



## Child Support Program

# Application for Child Support Services

The Florida Child Support Program provides full child support services.

### The Child Support Program will:

- Attempt to find the other parent(s)
- Establish paternity, if needed
- Obtain and modify support orders, if needed
- Send you payments we collect that are owed to you
- Review changes in your and the other parent's circumstances and determine whether a change in the amount of support ordered is necessary
- Notify you when it appears you are not cooperating with us, and give you a chance to respond

### You must:

- Cooperate with us
- Provide us with requested information
- Provide copies of requested documents
- Notify us of any changes in information for you, the child(ren) or other parent(s). This includes addresses, employment, phone numbers, and where the child(ren) lives
- Keep appointments with us
- Attend court or administrative hearings
- Notify us when you want to close your case(s)
- Complete a new application to reopen the case if the case has been closed

To apply for child support services for the child(ren) named below, you must accept the following terms and conditions:

- I understand that the Florida Department of Revenue's attorneys represent the Department only and do not represent me.
- I want to apply for child support services for the child(ren) named in this application and I agree to cooperate with the Child Support Program.
- I am a parent or caregiver of a child(ren) included in this application for services.
- To the best of my knowledge, I have provided true and correct information in this application.

Name(s) of child(ren)

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Name of other parent(s)

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Print your full name

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Your signature

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\_\_\_\_/\_\_\_\_/\_\_\_\_ (\_\_\_\_)\_\_\_\_  
Date Your daytime phone number

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## My Information

Your Full Name (First, Middle, Last, Suffix):		
I have a fear of physical or emotional harm from the other parent(s): <input type="checkbox"/> Yes <input type="checkbox"/> No		
You are the child(ren)'s: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Caregiver		
Child(ren) primarily lives with: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Caregiver		
Social Security Number: _____ - _____ - _____	Date of Birth: ____/____/____	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Mailing Address:	Driver License Number.:	Issuing State
City:	Country:	Home Phone (include area code):
State:	Zip Code:	Work Phone (include area code):
Race: <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Native American <input type="checkbox"/> Other	Email Address:	
Other Names Known By:	<input type="checkbox"/> Maiden	
	<input type="checkbox"/> Former Married	
	<input type="checkbox"/> Nickname	
<b>Answer employment questions only if you are the mother or the father</b>		
Employer:		
Employer Address:		
Employer City:	Employer State:	Employer Zip:
<b>Answer Other State Child Support Information</b>		
I am receiving or I have received child support payments through another state's child support program: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Other state: _____		
Name the child(ren) for which payments were received: _____		
Do you have an open child support case with another state: <input type="checkbox"/> Yes <input type="checkbox"/> No Other State: _____ Name of child(ren) on the case: _____		

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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 [www.floridarevenue.com/pages/privacy](http://www.floridarevenue.com/pages/privacy).

## Other Parent Information

A separate form is required for the other parent(s) of each child who needs services.					
Parent's Full Name (First, Middle, Last, Suffix):				Are you seeking child support from this parent? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Social Security Number: _____ - _____ - _____		Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male		Date of Birth: ____/____/____	
Home Phone (include area code):			Cell Phone (include area code):		
Mailing Address:					Country:
City:		State:	Zip code:	Driver License Number.:	Issuing State:
Employer:			Employer Address:		
Employer City:		Employer State:	Employer Zip:	Self Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Names Known By:	<div style="border: 1px solid black; height: 40px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 40px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 40px;"></div>				
Height:	Hair Color:	Eye Color:	Other Identifying Features (scars, tattoos, or birth marks):		
Race: <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Native American <input type="checkbox"/> Other <input type="checkbox"/> Unknown					
List this parent's children (or possible children) included in this application. Complete a separate Child Information form for each child listed.					
<b>Child's Full Name (First, Middle, Last, Suffix):</b>		<b>Child's Social Security Number:</b>		<b>This Parent's Relationship to the Child (Mother or Father):</b>	
_____		_____		_____	
_____		_____		_____	
_____		_____		_____	
_____		_____		_____	
Is this parent a member of a Tribal Association? <input type="checkbox"/> Yes <input type="checkbox"/> No Tribe name: _____					
Is this parent in jail or prison? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where? _____					
Is this parent in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what branch? _____					
Is this parent disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No			Is this parent a member of a union? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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## Child Information

Child's Full Name (First, Middle, Last, Suffix): _____			
Date of Birth: _____	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Social Security Number: _____ - _____ - _____	Date child began living with you: _____/_____/_____
Child's Race: <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Native American <input type="checkbox"/> Other			Is this child disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No
Child's Place of Birth (City/ County /State/Country): _____		Birth Certificate Number: _____	
Is a father's name on the birth certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, please print father's name: _____			
Is there a support order for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
Person who is ordered to pay support: _____   Person receiving support: _____			
Date of order: _____/_____/_____   Court Case number: _____			
County/state/country where order was entered: _____			
Where is support paid? <input type="checkbox"/> Clerk of Court <input type="checkbox"/> State Disbursement Unit <input type="checkbox"/> Directly to me <input type="checkbox"/> Other state's Child Support Agency			
Date last child support payment was received: _____/_____/_____   Other state: _____			
Is there a pending legal action that involves this child? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
If yes, type of pending legal action: <input type="checkbox"/> Custody <input type="checkbox"/> Adoption <input type="checkbox"/> Mediation <input type="checkbox"/> Enforcement <input type="checkbox"/> Modification <input type="checkbox"/> Other: _____			
Please print the name of the person taking legal action: _____			
Your attorney's name, address and phone #: _____			
Please list the name(s) of all possible fathers of this child: _____			
Where did the mother become pregnant?   State: _____   Country: _____			
Was the mother married when she became pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown   If yes, to whom? _____			
Date of marriage: _____/_____/_____   Married where (City/ County /State/Country): _____			
Was the mother married when this child was born? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown   If yes, to whom? _____			
Date of marriage: _____/_____/_____   Married where (City/ County /State/Country): _____			
Was the mother divorced from the man named above? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown   If yes, date of divorce: _____/_____/_____			
Court Case #: _____   Divorced where (City/ County /State or Country): _____			
Has this child ever lived with the other parent in Florida? <input type="checkbox"/> Yes <input type="checkbox"/> No   Other parent's name: _____			
If yes, please provide the approximate dates: From _____/_____/_____ to _____/_____/_____			
City in Florida where they lived together: _____			

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