



Child Support Program

**Response to Request for Services and/or
Information Request**



<<RecipientName>>
<<RecipientAddress>>



<<Date>>
<<Option 1>>
<<Option 2>>
<<Option 3>>

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<p>If you have questions or need help:</p>	<p>Access your case online: childsupport.floridarevenue.com Email us: FloridaRevenue.com/AskChildSupport Chat with us or learn more at: floridarevenue.com/childsupport Call: <<CountyPhoneNumber>> Para asistencia en español, llame al 850-488-5437 y marque 7</p>
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Option 1 (Either A or B, Not both. A – When the Program cannot open a case based on the application. B – In all other instances when the form is generated.)

- A. Service Request Number: <<SVSReqNum>>
- B. Child Support Case Number: <<CSECaseNum>>

Option 2 (A – When the Program cannot open a case based on the application) or (B – Case opened based on the application and no additional information needed) or (C– Case opened based on the application and additional information is needed) or (D – case opened previously and additional information is needed)

- A. The Child Support Program received your request for services. However, we cannot open a child support case with <<Insert NCP name>> at this time as we previously closed a case between you and <<Insert NCP name>> and the reason for closing your case has not changed.
- B. The Child Support Program received your request for services. We have opened your child support case and have everything we need at this time. Please allow thirty days before contacting us for status.

<<Option 4>>

- C. The Child Support Program received your request for services. We have opened your child support case; however, we need more information or documents from you so we can begin to take action.

WHAT YOU NEED TO DO

- Complete <<Option 5>>
- Return the requested information within 30 days from the date of this notice
- Mail the forms to:

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

<<Option 4>> When 2C is selected put Option 4 on page 2.

- D. The Child Support Program needs more information or documents from you so we can take action on your case.

WHAT YOU NEED TO DO

- Complete <<Option 5>>
- Return the requested information within 30 days from the date of this notice
- Mail the forms to:

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

If you receive public assistance: If you receive cash assistance, Medicaid, or food assistance and do not complete and return the form(s), your benefits may be reduced. If you are in fear of the other parent, please contact us to discuss your options for how to cooperate with the Child Support Program.

If your child support case is already closed, or your public assistance benefits have been reduced or terminated, you must complete and return the enclosed forms before we will tell the public assistance agency that you are cooperating with us.

If you do not receive public assistance: If you do not receive public assistance and do not complete and return the form(s), your case may be closed.

Option 3 – Inserted when additional information is required from the parent.

- A. Provide a copy of your divorce or support order(s) and the following information:

Last child support payment received ___/___/_____

I am receiving or I have received child support payments from another state's child support program

Yes - State _____

No

If you do not have a copy of the order to provide, fill in the following spaces and we will try to get a copy:

County and state of order: County _____ State _____

Date order was signed by judge or administrative authority: ___/___/_____

Court case or docket number(s) _____

Name of child(ren) included in the order:

- B. Provide copies of the birth certificate for each child not born in Florida. If you do not have a copy, fill in the information below and we will try to get a copy. We need each child's name, date of birth and where they were born.

1. Child's Name <<ChildName>> Date of Birth ___/___/___
City _____ County _____ State ___ Country _____

2. Child's Name <<ChildName>> Date of Birth ___/___/___
City _____ County _____ State ___ Country _____

3. Child's Name <<ChildName>> Date of Birth ____/____/____
City _____ County _____ State ____ Country _____

Option 4 – Inserted when the case is opened based on the application for services, but not when the case has been previously opened.

- 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. If you do not cooperate by providing the information we need about yourself and the other parent, we will close the case.
- If you have never received cash assistance, any support we are able to collect will be paid to you. Payments made to you must 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.

Option 5 – Inserted when additional information is needed from the parent. Options selected depends on the type of information needed from the parent.

- A. the enclosed forms.
- B. the information requested on the following pages.
- C. the information requested on the following pages and the enclosed forms.