



# Child Support Program

CS-ES51ACI  
Rule 12E-1.039  
Florida Administrative Code  
Effective 09/19/17

## Additional 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: _____
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		
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		
Is there health insurance for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please print the name of the person providing health insurance: _____		
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 #: _____		
<b>IF THIS CHILD IS INCLUDED IN A SUPPORT ORDER DO NOT COMPLETE THE REMAINING QUESTIONS FOR THIS CHILD</b>		
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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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](http://www.floridarevenue.com/pages/privacy.aspx).

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