



Child Support Program

Child Information

CS-ES51ACI
 Rule 12E-1.039
 Florida Administrative Code
 Effective 09/23

<<Childs Name and BP ID>>

Child's Full Name (First, Middle, Last, Suffix): _____			
Date of Birth: _____	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Social Security Number: _____	Date child began living with you: _____/_____/_____
Child's Race: <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Native American <input type="checkbox"/> Other <input type="checkbox"/> Unknown			Is this child disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No
Child's Place of Birth (City/ County /State/Country): _____		Birth Certificate Number: _____	
Is a father's name on the birth certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please print father's name: _____			
Is there a support order for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
Person who is ordered to pay support: _____		Person receiving support: _____	
Date of order: _____/_____/_____		Court Case number: _____	
County/state/country where order was entered: _____			
Where is support paid? <input type="checkbox"/> Clerk of Court <input type="checkbox"/> State Disbursement Unit <input type="checkbox"/> Directly to me <input type="checkbox"/> Other State's Child Support Agency			
Date last child support payment was received: _____/_____/_____		Other state: _____	
Is there a pending legal action that involves this child? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
If yes, type of pending legal action: <input type="checkbox"/> Custody <input type="checkbox"/> Adoption <input type="checkbox"/> Mediation <input type="checkbox"/> Enforcement <input type="checkbox"/> Modification <input type="checkbox"/> Other: _____			
Please print the name of the person taking legal action: _____			
Your attorney's name, address and phone #: _____			
Please list the name(s) of all possible fathers of this child: _____			
Where did the mother become pregnant? State: _____ Country: _____			
Was the mother married when she became pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, to whom? _____			
Date of marriage: _____/_____/_____		Married where (City/County/State/Country): _____	
Was the mother married when this child was born? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, to whom? _____			
Date of marriage: _____/_____/_____		Married where (City/County/State/Country): _____	
Was the mother divorced from the man named above? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, date of divorce: _____/_____/_____			
Court Case #: _____		Divorced where (City/County/State/Country): _____	
Has this child ever lived with the other parent in Florida? <input type="checkbox"/> Yes <input type="checkbox"/> No Other parent's name: _____			
If yes, please provide the approximate dates: From _____/_____/_____ To _____/_____/_____			
City in Florida where they lived together: _____			

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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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