

<<Option 1>> Proposed Administrative <<Option 2>> Support Order

<<Option 35>>

Depository Number: <<DepositoryNo>> Child Support Case Number: <<CSECaseNum>> Activity Number: <<Activity Number>>

Attached is a proposed administrative support order. Please read this Proposed Order in detail. In this Proposed Order we refer to <<NCP Name>> as the Respondent and <<CP/CTR Name>> as the Petitioning parent (or caregiver, if applicable).

The Proposed Order includes:

- a. Current child support of \$<<Current Support>> per month.
- b. Past (Retroactive) support of \$<<Monthly Retro Payment>> per month.
- c. Health Insurance. <<Option 38>>.
- d. **Noncovered medical expenses.** The Respondent is responsible for <<NCP Percent Support Need>> percent. The Petitioning/other parent is responsible for <<CP Percent Support Need>> percent.

The start date for payments and health insurance (if ordered) will be covered in the Final Order.

WHAT YOU NEED TO DO			
	IF YOU AGREE WITH THIS	IF YOU DO NOT AGREE WITH THIS	
	PROPOSED ORDER	PROPOSED ORDER	
	You do not need to do anything. The Department will issue a Final Order as outlined above. Learn more about the effects of a Final order on page 2.	• Please contact us by phone or in writing within 10 days. You can provide additional information and/or request an informal discussion. We will work with you to resolve any concerns or questions you have.	
XXXX		 Request a hearing by filing a written request within 20 days from the date of this Proposed Order. Address your written request to the Deputy Agency Clerk at the address in paragraph C on page 2. 	
XXXX			
XXXX		If you do not agree with this Proposed Order	
XXXX		and do not contact us as described above, the	
XXXX		Department will issue a Final Order that	
XXXX		requires you to provide child support as outlined	
XXXX		above. Learn more about the effects of a Final	
xxxx		Order on page 2.	
XXXX			
XXXX		Page 1 of 7	
XXXX			
XXXX	—		

The Florida Department of Revenue, Child Support Program, issues this **<<Option 1>>** Proposed Administrative **<<Option 2>>** Support Order (Proposed Order) as authorized by section**<<Option 5>>** 409.2563, Florida Statutes.

<< Option 46>>

Respondent's Notice of Rights

- A. If you the Respondent, <<NCP Name>>, agree to the terms of this Proposed Order you do not need to do anything. We will issue a Final Order.
- B. If you have questions or want to discuss this Proposed Order with us informally, contact us at the address or phone number provided. If you ask for an informal discussion within 10 days from the issue date of this proposed order, your time to ask for a hearing will be extended until 10 days after we notify you in writing that the informal discussions have ended. We will work with you to resolve any concerns you have.
- C. If you disagree with this Proposed Order, you may ask for a hearing by filing a written request with the Deputy Agency Clerk at the following address:

Deputy Agency Clerk << CSE Local Office and Address>>

Your written request must be received no later than 20 days after the issue date of this proposed order, unless the time to request a hearing is extended under paragraph B. If you file a request for hearing, you should tell us in writing why you disagree with this Proposed Order, stating each point of disagreement.

If you file a timely request for a hearing, the Division of Administrative Hearings (DOAH) will mail you written notice of the date, time, and place of the hearing. If there is a hearing you will be able to tell your story to an administrative law judge who will decide the case. You are allowed to bring witnesses, present information, argue your case, and ask questions of any witnesses that testify. **<<Option 47>>**

<< Option 28>>

If you do not file a timely request for a hearing, you will lose your right to a hearing and we may render a Final Order that incorporates the findings of this Proposed Order.

D. If you do not respond timely to this Proposed Order we will issue a Final Order that <<Option 29>> requires you to provide support. We will mail the Final Order to you and the Petitioning parent (or caregiver, if applicable) and file a copy with the clerk of the circuit court. If we or an administrative law judge issues a Final Order, you have the right to seek judicial review in the District Court of Appeal.

XXXX

Effect of Final Order

- E. <<Option 30>> If we issue a Final Order, we may enforce the support obligation by any lawful means, including:
 - Requiring your employer to deduct payments from your income
 - Filing liens against your property
 - Suspending drivers, occupational, and recreational licenses
 - Attaching bank accounts and settlement proceeds
 - Obtaining judgments by operation of law against you
 - Taking your lottery winnings and federal income tax refunds
 - Taking 40 percent of your unemployment benefits
 - Taking part of your worker's compensation benefits
 - Asking a court to enforce the order

If payments are late we will report the amount owed to credit reporting agencies.

F. If we issue a Final Order we will issue an income deduction order that will be effective right away.

Requirement to Notify Department of Revenue Change of Address and Other Changes

G. Both parents (and caregiver, if any) must tell us of any changes concerning identity, contact information, or location. This includes name, social security number, residential and mailing addresses, phone numbers, driver's license numbers, and names, addresses, and phone numbers of employers. You must promptly notify us in writing of any change in your mailing address. We will assume you receive any papers we send to the mailing address we have for you. If you change your address and do not notify us in writing, you may miss a deadline and lose your right to ask for a hearing or file an appeal.

<<Option 48>>

DONE and ISSUED this the << Day; 1st, 2nd, 3rd, etc.>> day of << Month>>, 20<< Year>>.

s/<<1st initial & Last Name Resp Employee from ZAPO>> Authorized Representative Florida Department of Revenue

This document has been electronically signed as authorized by s. 668.004, F.S.

Enclosures: XXXX Child Support Guidelines Worksheet(s) XXXX **Financial Affidavits** XXXX << Option 49>> XXXX XXXX XXXX Copies furnished to: XXXX << Option 33>> XXXX <<CP/CTR name>> XXXX XXXX XXXX

XXXX

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STATE OF FLORIDA DEPARTMENT OF REVENUE CHILD SUPPORT PROGRAM

State of Florida Department of Revenue Child Support Program and <<CP/CTR NAME>> Petitioners.

Depository Number: << DepositoryNo>>

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Case Number: <<CSECaseNo>>

vs.

<<NCP NAME>>

Respondent.

FINAL ADMINISTRATIVE << OPTION 2>> SUPPORT ORDER

Important Notice: This is only a Proposed Order at this time. It is not yet in effect. If you disagree with this Proposed Order, read the Notice of Rights section above. It tells you what to do to request a hearing. If you do nothing, we will enter this as a Final Order.

The Florida Department of Revenue, Child Support Program, enters this Final Administrative **<<Option 2>>** Support Order (Final Order) to establish **<<Option 3>>** a support obligation for the child(ren) named in Paragraph 5. We have considered **<<Option 4>>** the financial affidavits we received and/or other reliable information about the income of each parent. We have taken into account the child support guidelines and any relevant deviation factors in section 61.30, Florida Statutes. In this Final Order we refer to **<<NCP Name>>** as the Respondent and **<<CP/CTR** Name>> as the Petitioning parent (or caregiver, if applicable).

Findings of Fact and Conclusions of Law

- 1. The Child Support Program has subject matter jurisdiction in this proceeding and enters this Final Order as authorized by section<<Option 5>> 409.2563, Florida Statutes.
- 2. The Child Support Program is providing Title IV-D child support services for <<CP/CTR Name>>, the <<Option 6>> of the child(ren) named in Paragraph 5. <<Option 6.1>>
- 3. There is no support order for the child(ren) named in Paragraph 5. << Option 7>>
- 4. <<**Option 8>>**
- 5. The Respondent has a legal duty to contribute to the support of the child(ren) named below because the Respondent is the child(ren)'s parent. << Option 9>>

XXXX	Child(ren) Name	Date of Birth
XXXX	< <child1name>></child1name>	< <child1dob>></child1dob>
XXXX	< <child2name>></child2name>	< <child2dob>></child2dob>
XXXX		
XXXX	< <option 10="">></option>	
XXXX		

- 6. The child(ren) needs support and the Respondent has the ability to provide support as determined by this Final Order.
- 7. The child(ren) resides with <<CP/CTR Name>> most of the time. <<CP/CTR Name>> is the child(ren)'s <<Option 11>>.
- 8. This Final Order is being entered without a hearing because (Not Applicable This is a Proposed Order).
- 9. The Child Support Program makes the following findings of fact:
 - a. The Respondent's **<<Option 13.1>>** net monthly income is \$ **<<NCP** Net Income>> (**<<NCP** Percent Support Need>> percent of the parents' combined net income).
 - b. The Petitioning/other parent's << Option 13.2>> net monthly income is \$<< Petitioning Parent's Net Income>> (<< Petitioning Parent's Percent Support Need>> percent of the parents' combined net income).
 - c. Monthly child care costs are \$<<Monthly Child Care Expense>>.
 - d. Monthly health insurance costs for the child(ren) are \$<<Monthly Health Insurance Expense>>.

<<Option 14.1>> <<Option 14.2>>

- 10. The total monthly child support need under Florida's Child Support Guidelines is \$<<Total Monthly Child Support Need>>>.
- 11. The Respondent's guideline share of the total child support need is \$<<Current Support>> per month. The amount is based on section 61.30, Florida Statutes, which includes the factors in paragraph 9.

<< Option 15>>

 Health insurance for the child(ren) << Option 16.1>> available to the Respondent at reasonable cost through his/her employer, union, or other source and << Option 16.2>> accessible to the child.

Health insurance for the child(ren) <<**Option 16.3>>** available to Petitioning/other parent at reasonable cost through his/her employer, union, or other source and <<**Option 16.4>>** accessible to the child.

<<Option 17>>

<< Option 18>>

XXXX

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Based upon the Findings of Fact and Conclusions of Law and in accordance with sections 61.30 **<<Option 21>>** and 409.2563, Florida Statutes, it is ORDERED that:

- A. <<NCP Name>> is the legal <<**Option 22>>** father of <<Child1FullName>>, date of birth <<Child1DOB>> <<NCP Name>> is the legal <<**Option 22>>** father of <<Child2FullName>>, date of birth <<Child2DOB>>
- B. Starting _____(Start date will be stated in the Final Order) the Respondent shall pay:

\$<<Current Support>> per month current support, plus
\$<<Monthly Retro Support Payment>> per month to reduce the retroactive support amount of
\$<<Net Retro Support Owed>>, for a total monthly payment of
\$<<Total Monthly Payment>>

When the total retroactive support amount and any arrears that accrue after the date of this Final Order are paid, the monthly obligation becomes the current support amount.

C. All payments must be paid by cashier's check, certified check, money order, or a personal or business check payable to the Florida State Disbursement Unit at the following address:

Florida State Disbursement Unit <<SDUAddress>>

Cash is not accepted. If a personal or business check is returned, the person who wrote the check may no longer be allowed to pay by check. All payments must be identified with the Respondent's name, the amount of the payment and depository number << Depository Number>>. The Respondent shall not receive credit for any future support payments made directly to the << CP/CTR Name>> or to the child(ren). Any payment that is not paid when due is considered late and will result in collection action by DOR.

- D. Duration of order. This Final Order stays in effect until:
 - (1) Vacated, modified, suspended or terminated by DOR;
 - (2) Vacated on appeal; or
 - (3) Superseded by a circuit court order.

The current support obligation in Paragraph B is reduced according to the schedule below as each child reaches age 18, dies, marries, or otherwise emancipates, unless the child is dependent in fact, between the ages of 18 and 19, still in high school and performing in good faith with a reasonable expectation of graduating before the age of 19. If payable beyond the age of 18, the current support obligation ends when the child graduates from high school.

XXXX	< <option 41="">></option>
XXXX	
XXXX	—

vvvv

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Current support for <<youngest child's name 1>> is scheduled to end on <<child's estimated emancipation date – 1 day>>, or date of high school graduation according to the conditions above, at which time the Respondent's current support obligation ends for all children.

- E. Health Insurance and Noncovered Medical Expenses. <<Option 39>> The obligation to pay reasonable and necessary noncovered medical, dental, and prescription medication expenses incurred for the minor child(ren) shall be based on each parent's percentage share of the monthly support obligation as stated in the child support guidelines worksheet(s). The Petitioning/other parent's share is <<CP Percent Support Need>> percent and the Respondent's share is <<NCP Percent Support Need>> percent.
- F. Notice of Changes. Within seven (7) days the Respondent shall notify the <<CSE Local Office and Address>> and the Clerk of the Circuit Court in <<County Name>> County at <<Clerk of Court Address>> in writing of any change in name, Social Security number, residential address, mailing address, employer, employment address, phone numbers, and driver license number. It will be presumed that the Respondent has received any documents sent by regular U.S. Mail to the most recent mailing address provided.
- G. The Respondent's income is subject to immediate income deduction for payment of the support obligations in Paragraph B and any late payments or past-due amounts that accrue after entry of this Final Order.
- H. The Florida Department of Economic Opportunity (or its successor agency) shall deduct, withhold, and pay to the Child Support Program, forty percent (40%) of any unemployment compensation which may now or in the future be payable to the Respondent. The amount may not exceed the total monthly payment amount in Paragraph B and any subsequent late payments or past-due amounts that accrue after entry of this Final Order.

<<Option 51>>

<< Option 25>>

Option 1 (When applicable):

- A. AMENDED (use in heading only)
- B. Amended

Option 2 (When proceeding determines paternity)

- A. PATERNITY AND (use in heading only)
- B. Paternity and

Option 3 - If activity is for paternity and support order:

Paternity and

Option 4 (when proceeding determines paternity):

genetic testing results and

Option 5 (When proceeding determines paternity) (the leading 's' makes statute plural in the order)

s 409.256 and

Option 6

A. parent

B. caregiver

Option 6.1 (for each child for whom respondent is excluded by genetic testing,)

Based on the attached genetic test results the Respondent is not the biological father of <<Child X>>.

Option 7 (A or B)

A. When proceeding determines paternity in non-mixed case

Paternity has not been established previously and the child(ren) was not born or conceived when the mother was married.

B. When proceeding establishes paternity in mixed case (for each child)

Paternity has not been established previously for <<Child Y>>and the child was not born or conceived when the mother was married.

Option 8 – Jurisdiction/Long Arm for Parent Who Owes Support/alleged father

XXXX	A. When served in Florida
XXXX	DOR has personal jurisdiction over the Respondent because he/she was properly served notice
XXXX	in Florida on < <date initial="" notice="" served="" with="">>.</date>
XXXX	B. When NCP served in another state or country (long-arm); if 8B is selected, select one or
XXXX	more from 8B1-8B6.
XXXX	The Respondent is subject to DOR's jurisdiction in this proceeding under sections 48.193(1)(e),
XXXX	(h), or 88.2011, Florida Statutes. The Respondent was properly served notice outside the State
XXXX	of Florida, and he/she
XXXX	1. resided in this state with the child(ren) and/or the Petitioning parent before this
XXXX	proceeding started.
XXXX	2. resided in this state and provided prenatal expenses or support for the child(ren) before
XXXX	
лллл	

this proceeding started.

- 3. maintained a matrimonial domicile in this state before this proceeding started.
- 4. acknowledged paternity of the child(ren) in this state before this proceeding started.
- 5. had sexual intercourse in this state, which may have resulted in conception of the child(ren).
- **6.** submitted to the jurisdiction of this state by consent, by entering a general appearance, or by filing a responsive document having the effect of waiving any objection to personal jurisdiction.

Option 9:

When proceeding determines paternity in non-mixed case (don't use option 10 when 9 is selected).

Based on the attached genetic test results that equal or exceed a 99 percent probability of paternity, which are hereby incorporated by reference and made a part of this Final Order, the Respondent is the legal and biological father of the following child(ren):

Option 10 One entry for each child. (A-F Based on paternity codes associated with individual child BP record. H based on existence of ZGT activity involving the child associated with the parent activity)

- A. Paternity has been legally established for <<Child Z>>by affidavit or voluntary acknowledgment.
- B. Paternity has been established for<<Child Z>>through a court order issued within the State of Florida.
- **C.** Paternity is presumed for <<Child Z>>because the Respondent was married to the mother when the child was born or conceived.
- D. Paternity has been established for <<Child Z>>in another state by a court, other tribunal, or voluntary acknowledgment.
- E. Paternity is not an issue for <<Child Z>>because the Respondent and the mother married after the child's birth.
- F. Paternity has been established for <<Child Z>>by an administrative order based on a positive genetic test.
- **G.** Paternity is not an issue for <<Child Z>> because the Respondent is the mother to the child.
- **H.** Paternity has been established for <<Child Z>> based on the attached genetic test results that equal or exceeds a 99 percent probability of paternity.

Option 11 (role/relationship of party to child[ren])

- A. father
- B. mother
- C. caregiver

Option 13.1 (for NCP)

XXXX A. imputed

XXXX

XXXX

XXXX B. actual

XXXX Option 13.2 (for CP)

XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX

Option 14.1 User selects additional findings related to income used for support guidelines for the NCP

Select only when NCP's income is imputed. Choose either A1, A2, or A3.

- A. The Respondent is voluntarily underemployed and is capable of earning the imputed net monthly income based upon his or her recent work history, occupational qualifications and prevailing earnings level in the community.
- **B.** The Respondent is voluntarily unemployed and is capable of earning the imputed net monthly income based upon his or her recent work history, occupational qualifications and prevailing earnings level in the community.
- **C.** There is a lack of sufficient, reliable information concerning the Respondent's actual earnings; therefore, an earning capacity equal to full time employment at federal minimum wage is presumed for the purpose of establishing the support obligation.

Option 14.2 User selects additional findings related to income used for support guidelines for the CP

Select only when CP/OP (13.2) income is imputed. Choose either B1 or B2

- A. The Petitioning/other parent is voluntarily underemployed and is capable of earning the imputed net monthly income based upon his or her recent work history, occupational qualifications and prevailing earnings level in the community.
- **B.** The Petitioning/other parent is voluntarily unemployed and is capable of earning the imputed net monthly income based upon his or her recent work history, occupational qualifications and prevailing earnings level in the community.
- **C.** There is a lack of sufficient, reliable information concerning the Petitioning/other parent's actual earnings; therefore, an earning capacity equal to full time employment at federal minimum wage is presumed for the purpose of establishing the support obligation.

Option 15 Based on guideline information

DOR is deviating from the guideline amount, which would be inappropriate for the following reason(s): [Note: User selects applicable deviation reason(s). System will enumerate alphabetically as a., b., c., etc.]

When options 15A – L are selected, option 20 must also be selected and the user must provide free text explanation.

- A. A particular parenting plan, a court-ordered time-sharing schedule, or a time-sharing arrangement exercised by agreement of the parties provides that each child spend a substantial amount of time with each parent, as explained in the Additional Findings of Fact and Conclusions of Law.
- **B.** The child(ren) spends a significant amount of time with the Respondent due to a particular parenting plan, a court-ordered time-sharing schedule, or a time-sharing arrangement exercised by agreement of the parties as explained in the Additional Findings of Fact and Conclusions of Law.
- Extraordinary medical, psychological, educational, or dental expenses as explained in the Additional Findings of Fact and Conclusions of Law.
- Payment of support to a parent that regularly has been paid and for which there is a demonstrated need as explained in the Additional Findings of Fact and Conclusions of Law.
 Seasonal variations in one or both parents' income as explained in the Additional Findings
- xxxx
 E. Seasonal variations in one or both parents' income as explained in the Additional Findings of Fact and Conclusions of Law.
 Are(a) of the abild(rep) toking into consideration the greater needs of older abild(rep) as
- XXXXF.Age(s) of the child(ren), taking into consideration the greater needs of older child(ren) as
explained in the Additional Findings of Fact and Conclusions of Law.
- **G.** Special needs that have been met traditionally within the family budget even though the fulfilling of those needs will cause support to exceed the guideline amount as explained in the Additional Findings of Fact and Conclusions of Law.
- XXXX

- Н. Total available assets of mother, father, and child(ren) as explained in the Additional Findings of Fact and Conclusions of Law.
- Ι. Application of the child support guidelines requires the Respondent to pay more than 55 percent of gross income for a single support order as explained in the Additional Findings of Fact and Conclusions of Law.
- J. Independent income of the child(ren), excluding the child(ren)'s SSI income as explained in the Additional Findings of Fact and Conclusions of Law.
- Impact of IRS dependency exemption and waiver of that exemption as explained in the K. Additional Findings of Fact and Conclusions of Law.
- Adjustments needed to achieve and equitable result as explained in the Additional Findings L. of Fact and Conclusions of Law.
- Μ. The Respondent is entitled to a \$<<Allowable Deduction>> deduction from gross income for the Respondent's child(ren) who resides in his/her household.
- The Respondent receives Social Security Disability (SSD) benefits. The Respondent's Ν. guideline share of the total child support need is offset by \$<<ReducedObligAmt>>, which is the amount of Social Security dependent benefits received by the child(ren) due to Respondent's disability.

[The following concludes Option 15 and must print when 15B-L is selected.]

Therefore, the Respondent's monthly current support payment stated in Paragraph B is \$<<TotalDeviationAmountPOSD>><<Option 15.1>> per month than the guideline amount.

Option 15.1

A. more

B. less

Option 16.1 Select whether health insurance is or is not available at reasonable cost to the NCP

A. is B. is not

Option 16.2 Select whether health insurance is or is not accessible to the child through the NCP

A. is

B. is not

Option 16.3 Select whether health insurance is or is not available at reasonable cost to the CP

A. is

B. is not

Option 16.4 Select whether health insurance is or is not accessible to the child through the CP

A. is

B. is not

XXXX XXXX

XXXX

XXXX XXXX

XXXX

Option 17 XXXX

A. When CP is providing health insurance XXXX

health insurance program.

The Respondent has the ability to pay all or part of the cost of the child(ren)'s health insurance, which is being provided by the Petitioning parent or caregiver.

B. When either the NCP or the CP parent (not caregiver) is active duty or retired military The <<LV HI PROVIDER>> is active or retired United States military. As a dependent of XXXX the <<LV HI PROVIDER>>, the child(ren) is entitled to health insurance under the military

XXXX XXXX

XXXX

Option 18 [Select A, B, or C]

- A. The Respondent has the ability to pay reasonable and necessary noncovered medical, dental, and prescription medication expenses incurred for the minor child(ren).
- B. The Petitioning parent has the ability to pay reasonable and necessary noncovered medical, dental, and prescription medication expenses incurred for the minor child(ren).
- **C.** Both parents have the ability to pay reasonable and necessary noncovered medical, dental, and prescription medication expenses incurred for the minor child(ren).

Option 19: Retroactive support

A. System pop when retroactive support is ordered

The total past (retroactive) child support amount in Paragraph B is based on the factors listed in the enclosed child support guideline worksheet(s).

The Respondent shall pay retroactive support for <<Number Months Retro Owed>>months. This is the period(s) of time when the Respondent did not live together with the child(ren), during the 24 months before <<Date Served With Initial Notice>>, the date the Respondent was served with the initial notice in this proceeding. If a Final Order is issued, monthly support that accrues between now and the date the first payment is due will be added to the total retroactive support amount in the Final Order.

The retroactive support amount of \$<<Net Retro Support Owed>> is calculated <<Option 19A1/19A2>>

<< Option 19A3>

Select either 19A1 or 19A2

- **19A1.** at the same monthly rate as current support.
- 19A2. based on the monthly amounts as shown in the enclosed Guideline Worksheet(s) for the retroactive period. The retroactive support amount is calculated differently than current support because << Free Form Text>>.

19A3 - If credit provided for payments made

The Respondent is given \$<<Retro Credit>> credit for support payments actually made or in-kind payments made during the retroactive period.

B. Select one of the following if retroactive support is not ordered

- 1. Past (retroactive) support is not appropriate because <<Free Form Text>>.
- Past (retroactive) support is being waived by the Petitioning parent or caregiver

Option 20 (Include is user selects, However mandatory if option 15A – L is selected, as XXXX well as when 20A or 20B are selected) Center as header. Additional Findings of Fact and Conclusions of Law Option 20A Must be selected when option 15A or 15B is selected and is listed as unnumbered paragraph under Option 20. The Respondent's obligation of \$<<DevOblig>>is based on a particular parenting plan, a courtordered time-sharing schedule, or a time-sharing arrangement exercised by agreement of the

Respondent and the Petitioning parent under which the child spends <<%ofNightsWithNCP>> percent of the overnights with Respondent.

XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX

XXXX XXXX

Option 20B

<<Free Form Text>>

Option 21 When proceeding determines paternity (the leading ',' is needed in the order)

, 409.256

Option 22 When proceeding determines paternity

and biological

Option 23

A. When CP is providing health insurance

The Respondent's share of the cost of health insurance provided for the child(ren) by the Petitioning parent/caregiver is \$<<NCP Share of Health Insurance Expense When CP/CTR Provides>>, which is included in the Respondent's share of the total child support need stated in paragraph 9.

B. When either parent is active duty or retired military

The parents shall promptly enroll the child(ren) in the Defense Enrollment Eligibility Reporting System (DEERS). The parents shall cooperate with each other in doing so, which includes but is not limited to signing forms needed to enroll the child(ren) and providing any required documentation. If the child(ren) becomes ineligible for benefits under the military health care program, the parent who enrolls the child(ren) shall notify DOR within 30 days of the change in the child(ren)'s entitlement.

Option 25 (Include if user selects)

Additional Provisions: (Center as Header) <- Free Form Text>>

Option 28

A. When paternity is already established

Any hearing will consider issues related to child support. Neither DOR nor DOAH has authority in this proceeding to decide issues of divorce, alimony, or contested paternity. Only the circuit court may decide these issues.

B. When proceeding determines paternity

establishes paternity and

Option 29 When proceeding determines paternity

Option 30 When proceeding determines paternity

Any hearing will consider issues related to paternity and/or child support. Neither we nor DOAH may decide issues concerning name change.

If a Final Order is rendered, it will have the same effect as a judgment of paternity entered

by the circuit court under chapter 742, Florida Statutes. You will be the legal father of the

below named child(ren), and gain all the rights and responsibilities of a legal parent.

XXXX XXXX XXXX XXXX XXXX XXXX XXXX

> XXXX XXXX XXXX XXXX

XXXX

Option 31 (Based on the office handling the case.)

A. <<COUNTYPHONENUMBER>>

Option 33 (Use B if Respondent has an attorney)

- A. <<NCP Name>>
- B. <<NCP Attorney Name>> <<NCP Attorney Address>>

Option 35 (Notice goes to both NCP and CP)

- A. <<NCP Name>> <<NCP Address1>> <<NCP Address2>>
- B. <<CP/CTR Name>> <<CP/CTR Address>> <<CP/CTR Address2>>

Option 38:

- A. Health Insurance is to be provided by <<LV_HI_PROVIDER>>.
- B. Neither parent is ordered to provide health insurance for the minor child(ren).
- C. The Respondent has the ability to pay all or part of the cost of the child(ren)'s health insurance, which is being provided by the Petitioning parent or caregiver.

Option 39:

- A. The << LV_HI_PROVIDER>> shall obtain and maintain health insurance for the child(ren) by enrolling them in group health insurance available through the <<LV_HI_PROVIDER>>'s employer, union, or other source. The <<LV_HI_PROVIDER>> shall send written proof of coverage to the <<CSE Local Office and Address>>. If there is any change in health insurance the <<LV_HI_PROVIDER>>must notify DOR within 30 days and send written proof of the change. <<Option 23>>
- B. Neither parent is ordered to provide health insurance for the minor child(ren).
- C. The Respondent's share of the cost of health insurance provided for the child(ren) by the Petitioning parent/caregiver is \$<<NCP Share of Health Insurance Expense When CP/CTR Provides>>, which is included in the Respondent's share of the total child support need stated in paragraph 9.

Option 41:

XXXX

Current support for <<oldest child's name 1>> is scheduled to end on <<child's estimated emancipation date – 1 day>>, or date of high school graduation according to the conditions above, at which time the Respondent shall pay:

Option 46

[Insert when either *signed* Title IV-D Standard Parenting Time Plan or *signed* parenting time plan is enclosed with Proposed Order.]

The enclosed parenting time plan has been agreed to and signed by both parents and will be made a part of the Final Order.

Option 47

A. [Insert when neither blank Title IV-D Standard Parenting Time Plan nor signed parenting time plan is enclosed with Proposed Order.]

If there is a hearing, DOAH may enter a Final Order.

B. [Insert when either blank Title IV-D Standard Parenting Time Plan or signed parenting time plan is enclosed with Proposed Order.]

If there is a hearing, DOAH may enter a Final Order, which would include a parenting time plan or Title IV-D Standard Parenting Time Plan that is agreed to and signed by both parents.

Option 48

XXXX

A. [Insert when neither blank Title IV-D Standard Parenting Time Plan nor signed parenting time plan is enclosed with Proposed Order. ZAPO parenting time indicator = N]

I. If you have questions about this Proposed Order call **<<Option 31>>** or see us in person at **<<CSE Local Office and Address>>**.

B. [Insert when a *blank* Title IV-D Standard Parenting Time Plan is enclosed with Proposed Order.]

H. If provided with a written parenting time plan agreed to and signed by both parents, we will make it a part of the Final Order. A blank Title IV-D Standard Parenting Time Plan is included with this notice. If you and the other parent both agree to, sign, and return either the Title IV-D Standard Parenting Time Plan or your own parenting time plan before a Final Order is entered, we will make it a part of the Final Order. A parenting time plan that is made a part of the Final Order may only be modified or enforced by a court. The Department is not authorized to modify or enforce a parenting time plan.

I. If you have questions about this Proposed Order call **<<Option 31>>** or see us in person at **<<CSE Local Office and Address>>**.

XXXX **Option 49** XXXX A. [Insert when blank Title IV-D Standard Parenting Time Plan is included with XXXX **Proposed Order.**] XXXX XXXX Title IV-D Standard Parenting Time Plan XXXX XXXX B. [Insert when nonstandard parenting time plan signed by both parents is enclosed XXXX with Proposed Order.] XXXX XXXX Signed Parenting Time Plan XXXX

Option 50

A. [Insert when *blank* Title IV-D Standard Parenting Time Plan is included with Proposed Order.]

A written parenting time plan agreed to and signed by both parents has not been provided to the Department as part of this proceeding. Therefore, a parenting time plan is not incorporated into this Final Order.

B. [Insert when either *signed* Title IV-D Standard Parenting Time Plan or *signed* parenting time plan is enclosed with Proposed Order.]

A written parenting time plan agreed to and signed by both parents has been provided to the Department as part of this proceeding.

Option 51

[Insert when either *signed* Title IV-D Standard Parenting Time Plan or *signed* parenting time plan is enclosed with Proposed Order.]

I. The attached parenting time plan, agreed to and signed by both parents, is made a part of and incorporated into this Final Order. The Department is not authorized to enforce or modify the parenting time plan. The parenting time plan may only be enforced or modified in court.