Child Support Program

Child Information

Child's Full Name (First, Middle, Last, Suffix):			
Date of Birth:	Sex: ☐ Female ☐ Male	Social Security Number: __ __ __ -__ __ -__ __ __ __	Date child began living with you: _____/_____/_____
Child's Race: ☐ Asian ☐ Black ☐ Hispanic ☐ White ☐ Native American ☐ Other ☐ Unknown			Is this child disabled? ☐ Yes ☐ No
Child's Place of Birth (City/ County /State/Country):		Birth Certificate Number:	

Is a father's name on the birth certificate? ☐ Yes ☐ No If yes, please print father's name: _____

Is there a support order for this child? ☐ Yes ☐ No ☐ Unknown

Person who is ordered to pay support: _____ Person receiving support: _____

Date of order: _____/_____/_____ Court Case number: _____

County/state/country where order was entered: _____

Where is support paid? ☐ Clerk of Court ☐ State Disbursement Unit ☐ Directly to me ☐ Other state's Child Support Agency

Date last child support payment was received: _____/_____/_____ Other state: _____

Is there a pending legal action that involves this child? ☐ Yes ☐ No ☐ Unknown

If yes, type of pending legal action: ☐ Custody ☐ Adoption ☐ Mediation ☐ Enforcement ☐ Modification ☐ Other: _____

Please print the name of the person taking legal action: _____

Your attorney's name, address and phone #: _____

Please list the name(s) of all possible fathers of this child:

Where did the mother become pregnant? State: _____ Country: _____

Was the mother married when she became pregnant? ☐ Yes ☐ No ☐ Unknown If yes, to whom? _____

Date of marriage: ____/_____/_____ Married where (City/ County /State/Country): _____

Was the mother married when this child was born? ☐ Yes ☐ No ☐ Unknown If yes, to whom? _____

Date of marriage: ____/_____/_____ Married where (City/ County /State/Country): _____

Was the mother divorced from the man named above? ☐ Yes ☐ No ☐ Unknown If yes, date of divorce: ____/_____/_____

Court Case #: _____ Divorced where (City/ County /State or Country): _____

Has this child ever lived with the other parent in Florida? ☐ Yes ☐ No Other parent's name: _____

If yes, please provide the approximate dates: From _____/_____/_____ To _____/_____/_____

City in Florida where they lived together: _____

Social Security number disclosure is mandatory based on Title 42 United States Code sections 666(a)(13), 653a, and 654a(e), and on section 409.2577, Florida Statutes. We collect social security numbers for child support purposes. For more information go to www.floridarevenue.com/pages/privacy.aspx.