



Child Support Program

CS-OA120R
Rule 12E-1.030
Florida Administrative Code
Effective 09/19/17

<<Option 1>> PROPOSED ORDER TO
MODIFY ADMINISTRATIVE SUPPORT

<<Option 35>>

Child Support Case Number: <<CSECaseNum>>
Depository Number: <<DepositoryNo.>>
Activity Number: <<Activity Number>>

- 1. The Florida Department of Revenue, Child Support Program issues this <<Option 1>> Proposed Order to Modify Administrative Support Order...
2. The Child Support Program reviewed the existing Final Order and applied the child support guidelines...
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...
a. Current child support of \$<<Current Support>> each month to be paid by the Respondent.
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.
d. Past-due support of \$<<Past Due Support Owed>> 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.

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This page is only a summary. The pages that follow contain our findings and additional terms and conditions of the Proposed Modified Order. The start date for payments and health insurance (if ordered) will be covered in the Final 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 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. If there is a hearing, DOAH may enter a Final Order.

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 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 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. If we issue a Final Order, we may enforce it by any lawful means, including:

- XXXX • Requiring your employer to deduct payments from your income
- XXXX • Filing liens against your property
- XXXX • Suspending driver's, occupational, and recreational licenses
- XXXX • Attaching bank accounts and settlement proceeds
- XXXX • Obtaining judgments by operation of law against you
- XXXX • Taking your lottery winnings and federal income tax refunds
- XXXX • Taking 40 percent of your unemployment benefits
- XXXX • Taking part of your worker's compensation benefits
- XXXX • Asking a court to enforce the order

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And if payments are late we will report it and the amounts 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.

H. If you have questions about this Proposed Order call <<Option 31>> or see us in person at <<CSE Local Office and Address>>.

DONE and ISSUED this the <<Day; 1st, 2nd, 3rd, etc.>> day of <<Month>>, 20<<Year>>.

s/<<1s initial & Last Name Resp Employee from ZAPO>>
Authorized Representative
Florida Department of Revenue

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

Enclosures:
Child Support Guidelines Worksheet(s)
Financial Affidavits

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>>
Case Number: <<CSECaseNo>>

vs.

<<NCP NAME>>
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 <<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 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/CTR Name>>, 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 \$ <<Current Support>> 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>>

<<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>>

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B. Starting _____ (Start date will be stated in the Final Order) the Respondent shall pay:

\$<<Current Support>> each month in current support, plus \$<<Total Payment for Past-Due Support>> each month for past-due support 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.

E. Health Insurance and Noncovered Medical Expenses. <<Option 39>>.

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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 25>>

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OPTIONS PAGE

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 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.

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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.

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[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.

**** As option 15.1 states more/less the <<TotalDeviationAmountPOSD>> field will only pull numerical value of the field (positive or negative symbols are not to be pulled into the form)**

- A. Select Option A, if the value of the field SHARED_PARENTAL_M is checked.
- B. Select Option B, if the value of the field PARENTING_PLAN_M or PARENTING_PLAN_F is not equal to zero and is not blank.
- C. Select Option C if the value of either field EXTRA_EXP_M or EXTRA_EXP_F is not equal to zero and is not blank.
- D. Select Option D if the value of either field PAREN_SUPP_M or PAREN_SUPP_F is not equal to zero and is not blank.
- E. Select Option E if the value of either field SEASONAL_M or SEASONAL_F is not equal to zero and is not blank.
- F. Select Option F if the value of either field AGE_OF_CHILD_M or AGE_OF_CHILD_F is not equal to zero and is not blank.
- G. Select Option G, if the value of either field SPECIAL_NEEDS_M or SPECIAL_NEEDS_F is not equal to zero and is not blank.
- H. Select Option H, if the value of either field TOTAL_ASSETS_M or TOTAL_ASSETS_F is not equal to zero and is not blank.
- I. Select Option I, if the value of either field MORE_THAN_55_M or MORE_THAN_55_F is not equal to zero and is not blank, for the NCP only. Do not select this option if this field is populated for the CP.
- J. Select option J, if the value of the field INDEP_CHLD is not equal to zero and is not blank.
- K. Select Option K, if the value of the field IRS_EXEMP_M or IRS_EXEMP_F is not equal to zero and is not blank.
- L. Select Option L, if the value of the field OTH_EQUIT_ADJ_M or OTH_EQUIT_ADJ_F is not equal to zero and is not blank.
- M. Select Option M, if the value of the field APP_SEC_FAM_M or APP_SEC_FAM_F is not equal to zero and is not blank, for the NCP only. Do not select this option if this field is populated for the CP.
- N. Select Option N, if the value of the field SSD_RES_M or SSD_RES_F is not equal to zero and is not blank, for the NCP only. Do not select this option if this field is populated for the CP.
 \$<<Allowable Deduction>> is to be derived from determination of Respondent, then APPR_SECFAM_M or APPR_SECFAM_F, appropriately
 \$<<ReducedObligAmt>> is to be derived from determination of Respondent, then SSD_CRED_M or SSD_CRED_F, appropriately

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)

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- 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 <<Option 27>> is active or retired United States military. As a dependent of the <<Option 27>>, 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 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 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>>

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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 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 <<Option 27>>.
- B. Neither parent is ordered to provide health insurance for the minor child(ren).
 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 <<Option 27>> shall obtain and maintain health insurance for the child(ren) by enrolling them in group health insurance available through the <<Option 27>>'s employer, union, or other source. The <<Option 27>> shall send written proof of coverage to the <<CSE Local Office and Address>>. If there is any change in health insurance the <<Option 27>> 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

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