



Child Support Program

Parent Information Form
Administrative Support Proceeding

<<Recipient Name>>
<<Recipient Address>>

If your address has changed, provide new address here:

Three horizontal lines for entering a new address.

Date: <<Date>>
Child Support Case Number(s): <<CSECaseNum>>
Activity Number: <<ActivityNum>>

Form fields for personal information: 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.

YOUR CURRENT ADDRESS AND EMPLOYMENT INFORMATION

Form fields for address and employment: 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.

CHILD(REN)'S PARENTS LIVING TOGETHER

This information is used to determine the date the child support obligation should begin.

XXXX When was the last date the parents lived together?
XXXX In what city and state?
XXXX Did the child(ren) live with anyone else, not counting visits, during the last two years?
XXXX YES NO Who? When?

CS-OA12
Rule 12E-1.036
Florida Administrative Code
Effective 09/19/17

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

<<Option 1>>

**TIME-SHARING ARRANGEMENT/PARENTING PLAN**

Do you and the other parent currently have a time-sharing arrangement/parenting plan for the child(ren)?

Yes  No

If yes, please describe the arrangement/plan, including the number of days each month that the child stays overnight in your home. If the arrangement/plan is in writing or court-ordered, please attach a copy to this form.

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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

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**OPTION 1**

**(Insert the information below if form is sent to caregiver 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 deviation factors are found in section 61.30 (11) (a) & (b), Florida Statutes, which is available online at [www.leg.state.fl.us](http://www.leg.state.fl.us).

As a caregiver 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 listed in the 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 other parent's support obligation. Please document the expenses below. Use additional sheets if necessary.

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