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Notice of Noncooperation

<<CPName>> <<CPAddress>>

<<Date>> Child Support Case Number: <<CaseNumber>> Other Parent: <<NCPName>>

The Child Support Program's records show that you are receiving cash assistance, food assistance and/or Medicaid. To continue receiving benefits, you must work with the Child Support Program to establish paternity and/or establish, modify and enforce child and medical support for the child(ren) in your care.

You are receiving this Notice of Noncooperation because << Option 1>>

To continue receiving benefits from the State of Florida you must take one of the following actions now with the Florida Department of Revenue (Department) Child Support Program:

- Contact the Department right away and arrange to cooperate, or
- Contact the Department right away to request not to cooperate if you feel that you or the child(ren) will be placed in danger by cooperating with the Child Support Program, or
- Complete and send the Department your written Request for Informal Review, included in this mailing, within 10 days after the date of this notice.

Important

If you do not cooperate by taking one of the actions listed above within 10 days after the date of this notice:

- The State of Florida will no longer be able to provide your family with cash assistance.
- Medicaid and food assistance will no longer be provided. However:
 - Medicaid and food assistance for your child(ren) will continue.
 - You will continue to receive Medicaid if you are pregnant.

XXXX XXXX Contact Information

XXXX

XXXX	To contact the Child Support Program, call < <countyphonenumber>>. For more information, visit <<insertappropriatefdorinternetaddr>>.</insertappropriatefdorinternetaddr></countyphonenumber>	
xxxx		Page 1
XXXX	—	
XXXX	I	
xxxx		

Request for Informal Review

If you disagree and feel you have cooperated and provided all the information, we asked from you, you may ask for an informal review.

During the review, the Florida Department of Revenue Child Support Program will review the information you provide below and other information in our records and determine if you cooperated or not.

The Department has 20 business days from the date we receive your written request to complete the informal review. You may request to be present at the review by phone or ask that someone else be included in the review with you. If you select below to have a review by phone, the Department will call you at the time you indicate on your request.

I want to request a review on the case because (please explain):

I want to have a review by phone (You must provide a telephone number below and list the best time of day for a call.) Signature: _____ Date: _____ Printed Name: <<CPName>> Address: Street City Zip Code Home Phone: _____ Work Phone: _____ Best time to contact me:_____ Return this form to: XXXX XXXX Florida Department of Revenue XXXX Child Support Program XXXX <<GenTaxworldCentralAddress1>> XXXX <<GenTaxworldCentralAddress2>> XXXX XXXX XXXX XXXX XXXX Page 2 of 2 XXXX XXXX

Option 1 (Only one option is populated)

- A. you did not complete and return the parent information form and financial affidavit sent to you with the notice of administrative action to establish or modify a support order.
- **B.** you did not complete and return the financial affidavit we sent to you. Without a financial affidavit we are unable to continue action to establish or modify a support order.
- **C.** you did not complete and return the forms needed to send a request to another state to establish or modify a support order.
- **D.** you did not appear at a court hearing.
- E. you did not complete and return a paternity declaration for each child born outside of marriage.
- **H.** you did not return information we requested from you about the child's residence.
- I. you did not appear for a genetic testing appointment.