



Information Needed for Support Order Review in Another State

Recipient Name
Recipient Address
City, State, Zip

Case Number:
Activity Number:
Other Parent:

Pick a date

You requested a review of your support order for a possible change, or you are receiving public assistance and a review of your order is needed. The review and possible change to your order must be completed by the child support agency in the state where the other parent lives. To begin the review, we need you to fill in the enclosed forms and return them to us. The Program will use the information you provide to prepare the forms needed by the state where the other parent resides. When those forms are ready, we will send them to you for your review and signature.

WHAT YOU NEED TO DO

Option 1: Complete and return the attached forms within the next 30 days

- Read the form and complete all sections.
- Use the addressed envelope provided to return the completed form and any requested information.

OR

Option 2: Request and complete an interview by phone within the next 30 days

- Access FloridaRevenue.com/AskChildSupport and complete the online contact form requesting we contact you for an interview.
- Use subject Interstate Interview and provide a phone number and preferred time of day when you can be reached.

Note: The interview may take up to one hour to complete.

If the enclosed forms are not completed and returned within 30 days, the Program will close your request for review of your support order, but your case will remain open.

**If you have
questions or
need help:**

Access your case online: childsupport.floridarevenue.com
Email us: FloridaRevenue.com/AskChildSupport
Chat with us or learn more at: floridarevenue.com/childsupport
Call: Select number
Para asistencia en español, llame al 850-488-5437 y marque 7

Interstate Request for Information

Click or tap to enter a date.

Case Number: Enter Case Number

Activity Number: Enter Activity Number

INFORMATION ABOUT YOU

Your full name

Other names known by

Provide the best phone number (____) ____-____, day and time to reach you Monday to Friday

Monday Tuesday Wednesday Thursday Friday 8:00 am to 4:00 pm (____:____ am/pm)

Your relationship to child(ren)

Race

Height

Weight

Hair color

Eye color

Tax filing status

Level of education: High School College/University Post Grad Vocational Other: _____

Occupation

\$ _____
Monthly Income Source

\$ _____
Monthly Income Source

CURRENT ADDRESS AND EMPLOYMENT INFORMATION

Your home address

City

State

Zip

Your home phone

Mailing address (if different from above)

City

State

Zip

Your cell phone

Email address

Your current employer

Employer FEIN, if known

Employer address

Work phone

Do you have health insurance?

Yes No If yes, please provide insurance information, provider name and address

Provider name

Provider address

Policy number Group number

\$ _____
Monthly cost

\$ _____
Child(ren) cost

Adults

Children

If no, is employer health insurance offered?

Yes No If yes, please provide the cost

\$ _____
Monthly Cost for self

\$ _____
Monthly Cost to add child

FINANCIAL RESPONSIBILITIES FOR OTHER DEPENDENTS

(Children belonging to you, not children of the other parent. Do not complete if you are a non-parent caregiver)

Are you responsible for other children?

Yes No If yes, please provide children's name, year of birth, relationship to you, with whom the child resides and if there is a support order in place, provide the monthly amount, location the order was issued and case number

Name	Year	Relationship	Residence	Support Order information

INFORMATION ABOUT THE OTHER PARENT

Other Parent full name _____ Other names known by _____

Relationship to child(ren) _____

Is the parent incarcerated?

Yes No If yes, provide name of the facility and the parent's identification number

Facility name _____ Inmate number _____

Race: _____ Height: _____ Weight: _____ Hair color: _____ Eye color: _____ Tax filing status: _____

Level of education: High School College/University Post Grad Vocational Other: _____

Occupation _____ \$ _____ Monthly Income Source _____ \$ _____ Monthly Income Source _____

CURRENT ADDRESS AND EMPLOYMENT INFORMATION

Home address _____ City _____ State _____ Zip _____

Home phone _____ Mailing address (if different from above) City _____ State _____ Zip _____

Cell phone _____ Email address _____

Current employer _____ Employer FEIN, if known _____

Employer address _____ Work phone _____

FINANCIAL RESPONSIBILITIES FOR DEPENDENTS

(Children belonging to the other parent, not your children)

Is the parent responsible for other children?

Yes No If yes, please provide children's name, year of birth, relationship to the other parent, with whom the child resides and if there is a support order in place, provide the monthly amount, location the order was issued and case number

Name	Year	Relationship	Residence	Support Order information

INFORMATION ABOUT THE CHILD(REN)

(Please include child(ren) for whom support is sought or child(ren) of the other parent)

Is there an existing order for child support for the child(ren) on this case?

Yes No If yes, provide order details and attach a copy of the order

_____ / ____ / ____
 County and State or Country Date

Is there a custody/parenting time order in place for child(ren) of this case?

Yes No If yes, provide order details and attach a copy

_____ / ____ / ____
 County and State or Country Date

How many overnights has the child stayed with the other parent in the past year? _____
 # of nights

Are the child(ren) covered by health insurance?

Yes No If yes, please list children included in health insurance and policy information

 Child(ren) included Provider name Policy # Group #

Does the other parent have Health Insurance?

Yes No If yes, please provide insurance information, provider name and address

 Provider name Provider address

 Policy number Group number \$ Monthly cost \$ Child(ren) cost # Adults # Children

If no, does the employer offer health insurance?

Yes No If yes, please provide the cost

\$ _____ \$ _____
 Monthly Cost for self Monthly Cost to add child

Do the child(ren) receive benefits from Social Security, Veterans Affairs, etc?

Yes No If yes, please list children included in health insurance and benefit information

_____	_____	\$ _____	_____
Child(ren) included	Benefit type received	Monthly benefit	Claimant

Who claims the child(ren) on their yearly federal tax filing?

Obligee Obligor Other If other, please provide the name and relationship

_____	_____
Name	Relationship to child(ren)

Child 1:

_____	_____
Child's full name	Other names known by

____/____/____	_____
Date of Birth	Place of birth

_____	_____	_____	_____
Child's address	City	State	Zip

_____	____/____/____
What state/country does the child reside?	When did the child begin residing in the state/country?

Child 2:

_____	_____
Child's full name	Other names known by

____/____/____	_____
Date of Birth	Place of birth

_____	_____	_____	_____
Child's address	City	State	Zip

_____	____/____/____
What state/country does the child reside?	When did the child begin residing in the state/country?

Child 3:

_____	_____
Child's full name	Other names known by

____/____/____	_____
Date of Birth	Place of birth

_____	_____	_____	_____
Child's address	City	State	Zip

_____	____/____/____
What state/country does the child reside?	When did the child begin residing in the state/country?

Note: If you have more than 3 children, attach additional sheets with the same information.

ADDITIONAL INFORMATION

(The parents' relationship)

Please answer the following questions about your relationship with the other parent

Never married Married Married by common law (if married, provide date and location of marriage)

_____/_____/_____
Date Location – City/County/State/Country

Legally separated Divorce pending Divorced (if separated, provide date, or if divorced, provide date and location of divorce)

_____/_____/_____
Date Location – City/County/State/Country

Additional information for child support calculation

Do you want support included for the period before the order is entered (called retroactive support)?

Yes No If yes, provide date support is being sought from

_____/_____/_____
(Please indicate if the date is the date of separation, the child's birth or when custody changed)

Has the other parent paid you child support directly?

Yes No If yes, provide the amount received from the other parent

\$ _____ as of ____/____/_____
Total paid Date

Do you have child-care/daycare costs?

Yes No If yes, please provide the cost of child care, how often payment is made and who pays the cost

\$ _____ per _____ paid by _____
Amount (wk, month, etc)

\$ _____ per _____ paid by State subsidies
Amount (wk, month, etc)

Does the child(ren) have special needs or extraordinary medical expenses not covered by insurance?

Yes No If yes, please provide the children's name, type of need, the monthly cost and attach additional documentation as needed

Child(ren)	Type of need	Monthly cost
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Do you have medical expenses for the child for which you want to be reimbursed?

Yes No If yes, please provide the total for reimbursement, the date of last bill or charge and attach additional documentation as needed

\$ _____ as of ____/____/_____
Balance Date

Does the child(ren) have ongoing medical expenses to be included in the order?

Yes No If yes, please provide the type of expense (medical, dental, etc), the amount of the expense and how often the amount is paid

Type of expense \$ _____ per _____
Amount (attach additional documentation as needed)