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## STATE OF FLORIDA DEPARTMENT OF REVENUE CHILD SUPPORT PROGRAM

	Petitioners,	Depository Number: Child Support Case Number:
and		Crima Capport Cade Pramisor.
	Respondent.	
		Order Terminating rative Support Order
1.		rida Statutes, the Florida Department of Revenue (DOR) g Administrative Support Order. The child involved in this
	Child's Name	Child's Date of Birth
	<del></del>	
	<del></del>	<del></del>
	support of this Order, DOR make NDINGS OF FACT AND CONCLUS	
2.	The name of the parent due su	oport is
3.	We intend to take this action beca termination of the order, specifical	use we have been notified of reasons/facts justifying y:
	<ul> <li>☐ the Petitioner requests the order</li> <li>☐ the Respondent is permanently</li> <li>☐ the child is now living with the parental rights of the paren</li> </ul>	disabled
4.	DOR has jurisdiction over this p support services to the petition	proceeding because we are providing Title IV-D child er.
Ru Flo	S-OA178 Ile 12E-1.030 orida Administrative Code fective 08/19	

5.	On DOR rendered a Final Administrative Support Order establishing certain child support obligations of the Respondent; specifically, the Final Order requires the Respondent to pay, starting, current support of \$ per month, and \$ per month on a retroactive support obligation of \$ The Final Order includes a requirement to provide health insurance for the child(ren) and payment of noncovered medical expenses.
6.	Neither parent or caregiver has requested an administrative hearing within the time allowed in the Notice of Intent to Terminate Final Administrative Support Order, a copy of which has been served on all parties. Pursuant to s. 409.2563(7)(b), F.S., the right of any party to request a hearing is deemed waived.
	sed upon the foregoing Findings of Fact and Conclusions of Law, and in accordance th ss. 61.30 and 409.2563, F.S., it is
OF	RDERED AND ADJUDGED that:
A.	The current child support obligation of the Respondent and any requirement to provide health insurance and/or payment of noncovered medical expenses for the minor child contained in the Final Administrative Support Order rendered on are terminated effective
	☐ The Respondent owes \$ in past-due support that accrued while the Administrative Support Order was in effect.
	A.  Past-due support as of <u>Enter date</u> in the amount of <u>\$</u> is owed to the State of Florida.
	B.   Past-due support as of Enter date in the amount of \$ is owed to the Petitioner  .
	☐ No arrears are owed to the Petitioner
	The Petitioner has informed DOR that she/he wishes to waive arrears owed to him/her in the amount of \$
В.	The Income Deduction Order rendered on is terminated effective immediately.
	☐ The Respondent shall pay \$ each month towards past-due support.
	☐ The Respondent is responsible for making payments to the State Disbursement Unit until income deductions begins.
C.	The Department of Revenue's file in this matter will be closed when all past-due support owed is paid.
D.	Effective Date. This order is effective immediately and remains in effect until vacated on
	appeal or superseded by a subsequent court order.

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DONE AND ORDERED this	_ day of, 20
	Authorized Designee for: Ann Coffin Director, Child Support Program
	State of Florida Department of Revenue
	RTIFICATE OF RENDITION regoing Final Order Terminating Administrative Support
	al records of Department of Revenue, this day of
	Deputy Agency Clerk
Copies Furnished to: Clerk of the Circuit Court, Petitioner, Respondent	

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## NOTICE OF RIGHT TO APPEAL

Any party who is adversely affected by the foregoing Final Order Terminating Administrative Support Order has the right to ask for judicial review (Section 120.68, Florida Statutes). The request must be received within thirty (30) days of the filing date on this Final Order. To ask for judicial review, complete both of the following steps:

1. File an original Notice of Appeal as prescribed by the Florida Rules of Appellate Procedure, with the Deputy Agency Clerk of the Department of Revenue at:

Department of Revenue Child Support Program Attention: Deputy Agency Clerk P.O. Box 8030 Tallahassee, Florida 32314-8030

2. File a copy of the Notice of Appeal, together with the filing fee (Section 35.22, Florida Statutes, or other applicable law) with the Clerk of the First District Court of Appeal or the Clerk of the District Court of Appeal for the district where the party seeking review resides.

Filing with either the DOR Deputy Agency Clerk or the Clerk of a District Court of Appeal is effective when the clerk receives the notice, not when it was mailed.