



Child Support Program

**Request for Reconsideration**



<<Date>>

Child Support Case Number: <<CaseNumber>>

The statement below indicates why you asked for reconsideration.

<<Option 1>>

To receive the review you are requesting, you must complete this form and mail it back to us at the address below within sixty days (60) from the date on this notice. Please do not use this form to request enforcement, modification or status of your case(s).

Florida Department of Revenue  
Child Support Program  
5050 West Tennessee Street, Building L  
Tallahassee, FL 32399-0195

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I am requesting a reconsideration review on my case with <<NCPName>>, child support case number <<CaseNumber>>.

I disagree with: (Check the box that applies and explain below):

The payment(s) I received within the last 90 days

**OR**

The payment recovery action

I disagree because: \_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
Signature Printed name Date

\_\_\_\_\_  
Address City State Zip

\_\_\_\_\_  
Home phone Daytime phone

For questions, call <<CountyPhoneNumber>>.

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**T**

**Option 1 (A is for Request for recon for eServices and B is for Payment recovery)**

**A.** Payment(s) within the last 90 days

You want us to review the payment(s) received and sent to you or kept by the State within the last 90 days.

**B.** Payment Recovery Action

You want us to review the payment recovery action.