

Child Support Program

Request to Not Cooperate



<<Date>>

Child Support Case Number: << CaseNumber>>

Other Parent: <<NCPName>>

If you apply for or receive temporary cash assistance, Medicaid, or food assistance you must cooperate with the Florida Department of Revenue Child Support Program to establish paternity and/or establish, modify and enforce child and medical support. You can request approval to not cooperate if:

- You feel cooperation will result in emotional or physical harm to you or your child(ren);
- The child(ren) was born because of rape or incest;
- There is a pending court action to adopt the child(ren); or
- You are actively working with an agency to place the child(ren) for adoption.

If you want to request approval to not cooperate, you must complete, sign and return the enclosed *Request to Not Cooperate* form, along with additional documents you have to support your request, within 20 days after the above date. One or more of the documents listed below can be used to support a request:

Medical Records
Doctor Statements
Evidence from Others
Law Enforcement Records

Court Documents
Criminal Records
Social Service Agency

Social Service Agency Records

Affidavit Signed by You (Sworn Statement)

Important

- We will not contact the other parent while we are reviewing your request.
- We will review the documents and approve or deny your request to not cooperate.
 - If your request is approved, we will close the child support case.
 - If your request is denied, we will continue to take action on your case.

To contact the Child Support Program, call << CountyPhoneNumber>>.

For more information, visit << InsertAppropriateFDORInternetAddr>>.

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Request to Not Cooperate

You can mail this form to the Child Support Program or go to floridarevenue.com/childsupport/contact for additional options.

Mailing Address:

XXXX XXXX

XXXX

XXXX

XXXX

XXXX XXXX XXXX

XXXX XXXX XXXX Florida Department of Revenue Child Support Program <<GenTaxworldCentralAddress1>> <<GenTaxworldCentralAddress2>>

This address is not to a local Child Support Program office location. Find ways to contact us at floridarevenue.com/childsupport/contact.

Child Support Case Number: << CaseNumber>> Other Parent: <<NCPName>> 1. I request approval to not cooperate with the Child Support Program because (check all that apply): The child(ren) may be physically or emotionally harmed if I cooperate. I may suffer physical or emotional harm if I cooperate. The child(ren) was conceived because of incest or rape. There is a pending court action to adopt the following child(ren): Date of Birth Name Name Date of Birth I am working with a social service agency to decide if the following child(ren) will be adopted: Name Date of Birth Name Date of Birth 2. I understand I must give the Child Support Program any documents I have that support my request to not cooperate with the Department. 3. If I do not provide documents, or my own sworn statement for review, I understand the Child Support Program will continue to take action on my case to locate the other parent, establish paternity and support, and enforce the support order. 4. I received and reviewed the Request to Not Cooperate Fact Sheet. Signature ____ Date ___ Printed Name: << CPName>> Address: __ Street City Zip Code