owe.
3. **Right to hearing.** If you think the amount you owe is incorrect, you may ask for an administrative hearing. A hearing must be asked for in writing. The written request must:
 - Give reason as to why you believe all or part of the winnings should not be deducted.
 - Be mailed to the address provided on page two of this notice.
 - Be received by the Department within 21 days of receipt of this notice.

Note: If you ask for a hearing, we will hold any winnings the Department of Lottery sends us until there is a final order from the administrative hearing.

4. **Legal authority.** This action is authorized by section 24.115(4), Florida Statutes.

Contact Information

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

For more information, visit <<InsertAppropriateFDORInternetAddr>>.

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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 21 days of 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:

Child Support Program
Attention: Deputy Agency Clerk
P.O. Box 8030
Tallahassee, FL 32314-8030

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

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 stated in Rule 9.110, Florida Rules of Appellate Procedure, within 30 days after the date of final agency action.

2. If you disagree with the Department on any issues of material fact, you may ask for a formal hearing. A petition for a formal hearing must be in the form required by Rule 28-106.2015(5), 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 form required by Rule 28-106.2015(5), Florida Administrative Code. A copy of the rule can be found at www.flrules.org.
4. Mediation under section 120.573, Florida Statutes, is not available.



Child Support Program

Status Update
Medical Expenses Not Covered by Insurance

┌
<<RecipientName>>
<<RecipientAddress>>

└

<<Date>>
Child Support Case Number: <<CSPCaseNumber>>
Other Parent: <<NCP first name, middle initial, last name, suffix>>

<<Option 1>>

To contact us call <<CountyPhoneNumber>>.

<<Optional Educational Message Line1>>
<<Optional Educational Message Line2>>
<<Optional Educational Message Line3>>
<<Optional Educational Message Line4>>
<<Optional Educational Message Line5>>

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<<OPTION 1>>

- A.** We cannot act on your request for repayment of medical expenses not covered by insurance. The support order does not require the other parent to pay a percentage of medical expenses. **(this option is selected automatically by the system when the activity status indicates that the request for noncovered medical expenses services was closed due to no percentage of noncovered medical expenses verbiage in the support order)**

- B.** The other parent has contested the action. We will notify you if there is a hearing. **(this option is selected automatically by the system when the activity status indicates that the NCP has contested the action to establish an amount owed for medical expenses not covered by insurance)**

- C.** You are not currently eligible for our services for repayment of medical expenses. You have received services on this case within the last six months. You may request this service again on or after **<<Signature Date of most recent CP statement on the CS-EF205 + 183 days>>**. **(this option is selected automatically by the system when the activity status indicates that the CP is not eligible for services to establish an amount owed for medical expenses not covered by insurance due to 6 months not having passed since the date of the most recent CP statement date on the CS-EF205)**

- D.** We reviewed your request and documentation. Some of the expenses you submitted are not eligible for reimbursement. Please see the attached Medical Expenses Not Eligible for Reimbursement (Form CS-EF209) for the list of the expenses and the reasons they are not eligible. If you agree, you do not need to do anything. We will notify the other parent of the amount owed (**\$<<proposed amount of noncovered medical expenses owed>>**) based upon our review. If you disagree, you must contact our office by **<<system generation date + 15 days>>** and give us additional information showing why you think the expenses are eligible. **(this option is selected automatically by the system when the activity status indicates that the Notice of Medical Expenses Not Eligible for Reimbursement (Form CS-EF209) was generated.)**. If this option is selected, this form is generated and mailed with the CS-EF209.

- E.** We are closing your request for repayment of medical expenses not covered by insurance because you have not returned the information we previously requested. If you need assistance, contact us at the number below. **(this option is selected automatically by the system when the activity status does not indicate that the CS-EF205/CS-EF206 forms were returned; the system shall also allow the user to manually select this option)**

Optional Educational Message:

Access your information online, anytime, with Child Support eServices.

For quick and easy access to your child support information online anytime, visit our website at **<<InsertAppropriateFDORInternetAddr>>**. Login or register today to review your information, make updates and check the status of recent actions.



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: <<CPFirstMiddleLastSffx>>
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>>

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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>>

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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



Child Support Program

Request for Information
Administrative Support Action



<<Option 1>>



<<Date>>

Child Support Case Number: <<CaseNumber>>

Activity Number: <<ActivityNum>>

Other Parent: <<NCPName>>

The Child Support Program is establishing, modifying, or reviewing a support order for the child(ren) named below and needs information about you to decide how much the other parent should pay:

Child's Name

Child's Birth Date

<<Child1Name>>

<<Child1DOB>>

<<Child2Name>>

<<Child2DOB>>

WHAT YOU NEED TO DO

- Complete the enclosed forms.
Return completed forms within <<Option 2>> days from the date of this notice.
Mail the forms to:

Florida Department of Revenue
Child Support Program
Central Mail Processing Facility
<<GenTaxworldCentralAddress1>>
<<GenTaxworldCentralAddress2>>

If you have questions or need help:

Call: <<CountyPhoneNumber>>
Chat with us or learn more at: floridarevenue.com/childsupport
Access your case online: childsupport.floridarevenue.com
Find ways to contact us: floridarevenue.com/childsupport/contact

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<<Option 3>>

<<Option 4>>



MAIL USE ONLY

Option 1 (Based on whether Florida is the initiating or responding state)

A. When Florida is the initiating state, the address of the parent due support is printed normally.

B. Insert when Florida is the responding state. The name of the parent due support is selected, with the following text:

In Care of Child Support Agency

Then the street, street 2, city, state, and zip code 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.

Option 2 (Based upon the activity and recipient)

A. Insert when the form is generated to the other parent as part of an administrative establishment action, and when generated to the parent due support or caregiver with an Administrative Initial Notice or subsequent notice on in-state or initiating cases: 20

B. Insert when the form is generated to the parent due support or caregiver with an Administrative Initial Notice or subsequent notice on responding cases: 45

Option 3

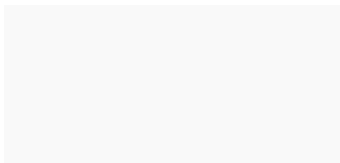
A. Insert when the form is generated to the parent due support or caregiver with an Administrative Initial Notice or subsequent notice on in-state or initiating cases.

If you receive public assistance: If you receive temporary cash assistance, Medicaid, or Food Assistance and do not complete and return the form(s), your benefits may be reduced. However, if you are in fear of the other parent, please contact us to discuss your options for how to cooperate with the Child Support Program.

If you do not receive public assistance: If you do not receive public assistance and do not complete and return the forms, your case may be closed.

B. Insert when the form is generated to the parent due support or caregiver with an Administrative Initial Notice or subsequent notice on responding cases.

The Program requires the completed forms to move forward in establishing a child support case. If the completed forms are not returned within 45 days, the Program will proceed to close your case. Please contact the Program immediately if you have a question regarding these forms.



Option 4: Insert when the form is generated with an Administrative Initial Notice for administrative support only cases and the parenting time indicator is Yes.

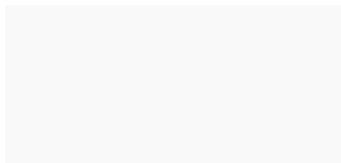
Parenting Time Plan: A Title IV-D Standard Parenting Time Plan form is included in this packet. If you do not have a parenting time plan and wish to include a plan in your support order, the Title IV-D Standard Parenting Time Plan can be used for this purpose. A blank copy of the Title IV-D Standard Parenting Time Plan form will also be provided to the other parent.

You are not required to complete the enclosed Title IV-D Standard Parenting Time Plan to obtain a support order for your child. If both you and the other parent agree to and sign the Title IV-D Standard Parenting Time Plan, or your own parenting time plan, and mail the plan to the Florida Department of Revenue Child Support Program at the address on page 1 of this notice before a final administrative order is entered, the plan will be made a part of the final order. Both parents do not need to sign the same form, however, the plan provided must be identical.

If an agreed upon, signed parenting time plan is not provided to the Program before the final administrative order is entered, the Child Support Program will enter the child support order and provide the parents the Petition to Establish a Parenting Time Plan form that may be filed in court by either parent. The Child Support Program cannot file the petition or represent either parent at the hearing.

Once a parenting time plan is established and included in a child support order, the plan may only be changed or enforced by the court. The Program does not review, evaluate, negotiate or prepare parenting time plans, and cannot modify or enforce an existing parenting time plan.

For more information, visit floridarevenue.com/childsupport/parenting_time_plans.





Child Support Program

**Financial Affidavit
Administrative Support Proceeding**

<< Date >>

Business Partner Number: <<RecipientNum >>

Your full name

INCOME

List separately all sources of income received over the last two years. Examples of income include all wages, business income, workers' compensation, unemployment compensation, Social Security, Veteran's benefits, pensions, gifts, rental income, and alimony.

Example:

<u>Date from</u>	<u>To</u>	<u>Source of Income</u>	<u>Rate of Pay</u>	<u>Hours Worked</u>
<u>01/01/07</u>	<u>04/07/09</u>	<u>Wages</u>	<u>\$ 7.25 per Hour</u>	<u>40 per Week</u>

<u>Date from</u>	<u>To</u>	<u>Source of Income</u>	<u>Rate of Pay</u>	<u>Hours Worked</u>
_____	_____	_____	\$ _____ per _____	_____ per _____
_____	_____	_____	\$ _____ per _____	_____ per _____
_____	_____	_____	\$ _____ per _____	_____ per _____
_____	_____	_____	\$ _____ per _____	_____ per _____

_____	_____	_____	\$ _____ per _____	_____ per _____
_____	_____	_____	\$ _____ per _____	_____ per _____
_____	_____	_____	\$ _____ per _____	_____ per _____
_____	_____	_____	\$ _____ per _____	_____ per _____

Reason you left your last job: _____

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Note: To complete this form online, login to your Child Support eServices account and look under the Forms section.

T

Business Partner Number: <<RecipientNum>>

DEDUCTIONS

List separately all legally required deductions from your income. Some examples are deductions for state and federal income taxes, FICA, Medicare, health insurance premiums and mandatory union dues.

<u>Type of Deduction</u>	<u>Amount</u>	<u>Frequency (month, week, year)</u>
_____	\$ _____	per _____
_____	\$ _____	per _____
_____	\$ _____	per _____
_____	\$ _____	per _____

Number of tax exemptions you claim on your W-4 form: _____

Attach a copy of your most recent pay stub, benefits statement or other proof of your income and deductions.

SELF EMPLOYMENT

Are you self-employed? YES or NO If Yes, please provide the following information:

Business Name: _____

Type of work: _____

Attach a copy of your last federal tax return, 1099, or other proof of income.

OTHER SUPPORT OBLIGATIONS

(Complete only if you pay support. Do not enter support you receive.)

Do you pay ordered support for other children? Yes No \$ _____ per _____
(month, week, etc.)

If yes, child(ren) name: _____

The order was issued in _____, _____
County State
by _____ on ____/____/____.
Court or Agency Date

Provide a copy of the order and payment record for any order that the Department of Revenue is not enforcing.

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Business Partner Number: <<RecipientNum>>

INSURANCE COVERAGE

Do you presently have health insurance? Yes No

Insurance company name Address Policy number

The total premium you now pay for health insurance is \$_____ per _____.
(month, week, etc.)

List the names of all persons covered on this policy.

FULL NAME

RELATIONSHIP TO YOU

Is the child(ren) on this case covered by your health insurance? YES or NO

If you are not currently providing health insurance for the child(ren) in this case, is health insurance available through your employer for the child(ren)? Yes No

If no, do you have access to any other health insurance for the child(ren)? Yes No

If yes to either of the above questions, please provide the cost to cover the child(ren):

Provider: _____ Cost \$_____ per _____.
(month, week, etc.)

CHILD CARE EXPENSES

The amount you now pay is \$_____ per _____ for _____ child(ren).
(month, week, etc.) (number)

Which child(ren) do you now pay child care expenses for?

XXXX _____
XXXX _____
XXXX _____
XXXX _____
XXXX _____
XXXX _____
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XXXX _____
XXXX _____
XXXX _____

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Business Partner Number: <<RecipientNum>>

DEVIATIONS (Complete this section only if you are requesting a deviation.)

The support amount calculated under Florida child support guidelines is presumed to be the correct amount of support owed. In some circumstances, the support amount may be adjusted to an amount more or less than the guideline amount. The deviation factors are found in section 61.30 (11)(a) & (b), Florida Statutes, which is available online at www.leg.state.fl.us. If you believe any of these factors apply to your case, state your reasons below and give us any supporting documents you have.

Under penalties of perjury, I declare that I have read this Financial Affidavit and that the facts stated in it, and in any attached pages, are true and correct.

Sign

Date

<<Option 1>>

<<Option 2>>

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Option 1 (Populates when completed on eServices)

This document has been signed electronically as authorized by section 668.004, Florida Statutes.

Option 2 (Populates when form is generated on CAMS. Does not populate when completed on eServices)

After completing and signing this affidavit, return it to:

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

Developers note (When the form is completed on eServices, the system needs to be able to generate a PDF copy with form title, contents and signature included in a readable format suitable for e-filing, for use at a hearing and to complete a record on appeal.)



Parent Information Form Administrative Support Proceeding

<<Date>>

Child Support Case Number(s): <<CSECaseNum>>

Activity Number: <<ActivityNum>>

_____	_____	_____
Your full name	Social Security number	Other names known by
_____	_____	_____
Date of birth	Driver license number	State issued
_____	_____	_____
Other parent's full name	Social Security number	Other names known by

YOUR 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	Occupation	_____	
_____-_____-_____	_____	_____	
Employer's address	City State Zip	_____-_____-_____	Phone

CHILD(REN)'S PARENTS LIVING TOGETHER

This information is used to determine the date the child support obligation should begin.

When did the parents last live together? _____
(month/year)

In what city and state? _____

Did the child(ren) live with anyone else, not counting visits, during the last two years?

YES NO Who? _____ When? _____

Note: To complete this form online, login to your Child Support eServices account and look under the Forms section.

SUPPORT PAID FOR THE CHILDREN

Has any financial support been paid, either by cash payments or by paying for child care, doctor bills, food or clothing for the benefit of the child(ren)? Yes No _____

If yes, list:

<u>Type of support</u>	<u>Paid by</u>	<u>Paid to</u>	<u>Dates</u>	<u>Amounts</u>

Please send proof (copies of checks, money orders, receipts, etc.) of the above payments with this information form.

TIME-SHARING ARRANGEMENT/PARENTING PLAN

Do you and the other parent currently have a time-sharing arrangement/parenting plan for the child(ren)?

Yes No

If yes, please describe the arrangement/plan, including the number of days each month that the child stays overnight in your home. If the arrangement/plan is in writing or court ordered, please attach a copy to this form.

<<Option 1>>

DECLARATION

Under penalties of perjury, I declare that I have read this Parent Information Form and that the facts stated in it, and in any pages attached to it, are true and correct.

Signed

Dated

<<Option 2>>

If we need to reach you, what is the best time and phone number to contact you?

Time: _____ AM PM

Phone Number: _____

<<Option 3>>

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 <http://floridarevenue.com/Pages/privacy.aspx>.

OPTION 1

(Insert the information below if form is sent to caregiver relative)

HEALTH CARE COVERAGE

Are you currently providing health insurance for the child(ren)? Yes No

Insurance company _____ Address _____ Policy number _____

Names of child(ren) covered: _____

Cost for that child: _____

When did the child(ren) come to live with you? _____
Month/Year

CHILD CARE EXPENSES

The amount you now pay is \$ _____ per _____ for _____ child(ren).
(month, week, etc.) (number)

Which child(ren) do you now pay child care expenses for?

DEVIATION

The support amount calculated under Florida child support guidelines is presumed to be the correct amount of support owed. In some circumstances, the support amount may be adjusted to an amount more or less than the guideline amount. The deviation factors are found in section 61.30 (11) (a) & (b), Florida Statutes, which is available online at www.leg.state.fl.us.

As a caregiver you are not required to complete the Financial Affidavit referenced in the Notice of Proceeding to Establish Administrative Support Order. However, if you believe any of the circumstances listed in the Deviation Factors list apply to your case, state the reasons below and submit supporting documentation.

We need to know if you are paying child care expenses for the child(ren), so that we can factor them into the other parent's support obligation. Please document the expenses below. Use additional sheets if necessary.

Option 2 (Populates when completed on e-services)

This document has been signed electronically as authorized by section 668.004, Florida Statutes.

Option 3 (Populates when form is generated on CAMS. Does not populate when completed on eServices)

After completing and signing this affidavit, return it to:

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

Developers note (When the form is completed on eServices, the system needs to be able to generate a PDF copy with form title, contents and signature included in a readable format suitable for e-filing, for use at a hearing and to complete a record on appeal.)



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 <u>DO NOT</u> 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. We will work with you to resolve any concerns or questions you have. • 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 issue 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. We will work with you to resolve any concerns you have.
- 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 issue 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 deduct payments from your income
- Filing liens against your property
- Suspending drivers, occupational, and recreational licenses
- Attaching bank accounts and settlement proceeds
- Obtaining judgments by operation of law against you
- Taking your lottery winnings and federal income tax refunds
- Taking 40 percent of your unemployment 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'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>>

DONE and ISSUED 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.

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)(e), (h), 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)

Additional Provisions: (Center as Header)

<<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.



Child Support Program

CS-OA55
Rule 12E-1.036
Florida Administrative Code
Effective xx/xx

Acknowledgment of <<Option 1>>
Administrative Proceeding

If your address has changed, provide new address here:

<<Option 35>>

Form with three horizontal lines for address input.

<<Date>>

Child Support Case Number: <<CaseNumber>>

Activity Number: <<ActivityNum>>

<<Option 2>>

To contact us call <<CountyPhoneNumber>>.

<<Option 4>>

<<Option 5>>

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OPTION 1:

A. (when notice is generated from C-030-190 (opt out))

Request to Proceed in Civil Court

B. (when notice is generated from B-020-020-020-300 or from B-020-020-240)

Hearing Request

OPTION 2 (A or B or C or D)

A. (Use this option ONLY with 1.B when the request for hearing was received timely)

We received your request for a hearing on <<date request was received>>. We will send your request to the Division of Administrative Hearings (DOAH). DOAH will assign an Administrative Law Judge to hear the case. You will receive a Notice of Hearing from DOAH when a hearing date and time are set.

Although you have requested a hearing, it still may be possible to resolve your issues or concerns without the need for a hearing. If issues are resolved, you may be able to reduce the time spent or avoid the need to travel to and attend the hearing. We look forward to the opportunity to discuss your case.

Note: We will record all testimony at the hearing. If you decide to appeal you may need a written transcript of the testimony. A transcript may be prepared after the hearing, at your expense, by a certified court reporter. You may also hire a certified court reporter to attend and record the hearing and to prepare a transcript. If you hire a reporter to attend the hearing, you must notify us and the Administrative Law Judge before the hearing of the court reporter's name, mailing address, and telephone number. That reporter's record will be the official transcript of the hearing.

B. (Use this option ONLY with 1.B if the hearing request was late, but the Final Administrative Order HAS NOT been sent)

Your request for a hearing was not received until <<date request was received>>, which was after the deadline of <<deadline date for hearing request>>. Failure to file your request by the deadline is considered to be a waiver of your right to request a hearing. Because your request was late, you are not entitled to a hearing, and we will render a Final Administrative Order.

C. (Use this option ONLY with 1.B if the request was late and the Final Administrative Order HAS been sent)

You requested a hearing, but your request was not received until <<date request was received>>, which is after the deadline. Because your request was late, you are not entitled to a hearing. We rendered a Final Order of <<Option 6>> on <<date final order rendered>>.

D. (Use this option ONLY with 1.A. if the notice is generated from C-030-190)

You requested that we proceed in circuit court to address your support obligation. However, your request was not received within the required timeframe or was not a valid request. The administrative proceeding will continue.

Option 4 (Only appear with 2B and 2C)

<<Optional Educational Message Line1>>
<<Optional Educational Message Line2>>
<<Optional Educational Message Line3>>
<<Optional Educational Message Line4>>
<<Optional Educational Message Line5>>

Option 5 (Only used when Option 2A is generated [other party address should not appear in address block, only name])

cc: <<NCPorCP(who was not served in admin action) or Caretaker Relative Name>>

Option 6

- A. Support
- B. Paternity
- C. Paternity and Support
- D. Modification

This notice is sent to the party who was served in the admin action.

<<Option 35>> refers to common administrative logic option 35 for recipients address



Child Support Program

Dismissal of Administrative Proceeding

┌ <<Option 35>>

└

<< Date>>
Depository Number: <<DepNum>>
Child Support Case Number: <<CSECaseNum>>
Activity Number: <<ActivityNum>>
Parties Involved: <<CPName>> and <<NCPName>>

On <<DateOptionA,B,orC isMailed>>, we started this proceeding by issuing a <<Option 1>>. We have decided to end this proceeding because <<Option 2>>

This proceeding is terminated without prejudice. If circumstances change, a judicial or administrative proceeding may be started at a later date.

To contact us call <<CountyPhoneNumber>>

cc <<NCP attorney>>
<<CP attorney>>
<<Other parent or Caretaker>>

<<Optional Educational Message Line1>>
<<Optional Educational Message Line2>>
<<Optional Educational Message Line3>>
<<Optional Educational Message Line4>>
<<Optional Educational Message Line5>>

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OPTION 1 (based on which notice was originally sent)

- A. Notice of Proceeding to Establish Administrative Support Order
- B. Notice of Administrative Proceeding to Establish Paternity
- C. Notice of Proceeding to Establish Administrative Paternity and Support Order

OPTION 2 (based on the reason for the dismissal)

- A. the parent who requested our services has asked that we no longer provide child support services in this case.
- B. the required information needed to proceed was not provided.
- C. a judicial order has been issued which supersedes any administrative order.
- D. we have been unable to find the other parent to serve the first notice.
- E. the issue is now being pursued in circuit court.
- F. the parents are now living together.
- G. genetic testing has excluded the Respondent.
- H. <<FreeFormText>> (If H is chosen the user must enter free text)

<<Optional Educational Message Line1>>
<<Optional Educational Message Line2>>
<<Optional Educational Message Line3>>
<<Optional Educational Message Line4>>
<<Optional Educational Message Line5>>

Access your information online, anytime, with Child Support eServices.

For quick and easy access to your child support information online anytime, visit our website at

<<InsertAppropriateFDORInternetAddr>> Login or register today to review your information, make updates and check the status of recent actions.

<<Option 35>> refers to common administrative logic option 35 for recipients address. Must also incorporate option 5 language.



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 issue 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 issue 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 drivers, occupational, and recreational licenses
- Attaching bank accounts and settlement proceeds
- Obtaining judgments by operation of law against you
- Taking your lottery winnings and federal income tax refunds
- Taking 40 percent of your unemployment 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>>

DONE and ISSUED 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.

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	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: (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.



Child Support Program

CS-OA247
Rule 12E-1.036
Florida Administrative Code
Effective xx/xx

**Request for Court Action
Status Update**

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<<OPTION 35>>

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<<Date>>

Child Support Case Number: <<CaseNumber>>

Other Parent: <<CPName>>

In response to our notice of administrative proceeding, you asked us to proceed with a court action to determine your child support obligation.

Before we do that, we need additional information from the other parent. Once we have that, our attorney will send you a Notice of Commencement of Action and Request for Waiver of Service of Process, Waiver of Service of Process, and a copy of the petition for <<Option 1>> to the address listed above. You must complete the waiver of service and return it within 10 days of receiving it for the court action to proceed. If you do not return the waiver of service timely, we will dismiss the court action and continue with the administrative proceeding.

If you have questions call <<CountyPhoneNumber>> or visit us at floridarevenue.com/childsupport/contact.

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OPTION 1 (based on the type of order being established)

- a. paternity and support
- b. support
- c. paternity



Child Support Program

Order to Appear for Genetic Testing

<<RecipientName>>
<<RecipientAddress>>



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

- 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.
6. **If you are unable to appear at the date, time and place stated in paragraph 2 above, you must call us at the number provided below before the appointment date to reschedule. If you do not call in advance to reschedule, you may have your driver license suspended, be fined \$500, or both.**

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

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Option 1

A. (If the Alleged Father shows incarcerated Select this option)

We will arrange the date and time for genetic testing with the <<Facility name>> correctional facility named above.

B. (If the Alleged Father is not incarcerated select this option. This appointment date, time, and location will be done by auto schedule)

You must appear for genetic testing as follows:

<<Date>>
<<Time>>
<<Place>>
<<Address>>

C. (If option 1.B. is selected and the Alleged Father resides in Florida add statement after Option 1.B.)

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

Developers note: The system needs the ability to list the names and DOB of all children listed in the action

Option 2: Used only when Alleged Father resides in Florida and Option 1.C. is selected.

Developers note: This option places the attached *DNA Sample Collection for Paternity Testing* on a full separate page.



Child Support Program

DNA 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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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

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Option 1

A. (If the recipient is **NOT** incarcerated)

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

B. (If the recipient **IS** incarcerated)

- a. We arranged the date and time for genetic testing with the <<correctional facility name>> correctional facility.

C. (If option 1.A is selected and recipient is in Florida add statement after option 1.A.)

You must provide the enclosed *DNA Sample Collection for Paternity Testing* form to the lab when you appear for your appointment. Your genetic test sample will not be collected without this form.

Option 2:

A. (if the notice is being sent to the NCP)

You must follow all other requirements in the *Order to Appear for Genetic Testing*.

If you cannot appear at the date, time and place stated above, you must contact us at <<CountyPhoneNumber>> before the appointment to reschedule.

If you are an alleged father and do not appear or call ahead of time, your driver license may be suspended, you may be fined \$500, or both.

B. (If the notice is being sent to the CP)

If you cannot appear at the date, time and place stated above, you must contact us at <<CountyPhoneNumber>> before the appointment to reschedule.

If the child(ren) reside with you and you are receiving cash assistance, Medicaid or food assistance and do not appear or call ahead of time to reschedule, we will tell the Department of Children and Families or other state agency providing public assistance that you are not cooperating.

Important

If you do not cooperate, the Department of Children and Families or other state agency providing public assistance may:

- Cancel cash assistance for your family as provided by section 414.32(1) Florida Statutes,
- Impact/cancel benefits based upon cooperation requirements of the state providing public assistance.
- Cancel Medicaid and food assistance for you.

Medicaid and assistance for your child(ren) will continue.

Medicaid during pregnancy will continue.

If the child(ren) reside with you and you are not receiving cash assistance, Medicaid or food assistance and do not appear or call ahead of time to reschedule, we may close your case.

**Option 3: Used only when recipient resides in Florida and Option 1.C. is selected.
This is a full page.**



Child Support Program

DNA 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>>. No parenting plan or time-sharing schedule is being determined by this administrative proceeding.

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

<< Free form text>>

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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, phone number, or fax 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 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.

Notification Requirements

You must tell us and update all information about your identities and locations. 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.

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

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This the <<day{ex: first}>> day of <<Month>>, <<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.

Enclosures:
Genetic Testing Results

<<NCP NAME>>

cc: <<CP NAME>>

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Child Support Program

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

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<<Option 35>>

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

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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. We will work with you to resolve any concerns or questions you have. • 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 issue 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. We will work with you to resolve any concerns you have.
- 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 issue 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 deduct payments from your income
- Filing liens against your property
- Suspending drivers, occupational, and recreational licenses
- Attaching bank accounts and settlement proceeds
- Obtaining judgments by operation of law against you
- Taking your lottery winnings and federal income tax refunds
- Taking 40 percent of your unemployment 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’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>>

DONE and ISSUED 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.

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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)(e), (h), 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)

Additional Provisions: (Center as Header)

<<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.

INSTRUCTIONS FOR FLORIDA FAMILY LAW RULES OF PROCEDURE FORM 12.902(c), FAMILY LAW FINANCIAL AFFIDAVIT (LONG FORM) (01/15)

When should this form be used?

This form should be used when you are involved in a family law case which requires a **financial affidavit** and your individual gross income is **\$50,000 OR MORE per year** unless:

- (1) You are filing a simplified dissolution of marriage under rule 12.105 and both parties have waived the filing of financial affidavits;
- (2) you have no minor children, no support issues, and have filed a written settlement agreement disposing of all financial issues; or
- (3) the court lacks jurisdiction to determine any financial issues.

This form should be typed or printed in black ink. After completing and signing this form, send the original to Child Support Program, 5050 Tennessee Street, Building L, Tallahassee, FL 32399-0195, and keep a copy for your records.

What should I do next?

A copy of this form must be served on the other **party** in your case within 45 days of being served with the petition, if it is not served on him or her with your initial papers. **Service** must be in accordance with Florida Rule of Judicial Administration 2.516.

Where can I look for more information?

Before proceeding, you should read “General Information for Self-Represented Litigants” found at the beginning of these forms. The words that are in “**bold underline**” in these instructions are defined there. For further information, see Florida Family Law Rule of Procedure 12.285.

Special notes...

If you want to keep your address confidential because you are the victim of sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery, or domestic violence do not enter the address, telephone, and fax information at the bottom of this form. Instead, file **Request for Confidential Filing of Address**, Florida Supreme Court Approved Family Law Form 12.980(h).

The affidavit must be completed using **monthly** income and expense amounts. If you are paid or your bills are due on a schedule which is not monthly, you must convert those amounts. Hints are provided below for making these conversions.

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Hourly - If you are paid by the hour, you may convert your income to monthly as follows:
 Hourly amount **x** Hours worked per week = Weekly amount
 Weekly amount **x** 52 Weeks per year = Yearly amount
 Yearly amount ÷ 12 Months per year = **Monthly Amount**

Daily - If you are paid by the day, you may convert your income to monthly as follows:
 Daily amount **x** Days worked per week = Weekly amount
 Weekly amount **x** 52 Weeks per year = Yearly amount
 Yearly amount ÷ 12 Months per year = **Monthly Amount**

Weekly - If you are paid by the week, you may convert your income to monthly as follows:
 Weekly amount **x** 52 Weeks per year = Yearly amount
 Yearly amount ÷ 12 Months per year = **Monthly Amount**

Bi-weekly - If you are paid every two weeks, you may convert your income to monthly as follows:
 Bi-weekly amount **x** 26 = Yearly amount
 Yearly amount ÷ 12 Months per year = **Monthly Amount**

Semi-monthly - If you are paid twice per month, you may convert your income to monthly as follows:
 Semi-monthly amount **x** 2 = **Monthly Amount**

Expenses may be converted in the same manner.

Remember, a person who is NOT an attorney is called a nonlawyer. If a nonlawyer helps you fill out these forms, that person must give you a copy of a **Disclosure from Nonlawyer**, Florida Family Law Rules of Procedure Form 12.900(a), before he or she helps you. A nonlawyer helping you fill out these forms also **must** put his or her name, address, and telephone number on the bottom of the last page of every form he or she helps you complete.

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<<Option 1>>

FAMILY LAW FINANCIAL AFFIDAVIT (LONG FORM)
(\$50,000 or more Individual Gross Annual Income)

I, <<NCPorCPName>>, being sworn, certify that the following information is true:

SECTION I. INCOME

1. My age is: _____
2. My occupation is: <<Option 2>> _____
3. I am currently

[check **all** that apply]

___ a. Unemployed
Describe your efforts to find employment, how soon you expect to be employed, and the pay you expect to receive: _____

___ b. Employed by: <<Option 2>> _____
Address: <<Option 2>> _____
City, State, Zip code: <<Option 2>> _____
Telephone Number: _____
Pay rate: \$ _____ () every week () every other week () twice a month
() monthly () other: _____

If you are expecting to become unemployed or change jobs soon, describe the change you expect and why and how it will affect your income: _____

() Check here if you currently have more than one job. List the information above for the second job(s) on a separate sheet and attach it to this affidavit.

XXXX ___ c. Retired. Date of retirement: _____
XXXX Employer from whom retired: _____
XXXX Address: _____
XXXX City, State, Zip code: _____ Telephone Number: _____

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LAST YEAR'S GROSS INCOME: Your Income Other Party's Income (if known)
 YEAR _____ \$ _____ \$ _____

PRESENT MONTHLY GROSS INCOME:

All amounts must be MONTHLY. See the instructions with this form to figure out money amounts for anything that is NOT paid monthly. Attach more paper, if needed. Items included under "other" should be listed separately with separate dollar amounts.

- 1. Monthly gross salary or wages 1. \$ _____
- 2. Monthly bonuses, commissions, allowances, overtime, tips, and similar payments 2. _____
- 3. Monthly business income from sources such as self-employment, partnerships, close corporations, and/or independent contracts (Gross receipts minus ordinary and necessary expenses required to produce income.) (Attach sheet itemizing such income and expenses.) 3. _____
- 4. Monthly disability benefits/SSI 4. _____
- 5. Monthly Workers' Compensation 5. _____
- 6. Monthly Unemployment Compensation 6. _____
- 7. Monthly pension, retirement, or annuity payments 7. _____
- 8. Monthly Social Security benefits 8. _____
- 9. Monthly alimony actually received
 - 9a. From this case: \$ _____
 - 9b. From other case(s): _____ (Add 9a and 9b) 9. _____
- 10. Monthly interest and dividends 10. _____
- 11. Monthly rental income (gross receipts minus ordinary and necessary expenses required to produce income) (Attach sheet itemizing such income and expense items.) 11. _____
- 12. Monthly income from royalties, trusts, or estates 12. _____
- 13. Monthly reimbursed expenses and in-kind payments to the extent that they reduce personal living expenses (Attach sheet itemizing each item and amount.) 13. _____
- 14. Monthly gains derived from dealing in property (not including nonrecurring gains) 14. _____
- Any other income of a recurring nature (identify source)
- 15. _____
- 16. _____
- 17. PRESENT MONTHLY GROSS INCOME (Add lines 1 through 16) TOTAL: 17. \$ _____**

PRESENT MONTHLY DEDUCTIONS:

All amounts must be MONTHLY. See the instructions with this form to figure out money amounts for anything that is NOT paid monthly.

- 18. Monthly federal, state, and local income tax (corrected for filing status and allowable dependents and income tax liabilities)
 - Federal: _____ State: _____ Local: _____ = 18. \$ _____
 - a. Filing Status _____ b. Number of dependents claimed _____
- 19. Monthly FICA or self-employment taxes 19. _____
- 20. Monthly Medicare payments 20. _____

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| 21. Monthly mandatory union dues | 21. _____ |
| 22. Monthly mandatory retirement payments | 22. _____ |
| 23. Monthly health insurance payments (including dental insurance),
excluding portion paid for any minor children of this relationship | 23. _____ |
| 24. Monthly court-ordered child support actually paid for children from another
relationship (Complete if you PAY support. Do not enter support you receive.) | 24. _____ |
| 25. Monthly court-ordered alimony actually paid. (Add 25a and 25b) | |
| 25a. from this case: \$ _____ | |
| 25b. from other case(s): _____ | 25. _____ |
| 26. TOTAL DEDUCTIONS ALLOWABLE UNDER SECTION 61.30,
FLORIDA STATUTES (Add lines 18 through 25) | TOTAL: 26. \$ _____ |
| 27. PRESENT NET MONTHLY INCOME (Subtract line 26 from line 17) | 27. _____ |

SECTION II. AVERAGE MONTHLY EXPENSES

Proposed/Estimated Expenses. If this is a dissolution of marriage case and your expenses as listed below do not reflect what you actually pay currently, you should write "estimate" next to each amount that is estimated.

HOUSEHOLD:

- | | |
|--|---------------------|
| 1. Monthly mortgage or rent payments | 1. \$ _____ |
| 2. Monthly property taxes (if not included in mortgage) | 2. _____ |
| 3. Monthly insurance on residence (if not included in mortgage) | 3. _____ |
| 4. Monthly condominium maintenance fees and homeowner's association fees | 4. _____ |
| 5. Monthly electricity | 5. _____ |
| 6. Monthly water, garbage, and sewer | 6. _____ |
| 7. Monthly telephone | 7. _____ |
| 8. Monthly fuel oil or natural gas | 8. _____ |
| 9. Monthly repairs and maintenance | 9. _____ |
| 10. Monthly lawn care | 10. _____ |
| 11. Monthly pool maintenance | 11. _____ |
| 12. Monthly pest control | 12. _____ |
| 13. Monthly misc. household | 13. _____ |
| 14. Monthly food and home supplies | 14. _____ |
| 15. Monthly meals outside home | 15. _____ |
| 16. Monthly cable t.v. | 16. _____ |
| 17. Monthly alarm service contract | 17. _____ |
| 18. Monthly service contracts on appliances | 18. _____ |
| 19. Monthly maid service | 19. _____ |
| Other: | |
| 20. _____ | 20. _____ |
| 21. _____ | 21. _____ |
| 22. _____ | 22. _____ |
| 23. _____ | 23. _____ |
| 24. _____ | 24. _____ |
| 25. SUBTOTAL (add lines 1 through 24) | 25. \$ _____ |

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AUTOMOBILE:

- 26. Monthly gasoline and oil 26. \$ _____
- 27. Monthly repairs 27. _____
- 28. Monthly auto tags and emission testing 28. _____
- 29. Monthly insurance 29. _____
- 30. Monthly payments (lease or financing) 30. _____
- 31. Monthly rental/replacements 31. _____
- 32. Monthly alternative transportation (bus, rail, car pool, etc.) 32. _____
- 33. Monthly tolls and parking 33. _____
- 34. Other: _____ 34. _____
- 35. SUBTOTAL (add lines 26 through 34) 35. \$ _____**

MONTHLY EXPENSES FOR CHILDREN COMMON TO BOTH PARTIES:

- 36. Monthly nursery, babysitting, or day care 36. \$ _____
- 37. Monthly school tuition 37. _____
- 38. Monthly school supplies, books, and fees 38. _____
- 39. Monthly after school activities 39. _____
- 40. Monthly lunch money 40. _____
- 41. Monthly private lessons or tutoring 41. _____
- 42. Monthly allowances 42. _____
- 43. Monthly clothing and uniforms 43. _____
- 44. Monthly entertainment (movies, parties, etc.) 44. _____
- 45. Monthly health insurance 45. _____
- 46. Monthly medical, dental, prescriptions (nonreimbursed only) 46. _____
- 47. Monthly psychiatric/psychological/counselor 47. _____
- 48. Monthly orthodontic 48. _____
- 49. Monthly vitamins 49. _____
- 50. Monthly beauty parlor/barber shop 50. _____
- 51. Monthly nonprescription medication 51. _____
- 52. Monthly cosmetics, toiletries, and sundries 52. _____
- 53. Monthly gifts from child(ren) to others (other children, relatives, teachers, etc.) 53. _____
- 54. Monthly camp or summer activities 54. _____
- 55. Monthly clubs (Boy/Girl Scouts, etc.) 55. _____
- 56. Monthly access expenses (for nonresidential parent) 56. _____
- 57. Monthly miscellaneous 57. _____
- 58. SUBTOTAL (add lines 36 through 57) 58. \$ _____**

MONTHLY EXPENSES FOR CHILD(REN) FROM ANOTHER RELATIONSHIP:
(other than court-ordered child support)

- 59. _____ 59. \$ _____
- 60. _____ 60. _____
- 61. _____ 61. _____
- 62. _____ 62. _____
- 63. SUBTOTAL (add lines 59 through 62) 63. _____**

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MONTHLY INSURANCE:

64. Health insurance (if not listed on lines 23 or 45) 64. _____
65. Life insurance 65. _____
66. Dental insurance 66. _____
Other:
67. _____ 67. _____
68. _____ 68. _____
69. SUBTOTAL (add lines 64 through 68, exclude lines 64 and 65) **69. \$** _____

OTHER MONTHLY EXPENSES NOT LISTED ABOVE:

70. Monthly dry cleaning and laundry 70. \$ _____
71. Monthly clothing 71. _____
72. Monthly medical, dental, and prescription (unreimbursed only) 72. _____
73. Monthly psychiatric, psychological, or counselor (unreimbursed only) 73. _____
74. Monthly non-prescription medications, cosmetics, toiletries, and sundries 74. _____
75. Monthly grooming 75. _____
76. Monthly gifts 76. _____
77. Monthly pet expenses 77. _____
78. Monthly club dues and membership 78. _____
79. Monthly sports and hobbies 79. _____
80. Monthly entertainment 80. _____
81. Monthly periodicals/books/tapes/CD's 81. _____
82. Monthly vacations 82. _____
83. Monthly religious organizations 83. _____
84. Monthly bank charges/credit card fees 84. _____
85. Monthly education expenses 85. _____
Other: (include any usual and customary expenses not otherwise mentioned in
the items listed above)
86. _____ 86. _____
87. _____ 87. _____
88. _____ 88. _____
89. _____ 89. _____
90. SUBTOTAL (add lines 70 through 89) **90. \$** _____

MONTHLY PAYMENTS TO CREDITORS: (only when payments are currently made by you on
outstanding balances)

NAME OF CREDITOR(s):

91. _____ 91. \$ _____
92. _____ 92. _____
93. _____ 93. _____
94. _____ 94. _____
95. _____ 95. _____
96. _____ 96. _____
97. _____ 97. _____
98. _____ 98. _____
99. _____ 99. _____
100. _____ 100. _____
101. _____ 101. _____
102. _____ 102. _____
103. _____ 103. _____
104. SUBTOTAL (add lines 91 through 103) **104. \$** _____

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105. TOTAL MONTHLY EXPENSES:
 (add lines 25, 35, 58, 63, 69, 90, and 104 of Section II, Expenses) **105. \$** _____

SUMMARY

106. TOTAL PRESENT MONTHLY NET INCOME
 (from line 27 of SECTION I. INCOME) **106. \$** _____

107. TOTAL MONTHLY EXPENSES (from line 105 above) **107. \$** _____

108. SURPLUS (If line 106 is more than line 107, subtract line 107 from line 106. This is the amount of your surplus. Enter that amount here.) **108. \$** _____

109. (DEFICIT) (If line 107 is more than line 106, subtract line 106 from line 107. This is the amount of your deficit. Enter that amount here.) **109. (\$** _____ **)**

SECTION III. ASSETS AND LIABILITIES

A. ASSETS (This is where you list what you OWN.)

INSTRUCTIONS:

STEP 1: In column A, list a description of each separate item owned by you (and/or your spouse, if this is a petition for dissolution of marriage). Blank spaces are provided if you need to list more than one of an item.

STEP 2: If this is a petition for dissolution of marriage, check the line in Column A next to any item that you are requesting the judge award to you.

STEP 3: In column B, write what you believe to be the current fair market value of all items listed.

STEP 4: Use column C only if this is a petition for dissolution of marriage and you believe an item is "nonmarital," meaning it belongs to only one of you and should not be divided. You should indicate to whom you believe the item belongs. (Typically, you will only use Column C if property was owned by one spouse before the marriage. See the "General Information for Self-Represented Litigants" found at the beginning of these forms and section 61.075(1), Florida Statutes, for definitions of "marital" and "nonmarital" assets and liabilities.)

A ASSETS: DESCRIPTION OF ITEM(S) LIST ONLY LAST FOUR DIGITS OF ACCOUNT NUMBERS. Check the line next to any asset(s) which you are requesting the judge award to you.	B Current Fair Market Value	C Nonmarital (Check correct column)	
		husband	wife
<input type="checkbox"/> Cash (on hand)	\$		
<input type="checkbox"/> Cash (in banks or credit unions)			
<input type="checkbox"/>			
<input type="checkbox"/> Stocks/Bonds			
<input type="checkbox"/>			

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A ASSETS: DESCRIPTION OF ITEM(S) LIST ONLY LAST FOUR DIGITS OF ACCOUNT NUMBERS. Check the line next to any asset(s) which you are requesting the judge award to you.	B Current Fair Market Value	C Nonmarital (Check correct column)	
		husband	wife
<input type="checkbox"/> Collectibles			
<input type="checkbox"/>			
<input type="checkbox"/> Jewelry			
<input type="checkbox"/>			
<input type="checkbox"/> Life insurance (cash surrender value)			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Sporting and entertainment (T.V., stereo, etc.) equipment			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Other assets			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
Total Assets (add column B)	\$ _____		

B. LIABILITIES/DEBTS (This is where you list what you OWE.)

INSTRUCTIONS:

STEP 1: In column A, list a description of each separate debt owed by you (and/or your spouse, if this is a petition for dissolution of marriage). Blank spaces are provided if you need to list more than one of an item.

STEP 2: If this is a petition for dissolution of marriage, check the line in Column A next to any debt(s) for which you believe you should be responsible.

STEP 3: In column B, write what you believe to be the current amount owed for all items listed.

STEP 4: Use column C only if this is a petition for dissolution of marriage and you believe an item is “nonmarital,” meaning the debt belongs to only one of you and should not be divided. You should indicate to whom you believe the debt belongs. (Typically, you will only use Column C if the debt was owed by one spouse before the marriage. See the “General Information for Self-Represented Litigants” found at the beginning of these forms and section 61.075(1), Florida Statutes, for definitions of “marital” and “nonmarital” assets and liabilities.)

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CONTINGENT ASSETS AND LIABILITIES

INSTRUCTIONS:

If you have any **POSSIBLE assets** (income potential, accrued vacation or sick leave, bonus, inheritance, etc.) or **POSSIBLE liabilities** (possible lawsuits, future unpaid taxes, contingent tax liabilities, debts assumed by another), you must list them here.

A Contingent Assets Check the line next to any contingent asset(s) which you are requesting the judge award to you.	B Possible Value	C Nonmarital (Check correct column)	
		husband	wife
<input type="checkbox"/>	\$		
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
Total Contingent Assets	\$ _____		

A Contingent Liabilities Check the line next to any contingent debt(s) for which you believe you should be responsible.	B Possible Amount Owed	C Nonmarital (Check correct column)	
		husband	wife
<input type="checkbox"/>	\$		
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
Total Contingent Liabilities	\$ _____		

E. CHILD SUPPORT GUIDELINES WORKSHEET. Florida Family Law Rules of Procedure Form 12.902(e), Child Support Guidelines Worksheet, MUST be filed with the court at or prior to a hearing to establish or modify child support. This requirement cannot be waived by the parties.

[Check **one** only]

___ **A Child Support Guidelines Worksheet IS or WILL BE filed in this case.** This case involves the establishment or modification of child support.

___ **A Child Support Guidelines Worksheet IS NOT being filed in this case.** The establishment or modification of child support is not an issue in this case.

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I certify that a copy of this financial affidavit was [**one** only] () emailed () mailed () faxed () hand delivered to the person(s) listed below on {date} _____.

Other party or his/her attorney:

Name: _____ Email Address(es) _____

Address: _____

City, State, Zip: _____

Fax Number: _____



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

Dated: _____

Signature of Party
Printed Name: _____
Address: <<Option 2>> _____
City, State, Zip: <<Option 2>> _____
Telephone Number: _____
Fax Number: _____

IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW: [fill in **all** blanks]

This form was prepared for the: {choose only **one**} () Petitioner () Respondent

This form was completed with the assistance of:

{name of individual} _____,
{name of business} _____,
{address} _____,
{city} _____, {state} _____, {telephone number} _____

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OPTION 1 (automatically default to A. B is used if we need to change the styling)

A.

State of Florida Department of Revenue
Child Support Program and

<<CP NAME>>

Petitioners,

and

<<NCP NAME>>

Respondent.

B.

<<FreeFormTextStyling>>

NOTE: This form may be sent to both parties at the same time.

OPTION 2

A. If recipient of form has active “Requests Non-Disclosure” relationship with other parent on case or activity, print Confidential Information in these fields.

B. If recipient of form does not have active “Requests Non-Disclosure” relationship with other parent on case or activity, leave field blank.

INSTRUCTIONS FOR FLORIDA FAMILY LAW RULES OF PROCEDURE FORM 12.902(b), FAMILY LAW FINANCIAL AFFIDAVIT (SHORT FORM)

When should this form be used?

This form should be used when you are involved in a family law case which requires a **financial affidavit** and your individual gross income is **UNDER \$50,000 per year** unless:

- 1) You are filing a simplified dissolution of marriage under rule 12.105 and both parties have waived the filing of a financial affidavit;
- 2) You have no minor children, no support issues, and have filed a written settlement agreement disposing of all financial issues; or
- 3) The court lacks jurisdiction to determine any financial issues.

If your gross income is \$50,000 or over per year, call us at: <<CountyPhoneNumber>> and request a Financial Affidavit (Long Form).

This form should be typed or printed in black ink. After completing and signing this form, send the original to Child Support Program, 5050 W. Tennessee Street, Building L, Tallahassee, FL 32399-0195.

What should I do next?

A copy of this form must be served on the other party in your case within 45 days of being served with the petition, if it is not served on him or her with your initial papers. Service must be in accordance with Florida Rule of Judicial Administration 2.516.

Where can I look for more information?

Before completing this form, you should read the "General Information" and "Glossary" sections of the Florida Family Law Rules of Procedure forms. The words that are in "bold underline**" in these instructions are defined there. For further information, see rule 12.285, Florida Family Law Rules of Procedure.**

Special notes...

If you want to keep your address confidential because you are the victim of sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery, or domestic violence, do not enter the address, telephone, and fax information at the bottom of this form. Instead, file a **Request for Confidential Filing of Address**, Florida Supreme Court Approved Family Law Form 12.980(h).

The affidavit must be completed using **monthly** income and expense amounts. If you are paid or your bills are due on a schedule which is not monthly, you must convert those amounts. Hints are provided below for making these conversions.

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Hourly - If you are paid by the hour, you may convert your income to monthly as follows:

Hourly amount \times Hours worked per week = Weekly amount
Weekly amount \times 52 Weeks per year = Yearly amount
Yearly amount \div 12 Months per year = **Monthly Amount**

Daily - If you are paid by the day, you may convert your income to monthly as follows:

Daily amount \times Days worked per week = Weekly amount
Weekly amount \times 52 Weeks per year = Yearly amount
Yearly amount \div 12 Months per year = **Monthly Amount**

Weekly - If you are paid by the week, you may convert your income to monthly as follows:

Weekly amount \times 52 Weeks per year = Yearly amount
Yearly amount \div 12 Months per year = **Monthly Amount**

Bi-weekly - If you are paid every two weeks, you may convert your income to monthly as follows:

Bi-weekly amount \times 26 = Yearly amount
Yearly amount \div 12 Months per year = **Monthly Amount**

Bi-monthly - If you are paid twice per month, you may convert your income to monthly as follows:

Bi-monthly amount \times 2 = **Monthly Amount**

Expenses may be converted in the same manner.

Remember, a person who is NOT an attorney is called a nonlawyer. If a nonlawyer helps you fill out these forms, that person must give you a copy of a **Disclosure from Nonlawyer**, Florida Family Law Rules of Procedure Form 12.900(a), before he or she helps you. A nonlawyer helping you fill out these forms also **must** put his or her name, address, and telephone number on the bottom of the last page of every form he or she helps you complete.

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Case No.: <<Court Case #>>

<<Option 1>>

FAMILY LAW FINANCIAL AFFIDAVIT (SHORT FORM)
(Under \$50,000 Individual Gross Annual Income)

I, <<NCPorCPName>>, being sworn, certify that the following information is true.

My Occupation: <<Option 2>> _____ Employed by: <<Option 2>> _____

Business Address: <<Option 2>> _____

Pay rate: \$ _____ () every week () every other week () twice a month () monthly
() other: _____

_____ Check here if unemployed and explain on a separate sheet your efforts to find employment.

SECTION I. PRESENT MONTHLY GROSS INCOME:

All amounts must be MONTHLY. See the instructions with this form to figure out money amounts for anything that is NOT paid monthly. Attach more paper, if needed. Items included under "other" should be listed separately with separate dollar amounts.

1. Monthly gross salary or wages 1. \$ _____
2. Monthly bonuses, commissions, allowances, overtime, tips, and similar payments 2. _____
3. Monthly business income from sources such as self-employment, partnerships, close corporations, and/or independent contracts (gross receipts minus ordinary and necessary expenses required to produce income) (Attach sheet itemizing such income and expenses.) 3. _____
4. Monthly disability benefits/SSI 4. _____
5. Monthly Workers' Compensation 5. _____
6. Monthly Unemployment Compensation 6. _____
7. Monthly pension, retirement, or annuity payments 7. _____
8. Monthly Social Security benefits 8. _____
9. Monthly alimony actually received
9a. From this case \$ _____
9b. From other case(s) \$ _____ Add 9a and 9b 9. _____
10. Monthly interest and dividends 10. _____
11. Monthly rental income (gross receipts minus ordinary and necessary expenses required to produce income) (Attach sheet itemizing such income and expense items.) 11. _____
12. Monthly income from royalties, trusts, or estates 12. _____
13. Monthly reimbursed expenses and in-kind payments to the extent that they reduce personal living expenses 13. _____
14. Monthly gains derived from dealing in property (not including nonrecurring gains) 14. _____
15. Any other income of a recurring nature (list source) _____ 15. _____
16. _____ 16. _____
17. **PRESENT MONTHLY GROSS INCOME** (Add lines 1-16) **TOTAL:** 17. \$ _____

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PRESENT MONTHLY DEDUCTIONS

- 18. Monthly federal, state, and local income tax (corrected for filing status and allowable dependents and income tax liabilities)
 Federal: _____ State: _____ Local: _____ = 18. \$ _____
- 19. Monthly FICA or self-employment taxes 19. _____
- 20. Monthly Medicare payments 20. _____
- 21. Monthly mandatory union dues 21. _____
- 22. Monthly mandatory retirement payments 22. _____
- 23. Monthly health insurance payments (including dental insurance), excluding portion paid for any minor children of this relationship 23. _____
- 24. Monthly court-ordered child support actually paid for children from another relationship (Complete if you PAY support. Do not enter support you receive.) 24. _____
- 25. Monthly court-ordered alimony actually paid (Add 25a and 25b)
 25a. From this case \$ _____
 25b. From other case(s) _____ 25. _____
- 26. **TOTAL DEDUCTIONS ALLOWABLE UNDER SECTION 61.30, FLORIDA STATUTES**
 (Add lines 18 through 25) 26. \$ _____
- 27. **PRESENT NET MONTHLY INCOME** (Subtract line 26 from 17) 27. \$ _____

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SECTION II. AVERAGE MONTHLY EXPENSES

Proposed/Estimated Expenses. If this is a dissolution of marriage case **and** your expenses as listed below do not reflect what you actually pay currently, you should write "estimate" next to each amount that is estimated.

A. HOUSEHOLD:

Mortgage or rent \$ _____
 Property taxes \$ _____
 Utilities \$ _____
 Telephone \$ _____
 Food \$ _____
 Meals outside home \$ _____
 Maintenance/Repairs \$ _____
 Other: _____ \$ _____

B. AUTOMOBILE

Gasoline \$ _____
 Repairs \$ _____
 Insurance \$ _____

C. CHILD(REN)'S EXPENSES

Day care \$ _____
 Lunch money \$ _____
 Clothing \$ _____
 Grooming \$ _____
 Gifts for holidays \$ _____
 Medical/dental (uninsured) \$ _____
 Other: _____ \$ _____

D. INSURANCE

Medical/dental (if not listed on
 Lines 23 or 45) \$ _____
 Child(ren)'s medical/dental \$ _____
 Life \$ _____
 Other: _____ \$ _____

E. OTHER EXPENSES NOT LISTED ABOVE

Clothing \$ _____
 Medical/Dental (uninsured) \$ _____
 Grooming \$ _____
 Entertainment \$ _____
 Gifts \$ _____
 Religious organizations \$ _____
 Miscellaneous \$ _____
 Other: _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____

F. PAYMENTS TO CREDITORS

CREDITOR	MONTHLY PAYMENT
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
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B. LIABILITIES:

DESCRIPTION OF ITEM(S). List a description of each separate debt owed by you (and/or your spouse, if this is a petition for dissolution of marriage). LIST ONLY LAST 4 DIGITS OF ACCOUNT NUMBERS. Check the box next to any debt(s) for which you believe you should be responsible.	Current Amount Owed	Nonmarital (check correct column)	
		husband	wife
<input type="checkbox"/> Mortgages on real estate: First mortgage on home	\$		
<input type="checkbox"/> Second mortgage on home			
<input type="checkbox"/> Other mortgages			
<input type="checkbox"/>			
<input type="checkbox"/> Auto loans			
<input type="checkbox"/>			
<input type="checkbox"/> Charge/credit card accounts			
<input type="checkbox"/> Other			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> _____ Check here if additional pages are attached.			
Total Debts (add next column)	\$ _____		

C. CONTINGENT ASSETS AND LIABILITIES:

INSTRUCTIONS: If you have any **POSSIBLE asset(s)** (income potential, accrued vacation or sick leave, bonus, inheritance, etc.) or **POSSIBLE liabilities** (possible lawsuits, future unpaid taxes, contingent tax liabilities, debts assumed by another), you must list them here.

Contingent Assets Check the line next to any contingent asset(s) which you are requesting the judge award to you.	Possible Value	Nonmarital (check correct column)	
		husband	wife
<input type="checkbox"/>	\$		
<input type="checkbox"/>			
Total Contingent Assets	\$ _____		

Contingent Liabilities Check the line next to any contingent debt(s) for which you believe you should be responsible	Possible Amount Owed	Nonmarital (check correct column)	
		husband	wife
<input type="checkbox"/>	\$		
<input type="checkbox"/>			
Total Contingent Liabilities	\$ _____		

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SECTION IV. CHILD SUPPORT GUIDELINES WORKSHEET

(Florida Family Law Rules of Procedure Form 12.902(e), Child Support Guidelines Worksheet, MUST be filed with the court at or prior to a hearing to establish or modify child support. This requirement cannot be waived by the parties.)

[Check **one** only]

____ **A Child Support Guidelines Worksheet IS or WILL BE filed in this case.** This case involves the establishment or modification of child support.

____ **A Child Support Guidelines Worksheet IS NOT being filed in this case.** The establishment or modification of child support is not an issue in this case.

I certify that a copy of this document was [check all used]: () emailed () mailed () faxed () hand delivered to the person(s) listed below on {date} _____.

Other party or his/her attorney:

Name: _____

Address: _____

City, State, Zip: _____

Fax Number: _____

Email Address(es): _____

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

Dated: _____

Signature of Party

Printed Name:

Address: <<Option 2>> _____

City, State, Zip: <<Option 2>> _____

Fax Number: _____

Email Address(es): _____

IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW: [fill in **all** blanks] This form was prepared for the: {choose only **one**}

() Petitioner () Respondent

This form was completed with the assistance of:

{name of individual} _____,

{name of business} _____,

{address} _____,

{city} _____, {state} _____ {telephone number} _____.

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OPTION 1 (automatically default to A. B is used if we need to change the styling)

A.

State of Florida Department of Revenue
Child Support Program and

<<CP NAME>>
Petitioners,

and

<<NCP NAME>>
Respondent.

B.

<<FreeFormTextStyling>>

NOTE: This form may be sent to both parties at the same time.

OPTION 2

A. If recipient of form has active “Requests Non-Disclosure” relationship with other parent on case or activity, print Confidential Information in these fields.

B. If recipient of form does not have active “Requests Non-Disclosure” relationship with other parent on case or activity, leave field blank.



Child Support Program

Paternity Declaration

I, <<CPFirstNameMiddleInitialLastName>>, make the following declaration:

- 1. I am the biological mother of <<ChildName>>, who was born on <<ChildDOB>>.
2. I had sexual intercourse with the following man or men at or about the time the pregnancy began, and I believe the biological father of this child is the man, or one of the men, named below.

Table with 2 columns: Full Name, State/County Where Pregnancy Began

- 3. (Check all that apply):
I was married at or about the time the pregnancy began.
I was married when the child was born.
I was married to ...
Date and Place of Marriage ...
Date and Place of Divorce (If applicable) ...

- The child's birth certificate states that I was married when the child was born.
4. There is no one named on the birth certificate.
The person named as the father or other parent on the birth certificate is ...
The name is on the birth certificate because:

- We were married when the child was born.
We were married after the child was born and his name was added.
We were not married at the time of birth. He signed the birth certificate in the hospital.
We were not married at the time of birth. He signed a paternity acknowledgment later.
There is a court order that says he is the father:

Date of Order: County: State: Case #:

5. I understand that a copy of this Paternity Declaration will be given to the person(s) named in section 2 above.

Under penalties of perjury, I declare that I have read this Paternity Declaration and the facts stated in it are true.

<<Option 1>>

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Option 1

A. This signature line populates when the form is generated from ZOMD for mailing.

Signed _____ Date _____

B. This signature line populates when the form is completed on e-services.

Signed <<CPNAME>> _____ Date <<System Date>> _____

This document has been signed electronically as authorized by section 668.004, Florida Statutes.



Child Support Program

CS-PO103
Rule 12E-1.039
Florida Administrative Code
Effective xx/xx

Paternity Statement by Alleged Father

(See other side for instructions on how to complete this form)

Father Name
Father Address
City, State, Zip Code

Enter Today's Date

Child Support Case Number: Enter CSP Number

1. I, Father Name , make the following statement:
2. I may be the biological father of the following child:

Enter Child's Full Name	Date of Birth	Enter County/State of Birth
Child's Full Name	Date of Birth	County/State of Birth
3. Between Month and Year and Month and Year around the time when the pregnancy began, I had sexual intercourse with the child's mother Enter Mother's Full Name.
4. I was not married to the child's mother when the child was born and was not married to her at or about the time the pregnancy began.
5. I understand that a copy of this statement will be given to the child's mother. For the reasons stated above, this action is required by s. 88.3191(2), Florida Statutes.

Under penalties of perjury, I declare that I have read this statement and the facts stated in it are true and correct.

Signed

Dated

Instructions for Completing the *Paternity Statement by Alleged Father (CS-PO103)*

Establishing paternity for your child is one of the most important steps you can take for your child. A paternity statement is completed for each child.

You must complete this form if you are receiving temporary cash assistance or food assistance for yourself. This form is used to start an action to identify and establish the child's legal father.

INSTRUCTIONS

If you are completing this form through our web self-service, your name, the child's name, and other identifying information will be completed. This is the information we have on our case records and cannot be changed by completing this form. Please contact us to update any changes to your name, the child's name, or the child's date of birth.

If you are completing this form in hard copy:

1. Check the spelling of your first, middle (if any), and last name.
2. Check the child's full name, the child's date of birth and the state and county where the child was born.
3. Enter the earliest and latest date for the time period that you had sexual intercourse with the child's mother and believe the mother may have become pregnant during that time period.
4. Check the full name of the child's mother in the space provided.
5. Read number four. You do not enter anything on this line.
6. Read number five. You do not enter anything on this line.
7. Read the entire form again and all information you have entered. Verify the accuracy of your written statements. If you sign this form and have entered false information, you can be found guilty of perjury.
8. Return the form to:

Child Support Program
Central Mail Processing Facility
P.O. Box 5320
Tallahassee, FL 32314-5320

If you have questions or need help:

Access your case or email us: childsupport.floridarevenue.com

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



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**