

CS-ES56 Rule 12E-1.039 Florida Administrative Code Effective 12/21





<<Date>>
Child Support Case Number: <<CaseNumber>>
<<Option 1>>
<<Option 2>>

The Child Support Program received a request to open a child support case for you from the Department of Children and Families (DCF). We received this request because you recently began receiving temporary cash assistance or food assistance for you and your child(ren).

You are required by Florida law to cooperate with the Child Support Program. You must provide the requested information to continue to receive benefits. If you do not provide the requested information, we are required to notify DCF and they may stop some or all benefits to your family.

If you are in fear of the other parent, please contact us using the phone numbers at the bottom of this page to discuss your options regarding how to cooperate.

WHAT YOU NEED TO DO

- 1. Complete and sign the form on the back of this letter. Provide as much information as possible.
- 2. If you have more than one child in the household, update a separate *Child Information* form included with the information for each child.
- 3. If there is more than one father associated with your child(ren), please complete a separate Father/Alleged Father Information form with the information for each father.
- 4. Attach or provide copies of any documents listed in Part 2 and Part 3a on the back of this letter. << Option 3>>

Mail everything above to the Child Support Program before << INSERT DATE 20 DAYS FROM DATE OF NOTICE>> at:

Florida Department of Revenue Child Support Program P.O. Box 5320 Tallahassee, FL 32314-5320

*If you do not have additional documents, you must still return this completed form.

Call <<CountyPhoneNumber>> if you have questions or need help filling out this form.

If you receive Temporary Cash Assistance:

- We are required by law to provide child support services for you and your child(ren).
- We will try to identify and locate the other parent; establish paternity if needed; establish, modify, and enforce support orders as needed; and pay you any support we collect that you are owed. By law, you are required to cooperate with us by providing information about yourself and the other parent.
- As a condition of receiving public assistance, you are required to assign your support rights to the state. We will use the assignment to pay back the payors of public assistance with the support collected. Any support we collect that exceeds the amount of cash assistance you receive will be paid to you.
- If we are able to collect support for you, any payments you are owed will be made electronically.
 You can choose either direct deposit to your own bank account or choose a debit card we provide.
 If you do not choose either, you will receive a debit card in the mail. For more information go to
 <<CSE web link to payment options>>
- There are no fees or costs that you are required to pay. If the Programs pays money to you that you are not entitled to, we will seek to collect it from you.

If you receive Medicaid:

- We are required by law to provide child support services for you and your child(ren), if you want services. If you do not want us to collect child support for you, please tell us. We will still obtain a medical support obligation.
- We will try to identify and locate the other parent; establish paternity if needed; establish, modify, and enforce support orders as needed; and pay you any support we collect that you are owed. By law you are required to cooperate with us by providing information about yourself and the other parent. Because you receive Medicaid, we will try to establish and enforce an order that requires the other parent to provide health insurance for the child(ren) and payment of noncovered medical expenses.
- As a condition of receiving Medicaid, you are required to assign your rights to medical support to
 the state. We will use the assignment to collect and pay back any Medicaid expenses for the
 child(ren). The assignment of medical support rights does not affect your rights to periodic child
 support payments. Any medical support we collect beyond any Medicaid expenses will be paid to
 you.
- If you want to receive full child support services and we are able to collect support for you, any
 payments you are owed will be made electronically. You can choose either direct deposit to your
 own bank account or to a debit card we will provide. If you do not choose either, you will receive a
 debit card in the mail. For more information go to <<CSE web link to payment options>>
- There are no fees or costs that you are required to pay. If the Program pays money to you that you
 are not entitled to, we will seek to collect it from you.

 Case Number: <<INSERT CASE NUMBER>>

Part 1 – Your Information											
Your Full Name (First, Middle, Last, Suffix): Email Address:											
Date of Birth:	Social Security	y Number:	Phone	Phone Number (include area code): □Home □Cell							
Race: Asian Black Hispanic White Native American Other Unknown											
Part 2 – Please attach a copy of any paternity judgements, support orders, payment records, or written agreements between you and the other parent with this form.											
County of Order:	State of Order	: Date Order Signed by a J	ludge:	Court Case or Docket Number:							
Person Ordered to I	Pay Support:			Person Receiving Support:							
Name(s) of Child(ren) Included in the Order:											
Date last child support payment was received: ———————————————————————————————————											
Do you have an open child support case with another state but not currently receiving payments:											
□Yes □No Other State: Name of child(ren) on the case:											
□Yes □No I receive Medicaid, but not cash assistance and do not want you to collect child support for me. Part 3 – Child's Information											
Child's Full Name (F		st, Suffix): Social Secu	urity Nun	nber:	Date child began living with						
Date of Birth:	Bi	rth State or Country (See Par	t 3a).		you:/						
Date of Birth: Birth State or Country (See Part 3a): Birth Certificate Number:											
Sex: □ Female Child's Race: □ Male □ Asian □ Black □ Hispanic □ White □ Native American □ Other □ Unknown											
Does this child rece If yes, in what amou	Is this child disabled? □Yes □No										
Is a father's name o	n the birth certif	icate? ☐ Yes ☐ No If yes,	please p	orint father's name:							
Is there a support order for this child?											
County/state/country where order was entered:											
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?											

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?												
Part 3a – Please provide a copy of the birth certificate for any child(ren) not born in Florida with this form.												
Part 4 – Other Parent Information – Please provide additional information on the other parent.												
Other Parent's Full Name (First, Middle, Last, Suffix): Social Securit								curity Number:				
Date of Birth:	Driver L	river License Number: Issu			ing State:	Phone Number (Include Area Code): ☐ Home ☐ Cell						
Sex: □ Female □ Male	Height:	eight: Hair color:		Eye color:	Other Identifying Features (scars, tattoos, or birth marks):							
Race: Asian Black Hispanic White Native American Other Unknown												
Other name(s)	□М	□ Maiden										
known by:	□Fo	□ Former Maiden										
	□Ni	□ Nickname										
Address:	<u> </u>		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			Is this parent disabled? □Yes □No		Parent's citizenship: ☐ US ☐ Other Other country:							
Is this parent in the military? □Yes □No			Is this parent a member of a Tribal Association? □Yes □No Tribe Name:									
Part 5 – Please sign and date this form.												
Your Signature:							Date:					

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

Option 1 – Will list the dependent names under the case number. Multiple dependent names will be separated by commas.

<<DP 1 Name>>, <<DP 2 Name>, <<DP n Name>>

Option 2 – Will list the Father/Alleged Father associated with the case. Multiple names will be separated by commas.

Other Parent: << Insert NCP/Alleged Father Name>>

Option 3 – Will populate if a *Paternity Declaration* is included.

5. Complete the enclosed *Paternity Declaration* and return it with this letter.