FLORIDA DEPARTMENT OF REVENUE

Child Support Program

Father/Alleged Father Information

Case Number: <<Insert Case Number>>
Please provide information on each father associated with your child(ren).
Attach additional pages if needed by making a copy of this form.

Please provide information on the father/alleged father.					
Parent's Full Name (First, Middle, Last, Suffix):				Social Security Number:	
Date of Birth:	Driver License Number:		Issuing State:	Phone Number (Include Area Code): ☐ Home ☐ Cell	
Sex: ☐ Male ☐ Female	Height:	Hair color:	Eye color:	Other Identifying Features (scars, tattoos, or birth marks):	
Race: ☐ Asian ☐ Black ☐ Hispanic ☐ White ☐ Native American ☐ Other ☐ Unknown					
Other name(s) known by:					
Address:	City:		State:	Country:	Zip:
Employer Name:			Is this parent self-employed? ☐ Yes ☐ No		
Employer Address:			City:	State:	Zip:
Is this parent in jail or prison? ☐ Yes ☐ No	If yes, where?		Is this parent disabled? ☐ Yes ☐ No	Parent's citizenship: ☐ US ☐ Other Other country: _____	
Is this parent in the military? ☐ Yes ☐ No	If yes, what branch?		Is this parent a member of a Tribal Association? ☐ Yes ☐ No Tribe Name: _____		

Please provide information on the father/alleged father.					
Parent's Full Name (First, Middle, Last, Suffix):				Social Security Number:	
Date of Birth:	Driver License Number:		Issuing State:	Phone Number (Include Area Code): ☐ Home ☐ Cell	
Sex: ☐ Male ☐ Female	Height:	Hair color:	Eye color:	Other Identifying Features (scars, tattoos, or birth marks):	
Race: ☐ Asian ☐ Black ☐ Hispanic ☐ White ☐ Native American ☐ Other ☐ Unknown					
Other name(s) known by:					
Address:	City:		State:	Country:	Zip:
Employer Name:			Is this parent self-employed? ☐ Yes ☐ No		
Employer Address:			City:	State:	Zip:
Is this parent in jail or prison? ☐ Yes ☐ No	If yes, where?		Is this parent disabled? ☐ Yes ☐ No	Parent's citizenship: ☐ US ☐ Other Other country: _____	
Is this parent in the military? ☐ Yes ☐ No	If yes, what branch?		Is this parent a member of a Tribal Association? ☐ Yes ☐ No Tribe Name: _____		

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.

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