



Child Support Program

CS-ES56
Rule 12E-1.039
Florida Administrative Code
Effective 09/19/17

Information Needed to Provide Services

<INSERT NAME>
<INSERT ADDR LINE 1>
<INSERT ADDR LINE 2>
<CITY>, <STATE> <ZIP>

If your address has changed, provide new address here:

Form with three horizontal lines for address input.

<<Date>>

Child Support Case Number: <<Insert Case Number>>

<<Option 2>>

The Florida Department of Revenue Child Support Program has received a request to open a child support case for you. This request came 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 children, or both.

Because you are receiving these benefits, you are required by Florida law to cooperate with the Child Support Program. You must provide some additional information for your family to continue to receive these benefits. If you do not provide the requested information, we are required to notify DCF. If we notify DCF, they may stop some or all of the benefits to your family. It is important to provide this information as soon as possible so action can be taken on your child support case. Please see the box below to learn what you need to do. However, if you are in fear of the other parent, please contact us using one of 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. Please provide as much information as possible.
2. If you have more than one child in the household, update the Additional Children form included with the information for each additional child.
3. If there is more than one father associated with your child(ren), please update the Additional Alleged Fathers form with the information for each additional father.
4. Attach or provide copies of any documents listed in Part 2 and Part 3a on the back of this letter.

<<Option 1>>

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 1-800-622-KIDS (5437) if you have questions or need help filling out the forms.
Call 1-305-530-2600 if your case will be handled in Miami-Dade County.

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Case Number: <INSERT CASE NUMBER>

Part 1 – Your Information					
Your Full Name (First, Middle, Last):				Email Address:	
Date of Birth:	Social Security Number:		Phone Number (include area code): <input type="checkbox"/> Home <input type="checkbox"/> Cell		
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 Judge:		Court Case or Docket Number:	
Person Ordered to Pay Support:			Person Receiving Support:		
Name(s) of Child(ren) Included in the Order:					
Part 3 – Child’s Information					
Child’s Name (First, Middle, Last):				Social Security Number:	
Date of Birth:	Birth State or Country (See Part 3a):			Birth Certificate Number:	
Does this child receive Social Security benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, in what amount? _____				Is this child disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has this child ever lived with the other parent in Florida? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, during what dates? From ___/___/___ to ___/___/___			In what city?		Other parent’s name:
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):				Social Security Number:	
Date of Birth:	Driver License Number:	Issuing State:	Phone Number (Include Area Code): <input type="checkbox"/> Home <input type="checkbox"/> Cell		
Address:			City:	State:	Zip:
Employer Name:			Is this parent self-employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer Address:			City:	State:	Zip:
Is this parent in jail or prison? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where?		Is this parent disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this parent a US citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this parent in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what branch?		Is this parent a member of a Tribal Association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does this parent have any special licenses or certifications? If so, please list: _____			Is this parent a member of a Union? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Part 5 – Please sign and date this form.					
Your Signature:				Date:	

XXXX
XXXX

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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Option 1 (populate if a PO34 or PO102) is required for one or more dependents

5. Complete the enclosed paternity statement and attach it to this letter.

Option 2 Only populates when _____ (condition to be determined)

Other Parent: <<Insert Other Parent>>