



# Child Support Program Request to Not Cooperate

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<<CPName>>  
<<CPAddress>>

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<<Date>>  
Child Support Case Number: <<CaseNumber>>  
Other Parent: <<NCPName>>

If you apply for or receive temporary cash assistance, Medicaid, or food assistance you must cooperate with the Florida Department of Revenue Child Support Program to establish paternity and/or establish, modify and enforce child and medical support. You can request approval to not cooperate if:

- You feel cooperation will result in emotional or physical harm to you or your child(ren);
- The child(ren) was born because of rape or incest;
- There is a pending court action to adopt the child(ren); or
- You are actively working with an agency to place the child(ren) for adoption.

If you want to request approval to not cooperate, you must complete, sign and return the enclosed *Request to Not Cooperate* form, along with additional documents you have to support your request, within 20 days after the above date. One or more of the documents listed below can be used to support a request:

- |                         |   |
|-------------------------|---|
| Medical Records         | Court Documents                           |
| Doctor Statements       | Criminal Records                          |
| Evidence from Others    | Social Service Agency Records             |
| Law Enforcement Records | Affidavit Signed by You (Sworn Statement) |

### Important

- We will not contact the other parent while we are reviewing your request.
- We will review the documents and approve or deny your request to not cooperate.
  - If your request is approved, we will close the child support case.
  - If your request is denied, we will continue to take action on your case.

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To contact the Child Support Program, call <<CountyPhoneNumber>>.

For more information, visit <<InsertAppropriateFDORInternetAddr>>.

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# Request to Not Cooperate

You can mail this form to the Child Support Program or return this form to a local Child Support Program office.

Mailing Address:

Florida Department of Revenue  
Child Support Program  
<<GenTaxworldCentralAddress1>>  
<<GenTaxworldCentralAddress2>>

This address is not to a local Child Support Program office location. To return this form to a local Child Support Program office, find the office nearest you at [floridarevenue.com/childsupport/contact](http://floridarevenue.com/childsupport/contact).

Child Support Case Number: <<CaseNumber>>      Other Parent: <<NCPName>>

1. I request approval to not cooperate with the Child Support Program because (check all that apply):

- The child(ren) may be physically or emotionally harmed if I cooperate.
- I may suffer physical or emotional harm if I cooperate.
- The child(ren) was conceived because of incest or rape.
- There is a pending court action to adopt the following child(ren):

Name	Date of Birth	Name	Date of Birth
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I am working with a social service agency to decide if the following child(ren) will be adopted:

Name	Date of Birth	Name	Date of Birth
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- 2. I understand I must give the Child Support Program any documents I have that support my request to not cooperate with the Department.
- 3. If I do not provide documents, or my own sworn statement for review, I understand the Child Support Program will continue to take action on my case to locate the other parent, establish paternity and support, and enforce the support order.
- 4. I received and reviewed the *Request to Not Cooperate Fact Sheet*.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name: <<CPName>>

Address: \_\_\_\_\_  
Street City Zip Code

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