Child Support Program

Acknowledge Request for Services

<<Address>>

<<Date>>
<<Option 1>>

The Florida Department of Revenue received your request for services with the Child Support Program.

<<Option 2>>

<<Option 3>>

If you receive **Temporary Cash Assistance**:

- We are required by law to provide child support services for you and your child(ren).

- We will try to identify and locate the other parent; establish paternity if needed; establish, modify, and enforce support orders as needed; and pay you any support we collect that you are owed. By law you are required to cooperate with us by providing information about yourself and the other parent.

- As a condition of receiving public assistance you are required to assign your support rights to the state. We will use the assignment to pay back the payors of public assistance with the support collected. Any support we collect that exceeds the amount of cash assistance you receive will be paid to you.

- If we are able to collect support for you, any payments you are owed will be made electronically. You can choose either direct deposit to your own bank account or choose a debit card we provide. If you do not choose either, you will receive a debit card in the mail. For more information go to <<CSE web link to payment options>>

- There are no fees or costs that you are required to pay. If we pay money to you that you are not entitled to we will seek to collect it from you.

If you receive **Medicaid**:

- We are required by law to provide child support services for you and your child(ren) if you want services. If you do not want us to collect child support for you please tell us. We will still obtain a medical support obligation.

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- We will try to identify and locate the other parent; establish paternity if needed; establish, modify, and enforce support orders as needed; and pay you any support we collect that you are owed. By law you are required to cooperate with us by providing information about yourself and the other parent. Because you receive Medicaid we will try to establish and enforce an order that requires the other parent to provide health insurance for the child(ren) and payment of noncovered medical expenses.

- As a condition of receiving Medicaid you are required to assign your rights to medical support to the state. We will use the assignment to collect and pay back any Medicaid expenses for the child(ren). The assignment of medical support rights does not affect your rights to periodic child support payments. Any medical support we collect beyond any Medicaid expenses will be paid to you.

- If you want to receive full child support services and we are able to collect support for you, any payments you are owed will be made electronically. You can choose either direct deposit to your own bank account or to a debit card we will provide. If you do not choose either, you will receive a debit card in the mail. For more information go to <<CSE web link to payment options>>

- There are no fees or costs that you are required to pay. If we pay money to you that you are not entitled to we will seek to collect it from you.

If you **do not** receive public assistance:

- We are required by law to provide child support services for you and your child(ren).

- We will try to identify and locate the other parent; establish paternity if needed; establish, modify, and enforce support orders as needed; and pay you any support we collect that you are owed. If you do not cooperate with us by providing information we need about yourself and the other parent we will close the case.

- If you have never received cash assistance any support we are able to collect will be paid to you. Payments made to you must be made electronically. You can choose either direct deposit to your own bank account or to a debit card we will provide. If you do not choose either, you will receive a debit card in the mail. For more information go to <<CSE web link to payment options>>

- There are no fees or costs that you are required to pay. If we pay money to you that you are not entitled to we will seek to collect it from you.

To contact us call **<<Option 4>>**

For more information go to <<InsertAppropriateFDORInternetAddr>>.
<<InsertWebText:>>

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Option 1 (Either A or B, Not both)
    A. Service Request Number: <<SVSReqNum>>
    B. Child Support Case Number: <<CSECaseNum>>

Option 2 (A-When CSE cannot open a case) or (B – no information is needed. or C-information needed, case exists.

    A. We cannot open a child support case with <<Insert NCP name>> at this time. We have closed the previous case between you and <<Insert NCP name>> and the reason for closing your case has not changed.

    B. We have opened your child support case. We have everything we need at this time. Please allow thirty days before contacting us for status.

    C. We have opened your child support case. We need more information or documents from you. It is important to give us the information as soon as possible so we can begin to take action on your case. **If you have copies of the documents we need, please mail them to us with this form within 30 days of the date of this notice.**

Florida law requires you to cooperate with us if you have applied for or are receiving Temporary Cash Assistance, Medicaid for yourself and child(ren), and/or food assistance for yourself and child(ren). You must give us the information we need for your family to be eligible to receive these benefits. If you do not, we will tell the Department of Children and Families you did not cooperate and they may stop some or all benefits to your family.

If you are not receiving public assistance benefits, you must give us the information we need in order for us to provide services. If you do not cooperate, we will close your case.

Fill in the required fields and/or send us copies or complete the forms we asked for within 30 days of this notice. Return the documents and this form to:

<div align="center">

Florida Department of Revenue
Child Support Program
P.O. Box 5320
Tallahassee, FL 32314-5320

</div>

Option 3 (all or any combination. MUST BE USED WITH OPTION 2C.)

    A. We need a copy of your divorce or support order(s). We need them to find out if paternity was established or if support was ordered for the child(ren). We also need to find out if health insurance was ordered. If you have copies of the orders send them to us with a copy of this form. If you do not have the order(s), fill in the following spaces, return this form to us and we will try to get a copy:

County and state of order: County _____ State _____

Date order was signed by judge or administrative authority:

_____/_____/_____

Court case or docket number(s) _____

Name of child(ren) included in the order:

_____

_____

_____

B. Complete and return the enclosed Affidavit of Past Due Support Owed (CS-PO11). Include an accounting of any court-ordered payments made directly to you.

C. We need copies of the birth certificate for each child not born in Florida. We can get birth certificate information if your child(ren) was born in Florida. We need a copy of the birth certificates to find out if your child(ren) has a legal father. If you have copies, send them to us with a copy of this form. If you do not have a copy, fill in the information below and return this form to us and we will try to get a copy. We need each child's name, date of birth and where they were born.

    1. Child's Name <<ChildName>>   Date of Birth ____/____/____

       City _____ County _____ State ____ Country _____

    2. Child's Name <<ChildName>>   Date of Birth ____/____/____

       City _____ County _____ State ____ Country _____

    3. Child's Name <<ChildName>>   Date of Birth ____/____/____

       City _____ County _____ State ____ Country _____

D. Complete and return the enclosed **<<Option 5>>**. We need this form for each child that was born outside of marriage to find out who the biological father is so we can perform genetic testing. Instructions for how to complete the form are on the back of it.

E. Complete and return the enclosed Request for Nondisclosure (CS-ES20). In your application, you asked us to protect your location information (address and employer) from disclosure because you have reason to believe release of location information by the Federal Case Registry may result in physical or emotional harm to yourself or child(ren). We will tell the Federal Case Registry not to release your address to anyone for any purpose not related to child support.

Option 4 (based on the office handling the case)

A. 1-305-530-2600 **(if case is handled in Miami-Dade County)**

B. 1-800-622-KIDS (5437) **(if A. Conditions are not met, [all other sites])**

Option 5 (CS-PO34, completed by CP mom; CS-PO102, completed by CP nonparent)
   A. Paternity Declaration (CS-PO34)
   B. Paternity Statement by Nonparent (CS-PO102)

NOTE: For tag <<InsertWebText:>> **We want the following text to be a condition that FDOR can turn on when the form is available on e-services:**
Register for secure online customer service and complete any required forms online.