



Child Support Program

CS-OA12
Rule 12E-1.036
Florida Administrative Code
Effective 04/05/16

Parent Information Form
Administrative Support Proceeding

If your address has changed, provide new address here:

Form with three horizontal lines for address input.

<<Date>>

Child Support Case Number: <<CSECaseNum>>

Activity Number: <<ActivityNum>>

You are required by section 409.2563(13), Florida Statutes, to complete, sign, and return this form within 20 days after you receive it.

Form with fields for: Your full name, Social security number, Other names known by, Date of birth, Driver license number, State issued, Other parent's full name, Social security number, Other names known by.

If you are a nonparent caregiver, complete the section below:

Form with fields for: Mother's full name, Other names known by, Mother's social security number, Father's full name, Other names known by, Father's social security number.

YOUR ADDRESS AND EMPLOYMENT INFORMATION

Form with fields for: Your home address, City, State, Zip, Your home phone, Mailing address, City, State, Zip, Your cell phone, email address, Your current employer, Occupation, Employer's address, City, State, Zip, Phone.

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Child Support Case Number: <<CSE case #>>

CHILD(REN)'S FATHER AND MOTHER LIVING TOGETHER

Have the child(ren)'s father and mother ever lived together?  Yes  No

During what period of time? \_\_\_\_\_

In what city and state? \_\_\_\_\_

When was the last date the parents lived together? \_\_\_\_\_

Did the child(ren) live with anyone else, not counting visits, during the last two years?

YES  NO Who? \_\_\_\_\_ When? \_\_\_\_\_

SUPPORT PAID FOR THE CHILDREN

Has any financial support been paid, either by cash payments or by paying for child care, doctor bills, food or clothing for the benefit of the child(ren)?  Yes  No

If yes, list:

<u>Type of support</u>	<u>Paid by</u>	<u>Paid to</u>	<u>Dates</u>	<u>Amounts</u>
_____				
_____				
_____				
_____				
_____				

Please send proof (copies of checks, money orders, receipts, etc.) of the above payments with this information form.

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 <http://dor.myflorida.com/dor/privacy.html>



Child Support Case Number: <<CSE case #>>  
<<Option 1>>

DECLARATION

Under penalties of perjury, I declare that I have read this Parent Information Form and that the facts stated in it, and in any pages attached to it, are true and correct.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Dated

If we need to reach you, what is the best time and phone number at which to contact you?

Time: \_\_\_\_\_  AM  PM

Phone Number: \_\_\_\_\_

After completing and signing this form, return it to:

Florida Department of Revenue  
Child Support Program  
P.O. Box 5330  
Tallahassee, FL 32314-5330

<<Option 2>>

Options for CS-OA12

**Option 1**

**(Insert the information below if form is sent to caretaker relative)**

HEALTH CARE COVERAGE

Are you currently providing health insurance, for the child(ren)?  Yes  No

Insurance company \_\_\_\_\_ Address \_\_\_\_\_ Policy number \_\_\_\_\_

Names of child(ren) covered \_\_\_\_\_  
Cost for that child \_\_\_\_\_

When did the child(ren) come to live with you? \_\_\_\_\_  
Month/Year

DEVIATION

The support amount calculated under Florida child support guidelines is presumed to be the correct amount of support owed. In some circumstances, the support amount may be adjusted to an amount more or less than the guideline amount. The enclosed "Deviation Factors" lists the circumstances that may be considered regarding a possible deviation from the guideline amount.

As a caretaker relative you are not required to complete the Financial Affidavit referenced in the Notice of Proceeding to Establish Administrative Support Order. However, if you believe any of the circumstances on the enclosed "Deviation Factors" list apply to your case, state the reasons below and submit supporting documentation.

If you are paying child care expenses for the child(ren), we need to know so that we can factor them into the non-custodial parent's support obligation. Please document the expenses below. Use additional sheets if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Option 2 (Insert the information below if form is sent to caretaker relative, if inserted this will be "Page 4 or 4")**

Child Support Guideline Deviation factors

Section 61.30(11)(a) , Florida Statutes, provides that:

The court may adjust the total minimum child support award, or either or both parents' share of the total minimum child support award, based upon the following deviation factors:

1. Extraordinary medical, psychological, educational, or dental expenses.
2. Independent income of the child, not to include moneys received by a child from supplemental security income.
3. The payment of support for a parent which regularly has been paid and for which there is a demonstrated need.
4. Seasonal variations in one or both parents' incomes or expenses.
5. The age of the child, taking into account the greater needs of older children.
6. Special needs, such as costs that may be associated with the disability of a child, that have traditionally been met within the family budget even though fulfilling those needs will cause the support to exceed the presumptive amount established by the guidelines.
7. Total available assets of the obligee, obligor, and the child.
8. The impact of the Internal Revenue Service Child & Dependent Care Tax Credit, Earned Income Tax Credit, and dependency exemption and waiver of that exemption. The court may order a parent to execute a waiver of the Internal Revenue Service dependency exemption if the paying parent is current in support payments.
9. An application of the child support guidelines schedule that requires a person to pay another person more than 55 percent of his or her gross income for a child support obligation for current support resulting from a single support order.
10. The particular parenting plan, a court-ordered time-sharing schedule, or a time-sharing arrangement exercised by agreement of the parties, such as where the child spends a significant amount of time, but less than 20 percent of the overnights, with one parent, thereby reducing the financial expenditures incurred by the other parent; or the refusal of a parent to become involved in the activities of the child.
11. Any other adjustment that is needed to achieve an equitable result which may include, but not be limited to, a reasonable and necessary existing expense or debt. Such expense or debt may include, but is not limited to, a reasonable and necessary expense or debt which the parties jointly incurred during the marriage.