



Child Support Program

CS-CF07
Rule 12E-1.008
Florida Administrative Code
Effective 09/18

Notice of Noncooperation

<<CPName>>
<<CPAddress>>



<<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>>.





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 come to the review or ask that someone else be with you at the review. If you select below to attend the review, the Department will send you a letter with instruction to visit a local office by a specific date to complete the review.

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

I want to attend the review

Signature: _____ Date: _____

Printed Name: <<CPName>>

Address: _____
Street City Zip Code

Home Phone: _____ Work Phone: _____

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Return this form to:

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



T



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 come to our office and complete 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 come to our office and provide requested documents. The documents previously requested from you might include a birth certificate for each child born outside of Florida, a paternity declaration for each child born outside of marriage, a copy of existing support orders, or an arrears affidavit for payments you may have received. Please refer to the previous notice we sent you for the exact documents needed.
- 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.
- J.** you have not identified the father of your child.