

Child Support Program

<<Option 1>> Notice of Proceeding to Establish Administrative Support Order

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	<<0	ption	35>>

<<Date>>

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

 We have started a proceeding to establish an administrative support order that may require you, <<NCP Name>>, to pay child support and/or provide health insurance and noncovered medical expenses for your child(ren) named below. The name and date of birth of the child(ren) is:

<<Child1Name>> <<Child2Name>>

<<Child1DOB>> <<Child2DOB>>

<<Option 10>>

Our records show there is no support order for the child(ren). We have started this proceeding because public assistance has been received for the child(ren) or because the other parent or caregiver has asked for our help in establishing support. You have a legal duty to contribute to the support of the child(ren) named above because you are the <<Option 11>>. <<Option 8>>>

The name of the other parent is << OtherParentName>>.

<<Option 24>> <<Option 55>>

Based on public assistance records or a statement by the other parent or caregiver, you also may owe past child support.

2. You are required by law to fill out and sign the enclosed Financial Affidavit and Parent Information Form. You must return the filled-out forms to the address below no later than 20 days after you receive this notice.

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

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If you have already given support for the child(ren), send us written proof of this support with vour Parent Information Form. If the information on this form changes you must let us know the changes in writing. << InsertWebText:2>>.

The other parent/caregiver has already completed these forms.

3. We will review the financial affidavits we receive and will use all available, reliable information about your income and the other parent's income to figure the monthly amount you should be required to pay to support the child(ren). If we cannot determine the correct monthly support amount, we may refer the proceeding to the Division of Administrative Hearings for an administrative law judge to conduct a hearing. Otherwise, this amount will be computed using the child support guidelines found in section 61.30, Florida Statutes, and placed in a Proposed Administrative Order (Proposed Order). Sometimes the support amount may be changed to an amount more or less than the amount shown by the guidelines. 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 the reasons on the list apply to you then give us detailed information about that reason along with your Financial Affidavit.

If we know what your actual monthly income is, we will use that amount. We may ask for copies of your credit report, employment records, state wage data, or information from other sources to compute or verify your monthly income. If you do not tell us your income, we will use this other information to calculate a monthly income.

We will mail you the Proposed Order to the address on page one of this notice unless you provide a new address in writing. We will include the worksheet(s) used to compute the support amount and any financial affidavits we receive or prepare. We will send the same documents to the other parent/caregiver.

- 4. After you receive the Proposed Order you need to review it closely to be sure you agree with the information included in it. You will have the opportunity to discuss the proposed order with us or to request an administrative hearing. Directions about how to request an informal discussion or administrative hearing are included in the Proposed Order.
- 5. If a Final Administrative Support Order is issued, it can be enforced in any way the law allows.
- 6. You must tell us your current mailing address and send us any changes to your mailing address. All proposed and final administrative support orders, notices of hearing, and any other papers will be mailed to you at the address on page one of this notice and we will presume you have received any documents we send you. You must provide us written notice of changes to your address right away. If you do not provide us address changes, you may not receive a notice causing you to miss a deadline and lose your right to ask for a hearing or file an appeal.
- XXXX7. You or the other parent/caregiver may file a civil action in an appropriate circuit court of this state at any time to determine your paternity and/or support obligations, if any. If, within 20 days after you are served with this notice, you file an action in circuit court and serve us with a copy of the petition, this administrative proceeding will end and the action will proceed in circuit court. If you file a petition, you must serve a copy on us at:

Deputy Agency Clerk <<P.O.LegalAddress>>

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XXXX XXXX

XXXX XXXX XXXX Only the circuit court has jurisdiction to grant a divorce, resolve a paternity dispute, award alimony, make name changes or modify or enforce a parenting time plan. If you want a hearing on any of these issues, you must file a petition in circuit court.

A support order from a circuit court that changes the support obligation(s) takes the place of or supersedes a DOR administrative support order. However, any unpaid support due under the administrative order is still owed.

If you choose to file a court action and do not have a lawyer, you can check to see if there is a self-help center in the county courthouse where you live. For availability, locations, forms, and other information go to www.flcourts.org.

8. If you want us to proceed in circuit court to address your support obligation, we must receive a written request by mail within 20 days after you receive this notice at:

Florida Department of Revenue Child Support Program <<Local Office Address>>

If we receive your request within that time we will file an action in circuit court to determine your support obligations, if any, after the other parent or caregiver provides a financial affidavit and will mail you a copy of the court petition and a waiver of service form. You must then sign and return the waiver of service form within 10 days after you receive it. Upon receipt of your signed waiver of service form, we will end this administrative proceeding and proceed with the circuit court action. If the waiver of service is not returned, this proceeding will continue. Our petition will only address child support. It will not address custody or visitation.

- 9. Call us if you are now in a bankruptcy or Chapter 13 proceeding. Parts of this notice may not apply to you.
- 10. This proceeding is authorized by section 409.2563, Florida Statutes.
- 11. If you have any questions call **<<Option 31>>**. Provide address updates to the address below:

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

Signed and dated this the << Day; 1st, 2nd, 3rd, etc.>> day of << Month>>, 20<< YY>>.

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XXXX
                           << Image of Ann Coffin's signature>>
XXXX
                           Director, Child Support Program
                           Authorized Representative
XXXX
                           Florida Department of Revenue
XXXX
This document has been signed electronically as authorized by section 668.004, Florida Statutes
     Enclosures:
XXXX
        Financial Affidavit
XXXX
        Parent Information Form
XXXX
        <<Option 49>>
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Notice to Non-English Speaking Respondents

The Department of Revenue, Child Support Program (DOR) has begun a legal proceeding to establish paternity or a child support order for the child(ren) named on page one of the enclosed notice. To fully understand your rights and obligations you need to read the enclosed notice or order. If you do not understand English, ask someone you know to help translate the notice or order for you. If you have questions, call <<COUNTYPHONENUMBER>> for further assistance.

Aviso Para Demandados Que No Hablen Inglés

El Ministerio de Hacienda (Department of Revenue) del Estado de la Florida, Programa Para Sustento de Menores, ha iniciado un procedimiento Legal para establecer una orden de paternidad/de sustento para el niño(s) nombrado en la primera página del documento incluido. Para entender sus derechos y obligaciones completamente usted necesita leer el documento y la orden incluida. Si usted no entiende Inglés, pídale a alguien conocido que le ayude a traducir el documento y la orden. Si tiene preguntas adicionales, llame al << COUNTYPHONENUMBER >>.

Mesaj Pou Moun Ki Pa Ka Reponn An Angle

The Department of Revenue, Child Support Program (DOR) komanse aksyon legal pou etabli patenite/yon dekre pou timoun/timoun-yo ki lonmen nan yon paj sou notis ki enfemen a. Pou konprann konpletman tout dwa-ou avek obligasyon-ou, fok ou li notis avek dekre ki enfemen a. Si ou pa konprann Angle, mande yon moun ou konnen pou tradui notis avke dekre-a pou ou. Si ou gen kesyon, rele << COUNTYPHONENUMBER >> pou asistans.

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NOTE: For tag <<InsertWebText2:>> We want the following text to be a condition that FDOR can turn on when the form is available on WSS:

You can complete this form online if you register at << InsertAppropriate FDOR Internet Addr>>.

Refer to Functional Spec FS B020F03177 for option logic.

OPTION 1 (When applicable):

- A. AMENDED (use in heading only)
- B. Amended

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, and 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 10 (One entry for each child.) (A-F on paternity codes associated with individual child BP record. H based on existence of Genetic Testing (ZGT) activity involving the child associated with the paternity 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 child's mother.
- H. Paternity has been established for <<Child Z>> based on the attached genetic test results that equals or exceeds a 99 percent probability of paternity.

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XXXX XXXX XXXX XXXX

OPTION 11 (role/relationship of party to child[ren])

- A. father
- B. mother
- c. caregiver

OPTION 24 (in caregiver cases only)

<<CP/CTR Name>> is the child(ren)'s caregiver

Option 31 (Based on the office handling the case.)

A. <<COUNTYPHONENUMBER>>

OPTION 35 (Notice goes to both parent who owes support and parent due support)

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A. <<NCP Name>> 
<<NCP Address1>> 
<<NCP Address2>>
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B. <<CP/CTR Name>>
     <<CP/CTR Address>>
     <<CP/CTR Address2>>
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Option 49

A. [Insert when either signed Title IV-D Standard Parenting Time Plan or signed parenting time plan is included with Initial notice or the Proposed Order.]

Title IV-D Standard Parenting Time Plan

Option 55

A. Insert when parenting time indicator on Support Only parent ZASO activity = Yes

We have also enclosed a blank Standard Parenting Time Plan form. If both you and the other parent agree to, sign, and return the Standard Parenting Time Plan or your own parenting time plan to the Department at the above address before an administrative Final Order is entered, the Standard Parenting Time Plan or your own parenting time plan will be made a part of the Final Order. We will provide a blank copy of the Standard Parenting Time Plan form to the other parent. Both parents do not need to sign the same form.

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