



Child Support Program

**Parent Information Form
Administrative Support Proceeding**

<<Date>>

Child Support Case Number(s): <<CSECaseNum>>

Activity Number: <<ActivityNum>>

_____	_____	_____
Your full name	Social security number	Other names known by
_____	_____	_____
Date of birth	Driver license number	State issued
_____	_____	_____
Other parent's full name	Social security number	Other names known by

YOUR 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	Occupation	_____	
_____	_____	_____	_____
Employer's address	City State Zip	_____	Phone

CHILD(REN)'S PARENTS LIVING TOGETHER

This information is used to determine the date the child support obligation should begin.

When did the parents last live together? _____
(month/year)

In what city and state? _____

Did the child(ren) live with anyone else, not counting visits, during the last two years?

YES NO Who? _____ When? _____

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SUPPORT PAID FOR THE CHILDREN

Has any financial support been paid, either by cash payments or by paying for child care, doctor bills, food or clothing for the benefit of the child(ren)? Yes No _____

If yes, list:

<u>Type of support</u>	<u>Paid by</u>	<u>Paid to</u>	<u>Dates</u>	<u>Amounts</u>

Please send proof (copies of checks, money orders, receipts, etc.) of the above payments with this information form.

TIME-SHARING ARRANGEMENT/PARENTING PLAN

Do you and the other parent currently have a time-sharing arrangement/parenting plan for the child(ren)?

Yes No

If yes, please describe the arrangement/plan, including the number of days each month that the child stays overnight in your home. If the arrangement/plan is in writing or court-ordered, please attach a copy to this form.

<<Option 1>>

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DECLARATION

Under penalties of perjury, I declare that I have read this Parent Information Form and that the facts stated in it, and in any pages attached to it, are true and correct.

Signed Dated

If we need to reach you, what is the best time and phone number at which to contact you?

Time: _____ AM PM

Phone Number: _____

After completing and signing this form, return it to:

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

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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 <http://floridarevenue.com/Pages/privacy.aspx>.

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OPTION 1

(Insert the information below if form is sent to caregiver relative)

HEALTH CARE COVERAGE

Are you currently providing health insurance, for the child(ren)? Yes No

Insurance company _____ Address _____ Policy number _____

Names of child(ren) covered _____
Cost for that child _____

When did the child(ren) come to live with you? _____
Month/Year

CHILD CARE EXPENSES

The amount you now pay is \$ _____ per _____ for _____ child(ren).
(month, week, etc.) (number)

Which child(ren) do you now pay child care expenses for?

DEVIATION

The support amount calculated under Florida child support guidelines is presumed to be the correct amount of support owed. In some circumstances, the support amount may be adjusted to an amount more or less than the guideline amount. The deviation factors are found in section 61.30 (11) (a) & (b), Florida Statutes, which is available online at www.leg.state.fl.us.

As a caregiver you are not required to complete the Financial Affidavit referenced in the Notice of Proceeding to Establish Administrative Support Order. However, if you believe any of the circumstances listed in the Deviation Factors list apply to your case, state the reasons below and submit supporting documentation.

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If you are paying child care expenses for the child(ren), we need to know so that we can factor them into the other parent's support obligation. Please document the expenses below. Use additional sheets if necessary.

