



Child Support Program

CS-ES119
Rule 12E-1.039
Florida Administrative Code
Effective 09/19/17

Additional Alleged Fathers

| | | | | | | | |
|---|------------------------|----------------------|---|--|--------|--|--|
| Part 4 – Please provide additional information on the other alleged father. | | | | | | | |
| Other Parent's Full Name (First, Middle, Last): | | | | | | Social Security Number: | |
| Date of Birth: | Driver License Number: | | Issuing State: | Phone Number (Include Area Code): <input type="checkbox"/> Home <input type="checkbox"/> Cell | | | |
| Address: | | | City: | | State: | Zip: | |
| Employer Name: | | | Is this parent self-employed? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Employer Address: | | | City: | | State: | Zip: | |
| Is this parent in jail or prison? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If yes, where? | | Is this parent disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Is this parent a US citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Is this parent in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If yes, what branch? | | Is this parent a member of a Tribal Association? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Does this parent have any special licenses or certifications? If so, please list: | | | | | | Is this parent a member of a Union? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Part 4 – Please provide additional information on the other alleged father. | | | | | | | |
| Other Parent's Full Name (First, Middle, Last): | | | | | | Social Security Number: | |
| Date of Birth: | Driver License Number: | | Issuing State: | Phone Number (Include Area Code): <input type="checkbox"/> Home <input type="checkbox"/> Cell | | | |
| Address: | | | City: | | State: | Zip: | |
| Employer Name: | | | Is this parent self-employed? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Employer Address: | | | City: | | State: | Zip: | |
| Is this parent in jail or prison? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If yes, where? | | Is this parent disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Is this parent a US citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Is this parent in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If yes, what branch? | | Is this parent a member of a Tribal Association? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Does this parent have any special licenses or certifications? If so, please list: | | | | | | Is this parent a member of a Union? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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.