



## Child Support Enforcement Request for Refund

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

CSE Case #: \_\_\_\_\_

Other Parent: \_\_\_\_\_

You asked us to return a support payment(s) that we could not process because we were unable to send it to the parent named above.

We treated the payment as program income as required by section 409.2558(3), Florida Statutes.

We need the following information so we can identify you, the case, and the payment amount. We will not review your request unless you provide the following information:

Name (Please print) \_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Phone Number (Include area code) \_\_\_\_\_

Child Support or Court Case Number (If known) \_\_\_\_\_

Date of Payment(s) (If known) \_\_\_\_\_

Total Amount Claimed (If known) \_\_\_\_\_

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

Signed \_\_\_\_\_ Dated \_\_\_\_\_

Sign, date and return this form and proof of payment to:

Child Support Enforcement  
Attn: Payment Processing Unit  
P.O. Box 8030  
Tallahassee, FL 32314-8030

Allow four weeks for a reply. To contact us call 1-850-617-8119 and ask for the Payment Processing Unit.