



# Child Support Program

CS-ES52  
 Rule 12E-1.039  
 Florida Administrative Code  
 Effective 09/19/17

## Additional Alleged Father

A separate form is required for the other parent(s) of each child who needs services.				
Parent's Full Name (First, Middle, Last, Suffix):			Are you seeking child support from this parent? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Social Security Number: ____ - ____ - ____		Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth: ____/____/____	
Home Phone (include area code):		Cell Phone (include area code):		
Mailing Address:				Country:
City:	State:	Zip code:	Driver's License No.:	Issuing State:
Employer:		Employer's Address:		
Employer's City:	Employer's State:	Employer's Zip:	Is health insurance provided by this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Health Insurance Company:		Phone Number:		
Policy Number:		Group Number:		
Other Names Known By:				
Height:	Hair Color:	Eye Color:	Other Identifying Features (scars, tattoos, or birth marks): <input type="checkbox"/> Piercings <input type="checkbox"/> Gold Teeth <input type="checkbox"/> Scars <input type="checkbox"/> Mustache	
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				
List this parent's children (or possible children) included in this application. Please complete a separate Child's Information form for each child listed.				
<b>Child's Full Name (First, Middle, Last, Suffix):</b>		<b>Child's Social Security Number:</b>	<b>This Parent's Relationship to the Child (Mother or Father):</b>	
_____		_____	_____	
_____		_____	_____	
_____		_____	_____	
_____		_____	_____	
Is this parent a citizen of the US? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is this parent a member of a Tribal Association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is this parent in jail or prison? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where? _____				
Is this parent in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what branch? _____				
Is this parent disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is this parent a member of a union? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does this parent have any special licenses, certifications, or specialized area of work? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list: _____				

XXXX  
 XXXX  
 XXXX  
 XXXX  
 XXXX  
 XXXX  
 XXXX  
 XXXX  
 XXXX  
 XXXX  
 XXXX  
 XXXX

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).

T