



Information Needed to Establish a Support Order in Another State

<<RecipientName>>
<<RecipientAddress>>

Child Support Case Number: <<CaseNumber>>
Activity Number: <<ActivityNumber>>
Other Parent: <<OtherParent>>

<<Date>>

To help you obtain a child support order, 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.
- Mail the completed form and any requested information to Florida Department of Revenue, 5050 W Tennessee St., Tallahassee, FL 32399-0100.

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 case. If you or your child(ren) receive public assistance, the Department of Children and Families (DCF) will be notified that you did not cooperate, and your public assistance benefits may be reduced or stopped.

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If you have questions or need help:	<p>Access your case online: childsupport.floridarevenue.com</p> <p>Email us: FloridaRevenue.com/AskChildSupport</p> <p>Chat with us or learn more at: floridarevenue.com/childsupport</p> <p>Call: <<CountyPhoneNumber>></p> <p>Para asistencia en español, llame al 850-488-5437 y marque 7</p>
Employment and other resources: <<FDOR Page>>	

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Interstate Request for Information

<<Date>>

Child Support Case Number: <<CaseNumber>>

Activity Number: <<ActivityNumber>>

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

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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 _____

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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

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Do the child(ren) receive benefits from governmental programs (e.g., Social Security, Veterans Affairs)?

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.

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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)

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

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

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 (e.g., medical, dental), the amount of the expense and how often the amount is paid

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

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<<Option 1>>

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ADDITIONAL INFORMATION REQUIRED FOR INTERNATIONAL CASE

Applicant's expenses

Monthly	Applicant	Applicant's current spouse/partner
Rent or mortgage		
Household costs		
Food and house supplies		
Clothing		
Transportation expenses		
Education for children		
Extracurricular activities for children		
Yearly savings		
Debt-repayment		
Other expenses*		

*Please list specifically each additional item

Value of applicant's assets

1. House – Market value: Ownership: <input type="checkbox"/> Self <input type="checkbox"/> Joint (specify)	2. Location and/or registration number:
3. Other real estate – Market value: Ownership: <input type="checkbox"/> Self <input type="checkbox"/> Joint (specify)	4. Location and/or registration number, description:
5. Motor vehicles – Market value: Ownership: <input type="checkbox"/> Self <input type="checkbox"/> Joint (specify)	6. Location and/or registration number, model, year:
7. Caravans/boats – Market value: Ownership: <input type="checkbox"/> Self <input type="checkbox"/> Joint (specify)	8. Location and/or registration number, model, year:
9. Furniture and household effects – Market value: Ownership: <input type="checkbox"/> Self <input type="checkbox"/> Joint (specify)	10. Location and description:
11. Bank accounts	12. Institution(s) and account number(s):
13. Life insurance and buy back value	14. Insurance company and policy number:
15. Other assets – Value:	16. Institution(s) and account number(s):