



Child Support Program

Requirement to Provide Sample for Genetic Testing

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 <<Recipient Name>>
 <<Recipient Address>>

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<< Date>>

Child Support Case Number: <<CaseNumber>>

Activity Number: <<ActivityNum+first three letters of recipients last name>>

A genetic test is needed to find out if <<Alleged Father Name>> is the biological father of the child(ren) named below:

Child's Name
 <<ChildName>>

Date of Birth
 <<ChildDOB>>

<<Alleged Father Name>> is named in an affidavit or written declaration that states he is or may be the child(ren)'s biological father.

<<Option 1>>

<<Option 2>>

If you are a minor parent, your parent or guardian must come with you to the appointment. During your appointment, a photo will be taken to verify your identity. You must bring picture identification to identify yourself and the child.

Valid Adult Identification	Valid Child Identification
<ul style="list-style-type: none"> • A state issued driver license or ID card • A U.S. passport, a stamped foreign passport, or an ID card issued by the U.S. Bureau of Citizenship and Immigration Services • A U.S. armed forces ID card • State or federal inmate ID cards 	<ul style="list-style-type: none"> • A state issued ID card • A certified copy of a birth certificate • A Social Security card • An insurance card or a school ID

<<Option 4>>

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<<Option 3>>

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Option 1

A. (Option used when the parent resides outside of Florida and is not incarcerated)

The date, time and place of your appointment is:

Date: <<Appointment Date>>
Time: <<Appointment Time>>
Place: <<First Name of Appointment Site>>
Address: <<Appointment Site Address 2>>
<<Appointment Site Address 1>>
<<City, Region, Zip-Code>>

B. (Option used when the parent is incarcerated)

We will arrange the date and time for genetic testing with the correctional facility.

C. (Option used when the parent resides in Florida and is not incarcerated and the Department schedules the appointment) (currently not used)

The date, time and place of your appointment is:

Date: <<Appointment Date>>
Time: <<Appointment Time>>
Place: <<First Name of Appointment Site>>
Address: <<Appointment Site Address 2>>
<<Appointment Site Address 1>>
<<City, Region, Zip-Code>>

You may also go to a local child support office between 9:30 and 3:00 ET and provide a sample any time before 45 days after the date of this notice.

D. (Option used when the parent resides in Florida and is not incarcerated and when the Department contracts with a scheduling vendor) (currently not used)

You must provide a sample for genetic testing no later than 45 days after the date of this notice.

You may select a location and schedule an appointment online at <<GTApptSchedulingWebsite>> or scan the QR Code below.

You will need the Activity Number listed above to schedule an appointment.

Appointments may also be rescheduled through this website.

E. (If a private vendor collects the sample for genetic testing.) (currently not used)

You must provide the enclosed *Genetic Sample Collection for Paternity Testing* form when you appear for your appointment. Your genetic test sample cannot be collected without this form.

F. (Option used when the parent resides in Florida and is not incarcerated and the Department implements schedule-less genetic test collection)

You must provide a sample for genetic testing no later than 30 days after the date of this notice. No appointment is needed. Customers for genetic testing collection will be given priority attention during their office visit.

Scan the QR Code below or visit <<DOR office location website>> for a list of Child Support offices and their office hours for genetic testing collection.

Option 2:

A. (Option used when the notice is being sent to the Alleged Father)

You must follow all other requirements in the *Order to Appear for Genetic Testing*.

If you do not provide a genetic sample, your driver license may be suspended, you may be fined \$500, or both.

B. (Option used when the notice is being sent to the Parent Due Support)

You must bring the child(ren) for genetic testing. If you are a nonparent caregiver, only the child(ren) must provide a sample.

If you are receiving cash assistance, Medicaid or food assistance for the children and do not provide genetic samples, we will tell the public assistance agency that you are not cooperating. The public assistance agency may:

- Cancel cash assistance for your family as provided by state law.
- Cancel Medicaid and food assistance for you. Medicaid and food assistance for your child(ren) will continue and Medicaid during pregnancy will continue.

If you are in fear of the other parent, please contact us at the number on page 1 of this notice to discuss your options regarding how to cooperate with us.

If you are not receiving cash assistance, Medicaid or food assistance and do not provide genetic samples, we may close your case.

If your child support case is closed, or your public assistance benefits have been reduced or terminated, you must bring the child(ren) for genetic testing before we will tell the public assistance agency that you are cooperating with us.


Option 3: Used only when Option 1.E is used. This option places the attached Genetic Sample Collection for Paternity Testing on a full separate page. (currently not used)

Option 4:

A.

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

B. Used when Option 1.F. is selected

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



Child Support Program

Genetic Sample Collection for Paternity Testing

Date: <<Date>>

Authorization Number: <<ZGT Auth number>>

Child Support Case Number: <<CaseNumber>>

Parties to be collected:

Name	Date of Birth	Business Partner ID
<<CP/NCP Name>>	<<CP/NCP DOB>>	<<CP/NCP BP ID>>
<<DP1 Name>>	<<DP1 DOB>>	<<DP1 BP ID>>
<<DP2 Name>>	<<DP2 DOB>>	<<DP2 BP ID >>
<<DP3 Name>>	<<DP3 DOB>>	<<DP3 BP ID >>
<<DP4 Name>>	<<DP4 DOB>>	<<DP4 BP ID >>

Samples and completed chain of custody to be delivered by trackable delivery to:

DNA Diagnostics Center, Inc.
One DDC Way
Fairfield, OH 45014

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