



Child Support Program

CS-OA06
Rule 12E-1.036
Florida Administrative Code
Effective 09/19/17

**Notice to Parent or Caregiver of
Administrative Proceeding**

┌ <<Option 35>><<Option 5>>

└

<< Date>>

Child Support Case Number: <<CSECaseNumber>>

Activity Number: <<ActivityNum>>

Enclosed is a copy of a Notice to Establish or Modify an Administrative Order. We are trying to serve or have already served the notice on <<Respondents Name>>. <<Option 2>>

If you have any questions, information regarding an existing support order, or wish to give us additional information about the other parent or your case, please call us at: <<Option 1>>.

By law you must tell us your current mailing address. All proposed and final administrative support orders, notices of hearing, and any other papers will be mailed to you at the address above and we will presume you have received any documents we send you, unless you provide us written notice of changes to your address. If you do not provide us address changes, you may not receive a notice causing you to miss a deadline and lose your right to ask for a hearing or file an appeal. Provide address updates to:

Florida Department of Revenue
Child Support Program
P.O. Box 5330
Tallahassee, FL 32314-5330

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<<Option 3>>

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OPTION 1 (based on the office handling the case)

- A. 1-305-530-2600 (if case is handled in Miami-Dade County)
- B. 1-800-622-KIDS (5437) (if condition A is not met, [all other sites])

OPTION 2 (when the form is generated from the ZPSN activity)

If you are a parent, we have also enclosed a Financial Affidavit and Parent Information Form. You must complete these forms and return them within <<Option 4>> days to the address at the end of this notice.

We need this information to determine the amount of child support owed by the parent named above.

If you receive temporary cash assistance, Medicaid, or food assistance and do not complete and return the form(s), your benefits may be reduced. However, if you are in fear of the other parent, please contact us at the number below to discuss your options regarding how to cooperate with us. If you do not receive public assistance and do not complete and return the forms, your case may be closed.

If you are a nonparent caregiver, you will not receive the Financial Affidavit. You do need to fill out the enclosed Parent Information Form and return it to the address at the end of this notice within the number of days listed above. If you are providing health insurance for the child(ren) please write the information about the insurance company and the cost to you for covering the child(ren) on the bottom of the form. The parent named in the notice may be ordered to pay for part of the cost of the health insurance.

Option 3 (based on Option 2)

A. when option 2 is selected

Enclosures: Financial Affidavit
Parent Information Form
Initial Notice

B. when option 2 is not selected

Enclosures: Initial Notice

Option 4:

A. when case is not responding

20

B. when case is responding

45

Option 5:

A. when case is not responding CP address is printed normally

B. when case is responding CP name is selected, then the following text:

In Care Of Child Support Agency

Then the street, street 2, city, state, and zip of the BP in the role of other state county on the case, or, if other state county is missing, the BP in the role of other state agency on the case.

<<Option 35>> refers to common administrative logic option 35 for recipients address. Must also incorporate option 5 language.