



# **Declaration of Change in Circumstances**

<<Option 1>>
<<Recipient Name>>
<<Recipient Address>>

<<Date>>

Child Support Case Number: << CaseNumber>>

Activity Number: << Activity Num>> Parent Due Support: << CPName>>

Parent Who Owes Support: << NCPName>>

You are receiving this form because << Option 2>>

# WHAT YOU NEED TO DO

- 1. Review page 2 for important information about what happens next.
- 2. Answer the questions on the enclosed forms and attach any supporting documents.
- Return the enclosed forms and any supporting documentation to the Child Support Program by <<MAIL DATE PLUS 20 DAYS>>.
   <Option 3>>
- 4. Mail the completed forms and supporting documentation to:

<<EST Box 5330>>

If you have questions or need help:

Access your case online: childsupport.floridarevenue.com

Email us: FloridaRevenue.com/AskChildSupport

Chat with us or learn more at: floridarevenue.com/childsupport

Call: <<CountyPhoneNumber>

Para asistencia en español, llame al 850-488-5437 y marque 7

Employment and other resources: <<FDOR Page>>

# **Important Information**

- When reviewing a request to change a support order, we ask for current financial information from both parents and proof of a permanent change in circumstances.
- To change a support order there must be a substantial, permanent change in circumstances for one or both parents or the child. To reduce the child support amount, the change also must be involuntary.
- We will review the completed forms and other information provided to determine if the support amount should change. We will complete the review within 60 days after receiving the requested information.
- If the parent who did not request the review does not provide current financial information, we will proceed with the best available information.
- If we believe the support amount should be changed, we will notify both parties in writing.

#### For more information:

https://floridarevenue.com/childsupport/change\_support\_orders/Pages/change\_support\_orders.aspx

<<Option 4>>

XXXX

Page 2 of 3

# FLORIDA

# **Declaration of Change in Circumstances**

Please check one of the boxes below.		
I am the child's parent.		
The child resides with me, but I am not the child's parent.		
How have your circumstances changed since your support order was issued or last changed?		
3. When did the change happen?		
4. How did the change come about? What caused it?		
5. Do you pay for health insurance or childcare for the child?		
Under penalties of perjury, I declare that I have answered the questions on this declaration and the facts stated in it are true and correct.		
Signature Print full name		Date
Current mailing address Phone number		_

Page 3 of 3

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XXXX XXXX

#### **OPTIONS**

### **Option 1**

A. When it is a two-state case and the recipient is the parent who is due support, or the level of service is Modification Only and the recipient resides in in the same state where the Other State Agency attached to the case is located, insert:

In Care of Child Support Agency

Then insert the street, street 2, city, state, and zip of the business partner in the role of other state county on the case, or, if other state county is missing, the business partner in the role of other state agency on the case.

B. Unless it is a two-state case and the parent who owes support resides in Florida, the recipient's mailing address prints normally.

## Option 2 (A or B or C)

- **2A.** the Child Support Program received your request to review the support order for this case.
- **2B.** the Child Support Program received a request to review your support order for this case.
- **2C.** the Child Support Program is required to periodically review the support order in your case since your child is receiving cash assistance.

Option 2A and Option 3 are selected for the POBB sent to the parent or caregiver who requested the review. Option 3 is selected only with Option 2A.

Option 2B is selected for the POBB sent to the nonrequesting party.

Option 2C is selected when the Program initiates the review without a request from either party, in which case the POBB is mailed to both parties.

# Option 3 (populate only on notice to requestor when Option 2A is selected)

Note: If you do not complete the enclosed forms and return them to us within 20 days after the date of this notice, your request will be closed and no further action on the request will be taken.

# Option 4: Insert when a Standard Parenting Time Plan is sent

If the review shows the order should be changed, the Child Support Program will provide additional information and written notice at that time. Enclosed is a blank *Title IV-D Standard Parenting Time Plan* form. If both you and the other parent agree to the plan, sign and return the form. You may also provide your own parenting time plan to the Child Support Program before an administrative final order is entered and it will be made a part of the final order. A blank copy of the form is being provided to both parents. Both parents do not need to sign the same form. Once a parenting time plan is ordered, the Child Support Program is not authorized to modify or enforce a parenting time plan. That must be done by the circuit court. For more information, go to floridarevenue.com/childsupport/parenting\_time\_plans.