



Child Support Program

CS-ES51B
Rule 12E-1.039
Florida Administrative Code
Effective 09/19/17

Online Application for Child Support Services

Below is the information you submitted in your online application for Child Support Services. Please allow up to 20 days for your application to be processed. If you have any questions regarding your application, please contact the Florida Department of Revenue Child Support Program at 1-800-622-5437(KIDS). If your case will be handled in Miami-Dade County, please call the Miami State Attorney's Office at 1-305-530-2600.

Application Number: _____

Application Submitted: _____

My Information

Your Full Name (First, Middle, Last, Suffix):			
You are the child(ren)'s:			
Child(ren) primarily lives with:			
Social Security Number:	Date of Birth:	Sex:	Race:
Email Address:		Which Florida county do you live in?:	

Thank you for applying for services with the Florida Child Support Program.

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.aspx.

Please do not mail this application to the Florida Department of Revenue Child Support Program. This version is for your records only.

Mother's Information

Parent's Full Name (First, Middle, Last, Suffix):			Are you seeking child support from this parent?		
I have a fear of physical or emotional harm from this person:					
Social Security Number:		Sex:		Date of Birth:	
Home Phone (include area code):			Cell Phone (include area code):		
Mailing Address:					
City:		State:	Zip Code:	Country:	
Residential Address:					
City:		State:	Zip Code:	Country:	
Driver's License Number:			Issuing State:		
Employer:					
Employer Address:					
City:		State:	Zip Code:	Country:	
Health Insurance Company:			Health Insurance Phone Number:		
Policy Number:			Group Number:		
Other Names Known By:					
Height:	Hair Color:	Eye Color:	Other Identifying Features:		
Race:					
Is this parent a citizen of US?					
Is this parent a member of a Tribal Association?					
Is this parent in jail or prison?		If yes, where?			
Is this parent in the military?		If yes, what branch?			
Is this parent disabled?					
Is this parent a member of a union?					
Does this parent have any special licenses, certifications or specialized area of work?					
If yes, please list:					

Father's Information

Parent's Full Name (First, Middle, Last, Suffix):		Are you seeking child support from this parent?	
I have a fear of physical or emotional harm from this person:			
Social Security Number:	Sex:	Date of Birth:	
Home Phone (include area code):		Cell Phone (include area code):	
Mailing Address:			
City:	State:	Zip Code:	Country:
Residential Address:			
City:	State:	Zip Code:	Country:
Driver's License Number:		Issuing State:	
Employer:			
Employer Address:			
City:	State:	Zip Code:	Country:
Health Insurance Company:		Health Insurance Phone Number:	
Policy Number:		Group Number:	
Other Names Known By:			
Height:	Hair Color:	Eye Color:	Other Identifying Features:
Race:			
Is this parent a citizen of US?			
Is this parent a member of a Tribal Association?			
Is this parent in jail or prison?		If yes, where?	
Is this parent in the military?		If yes, what branch?	
Is this parent disabled?			
Is this parent a member of a union?			
Does this parent have any special licenses, certifications or specialized area of work?			
If yes, please list:			

Child's Information

Child's Full Name (First, Middle, Last, Suffix):			
Social Security Number:	Sex:	Date of Birth:	
Child's Race:			
Child's Place of birth:			
Birth Certificate Number:		Father's name listed on the birth certificate:	
Is there an order for this child?			
Person ordered to pay support:		Person receiving support:	
Date of Order:		Court Case Number:	
County/State/Country where order was entered:			
Where is support paid?			
Person providing health insurance:			
Is there a pending legal action that involves this child?		Who is taking legal action?	
Attorney's Name:			
Attorney's Address:			
City:	State:	Zip Code:	Attorney's Phone:
Type of Pending Legal Action:			
Possible fathers of this child:			
Where the mother became pregnant:			
Person the mother was married to when she became pregnant:			
Date of marriage:		Married where:	
Date of divorce:	Divorce Case Number:	Divorced where:	
Person the mother was married to when this child was born:			
Date of marriage:		Married where:	
Date of divorce:	Divorce Case Number:	Divorced where:	
Has this child ever lived with the other parent in Florida?			
<<Option 1>>			

Caregiver's Information

Your Full Name (First, Middle, Last, Suffix):			
Social Security Number:	Sex:	Date of Birth:	
Race:			
Home Phone (include area code):		Cell Phone (include area code):	
Mailing Address:			
City:	State:	Zip Code:	Country:
Residential Address:			
City:	State:	Zip Code:	Country:

<<Option 1>> (populate if “Has this child ever lived with the other parent in Florida?” = Yes)

Other parent's name	City in Florida where they lived together	Approximate “from” date	Approximate “to” date