



## Child Support Program

# Request to Not Cooperate

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<<CPName>>  
<<CPAddress>>

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<<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         | Court Documents                           |
| Doctor Statements       | Criminal Records                          |
| Evidence from Others    | Social Service Agency Records             |
| Law Enforcement 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.

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

For more information, visit <<InsertAppropriateFDORInternetAddr>>.

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