



Child Support Program

CS-EF280
Rule 12E-1.028
Florida Administrative Code
Effective 04/20

Notice to Freeze
Second Request for Information

<<Financial Institution BP Name>>
<<Address_Line_1>>
<<Address_Line_2>>
<<City>> <<State>> <<Zipcode>>

<<Date>>

According to our records you have not responded to the attached Notice to Freeze as required by section 409.25656(2), Florida Statutes.

The Notice to Freeze informs you of the requirement to tell the Department:

- Of any wages, income, or other personal property owned by or owed to this person, that you have in your control; and
The amount, value, and location of any wages, income, or property.

Please complete the fields below with the freeze amount and date of freeze.

Amount Frozen: \$ _____

Date of freeze (MM/DD/YYYY): _____

Check this box if the person does not have any open accounts at your financial institution.

Please provide this information by calling the number below or writing it on the Notice to Freeze form and mailing to:

<<Central Intercept Address>>

Your prompt cooperation is appreciated. The Department is authorized to enforce the requirement in court.

If you have questions, please call <<LevyPhoneNumber>>.

Signed,
<<Compliance Process Manager>>
Executive Director's Designee
<<Date>>

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

XXXX
XXXX
XXXX
XXXX
XXXX
XXXX
XXXX
XXXX
XXXX
XXXX
XXXX
XXXX

T