

AGENDA
FLORIDA DEPARTMENT OF REVENUE

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MEMBERS

Governor Rick Scott
Attorney General Pam Bondi
Chief Financial Officer Jeff Atwater
Commissioner Adam H. Putnam

May 23, 2017

Contacts: Debra J. Longman
Director of Legislative and Cabinet Services
(850) 617-8324

MaryAnn Murphy, Executive Asst. II
(850) 717-7138

9:00 A.M.
LL-03, The Capitol
Tallahassee, Florida

ITEM	SUBJECT	RECOMMENDATION
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1.	Respectfully request approval of and authority to publish a Notice of Proposed Rule in the Florida Administrative Register to repeal an obsolete rule.	
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	(ATTACHMENT 1)	RECOMMEND APPROVAL
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2.	Respectfully request approval of and authority to publish Notices of Proposed Rule in the Florida Administrative Register for rules relating to Property Tax Oversight.	
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	(ATTACHMENT 2)	RECOMMEND APPROVAL
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3.	Respectfully request approval of and authority to publish a Notice of Proposed Rule in the Florida Administrative Register for rules relating to Child Support.	
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	(ATTACHMENT 3)	RECOMMEND APPROVAL
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4.	Respectfully submit the Agency 3 rd Quarter Performance Report for Fiscal Year 2016-2017.	
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	(ATTACHMENT 4)	INFORMATION/DISCUSSION
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5.	Respectfully submit the proposed performance measures for FY 2017-2018.	
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	(ATTACHMENT 5)	INFORMATION/DISCUSSION
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ATTACHMENT 1



FLORIDA

Executive
Director
Leon M. Biegalski

May 23, 2017

MEMORANDUM

TO: The Honorable Rick Scott, Governor
Attention: Kristin Olson, Deputy Chief of Staff
Amanda Carey, Cabinet Aide

The Honorable Jeff Atwater, Chief Financial Officer
Attention: Robert Tornillo, Director of Cabinet Affairs
Stephanie Leeds, Deputy Director of Cabinet Affairs
Kimberly Renspie, Cabinet and Legislative Analyst

The Honorable Pam Bondi, Attorney General
Attention: Kent Perez, Associate Deputy Attorney General
Erin Sumpter, Deputy Director of Cabinet Affairs
Andrew Fay, Special Counsel

The Honorable Adam Putnam, Commissioner of Agriculture and Consumer
Services
Attention: Brooke McKnight, Director of Cabinet Affairs
Jessica Field, Deputy Cabinet Affairs Director

THRU: Leon Biegalski, Executive Director

FROM: Debbie Longman, Director, Legislative and Cabinet Services

SUBJECT: Requesting Approval to Hold Public Hearing on Proposed Rule

Statement of Sections 120.54(3)(b) and 120.541, F.S. Impact: No impact.

The Department has reviewed the proposed rule for compliance with Sections 120.54(3)(b) and 120.541, F.S. The proposed rule will not likely have an adverse impact on small businesses, small counties, or small cities, and is not likely to have an increased regulatory cost in excess of \$200,000 within 1 year. Additionally, the proposed rule is not likely to have an adverse impact or increased regulatory costs in excess of \$1,000,000 within 5 years.

Child Support – Ann Coffin, Director • General Tax Administration – Maria Johnson, Director
Property Tax Oversight – Dr. Maurice Gogarty, Director • Information Services – Damu Kuttikrishnan, Director

www.floridarevenue.com
Florida Department of Revenue
Tallahassee, Florida 32399-0100

What is the Department requesting? Section 120.54(3)(a), F.S., requires the Department to obtain Cabinet approval to hold public hearings for the development of proposed rules. The Department therefore requests approval to publish a Notice of Proposed Rule in the *Florida Administrative Register* for Rule 12-2.020, F.A.C.

Why are the proposed rule changes necessary? These rule changes are necessary to repeal an obsolete administrative rule.

What does the proposed rule do? The proposed changes repeal a rule that provided general information but does not directly implement statutory language.

Were comments received from external parties? Yes. The Department received notice from the staff of the Joint Administrative Procedures Committee that the rule no longer meets the requirements for rulemaking. That notice requested that the Department review and determine if the rule should be repealed. Upon review, the Department agrees that the rule does not implement statutory language and should be repealed.

Attached are copies of:

- Summary of the proposed rule, which includes:
 - Statements of facts and circumstances justifying the rule;
 - Federal comparison statement; and
 - Summary of the workshop
- Rule text

STATE OF FLORIDA
DEPARTMENT OF REVENUE
CHAPTER 12-2, FLORIDA ADMINISTRATIVE CODE
ORGANIZATION AND GENERAL INFORMATION
REPEALING RULE 12-2.020

SUMMARY OF PROPOSED RULE

The proposed repeal of Rule 12-2.020, F.A.C. (Authority), will remove unnecessary provisions which do not implement statutory language.

FACTS AND CIRCUMSTANCES JUSTIFYING PROPOSED RULE

The Department received notice from the staff of the Joint Administrative Procedures Committee that the rule no longer meets the requirements for rulemaking. That notice requested that the Department review and determine if the rule should be repealed. Upon review, the Department agrees that the rule does not implement statutory language and should be repealed.

FEDERAL COMPARISON STATEMENT

The provisions contained in these rules do not conflict with comparable federal laws, policies, or standards.

SUMMARY OF RULE DEVELOPMENT WORKSHOP

Pursuant to s. 120.54(2)(a), F.S., no Rule Development Workshop or Notice of Proposed Rule Development is necessary for the repeal of an existing rule.

NOTICE OF PROPOSED RULE

DEPARTMENT OF REVENUE

ORGANIZATION AND GENERAL INFORMATION

RULE NO: RULE TITLE:

12-2.020 Authority

PURPOSE AND EFFECT: The purpose of the proposed repeal of Rule 12-2.020, F.A.C. (Authority), is to remove unnecessary provisions.

SUMMARY: The proposed repeal of Rule 12-2.020, F.A.C., removes unnecessary provisions which do not implement statutory language.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COSTS AND

LEGISLATIVE RATIFICATION: The Agency has determined that this rule will not have an adverse impact on small business or likely increase directly or indirectly regulatory costs in excess of \$200,000 in the aggregate within one year after the implementation of the rule. A Statement of Estimated Regulatory Cost has not been prepared by the agency. The Agency has determined that the proposed rule is not expected to require legislative ratification based on the Statement of Estimated Regulatory Cost or if no Statement of Estimated Regulatory Cost is required, the information expressly relied upon and described herein: 1) no requirement for the Statement of Economic Regulatory Costs (SERC) was triggered under Section 120.541(1), F.S.; and 2) based on past experiences with the proposed repeal of unnecessary rules of this nature, the adverse impact or regulatory cost, if any, do not exceed nor would exceed any one of the economic analysis criteria in a SERC, as set forth in Section 120.541(2)(a), F.S. Any person who wishes to provide information regarding a Statement of Estimated Regulatory Costs, or provide a

proposal for a lower cost regulatory alternative, must do so in writing within 21 days of this notice.

RULEMAKING AUTHORITY: 120.53(1)(c) FS.

LAW IMPLEMENTED: 120.53(1), (2), (3) FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE HELD AT THE DATE, TIME, AND PLACE SHOWN BELOW (IF NOT REQUESTED, THIS HEARING WILL NOT BE HELD):

DATE AND TIME: [To be determined.]

PLACE: [To be determined.]

NOTICE UNDER THE AMERICANS WITH DISABILITIES ACT: Any person requiring special accommodations to participate in any rulemaking proceeding before Technical Assistance and Dispute Resolution is asked to advise the Department at least 48 hours before such proceeding by contacting Becky Avrett at (850) 717-6799. Persons with hearing or speech impairments may contact the Department by using the Florida Relay Service, which can be reached at (800) 955-8770 (Voice) and (800) 955-8771 (TTY).

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Kimberly Berg, Technical Assistance and Dispute Resolution, Department of Revenue, P.O. Box 7443, Tallahassee, Florida 32314-7443, telephone (850) 717-7082.

THE FULL TEXT OF THE PROPOSED RULE IS:

STATE OF FLORIDA
DEPARTMENT OF REVENUE
CHAPTER 12-2, FLORIDA ADMINISTRATIVE CODE
ORGANIZATION AND GENERAL INFORMATION
REPEALING RULE 12-2.020

12-2.020 Authority.

~~These rules regarding the indexing, management, and availability of final orders are issued pursuant to Section 120.53, F.S. and Chapter 1B-32, F.A.C., and have been approved by the Department of State pursuant to Section 120.53(1), F.S.~~

Rulemaking Authority 120.53(1)(c) FS. Law Implemented 120.53(1), (2), (3) FS. History—New 11-11-92, Repealed.

NAME OF PERSON ORIGINATING PROPOSED RULE: Kimberly Berg, Technical Assistance and Dispute Resolution, Department of Revenue, P.O. Box 7443, Tallahassee, Florida 32314-7443, telephone (850) 717-7082.

NAME OF AGENCY HEAD WHO APPROVED THE PROPOSED RULE: [To be determined.]

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: [To be determined.]

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: Pursuant to 120.54(2)(a), no Notice of Proposed Rule Development is necessary for the repeal of a rule.

ATTACHMENT 2



FLORIDA

Executive
Director

Leon M. Biegalski

May 23, 2017

MEMORANDUM

TO: The Honorable Rick Scott, Governor
Attention: Kristin Olson, Deputy Chief of Staff
Amanda Carey, Cabinet Aide

The Honorable Jeff Atwater, Chief Financial Officer
Attention: Robert Tornillo, Director of Cabinet Affairs
Stephanie Leeds, Deputy Director of Cabinet Affairs
Kimberly Renspie, Cabinet and Legislative Analyst

The Honorable Pam Bondi, Attorney General
Attention: Kent Perez, Associate Deputy Attorney General
Erin Sumpter, Deputy Director of Cabinet Affairs
Andrew Fay, Special Counsel

The Honorable Adam Putnam, Commissioner of Agriculture and Consumer
Services
Attention: Brooke McKnight, Director of Cabinet Affairs
Jessica Field, Deputy Cabinet Affairs Director

THROUGH: Leon Biegalski, Executive Director

FROM: Debbie Longman, Director, Legislative and Cabinet Services

SUBJECT: Request for Governor and Cabinet's approval to publish Notices of Proposed Rule amending various rules to reflect statutory changes.

Statement of Sections 120.54(3)(b) and 120.541, F.S., Impact: No impact

The Department has reviewed these proposed amended rules for compliance with sections 120.54(3)(b) and 120.541, F.S. These proposed rules will not have an adverse impact on small businesses, small counties, or small cities and will not have an increased regulatory cost in excess of \$200,000 within one year. Additionally, they will not have an adverse impact or increased regulatory costs in excess of \$1,000,000 within five years.

What is the Department requesting? Section 120.54(3)(a), F.S., requires the Department to obtain Cabinet approval to hold public hearings for proposed amended rules. The Department requests approval to publish a Notice of Proposed Rule in the *Florida Administrative Register* for each of the following proposed rules.

Why are the proposed rule amendments necessary?

The proposed amended rules and forms are necessary to reflect statutory changes enacted in Chapters 2016-26, 2016-110, and 2016-128, L.O.F., by amending current rules and forms. Rules in Chapter 12D-5 are based on changes enacted in Chapter 2013-95, L.O.F.

What do the proposed amendments to these rules do?

Rule 12D-1.004, F.A.C., Returns, Applications and Other Information (not Including Applications for Exemptions) Required to Be Filed with the Property Appraiser.

The proposed changes amend Rule 12D-1.004, F.A.C., to:

- Reflect the changes to s. 193.501, F.S., in section 11 of Chapter 2016-128, L.O.F.;
- Change the April 1 filing deadline for property subject to an assessment on outdoor recreational or park lands or conservation easement to the statutory deadline of March 1;
- Incorporate forms used to apply to the property appraiser in s. 193.501, F.S.; and
- Remove obsolete references.

Rule 12D-5.002, F.A.C., Purchase Price Paid as a Factor in Determining Agricultural Classifications.

The proposed changes repeal Rule 12D-5.002, F.A.C., based on the amendments to s. 193.461, F.S., deleted by Chapter 2013-95, L.O.F.

Rule 12D-5.004, F.A.C., Applicability of Other Factors to Classification of Agricultural Lands.

The proposed changes to Rule 12D-5.004, F.A.C., amend the methods to reclassify property as nonagricultural to align with statutory changes in Section 1 of Chapter 2013-95, L.O.F.

Rule 12D-7.020, F.A.C., Exemption for Real Property Dedicated in Perpetuity for Conservation.

The proposed changes to Rule 12D-7.020, F.A.C., implement statutory changes in section 1 of Chapter 2016-110, L.O.F., so that property owners are not required to file annual renewal applications to retain their conservation easement, instead, they apply once and do not have to file with the Department again until the use of the property no longer complies with conservation easement restrictions and requirements.

Rule 12D-8.0064, F.A.C., Assessments; Correcting Errors in Assessments of a Homestead.

The proposed changes to Rule 12D-8.0064, F.A.C., reflect the changes in section 5 of Chapter 2016-128, L.O.F., giving property owners 30 days to pay taxes, penalties, and interest prior to the property appraiser filing a notice of tax lien when a person is not entitled to a homestead exemption or assessment increase limitation as amended in s. 193.155, F.S.

Rule 12D-8.00659, F.A.C., Notice of Change of Ownership or Control of Non-Homestead Property.

The proposed changes amend Rule 12D-8.00659(7), F.A.C., to implement changes in sections 6 and 7 of Chapter 2016-128 L.O.F., relieving the property owner of any assessed penalties or interest if the property assessment limitation was granted because of a clerical error or omission as amended in ss. 193.1554 and 193.1555, F.S.

Rule 12D-9.001, F.A.C., Taxpayer Rights in Value Adjustment Board Proceedings.

The proposed changes to Rule 12D-9.001, F.A.C., add new taxpayer rights, as provided in sections 10, 11, and 12 of Chapter 2016-128, L.O.F., specifically:

- Petitioners can choose another person to file and represent them in a Value Adjustment Board (VAB) hearing;
- Allows for a one-time rescheduling of a hearing;
- Provides when not to consider assessment reduction recommendations by a special magistrate; and
- Minor language changes.

Rule 12D-9.003, F.A.C., Definitions.

The proposed changes amend Rule 12D-9.003, F.A.C., to implement section 11 of Chapter 2016-128, L.O.F., which amended s. 194.034, F.S., adding the terms “petition” and “representative,” and clarifying “agent” and “petitioner.” The Department proposes removing reference to AGO 2002-058 from the Law Implemented section because opinions do not constitute law that can be implemented.

Rule 12D-9.004, F.A.C., Composition of the Value Adjustment Board.

The proposed changes to Rule 12D-9.004(1)(a), F.A.C., reflect the verbiage change from “chairperson” to “chair” as provided in section 11 of Chapter 2016-128, L.O.F.

Rule 12D-9.005, F.A.C., Duties of the Board.

The proposed changes amend Rule 12D-9.005, F.A.C., to:

- Implement section 11 of Chapter 2012-193, L.O.F., by updating language from s. 194.032, F.S.,
- Implement section 10 of Chapter 2016-128, L.O.F., by adding the new assessment types of hearings to be heard by the VAB.
- Repeal subsection (4) of this rule based on a Joint Administrative Procedure Committee finding that this provision does not meet the definition of a rule.

Rule 12D-9.007, F.A.C., Role of the Clerk of the Value Adjustment Board.

The proposed changes amend Rule 12D-9.007(10), F.A.C. to update the clerk’s role for notifications and allow for electronic notification of board decisions as provided in section 2 of Chapter 2013-72, L.O.F.

Rule 12D-9.010, F.A.C., Appointment of Special Magistrates to the Value Adjustment Board.

The proposed changes amend Rule 12D-9.010, F.A.C., to reflect the different assessment types of hearings an attorney special magistrate will hear from section 12 of Chapter 2016-128, L.O.F. Subsection (1) of this rule adds that a VAB shall not consider current or previous assessment reduction recommendations when appointing a special magistrate. Language for the qualifications for the three types of special magistrates is being clarified.

Rule 12D-9.014, F.A.C., Prehearing Checklist.

The proposed changes amend Rule 12D-9.014(1), F.A.C. to implement section 12 of Chapter 2016-128, L.O.F., by adding a requirement from s. 194.035(1), F.S., to the prehearing checklist. Paragraph (1)(k) of this rule adds that a VAB does not consider current or previous assessment reduction recommendations when appointing a special magistrate.

Rule 12D-9.015, F.A.C., Petition: Form and Filing Fee.

The proposed changes amend Rule 12D-9.015, F.A.C., to:

- Remove language that was superceded by statute;
- Update the rule language to match the changes to the petition forms;
- Reference new Forms DR-486POA and DR-486A which implement section 10 of Chapter 2016-128, L.O.F.,
- Incorporate changes from sections 8 and 11 of Chapter 2016-128, L.O.F.;
- Correct statute citations; and
- Add how authorized parties sign and file petitions with the clerk.

Rule 12D-9.017, F.A.C., Ex Parte Communication Prohibition.

The proposed changes amend Rule 12D-9.017(2), F.A.C., to implement section 11 of Chapter 2016-128, L.O.F., by changing the term “agent” to “representative.”

Rule 12D-9.018, F.A.C., Representation of the Taxpayer.

The proposed changes amend Rule 12D-9.018, F.A.C., to implement sections 1, 8, and 11 of Chapter 2016-128, L.O.F., providing for the requirements of additional types of representation for a taxpayer. The rule will outline the provisions added in s. 194.034, F.S., for the different types or representatives and their qualifications.

Rule 12D-9.019, F.A.C., Scheduling and Notice of a Hearing.

The proposed changes amend Rule 12D-9.019, F.A.C., to implement section 10 of Chapter 2016-128, L.O.F., by adding steps in subsection (4) for a board clerk when rescheduling a hearing for good cause provided in s. 194.032, F.S. Paragraph (1)(d) of this rule adds that a VAB shall not consider current or previous assessment reduction recommendations when appointing a special magistrate.

Rule 12D-9.025, F.A.C., Procedures for Conducting a hearing; Presentation of Evidence; Testimony of Witnesses.

The proposed changes amend Rule 12D-9.025(6), F.A.C., to add when the property appraiser provides a revised property record card to the petitioner if the assessment is increased.

Rule 12D-9.029, F.A.C., Procedures for Remanding Value Assessments to the Property Appraiser.

The proposed changes amend Rule 12D-9.029(4), F.A.C., to clarify procedures when remanding a value assessment to the property appraiser based on section 11 of Chapter 2016-128, L.O.F.

Rule 12D-9.030, Recommended Decisions and 12D-9.032, F.A.C., Final Decisions.

The proposed changes amend Rule 12D-9.030(1) and 12D-9.032(1), F.A.C. to implement section 11 of Chapter 2016-128, L.O.F., which added language to s. 194.034, F.S., regarding when the board prepares written decisions and what to include for a recommended and final decision.

Rule 12D-9.034, F.A.C., Record of the Proceeding.

The proposed changes amend Rule 12D-9.034(4), F.A.C., to implement section 11 of Chapter 2016-128, L.O.F., by changing the term “agent” to “representative.”

Rule 12D-16.002, F.A.C., Index to Forms.

The proposed changes to Rule 12D-16.002, F.A.C.:

Implement statutory changes enacted in section 1 of Chapter 2016-110, L.O.F. as follows:

- Amend Form DR-418C, Real Property Dedicated in Perpetuity for Conservation, Exemption Application, to remove instructions requiring the property owner to annually reapply for the exemption; and
- Repeal Form DR-418CR, Real Property Dedicated in Perpetuity for Conservation, Exemption Renewal, to reflect the amendment to s. 196.26, F.S., removing the annual renewal notification to the property appraiser.

To implement statutory changes enacted in section 1 of Chapter 2016-26, L.O.F., as follows:

- Amend Form DR-501M, Deployed Military Exemption Application, to include subordinate military operations as amended in s. 196.173, F.S.

Amend Rule to reflect statutory changes in section 197.492, F.S., as follows:

- Amend Form DR-505, Report of Discounts, Errors, Double Assessments, and Insolvencies. The Tax Collector Association has requested an additional change to this form since the 2016 promulgation effort.

Rule 12D-18.005, F.A.C., Adoption of Non-Ad Valorem Assessment Roll.

The rule implements changes enacted by section 13 of Chapter 2016-128, L.O.F, revising the time frame local governments shall adopt a non-ad valorem assessment roll at a public hearing.

Rule 12D-18.006, F.A.C., Certification of Assessment Roll.

The proposed changes to Rule 12D-18.006, F.A.C.,

- Amend the time frame within which local governments shall adopt a non-ad valorem assessment roll at a public hearing;
- Update a subsection reference in an amendment in Chapter 12D-13, F.A.C., that became effective April 5, 2016; and
- Remove the requirement to send a document to the Department.

Were comments received from external parties?

A Notice of Rule Development was published on March 27, 2017 and a workshop was held on April 11, 2017. Several interested parties attended including VAB Attorneys, VAB Interested Parties, and staff from the property appraiser and county clerk offices. Interested parties provided suggestions and comments on Rules 12D-7.020, 12D-8.0064, and rules in Chapter 12D-9. The Department reviewed the suggestions and comments to determine additional changes to the rule drafts. Changes were made to rules in Chapter 12D-9, F.A.C, based on public comments.

Rule 12D-16.002, F.A.C., was noticed to provide a workshop to the public to discuss additional changes to Form DR-505, Report of Discounts, Errors, Double Assessments, and Insolvencies. The Notice was published on April 11, 2017. If requested in writing, a workshop would have been held on April 27, 2017. The Department did not receive a written request and a workshop was not held. No further comments have been received on the amendments to the form.

Attachments

- Summaries of the proposed rules, which include:
 - Statements of facts and circumstances justifying the rules;
 - Federal comparison statements; and
 - Summaries of the workshop
- Draft Notices of Proposed Rule with rule text
- Incorporated materials

STATE OF FLORIDA
DEPARTMENT OF REVENUE
PROPERTY TAX OVERSIGHT PROGRAM
CHAPTER 12D-1, FLORIDA ADMINISTRATIVE CODE
GENERAL RULES
PROPOSED AMENDMENTS TO RULE 12D-1.004, F.A.C.

SUMMARY OF PROPOSED RULE

The proposed amendment to Rule 12D-1.004, F.A.C., updates the filing deadline for property subject to an outdoor recreational or park lands or conservation easement, incorporates forms filed with the property appraiser, and adds the requirement that applicants must file a timely return under s. 193.052, F.S.

FACTS AND CIRCUMSTANCES JUSTIFYING PROPOSED RULE

The proposed amendments to Rule 12D-1.004, F.A.C., are to update the rule to reflect the changes to s. 193.501, F.S., in section 11 of Chapter 2016-128, L.O.F.; change the April 1 filing deadline for property subject to an assessment on outdoor recreational or park lands or conservation easement to March 1, implementing section 2 of Chapter 2009-157, L.O.F.; incorporate application forms to send to the property appraiser in s. 193.501, F.S.; and remove obsolete references.

FEDERAL COMPARISON STATEMENT

The provisions contained in this proposed amended rule chapter do not conflict with comparable federal laws, policies, or standards.

SUMMARY OF RULE DEVELOPMENT WORKSHOP HELD APRIL 11, 2017

The Department of Revenue published a Notice of Rule Development for proposed amendments to Rule 12D-1.004, F.A.C., in the Florida Administrative Register (F.A.R.) on March 27, 2017 (Vol. 43, No. 59, p. 1383). The Department held a rule development workshop on April 11, 2017, and invited interested parties and county officials to attend in person and through a teleconference system. No one presented comments at the workshop, and the Department received no written comments.

NOTICE OF PROPOSED RULE

FLORIDA DEPARTMENT OF REVENUE

PROPERTY TAX OVERSIGHT PROGRAM

RULE NO.: RULE TITLE:

12D-1.004 Returns, Applications and Other Information (not including Applications for Exemptions) Required to be Filed with the Property Appraiser

PURPOSE AND EFFECT: The purposes of amending Rule 12D-1.004, F.A.C., are to update the rule to reflect the changes to s. 193.501, F.S., in section 11 of Chapter 2016-128, L.O.F.; change the April 1 filing deadline for property subject to an assessment on outdoor recreational or park lands or conservation easement to March 1, implementing section 2 of Chapter 2009-157, L.O.F.; incorporate application forms to send to the property appraiser in s. 193.501, F.S.; and remove obsolete references. The effects of this rule amendment are to clarify the requirements of filing a timely return required in s. 193.052, F.S., incorporate form numbers to help identify the correct form to file, and correct a filing deadline.

SUMMARY: The amendment updates the filing deadline for property subject to an outdoor recreational or park lands or conservation easement, incorporates forms filed with the property appraiser, and adds the requirement that applicants must file a timely return under s. 193.052, F.S.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COSTS AND

LEGISLATIVE RATIFICATION: The Department has determined that this rule will not have an adverse impact on small business or likely increase directly or indirectly regulatory costs in excess of \$200,000 in the aggregate within one year after the implementation of the rule. A Statement of Estimated Regulatory Cost (SERC) has not been prepared by the Department.

The Department has determined that this proposed rule is not expected to require legislative ratification based on the SERC or if no SERC is required, the information expressly relied upon and described herein: 1) no requirement for a SERC was triggered under Section 120.541(1), F.S.; and, 2) based on past experiences with activities for providing the public tax information and rules of this nature, the adverse impact or regulatory cost, if any, do not exceed nor would exceed any one of the economic analysis criteria in a SERC, as set forth in Section 120.541(2)(a), F.S. Any person who wishes to provide information regarding a SERC, or to provide a proposal for a lower cost regulatory alternative must do so in writing within 21 days of this notice.

RULEMAKING AUTHORITY: 195.027(1), 213.06(1) FS.

LAW IMPLEMENTED: 193.052, 193.062, 193.085, 193.481, 193.501, 193.621, 196.011, 196.193, 704.06(1) FS.

A HEARING WILL BE HELD AT THE DATE, TIME, AND PLACE SHOWN BELOW:

DATE AND TIME: TBD

PLACE: Capital Circle Office Complex, Building 2, Room 1220, 2450 Shumard Oak Blvd, Tallahassee, Florida.

NOTICE UNDER THE AMERICANS WITH DISABILITIES ACT: Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in any rulemaking proceeding before the Property Tax Oversight Program is asked to advise the Department at least 48 hours before the proceeding by contacting Mike Cotton at: telephone (850)617-8870 or email Mike.Cotton@floridarevenue.com. Persons with hearing or speech impairments may contact the Department using the Florida Relay Service, which can be reached at (800)955-8770 (Voice) and (800)955-8771 (TDD).

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Mike Cotton,
Tax Law Specialist, Property Tax Oversight Program, Department of Revenue, 2450 Shumard
Oak Boulevard, Tallahassee, Florida 32315-3000, telephone: (850)617-8870, email:
mike.cotton@floridarevenue.com.

THE FULL TEXT OF THE PROPOSED RULE IS:

STATE OF FLORIDA
DEPARTMENT OF REVENUE
PROPERTY TAX OVERSIGHT PROGRAM
CHAPTER 12D-1, FLORIDA ADMINISTRATIVE CODE
GENERAL RULES
AMENDING RULE 12D-1.004

12D-1.004 Returns, Applications and Other Information (not Including Applications for Exemptions) Required to Be Filed with the Property Appraiser.

(1) The following returns shall be filed according to the following schedule in each county which is the situs of the property, on forms and in compliance with the instructions for their use prescribed by the Department.

(a) Outdoor recreational or park lands. The owner of lands assessed as outdoor recreational or park lands, under Section 193.501, F.S., shall, on or before March 1 ~~April 1~~ of each year, file with the property appraiser a written statement that the lands were utilized for such purposes on January 1.

(b) Pollution control devices. The owner of lands assessed under Section 193.621, F.S., relating to pollution control devices, shall, on or before April 1 of each year, file a return in the manner and form prescribed by the Department. The Department prescribes Form DR-492, Return of Pollution Control Devices for Ad Valorem Tax Purposes, incorporated in Rule 12D-16.002, by reference.

(c) Mineral, oil and gas or other subsurface rights, assessed under Section 193.481, F.S., by owner of the surface fee. The owner of real property who also owns mineral, oil, gas or other subsurface mineral rights to the same property shall, on or before April 1 of each year, file with

the property appraiser a request in the manner and form prescribed by the Department of Revenue in order to have such mineral, oil, gas or other subsurface mineral rights separately assessed from the remainder of the real estate as a separate item on the tax roll. Failure to file the above request, on or before April 1 of each year, shall relieve the property appraiser of the duty to assess mineral, oil, gas or other subsurface rights separately from the remainder of the real estate owned by the owner of such mineral, oil, gas or other subsurface rights. The Department prescribes Form DR-508, Application for Separate Assessment of Mineral, Oil, and Other Subsurface Rights, incorporated in Rule 12D-16.002, by reference.

(d) Property subject to a conservation easement, qualified and designated as environmentally endangered by resolution of the governing board of a municipality or county, or designated as conservation land in a comprehensive plan adopted by the appropriate municipal or county governing board. The owner of property so designated may, on or before ~~April 1~~ March 1 of each year, petition the property appraiser in the manner and form prescribed by the Department of Revenue, for a reclassification and reassessment of the land pursuant to Section 193.501, F.S. See Rule 12D-8.001, F.A.C. The Department prescribes Form DR-482C, Land Used for Conservation, incorporated in Rule 12D-16.002, by reference.

(e) Every person or organization who has the legal title to houses of public worship, the lots on which they are located, personal property located thereon or therein, every parsonage, house of public worship owned burial grounds and tombs, and all other such property not rented or hired out for other than religious or educational purposes at any time, shall, on or before April 1 of each year, file a return of such property in the manner and form prescribed by the Department with the property appraiser of the county in which the property is located.

(2) All state and governmental entities, including all departments (boards, authorities,

agencies, commissions, etc.) of state governments, and all forms of local government (including county commissions, school boards, commissions, authorities, and agencies of a public or quasi-public nature), special taxing districts, multi-county districts and municipalities, shall, ~~beginning in 1972,~~ on or before April 1, furnish to the several property appraisers of this state a list of real property owned. Such list shall include a description sufficient to identify the same and an estimate of the value of the same. ~~After 1972, such~~ The list may include only the property which has been acquired or disposed of by the governmental entity since the filing of the previous return or list, and shall be due on or before April 1 of each year.

(3) An assessment may not be contested ~~unless until~~ a return, as required by s. 193.052 ~~if required,~~ is timely filed by the taxpayer.

Rulemaking Authority 195.027(1), 213.06(1) FS. Law Implemented 193.052, 193.062, 193.085, 193.481, 193.501, 193.621, 196.011, 196.193, 704.06(1) FS. History—New 10-12-76, Formerly 12D-1.04, Amended 12-31-98, _____.

NAME OF PERSON ORIGINATING PROPOSED RULE IS: Mike Cotton

NAME OF AGENCY HEAD WHO APPROVED THE PROPOSED RULE IS: Governor and
Cabinet

DATE PROPOSED RULE APPROVED BY THE AGENCY HEAD: TBD

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAR: March 27,
2017

STATE OF FLORIDA
DEPARTMENT OF REVENUE
PROPERTY TAX OVERSIGHT PROGRAM
CHAPTER 12D-5, FLORIDA ADMINISTRATIVE CODE
AGRICULTURAL AND OUTDOOR RECREATIONAL OR PARK LANDS
REPEALING RULE 12D-5.002, F.A.C.
PROPOSED AMENDMENT TO RULE 12D-5.004, F.A.C.

SUMMARY OF PROPOSED RULE

These rules provide procedures property appraisers use to determine if property qualifies for an agricultural classification. Legislation in 2013 repealed the statutory provision that Rule 12D-5.002, F.A.C., implements. The amendment to Rule 12D-5.004, F.A.C., deletes the other method factors, other than zoning, property appraisers use in determining agricultural land purposes.

FACTS AND CIRCUMSTANCES JUSTIFYING PROPOSED RULE

The purpose of the proposed repeal of Rule 12D-5.002, F.A.C., and the proposed amendments to Rule 12D-5.004, F.A.C., is to implement the provisions of Chapter 2013-95, Laws of Florida.

FEDERAL COMPARISON STATEMENT

The provisions contained in this proposed amended rule chapter do not conflict with comparable federal laws, policies, or standards.

SUMMARY OF RULE DEVELOPMENT WORKSHOP HELD APRIL 11, 2017

The Department of Revenue published a Notice of Rule Development for proposed repeal of Rule 12D-5.002, F.A.C., and amendment to Rule 12D-5.004, F.A.C., in the Florida Administrative Register (F.A.R.) on March 27, 2017 (Vol. 43, No. 59, pp. 1383-1384). The Department held a rule development workshop on April 11, 2017, and invited interested parties and county officials to attend in person and through a teleconference system. No one presented comments at the workshop. Before the workshop, the Department received a written comment on the status of the repeal of Rule 12D-5.002, F.A.C.

NOTICE OF PROPOSED RULE

FLORIDA DEPARTMENT OF REVENUE

Property Tax Oversight Program

RULE NO.: RULE TITLE:

12D-5.002 Purchase Price as a Factor in Determining Agricultural Classification

12D-5.004 Applicability of Other Factors to Classification of Agricultural Lands

PURPOSE AND EFFECT: The purpose of the proposed repeal of Rule 12D-5.002, F.A.C., and the proposed amendments to Rule 12D-5.004, F.A.C., is to implement the provisions of Chapter 2013-95, Laws of Florida. The effect of the proposed rule repeal and revisions is to provide property appraisers with updated procedures for administering the agricultural classification under Florida law.

SUMMARY: These rules provide procedures property appraisers use to determine if property qualifies for an agricultural classification. Legislation in 2013 repealed the statutory provision that Rule 12D-5.002, F.A.C., implements. The amendment to Rule 12D-5.004, F.A.C., deletes the other method factors, other than zoning, property appraisers use in determining agricultural land purposes.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COSTS AND

LEGISLATIVE RATIFICATION: The Department has determined that these rules will not have an adverse impact on small business or likely increase directly or indirectly regulatory costs in excess of \$200,000 in the aggregate within one year after the implementation of the rule. A Statement of Estimated Regulatory Cost (SERC) has not been prepared by the Department. The Department has determined that this proposed rule amendment and proposed rule repeal is not expected to require legislative ratification based on the SERC or if no SERC is required, the

information expressly relied upon and described herein: 1) no requirement for a SERC was triggered under Section 120.541(1), F.S.; and, 2) based on past experiences with activities for providing the public tax information and rules of this nature, the adverse impact or regulatory cost, if any, do not exceed nor would exceed any one of the economic analysis criteria in a SERC, as set forth in Section 120.541(2)(a), F.S. Any person who wishes to provide information regarding a SERC, or to provide a proposal for a lower cost regulatory alternative must do so in writing within 21 days of this notice.

RULEMAKING AUTHORITY: 195.027(1), 213.06(1) FS.

LAW IMPLEMENTED: 193.461, 195.032 FS.

A HEARING WILL BE HELD AT THE DATE, TIME, AND PLACE SHOWN BELOW:

DATE AND TIME: TBD

PLACE: Capital Circle Office Complex, Building 2, Room 1220, 2450 Shumard Oak Blvd, Tallahassee, Florida.

NOTICE UNDER THE AMERICANS WITH DISABILITIES ACT: Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in any rulemaking proceeding before the Property Tax Oversight Program is asked to advise the Department at least 48 hours before the proceeding by contacting Mike Cotton at: telephone (850)617-8870 or email Mike.Cotton@floridarevenue.com. Persons with hearing or speech impairments may contact the Department using the Florida Relay Service, which can be reached at (800)955-8770 (Voice) and (800)955-8771 (TDD).

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Mike Cotton, Tax Law Specialist, Property Tax Oversight Program, Department of Revenue, 2450 Shumard

Oak Boulevard, Tallahassee, Florida 32315-3000, telephone: (850)617-8870, email:
mike.cotton@floridarevenue.com.

THE FULL TEXT OF THE PROPOSED RULE IS:

STATE OF FLORIDA
DEPARTMENT OF REVENUE
PROPERTY TAX OVERSIGHT PROGRAM
CHAPTER 12D-5, FLORIDA ADMINISTRATIVE CODE
AGRICULTURAL AND OUTDOOR RECREATIONAL OR PARK LANDS
REPEALING RULE 12D-5.002 AND AMENDING RULE 12D-5.004

12D-5.002 Purchase Price Paid as a Factor in Determining Agricultural Classification.

Rulemaking Authority 195.027(1), 213.06(1) FS. Law Implemented 193.461, 195.032 FS.

History—New 10-12-76, Amended 11-10-77, Formerly 12D-5.02, Repealed.

12D-5.004 Applicability of Other Factors to Classification of Agricultural Property Lands.

(1) Other factors stated ~~enumerated~~ by the court in Greenwood v. Oates, 251 So. 2d 665 (Fla. 1971), which the property appraiser may consider, but ~~to which he~~ is not limited to, are:

(a) Opinions of appropriate experts in the fields;

(b) Business or occupation of the owner; (Note that this cannot be considered beyond ~~over~~ ~~and above~~, or to the exclusion of, the actual use of the property.) (See AGO 70-123.);

(c) The nature of the property's terrain ~~of the property~~;

(d) Economic merchantability of the agricultural product; and

(e) The reasonably attainable economic salability of the agricultural product within a reasonable future time ~~for the particular agricultural product~~.

(2) Other factors that should ~~are recommended to~~ be considered are:

(a) Zoning ~~(other than Section 193.461, F.S.)~~, applicable to the property land;

- (b) General character of the neighborhood;
- (c) Use of adjacent properties;
- (d) Proximity of the property ~~subject properties~~ to a metropolitan area and services;
- (e) Principal domicile of the owner and family;
- (f) Date of acquisition;
- (g) Agricultural experience of the person conducting agricultural operations;
- (h) Participation in governmental or private agricultural programs or activities;
- (i) Amount of harvest for each crop;
- (j) Gross sales from the agricultural operation;
- (k) Months of hired labor; and
- (l) Inventory and condition of buildings and machinery ~~and the condition of the same~~.

(3) The property appraiser cannot apply a A minimum acreage test to determine if property is being used cannot be required for agricultural assessment in determining whether the use of the land for bona fide agricultural purposes is bona fide.

*Rulemaking Authority 195.027(1), 213.06(1) FS. Law Implemented 193.461, ~~213.05~~ FS. History—
New 10-12-76, Amended 11-10-77, Formerly 12D-5.04, Amended 11-1-12, _____.*

NAME OF PERSON ORIGINATING PROPOSED RULES IS: Mike Cotton

NAME OF AGENCY HEAD WHO APPROVED THE PROPOSED RULES IS: Governor and
Cabinet

DATE PROPOSED RULES APPROVED BY THE AGENCY HEAD: TBD

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAR: March 27,
2017

STATE OF FLORIDA
DEPARTMENT OF REVENUE
PROPERTY TAX OVERSIGHT PROGRAM
CHAPTER 12D-7, FLORIDA ADMINISTRATIVE CODE
EXEMPTIONS
PROPOSED AMENDMENT TO RULE 12D-7.020, F.A.C.

SUMMARY OF PROPOSED RULE

The amendment to S. 196.011, F.S., deleted the requirement that an exemption for a conservation easement must be renewed annually. The rule implements the amendment by removing the requirement that the property owner was required to file an annual renewal. The property owner must notify the property appraiser when the use of the property no longer complies with conservation easement restrictions and requirements.

FACTS AND CIRCUMSTANCES JUSTIFYING PROPOSED RULE

The purpose of amending this rule is to implement statutory changes enacted in section 1 of Chapter 2016-110, L.O.F. The rule implements s. 196.011, F.S., and the proposed amendment deletes the requirement that an exemption for a conservation easement must be renewed annually and updates the notification process for the property owner.

FEDERAL COMPARISON STATEMENT

The provisions contained in this proposed amended rule chapter do not conflict with comparable federal laws, policies, or standards.

SUMMARY OF RULE DEVELOPMENT WORKSHOP HELD APRIL 11, 2017

The Department of Revenue published a Notice of Rule Development for proposed amendment to Rule 12D-7.020, F.A.C., in the Florida Administrative Register (F.A.R.) on March 27, 2017 (Vol. 43, No. 59, p. 1384). The Department held a rule development workshop on April 11, 2017, and invited interested parties and county officials to attend in person and through a teleconference system. One suggestion was presented at the workshop. The Department reviewed the comment and determined the draft rule did not require any further changes.

NOTICE OF PROPOSED RULE

FLORIDA DEPARTMENT OF REVENUE

PROPERTY TAX OVERSIGHT PROGRAM

RULE NO.: RULE TITLE:

12D-7.020 Exemption for Real Property Dedicated in Perpetuity for Conservation

PURPOSE AND EFFECT: The purpose of amending this rule is to implement statutory changes enacted in section 1 of Chapter 2016-110, L.O.F. The rule implements s. 196.011, F.S., and the proposed amendment deletes the requirement that an exemption for a conservation easement must be renewed annually and updates the notification process for the property owner. The effect of the amendment provides that a property owner must notify the property appraiser when the use of the property no longer complies with conservation easement restrictions and requirements.

SUMMARY: The amendment to S. 196.011, F.S., deleted the requirement that an exemption for a conservation easement must be renewed annually. The rule implements the amendment by removing the requirement that the property owner was required to file an annual renewal. The property owner must notify the property appraiser when the use of the property no longer complies with conservation easement restrictions and requirements.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COSTS AND

LEGISLATIVE RATIFICATION: The Department has determined that this rule will not have an adverse impact on small business or likely increase directly or indirectly regulatory costs in excess of \$200,000 in the aggregate within one year after the implementation of the rule. A Statement of Estimated Regulatory Cost (SERC) has not been prepared by the Department. The Department has determined that this proposed rule is not expected to require legislative ratification based on the SERC or if no SERC is required, the information expressly relied upon

and described herein: 1) no requirement for a SERC was triggered under Section 120.541(1), F.S.; and, 2) based on past experiences with activities for providing the public tax information and rules of this nature, the adverse impact or regulatory cost, if any, do not exceed nor would exceed any one of the economic analysis criteria in a SERC, as set forth in Section 120.541(2)(a), F.S. Any person who wishes to provide information regarding a SERC, or to provide a proposal for a lower cost regulatory alternative must do so in writing within 21 days of this notice.

RULEMAKING AUTHORITY: 195.027(1), 213.06(1) FS.

LAW IMPLEMENTED: 196.011, 196.26, 213.05 FS.

A HEARING WILL BE HELD AT THE DATE, TIME, AND PLACE SHOWN BELOW:

DATE AND TIME: TBD

PLACE: Capital Circle Office Complex, Building 2, Room 1220, 2450 Shumard Oak Blvd, Tallahassee, Florida.

NOTICE UNDER THE AMERICANS WITH DISABILITIES ACT: Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in any rulemaking proceeding before the Property Tax Oversight Program is asked to advise the Department at least 48 hours before the proceeding by contacting Mike Cotton at: telephone (850)617-8870 or email Mike.Cotton@floridarevenue.com. Persons with hearing or speech impairments may contact the Department using the Florida Relay Service, which can be reached at (800)955-8770 (Voice) and (800)955-8771 (TDD).

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Mike Cotton, Tax Law Specialist, Property Tax Oversight Program, Department of Revenue, 2450 Shumard

Oak Boulevard, Tallahassee, Florida 32315-3000, telephone: (850)617-8870, email:
mike.cotton@floridarevenue.com.

THE FULL TEXT OF THE PROPOSED RULE IS:

STATE OF FLORIDA
DEPARTMENT OF REVENUE
PROPERTY TAX OVERSIGHT PROGRAM
CHAPTER 12D-7, FLORIDA ADMINISTRATIVE CODE
EXEMPTIONS
AMENDING RULE 12D-7.020

12D-7.020 Exemption for Real Property Dedicated in Perpetuity for Conservation

(1) To apply for the exemption in Section 196.26, F.S., a property owner must submit an original application to the property appraiser by March 1, as outlined in Section 196.011, F.S.

(2) The Department prescribes Form DR-418C, Real Property Dedicated in Perpetuity for Conservation, Exemption Application, incorporated by reference in Rule 12D-16.002, F.A.C. Property owners must use this form to apply for the exemption in Section 196.26, F.S.

(3) If the land is no longer eligible for this exemption, the owner must promptly notify the property appraiser. If the owner fails to notify the property appraiser and it is determined the land was not eligible for this exemption for any time within the last 10 years, the owner is subject to taxes exempted plus 18% interest each year and a penalty of 100% of the taxes exempted. Any property of the owner will be subject to a lien for the unpaid taxes and penalties. (s.196.011, F.S.)

~~The Department prescribes Form DR-418CR, Real Property Dedicated in Perpetuity for Conservation, Exemption Renewal, incorporated by reference in Rule 12D-16.002, F.A.C. After the first year a property receives the exemption in Section 196.26, F.S., the property appraiser must mail a renewal application to the property owner by February 1. The property owner must~~

~~complete and return the renewal application to the property appraiser by March 1.~~

Rulemaking Authority 195.027(1), 213.06(1) FS. Law Implemented 196.011, 196.26, ~~213.05~~ FS.

History—New 11-1-12, Amended_____.

NAME OF PERSON ORIGINATING PROPOSED RULE IS: Mike Cotton

NAME OF AGENCY HEAD WHO APPROVED THE PROPOSED RULE IS: Governor and
Cabinet

DATE PROPOSED RULE APPROVED BY THE AGENCY HEAD: TBD

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAR: March 27,
2017

STATE OF FLORIDA
DEPARTMENT OF REVENUE
PROPERTY TAX OVERSIGHT PROGRAM
CHAPTER 12D-8, FLORIDA ADMINISTRATIVE CODE
ASSESSMENT ROLL PREPARATION AND APPROVAL
PROPOSED AMENDMENTS TO RULES 12D-8.0064 AND 12D-8.00659, F.A.C.

SUMMARY OF PROPOSED RULE

These rule amendments allow property owners to be notified and given thirty days to pay taxes prior to a lien filing; and grant the property owner a waiver of penalty and interest assessed due to a clerical error or omission.

FACTS AND CIRCUMSTANCES JUSTIFYING PROPOSED RULE

The proposed amendment to Rule 12D-8.0064, F.A.C., is to reflect the changes in section 5 of Chapter 2016-128, L.O.F., giving property owners 30 days to pay taxes, penalties, and interest prior to the property appraiser filing a notice of tax lien when a person is not entitled to a homestead exemption or assessment increase limitation as amended in s. 193.155, F.S. Amending Rule 12D-8.00659(7), F.A.C. to implement changes in sections 6 and 7 of Chapter 2016-128 L.O.F., relieving the property owner of any assessed penalties or interest if the property assessment limitation was granted because of a clerical error or omission as amended in ss. 193.1554 and 193.1555, F.S.

FEDERAL COMPARISON STATEMENT

The provisions contained in this proposed amended rule chapter do not conflict with comparable federal laws, policies, or standards.

SUMMARY OF RULE DEVELOPMENT WORKSHOP HELD APRIL 11, 2017

The Department of Revenue published a Notice of Rule Development for proposed amendments to Rules 12D-8.0064 and 12D-8.00659, F.A.C., in the Florida Administrative Register (F.A.R.) on March 27, 2017 (Vol. 43, No. 59, pp. 1384-1385). The Department held a rule development workshop on April 11, 2017, and invited interested parties and county officials to attend in person and through a teleconference system. One comment was presented at the workshop. The Department reviewed the comment and determined the draft rule did not require any further changes.

NOTICE OF PROPOSED RULE

FLORIDA DEPARTMENT OF REVENUE

Property Tax Oversight Program

RULE NO: RULE TITLE:

12D-8.0064 Assessments, Correcting Errors in Assessments of a Homestead

12D-8.00659 Notice of Change of Ownership or Control of Non-Homestead Property

PURPOSE AND EFFECT: The purpose of amending Rule 12D-8.0064, F.A.C., is to reflect the changes in section 5 of Chapter 2016-128, L.O.F., giving property owners 30 days to pay taxes, penalties, and interest prior to the property appraiser filing a notice of tax lien when a person is not entitled to a homestead exemption or assessment increase limitation as amended in s.

193.155, F.S. Amending Rule 12D-8.00659(7), F.A.C. to implement changes in sections 6 and 7 of Chapter 2016-128 L.O.F., relieving the property owner of any assessed penalties or interest if the property assessment limitation was granted because of a clerical error or omission as amended in ss. 193.1554 and 193.1555, F.S.

SUMMARY: These rule amendments allow property owners to be notified and given thirty days to pay taxes prior to a lien filing; and grant the property owner a waiver of penalty and interest assessed due to a clerical error or omission.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COSTS AND

LEGISLATIVE RATIFICATION: The Department has determined that this rule will not have an adverse impact on small business or likely increase directly or indirectly regulatory costs in excess of \$200,000 in the aggregate within one year after the implementation of the rule. A Statement of Estimated Regulatory Cost (SERC) has not been prepared by the Department. The Department has determined that this proposed rule is not expected to require legislative

ratification based on the SERC or if no SERC is required, the information expressly relied upon and described herein: 1) no requirement for a SERC was triggered under Section 120.541(1), F.S.; and, 2) based on past experiences with activities for providing the public tax information and rules of this nature, the adverse impact or regulatory cost, if any, do not exceed nor would exceed any one of the economic analysis criteria in a SERC, as set forth in Section 120.541(2)(a), F.S. Any person who wishes to provide information regarding a SERC, or to provide a proposal for a lower cost regulatory alternative must do so in writing within 21 days of this notice.

RULEMAKING AUTHORITY: 195.027(1), 213.06(1) FS.

LAW IMPLEMENTED: 193.011, 193.023, 193.155, 193.1554, 193.1555, 193.1556, 196.011, 196.161, 213.05 FS.

A HEARING WILL BE HELD AT THE DATE, TIME AND PLACE SHOWN BELOW:

DATE AND TIME: TBD

PLACE: Capital Circle Office Complex, Building 2, Room 1220, 2450 Shumard Oak Blvd, Tallahassee, Florida.

NOTICE UNDER THE AMERICANS WITH DISABILITIES ACT: Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 48 hours before the workshop/meeting by contacting: Mike Cotton telephone (850)617-8870 or email

Mike.Cotton@floridarevenue.com. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Mike Cotton, Tax Law Specialist, Property Tax Oversight Program, Department of Revenue, 2450

Shumard Oak Boulevard, Tallahassee, Florida 32315-3000, telephone: (850)617-8870, email:
mike.cotton@floridarevenue.com.

THE FULL TEXT OF THE PROPOSED RULE IS:

STATE OF FLORIDA
DEPARTMENT OF REVENUE
PROPERTY TAX OVERSIGHT PROGRAM
CHAPTER 12D-8, FLORIDA ADMINISTRATIVE CODE
ASSESSMENT ROLL PREPARATION AND APPROVAL
AMENDING RULES 12D-8.0064 AND 12D-8.00659, F.A.C.

12D-8.0064 Assessments; Correcting Errors in Assessments of a Homestead.

(1) Through (2) No change.

(3) This subsection shall apply where the property appraiser determines that a person who was not entitled to the homestead exemption or the homestead property assessment increase limitation was granted it for any year or years within the prior 10 years.

(a) The property appraiser shall take the following actions:

1. Serve upon the owner a notice of intent to record in the public records of the county a notice of tax lien against any property owned by that person in the county in the amount of the unpaid taxes, plus a penalty of 50 percent of the unpaid taxes for each year and 15 percent interest on the unpaid taxes per year. The owner of the property must be given the opportunity to pay the taxes and any applicable penalties and interest within 30 days. If the homestead exemption or the homestead property assessment increase limitation was improperly granted as a result of a clerical mistake or omission, the person or entity improperly receiving the property assessment limitation may not be assessed penalties or interest.

2. Record in the public records of the county a notice of tax lien against any property owned by this person in the county and identify all property included in this notice of tax lien.

3. The property appraiser shall correct the rolls to disallow the exemption and the homestead assessment increase limitation for any years to which the owner was not entitled to either.

(b) Where the notice is served by U.S. mail or by certified mail, the 30-day period shall be calculated from the date the notice was ~~delivered into the mails and~~ postmarked.

(c) Through (e) No change.

Rulemaking Authority 195.027(1), 213.06(1) FS. Law Implemented 193.011, 193.023, 193.155, 196.011, 196.161, ~~213.05~~ FS. History—New 12-27-94, Amended 12-28-95, _____.

12D-8.00659 Notice of Change of Ownership or Control of Non-Homestead Property.

(1) Through (6) No change.

(7)(a) For changes of ownership or control, as referenced in subsection (2) of this rule, the owner must complete and send Form DR-430, Change of Ownership or Control, Non-Homestead Property, to the property appraiser unless a deed or other instrument of title has been recorded in the county where the parcel is located. This form is adopted by the Department of Revenue and incorporated by reference in Rule 12D-16.002, F.A.C. If one owner completes and sends a Form DR-430 to the property appraiser, another owner is not required to send an additional Form DR-430.

(b) Form DR-430M, Change of Ownership or Control, Multiple Parcels, which is incorporated by reference in Rule 12D-16.002, F.A.C., may be used as an attachment to Form DR-430. A property owner may use DR-430M to list all property owned or controlled in the state for which a change of ownership or control has occurred. A copy of the form should be sent to each county property appraiser where a parcel is located.

(c) On January 1, property assessed under Sections 193.1554 and 193.1555, F.S., must be assessed at just value if the property has had a change of ownership or control since the January 1, when the property was most recently assessed at just value.

(d) The property appraiser is required to provide a notice of intent to record a tax lien on any property owned by a person or entity that was granted, but not entitled to, the property assessment limitation under Section 193.1554 or 193.1555, F.S. Before a lien is filed, the person or entity who was notified must be given 30 days to pay the taxes, applicable penalties, and interest. If the property assessment limitation was improperly granted as a result of a clerical mistake or omission, the person or entity improperly receiving the property assessment limitation may not be assessed penalties or interest.

(e) The property appraiser shall use the information provided on the Form DR-430 to assess property as provided in Sections 193.1554, 193.1555, and 193.1556, F.S. For listing ownership on the assessment rolls, the property appraiser must not use Form DR-430 as a substitute for a deed or other instrument of title in the public records.

Rulemaking Authority 195.027(1), 213.06(1) FS. Law Implemented 193.1554, 193.1555, 193.1556 FS. History—New 11-1-12, Amended_____.

NAME OF PERSON ORIGINATING PROPOSED RULES IS: Mike Cotton

NAME OF AGENCY HEAD WHO APPROVED THE PROPOSED RULES IS: Governor and
Cabinet

DATE PROPOSED RULES APPROVED BY THE AGENCY HEAD: TBD

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAR: March 27,
2017

STATE OF FLORIDA
DEPARTMENT OF REVENUE
PROPERTY TAX OVERSIGHT PROGRAM
CHAPTER 12D-9, FLORIDA ADMINISTRATIVE CODE
REQUIREMENTS FOR VALUE ADJUSTMENT BOARDS IN ADMINISTRATIVE
REVIEWS; UNIFORM RULES OF PROCEDURE FOR HEARINGS BEFORE VALUE
ADJUSTMENT BOARDS

PROPOSED AMENDMENTS TO RULES 12D-9.001, 12D-9.003, 12D-9.004, 12D-9.005, 12D-9.007, 12D-9.010, 12D-9.014, 12D-9.015, 12D-9.017, 12D-9.018, 12D-9.019, 12D-9.025, 12D-9.029, 12D-9.030, 12D-9.032, AND 12D-9.034, F.A.C.

SUMMARY OF PROPOSED RULE

Amend Rules in Chapter 12D-9 about the value adjustment board proceedings, based on 2016 legislative amendments to the Florida Statutes.

FACTS AND CIRCUMSTANCES JUSTIFYING PROPOSED RULE

The proposed amendments are to various rules in Chapter 12D-9, Florida Administrative Code (F.A.C.), for the value adjustment board (VAB) process. The purpose of the amendment to Rule 12D-9.001, F.A.C., is to detail taxpayer rights to implement sections 10, 11, and 12 of Chapter 2016-128, Laws of Florida (L.O.F.) The purpose of the proposed amendment to Rule 12D-9.003, F.A.C., is to implement section 11 of Chapter 2016-128, L.O.F., adding the terms “petition” and “representative.” The department proposes removing reference to AGO 2002-058 from the Law Implemented because opinions do not constitute law that can be implemented. The

purpose of the proposed amendment to Rule 12D-9.004, F.A.C., is to reflect the verbiage change “chair” from section 11 of Chapter 2016-128, L.O.F. The purpose of the proposed amendments to Rule 12D-9.005, F.A.C., is to implement section 11 of Chapter 2012-193, L.O.F., updating language from s. 194.032, F.S., and section 10 of Chapter 2016-128, L.O.F., adding the new types of hearings. The purpose of the proposed amendment to Rule 12D-9.007, F.A.C., is to update the clerk’s role for notifications and implement section 2 of Chapter 2013-72, L.O.F., to allow for electronic notification of board decisions. The proposed amendment to Rule 12D-9.010, F.A.C., is to reflect the different types of hearings an attorney special magistrate will hear from section 12 of Chapter 2016-128, L.O.F. The proposed amendment to Rule 12D-9.014, F.A.C., is to implement section 12 of Chapter 2016-128, L.O.F., adding a requirement from s. 194.035(1), F.S., to the prehearing checklist. The proposed amendment to Rule 12D-9.015, F.A.C., is to remove language superceded by statute; update the rule language to match the changes to the petition forms; implement new Forms DR-486POA and DR-486A; implement section 10 of Chapter 2016-128, L.O.F.; incorporate changes from sections 8 and 11 of Chapter 2016-128, L.O.F.; correct statute citations; and add how authorized parties sign and file petitions with the clerk. The proposed amendment to Rule 12D-9.017, F.A.C., is to implement section 11 of Chapter 2016-128, L.O.F., changing “agent” to “representative.” The purpose of the proposed amendment to Rule 12D-9.018, F.A.C., is to implement sections 1, 8, and 11 of Chapter 2016-128, L.O.F., providing for the requirements of additional types of representation for a taxpayer. The purpose of the proposed amendment to Rule 12D-9.019, F.A.C., is to implement section 10 of Chapter 2016-128, L.O.F. and section 8 of Chapter 2013-109, L.O.F., adding steps s. 194.032, F.S., provides for a board clerk when rescheduling a hearing for good cause. The purpose of the proposed amendment to Rule 12D-9.025, F.A.C., is to add when the property appraiser provides

a revised property record card to the petitioner. The purpose of the proposed amendment to Rule 12D-9.029, F.A.C., is to clarify procedures when remanding a value assessment to the property appraiser. The purpose of the proposed amendment to Rules 12D-9.030 and 12D-9.032, F.A.C., is to implement section 11 of Chapter 2016-128, L.O.F., adding amendments from s. 194.034, F.S., regarding when the board prepares written decisions. The purpose of the proposed amendment to Rule 12D-9.034, F.A.C., is to implement section 11 of Chapter 2016-128, L.O.F., changing “agent” to “representative.”

FEDERAL COMPARISON STATEMENT

The provisions contained in this proposed amended rule chapter do not conflict with comparable federal laws, policies, or standards.

SUMMARY OF RULE DEVELOPMENT WORKSHOP HELD APRIL 11, 2017

The Department of Revenue published a Notice of Rule Development for proposed amendments to Rules in Chapter 12D-9, F.A.C., in the Florida Administrative Register (F.A.R.) on March 27, 2017 (Vol. 43, No. 59, pp. 1385-1386). The Department held a rule development workshop on April 11, 2017, and interested parties and county officials were invited to attend in person and through a teleconference system. Comments were presented at the workshop and written comments were received by the Department. The comments were reviewed and the draft rule was updated based on the necessary changes.

NOTICE OF PROPOSED RULE

FLORIDA DEPARTMENT OF REVENUE

PROPERTY TAX OVERSIGHT PROGRAM

RULE NO.: RULE TITLE:

- 12D-9.001 Taxpayer Rights in Value Adjustment Board Proceedings
- 12D-9.003 Definitions
- 12D-9.004 Composition of the Value Adjustment Board
- 12D-9.005 Duties of the Board
- 12D-9.007 Role of the Clerk of the Value Adjustment Board
- 12D-9.010 Appointment of Special Magistrates to the Value Adjustment Board
- 12D-9.014 Prehearing Checklist
- 12D-9.015 Petition; Form and Filing Fee
- 12D-9.017 Ex Parte Communication Prohibition
- 12D-9.018 Representation of the Taxpayer
- 12D-9.019 Scheduling and Notice of a Hearing
- 12D-9.025 Procedures for Conducting a Hearing; Presentation of Evidence; Testimony of Witnesses
- 12D-9.029 Procedures for Remanding Value Assessments to the Property Appraiser
- 12D-9.030 Recommended Decisions
- 12D-9.032 Final Decisions
- 12D-9.034 Record of the Proceeding

PURPOSE AND EFFECT: The department is proposing amendments to various rules in Chapter 12D-9, Florida Administrative Code (F.A.C.), for the value adjustment board (VAB) process.

The purpose of the amendment to Rule 12D-9.001, F.A.C., is to detail taxpayer rights to implement sections 10, 11, and 12 of Chapter 2016-128, Laws of Florida (L.O.F.) The purpose of the proposed amendment to Rule 12D-9.003, F.A.C., is to implement section 11 of Chapter 2016-128, L.O.F., adding the terms “petition” and “representative.” The department proposes removing reference to AGO 2002-058 from the Law Implemented because opinions do not constitute law that can be implemented. The purpose of the proposed amendment to Rule 12D-9.004, F.A.C., is to reflect the verbiage change “chair” from section 11 of Chapter 2016-128, L.O.F. The purpose of the proposed amendments to Rule 12D-9.005, F.A.C., is to implement section 11 of Chapter 2012-193, L.O.F., updating language from s. 194.032, F.S., and section 10 of Chapter 2016-128, L.O.F., adding the new types of hearings. The purpose of the proposed amendment to Rule 12D-9.007, F.A.C., is to update the clerk’s role for notifications and implement section 2 of Chapter 2013-72, L.O.F., to allow for electronic notification of board decisions. The proposed amendment to Rule 12D-9.010, F.A.C., is to reflect the different types of hearings an attorney special magistrate will hear from section 12 of Chapter 2016-128, L.O.F. The proposed amendment to Rule 12D-9.014, F.A.C., is to implement section 12 of Chapter 2016-128, L.O.F., adding a requirement from s. 194.035(1), F.S., to the prehearing checklist. The proposed amendment to Rule 12D-9.015, F.A.C., is to remove language superceded by statute; update the rule language to match the changes to the petition forms; implement new Forms DR-486POA and DR-486A; implement section 10 of Chapter 2016-128, L.O.F.; incorporate changes from sections 8 and 11 of Chapter 2016-128, L.O.F.; correct statute citations; and add how authorized parties sign and file petitions with the clerk. The proposed amendment to Rule 12D-9.017, F.A.C., is to implement section 11 of Chapter 2016-128, L.O.F., changing “agent” to “representative.” The purpose of the proposed amendment to Rule 12D-9.018, F.A.C., is to

implement sections 1, 8, and 11 of Chapter 2016-128, L.O.F., providing for the requirements of additional types of representation for a taxpayer. The purpose of the proposed amendment to Rule 12D-9.019, F.A.C., is to implement section 10 of Chapter 2016-128, L.O.F. and section 8 of Chapter 2013-109, L.O.F., adding steps s. 194.032, F.S., provides for a board clerk when rescheduling a hearing for good cause. The purpose of the proposed amendment to Rule 12D-9.025, F.A.C., is to add when the property appraiser provides a revised property record card to the petitioner. The purpose of the proposed amendment to Rule 12D-9.029, F.A.C., is to clarify procedures when remanding a value assessment to the property appraiser. The purpose of the proposed amendment to Rules 12D-9.030 and 12D-9.032, F.A.C., is to implement section 11 of Chapter 2016-128, L.O.F., adding amendments from s. 194.034, F.S., regarding when the board prepares written decisions. The purpose of the proposed amendment to Rule 12D-9.034, F.A.C., is to implement section 11 of Chapter 2016-128, L.O.F., changing “agent” to “representative.” The effects of amending these rules are to clarify the procedures for VAB proceedings and reflect recent statutory changes.

SUMMARY: Amend rules in Chapter 12D-9 about the value adjustment board proceedings, based on 2016 legislative amendments to the Florida Statutes.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COSTS AND

LEGISLATIVE RATIFICATION: The Department has determined that these rules will not have an adverse impact on small business or likely increase directly or indirectly regulatory costs in excess of \$200,000 in the aggregate within one year after the implementation of the rules. A Statement of Estimated Regulatory Cost (SERC) has not been prepared by the Department.

The Department has determined that these proposed rules are not expected to require legislative ratification based on the SERC or if no SERC is required, the information expressly relied upon

and described herein: 1) no requirement for a SERC was triggered under Section 120.541(1), F.S.; and, 2) based on past experiences with activities for providing the public tax information and rules of this nature, the adverse impact or regulatory cost, if any, do not exceed nor would exceed any one of the economic analysis criteria in a SERC, as set forth in Section 120.541(2)(a), F.S. Any person who wishes to provide information regarding a SERC, or to provide a proposal for a lower cost regulatory alternative must do so in writing within 21 days of this notice.

RULEMAKING AUTHORITY: 194.011(5), 194.034(1), 195.027(1), 213.06(1) FS.

LAW IMPLEMENTED: 192.001, 192.0105, 193.074, 193.092, 193.122, 193.155, 194.011, 194.013, 194.015, 194.032, 194.034, 194.035, 194.036, 194.037, 194.171, 194.301, 195.002, 195.022, 195.027, 195.084, 195.096, 196.011, 196.151, 196.193, 196.194, 197.122, 197.2425, 197.301, 200.069, Chapter 475, Part II FS.

A HEARING WILL BE HELD AT THE DATE, TIME, AND PLACE SHOWN BELOW:

DATE AND TIME: TBD

PLACE: Capital Circle Office Complex, Building 2, Room 1220, 2450 Shumard Oak Blvd, Tallahassee, Florida.

NOTICE UNDER THE AMERICANS WITH DISABILITIES ACT: Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in any rulemaking proceeding before the Property Tax Oversight Program is asked to advise the Department at least 48 hours before the proceeding by contacting Mike Cotton at: telephone (850)617-8870 or email Mike.Cotton@floridarevenue.com. Persons with hearing or speech impairments may contact the Department using the Florida Relay Service, which can be reached at (800)955-8770 (Voice) and (800)955-8771 (TDD).

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Mike Cotton,
Tax Law Specialist, Property Tax Oversight Program, Department of Revenue, 2450 Shumard
Oak Boulevard, Tallahassee, Florida 32315-3000, telephone: (850)617-8870, email:
mike.cotton@floridarevenue.com.

THE FULL TEXT OF THE PROPOSED RULE IS:

STATE OF FLORIDA
DEPARTMENT OF REVENUE
PROPERTY TAX OVERSIGHT PROGRAM
CHAPTER 12D-9, FLORIDA ADMINISTRATIVE CODE
REQUIREMENTS FOR VALUE ADJUSTMENT BOARDS IN
ADMINISTRATIVE REVIEWS; UNIFORM RULES OF PROCEDURE
FOR HEARINGS BEFORE VALUE ADJUSTMENT BOARDS
AMENDING RULES 12D-9.001, 12D-9.003, 12D-9.004, 12D-9.005, 12D-9.007, 12D-9.010,
12D-9.014, 12D-9.015, 12D-9.017, 12D-9.018, 12D-9.019, 12D-9.025, 12D-9.029, 12D-9.030,
12D-9.032, and 12D-9.034, F.A.C.

12D-9.001 Taxpayer Rights in Value Adjustment Board Proceedings.

(1) Taxpayers are granted specific rights by Florida law concerning value adjustment board procedures.

(2) These rights include:

(a) The right to be notified of the assessment of each taxable item of property in accordance with the notice provisions set out in Florida Statutes for notices of proposed property taxes;

(b) The right to request an informal conference with the property appraiser regarding the correctness of the assessment or to petition for administrative or judicial review of property assessments. An informal conference with the property appraiser is not a prerequisite to filing a petition for administrative review or an action for judicial review;

(c) The right to file a petition on a form provided by the county that is substantially the same as the form prescribed by the department or to file a petition on the form provided by the department for this purpose;

(d) The right to state on the petition the approximate time anticipated by the taxpayer to present and argue his or her petition before the board;

(e) The right to authorize another person to file a board petition on the taxpayer's property assessment;

(f) The right, regardless of whether the petitioner initiates the evidence exchange, to receive from the property appraiser a copy of the property record card containing information relevant to the computation of the current assessment, with confidential information redacted. This includes the right to receive such property record card when the property appraiser receives the petition from the board clerk, at which time the property appraiser will either send the property record card to the petitioner or notify the petitioner how to obtain it online;

(g) ~~(e)~~ The right to be sent prior notice of the date for the hearing of the taxpayer's petition by the value adjustment board and the right to the hearing within a reasonable time of the scheduled hearing;

(h) ~~(f)~~ The right to reschedule a hearing a single time for good cause, request and be granted a change in the hearing date as described in this chapter;

(i) ~~(g)~~ The right to be notified of the date of certification of the county's tax rolls; ~~and to be sent a property record card if requested;~~

(j) ~~(h)~~ The right to represent himself or herself or to be represented by another person who is authorized by the taxpayer to represent the taxpayer before the board; an attorney or an agent;

(k) The right, in counties that use special magistrates, to a hearing conducted by a qualified special magistrate appointed and scheduled for hearings in a manner in which the board, board attorney, and board clerk do not consider any assessment reductions recommended by any special magistrate in the current year or in any previous year;

(l) (†) The right to have evidence presented and considered at a public hearing or at a time when the petitioner has been given reasonable notice;

(m) (‡) The right to have witnesses sworn and to cross-examine the witnesses; ~~cross-examined;~~

(n) (✕) The right to be issued a timely written decision within 20 calendar days of the last day the board is in session pursuant to Section 194.032, F.S., by the value adjustment board containing findings of fact and conclusions of law and reasons for upholding or overturning the determination of the property appraiser or tax collector;

(o) (‡) The right to advertised notice of all board actions, including appropriate narrative and column descriptions, in brief and nontechnical language;

(p) (‡) The right to bring an action in circuit court to appeal a value adjustment board valuation decision or decision to disapprove a classification, exemption, portability assessment difference transfer, or to deny a tax deferral or to impose a tax penalty;

(q) (‡) The right to have federal tax information, ad valorem tax returns, social security numbers, all financial records produced by the taxpayer and other confidential taxpayer information, kept confidential; and,

(r) (⊖) The right to limiting the property appraiser's access to a taxpayer's records to only those instances in which it is determined that such records are necessary to determine either the classification or the value of taxable nonhomestead property.

Rulemaking Authority 194.011(5), 194.034(1), 195.027(1), 213.06(1) FS. Law Implemented 192.0105, 193.074, 194.011, 194.013, 194.015, 194.032, 194.034, 194.035, 194.036, 194.301, 195.002, 195.027, 195.084, 195.096, 196.011, 196.151, 196.193, 196.194, 197.122, ~~213.05~~ FS. History—New 3-30-10, Amended _____.

12D-9.003 Definitions.

(1) “Agent” means any person who is authorized by the taxpayer to file a petition with the board and represent the taxpayer in board proceedings on the petition. ~~any person, including a family member of the taxpayer, who is authorized to represent the taxpayer before the board.~~ The term “agent” means the same as the term “representative.”

(2) through (5) No change

(6) “Petition” means a written request for a hearing, filed with a board by a taxpayer or an authorized person. A petition is subject to format and content requirements, as provided in Rule 12D-9.015. The filing of a petition is subject to timing requirements, as provided in this rule chapter.

(7) ~~(6)~~ “Petitioner” means the taxpayer or the person authorized by the taxpayer to file a petition on the taxpayer’s behalf and represent the taxpayer in board proceedings on the petition. ~~taxpayer as represented by an agent or attorney.~~

(8) “Representative” means any person who is authorized by the taxpayer to file a petition with the board and represent the taxpayer in board proceedings on the petition. The term “representative” means the same as the term “agent.”

(9) ~~(7)~~ “Taxpayer” means the person or other legal entity in whose name property is assessed, including an agent of a timeshare period titleholder, and includes exempt owners of property, for purposes of this chapter.

Rulemaking Authority 194.011(5), 194.034(1), 195.027(1), 213.06(1) FS. Law Implemented 192.001, 194.011, 194.013, 194.015, 194.032, 194.034, 194.035, 194.036, 194.171, 195.022, 213.05 FS., AGO 2002-058. History—New 3-30-10, Amended _____.

12D-9.004 Composition of the Value Adjustment Board.

(1) Every county shall have a value adjustment board which consists of:

(a) Two members of the governing body of the county, elected by the governing body from among its members, one of whom shall be elected as the chair ~~chairperson~~ of the value adjustment board;

(b) through (c) No change.

(2) through (5) No change.

Rulemaking Authority 194.011(5), 194.034(1), 195.027(1), 213.06(1) FS. Law Implemented 194.011, 194.015 FS. History—New 3-30-10, Amended _____.

12D-9.005 Duties of the Board.

(1)(a) The value adjustment board shall meet not earlier than 30 days and not later than 60 days after the mailing of the notice provided in Section 194.011(1), F.S.; however, no board hearing shall be held before approval of all or any part of the county’s assessment rolls by the Department of Revenue. The board shall meet for the following purposes:

1. Hearing petitions relating to assessments filed pursuant to Section 194.011(3), F.S.;

2. Hearing complaints relating to homestead exemptions as provided for under Section 196.151, F.S.;

3. Hearing appeals from exemptions denied, or disputes arising from exemptions granted, upon the filing of exemption applications under Section 196.011, F.S.; ~~or~~

4. Hearing appeals concerning ad valorem tax deferrals and classifications; or-

5. Hearing appeals from determinations that a change of ownership under Section 193.155(3), F.S., a change of ownership or control under Section 193.1554(5), F.S., or Section 193.1555(5), F.S., or a qualifying improvement under Section 193.1555(5), F.S., has occurred.

(b) Through (c) No change.

(2) Through (3) No change.

~~(4) Other duties of value adjustment boards are set forth in other areas of Florida law. Value adjustment boards shall perform all duties required by law and shall abide by all limitations on their authority as provided by law.~~

~~(5) Failure on three occasions with respect to any single tax year for the board to convene at the scheduled time of meetings of the board is shall constitute grounds for removal from office by the Governor for neglect of duties.~~

Rulemaking Authority 194.011(5), 194.034(1), 195.027(1), 213.06(1) FS. Law Implemented 192.0105, 194.011, 194.015, 194.032, 194.034, 194.035, 194.037, 213.05 FS. History—New 3-30-10, Amended _____.

12D-9.007 Role of the Clerk of the Value Adjustment Board.

(1) though (9) No change.

(10) The board clerk shall timely notify the ~~parties~~ petitioner ~~by first class mail~~ of the decisions of the board so that such decisions shall be issued within 20 calendar days of the last day the board is in session pursuant to Section 194.032, F.S., and shall otherwise notify the property appraiser or tax collector of such decision. Notification of the petitioner must be by first class mail or by electronic means as set forth in Section 192.048, F.S. In counties using special magistrates, the board clerk shall also make available to both parties as soon as practicable a copy of the recommended decision of the special magistrate by mail or electronic means. No party shall have access to decisions prior to any other party.

(11) through (14) No change.

Rulemaking Authority 194.011(5), 194.034(1), 195.027(1), 213.06(1) FS. Law Implemented 194.011, 194.013, 194.015, 194.032, 194.034, 194.035, 194.036, 195.022 FS. History—New 3-30-10, Amended 6-14-16, 3-13-17,_____.

12D-9.010 Appointment of Special Magistrates to the Value Adjustment Board.

(1) In counties with populations of more than 75,000, the value adjustment board shall appoint special magistrates to take testimony and make recommendations on petitions filed with the value adjustment board. Special magistrates shall be selected from a list maintained by the board clerk of qualified individuals who are willing to serve. When appointing special magistrates, the board, board attorney, and board clerk shall not consider any assessment reductions recommended by any special magistrate in the current year or in any previous year.

(2) Through (3) No change.

(4) The special magistrate must meet the following qualifications:

(a) A special magistrate must not be an elected or appointed official or employee of the county.

(b) A special magistrate must not be an elected or appointed official or employee of a taxing jurisdiction or of the State.

(c) During a tax year in which a special magistrate serves, he or she must not represent any party before the board in any administrative review of property taxes.

(d) All special magistrates must meet the qualifications specified in Section 194.035, F.S.

1. A special magistrate appointed to hear issues of exemptions, classifications, ~~and~~ portability assessment difference transfers, changes of ownership under Section 193.155(3), F.S., changes of ownership or control under Sections 193.1554(5), or 193.1555(5), F.S., or a qualifying improvement determination under Section 193.1555(5), F.S., must ~~shall~~ be a member of The Florida Bar, must have at least ~~with no less than~~ five years of experience in the area of ad valorem taxation, and must receive ~~and having received~~ training provided by the department. Alternatively, a member of The Florida Bar with at least three years of experience in ad valorem taxation and who has completed board training provided by the department including the examination, may serve as a special magistrate. ~~, or with no less than three years of such experience and having completed training provided by the department.~~

2. A special magistrate appointed to hear issues regarding the valuation of real estate shall be a state certified real estate appraiser, must have at least ~~with not less than~~ five years of experience in real property valuation, and must receive ~~and having received~~ training provided by the department. Alternatively, a state certified real estate appraiser with at least three years of real estate valuation experience and who has completed board training provided by the department including the examination, may serve as a special magistrate. ~~, or with no less than~~

~~three years of such experience and having completed training provided by the department.~~ A real property valuation special magistrate must be certified under Chapter 475, Part II, F.S.

a. A Florida certified residential appraiser appointed by the value adjustment board shall only hear petitions on the just valuation of residential real property of one to four residential units and shall not hear petitions on other types of real property.

b. A Florida certified general appraiser appointed by the value adjustment board may hear petitions on the just valuation of any type of real property.

3. A special magistrate appointed to hear issues regarding the valuation of tangible personal property shall be a designated member of a nationally recognized appraiser's organization, must have at least ~~with not less than~~ five years of experience in tangible personal property valuation, and must receive ~~and having received~~ training provided by the department. Alternatively, a designated member of a nationally recognized appraiser's organization with at least three years of experience in tangible personal property valuation and who has completed board training provided by the department including the examination, may serve as a special magistrate, ~~or with no less than three years of such experience and having completed training provided by the department.~~

4. All special magistrates shall attend or receive an annual training program provided by the department. Special magistrates substituting two years of experience must show that they have completed the training by taking a written examination provided by the department. A special magistrate must receive or complete any required training prior to holding hearings.

(5) No change.

Rulemaking Authority 194.011(5), 194.034(1), 195.027(1), 213.06(1) FS. Law Implemented 193.155(3), 193.1554(5), 193.1555(5), 194.011, 194.032, 194.034, 194.035, 195.022, ~~213.05475~~, Part II FS. History—New 3-30-10, Amended _____.

12D-9.014 Prehearing Checklist.

(1) The board clerk shall not allow the holding of scheduled hearings until the board legal counsel has verified that all requirements in Chapter 194, F.S., and department rules, were met as follows:

(a) The composition of the board is as provided by law;

(b) Board legal counsel has been appointed as provided by law;

(c) Board legal counsel meets the requirements of Section 194.015, F.S.;

(d) No board members represent other government entities or taxpayers in any administrative or judicial review of property taxes, and citizen members are not members or employees of a taxing authority, during their membership on the board;

(e) In a county that does not use special magistrates, either all board members have received the department's training or board legal counsel has received the department's training;

(f) The organizational meeting, as well as any other board meetings, will be or were noticed in accordance with Section 286.011, F.S., and will be or were held in accordance with law;

(g) The department's uniform value adjustment board procedures, consisting of this rule chapter, were made available at the organizational meeting and copies were provided to special magistrates and board members;

(h) The department's uniform policies and procedures manual is available on the existing website of the board clerk, if the board clerk has a website;

(i) The qualifications of special magistrates were verified, including that special magistrates received the department's training, and that special magistrates with less than five years of required experience successfully completed the department's training including any updated modules and an examination, and were certified;

(j) The selection of special magistrates was based solely on proper experience and qualifications and neither the property appraiser nor any petitioners influenced the selection of special magistrates. This provision does not prohibit the board from considering any written complaint filed with respect to a special magistrate by any party or citizen;

(k) The appointment and scheduling of special magistrates for hearings was done in a manner in which the board, board attorney, and board clerk did not consider any assessment reductions recommended by any special magistrate in the current year or in any previous year.

(l) ~~(k)~~ All procedures and forms of the board or special magistrate are in compliance with Chapter 194, F.S., and this rule chapter;

(m) ~~(l)~~ The board is otherwise in compliance with Chapter 194, F.S., and this rule chapter; and,

(n) ~~(m)~~ Notice has been given to the chief executive officer of each municipality as provided in Section 193.116, F.S.

(2) No change.

Rulemaking Authority 194.011(5), 194.034(1), 195.027(1), 213.06(1) FS. Law Implemented 194.011, 194.015, 194.032, 194.034, 194.035; 213.05 FS. History—New 3-30-10, Amended

_____.

12D-9.015 Petition; Form and Filing Fee.

(1) No change.

(2) Content of Petition. Petition forms as adopted or approved by the department shall contain the following elements so that when filed with the board clerk they shall:

(a) Describe the property by parcel number;

(b) Be sworn by the petitioner;

(c) State the approximate time anticipated by the petitioner for presenting and arguing his or her petition before the board or special magistrate to be considered by the board clerk as provided in subsection 12D-9.019(1), F.A.C., and may provide dates of nonavailability for scheduling purposes if applicable;

(d) Contain a space for the petitioner to indicate on the petition form that he or she does not wish to be present and argue the petition before the board or special magistrate but would like to have their evidence considered without an appearance;

(e) Contain a statement that the petitioner has the right, regardless of whether the petitioner initiates the evidence exchange, to receive from the property appraiser a copy of the property record card containing information relevant to the computation of the current assessment, with confidential information redacted, along with a statement that when the property appraiser receives the petition, the property appraiser will either send the property record card to the petitioner or notify the petitioner how to obtain the property record card online;

(f)1. Contain a signature field for the taxpayer to sign the petition and a checkbox for the taxpayer to indicate that she or he has authorized a representative to receive or access confidential taxpayer information related to the taxpayer; ~~to be signed by the taxpayer, or if the taxpayer is a legal entity, the employee of the legal entity with authority to file such petitions;~~

2. Contain a checkbox indicating whether the taxpayer has authorized a compensated or uncompensated representative to act on the taxpayer's behalf;

3. Contain a signature field for an authorized employee or representative to sign the petition, when applicable, along with the authorized employee's or representative's sworn certification under penalty of perjury that he or she has the taxpayer's authorization to file the petition on the taxpayer's behalf together with checkboxes for professional information and spaces for license numbers; and to be signed by an authorized agent. If the authorized agent is subject to licensure as described in Rule 12D 9.018, F.A.C., a space to provide identification of the licensing body and license number. If the authorized agent is not subject to licensure, for example a family member, a space to indicate the petition is accompanied by a written authorization of the taxpayer if not otherwise signed by the taxpayer;

4. Contain a signature field for a compensated or uncompensated representative, who is not an employee of the taxpayer or of an affiliated entity, or an attorney who is a member of The Florida Bar, a real estate appraiser licensed or certified under chapter 475, F.S., a real estate broker licensed under chapter 475, F.S., or a certified public accountant licensed under chapter 473, F.S., and checkboxes, for a compensated representative to indicate he or she is attaching a power of attorney from the taxpayer, and for an uncompensated representative to indicate he or she is attaching a written authorization from the taxpayer.

(g) If the petition indicates that the taxpayer has authorized a compensated representative to act on the taxpayer's behalf, at the time of filing, the petition must either be signed by the taxpayer or be accompanied by a power of attorney; and

(h) If the petition indicates that the taxpayer has authorized an uncompensated representative to act on the taxpayer's behalf, at the time of filing, the petition must either be signed by the taxpayer or be accompanied by the taxpayer's written authorization.

(i) Contain a ~~A~~ space for the petitioner to indicate if the property is four or less residential units; or other property type; provided the board clerk shall accept the petition even if this space is not filled in; and

~~(j)(h)~~ Contain a ~~A~~ statement that a tangible personal property assessment may not be contested unless ~~until~~ a return required by Section 193.052, F.S., is timely filed.

(3) through (5) No change.

(6) If the taxpayer or representative's ~~agent's~~ name, address, telephone, or similar contact information on the petition changes after filing the petition and before the hearing, the taxpayer or representative ~~agent~~ shall notify the board clerk in writing.

(7) through (8) No change.

(9) Persons Authorized to Sign and File Petitions. The following persons may sign and file petitions with the value adjustment board.

(a) The taxpayer may sign and file a petition.

(b) An employee of the taxpayer or of an affiliated entity or a licensed or certified professional listed in Rule 12D-9.018(3)(a), who the taxpayer has authorized to file a petition and represent the taxpayer and who certifies under penalty of perjury that he or she has the taxpayer's authorization to file a petition on the taxpayer's behalf and represent the taxpayer, may file such a petition that is not signed by the taxpayer and that is not accompanied by the taxpayer's written authorization.

(c) A compensated person, who is not an employee of the taxpayer or of an affiliated entity and who is not acting as a licensed or certified professional listed in Rule 12D-9.018(3)(a), may file a petition on the taxpayer's behalf if the taxpayer has authorized such person by power of attorney. If the petition is not signed by the taxpayer, such person must provide a copy of the power of attorney to the board clerk at the time the petition is filed. This power of attorney is valid only for representing a single taxpayer in a single assessment year, and must identify the parcels or accounts for which the person is authorized to represent the taxpayer and must conform to the requirements of Chapter 709, Part II, F.S. A taxpayer may use a Department of Revenue form to grant the power of attorney or may use a different form provided it meets the requirements of Chapter 709, Part II, and section 194.034(1), F.S. The Department has adopted Form DR-486POA, Power of Attorney for Representation Before the Value Adjustment Board, which is incorporated by reference in Rule 12D-16.002, F.A.C., as a form available to taxpayers for granting the power of attorney.

(d) An uncompensated person, who has a taxpayer's signed written authorization to represent the taxpayer, is authorized to file a petition on the taxpayer's behalf if, at the time the petition is filed, such person provides a copy of the taxpayer's written authorization to the board clerk with the petition or the taxpayer's signed written authorization is contained on the petition form. This written authorization is valid only for representing a single taxpayer in a single assessment year and must identify the parcels or accounts for which the person is authorized to represent the taxpayer. A taxpayer may use a Department of Revenue form to grant the authorization in writing or may use a different form provided it meets the requirements of section 194.034(1), F.S. The Department has adopted Form DR-486A, Written Authorization for Representation

Before the Value Adjustment Board, which is incorporated by reference in Rule 12D-16.002, F.A.C., as a form available to taxpayers for granting the written authorization.

(10)(a) If a taxpayer notifies the board that an unauthorized petition has been filed for the taxpayer's property, the board may require the person who filed the petition to provide to the board, before a hearing is held on such petition, the taxpayer's written authorization for the person to file the petition and represent the taxpayer.

(b) If the board finds that an employee or a professional listed in Rule 12D-9.018(3)(a) knowingly and willfully filed a petition not authorized by the taxpayer, the board shall require such employee or professional to provide to the board clerk, before any petition filed by that employee or professional is heard, the taxpayer's written authorization for the employee or professional to represent the taxpayer. This board requirement shall extend for one year after the board's imposition of the requirement.

(11) If duplicate petitions are filed on the same property, the board clerk shall contact the taxpayer and all petitioners to identify whether a person has the taxpayer's authorization to file a petition and represent the taxpayer, and resolve the issue in accordance with this rule chapter.

(12) (9) (a) The board clerk shall accept for filing any completed petition that is timely submitted on a form approved by the department, with payment if required. If an incomplete petition is received, the board clerk shall notify the petitioner and give the petitioner an opportunity to complete the petition within 10 calendar days. Such completed petition shall be timely if completed and filed within the time frame provided in the board clerk's notice.

(b) A "completed" petition is one that:

1. provides information for all the required elements that are displayed on the department's form;

2. is accompanied by a power of attorney if required;

3. is accompanied by written taxpayer authorization if required; and

4. is accompanied by the appropriate filing fee if required.

(c) In accepting a petition, the ~~The~~ board clerk shall rely on the licensure information provided by a licensed professional representative, the power of attorney provided by an authorized, compensated person, or the written taxpayer authorization provided by an authorized, uncompensated person. ~~agent, or written authorization provided by an unlicensed agent, in accepting the petition.~~

(13) ~~(10)~~ Timely Filing of Petitions. Petitions related to valuation issues may be filed, and must be accepted by the board clerk, at any time during the taxable year on or before the 25th day following the mailing of the notice of proposed property taxes. Other petitions may be filed as follows:

(a) Through (g) No change.

(14) ~~(11)~~ Late Filed Petitions.

(a) Through (f) No change.

(15) ~~(12)~~ Acknowledgement of Timely Filed Petitions. The board clerk shall accept all completed petitions, as defined by statute and subsection (2) of this rule. Upon receipt of a completed and filed petition, the board clerk shall provide to the petitioner an acknowledgment of receipt of such petition and shall provide to the property appraiser or tax collector a copy of the petition. ~~If, in the petition, the petitioner requested a copy of the property record card, the property appraiser shall forward a copy of the property record card, described in Section 194.032(2), F.S., to the petitioner upon receipt of the petition from the clerk, unless the property record card is available online from the property appraiser.~~

(16) When the property appraiser receives the petition from the board clerk, regardless of whether the petitioner initiates the evidence exchange, the property appraiser shall provide to the petitioner a copy of the property record card containing information relevant to the computation of the current assessment, with confidential information redacted. The property appraiser shall provide such property record card to the petitioner either by sending it to the petitioner or by notifying the petitioner how to obtain it online.

(17) ~~(13)~~ The board clerk shall send the notice of hearing such that it will be received by the petitioner no less than twenty-five (25) calendar days prior to the day of such scheduled appearance. The board clerk will have prima facie complied with the requirements of this section if the notice was deposited in the U.S. mail thirty (30) days prior to the day of such scheduled appearance.

(18) ~~(14)~~ Copies of the forms incorporated in Rule 12D-16.002, F.A.C., may be obtained at the Department's Internet site: <http://floridarevenue.com/dor/property/forms/>
~~<http://dor.myflorida.com/dor/property/forms/>.~~

Rulemaking Authority 194.011(5), 194.034(1), 195.027(1), 213.06(1) FS. Law Implemented 193.155, 194.011, 194.013, 194.032, 194.034, 194.036, 195.022, 196.151, 197.2425 FS. History—New 3-30-10, Amended 11-1-12, 6-14-16, 3-13-17,_____.

12D-9.017 Ex Parte Communication Prohibition.

(1) No change.

(2) Any attempt by the property appraiser, tax collector, taxpayer or taxpayer's representative agent to provide information or discuss issues regarding a petition without the presence of the

opposing party before or after the hearing, with a member of the board or the special magistrate shall be immediately placed on the record by the board member or special magistrate.

(3) No change.

Rulemaking Authority 194.011(5), 194.034(1), 195.027(1), 213.06(1) FS. Law Implemented 194.011, 194.015, 194.032, 194.034, 194.035; ~~213.05~~ FS. History—New 3-30-10, Amended

12D-9.018 Representation of the Taxpayer.

(1) A taxpayer has the right, at the taxpayer's own expense, to be represented before the board by a person described in subsection (3) below. The taxpayer's representative may present testimony and other evidence in support of the petition. ~~an attorney or by an agent.~~

(2) The authorized individual, agent, or legal entity that signs the petition becomes the agent of the taxpayer for the purpose of serving process to obtain jurisdiction over the taxpayer for the entire value adjustment board proceedings, including any appeals of a board decision by the property appraiser or tax collector. However, this does not authorize the individual, agent, or legal entity to receive or access the taxpayer's confidential information without written authorization from the taxpayer.

(3) Subject to the petition filing requirements set forth in this rule chapter, a taxpayer may be represented before the board by one of the persons described in this subsection.

(a)1. An employee of the taxpayer or of an affiliated entity may represent the taxpayer.

2. One of the following professionals may represent the taxpayer:

a. an attorney who is a member of the Florida Bar;

b. a real estate appraiser licensed or certified under Chapter 475, Part II, F.S.;

c. a real estate broker licensed under Chapter 475, Part I, F.S.; or

d. a certified public accountant licensed under Chapter 473, F.S.

3. If the taxpayer has authorized an employee or professional, listed in this subsection, to file a petition and represent the taxpayer and the employee or professional certifies under penalty of perjury that he or she has the taxpayer's authorization to file the petition on the taxpayer's behalf and represent the taxpayer, the employee or professional may file a petition that is not signed by the taxpayer and that is not accompanied by the taxpayer's written authorization.

(b) A person who provides to the board clerk at the time the petition is filed a power of attorney authorizing such person to act on the taxpayer's behalf, may represent the taxpayer. The power of attorney is valid only for representing a single taxpayer in a single assessment year, and must identify the parcels or accounts for which the person is authorized to represent the taxpayer and must conform to the requirements of Chapter 709, Part II, F.S. A taxpayer may use a Department of Revenue form to grant the power of attorney or may use a different form, provided it meets the requirements of Chapter 709, Part II, and section 194.034(1), F.S. The Department has adopted Form DR-486POA, titled Power of Attorney for Representation Before the Value Adjustment Board, which is incorporated by reference in Rule 12D-16.002, F.A.C., as a form available to taxpayers for granting the power of attorney.

(c) An uncompensated person who provides to the board clerk at the time the petition is filed, the taxpayer's written authorization for such person to act on the taxpayer's behalf, may represent the taxpayer. This written authorization is valid only for representing a single taxpayer in a single assessment year and must identify the parcels or accounts for which the person is authorized to represent the taxpayer. A taxpayer may use a Department of Revenue form to grant the authorization in writing or may use a different form provided it meets the requirements of

section 194.034(1), F.S. The Department has adopted Form DR-486A, titled Written Authorization for Representation Before the Value Adjustment Board, which is incorporated by reference in Rule 12D-16.002, F.A.C., as a form available to taxpayers for granting the written authorization.

~~The agent need not be a licensed individual or person with specific qualifications and may be any person, including a family member, authorized by the taxpayer to represent them before the value adjustment board.~~

~~(4) A petition filed by an unlicensed agent must also be signed by the taxpayer or accompanied by a written authorization from the taxpayer.~~

~~(5) As used in this rule chapter, the term “licensed” refers to holding a license or certification under Chapter 475, Part I or Part II, F.S., being a Florida certified public accountant under Chapter 473, F.S., or membership in the Florida Bar.~~

~~(6) When duplicate petitions are filed on the same property, the board clerk shall contact the owner and all petitioners to resolve the issue.~~

~~(4) (7) The board clerk may require the use of an agent or representative number to facilitate scheduling of hearings as long as such use is not inconsistent with this rule chapter.~~

Rulemaking Authority 194.011(5), 194.034(1), 195.027(1), 213.06(1) FS. Law Implemented 194.011, 194.013, 194.032, 194.034, 195.022, 195.084, 213.05, 473, 475 Parts I and II FS. History—New 3-30-10, Amended.

12D-9.019 Scheduling and Notice of a Hearing.

(1)(a) The board clerk shall prepare a schedule of appearances before the board or special magistrates based on timely filed petitions, and shall notify each petitioner of the scheduled time

of appearance. The board clerk shall simultaneously notify the property appraiser or tax collector. The board clerk may electronically send this notification to the petitioner, if the petitioner indicates on his or her petition this means of communication for receiving notices, materials, and communications.

(b) When scheduling hearings, the board clerk shall consider:

1. The anticipated amount of time if indicated on the petition;
2. The experience of the petitioner;
3. The complexity of the issues or the evidence to be presented;
4. The number of petitions/parcels to be heard at a single hearing;
5. The efficiency or difficulty for the petitioner of grouping multiple hearings for a single petitioner on the same day; and
6. The likelihood of withdrawals, cancellations of hearings or failure to appear.

(c) Upon request of a party, the board clerk shall consult with the petitioner and the property appraiser or tax collector to ensure that, within the board clerk's judgment, an adequate amount of time is provided for presenting and considering evidence.

(d) In scheduling hearings before specific special magistrates, the board, board attorney, and board clerk shall not consider any assessment reductions recommended by any special magistrate in the current year or in any previous year.

(e) In those counties that use special magistrates, after an attorney special magistrate has produced a recommended decision on a determination that a change of ownership under s. 193.155(3), a change of ownership or control under s. 193.1554(5) or s. 193.1555(5), or a qualifying improvement under s. 193.1555(5), has occurred, the petition shall be scheduled for a hearing before a real property valuation special magistrate for an administrative review of the

value(s), unless the petitioner waives administrative review of the value. The clerk must notify the petitioner and property appraiser of the scheduled time in the manner described in this rule. This hearing is subject to the single time reschedule for good cause as provided in this rule. In counties that do not use special magistrates the board may proceed directly to a valuation hearing where properly noticed as provided in this rule.

(2) No change.

(3)(a) The notice of hearing before the value adjustment board shall be in writing, and shall be delivered by regular or certified U.S. mail or personal delivery, or in the manner requested by the petitioner on Form DR-486, so that the notice shall be received by the petitioner no less than twenty-five (25) calendar days prior to the day of such scheduled appearance. The Form DR-486 series is adopted and incorporated by reference in Rule 12D-16.002, F.A.C. The notice of hearing form shall meet the requirements of this section and shall be subject to approval by the department. The department provides Form DR-481 as a format for the form of such notice. Form DR-481, Value Adjustment Board – Notice of Hearing, is adopted and incorporated by reference in Rule 12D-16.002, F.A.C.

(b) The notice shall include these elements:

1. The parcel number, account number or legal address of all properties being heard at the scheduled hearing;
2. The type of hearing scheduled;
3. The date and time of the scheduled hearing, however, if the petition has been scheduled to be heard within a block of time, the beginning and ending of that block of time shall be indicated on the notice;
4. The time reserved, or instructions on how to obtain this information;

5. The location of the hearing, including the hearing room number if known, together with board clerk contact information including office address and telephone number, for petitioners to request assistance in finding hearing rooms;

6. Instructions on how to obtain a list of the potential special magistrates for the type of petition in question;

7. A statement of the petitioner's right to participate in the exchange of evidence with the property appraiser;

8. A statement that the petitioner has the right to reschedule the hearing a single one time for good cause as defined in Section 194.032(2)(a), F.S.; ~~by making a written request to the board clerk at least five calendar days before the hearing,~~

9. A statement that Section 194.032(2)(a), F.S., defines "good cause" as circumstances beyond the control of the person seeking to reschedule the hearing which reasonably prevent the party from having adequate representation at the hearing;

10. Instructions on bringing copies of evidence;

11. ~~10.~~ Any information necessary to comply with federal or state disability or accessibility acts; and,

12. ~~11.~~ Information regarding where the petitioner may obtain a copy of the uniform rules of procedure.

(4) Each party may reschedule the hearing a single time for good cause by submitting a written request to the board clerk before the scheduled appearance or as soon as practicable. As used in this subsection, the term "good cause" is defined in Section 194.032(2)(a), F.S.

(a) The board clerk shall ascertain if the opposing party has been furnished a copy of the request, and if not, shall furnish the request to the opposing party.

The board clerk shall forward the request to the board or a board designee, which includes the board clerk, board legal counsel or a special magistrate.

(b) The board or board designee shall grant the hearing reschedule for any request from a party that reasonably appears to qualify under Section 194.032(2)(a), F.S. The board or board designee may act upon the request based on its face and whether it meets the provisions for good cause on its face.

(c) If the board or a board designee determines that the request does not show good cause, the request will be denied and the board may proceed with the hearing as scheduled.

(d) If the board or a board designee determines that the request demonstrates good cause, the request will be granted.

(e) If the request is received on or near the hearing date the clerk shall endeavor to accelerate the steps in processing the request.

(f) The board clerk shall give prompt notice to the parties of the determination as to good cause. Form DR-485WCN, Value Adjustment Board – Clerk’s Notice, is designated and may be used for this purpose. Form DR-485WCN is adopted and incorporated by reference in Rule 12D-16.002, F.A.C.

(g) If good cause is found, the clerk shall give immediate notice of cancellation of the hearing and shall proceed as provided in paragraph (h).

(h) The clerk must receive any notice of conflict dates submitted by a party before notice of a rescheduled hearing is sent to both parties or before expiration of any period allowed by the clerk or board to both parties for such submittal.

(i) The clerk must reschedule considering conflict dates received and should accommodate a notice of conflict dates when any associated delay will not be prejudicial to the board's performance of its functions in the taxing process.

(j) The board clerk is responsible for notifying the parties of any rescheduling and will issue a notice of hearing with the new hearing date which shall, if possible, be the earliest date that is convenient for all parties.

(k) When rescheduling hearings under this rule, if the parties are unable to agree on an earlier date, the board clerk is authorized to schedule the hearing and send a notice of such hearing by regular or certified U.S. mail or personal delivery, or in the manner requested by the petitioner on the petition Form DR-486, so that the notice shall be received by the petitioner no less than fifteen (15) calendar days prior to the day of such scheduled appearance, unless this notice is waived by both parties.

(l) The clerk is authorized to inquire if a party wants their evidence considered in the event of their absence from the hearing.

(m) The clerk is authorized to ask the parties if they will waive the 15 days' notice for rescheduled hearings; however, the parties are not required to do so.

(n) A party must not assume the request to reschedule has been granted until notified by the clerk.

(5) If a hearing is rescheduled by a party, the board clerk must notify the petitioner of the rescheduled time in the manner referenced in subsection (3) so that the notice shall be received no less than fifteen (15) calendar days prior to the day of such rescheduled appearance, unless this notice is waived by both parties.

~~(6)~~(4) If a hearing is rescheduled, the deadlines for the exchange of evidence shall be computed from the new hearing date, if time permits.

~~(7)~~(5)(a) If a petitioner's hearing does not commence as scheduled, the board clerk is authorized to reschedule the hearing.

(b) In no event shall a petitioner be required to wait more than a reasonable time after the scheduled time to be heard or, if the petition has been scheduled to be heard within a block of time, after the beginning of the block of time. The board clerk is authorized to find that a reasonable time has elapsed based on other commitments, appointments or hearings of the petitioner, lateness in the day, and other hearings waiting to be heard earlier than the petitioner's hearing with the board or special magistrate. If his or her petition has not been heard within a reasonable time, the petitioner may request to be heard immediately. If the board clerk finds a reasonable time has elapsed and petitioner is not heard, the board clerk shall reschedule the petitioner's hearing. A reasonable time must not exceed two hours. After two hours, the petitioner has the right to inform the board chairperson, or the clerk as board designee, that he or she intends to leave. If the petitioner chooses to leave, the petitioner must first inform the board chairperson or clerk that he or she intends to leave. The clerk must not list the petitioner as a no show. If the hearing does not commence within two hours and the petitioner leaves, the clerk must reschedule the hearing.

(c) A rescheduling under this subsection is not a request by a party to reschedule as provided in subsection (4).

~~(d)~~ (e) A petitioner is not required to wait any length of time as a prerequisite to filing an action in circuit court.

~~(8)(6)~~ Copies of the forms incorporated in Rule 12D-16.002, F.A.C., may be obtained at the Department's Internet site: <http://floridarevenue.com/dor/property/forms/>

<http://dor.myflorida.com/dor/property/forms/>.

Rulemaking Authority 194.011(5), 194.034(1), 195.027(1), 213.06(1) FS. Law Implemented 194.011, 194.015, 194.032, 194.034, 195.022 FS. History—New 3-30-10, Amended 9-26-11, 6-14-16, Ch. 2016-128 s. 15, LOF., 7-1-16, 3-13-17, _____.

12D-9.025 Procedures for Conducting a Hearing; Presentation of Evidence; Testimony of Witnesses.

(1) through (5) No change.

(6)(a) By agreement of the parties entered in the record, the board or special magistrate may leave the record open and postpone completion of the hearing to a date certain to allow a party to collect and provide additional relevant and credible evidence. Such postponements shall be limited to instances where, after completing original presentations of evidence, the parties agree to the collection and submittal of additional, specific factual evidence for consideration by the board or special magistrate. In lieu of completing the hearing, upon agreement of the parties the board or special magistrate is authorized to consider such evidence without further hearing.

(b) If additional hearing time is necessary, the hearing must be completed at the date, place, and time agreed upon for presenting the additional evidence to the board or special magistrate for consideration.

(c) The following limitations shall apply if the property appraiser seeks to present additional evidence that was unexpectedly discovered and that would increase the assessment.

1. The board or special magistrate shall ensure that such additional evidence is limited to a correction of a factual error discovered in the physical attributes of the petitioned property; a change in the property appraiser's judgment is not such a correction and shall not justify an increase in the assessment.

2. A notice of revised proposed assessment shall be made and provided to the petitioner in accordance with the notice provisions set out in Florida Statutes for notices of proposed property taxes. ~~The property appraiser shall send a revised property record card, if requested on the petition, unless the revised property record card is available online from the property appraiser.~~

3. Along with the notice of revised proposed assessment, the property appraiser shall provide to the petitioner a copy of the revised property record card containing information relevant to the computation of the revised proposed assessment, with confidential information redacted. The property appraiser shall provide such revised property record card to the petitioner either by sending it to the petitioner or by notifying the petitioner how to obtain it online.

4. A new hearing shall be scheduled and notice of the hearing shall be sent to the petitioner.

5. 4. The evidence exchange procedures in Rule 12D-9.020, F.A.C., shall be available.

6. ~~5.~~ The back assessment procedure in Section 193.092, F.S., shall be used for any assessment already certified.

(7) through (10) No change.

Rulemaking Authority 194.011(5), 194.034(1), 195.027(1), 213.06(1) FS. Law Implemented 193.092, 194.011, 194.032, 194.034 FS. History—New 3-30-10, Amended 6-14-16,_____.

12D-9.029 Procedures for Remanding Value Assessments to the Property Appraiser.

(1) Through (3) No change.

(4) The board or special magistrate shall, on the appropriate decision form from the Form DR-485 series, produce written findings of fact and conclusions of law necessary to determine that a remand is required, but shall not render a recommended or final decision until after ~~unless~~ a continuation hearing is held or waived as provided in subsection (9). The Form DR-485 series is adopted, and incorporated by reference, in Rule 12D-16.002, F.A.C.

(5) through (13) No change.

(14) Copies of the forms incorporated in Rule 12D-16.002, F.A.C., may be obtained at the Department's Internet site: <http://floridarevenue.com/dor/property/forms/>.

~~<http://dor.myflorida.com/dor/property/forms/>~~.

Rulemaking Authority 194.011(5), 194.034(1), 195.027(1), 213.06(1) FS. Law Implemented 194.011, 194.032, 194.034, 194.035, 194.301, ~~213.05~~ FS. History—New 3-30-10, Amended,

_____.

12D-9.030 Recommended Decisions.

(1) For each petition not withdrawn or settled, special magistrates shall produce a written recommended decision that contains findings of fact, conclusions of law, and reasons for upholding or overturning the property appraiser's determination. Conclusions of law must be based on findings of fact. For each of the statutory criteria for the issue under administrative review, findings of fact must identify the corresponding admitted evidence, or lack thereof. Each recommended decision shall contain sufficient factual and legal information and reasoning to enable the parties to understand the basis for the decision, and shall otherwise meet the requirements of law. The special magistrate and board clerk shall observe the petitioner's right to be sent a timely written recommended decision containing proposed findings of fact and

proposed conclusions of law and reasons for upholding or overturning the determination of the property appraiser. After producing a recommended decision, the special magistrate shall provide it to the board clerk.

(2) through (6) No change.

(7) Copies of the forms incorporated in Rule 12D-16.002, F.A.C., may be obtained at the Department's Internet site: <http://floridarevenue.com/dor/property/forms/>

~~<http://dor.myflorida.com/dor/property/forms/>~~.

Rulemaking Authority 194.011(5), 194.034(1), 195.027(1) FS. Law Implemented 193.155, 194.011, 195.022, ~~213.05~~ FS. History—New 3-30-10, Amended_____.

12D-9.032 Final Decisions.

(1)(a) For each petition not withdrawn or settled, the board shall produce a written final decision that contains findings of fact, conclusions of law, and reasons for upholding or overturning the property appraiser's determination. Conclusions of law must be based on findings of fact. For each of the statutory criteria for the issue under administrative review, findings of fact must identify the corresponding admitted evidence, or lack thereof. Each final decision shall contain sufficient factual and legal information and reasoning to enable the parties to understand the basis for the decision, and shall otherwise meet the requirements of law. The board may fulfill the requirement to produce a written final decision by adopting a recommended decision of the special magistrate containing the required elements and providing notice that it has done so. The board may adopt the special magistrate's recommended decision as the decision of the board incorporating the recommended decision, using a postcard or similar notice. The board shall ensure regular and timely approval of recommended decisions.

(b) Legal advice from the board legal counsel relating to the facts of a petition or to the specific outcome of a decision, if in writing, shall be included in the record and referenced within the findings of fact and conclusions of law. If not in writing, such advice shall be documented within the findings of fact and conclusions of law.

(2) through (6) No change.

(7) Copies of the forms incorporated in Rule 12D-16.002, F.A.C., may be obtained at the Department's Internet site: <http://floridarevenue.com/dor/property/forms/>

~~<http://dor.myflorida.com/dor/property/forms/>~~.

Rulemaking Authority 194.011(5), 194.034(1), 195.027(1), 213.06(1) FS. Law Implemented 194.011, 194.015, 194.032, 194.034, 194.035, 194.036, 195.022, ~~213.05~~ FS. History—New 3-30-10, Amended, _____.

12D-9.034 Record of the Proceeding.

(1) through (3) No change.

(4) If requested by the taxpayer, the taxpayer's representative agent, or the property appraiser, the board clerk shall retain these records until the final disposition of any subsequent judicial proceeding related to the same property.

Rulemaking Authority 194.011(5), 194.034(1), 195.027(1), 213.06(1) FS. Law Implemented 194.011, 194.032, 194.034, 194.035, ~~213.05~~ FS. History—New 3-30-10, Amended _____.

NAME OF PERSON ORIGINATING PROPOSED RULES IS: Mike Cotton

NAME OF AGENCY HEAD WHO APPROVED THE PROPOSED RULES IS: Governor and
Cabinet

DATE PROPOSED RULE APPROVED BY THE AGENCY HEAD: TBD

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAR: March 27,
2017

STATE OF FLORIDA
DEPARTMENT OF REVENUE
PROPERTY TAX OVERSIGHT PROGRAM
CHAPTER 12D-16, FLORIDA ADMINISTRATIVE CODE
ADMINISTRATION OF FORMS
PROPOSED AMENDMENTS TO RULE 12D-16.002, F.A.C.

SUMMARY OF PROPOSED RULE

The proposed amendments to Rule 12D-16.002, Index to Forms, incorporate changes to three forms to bring them into compliance with current administrative procedures and remove an obsolete form, DR-418CR.

FACTS AND CIRCUMSTANCES JUSTIFYING PROPOSED RULE

The proposed amendments this rule are to implement statutory changes enacted in section 1 of Chapter 2016-110, L.O.F.; amend Form DR-418C, “Real Property Dedicated in Perpetuity for Conservation, Exemption Application,” to remove instructions requiring the property owner to annually reapply for the exemption; repeal Form DR-418CR, “Real Property Dedicated in Perpetuity for Conservation, Exemption Renewal,” to reflect the amendment to s. 196.26, F.S., removing the annual renewal notification to the property appraiser; and amend Form DR-501M, “Deployed Military Exemption Application,” to include subordinate military operations as amended in s. 196.173, F.S. The purpose of modifying Form DR-505, “Report of Discounts, Errors, Double Assessments, and Insolvencies,” is to comply with section 197.492, Florida Statutes. The tax collector prepares this form and certifies it to the Board of County

Commissioners (BOCC) of the same county. The modification removes the requirement for the BOCCs to review the report for tax roll purposes.

FEDERAL COMPARISON STATEMENT

The provisions contained in this proposed amended rule chapter do not conflict with comparable federal laws, policies, or standards.

SUMMARY OF RULE DEVELOPMENT WORKSHOP HELD APRIL 11, 2017

The Department of Revenue published a Notice of Rule Development for proposed amendments to Rule 12D-16.002, F.A.C., in the Florida Administrative Register (F.A.R.) on March 27, 2017 (Vol. 43, No. 59, p. 1386). The department held a rule development workshop on April 11, 2017, and invited interested parties and county officials to attend in person and through a teleconference system. No one presented comments at the workshop, and the department received no written comments.

SUMMARY OF RULE DEVELOPMENT WORKSHOP OFFERED FOR APRIL 27, 2017

The Department of Revenue published a Notice of Rule Development for proposed amendments to Rule 12D-16.002, F.A.C., in the Florida Administrative Register (F.A.R.) on April 11, 2017 (Vol. 43, No. 70, p. 1775). If requested in writing, the department would have held a rule development workshop on April 27, 2017. The department invited interested parties and county officials to request a workshop but received no written requests and did not hold the workshop. The department has received no written comments on the proposed amendments.

NOTICE OF PROPOSED RULE

FLORIDA DEPARTMENT OF REVENUE

PROPERTY TAX OVERSIGHT PROGRAM

RULE NO.: RULE TITLE:

12D-16.002 Index to Forms

PURPOSE AND EFFECT: The purpose of amending this rule is to implement statutory changes enacted in section 1 of Chapter 2016-110, L.O.F.; amend Form DR-418C, “Real Property Dedicated in Perpetuity for Conservation, Exemption Application,” to remove instructions requiring the property owner to annually reapply for the exemption; repeal Form DR-418CR, “Real Property Dedicated in Perpetuity for Conservation, Exemption Renewal,” to reflect the amendment to s. 196.26, F.S., removing the annual renewal notification to the property appraiser; and amend Form DR-501M, “Deployed Military Exemption Application,” to include subordinate military operations as amended in s. 196.173, F.S. The purpose of modifying Form DR-505, “Report of Discounts, Errors, Double Assessments, and Insolvencies,” is to comply with section 197.492, Florida Statutes. The tax collector prepares this form and certifies it to the Board of County Commissioners (BOCC) of the same county. The modification removes the requirement for the BOCCs to review the report for tax roll purposes. The effect of these proposed amendments is that affected parties will have an updated form available that complies with current law.

SUMMARY: The proposed amendments to Rule 12D-16.002, Index to Forms, incorporate changes to three forms to bring them into compliance with current administrative procedures and remove an obsolete form, DR-418CR.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COSTS AND

LEGISLATIVE RATIFICATION: The Department has determined that this rule will not have an adverse impact on small business or likely increase directly or indirectly regulatory costs in excess of \$200,000 in the aggregate within one year after the implementation of the rule. A Statement of Estimated Regulatory Cost (SERC) has not been prepared by the Department. The Department has determined that this proposed rule is not expected to require legislative ratification based on the SERC or if no SERC is required, the information expressly relied upon and described herein: 1) no requirement for a SERC was triggered under Section 120.541(1), F.S.; and, 2) based on past experiences with activities for providing the public tax information and rules of this nature, the adverse impact or regulatory cost, if any, do not exceed nor would exceed any one of the economic analysis criteria in a SERC, as set forth in Section 120.541(2)(a), F.S. Any person who wishes to provide information regarding a SERC, or to provide a proposal for a lower cost regulatory alternative must do so in writing within 21 days of this notice.

RULEMAKING AUTHORITY: 195.027(1), 213.06(1) FS.

LAW IMPLEMENTED: 92.525, 95.18, 136.03, 192.001(18), 192.0105, 193.052, 193.077, 193.085, 193.092, 193.114, 193.122, 193.155, 193.1554, 193.1555, 193.1556, 193.461, 193.501, 193.503, 193.625, 193.703, 194.011, 194.032, 194.034, 194.035, 194.037, 195.002, 195.022, 195.087, 196.011, 196.015, 196.031, 196.075, 196.095, 196.101, 196.121, 196.141, 196.151, 196.173, 196.183, 196.193, 196.1961, 196.1983, 196.1995, 196.202, 196.24, 196.26, 197.182, 197.222, 197.2423, 197.2425, 197.3632, 197.3635, 197.414, 197.432, 197.472, 197.502, 197.512, 197.552, 200.065, 200.069, 213.05, 218.12, 218.125, 218.66, 218.67 FS.

A HEARING WILL BE HELD AT THE DATE, TIME, AND PLACE SHOWN BELOW:

DATE AND TIME: TBD

PLACE: Capital Circle Office Complex, Building 2, Room 1220, 2450 Shumard Oak Blvd, Tallahassee, Florida.

NOTICE UNDER THE AMERICANS WITH DISABILITIES ACT: Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in any rulemaking proceeding before the Property Tax Oversight Program is asked to advise the Department at least 48 hours before the proceeding by contacting Mike Cotton at: telephone (850)617-8870 or email Mike.Cotton@floridarevenue.com. Persons with hearing or speech impairments may contact the Department using the Florida Relay Service, which can be reached at (800)955-8770 (Voice) and (800)955-8771 (TDD).

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Mike Cotton, Tax Law Specialist, Property Tax Oversight Program, Department of Revenue, 2450 Shumard Oak Boulevard, Tallahassee, Florida 32315-3000, telephone: (850)617-8870, email: mike.cotton@floridarevenue.com.

THE FULL TEXT OF THE PROPOSED RULE IS:

STATE OF FLORIDA
DEPARTMENT OF REVENUE
PROPERTY TAX OVERSIGHT PROGRAM
CHAPTER 12D-16, FLORIDA ADMINISTRATIVE CODE
ADMINISTRATION OF FORMS
AMENDING RULE 12D-16.002, F.A.C.

12D-16.002 Index to Forms.

(1) The following paragraphs list the forms adopted by the Department of Revenue. A copy of these forms may be obtained from the Department’s website at <http://floridarevenue.com/property/>, or by writing to: Property Tax Oversight Program, Department of Revenue, Post Office Box 3000, Tallahassee, Florida 32315-3000. The Department of Revenue adopts, and incorporates by reference in this rule, the following forms and instructions:

Form Number	Form Title	Effective Date
(2) through (13)(a)	No change.	
(13)(b) DR-418C	Real Property Dedicated in Perpetuity for Conservation, Exemption Application (n. 11/12 r. <u>xx/xx</u>) https://www.flrules.org/Gateway/reference.asp?No=Ref-__01749	<u>xx/xx</u> 11/12
(e) DR-418CR	Real Property Dedicated in Perpetuity for Conservation, Exemption Renewal (n. 11/10) https://www.flrules.org/Gateway/reference.asp?No=Ref-01750	<u>11/12</u>
<u>(c)(d)</u> DR-418E	Enterprise Zone Ad Valorem Property Tax Exemption – Child Care Facility Application for Exemption Certification (n. 12/99)	01/00

- (14) through (39)(d) No change.
- (39)(e) DR-501M Deployed Military Exemption Application (r. ~~xx/xx 5/12~~) ~~xx/xx 11/12~~
https://www.flrules.org/Gateway/reference.asp?No=Ref-___01796
- (f) through (41)(d) No changes
- (42) DR-505 Report of Discounts, Errors, Double Assessments, and ~~xx/xx 4/16~~
 Insolvencies (r. ~~xx/xx 4/16~~)
https://www.flrules.org/Gateway/reference.asp?No=Ref-___06510

(43) through (61)(b) No change.

Rulemaking Authority 195.027(1), 213.06(1) FS. Law Implemented 92.525, 95.18, 136.03, 192.001(18), 192.0105, 193.052, 193.077, 193.085, 193.092, 193.114, 193.122, 193.155, 193.1554, 193.1555, 193.1556, 193.461, 193.501, 193.503, 193.625, 193.703, 194.011, 194.032, 194.034, 194.035, 194.037, 195.002, 195.022, 195.087, 196.011, 196.015, 196.031, 196.075, 196.095, 196.101, 196.121, 196.141, 196.151, 196.173, 196.183, 196.193, 196.1961, 196.1983, 196.1995, 196.202, 196.24, 196.26, 197.182, 197.222, 197.2423, 197.2425, 197.3632, 197.3635, 197.414, 197.432, 197.472, 197.502, 197.512, 197.552, 200.065, 200.069, 213.05, 218.12, 218.125, 218.66, 218.67 FS. History–New 10-12-76, Amended 4-11-80, 9-17-80, 5-17-81, 1-18-82, 4-29-82, Formerly 12D-16.02, Amended 12-26-88, 1-9-92, 12-10-92, 1-11-94, 12-27-94, 12-28-95, 12-25-96, 12-30-97, 12-31-98, 2-3-00, 1-9-01, 12-27-01, 1-20-03, 1-26-04, 12-30-04, 1-16-06, 10-2-07, 3-30-10, 11-1-12, 9-10-15, 4-5-16, 6-14-16, 1-9-17, Amended _____.

NAME OF PERSON ORIGINATING PROPOSED RULE IS: Mike Cotton

NAME OF AGENCY HEAD WHO APPROVED THE PROPOSED RULE IS: Governor and
Cabinet

DATE PROPOSED RULE APPROVED BY THE AGENCY HEAD: TBD

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAR: March 27,
2017 and April 11, 2017



REAL PROPERTY DEDICATED IN PERPETUITY FOR CONSERVATION

DR-418C
R. xx/xx
Rule 12D-16.002, F.A.C.
Effective xx/xx

EXEMPTION APPLICATION
Sections 196.011 and 196.26, F.S.

Tax Year 20__

Return this form to your county property appraiser by **March 1**.

County _____

COMPLETED BY PROPERTY OWNER			
Parcel #	Easement address		
	Property Owner	Easement Owner	
Name			
Agent			
Mailing address			
Phone		Fax	Fax

On January 1 of this tax year, this property met the requirements for a conservation exemption, s. 196.26, F.S. The land is: (Check one.)

- Dedicated in perpetuity and used exclusively for conservation purposes.
 OR
 Dedicated in perpetuity and used for allowed commercial purposes. (Exemption of 50% of the land value)

	YES	NO
Have you included a copy of the instrument that conveys real property dedicated in perpetuity for conservation purposes?	<input type="checkbox"/>	<input type="checkbox"/>
Is this property less than 40 contiguous acres? If yes, attach a document from the Acquisition and Restoration Council determining the land's use for conservation purposes and a management plan (s. 259.035, F.S.).	<input type="checkbox"/>	<input type="checkbox"/>
Do you have baseline documentation of the natural values protected on the land? If yes, attach documents, including a management plan, if available.	<input type="checkbox"/>	<input type="checkbox"/>
Are there structures or other improvements on the land? If yes, they must be auxiliary to the use of the land for conservation purposes to qualify for the exemption.	<input type="checkbox"/>	<input type="checkbox"/>
Does the land include allowed commercial use? If agricultural, the use must comply with the most recent best management practices of the Department of Agriculture and Consumer Services, if adopted by rule.	<input type="checkbox"/>	<input type="checkbox"/>

If the land is no longer eligible for this exemption, the owner must promptly notify the property appraiser. If you don't and it is determined the land was not eligible for this exemption for any time within the last 10 years, the owner is subject to taxes exempted plus 18% interest each year and a penalty of 100% of the taxes exempted. Any property of the owner will be subject to a lien for the unpaid taxes and penalties. (s.196.011, F.S.)

I certify the facts above and on the attached documents are true and the property complies with the restrictions and requirements of section 196.26, F.S.

	Print name	Date
Signature	Title	

COMPLETED BY PROPERTY APPRAISER		
I have received this application and the attached documents. You will be notified if your application is denied.		
	County	Date
Signature, property appraiser		



DEPLOYED MILITARY EXEMPTION APPLICATION

DR-501M
R. xx/xx
Rule 12D-16.002, F.A.C.
Eff. xx/xx

Section 196.173, Florida Statutes

Due to the property appraiser by **March 1**.

Florida Law provides an additional ad valorem exemption on the homestead of servicemembers who were deployed last year outside the continental United States, Alaska, or Hawaii in support of main or subordinate military operations designated by the Florida Legislature.

If more than one owner of the homestead was deployed last year, each deployed servicemember should complete a separate application.

COMPLETED BY APPLICANT

Servicemember's name		Spouse's name	
*Social security #		*Spouse's social security #	
Parcel ID, if known		County	
Phone		Tax year	20__
Homestead address		Mailing address, if different	

Designated operation(s) you were deployed to _____

Dates deployed last year: From ___/___/20__ to ___/___/20__ for a total of ___ days
(outside the continental US, Alaska, and Hawaii to a designated military operation) From ___/___/20__ to ___/___/20__ for a total of ___ days

Total days deployed: _____

- I have attached proof of qualifying deployment. (Information must include dates of the qualifying deployment)
- I am applying after the deadline because: (Add documentation, if needed.) (Field will expand online)

*Disclosure of your social security number is mandatory. It is required by s. 196.011(1)(b), F.S. The social security number will be used to verify taxpayer identity and exemption information submitted to the property appraiser.

Signature Print name Date

Signature is by servicemember spouse designee under Chapter 709, F.S. Personal representative

If this application was filed on time and is denied, the property appraiser will send you a notice of disapproval (Form DR-490) by July 1. You have the right to appeal the decision by filing a request for hearing (Form DR-486) with the Value Adjustment Board in your county.

FOR USE BY PROPERTY APPRAISER'S OFFICE ONLY

Approved for _____ days, proof of qualifying deployment and dates of deployment met the requirements.

Denied or Explain:

Denied in part

Late application The reason for filing late was accepted rejected.

Signature, property appraiser or deputy _____ Date _____

Calculation: _____ Days deployed / 365 Days in year X 100 = 0.0 % exempted

	Increase	Decrease	Net
Correction Totals			
Total Insolvent			
Total Litigation			
Grand Totals			

INSTRUCTIONS

To Tax Collectors:

1. Use this for the last sheet on your report of discounts, errors, double assessments, and insolvencies.
2. Do not list any item without showing the reason for reduction in the right-hand column.
3. As much as possible, group together all items coming under one heading. For instance, place all errors under one heading, all double assessments under another, exemptions under another, etc.
4. For exemptions, specify whether widow, veteran, homestead, disability, etc.

Tax Collector Recapitulation

I, _____, Tax Collector of _____ County, Florida, certify this is a report of all discounts, errors, double assessments, insolvencies, and federal bankruptcies on the assessment roll for 20____; that the discounts were actually earned for the month as shown; that the attached list shows all errors and double assessments as the property appraiser certified; that I have allowed no exemptions, other than those the attached list shows as certified by the property appraiser; that each item marked insolvent on the attached list is in fact insolvent and, although I have made a diligent search, I have been unable to find the tangible personal property to levy on to enforce the payment of the tax; and that I have not collected any of the items on the attached list.

I am entitled to credit against the 20____ assessment roll on the following amounts:

Discounts	
Errors	
Double Assessments	
Insolvencies	
Federal Bankruptcies	
Total	

Signature, Tax Collector

County

Date

STATE OF FLORIDA
DEPARTMENT OF REVENUE
PROPERTY TAX OVERSIGHT PROGRAM
CHAPTER 12D-18, FLORIDA ADMINISTRATIVE CODE
NON-AD VALOREM ASSESSMENTS AND SPECIAL ASSESSMENTS
PROPOSED AMENDMENTS TO RULES 12D-18.005 AND 12D-18.006, F.A.C.

SUMMARY OF PROPOSED RULE

The proposed rule amendments to Chapter 12D-18, F.A.C., implement changes promoting renewable energy resources and allow local governments to assist in funding these improvements, adding additional time local governments can hold a public hearing to adopt non-ad valorem assessment rolls and delete a duplicate document requirement.

FACTS AND CIRCUMSTANCES JUSTIFYING PROPOSED RULE

The proposed amendments to Rule 12D-18.005, F.A.C., is to implement statutory changes enacted in section 1 of Chapter 2010-139, L.O.F.; adding an exception to the provisions local governments use to levy non-ad valorem assessments. The rule also implements changes enacted by section 13 of Chapter 2016-128, L.O.F., revising the time frame local governments shall adopt a non-ad valorem assessment roll at a public hearing. Rule 12D-18.006, F.A.C., is also amending the time frame local governments shall adopt a non-ad valorem assessment roll at public hearing, updating a subsection reference in an amendment in Chapter 12D-13 that became effective April 5, 2016, and removing the requirement to send a document to the department.

FEDERAL COMPARISON STATEMENT

The provisions contained in this proposed amended rule chapter do not conflict with comparable federal laws, policies, or standards.

SUMMARY OF RULE DEVELOPMENT WORKSHOP HELD APRIL 11, 2017

The Department of Revenue published a Notice of Rule Development for proposed amendments to Rules 12D-18.005 and 12D-18.006, F.A.C., in the Florida Administrative Register (F.A.R.) on March 27, 2017 (Vol. 43, No. 59, pp. 1386-1387). The Department held a rule development workshop on April 11, 2017, and invited interested parties and county officials to attend in person and through a teleconference system. No one presented comments at the workshop, and the Department received no written comments.

NOTICE OF PROPOSED RULE

FLORIDA DEPARTMENT OF REVENUE

PROPERTY TAX OVERSIGHT PROGRAM

RULE NO: RULE TITLE:

12D-18.005 Adoption of Non-Ad Valorem Assessment Roll

12D-18.006 Certification of Assessment Roll

PURPOSE AND EFFECT: The purpose of amending Rule 12D-18.005, F.A.C., is to implement statutory changes enacted in section 1 of Chapter 2010-139, L.O.F.; by adding an exception to the provisions local governments use to levy non-ad valorem assessments. The rule also implements changes enacted by section 13 of Chapter 2016-128, L.O.F., revising the time frame local governments shall adopt a non-ad valorem assessment roll at a public hearing. Rule 12D-18.006, F.A.C., is also amending the time frame local governments shall adopt a non-ad valorem assessment roll at public hearing, updating a subsection reference in an amendment in Chapter 12D-13 that became effective April 5, 2016, and removing the requirement to send a document to the department.

SUMMARY: These rule amendments implement changes promoting renewable energy resources and allow local governments to assist in funding these improvements, adding additional time local governments can hold a public hearing to adopt non-ad valorem assessment rolls and delete a duplicate document requirement.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COSTS AND

LEGISLATIVE RATIFICATION: The Department has determined that this rule will not have an adverse impact on small business or likely increase directly or indirectly regulatory costs in excess of \$200,000 in the aggregate within one year after the implementation of the rule. A

Statement of Estimated Regulatory Cost (SERC) has not been prepared by the Department. The Department has determined that this proposed rule is not expected to require legislative ratification based on the SERC or if no SERC is required, the information expressly relied upon and described herein: 1) no requirement for a SERC was triggered under Section 120.541(1), F.S.; and, 2) based on past experiences with activities for providing the public tax information and rules of this nature, the adverse impact or regulatory cost, if any, do not exceed nor would exceed any one of the economic analysis criteria in a SERC, as set forth in Section 120.541(2)(a), F.S. Any person who wishes to provide information regarding a SERC, or to provide a proposal for a lower cost regulatory alternative must do so in writing within 21 days of this notice.

RULEMAKING AUTHORITY: 195.027(1), 197.3632(11), 197.3635, 213.06(1) FS.

LAW IMPLEMENTED: 125.011, 163.08, 197.322, 197.363, 197.3631, 197.3632, 197.3635, 213.05 FS.

A HEARING WILL BE HELD AT THE DATE, TIME AND PLACE SHOWN BELOW:

DATE AND TIME: TBD

PLACE: Room 1220, Building 2, Capital Circle Office Complex, 2450 Shumard Oak Blvd., Tallahassee, Florida.

NOTICE UNDER THE AMERICANS WITH DISABILITIES ACT: Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 48 hours before the workshop/meeting by contacting: Mike Cotton telephone (850)617-8870 or email Mike.Cotton@floridarevenue.com. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE

DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT, IF AVAILABLE, IS:

Mike Cotton, Tax Law Specialist, Property Tax Oversight Program, Department of Revenue,
2450 Shumard Oak Boulevard, Tallahassee, Florida 32315-3000, telephone: (850)617-8870,
email: mike.cotton@floridarevenue.com

THE FULL TEXT OF THE PROPOSED RULE IS:

STATE OF FLORIDA
DEPARTMENT OF REVENUE
PROPERTY TAX OVERSIGHT PROGRAM
CHAPTER 12D-18, FLORIDA ADMINISTRATIVE CODE
NON-AD VALOREM ASSESSMENTS AND SPECIAL ASSESSMENTS
AMENDING RULES 12D-18.005 AND 12D-18.006, F.A.C.

12D-18.005 Adoption of Non-Ad Valorem Assessment Roll.

(1) The provisions of this rule section are applicable to non-ad valorem assessments levied for the first time, other than a non-ad valorem assessment levied under Section 163.08, F.S.

(a) The public notice and hearing provisions of this rule section are not applicable to assessments which are:

1. on an existing tax roll, and which have gone through public hearing and adoption processes specified by Section 197.363, F.S., for collection on the tax notice using the ad valorem tax method, or

2. on any existing assessment roll under other authority of law, for which the tax notice and ad valorem method are not used and which are, therefore, not considered to be levied for the first time under Section 197.3632(4)(a)1., F.S.

(b) For a new non-ad valorem assessment, a local government shall adopt a non-ad valorem assessment roll at a public hearing held between January 1 and September 15, or between January 1 and September 25 for any county defined in Section 125.011(1), F.S., if one or more of the following circumstances exist regarding the assessment:

1. It is levied for the first time;
2. It is increased beyond the maximum rate authorized by law or judicial decree at the time of

its initial imposition;

3. It is related to a change in boundaries of (name of local government), unless all newly affected property owners have provided written consent for such assessment to the local governing board; or

4. It is related to a change in purpose for an existing assessment or in the use of the revenue from such assessment.

(c) A local government may hold its public hearing and adopt or reaffirm a capital project assessment roll at any time prior to certification of the roll to the tax collector, and is not required to hold the public hearing between January 1 and September 15. For capital project assessments, any notice or hearing required by this rule chapter may be combined with any other notice required by this rule chapter, by the general or special law, or by municipal or county ordinance, pursuant to which the capital project assessment is levied.

(2) Through (4) No change.

Rulemaking Authority 195.027(1), 197.3632(11), 197.3635, 213.06(1) FS. Law Implemented 125.011, 163.08, 197.322, 197.363, 197.3631, 197.3632, 197.3635, 213.05 FS. History—New 2-21-91, Amended 4-18-94, 1-1-04, _____.

12D-18.006 Certification of Assessment Roll.

(1) The chairman of the local governing board, or his designee, must ~~shall~~ certify the non-ad valorem assessment roll, on a compatible electronic medium tied to the property identification number, to the tax collector by September 15 of each year, or by September 25 for any county defined in Section 125.011(1), F.S. The local government must ~~shall~~ first post the non-ad valorem assessment for each parcel on the roll in a ~~such~~ compatible electronic medium. The

certification shall be made on Form DR-408A. The tax collector shall not accept any roll which is not so certified and which is not so posted in such compatible electronic medium, ~~and it is the responsibility of the~~ The local governing board is responsible for making sure that the such roll is ~~be~~ free of errors and omissions.

(2) The chairman of the local governing board, or his designee, may make alterations to the roll up to 10 days before certification. If the tax collector discovers errors or omissions on the roll, he may request the local governing board to file a corrected roll or a correction of the amount of any assessment. After the roll has been certified to the tax collector, the local government may make corrections to it by filing Form DR-409A, Certificate of Correction of Non-Ad Valorem Assessment Roll, with the tax collector ~~a Certificate of Correction on Form DR 409A~~. Form DR-409A is adopted and incorporated by reference in Rule 12D-16.002, F.A.C. Such form ~~must shall~~ be in lieu of the form specified in subsection ~~12D-13.065(1) +2D-13.006(5)~~, F.A.C., but ~~must shall~~ be processed in the same manner under the provisions of that rule section. ~~One Provided further that one~~ One copy of the form ~~must shall~~ be sent to the tax collector and one copy to the, property appraiser, ~~and the Department~~.

(3) If the non-ad valorem assessment roll is to be collected for a period of more than one year or to be amortized over a number of years, the local governing board must state the collection period or amortization. ~~shall so specify and shall~~ The board must inform the property appraiser, tax collector and Department on Form DR-412, Notice of Intent, by January 10 if it intends to discontinue using the uniform method of collecting such assessment. Form DR-412 is adopted and incorporated by reference in Rule 12D-16.002, F.A.C. Copies of these forms can be found online at <http://floridarevenue.com/dor/property/forms/>.

*Rulemaking Authority 195.027(1), 197.3632(11), 197.3635, 213.06(1) FS. Law Implemented
197.322, 197.363, 197.3631, 197.3632, 197.3635; ~~213.05~~ FS. History—New 2-21-91, Amended
10-30-91, _____.*

NAME OF PERSON ORIGINATING PROPOSED RULES IS: Mike Cotton

NAME OF AGENCY HEAD WHO APPROVED THE PROPOSED RULES IS: Governor and
Cabinet

DATE PROPOSED RULES APPROVED BY THE AGENCY HEAD: TBD

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAR: March 27,
2017

ATTACHMENT 3



FLORIDA

Executive
Director

Leon M. Biegalski

May 23, 2017

MEMORANDUM

TO: The Honorable Rick Scott, Governor
Attention: Kristin Olson, Deputy Chief of Staff
Amanda Carey, Cabinet Aide

The Honorable Jeff Atwater, Chief Financial Officer
Attention: Robert Tornillo, Director of Cabinet Affairs
Stephanie Leeds, Deputy Director of Cabinet Affairs
Kimberly Renspie, Cabinet and Legislative Analyst

The Honorable Pam Bondi, Attorney General
Attention: Kent Perez, Associate Deputy Attorney General
Erin Sumpter, Deputy Director of Cabinet Affairs
Andrew Fay, Special Counsel

The Honorable Adam Putnam, Commissioner of Agriculture and Consumer
Services
Attention: Brooke McKnight, Director of Cabinet Affairs
Jessica Field, Deputy Cabinet Affairs Director

THRU: Leon Biegalski, Executive Director

FROM: Debbie Longman, Director, Legislative and Cabinet Services

SUBJECT: Requesting Approval to Hold Public Hearings on Proposed Rules

Statement of Sections 120.54(3)(b) and 120.541, F.S. Impact: No impact.

The Department has reviewed the proposed rules for compliance with Sections 120.54(3)(b) and 120.541, F.S. The proposed rules will not likely have an adverse impact on small business, small counties, or small cities, and they are not likely to have an increased regulatory cost in excess of \$200,000 within 1 year. Additionally, the proposed rules are not likely to have an adverse impact or increased regulatory costs in excess of \$1,000,000 within 5 years.

Child Support – Ann Coffin, Director • General Tax Administration – Maria Johnson, Director
Property Tax Oversight – Dr. Maurice Gogarty, Director • Information Services – Damu Kuttikrishnan, Director

<http://www.floridarevenue.com>
Florida Department of Revenue
Tallahassee, Florida 32399-0100

What is the Department requesting? Section 120.54(3)(a), F.S., requires the Department to obtain Cabinet approval to hold public hearings for the development of proposed rules. The Department therefore requests approval to publish a Notice of Proposed Rule in the *Florida Administrative Register* for the following proposed rules.

Why are the proposed rules necessary?

The amendments to Rule 12E-1.012, F.A.C., Consumer Reporting Agencies, are needed to change the time allowed to request an informal review to align with statutory guidance and update the criteria for when the Department initiates an action to report a parent's past-due support to consumer reporting agencies.

The amendments to Rule 12E-1.023, F.A.C., Suspension of Driver License; Suspension of Motor Vehicle Registration, are needed to update the criteria for when the Department initiates an action to suspend a parent's driver license and the conditions for reinstating a suspended driver license.

The creation of Rule 12E-1.030, F.A.C., Administrative Establishment of Child Support Obligations is necessary to inform the public of how the Department establishes administrative support orders and the rights of the parties under the administrative proceeding.

The amendments to Rule 12E-1.036, F.A.C., Administrative Establishment of Paternity and Support Obligations, are needed to update the criteria for when the alleged father would like to opt-out of the administrative process, how the Department calculates support obligations for the order, and how the Department determines cooperation by the mother.

The creation of Rule 12E-1.037, F.A.C., Notification to Withhold Support from Reemployment Assistance, is needed to inform the public of how the Department implements the requirement in section 443.051, Florida Statutes, to notify the Department of Economic Opportunity to withhold support payments from the reemployment assistance of parents who owe support obligations.

The creation of Rule 12E-1.039 F.A.C., Request for Services is necessary to inform the public who is eligible to receive services, how to apply for services and the information that must be provided.

The creation of Rule 12E-1.040, F.A.C., Intergovernmental Forms, is needed to incorporate by reference federally approved forms General Testimony (CS-IS21) and the Affidavit in Support of Establishing Paternity (CS-IS26) used in intergovernmental cases.

What do the proposed rules do?

Consumer Reporting Agencies, Rule 12E-1.012, F.A.C.: the proposed changes modify the time frame to request an informal review to be in line with the time provided in statute, plus 5 days for mailing; change the delinquent support amount required to initiate reporting; and provide additional criteria for reporting past-due support to consumer reporting agencies.

Suspension of Driver License; Suspension of Motor Vehicle Registration, Rule 12E-1.023, F.A.C.: the proposed changes provide additional criteria for suspending a driver license and motor vehicle registration, including a delinquent support amount criterion, and clarify the conditions for reinstating a suspended license and vehicle registration.

Administrative Establishment of Child Support Obligations, Rule 12E-1.030, F.A.C.: the proposed rule provides the public with the steps used by the Department when it seeks to administratively establish a child support obligation. It also details the rights and responsibilities of the parties involved in an administrative support obligation establishment proceeding.

Administrative Establishment of Paternity and Support Obligations, Rule 12E-1.036, F.A.C.: the proposed changes provide the public with information on how an alleged father may opt-out of the administrative process, provide information for how the Department calculates support obligations when establishing support, and how the Department determines cooperation by the mother.

Notification to Withhold Support from Reemployment Assistance, Rule 12E-1.037, F.A.C.: the proposed rule provides a definition of the term “support obligations” as used in the rule, describe how the Department uses data files received from the Department of Economic Opportunity, provides a maximum amount to be withheld from a parent’s reemployment assistance, provides for refunding a withheld amount when it exceeds a parent’s support obligation, provides for adjusting the percentage to withhold to avoid excess withholding, and describes how the Department allocates a withheld amount among cases when the parent has more than one case with a support obligation.

Request for Services, Rule 12E-1.039, F.A.C.: the proposed rule provides the public with the steps used by the Department to process applications and public assistance referrals for child support services. The rule provides the forms the Department will use to obtain information necessary to provide child support services. The rule details the rights and responsibilities of the parties requesting child support services

Intergovernmental Forms, Rule 12E-1.040, F.A.C.: the proposed rule provides the public with information on how an alleged father may opt-out of the administrative process, provides information for how the Department calculates support obligations when establishing support, and how the Department determines cooperation by the mother.

Form Updates

Why are the proposed rules necessary?

The proposed rules and amendments adopt, by reference, technical and administrative changes to forms currently used to administer child support services, as well as promulgate several forms for the first time.

What do the proposed rules do?

This rulemaking will adopt numerous forms used by the Department in the administration of the Child Support Program, as incorporated in the following rules:

Rule 12E-1.012, F.A.C.
Rule 12E-1.023, F.A.C.
Rule 12E-1.030, F.A.C.
Rule 12E-1.036, F.A.C.
Rule 12E-1.039, F.A.C.
Rule 12E-1.040, F.A.C.

Were comments received from external parties? No. A rule workshop was scheduled to be held on April 12, 2017, if requested in writing. No request was received and no workshop was held. No comments were received by the Department.

Attachments

- Summary of the proposed rules, which include:
 - Statements of facts and circumstances justifying the rule;
 - Federal comparison statement; and
 - Summary of the workshop
- Draft Notice of Proposed Rule with rule text
- Incorporated materials

STATE OF FLORIDA
DEPARTMENT OF REVENUE
CHAPTER 12E-1, FLORIDA ADMINISTRATIVE CODE
DIVISION OF CHILD SUPPORT ENFORCEMENT
CREATING RULES 12E-1.030, 12E-1.037, 12E-1.039 AND 12E-1.040
AMENDING RULES 12E-1.012, 12E-1.023 AND 12E-1.036

SUMMARY OF PROPOSED RULES

The proposed amendment to Rule 12E-1.012, F.A.C. (Consumer Reporting Agencies), substantially rewords the rule which establishes how the Department initiates an action to report a parent's past-due support to consumer reporting agencies.

The proposed amendment to Rule 12E-1.023, F.A.C. (Suspension of Driver License; Suspension of Motor Vehicle Registration), substantially rewords the rule which establishes how the Department initiates suspension and reinstatement of driver's licenses and vehicle registrations related to nonpayment of child support, and failure to comply with a subpoena or order in a paternity or support proceeding.

The proposed creation of Rule 12E-1.030, F.A.C. (Administrative Establishment of Child Support Obligations), establishes how the Department administratively establishes child support obligations when it is providing services under Title IV-D of the Social Security Act.

The proposed amendment to Rule 12E-1.036, F.A.C. (Administrative Establishment of Paternity and Support Obligations), is to align the rule with Rule 12E-1.030 (Administrative Establishment of Child Support Obligations).

The purpose of creating proposed Rule 12E-1.037, F.A.C. (Notification to Withhold

Support from Reemployment Assistance), is to describe the process used to implement the requirement in section 443.051, Florida Statutes, to notify the Department of Economic Opportunity to withhold support payments from the reemployment assistance (formerly known as unemployment compensation) of parents who owe support obligations.

The purpose of creating proposed Rule 12E-1.039, F.A.C. (Request for Services), is to establish standards for applications and public assistance referrals for Title IV-D services.

The purpose of creating proposed Rule 12E-1.040, F.A.C. (Intergovernmental Forms), is to incorporate by reference federally approved forms General Testimony (CS-IS21) and the Affidavit in Support of Establishing Paternity (CS-IS26) used in intergovernmental cases.

The proposed rules and amendments adopt, by reference, technical and administrative changes to forms currently used to administer child support services, as well as promulgate several forms for the first time.

FACTS AND CIRCUMSTANCES JUSTIFYING PROPOSED RULES

The proposed amendments to Rule 12E-1.012, F.A.C., Consumer Reporting Agencies, changes the time frame to request an informal review to be in line with the time provided in statute, plus 5 days for mailing; changes the delinquent support amount required to initiate reporting; and provide additional criteria for reporting past-due support to consumer reporting agencies.

The proposed amendments to Rule 12E-1.012, F.A.C., Suspension of Driver License; Suspension of Motor Vehicle Registration, Rule 12E-1.023, changes provide additional criteria for suspending a driver license and motor vehicle registration, including a delinquent support amount criterion, and clarify the conditions for reinstating a suspended license and vehicle registration.

The creation of Rule 12E-1.030, F.A.C., Administrative Establishment of Child Support Obligations, provides the public with the steps used by the Department when it seeks to administratively establish a child support obligation. It also details the right and responsibilities of the parties involved in an administrative support obligation establishment proceeding.

The proposed amendments to Rule 12E-1.036, F.A.C., Administrative Establishment of Paternity and Support Obligations, provides the public with information on how an alleged father may opt-out of the administrative process, provides information for how the Department calculates support obligations when establishing support, and how the Department determines cooperation by the mother.

The creation of Rule 12E-1.037, F.A.C., Notification to Withhold Support from Reemployment Assistance, provides a definition of the term “support obligations” as used in the rule, describe how the Department uses data files received from the Department of Economic Opportunity, provides a maximum amount to be withheld from a parent’s reemployment assistance, provides for refunding a withheld amount when it exceeds a parent’s support obligation, provides for adjusting the percentage to withhold to avoid excess withholding, and describes how the Department allocates a withheld amount among cases when the parent has more than one case with a support obligation.

The creation of Rule 12E-1.039, F.A.C., Request for Services, provides the public with the steps used by the Department to process applications and public assistance referrals for child support services. The rule provides the forms the Department will use to obtain information necessary to provide child support services. The rule details the right and responsibilities of the parties requesting child support services

The creation of Rule 12E-1.040, F.A.C., Intergovernmental Forms, provides the public

with information on how an alleged father may opt-out of the administrative process, provides information for how the Department calculates support obligations when establishing support, and how the Department determines cooperation by the mother.

FEDERAL COMPARISON STATEMENT

The provisions contained in these rules do not conflict with comparable federal laws, policies, or standards.

SUMMARY OF RULE DEVELOPMENT WORKSHOP

APRIL 12, 2017

A Notice of Proposed Rule Development was published in the Florida Administrative Register on March 28, 2017 (Vol. 43, No. 60, pp. 1411-1412), to advise the public of the proposed changes to Rule 12E-1.012, Rule 12E-1.023, Rule 12E-1.030, Rule 12E-1.036, Rule 12E-1.037, Rule 12E-1.039 and Rule 12E-1.040, F.A.C., and to provide that, if requested in writing, a rule development workshop would be held on April 12, 2017. No request was received by the Department and no workshop was held. No written comments were received by the Department.

NOTICE OF PROPOSED RULE

DEPARTMENT OF REVENUE

CHILD SUPPORT ENFORCEMENT PROGRAM OFFICE

RULE NOS.: RULE TITLES:

- 12E-1.012 Consumer Reporting Agencies
- 12E-1.023 Suspension of Driver License; Suspension of Motor Vehicle Registration
- 12E-1.030 Administrative Establishment of Child Support Obligations
- 12E-1.036 Administrative Establishment of Paternity and Support Obligations
- 12E-1.037 Notification to Withhold Support from Reemployment Assistance
- 12E-1.039 Request for Services
- 12E-1.040 Intergovernmental Forms

PURPOSE AND EFFECT: The purpose of the proposed amendment of Rule 12E-1.012, F.A.C. (Consumer Reporting Agencies) is to update the criteria for reporting past-due support to consumer reporting agencies by changing the delinquent support criterion and adding new criteria, and to adjust the time allowed for informal reviews, including an additional five days for mailing.

The effect of the amendment is to amend the criteria for reporting past-due support to consumer reporting agencies, to adjust the delinquent support amount criterion, add new criteria, and to clarify the time frame associated with the informal review process.

The purpose of the proposed amendment of Rule 12E-1.023, F.A.C. (Suspension of Driver License; Suspension of Motor Vehicle Registration), is to provide additional criteria for initiating an action to suspend a parent's driver license, including a delinquent support criterion, and to clarify the conditions when the Program terminates a pending suspension action or reinstates a suspended driver license.

The effect of the amendment is to add new criteria for initiating license suspensions, including a delinquent support amount criterion, and to clarify the license reinstatement process. The rule specifies the suspension criteria and reinstatement conditions that apply to suspending a license for non-payment of support, and distinguishes them from the suspension criteria and reinstatement conditions that apply when the license suspension or reinstatement is for failure to comply with a subpoena or order relating to a paternity or support proceeding.

The purpose of creating proposed Rule 12E-1.030, F.A.C. (Administrative Establishment of Child Support Obligations), is to inform the public of how the Department establishes administrative support orders.

The effect of creating the proposed rule is to provide the public with the steps used by the Department when it seeks to administratively establish a child support child support obligations as well as the rights and responsibilities of the parties involved in an administrative support obligation.

The purpose of the proposed amendment to Rule 12E-1.036, F.A.C. (Administrative Establishment of Paternity and Support Obligations), is to align the rule with Rule 12E-1.030 (Administrative Establishment of Child Support Obligations). The amendment updates the rule for how the alleged father may opt-out of the administrative process, how the Department calculates support obligations for support orders, and updates information about how the Department determines cooperation for the mother.

The effect of the amendment is to clarify the alleged father's right to opt-out of the administrative process, to clarify how the Department determines support obligations, and to clarify what actions constitute cooperation with this process.

The purpose of creating proposed Rule 12E-1.037, F.A.C. (Notification to Withhold

Support from Reemployment Assistance), is to describe the process used to implement the requirement in section 443.051, Florida Statutes, to notify the Department of Economic Opportunity to withhold support payments from the reemployment assistance (formerly known as unemployment compensation) of parents who owe support obligations.

The effect of creating proposed Rule 12E-1.037, F.A.C., is to define the term “support obligations” as used in the rule, describe how the Department uses data received from the Department of Economic Opportunity, provide a limit for the amount to be withheld from a parent’s reemployment assistance, provide for refunding withheld amounts that exceed a parent’s total support obligation, provide for adjusting future withholdings to avoid excess withholding, and describe how the Department of Revenue allocates a withheld amount among cases when a parent who owes support has more than one case with a support obligation.

The purpose of proposed Rule 12E-1.039, F.A.C. (Request for Services), is to establish standards for applications and public assistance referrals for Title IV-D services.

The effect of the proposed rule is to define who is eligible to receive services, how to apply for services and the information that must be provided. The proposed rule also addresses how applications and public assistance referrals for child support services are reviewed and processed by the Child Support Program,

The purpose of creating proposed Rule 12E-1.040, F.A.C. (Intergovernmental Forms), is to incorporate by reference federally approved forms General Testimony (CS-IS21) and the Affidavit in Support of Establishing Paternity (CS-IS26) used in intergovernmental cases.

The effect of creating proposed Rule 12E-1.040, F.A.C., is to provide the forms the department will use to in intergovernmental cases. The General Testimony (CS-IS21) form will be used to obtain a sworn statement about the information and facts of the case from a person seeking

establishment of paternity, support, or paternity and support. The Affidavit in Support of Establishing Paternity (CS-IS26) form will be used to obtain a paternity affidavit from a person seeking establishment of paternity or paternity and support.

SUMMARY: The proposed amendment to Rule 12E-1.012, F.A.C. (Consumer Reporting Agencies), substantially rewords the rule which establishes how the Department initiates an action to report a parent's past-due support to consumer reporting agencies.

The proposed amendment to Rule 12E-1.023, F.A.C. (Suspension of Driver License; Suspension of Motor Vehicle Registration), substantially rewords the rule which establishes how the Department initiates suspension and reinstatement of driver's licenses and vehicle registrations related to nonpayment of child support, and failure to comply with a subpoena or order in a paternity or support proceeding.

The proposed creation of Rule 12E-1.030, F.A.C. (Administrative Establishment of Child Support Obligations), establishes how the Department administratively establishes child support obligations when it is providing services under Title IV-D of the Social Security Act.

The proposed amendment to Rule 12E-1.036, F.A.C. (Administrative Establishment of Paternity and Support Obligations), is to align the rule with Rule 12E-1.030 (Administrative Establishment of Child Support Obligations).

The purpose of creating proposed Rule 12E-1.037, F.A.C. (Notification to Withhold Support from Reemployment Assistance), is to describe the process used to implement the requirement in section 443.051, Florida Statutes, to notify the Department of Economic Opportunity to withhold support payments from the reemployment assistance (formerly known as unemployment compensation) of parents who owe support obligations.

The purpose of creating proposed Rule 12E-1.039, F.A.C. (Request for Services), is to

establish standards for applications and public assistance referrals for Title IV-D services.

The purpose of creating proposed Rule 12E-1.040, F.A.C. (Intergovernmental Forms), is to incorporate by reference federally approved forms General Testimony (CS-IS21) and the Affidavit in Support of Establishing Paternity (CS-IS26) used in intergovernmental cases.

The proposed rules and amendments adopt, by reference, technical and administrative changes to forms currently used to administer child support services, as well as promulgate several forms for the first time.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COSTS AND

LEGISLATIVE RATIFICATION: The Agency has determined that these rules will not have an adverse impact on small business or likely increase directly or indirectly regulatory costs in excess of \$200,000 in the aggregate within one year after the implementation of the rules. A Statement of Estimated Regulatory Cost has not been prepared by the agency. The Agency has determined that the proposed rules are not expected to require legislative ratification based on the Statement of Estimated Regulatory Cost or if no Statement of Estimated Regulatory Cost is required, the information expressly relied upon and described herein: 1) no requirement for the Statement of Economic Regulatory Costs (SERC) was triggered under Section 120.541(1), F.S.; and 2) based on past experiences regarding rules of this nature, the adverse impact or regulatory cost, if any, do not exceed nor would exceed any one of the economic analysis criteria in a SERC, as set forth in Section 120.541(2)(a), F.S. Any person wishing to provide information regarding a Statement of Estimated Regulatory Costs, or provide a proposal for a lower cost regulatory alternative, must do so in writing within 21 days of this notice.

RULEMAKING AUTHORITY: ss. 61.13(1)(b)6., 61.1354(5), 61.14(1)(c), 120.54(6), 409.2557, 409.2557(3)(h), 409.2557(3)(i) 409.2557(3)(p), 409.256(17), 409.2563(7)(e), 409.2563(16) FS.

LAWS IMPLEMENTED: ss. 61.13016, 61.1354, 322.058, 409.256, 409.2563, 409.2567,
443.051 FS., 45 CFR 303.7(a)(4)

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL
BE HELD AT THE DATE, TIME, AND PLACE SHOWN BELOW (IF NOT REQUESTED,
THIS HEARING WILL NOT BE HELD):

DATE AND TIME: TBD

PLACE: TBD

NOTICE UNDER THE AMERICANS WITH DISABILITIES ACT: Any person requiring
special accommodations to participate in any rulemaking proceeding before the Child Support
Program is asked to advise the Department at least 48 hours before such proceeding by
contacting Bobby York at (850) 617-8037. Persons with hearing or speech impairments may
contact the Department by using the Florida Relay Service, which can be reached at (800)
955-8770 (Voice) and (800) 955-8771 (TTY).

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE: Bobby York,
Government Analyst II, Child Support Enforcement Program, Department of Revenue, P.O. Box
8030, Mail Stop 2-4464, Tallahassee, Florida 32314-8030, Telephone: (850) 617-8037

THE FULL TEXT OF THE PROPOSED RULE IS:

STATE OF FLORIDA
DEPARTMENT OF REVENUE
CHAPTER 12E-1, FLORIDA ADMINISTRATIVE CODE
CHILD SUPPORT ENFORCEMENT PROGRAM
AMENDING RULES 12E-1.012, 12E-1.023, AND 12E-1.036
CREATING RULES 12E-1.030, 12E-1.037, 12E-1.039 AND 12E-1.040

Substantial rewording of Rule 12E-1.012 follows. See Florida Administrative Code for present text.

12E-1.012 Consumer Reporting Agencies.

(1) Definitions. As used in this rule:

(a) “Consumer Reporting Agency,” also referred to as a “credit bureau” or a “credit reporting agency,” means a person who, for monetary fees, dues, or on a cooperative nonprofit basis, regularly engages in whole or in part in the practice of assembling or evaluating consumer credit information or other information on consumers for the purpose of furnishing consumer reports to third parties, and who uses any means or facility of interstate commerce for the purpose of preparing or furnishing consumer reports.

(b) “Delinquency” means the total amount of support that has come due and is unpaid pursuant to the payment schedule set forth in the support order as that term is defined by s. 61.046(21), F. S.

(c) “Overdue Support” means the amount of a delinquency, arrearage, or both, that is owed under a support order as that term is defined by s. 61.046(21), F. S.

(2) Reporting Overdue Support upon a Request from a Consumer Reporting Agency.

(a) If a consumer reporting agency requests information from the Department pursuant to section 61.1354(1), F.S., concerning an obligor who has not been reported by the Department pursuant to subsection (3) of this rule, the Department shall, after complying with subsection (4) of this rule, provide the consumer reporting agency with the obligor's name, social security number, and the amount of overdue support he or she owes, if any.

(b) If a consumer reporting agency or lending institution requests the Department to verify the amount of overdue support owed by an obligor who has been reported by the Department pursuant to subsection (3) of this rule, the Department shall provide the information to the consumer reporting agency or lending institution. A request from a lending institution must be accompanied by a written authorization signed by the obligor authorizing the Department to disclose the information.

(3) Periodic Reporting to Consumer Reporting Agencies.

(a) The initial report concerning an obligor may not be released until the Department has complied with the notice and hearing requirements in subsection (4) of this rule. Subsequent reports providing updated amounts owed by an obligor are released by the Department without further notice to the obligor.

(b) The Department initiates reporting to consumer reporting agencies if the case meets all the following criteria, unless any of the factors listed in paragraph (3)(c) are present:

1. The Department has a valid mailing or residential address for the obligor;

2. The delinquency in the case is:

a. Equal to or greater than \$400, or

b. Greater than \$100 and less than \$400 and:

i. For a weekly support obligation, the Department has not received and posted a payment in

the past 10 days or longer;

ii. For a bi-weekly support obligation, the Department has not received and posted a payment in the past 17 days or longer;

iii. For a semi-monthly support obligation, the Department has not received and posted a payment in the past 18 days or longer;

iv. For a monthly support obligation, the Department has not received and posted a payment in the past 34 days or longer;

v. For a quarterly support obligation, the Department has not received and posted a payment in the past 95 days or longer;

vi. For a semi-annual support obligation, the Department has not received and posted a payment in the past 186 days or longer;

vii. For an annual support obligation, the Department has not received and posted a payment in the past 368 days or longer;

viii. For a one-time support obligation, the Department has not received and posted a payment in the past 34 days or longer.

3. The Department has a valid social security number for the obligor;

4. Overdue support in the case equals or exceeds two times the monthly support obligation, if any.

(c) The Department may not initiate reporting to consumer reporting agencies in a case if any of the following factors are present:

1. The obligor receives temporary cash assistance;

2. The obligor receives Supplemental Security Income benefits;

3. The obligor is complying with a written agreement he or she entered with the Department;

4. The obligor receives reemployment assistance (formerly known as unemployment compensation);

5. The Department has initiated an income deduction notice to the current employer or other income provider during the employer's or income provider's most recent pay frequency (e.g., weekly, monthly), if known, or during the support order obligation frequency (e.g., weekly, monthly);

6. The Department has placed an override on reporting overdue support to consumer reporting agencies (for example, when a court has prohibited using the action on a specific case);

7. The Department has any of the following compliance actions pending in the case:

a. A past-due notice sent to the obligor;

b. An appointment letter sent to the obligor;

c. An action to suspend the obligor's driver license and motor vehicle registration(s);

d. An action to suspend the obligor's business, professional, occupational, or recreational license or certification;

e. A legal action against the obligor for contempt of court or to establish a repayment on past-due support;

f. An action to place a lien on the obligor's motor vehicle(s) or vessel(s);

g. A referral of the obligor's case to another state's Title IV-D agency to take compliance action against the obligor;

8. The obligor is paying support pursuant to an income deduction notice; or

9. The obligor is incarcerated.

(d)1. The Department may not release the initial report concerning an obligor's overdue support if, after the obligor receives notice pursuant to subsection (4), the Department and the

obligor enter into a written agreement establishing a payment plan in accordance with Rule 12E-1.027, F.A.C.

2. If the obligor does not comply with the written agreement, the Department shall release the initial report and subsequent periodic reports without further notice to the obligor, which must be stated in the written agreement.

3. The Department may not release the initial report for as long as the obligor complies with the written agreement.

(4) Notice and Right to Hearing.

(a) Before releasing a report or providing information concerning an obligor under this section the Department shall send the obligor by regular mail to his or her last known address a Notice of Intent to Report to Consumer Reporting Agencies, Form CS-EF32, incorporated herein by reference, effective xx/xx (<http://www.flrules.org/Gateway/reference.asp?No=Ref->). The notice must inform the obligor that:

1. The Department will report the amount of overdue support to the consumer reporting agencies;

2. The Department will report an update of the overdue support amount each month;

3. Reporting overdue support to consumer reporting agencies may affect the obligor's ability to obtain credit;

4. The obligor may avoid the initial report by paying the full amount of the overdue support within 20 days after the date the notice is mailed;

5. The obligor may request the Department to enter into a written agreement that establishes a payment plan to avoid reporting the overdue support; and

6. By requesting an informal review, the obligor may contest the information proposed to be

released if the overdue support amount is incorrect or the obligor is not the individual obligated to pay support.

(b) An obligor may contest the Department's reporting of overdue support to consumer reporting agencies. To contest:

1. The obligor must submit a written request for informal review to the Department at the address specified in the Notice of Intent to Report to Consumer Reporting Agencies (CS-EF32) within 20 calendar days after the mailing date of the notice.

2. If a written request for informal review is received timely, the Department shall conduct the informal review to determine whether reporting to consumer reporting agencies is appropriate. The Department shall conclude its review within 20 days after receiving the request.

3. When the review is concluded, the Department shall hand-deliver or send the obligor by regular mail a Notice of Decision Concerning Report to Consumer Reporting Agencies, Form CS-EF62, incorporated herein by reference, effective xx/xx (<http://www.flrules.org/Gateway/reference.asp?No=Ref->). The notice must inform the obligor whether the Department intends to report the obligor's overdue support amount to the consumer reporting agencies. The notice must inform the obligor of the right under Chapter 120, F.S., to file a petition for administrative hearing to contest the accuracy of the information to be reported.

4. The obligor may contest the notice of decision by filing a petition for administrative hearing with the Department at the address provided in the notice within 15 days after receipt of the notice of decision. A petition is filed when it is received by the Department, not when it is mailed. If the obligor contests the notice of decision by filing a timely petition, the Department may not report information to consumer reporting agencies until the obligor withdraws the petition, the obligor consents, or a final order is entered that authorizes the release of the

information.

(5) Modifying Previous Reports to Consumer Reporting Agencies. The Department shall notify consumer reporting agencies to remove or modify the amount of overdue support from the obligor's consumer report if the Department determines the amount reported by the Department is incorrect or has been paid in full.

(6) Department Requests for Consumer Reports. The Department is authorized to request consumer reports from consumer reporting agencies pursuant to sections 61.1354(3) and (4), F.S. Before the Department submits a request for a consumer report to a consumer reporting agency, the Department shall certify one-time to the consumer reporting agency that every subsequent request for a consumer report from that agency will meet the requirements set forth in section 61.1354(3), F.S. When the Department requests a consumer report, the Department shall provide the Notice of Intent to Request Credit Report, Form CS-EF15, incorporated herein by reference, effective xx/xx (http://www.flrules.org/Gateway/reference.asp?No=Ref-_____), by certified mail to the individual's last known address at least 15 days prior to transmitting the request to the consumer reporting agency.

Rulemaking Specific Authority 61.1354(5), 409.2557 FS. Law Implemented 61.1354 FS.

History—New 6-17-92, Amended 7-20-94, Formerly 10C-25.009, Amended 10-22-00, 10-30-06,_____.

Substantial rewording of Rule 12E-1.023 follows. See Florida Administrative Code for present text.

12E-1.023 Suspension of Driver License; Suspension of Motor Vehicle Registration.

(1) Definition. For purposes of this rule “delinquency” means the total amount of support that has come due and is unpaid pursuant to the payment schedule set forth in the support order.

(2) Suspension Criteria.

(a) The Department is authorized pursuant to section 61.13016, F.S., to initiate a proceeding for the suspension of an obligor’s driver license and the registration of all motor vehicles solely owned by the obligor when:

1. The obligor is 15 days delinquent in making a support payment; or
2. The obligor fails to comply with a subpoena, order to appear, order to show cause, or similar order relating to paternity or support proceedings.

(b) The Department shall initiate a proceeding to suspend the driver license and the registration of all motor vehicles solely owned by the obligor for non-payment of support in an obligor’s case if the criteria in (2)(a)1. and the following criteria are met, unless any of the factors listed in paragraph (2)(c) are present:

1. The Department has a valid mailing or residential address for the obligor;
2. The delinquency in the case is:
 - a. Equal to or greater than \$400, or
 - b. Greater than \$100 and less than \$400 and:
 - i. For a weekly support obligation, the Department has not received and posted a payment in the past 10 days or longer;
 - ii. For a bi-weekly support obligation, the Department has not received and posted a payment in the past 17 days or longer;
 - iii. For a semi-monthly support obligation, the Department has not received and posted a payment in the past 18 days or longer;

iv. For a monthly support obligation, the Department has not received and posted a payment in the past 34 days or longer;

v. For a quarterly support obligation, the Department has not received and posted a payment in the past 95 days or longer;

vi. For a semi-annual support obligation, the Department has not received and posted a payment in the past 186 days or longer;

vii. For an annual support obligation, the Department has not received and posted a payment in the past 368 days or longer;

viii. For a one-time support obligation, the Department has not received and posted a payment in the past 34 days or longer;

(c) The Department may not initiate a proceeding to suspend an obligor's driver license or motor vehicle registration for non-payment of support if any of the following factors are present:

1. The obligor receives temporary cash assistance;

2. The obligor receives Supplemental Security Income benefits;

3. The obligor is complying with a written agreement the obligor entered with the Department;

4. The obligor receives reemployment assistance (formerly known as unemployment compensation);

5. The Department has initiated an income deduction notice to an employer or other payor of income during the employer's or payor's most recent pay frequency (e.g., weekly, monthly), if known, or during the support order obligation frequency (e.g., weekly, monthly);

6. The obligor is paying support pursuant to an income deduction notice;

7. The Department has placed an override on driver license suspension actions in the case, for

example, when a court has prohibited driver license suspension in the case;

8. The Department has any of the following compliance actions pending in the case:

a. A past-due notice sent to the obligor;

b. An appointment letter sent to the obligor;

c. An action to report the obligor's overdue support balance to consumer reporting agencies;

d. An action to suspend the obligor's business, professional, occupational, or recreational license or certification;

e. A legal action against the obligor for contempt of court or to establish a repayment on past-due support;

f. An action to place a lien on the obligor's motor vehicle(s) or vessel(s);

g. A referral of the obligor's case to another state's Title IV-D agency to take compliance actions against the obligor;

9. The obligor is disabled and incapable of self-support;

10. The obligor receives benefits under the federal Social Security Disability Insurance program; or

11. The obligor is making payments in accordance with a confirmed bankruptcy plan under Chapter 11, 12, or 13 of the U.S. Bankruptcy Code;

(3) Notice to Obligor of Intent to Suspend Driver License; Notice to Suspend Motor Vehicle Registration.

(a) In accordance with section 61.13016(1), F.S., the Department shall send to the obligor by regular mail a Notice of Intent to Suspend Driver License and Motor Vehicle Registration(s),

Form CS-EF55, incorporated herein by reference, effective xx/xx

<http://www.flrules.org/Gateway/reference.asp?No=Ref->), Notice shall be mailed to the

obligor's address of record with the Department of Highway Safety and Motor Vehicles.

(b) In addition to the notice required by (3)(a), if the Department has information that using another address is more likely to result in actual notice to the obligor, the Department shall mail the notice to the obligor at that address.

(c) Service of the notice is complete upon mailing.

(4) Termination of Driver License Suspension Process; Termination of Motor Vehicle Registration Suspension Process. After the Department has provided notice to the obligor of its intent to suspend the obligor's driver license and motor vehicle registration(s), but before the Department has notified the Department of Highway Safety and Motor Vehicles to suspend, the Department shall terminate a pending suspension action if the obligor satisfies any of the conditions in subsection 61.13016(3), Florida Statutes. The Department shall also terminate a pending suspension action as follows:

(a) If the suspension action in a case was initiated due to non-payment of support, the Department will terminate the action when:

1. The Department closes the case;
2. An income deduction payment is received:
 - a. During the past seven days for a weekly obligation;
 - b. During the past 14 days for a bi-weekly obligation;
 - c. During the past 15 days for a semi-monthly obligation;
 - d. During the past 31 days for a monthly obligation;
 - e. During the past 92 days for a quarterly obligation;
 - f. During the past 183 days for a semi-annual obligation;
 - g. During the past 365 days for an annual obligation;

(b) If the suspension action in a case was initiated due to a failure to comply with a subpoena, order to appear, order to show cause, order to appear for genetic testing, or similar order, the Department shall terminate the action when:

1. The Department closes the case; or

2. A court orders the Department to terminate the action.

(5) Written Agreements for Payment of Past-Due Support.

(a) Rule 12E-1.027, F.A.C., governs the requirements and procedures for entering into a written agreement with the obligor for payment of past-due support.

(b) If the obligor defaults on a payment required by the written agreement, the Department shall, without further notice to the obligor, notify the Department of Highway Safety and Motor Vehicles to suspend the obligor's license and registration(s), as provided by the terms of the written agreement, unless one of the circumstances listed in subsection (4)(a) exists.

(6) The Department shall notify the Department of Highway Safety and Motor Vehicles to suspend the obligor's driver license and motor vehicle registration(s) by electronic interface, fax or other means such as hand-delivery or U.S. mail.

(7) Reinstatement of the Driver License; Reinstatement of Motor Vehicle Registration. The Department shall notify the Department of Highway Safety and Motor Vehicles to reinstate an obligor's driver license and motor vehicle registration(s) in a case as follows:

(a) If the suspension action in a case is initiated due to non-payment of support, the Department shall notify the Department of Highway Safety and Motor Vehicles to reinstate the obligor's driver license and motor vehicle registration(s) when:

1. The Department closes the case;

2. An income deduction payment is received;

3. The obligor pays the delinquency in full;
4. The obligor enters into a written agreement with the Department;
5. The obligor demonstrates that he or she receives reemployment assistance;
6. The obligor demonstrates that he or she is disabled and incapable of self-support;
7. The obligor receives Supplemental Security Income benefits;
8. The obligor receives benefits under the federal Social Security Disability Insurance

program;

9. The obligor receives temporary cash assistance;

10. The obligor is making payments in accordance with a confirmed bankruptcy plan under Chapter 11, 12, or 13 of the U.S. Bankruptcy Code;

11. A court orders the reinstatement of the license and motor vehicle registration; or

12. The Department requests the suspension in error.

(b) If the suspension action in a case was initiated due to a failure to comply with a subpoena, order to appear, order to show cause, order to appear for genetic testing, or similar order, the Department shall notify the Department of Highway Safety and Motor Vehicles to reinstate the obligor's driver license and motor vehicle registration(s) when:

1. The obligor complies with the subpoena or order;

2. A court orders the reinstatement of the license and motor vehicle registration;

3. The Department requests the suspension in error; or

4. The Department closes the case.

(8) Procedure for Reinstatement. When the Department notifies the Department of Highway Safety and Motor Vehicles to reinstate the driver license and motor vehicle registration, the Department shall also notify the obligor that the Department is no longer pursuing suspension

action, and the obligor's driver license and motor vehicle registration(s) is eligible for reinstatement upon the obligor paying applicable fees owed to the Department of Highway Safety and Motor Vehicles. The Department uses Form CS-EF57, Driver License/Vehicle Registration Reinstatement Notice, to notify obligors their driver license and motor vehicle registration are eligible for reinstatement. Form CS-EF57, Driver License/Vehicle Registration Reinstatement Notice, (Effective XX/XX)

(<http://www.flrules.org/Gateway/reference.asp?No=Ref->), is hereby incorporated by reference in this rule.

Rulemaking Specific Authority 409.2557(3)(i) FS. Law Implemented 61.13016, 322.058 FS History--New 7-20-94, Formerly 10C-25.020, Amended 3-6-02, _____.

12E-1.030 - Administrative Establishment of Child Support Obligations.

(1) Introduction. Section 409.2563, F.S., authorizes the Department to administratively establish child support obligations when it is providing services under Title IV-D of the Social Security Act.

(2) Definitions. For purposes of this rule:

(a) "Address of record" means the address to which all administrative proposed orders, final orders, and other notices are mailed. The address of record is established as the active mailing or residential address maintained for the party by the Department that is listed on the initial notice that is served on the respondent. If the party provides a new address in writing after service of the initial notice, the new address is designated the address of record and all subsequent

documents associated with the administrative proceeding action will be mailed to that address.

(b) “Administrative Support Order”, as defined by section 409.2563(1)(a) F.S., is also referred to as “Final Administrative Support Order”, or “Final Order” and may include payment of noncovered medical expenses.

(c) “Amended Proposed Administrative Support Order” or “Amended Proposed Order” is a modified Proposed Order issued by the Department to correct an error or reflect new information that changes the terms of the original or subsequent Proposed Order.

(d) “Emancipated” means the status of a minor child who has become an adult on reaching 18 years of age, by order of the court, by marriage, or by other means provided by law.

(e) “Income deduction order” means an administrative final order rendered by the Department directing an employer or other payor of income to deduct support payments from the income of a parent who is ordered to pay support.

(f) “Legal services provider” means a program attorney as defined in section 409.2554(9), F.S.

(g) “Long-arm jurisdiction” refers to the conditions listed in sections 48.193(1)(a) and 88.2011, Florida Statutes, that allow the Department to assert personal jurisdiction over a respondent who does not reside in Florida.

(h) “Notice of Proceeding to Establish an Administrative Support Order” or “Initial Notice” means the notice served on the respondent that states the Department has started a proceeding to establish an administrative support order.

(i) “Petitioner” or “petitioning parent” means the parent or caregiver with whom the child resides.

(j) “Public assistance” means temporary cash assistance, food assistance, Medicaid, or any

combination thereof.

(k) “Respondent” means the parent from whom the Department is seeking support.

(3) Case Selection Criteria.

(a) As allowed by section 409.2563 (2)(c), F.S., the Department is authorized to establish a support obligation administratively.

(b) The Department does not establish an administrative support obligation when:

1. The child is in foster care;

2. There is a court order of support for a payee with whom the child no longer resides;

3. The Department does not have an active residential or mailing address for the respondent;

4. There is a court order that only addresses health care insurance or noncovered medical

expenses;

5. There is a court order that establishes an ongoing support obligation, a retroactive support amount, or reserves jurisdiction to establish a support obligation;

6. In accordance with section 409.2579(4) F.S., the Department has reason to believe that the disclosure of information on the whereabouts of one party or the child to another person may result in physical or emotional harm to the party or the child.

7. Either parent is a minor; or

8. The respondent does not reside in Florida and long-arm jurisdiction is not applicable.

(4) Obtaining Cooperation from the Petitioner.

(a) If a case is eligible for establishment of an administrative support order the Department must obtain cooperation from the petitioner before serving notice on the respondent. To obtain cooperation, the Department mails the petitioner Form CS-ES96, Request for Information, incorporated herein by reference, effective xx/xx

(<http://www.flrules.org/Gateway/reference.asp?No=Ref->); the Financial Affidavit Administrative Proceeding (CS-OA11); and the Parent Information Form (CS-OA12). Forms CS-OA11 and CS-OA12 are incorporated by reference in Rule 12E-1.036, F.A.C. The petitioner has 20 days after the mailing date of the forms to complete and return them.

(b) If the petitioner returns the forms timely, the Department shall proceed to serve the respondent with an Initial Notice as described in subsection (5) below.

(c) If the forms are not returned timely, the Department shall initiate case closure for petitioners not receiving public assistance. For petitioners receiving Medicaid or food assistance, the Department shall report noncooperation to the Department of Children and Families as required by section 409.2572 F.S. and initiate case closure. If the petitioner is receiving temporary cash assistance for the child, the Department shall prepare a financial affidavit for the petitioner as authorized by section 61.30(15) F.S.

(5) Initial Notice.

(a) The Department uses Form CS-OA01, Notice of Proceeding to Establish Administrative Support Order (incorporated by reference in Rule 12E-1.036, F.A.C.), to inform the respondent that the Department has initiated an administrative proceeding to establish a support obligation. This notice is referred to as the “Initial Notice”.

1. Along with the Initial Notice, the Department shall provide the respondent with the following documents:

- a. Financial Affidavit Administrative Support Proceeding (CS-OA11); and
- b. Parent Information Form Administrative Support Proceeding (CS-OA12).

2. The Department shall mail the petitioner a copy of the Initial Notice provided to the respondent, along with Form CS-OA06, Notice to Parent or Caregiver of Administrative

Proceeding (incorporated by reference in Rule 12E-1.036, F.A.C.).

(b) The Department is authorized to serve the Initial Notice as provided by section 409.2563(4), F.S. The Department considers the Initial Notice to be properly served if:

1. Someone other than the respondent signs the certified mail receipt and the Department confirms with the respondent by telephone or in-person that the respondent received the Initial Notice;

2. The signature on the certified mail receipt is illegible, but the Department confirms it is the respondent's by comparing it to another source such as Department of Highway Safety and Motor Vehicles DAVID database, or the Department confirms with the respondent by telephone or in-person that the respondent received the Initial Notice; or

3. The Department does not receive confirmation of receipt, but the respondent returns the financial affidavit or other information in response to the Initial Notice. Service is complete if the respondent submits anything in writing that shows the respondent received the Initial Notice.

(6) Proceeding in Circuit Court as an Alternative to the Administrative Process.

(a) As allowed by section 409.2563(4)(l) and (m), F.S., the respondent may file a support action in circuit court and serve the Department with a copy of the petition. The respondent must have the petition served on the Deputy Agency Clerk as specified by the Initial Notice, within 20 days after the date the respondent is served the Initial Notice. If the Department is served timely, the administrative proceeding ends and the case proceeds in circuit court. If the respondent files a petition in circuit court, but does not serve the Department in the 20-day time frame, the Department will continue with the administrative establishment proceeding. If the petition is served on the Department timely, the Department will mail the petitioning parent or caregiver Form CS-OA88, Dismissal of Administrative Proceeding (incorporated by reference in Rule

12E-1.036, F.A.C.).

(b) Respondent Asks the Department to Proceed in Circuit Court. The respondent may ask the Department to stop the administrative proceeding and proceed in circuit court. The respondent must make this request in writing and the request must be received by the Department within 20 days after being served the Initial Notice. The request from the respondent must state the respondent requests the Department proceed with the determination of the support obligation in circuit court or that the respondent states his or her intentions to address custody matters or parental rights issues in circuit court. Oral requests are not accepted. If the respondent files a timely request for the Department to file an action in circuit court, the Department will send the respondent Form CS-OA247, Request for Court Action Status Update (incorporated by reference in Rule 12E-1.036, F.A.C.). The Department sends the petitioning parent Form CS-OA248, Notice of Court Action Financial Affidavit Needed for Court (incorporated by reference in Rule 12E-1.036, F.A.C.). The Department then sends the petitioning parent Form CS-PO31, Family Law Financial Affidavit (incorporated by reference, in Rule 12E-1.036, F.A.C.). When the petitioning parent returns the CS-PO31, the Department will file a petition with the clerk of court to determine the support obligation and obtain a civil case number. If the petitioning parent does not return the CS-PO31, the Department shall initiate case closure if the petitioning parent is not receiving public assistance. If the petitioning parent is receiving Medicaid or food assistance, the Department shall report noncooperation to the Department of Children and Families as required by section 409.2572, F.S., and initiate case closure. If the petitioning parent is receiving temporary cash assistance for the child, the Department shall prepare a financial affidavit for the other parent as authorized by section 61.30(15), F.S.

(c) When the Department receives a stamped copy of the petition back from the clerk, it

sends a copy of the petition to the respondent by certified mail, return receipt requested. Along with the copy of the petition, the Department sends Form CS-OA18, Notice of Commencement of Action and Request for Waiver of Service of Process Administrative Paternity Proceeding (incorporated by reference in Rule 12E-1.036, F.A.C.). The Department also sends two copies of Form CS-OA19, Waiver of Service of Process (incorporated by reference in Rule 12E-1.036, F.A.C.). If the respondent is represented by an attorney, the Department sends the packet of forms and petition to the respondent's attorney. The respondent has 10 days from the receipt of these forms to sign and complete one copy of the CS-OA19 and return it to the Department. If the Department does not receive the signed completed CS-OA19 within 10 days, it proceeds with the establishment of the support obligation administratively. The Department will also file a voluntary dismissal of the civil case with the clerk of court and mail a copy of the voluntary dismissal to the respondent. If the respondent completes and returns the CS-OA19 within 10 days, the Department sends the petitioner the Dismissal of Administrative Proceeding CS-OA88 form. The Department will then end the administrative proceeding and proceed in circuit court.

(7) Proposed Administrative Support Order.

(a) After the Department serves the respondent with the Initial Notice in accordance with paragraph (4)(b), not no sooner than 20 days after service, the Department shall calculate the respondent's support obligation using the child support guidelines in section 61.30, F.S. If the respondent does not provide financial information within the time required by section 409.2563(13)(a) and (b), F.S., the Department shall impute income as provided by section 61.30(2)(b), F.S. or section 409.2563(5), as applicable.

(b) Calculation of the respondent's retroactive support obligation shall be in accordance with section 61.30(17), F.S. Retroactive support shall be addressed in an initial determination of child

support.

(c) The Department shall prepare Form CS-OA20, Proposed Administrative Paternity and Support Order (incorporated by reference in Rule 12E-1.036, F.A.C.), which for purposes of this rule is entitled Proposed Administrative Support Order, that establishes the terms of the support obligation and includes, at a minimum, all elements contained in section 409.2563(7)(e), F.S. The Department shall mail the Proposed Order to the respondent by regular mail to the respondent's address of record. The Proposed Order shall include a notice of rights that informs the respondent of the right to an informal discussion with the Department, the right to a formal administrative hearing, and the right to consent to the entry of an Administrative Support Order. Copies of the child support guidelines worksheet prepared by the Department and the financial affidavit submitted by the other parent are mailed with the Proposed Order. The Department shall provide a copy of the Proposed Order and its attachments to the petitioner at the petitioner's address of record.

(d) The Proposed Order must include an explanation of any deviations from the guidelines the Department considered when calculating the support obligation and any retroactive support owed.

(e) If additional facts or information become available to the Department that materially changes the Proposed Order, the Department shall prepare an amended Proposed Administrative Paternity and Support Order, using Form CS-OA20 (from now on referred to as the Amended Proposed Order). An Amended Proposed Order shall include guideline worksheets to explain the changes and the requirements established in section 409.2563(5)(a), F.S. The Department does not amend the Proposed Order if the additional facts or information become available after the respondent has requested an administrative hearing. Any additional facts or information are

addressed at the hearing.

(8) Informal Discussions.

(a) The respondent may ask the Department to informally discuss the proposed order as authorized by section 409.2563(5)(c)5., F.S.

(b) If the respondent asks for an informal discussion within 10 days of the date the Department mailed the Proposed Order, the Department shall extend the time limit for the respondent to request a hearing. The Department shall extend the time limit to 10 days from the date the Department notifies the respondent the informal discussions have ended. The Department will use Form CS-OA32, Notice of Conclusion of Informal Discussion Administrative Paternity Proceeding (incorporated by reference in Rule 12E-1.036, F.A.C.), to inform the respondent the informal discussions have ended. The deadline for asking for an administrative hearing will not occur before 20 days from the date the Department mailed the Proposed Order to the respondent regardless of when the informal discussions have ended.

(c) The respondent may contact the Department to discuss the case at any time, however, contact outside the time frame referenced in paragraph (8)(b) does not extend the time to request a hearing. If the respondent asks the Department for an informal discussion outside of the time frame referenced above, the Department shall send the respondent Form CS-OA35, Notice of Late Request for Informal Discussion Administrative Proceeding (incorporated by reference in Rule 12E-1.036, F.A.C.), and inform the respondent that the Department will discuss the Proposed Order with the respondent, but will not extend the time to request an administrative hearing.

(d) The following types of contact do not constitute a request for informal discussion:

1. The respondent has general questions about the Department's Child Support Program or

the respondent's case;

2. The respondent's questions do not affect the terms of the Proposed Order;

3. The respondent's questions are answered during a customer contact; or

4. The respondent provides new information but does not include a request for informal discussion.

(e) If the respondent does not appear for an appointment or reschedule a missed appointment to discuss the Proposed Order, the time to request an administrative hearing is not extended.

(f) At the end of the informal discussion, the Department shall mail the respondent Form CS-OA32, Notice of Conclusion of Informal Discussion Administrative Paternity Proceeding.

(9) Request for Administrative Hearing.

(a) To request an administrative hearing, the respondent must submit a written request to the Department's Deputy Agency Clerk at the address provided in the Proposed Order.

(b) The Department must receive the request for an administrative hearing no later than 20 days after the mailing date of the Proposed Order. If the respondent requests and is granted an informal discussion, the deadline for seeking an administrative hearing is 10 days from the date the Department informs the respondent the informal discussion ended using the Notice of Conclusion of Informal Discussion Administrative Paternity Proceeding (Form CS-OA32).

(c) The Department acknowledges all timely hearing requests received by the Deputy Agency Clerk using Form CS-OA55, Acknowledgment of Hearing Request Administrative Proceeding (incorporated by reference in Rule 12E-1.036, F.A.C.).

(d) If the request is received timely, the Department sends the request to the Florida Division of Administrative Hearings. The Division of Administrative Hearings notifies the Department,

respondent, and petitioner in writing of the date, time, and place of the hearing.

(e) If the Department receives an untimely request for an administrative hearing, the Department denies the request and sends the respondent the Acknowledgment of Hearing Request Administrative Proceeding (Form CS-OA55). This form notifies the respondent that the request was not timely and the Department will proceed without a hearing.

(f) The respondent may withdraw the request for an administrative hearing up to five days before the scheduled date, or at the administrative law judge's discretion. The respondent may withdraw the request by providing a written request directly to the Division of Administrative Hearings.

(g) To reschedule a hearing, the party requesting to reschedule shall file a motion for continuance with the Division of Administrative Hearings in accordance with Rules 28-106.204 and 28-106.210, F.A.C.

(h) If the Department determines that an administrative hearing is appropriate, it may refer the proceeding to the Division of Administrative Hearings without issuing a Proposed Administrative Support Order. The Department may ask for an administrative hearing and the Division of Administrative Hearings shall conduct an administrative hearing to determine the support obligation when:

1. The Department is not able to determine the income of the respondent; or
2. The amount of income claimed by one party is disputed by the other party.

(10) Final Administrative Support Orders. The Department uses Form CS-OA40, Final Administrative Paternity and Support Order (incorporated by reference in Rule 12E-1.036, F.A.C.) to establish the support obligation. Section 409.2563(7)(e), F.S., sets the requirement for the Final Administrative Support Order and the minimum requirements for the content of the

order. In addition to the Final Administrative Support Order, the Department enters an Income Deduction Order as part of the Final Administrative Support Order. The respondent is responsible for making the ordered payments to the State Disbursement Unit until the income deduction begins. Once rendered, a Final Administrative Support Order has the same force and effect as a court order and it remains in effect until the Department modifies it, or it is vacated as described in subsection (15), or it is superseded by a court order. If an administrative hearing is held, the administrative law judge shall issue an administrative support order, or a final order denying an administrative support order.

(11) A respondent may consent to the entry of a final order any time after the receipt of the

Initial Notice. To do this, the respondent must complete and return Form CS-PO384, Waiver of Opt-Out Administrative Proceeding (incorporated by reference in Rule 12E-1.036, F.A.C.), after the respondent receives the Initial Notice Packet. If the respondent returns the Waiver of Opt-Out Administrative Proceeding, Financial Affidavit, and Parent Information Form, the Department sends the respondent Form CS-ES97, Waiver of Administrative Hearing (incorporated by reference in Rule 12E-1.036, F.A.C.). The Department also sends a copy of the Proposed Administrative Support Order discussed in subsection (6) of this rule. If the respondent completes and returns the CS-ES97, the Department need not wait 27 days from sending the Proposed Order to complete and render a Final Administrative Paternity and Support Order, CS-OA40. If the respondent does not return the CS-ES97, the Department waits at least 27 days after sending the Proposed Order before completing a Final Administrative Paternity and Support Order.

(12) Judicial Enforcement of Administrative Support Order. The Department may initiate

judicial enforcement of an administrative support order by filing a petition for enforcement of administrative support order in circuit court. To do this, the Department must serve the respondent with a summons and a copy of the petition. If the circuit court issues an order enforcing the administrative support order, and the respondent does not comply, the Department may initiate contempt proceedings for violation of the court order.

(13) Modifying an Administrative Support Order.

(a) The Department shall file a petition in circuit court for a superseding order when support for an additional child of the same parents needs to be established or a child needs to be removed from the order.

(b) A parent or caregiver may request in writing that the Department modify an administrative support order by completing Form CS-PO200, Request for Support Order Review, hereby incorporated by reference, effective xx/xx
(http://www.flrules.org/Gateway/reference.asp?No=Ref-_____).

(c) Criteria for modification. The Department shall begin a proceeding to modify an administrative support order if it has been three years or more since the last review under section 409.2564(11), F.S., when guidelines calculations show an increase or decrease in the support amount of at least 10%, or a minimum of \$25.00 a month and there is a permanent, involuntary change in circumstances. If it has been less than three years since the order was modified or reviewed, the order is eligible for modification if guidelines calculations show an increase or decrease in the support amount of at least 15% or \$50.00 per month and there is a permanent, involuntary change in circumstances. The requesting party must provide documentation showing a permanent, involuntary change of circumstance, which may include:

1. A parent or child is permanently disabled;

2. A parent or child develops a medical condition resulting in a decrease in a parent's ability to pay support or increased need of the child for support;

3. The financial needs of the child have increased resulting in the need for additional support;

4. One of the parents receive Social Security Disability Income; or

5. Changes in either parent's income. If the income of the parent who owes support increases, the Department need not prove that the change in income was involuntary to order a prospective increase in the child support amount.

(d) The Department shall notify the parents or caregiver when it begins a proceeding to modify the support obligation of an Administrative Support Order.

1. The Department uses Form CS-OA120R, Proposed Order to Modify Administrative Support Order, hereby incorporated by reference effective xx/xx (<http://www.flrules.org/Gateway/reference.asp?No=Ref->), to modify the support obligation amount when a review indicates a modification is appropriate. If the party that did not request the review responds during the support order review, the Department sends the proposed order by regular mail to both parties to their addresses of record. If the non-requesting party does not participate in the support order review, the Department shall attempt to serve the proposed order on the non-requesting party by certified mail or personal service. If service is not accomplished by certified mail or personal service, the Department shall send the non-requesting party the proposed order by regular mail to the non-requesting party's address of record. If the proposed order is not contested by either party within 30 days of service by certified mail or personal service, or 35 days after the Notice is sent by regular mail, the Department prepares and renders Form CS-OA140R, Final Modified Administrative Support Order, hereby incorporated by reference effective xx/xx (<http://www.flrules.org/Gateway/reference.asp?No=Ref->).

Under section 409.2563(13)(c), F.S., a party to an administrative proceeding has a continuing duty to provide the Department with a current mailing address after being served with an initial notice under (5)(b) of this rule and the party is presumed to receive a subsequent notice, proposed order or other document mailed to the party's address of record including a proposed order to modify support.

2. The Proposed Order to Modify Administrative Support Order shall include the same notices as specified in subsection (7) of this rule.

(14) Termination of an Administrative Support Order

(a) A parent or caregiver may request in writing that the Department terminate an Administrative Support Order for the reasons listed in paragraph (b). A written request must include the following information:

1. Names and addresses of the respondent and petitioner;
2. Child support case number, administrative support order number, or depository number;
3. Names of child or children;
4. Specific reasons for the request to terminate; and
5. Any documentation that supports the request to terminate.

(b) The Department initiates action to terminate an administrative support order when:

1. A parent due support or caregiver who does not receive cash assistance requests termination of an Administrative Support Order.
2. The parent who owes support is permanently disabled, and is not receiving earned income. The person claiming permanent disability must provide a doctor's certificate stating the parent is permanently disabled and unable to return to work.
3. There has been a permanent change of physical custody of all the children on the order to

the parent who owes support, or

4. The court terminates the parental rights of the parent who owes support.

(c) Arrears owed at the time the support is terminated will be established by the Department along with a repayment amount. The parent due support may waive arrears owed to them.

(d) The Department shall send a notice of intent to terminate the Administrative Support Order, to the non-requesting party, or any legal counsel or qualified representative representing the non-requesting party, and the requesting party. The notice of intent informs each parent:

1. The effective date of terminating the support order;

2. How to ask for an informal discussion;

3. How to ask for an administrative hearing; and

4. That he or she has the right to file a civil action in circuit court to determine child support issues.

(e) When the Department begins a proceeding to terminate an Administrative Support Order, the Department shall notify the parents or caregiver by regular mail at the address of record for each party using Form CS-OA 160, Notice of Intent to Terminate Final Administrative Support Order, hereby incorporated by reference effective xx/xx

(<http://www.flrules.org/Gateway/reference.asp?No=Ref->). If the notice is not contested 35 days after the notice is sent by regular mail, the Department shall render Form CS-OA178, Final Administrative Order Terminating Support Order, hereby incorporated by reference effective xx/xx (<http://www.flrules.org/Gateway/reference.asp?No=Ref->).

(15) Dismissing the Administrative Support Proceeding. At any time before the entry of a Final Administrative Support Order, the Department may end the administrative proceeding and either close the case or proceed judicially. Instances when the Department will not proceed

administratively include: a previous judicial support order for the children is provided by a party; the parties currently reside together as an intact family; or all the children reside with the alleged father. When the Department decides to end the administrative proceeding, it will send the Dismissal of Administrative Proceeding form, CS-OA88, to the parties.

(16) Vacating Administrative Support Orders.

(a) The Department vacates an administrative support order when the order is rendered in error resulting in a fundamental defect, such as a lack of jurisdiction and other reasons listed in sub-paragraphs 1 through 3. Case situations that require vacating the administrative support order include:

1. The Department becomes aware of a support order that predates the administrative support order.

2. Information provided to the Department by another state was in error causing Florida to render an order when it did not have the authority.

3. The case did not meet the criteria listed in sub-section (3).

(17) Forms. Members of the public may obtain copies of the forms used in this rule chapter incorporated by reference, without cost, by writing to the Florida Department of Revenue, Mail Stop 2-4814, 5050 West Tennessee Street, Tallahassee, Florida, 32399.

Rulemaking Authority 61.13(1)(b)6., 61.14(1)(c), 409.2557(3)(p),

409.2563(7)(e), 409.2563(16) F.S. Law Implemented 409.2563, History – New _____.

12E-1.036 Administrative Establishment of Paternity and Support Obligations.

(1) Introduction. Section 409.256, F.S., authorizes ~~allows~~ the Department to administratively establish the paternity of a child. The law also authorizes ~~allows~~ the Department to

administratively establish a paternity and support obligations when it is providing services under Title IV-D of the Social Security Act.

(2) Definitions. For purposes of this rule:

(a) “Address of record” means the address to which all administrative proposed orders, final orders, and other notices are mailed. The address of record is established as the active mailing or residential address maintained for the party by the Department that is listed on the initial notice that is served on the respondent. If the party provides a new address in writing after service of the initial notice, the new address is designated the address of record and all subsequent documents associated with the administrative action will be mailed to that address.

~~(b)(a)~~ “Administrative Support Order” or “Final Order” means a final order rendered by the Department as allowed by Section 409.256, F.S. The Final Order establishes paternity or paternity and a support obligation for the child or children. The administrative support order may also include terms for monetary support, retroactive support, health insurance, and non-covered medical expenses if appropriate.

~~(c)(b)~~ “Alleged Father” means “Putative Father” as defined by Section 409.256(1)(g) F.S., which is an individual who is or may be the biological father of a child whose paternity has not been established and whose mother was unmarried when the child was conceived and born.

~~(d)(e)~~ “Amended Proposed Administrative Support Order” or “Amended Proposed Order” is a modified Proposed Order issued by the Department to correct an error or reflect new information that changes the terms of the original or subsequent Proposed Order.

~~(e)(d)~~ “Caregiver” means a person other than the mother, father, or alleged father, who has physical custody of a child or with whom the child primarily resides.

(f) “Emancipated” means the status of a minor child who has become an adult on reaching 18

years of age, by order of the court, by marriage, or by other means provided by law.

~~(g)~~(e) “Good cause” means the person scheduled for genetic testing missed the appointment for reasons beyond their control.

~~(h)~~ “Income Deduction Order” means an administrative final order rendered by the Department directing an employer or other payor of income to deduct support payments from the income of a parent who is ordered to pay support.

~~(i)~~(f) “Legal service provider” means a program attorney as defined by Section 409.2554(9), F.S.

~~(j)~~(g) “Long-arm jurisdiction” refers to the conditions listed in Sections 48.193(1)(a) and 88.2011, F.S., that allow the Department to assert personal jurisdiction over a respondent who does not reside in Florida.

~~(k)~~(h) “Paternity and Administrative Support Proceeding” means an administrative action taken by the Department to order genetic testing, establish paternity, and establish a support obligation.

~~(l)~~ “Petitioner” or “petitioning parent” means the parent or caregiver with whom the child resides.

~~(i)~~ “Proposed Administrative Support Order” or “Proposed Order” means ~~the intended administrative order produced by the Department after having considered genetic testing results, income, and other information about the parents and child or children.~~

~~(m)~~(j) “Public Assistance” means temporary cash assistance, food assistance, Medicaid, or any combination thereof.

~~(n)~~ “Respondent” means the parent from whom the Department is seeking support.

(3) Case Selection Criteria.

~~(a) The Department uses administrative proceedings, judicial proceedings, and voluntary acknowledgment to establish paternity. Except as provided in paragraph (3)(b), as allowed by Section 409.256(2)(a), F.S., the Department is authorized to start an administrative proceeding to establish paternity or paternity and support if: the criteria in the statute are met.~~

~~1. Paternity has not been established for the child;~~

~~2. No father's name appears on the child's birth certificate or the person named on a birth certificate prior to July 1, 1997, is the alleged father named in the paternity declaration or affidavit;~~

~~3. The mother was not married when the child was conceived and born;~~

~~4. The mother or alleged father states in an affidavit or written declaration that the alleged father is or may be the child's biological father; and,~~

~~5. The Department is providing services under Title IV-D of the Social Security Act.~~

~~(b) In addition to the criteria in paragraph (a), the Department will does not start an administrative paternity or paternity and support proceeding if any of the following conditions exist: when:~~

~~1. The child's birth certificate lists the mother as married.~~

~~1.2. The Department has filed a paternity action in circuit court to determine the paternity of the child and the action is pending. referred the case to a legal service provider for judicial action.~~

~~3. The Department has received genetic test results that were obtained outside of the administrative establishment proceeding.~~

~~2. 4. The alleged father or mother is a minor.~~

~~3. 5. The alleged father does not live in Florida and long-arm jurisdiction is not applicable.~~

~~4. 6. The child is in foster care.~~

5. 7. In accordance with section 409.2579(4) F.S., the Department has reason to believe that the disclosure of information on the whereabouts of one party or the child to another person may result in physical or emotional harm to the party or the child. There is a family violence indicator on the case.

6. The Department does not have an active residential or mailing address for the petitioner or respondent.

(4) Statement of Mother Naming an Alleged Father or Fathers. For cases meeting the criteria in subsection (3), the Department requires the mother to name an alleged father or fathers. The Department uses Form CS-PO34, the Paternity Declaration form (<http://www.flrules.org/Gateway/reference.asp?No=Ref-06599>), ~~CS-PO34 effective 4/5/16 and~~ (incorporated by reference in Rule 12E-1.039, F.A.C.), to record the name of the alleged father or fathers.

(5) Obtaining Cooperation from the Mother or Caregiver.

(a) If a case is eligible for establishment of an administrative paternity order, the Department must obtain cooperation from the mother or caregiver before serving notice on the respondent. To obtain cooperation, the Department mails Form CS-OP05, Notice of Genetic Testing Appointment, hereby incorporated by reference effective xx/xx (<http://www.flrules.org/Gateway/reference.asp?No=Ref->), by regular mail to the mother or caregiver. The CS-OP05 informs the mother or caregiver where and when to appear to provide a sample for genetic testing, and it also informs the mother or caregiver to bring the child(ren) named on the form to be tested.

(b) If the mother or caregiver and the child(ren) appear for the genetic test and provide a sample timely, the Department shall proceed to serve the respondent with an initial notice as

described in subsection (5) below.

(c) If the mother or caregiver and child(ren) do not provide a sample and a sample is not available to the Department from a previous genetic test, the Department shall initiate case closure for a petitioner who does not receive public assistance. For petitioners receiving public assistance, the Department shall report noncooperation to the Department of Children and Families and initiate case closure.

~~(6)(5)~~ Notice of Proceeding to Establish Paternity and Order to Appear for Genetic Testing.

(a) Notice of Proceeding to Establish Paternity or Paternity and Administrative Support Requirements. The Department will serve the alleged father with ~~a~~Form CS-OP01, Notice of Administrative Proceeding to Establish Paternity, form hereby incorporated by reference effective xx/xx (http://www.flrules.org/Gateway/reference.asp?No=Ref-__06600), ~~CS-OP01 effective 4/5/16 and incorporated by reference,~~ hereafter referred to as the Notice of Proceeding. The Department will send the alleged father ~~an~~Form CS-OP02, Order to Appear for Genetic Testing, form incorporated by reference effective 04/16 (<http://www.flrules.org/Gateway/reference.asp?No=Ref-06601>), ~~CS-OP02 effective 4/5/16 and incorporated by reference,~~ with the Notice of Proceeding and a copy of the Paternity Declaration, CS-PO34, or an affidavit that names the alleged father. The Notice of Proceeding will be served on the respondent by certified mail, restricted delivery, return receipt requested, or by any other means of service that meet the requirements for service

of process in a civil action. Once served, the alleged father must notify the Department in writing of any change of address. If the alleged father does not update the Department, the Department

will serve by regular mail any other document or resulting order to the address of record-

~~where the Notice of Proceeding was served and the alleged father is deemed to have received them.~~

~~(b) The Department sends a Notice of Genetic Testing Appointment form (<http://www.flrules.org/Gateway/reference.asp?No=Ref-06602>), CS-OP05 effective 4/5/16 and incorporated by reference, by regular mail to the mother or caregiver. The CS-OP05 informs the mother or caregiver where and when to appear to provide a sample for genetic testing, and it also informs the mother or caregiver to bring the children named on the form to be tested.~~

~~(b) (c) Alleged Father Wishes to Proceeding in Circuit Court.~~

1. As allowed by Sections 409.256(4)(a)11. and 12., F.S., the alleged father may file a paternity action in circuit court and serve the Department with a copy of the petition. ~~The petition must be served personally by a deputy sheriff or private process server. Service by mail only will not end this proceeding.~~ The person ordered to appear must have the petition served on the Deputy Agency Clerk within 20 days after the date he is served the Notice of Proceeding. If the Department is served timely, the administrative proceeding ends and the case proceeds in circuit court. If the alleged father files a petition in circuit court, but does not serve the Department in the 20-day time frame, the Department will continue with the administrative establishment proceeding. If the petition is served on the Department timely, the Department will mail the child's mother or caregiver ~~the~~ Form CS-OA88 Dismissal of Administrative Proceeding form, hereby incorporated by reference effective xx/xx

~~(http://www.flrules.org/Gateway/reference.asp?No=Ref-___), CS-OA88 effective XX/XX/XX 4/5/16 and incorporated by reference.~~

2. Alleged Father Asks the Department to Proceed in Circuit Court. The alleged father may ask the Department to stop the administrative proceeding and proceed in circuit court.

The alleged father must make this request in writing within 20 days after being served the Notice of Proceeding. The request from the alleged father must state that he requests the Department proceed with the determination of paternity in circuit court or that he has custody matters or parental rights issues which need to be addressed by the court. ~~The Department will not accept oral requests to proceed in circuit court.~~ Oral requests are not accepted. If the respondent makes a timely request for the Department to file an action in circuit court, the Department will send the respondent Form CS-OA247, Request for Court Action Status Update, hereby incorporated by reference effective xx/xx (<http://www.flrules.org/Gateway/reference.asp?No=Ref->). The Department sends the petitioning parent Form CS-OA248, Notice of Court Action Financial Affidavit Needed for Court, hereby incorporated by reference effective xx/xx (<http://www.flrules.org/Gateway/reference.asp?No=Ref->). If the petitioning parent does not return the CS-OA248, the Department shall initiate case closure unless the petitioning parent receives Medicaid or food assistance. The Department shall report noncooperation as authorized by section 409.2572, F.S., to the Department of Children and Families, initiate case closure and send the petitioning parent Form CS-PO31, Family Law Financial Affidavit, hereby incorporated by reference effective xx/xx (<http://www.flrules.org/Gateway/reference.asp?No=Ref->). When the other parent returns the CS-PO31, the Department shall file a petition in circuit court to determine the support obligation. After filing the petition in circuit court, the Department ~~When the Department receives a timely written request to proceed in circuit court, it will file a petition with the clerk of the circuit court and obtain a civil case number. When the Department receives a stamped copy of the petition back from the clerk, it will send~~ a copy of the petition to the alleged father by certified mail,

return receipt requested. Along with the copy of the petition, the Department ~~will~~ sends the Notice of Commencement of Action and Request for Waiver of Service of Process Administrative Paternity Proceeding form (<http://www.flrules.org/Gateway/reference.asp?No=Ref-06604>), CS-OA18 effective 4/5/16 and incorporated by reference. The Department ~~will~~ also sends two copies of the Waiver of Service of Process form (<http://www.flrules.org/Gateway/reference.asp?No=Ref-06605>), CS-OA19 effective 4/5/16 and incorporated by reference. If the alleged father is represented by an attorney, the Department sends ~~will send~~ the ~~this~~ packet of forms and petition to the alleged father's attorney. The alleged father has 10 days from the receipt of these forms to sign and complete one copy of the CS-OA19 and return it to the Department. If the Department does not receive the signed completed CS-OA19 within 10 days, it ~~will~~ proceeds with the establishment of paternity administratively. The Department ~~will~~ also files a voluntary dismissal of the civil case with the clerk of court and mail a copy of the voluntary dismissal to the alleged father. If the alleged father completes and returns the CS-OA19 within 10 days, the Department ~~will~~ sends the ~~child's mother~~ petitioner or caregiver the Dismissal of Administrative Proceeding CS-OA88 form. The Department will then end the administrative proceeding and proceed in circuit court.

(7)(6) Right to Contest the Order to Appear for Genetic Testing.

(a) Alleged Father Requests Informal Review.

1. Section 409.256(5), F.S., allows the person ordered to appear to contest the Order to Appear for Genetic Testing by asking the Department, in writing, for an informal review within 15 days after the date the Notice of Proceeding is served. When the Department receives the request for an informal review, it will contact the alleged father and, if possible, conduct the review by telephone. If the alleged father asks to appear in

person, the Department will schedule an appointment. If the alleged father is incarcerated, he may present any concerns to the Department in writing or arrange with confinement officials to receive a phone call from the Department. At the end of the informal review, the Department will inform the alleged father whether it will continue with the administrative establishment of paternity. If the Department decides not to continue, it will end the administrative proceeding and will send the Dismissal of Administrative Proceeding form, CS-OA88, to the parties notifying them about the dismissal. If the Department intends to continue, it will inform the alleged father of its decision using the Notice of Conclusion of Informal Discussion Administrative Paternity Proceeding form (<http://www.flrules.org/Gateway/reference.asp?No=Ref-06606>), CS-OA32 effective 4/5/16 and incorporated by reference. The CS-OA32 informs the alleged father of the Department's decision to continue and why. It also informs him of the right to contest the Order to Appear for Genetic Testing at an administrative hearing.

2. If the alleged father does not ask for an informal review within 15 days after the date of service of the Notice of Proceeding, the Department will inform him the request is outside the required time to ask for an informal review. The Department will do this using the Notice of Late Request for Informal Discussion Administrative Proceeding form (<http://www.flrules.org/Gateway/reference.asp?No=Ref-06607>), CS-OA35 effective 4/5/16 and incorporated by reference, and will continue with the administrative establishment proceeding.

(b) Alleged Father Asks for an Administrative Hearing.

1. In accordance with Section 409.256(5)(b), F.S., the person ordered to appear has 15 calendar days after ~~from~~ the mailing date of the Notice of Conclusion of Informal Review to ask the Department for an administrative hearing. If the Department receives the request within the

15-day period, the Department will refer the request to the Division of Administrative Hearings. The Department will inform the requestor it sent the request to the Division of Administrative Hearings using the Acknowledgment of Hearing Request Administrative Proceeding form (<http://www.flrules.org/Gateway/reference.asp?No=Ref-06608>), CS-OA55 effective 4/5/16 and incorporated by reference. If the Department receives a timely hearing request, it will not continue the proceeding until the Division of Administrative Hearings issues an order, or the alleged father withdraws his request for a hearing. The Department will mail the Notice of Proceeding, Order to Appear for Genetic Testing, Paternity Declaration, and the alleged father's request for hearing to the Division of Administrative Hearings within 15 calendar days after the receipt of the request for hearing.

2. If the alleged father does not ask for an administrative hearing within the 15-day time frame, the Department will proceed with the administrative proceeding. The alleged father may not ask for an administrative hearing without first requesting an informal review.

~~(8)(7)~~ Scheduling and Rescheduling of Genetic Testing Sample Collections.

(a) Scheduling of Genetic Testing Sample Collections. The Department will schedule the initial genetic testing sample collection before sending the alleged father the Order to Appear for Genetic Testing, CS-OP02 and the mother or caregiver the Notice of Genetic Testing Appointment, CS-OP05. The CS-OP02 and CS-OP05 informs the parties when and where to appear for the genetic testing sample collection. The CS-OP05 will also direct the child's mother or caregiver to bring the child to the genetic test sample collection.

(b) Rescheduling of Genetic Testing. The Department will reschedule the appointment for a genetic testing sample collection:

1. When a person scheduled for the genetic testing sample collection asks the Department to

reschedule the genetic testing sample collection before the ordered test date. The person does not have to provide the Department a reason for rescheduling the initial genetic testing sample collection. The Department will inform the person of the new date using Department form Notice of Genetic Testing, Appointment, CS-OP05.

2. One time if the person ordered to test shows good cause for not appearing at the scheduled genetic testing sample collection. The person claiming good cause must provide the Department with the facts that supports his or her claim for missing the scheduled genetic testing sample collection in writing no later than 10 days after the scheduled sample collection.

3. One time when a person sanctioned as described by subsection (9) ~~(8)~~ of this rule asks for a genetic testing sample collection.

(c) The Department will require and schedule a second genetic testing sample collection if it has reason to believe that the result of the previous test may be unreliable.

(d) Per Section 409.256(6)(c), F.S., a person previously tested may ask for a second genetic testing sample collection by filing a written request with the Department. The person asking for the second genetic testing sample collection must pay for the test before the Department schedules the test unless that person is receiving public assistance. To get a second genetic testing sample collection, the person must ask for the sample collection no later than 15 days after the Department mailed the initial test results.

(9)~~(8)~~ Refusal to Submit to Genetic Testing Sample Collection or Failure to Appear for

Genetic Testing Sample Collection. Section 409.256(7), F.S., allows the Department to take one or more of the following actions if a person refuses to submit to the genetic testing sample collection or fails to appear on the ordered date, does not use the one-time opportunity to

reschedule, or does not show good cause for missing the sample collection within 10 days after the scheduled sample collection.

~~(a) If the mother or caregiver does not appear, the Department will verify the reason and schedule a second genetic testing sample collection if the mother or caregiver agrees to submit to genetic testing. The Department will tell the mother or caregiver of the new sample collection date using the Notice of Genetic Testing Appointment form, CS-OP05. If the mother or caregiver does not appear at the second test or refuses to submit, and the mother or caregiver is not on public assistance, the Department will begin action to close the case. If the mother or caregiver receives public assistance, the Department will report him or her to the Department of Children and Families for possible sanctions of benefits.~~

~~(a)(b)~~ If the alleged father does not appear without requesting rescheduling or providing good cause, the Department will schedule a second genetic sample collection and send the alleged father the Notice of Genetic Testing Appointment, CS-OP05, which will list the new date, time, and location of the genetic testing sample collection. If the alleged father does not appear to the second sample collection, the Department is authorized to start a proceeding to suspend the alleged father's driver license and motor vehicle registration as allowed by Section 61.13016, F.S. The Department will tell the alleged father of the intent to suspend his driver license and vehicle registration by sending the Notice of Intent to Suspend Driver's License and Vehicle Registration(s) form (<http://www.flrules.org/Gateway/reference.asp?No=Ref-06609>), CS-EF55 effective 4/5/16 and incorporated by reference in Rule 12E-1.023. The Department sends this form by regular mail and it also informs the alleged father of his right to contest the action in circuit court. If the alleged father does not request a new genetic testing sample collection or contest the driver license suspension within 20 days after the mailing date of the CS-~~OP05~~EF55,

the Department will send an electronic request to the Department of Highway Safety and Motor Vehicles to suspend the driver license and vehicle registration of the alleged father. If the alleged father later complies with the Department and requests another test, and appears at the rescheduled genetic testing appointment, the Department will electronically request reinstatement of the driver license/vehicle registration from the Department of Highway Safety and Motor Vehicles. The Department will provide the alleged father the Driver License/Vehicle Registration Reinstatement Notice (<http://www.flrules.org/Gateway/reference.asp?No=Ref-06610>), CS-EF57 effective 4/5/16 and incorporated by reference in Rule 12E-1.023, which informs the alleged father to go to a local Driver License Examining Office to get the license reinstated. If the alleged father does not contest the suspension of the driver license/vehicle registration or request a new appointment, the Department will end the administrative proceeding and proceed in circuit court. The Department will not authorize reinstatement of the license until the alleged father submits to genetic testing.

~~(b)(e)~~ Prior Test Results. If an alleged father refuses to comply with the Order to Appear for Genetic Testing, but previously provided a sample for another case, the Department is authorized to use the previous sample taken from the alleged father. The alleged father is informed that the Department is authorized to do this in the Order to Appear for Genetic Testing, CS-OP02.

~~(c)(d)~~ File a Petition in Circuit Court. If the alleged father refuses to comply with the Order to Appear, and a previous sample is not available, the Department will file a petition in circuit court to establish paternity, obtain a support order, and seek repayment from the alleged father for costs incurred by the Department. If the Department files a petition in circuit court, it will notify the mother or caregiver using the Dismissal of Administrative Proceeding, CS-OA88 form.

~~(10)(9)~~ Genetic Testing Results.

(a) A laboratory under contract with the Department performs genetic testing of the samples and notifies the Department of the results. If the genetic testing results show a statistical probability of 99% or greater that the alleged father is the biological father the Department will issue a Proposed Order of Paternity, issue a Proposed Administrative Paternity and Support Order, or refer the proceeding to the Division of Administrative Hearings without issuing a Proposed Administrative Paternity and Support Order if the Department determines that an evidentiary hearing is appropriate to determine the respondent's income.

(b) The Department will close the alleged father's case if the genetic test shows a statistical probability of less than 99% that the alleged father is the biological father. In this circumstance the Department will:

1. Send the alleged father a copy of the Results of Genetic Testing form

(<http://www.flrules.org/Gateway/reference.asp?No=Ref-06611>), CS-PO07a effective 4/5/16 and incorporated by reference, by regular mail. The CS-PO07a is sent to the alleged father to inform him of the results of the genetic test. If genetic testing results indicate less than a 99% probability that the alleged father is the biological father, the form states that he is not the biological father of the child listed on the notice and the Department will take no further action, unless a second test is required.

2. The Department will close the alleged father's case unless a second test is requested within 15 days after the mailing date of the genetic testing results or a second test is required by the Department.

3. Send the mother, caregiver, or other state a copy of the Results of Genetic Testing form (<http://www.flrules.org/Gateway/reference.asp?No=Ref-06612>), CS-PO07b effective 4/5/16 and

incorporated by reference, by regular mail. The CS-PO07b informs the addressee the results of the genetic test. If genetic testing results indicate less than a 99% probability that the alleged father is the biological father, it states that alleged father is not the biological father of the child named in the notice.

~~4. Contact the mother or caregiver if he or she is on public assistance to find out if there is another possible father. If the mother or caregiver claims there is another possible father or fathers, the Department will have the mother or caregiver complete a Paternity Declaration, CS-PO34. If he or she does not cooperate and receives public assistance, the Department will report the person to the Department of Children and Families for sanctions. If the mother or caregiver does not receive public assistance and does not provide the name of an alleged father, the Department will dismiss the administrative proceeding and close the case.~~

~~(11)(10)~~ Proposed Order of Paternity. The Proposed Order of Paternity

(http://www.flrules.org/Gateway/reference.asp?No=Ref-____06613), CS-OP30 effective ~~xx/xx4/5/16~~ and incorporated by reference, is sent to the alleged father by regular mail to the address of record. The Proposed Order of Paternity informs him that the Department intends to issue a final order establishing him as the legal father of the child or children named in the Proposed Order of Paternity. The Proposed Order of Paternity informs the alleged father of his right to an informal review and to an administrative hearing. The time frames, forms, and procedures for the informal review and administrative hearing are the same as described in paragraphs ~~(13)(11)~~(a) and (b). The Department will:

~~(a)1.~~ Serve the Proposed Order of Paternity, CS-OP30, on the alleged father by regular mail at the address of record. A copy of the genetic test results from the laboratory must accompany the proposed order when the Department mails the Proposed Order of Paternity.

(b)2. Send the alleged father the ~~r~~Results of the ~~g~~Genetic ~~t~~Testing form, CS-PO07a. The CS-PO07a informs the alleged father that genetic testing has shown showing that he is the biological father of the child.

~~(c)3.~~ Mail a copy of the Proposed Order of Paternity, CS-OP30, to the mother, caregiver, or other state. The genetic test results ~~Results of Genetic Testing form, CS-PO07b,~~ will be included in the packet ~~indicating genetic testing has shown~~ showing the alleged father is the biological father of the child or children.

~~(12)(11)~~ Proceeding to Establish an Administrative Paternity and Support Order.

(a) After paternity has been determined, the Department may serve the alleged father by regular mail at the address of record with the Notice of Proceeding to Establish Administrative Support Order form (http://www.flrules.org/Gateway/reference.asp?No=Ref-__06614), CS-OA01 effective XX/XX 4/5/16 and incorporated by reference. The CS-OA01 informs the alleged father the Department intends to establish a paternity and a support obligation for the child named in the Notice and explains the steps the Department will take. The CS-OA01 also informs the alleged father of his right to file an action in circuit court or request the Department to proceed in circuit court instead of administratively. The Department will:

1. Send the alleged father the Notice of Proceeding to Establish Administrative Support Order form, CS-OA01, by regular mail informing him of the Department's intent to establish an order for paternity and support. The Department uses the Notice of Proceeding to Establish Paternity and Administrative Support Order form (http://www.flrules.org/Gateway/reference.asp?No=Ref-__06615), CS-OX01 effective XX/XX4/5/16 and incorporated by reference, when there is more than one child on the case and paternity has already been established for one or more children.

~~2. Send the alleged father, by regular mail, the Results of Genetic Testing form, CS-PO07a, which states the results of the genetic test.~~

~~2.3. Send the alleged father the Financial Affidavit Administrative Support Proceeding form (http://www.flrules.org/Gateway/reference.asp?No=Ref-__06616), CS-OA11 effective XX/XX 4/5/16 and incorporated by reference. The CS-OA11 requests information to determine an individual's income for the purpose of calculating the child support guideline amount. Also included in the packet is the Parent Information Form Administrative Support Proceeding (http://www.flrules.org/Gateway/reference.asp?No=Ref-__06617), CS-OA12 effective XX/XX 4/5/16 and incorporated by reference, which asks each party for case specific information regarding employment, residence, and children.~~

~~3.4. Send the mother, caregiver, or other state a copy of the Notice of Proceeding to Establish Administrative Support Order, CS-OA01, by regular mail. The Department will also include the genetic test results ~~Results of Genetic Testing, CS-PO07b~~, and a blank Financial Affidavit Administrative Support Proceeding, CS-OA11, in the packet. The Financial Affidavit is not sent to caregivers. The Department also sends the Notice to Parent or Caregiver of Administrative Proceeding form (http://www.flrules.org/Gateway/reference.asp?No=Ref-__06618), CS-OA06 effective XX/XX 4/5/16 and incorporated by reference. The Notice to Parent or Caregiver of Administrative Proceeding informs the mother or caregiver of the proceeding to establish support and directs the mother to complete the enclosed forms. Included in the packet is the Parent Information Form Administrative Support Proceeding, CS-OA12.~~

~~(b) Alleged Father's Rights; Notice of Proceeding in Circuit Court as an alternative to the Administrative Process:~~

~~1. The alleged father may file a paternity action in circuit court and serve the~~

Department with a copy of the petition. ~~The petition must be served personally by a Deputy Sheriff or private process server. Service by mail only will not end this proceeding.~~ The alleged father must have the petition served on the Deputy Agency Clerk at the address specified in the notice within 20 days after the date the Notice of Proceeding to Establish Administrative Support Order was mailed. If the Department is served timely, it will end the administrative establishment process and proceed in circuit court. If the alleged father files a petition in circuit court, but does not serve the Department in the 20-day time frame, the Department will continue with the administrative establishment proceeding by either issuing a Proposed Administrative Paternity and Support Order (http://www.flrules.org/Gateway/reference.asp?No=Ref-____06619), CS-OA20 effective ~~xx/xx4/5/16~~ and incorporated by reference, or referring the proceeding to the Division of Administrative Hearings without issuing a Proposed Administrative Paternity and Support Order if the Department determines that an evidentiary hearing is appropriate to determine the respondent's income. If the petition is served on the Department timely, the Department will mail the petitioning parent or caregiver the Dismissal of Administrative Proceeding form, CS-OA88.

2. The alleged father may ask the Department to stop the administrative proceeding and proceed in circuit court. The alleged father must make this request in writing and the request must be received by the Department within 20 days after the date the Notice of Proceeding to Establish Administrative Support Order was mailed. The request from the alleged father must state ~~that he~~ the alleged father requests the Department to proceed with the establishment of paternity and a support obligation in circuit court, or that ~~he has~~ the alleged father has custody matters or parental rights issues which need to be addressed by the court. ~~The Department will~~

~~not accept~~ Oral requests are not accepted to proceed in circuit court. If the respondent files a timely request for the Department to file an action in circuit court, the Department sends the respondent a Request for Court Action Status Update (CS-OA247). The Department sends the other parent a Notice of Court Action Financial Affidavit Needed for Court (CS-OA248). The Department then sends the other parent the Family Law Financial Affidavit (CS-PO31). When the petitioning parent returns the CS-PO31, the Department ~~When the Department receives a timely request to proceed in circuit court,~~ it will file a petition with the clerk of court to determine paternity and support obligation and to obtain a civil case number. If the other parent does not return the CS-PO31, the Department shall initiate case closure if the petitioning parent is not receiving public assistance. If the petitioning parent is receiving Medicaid or food assistance, the Department shall report noncooperation to the Department of Children and Families as required by section 409.2572, F.S., and initiate case closure. If the petitioning parent is receiving temporary cash assistance for the child, the Department shall prepare a financial affidavit for the other parent as authorized by section 61.30(15) F.S. When the Department receives a stamped copy of the petition from the clerk, it will send one copy of the petition to the alleged father by certified mail, return receipt requested. Along with the copy of the petition, the Department will send a Notice of Commencement of Action and Request for Waiver of Service of Process Administrative Paternity and Support Proceeding, CS-OA18 form. The Department will also send two copies of the Waiver of Service of Process, CS-OA19 form. . If the respondent is represented by an attorney, the Department sends the packet of forms and petition to the respondent's attorney. The alleged father has 10 days after the receipt of these forms to complete one copy of the CS-OA19 and return it to the Department. ~~a.~~ If the Department does not receive the signed completed CS-OA19 within 10 days or if the alleged

father does not respond to the Notice of Proceeding, the Department ~~will proceed~~ proceeds with the administrative establishment of paternity and support by issuing a Proposed Administrative Paternity and Support Order, CS-OA20, or referring the proceeding to the Division of Administrative Hearings without issuing a Proposed Administrative Paternity and Support Order if the Department determines that an evidentiary hearing is appropriate to determine the respondent's income. The Department will also file a voluntary dismissal of the civil case with the clerk of court and mail a copy of the voluntary dismissal to the respondent.

~~a-b.~~ If the alleged father completes and returns the CS-OA19 within 10 days, the Department ~~will send~~ the ~~child's custodian or caregiver~~ petitioner the Dismissal of Administrative Proceeding, CS-OA88 form. The Department will end the administrative proceeding and proceed in circuit court.

~~(13)(12)~~ Proposed Administrative Paternity and Support Order. Not sooner than 20 days after ~~notice is served~~ serving the Notice of Proceeding to Establish Administrative Support Order form, CS-OA01 under subsection ~~(11)(10)~~, the Department shall calculate the respondent's support obligation using the child support guidelines in section 61.30, F.S. If the respondent does not provide financial information within the time required by section 409.2563(13)(a) and (b), F.S., the Department shall impute income as provided section 61.30(2)(b), F.S. or section 409.2563(5), as applicable.

(a) Calculation of the respondent's retroactive support obligation shall be in accordance with section 61.30(17), F.S. Retroactive support shall be addressed in an initial determination of child support.

(b) The Department shall prepare a Proposed Administrative Paternity and Support Order (CS-OA20), incorporated by reference, which for purposes of the rule is entitled Proposed

Administrative Support order, that establishes the terms of the support obligation and includes, at a minimum, all elements contained in section 409.2563(7)(e), F.S. The Department shall mail the Proposed Order to the respondent by regular mail to the respondent's address of record. The Proposed Order shall include a notice of rights that informs the respondent of the right to an informal discussion with the Department, the right to a formal administrative hearing, and the right to consent to the entry of an Administrative Paternity and Support Order. Copies of the child support guidelines worksheet prepared by the Department and the financial affidavit submitted by the other parent are mailed with the Proposed Order. The Department shall provide a copy of the Proposed Order and its attachments to the petitioner at the petitioner's address of record.

(c) The Department may proceed with the administrative establishment of paternity and support by either sending the alleged father a Proposed Administrative Paternity and Support Order, CS-OA20, or referring the proceeding to the Division of Administrative Hearings without issuing a Proposed Administrative Paternity and Support Order if the Department determines that an evidentiary hearing is appropriate to determine the respondent's income. The Department shall calculate the respondent's support obligation using the child support guidelines in section 61.30, F.S. If the respondent does not provide financial information within the time required by section 409.2563(13)(a) and (b), F.S., the Department shall impute income as provided by section 61.30(2)(b), or impute income at fulltime minimum wage as provided by section 409.2563(5)(a), F.S. Calculation of the respondent's retroactive support obligation shall be in accordance with section 61.30(17), F.S. Retroactive support shall be addressed in an initial determination of child support. The Department uses a Proposed Administrative Paternity and Support Order (http://www.flrules.org/Gateway/reference.asp?No=Ref-____06620), CS-OX20

effective ~~xx/xx~~4/5/16 and incorporated by reference, when a proceeding involves more than one child and paternity has already been established for one or more of the children. ~~The~~

~~Administrative Proposed and Final Orders Options List~~

~~(http://www.flrules.org/Gateway/reference.asp?No=Ref_06621), CS-OP100 effective 4/5/16 and~~

~~incorporated by reference, contains optional text for the proposed orders issued under this~~

~~subsection.~~ The Proposed Administrative Paternity and Support Order may include terms for

monetary support, retroactive support, health insurance, and non-covered medical expenses as

appropriate. The Proposed Administrative Paternity and Support Order tells the alleged father

that the Department intends to issue an administrative order establishing paternity and a support

obligation for the child or children listed in the Proposed Administrative Paternity and Support

Order.

(d) The Proposed Order must include an explanation of any deviations from the guidelines the Department considered when calculating the support obligation and any retroactive support owed.

(e) If additional facts or information become available to the Department that materially changes the Proposed Order, the Department shall prepare an Amended Proposed Administrative Paternity and Support Order form, CS-OA20 (from now on referred to as the Amended Proposed Order). An Amended Proposed Order shall include guideline worksheets to explain the changes and the requirements established in section 409.2563(5)(a), F.S. The Department does not amend the Proposed Order if the additional facts or information become available after the respondent has requested an administrative hearing. Any additional facts or information are addressed at the hearing.

(f) The Proposed Order also informs the alleged father of his rights to contest the Proposed

Administrative Paternity and Support Order. The alleged father's rights to contest the Proposed Administrative Paternity and Support Order, CS-OA20, CS-OX20, or the Proposed Order for Paternity, CS-OP30, discussed in paragraph (11) ~~(10)~~, are:

1.~~(a)~~ Informal Review. The alleged father has the right to an informal review, and may contact the Department within 10 days after the mailing date of the proposed order to ask for an informal review. The alleged father may ask for an informal review either orally or in writing. If the informal review results in a change to the proposed order or if an error is detected, the Department will issue either an Amended Proposed Order of Paternity, CS-OP30, or an Amended Proposed Administrative Paternity and Support Order, CS-OA20. The Department may discontinue the support proceeding if the alleged father provides proof that an obligation should not be established. Types of circumstances where the Department would not proceed to render a support obligation includes: all children reside with the alleged father, or the alleged father, mother, and children reside together. If at the conclusion of the informal review the Department intends to render a final order, it will tell the alleged father using the Notice of Conclusion of Informal Discussion Administrative Paternity and Support Proceeding form, CS-OA32.

2.~~(b)~~ Administrative Hearing. The alleged father or the Department has the right to an administrative hearing. To request an administrative hearing, the respondent must submit a written request to the Department's Deputy Agency Clerk at the address provided in the Proposed Order. If the alleged father wishes to ask for an administrative hearing, he has 20 days after the mailing date of the Proposed Administrative Paternity and Support Order or the Proposed Order for Paternity or, if the Department receives an informal review request timely, 10 days from the mailing date of the CS-OA32, whichever is later. If the Department receives the

request for administrative hearing timely, it will refer the request to the Division of Administrative Hearings. ~~The Department will inform the requestor that the Department sent the request to the Division of Administrative Hearings using the Acknowledgment of Hearing Request Administrative Proceeding form, CS-OA55. If the request is received timely, the Department sends the respondent the Acknowledgment of Hearing Request Administrative Proceeding, form CS-OA55, notifying the respondent that the request that the Department will proceed with a hearing. The Department also sends the request to the Florida Division of Administrative Hearings. The Division of Administrative Hearings notifies the Department, respondent, and petitioner in writing of the date, time, and place of the hearing. If the Department receives an untimely request for an administrative hearing, the Department denies the request and sends the respondent the Acknowledgment of Hearing Request Administrative Proceeding, form CS-OA55. This form notifies the respondent that the request was not timely and the Department will proceed without a hearing.~~

(g) The genetic test results will be admitted as evidence and made part of the hearing record. If the statistical probability equals or exceeds a 99% probability that the alleged father is the biological father, there is a presumption of paternity. The presumption can be rebutted only by clear and convincing evidence to the contrary.

(h) The respondent may withdraw the request for an administrative hearing up to five days before the scheduled date, or at the administrative law judge's discretion. The respondent may withdraw the request by providing a written request directly to the Division of Administrative Hearings. To reschedule a hearing, the party requesting to reschedule shall file a motion for continuance with the Division of Administrative Hearings in accordance with rules 28-106.204 and 28-106.210, F.A.C.

(i) If the Department determines that an administrative hearing is appropriate, it may refer the proceeding to the Division of Administrative Hearings without issuing a Proposed Administrative Paternity and Support Order. At the hearing, the administrative law judge may issue a final order that addresses paternity, or paternity and support. The administrative law judge will also determine any applicable retroactive support and include it as a sum certain in the final order. The retroactive support will be calculated for the 24 months prior to the date of the service of process for the Notice of Proceeding to Establish Paternity. If the administrative law judge issues an order, the Department will render it.

(14) ~~(13)~~ Final Order Establishing Paternity or Paternity and Child Support.

(a) The Department will render a Final Order of Paternity

(http://www.flrules.org/Gateway/reference.asp?No=Ref-____06622), CS-OP50 effective ~~xx/xx~~4/5/16, or a Final Administrative Paternity and Support Order

(http://www.flrules.org/Gateway/reference.asp?No=Ref-____06623), CS-OA40 effective ~~xx/xx~~04/05/16, both forms incorporated by reference, if the alleged father does not ask for a hearing timely. The Department may use a Final Administrative Paternity and Support Order

(http://www.flrules.org/Gateway/reference.asp?No=Ref-____06624), CS-OX40 effective ~~xx/xx~~4/5/16 and incorporated by reference, in cases where there is more than one child on the

order and paternity does not need to be established for all of the children. ~~The Administrative Proposed and Final Orders Options List, CS-OP100 contains optional text for the final orders issued under this subsection.~~

In addition to the Final Administrative Paternity and Support Order, the Department enters an Income Deduction Order as part of the Final Administrative Paternity and Support Order. The respondent is responsible for making the ordered payments to the State Disbursement Unit until the income deduction begins.

(b) A respondent may consent to the entry of a final order any time after the receipt of the Initial Notice. To do this, the respondent must complete and return the Waiver of Opt-Out Administrative Proceeding (CS-PO384), (http://www.flrules.org/Gateway/reference.asp?No=Ref-___), incorporated by reference, effective XX/XX, after the respondent receives the Initial Notice Packet. If the respondent returns the Waiver of Opt-Out Administrative Proceeding, Financial Affidavit, and Parent Information Form, the Department sends the respondent the Waiver of Administrative Hearing (CS-ES97), (http://www.flrules.org/Gateway/reference.asp?No=Ref-___), incorporated herein by reference, effective XX/XX. The Department also sends a copy of the Proposed Administrative Support Order discussed in subsection (6) of this rule. If the respondent completes and returns the CS-ES97, the Department need not wait 27 days from sending the Proposed Order to complete and render a Final Administrative Paternity and Support Order, CS- OX40. If the respondent does not return the CS-ES97, the Department waits at least 27 days after sending the Proposed Order before completing a Final Administrative Paternity and Support Order.

(c)(b) Any Final Order of Paternity or Final Administrative Paternity and Support Order rendered as allowed by this rule has the same effect as a judgment entered by the circuit court pursuant to Chapter 742, F.S.

(d)(e) The Department will notify the Department of Health's Bureau of Vital Statistics when paternity is established for a child under this rule. The Department will ask the Bureau of Vital Statistics to amend the child's birth certificate to include the name of the legal father. In cases where the child was born in a state or U.S. Territory other than Florida, the Department will send a copy of the Final Order of Paternity or Final Administrative Paternity and Support Order to the birth registrar where the child was born.

(15) Judicial Enforcement of Administrative Support Order. The Department may initiate judicial enforcement of an administrative support order by filing a petition for enforcement of administrative paternity and support order in circuit court. To do this, the Department must serve the respondent with a summons and a copy of the petition. If the circuit court issues an order enforcing the administrative paternity and support order, and the respondent does not comply, the Department may initiate contempt proceedings for violation of the court order.

(16) ~~(14)~~ Right to Judicial Review.

(a) Each Final Order of Paternity or Final Administrative Paternity and Support Order rendered by the Department shall inform the adversely affected party of his or her right to judicial review. The adversely affected party must file a Notice of Appeal within 30 days after the date of rendition of the final order.

(b) The Department has 30 days to ask for judicial review of any Final Order of Paternity or Final Administrative Paternity and Support Order issued by an administrative law judge.

(17) ~~(15)~~ Modification, Termination, or Suspension of a Final Administrative Paternity and Support Order. The Department shall follow the procedures in Section 409.2563, F.S., to modify, or terminate,~~or suspend~~ the support obligation of a Final Administrative Paternity and Support Order.

(18) ~~(16)~~ Dismissing the Administrative Paternity Proceeding. At any time before the entry of a Final Order of Paternity or a Final Administrative Paternity and Support Order, the Department may end the administrative proceeding and either close the case or proceed judicially. Instances when the Department will not proceed administratively include: a previous judicial support order for the children is provided by a party, the parties currently reside together as an intact family, or all the children reside with the alleged father. When the Department decides to end the

administrative proceeding it will send the Dismissal of Administrative Proceeding form, CS-OA88, to the parties.

(19) Vacating Administrative Support Orders.

(a) The Department vacates an administrative support order when the order is rendered in error resulting in a fundamental defect, such as a lack of jurisdiction and other reasons listed in sub-paragraphs 1 through 3. Case situations that require vacating the administrative support order include:

1. The Department becomes aware of a support order that predates the administrative support order.

2. Information provided to the Department by another state was in error causing Florida to render an order when it did not have the authority.

3. The case did not meet the criteria listed in sub-section (3).

(20) (17) Forms. Members of the public may get copies of the forms used in this rule chapter, incorporated by reference, without cost, by writing to the Department of Revenue, Child Support Program, Attn.: Forms Coordinator, P.O. Box 8030, Tallahassee, Florida, 32314-8030.

Rulemaking Authority 409.2557(3)(p), 409.256(17) FS. Law Implemented 409.256, 409.2563 FS. History—New 4-5-16, Amended _____.

12E-1.037 Notification to Withhold Support from Reemployment Assistance.

(1) Definition. As used in this rule, the term “support obligations,” which is defined by section 443.051(1)(b), F.S., means legally ordered payments or amounts due under a court order,

administrative order, or judgment being enforced by the Department and that is issued by this state, another state, or a foreign country.

(2) Data exchange with the Department of Economic Opportunity.

(a) The Department receives data files periodically from the Department of Economic Opportunity and compares the reemployment assistance (formerly known as unemployment compensation) applicant information on the files to its own records of parents who owe support obligations and parents against whom the Department is seeking to establish a support obligation.

(b) If a name and social security number on a data file matches with a parent in the Department's records the Department adds the reemployment assistance information from the file to the parent's child support case record.

(c) When a data file includes reemployment assistance applicants who do not match with a parent in the Department's records the Department retains the nonmatching data for two years. The Department uses the data to perform data matching against parents with new cases opened by the Department during the two-year retention period.

(3) Notifying the Department of Economic Opportunity of the withholding percentage. (a) When the Department reports the names of reemployment assistance applicants owing support obligations as required by section 443.051, F. S., the Department reports the withholding amount as a percentage of the reemployment assistance benefit amount.

(b) If a court enters a support order on or after July 1, 2006, that requires a reemployment assistance withholding percentage that is different than the 40 percent prescribed in section 443.051(3)(b), F. S., the Department reports the court-ordered reemployment assistance withholding percentage.

(4) Maximum withholding percentage.

(a) The Department limits the reemployment assistance withholding percentage it reports to the Department of Economic Opportunity to no more than 50 percent of a parent's reemployment assistance.

(b)1. When a parent has more than one support order requiring withholding from reemployment assistance, the Department adds the withholding percentages from each of the orders and reports the combined withholding percentage to the Department of Economic Opportunity. For example, if a parent has two orders that each require withholding 20 percent from reemployment assistance, the total combined withholding percentage the Department reports for the parent is 40 percent.

2. When a parent has more than one support order requiring withholding from reemployment assistance and the combined withholding percentage exceeds 50 percent, the Department reports 50 percent as the withholding percentage. For example, if the parent has two support orders that each require withholding from reemployment assistance at a rate of 40 percent (totaling 80 percent), the Department reports 50 percent to the Department of Economic Opportunity as the parent's withholding percentage.

(5) Refunding collections that exceed the support obligation.

(a) If the withholding exceeds the parent's total support obligation, including any delinquencies, arrearages, and retroactive support, the Department shall refund the amount of the excess withholding to the parent.

(b) In addition to refunding excess withholding amounts, the Department shall calculate an adjusted withholding percentage that does not exceed the parent's support obligation and notify the Department of Economic Opportunity of the adjusted withholding percentage.

(c) If a subsequent reemployment assistance collection is withheld that exceeds the total

support obligation as described in paragraph (5)(a) before the Department of Economic Opportunity implements the adjusted withholding percentage, the Department shall promptly refund the excess amount to the parent.

(6) To avoid withholding from reemployment assistance that exceeds the support obligation, the Department adjusts the withholding percentage when a parent who owes a support obligation contacts the Department if:

(a) The amount withheld exceeds the parent's support obligations, in which case the Department reduces the reemployment assistance withholding percentage to the highest percentage that does not exceed the support obligations;

(b) The parent is paying the entire amount of the support obligation by income deduction from an income source other than reemployment assistance, in which case the Department adjusts the reemployment assistance withholding percentage to zero; or

(c) The deductions from an income source other than reemployment assistance satisfy only part of the support obligation, in which case the Department adjusts the reemployment assistance withholding percentage to the highest percentage that does not exceed the support obligation taking into account the deductions from the other income source.

(7) Support obligations for more than one case. When a parent owes support obligations for more than one child support case, the Department allocates each reemployment assistance withholding collection among the parent's cases in the same proportion as the reemployment assistance withholding percentage for each of the parent's support obligations. The following examples illustrate the allocation method.

(a) Example 1. If a parent has support obligations in two cases that have the same reemployment assistance withholding percentage, the Department splits the collection evenly and

allocates the same amount to each case.

(b) Example 2. If a parent has support obligations in three cases that all have the same withholding percentage, the Department splits the collection evenly and allocates the same amount to each case.

(c) Example 3. If a parent has support obligations in two cases, and the withholding percentage is 20 percent in the first case and 40 percent in the second case, the Department allocates one-third of the collection to the first case and two-thirds of the collection to the second case.

(8) Payment receipts. The Department shall provide either parent with a record of reemployment assistance withholding collections upon request.

(9) Bankruptcy. When a Chapter 11, 12, or 13 bankruptcy case is filed for a parent who owes a support obligation and the Department receives the first reemployment assistance withholding collection before a bankruptcy plan is confirmed, withholding support from the parent's reemployment assistance continues until the bankruptcy plan is confirmed.

Rulemaking Authority 409.2557 FS. Law Implemented 443.051 FS. History-New _____.

12E-1.039 – Request for Services

(1) Definitions. For purposes of this rule:

(a) “Public assistance recipient” means a person receiving temporary cash assistance under section 414.095 F.S., Medicaid under section 409.963 F.S., or food assistance under section 414.31 F.S.

(b) “Alleged father” means “putative father” as defined by section 409.256(1)(g) F.S., which

is an individual who is or may be the biological father of a child whose paternity has not been established and whose mother was unmarried when the child was conceived and born.

(2) Services Provided. The Department establishes paternity; establishes, modifies, enforces, collects, and disburses support. The Department will initiate location activities to obtain address, asset, employment, health insurance, and personal identifying information in order to provide services.

(3) Eligibility.

(a) A parent, caregiver, or alleged father who has a need for services regarding a dependent child may apply for services.

(b) A public assistance recipient receiving temporary cash assistance or food assistance does not need to apply for services. A case is created automatically upon receipt of a referral from the Florida Department of Children and Families.

(c) A public assistance recipient receiving only Medicaid benefits must apply for services. A case is not automatically created.

(d) A former recipient of public assistance or child support services whose case has been closed and who wants the Department to resume services must complete an application.

(e) The Department provides services at the request of other states Title IV-D agencies, child support agencies from countries with which the State of Florida has a reciprocal agreement regarding child support, and to child support agencies or the equivalent in countries that have signed The Hague Convention on the International Recovery of Child Support and Other Forms of Family Maintenance.

(f) The Department does not provide services to a minor child seeking to collect support from a parent.

(g) The Department does not provide services to an adult seeking to collect support from a parent for the time during which the adult seeking to collect support was a dependent.

(4) Application.

(a) To apply for services, an individual who does not receive temporary cash assistance or food assistance must submit a signed and complete electronic or paper application. The Department will obtain information concerning parents and children including: name, address, date of birth, Social Security Number, employment, health insurance, military service, and other relevant information necessary to provide child support services.

1. An individual may submit the Online Application for Child Support Services form CS-ES51b through the Department's Internet website at www.floridarevenue.com. Form CS-ES51b (<http://www.flrules.org/Gateway/reference.asp?No=Ref->) is incorporated herein by reference effective xx/xx. The Department will send an electronic confirmation message to the applicant once the application is processed and the case has been opened.

2. A hardcopy application may be obtained by calling 1-800-622-KIDS (5437) or contacting a child support local office. Local child support office information is provided on the Department's Internet website www.floridarevenue.com.

a. Upon request, the Department will provide an individual who requests services with Forms CS-ES51 and CS-ES50. Form CS-ES51, Application for Child Support Services, is hereby incorporated by reference effective xx/xx

(<http://www.flrules.org/Gateway/reference.asp?No=Ref->). Form CS-ES50, Application Instructions, is hereby incorporated by reference effective xx/xx

(<http://www.flrules.org/Gateway/reference.asp?No=Ref->) The applicant must complete and submit the CS-ES51 form provided.

b. When an applicant requests services for more than one child, the Department will provide the applicant an Additional Child Information, Form CS-ES51ACI, for each additional child. Form CS-ES51ACI (<http://www.flrules.org/Gateway/reference.asp?No=Ref->) is incorporated herein by reference effective xx/xx. The applicant must complete and submit the CS-ES51ACI form(s) provided.

c. When there is more than one alleged father, the Department will provide the applicant a separate Additional Alleged Father, Form CS-ES52, for each alleged father. Form CS-ES52 (<http://www.flrules.org/Gateway/reference.asp?No=Ref->) is incorporated herein by reference effective xx/xx. The applicant must complete and submit the CS-ES52 form(s) provided.

d. When the applicant is applying for services for more than one child with different fathers, the applicant will be required to submit a separate application for each child and father.

(5) Supporting documents; additional requirements.

(a) The applicant and public assistance recipient must:

1. Provide the Department all information necessary to process the request for services.

2. Provide the Department copies of all supporting documents, including: Final Judgment of Dissolution of Marriage, support order, birth certificate of child(ren) not born in Florida, paternity judgment, payment record, or written agreement between the applicant or public assistance recipient and the other parent concerning paternity, support, and parenting time, and other relevant documents necessary to provide child support services.

3. Provide a paternity declaration for each child who does not have a legal father.

(i) The Department uses the Paternity Declaration, Form CS-PO34, for the mother. Form CS-PO34 ([http://www.flrules.org/Gateway/reference.asp?No=Ref- 06599](http://www.flrules.org/Gateway/reference.asp?No=Ref-06599)) is incorporated herein by reference effective xx/xx.

(ii) The Department uses the Paternity Statement by Non-Parent, Form CS-PO102, for the non- parent caregiver. Form CS-PO102 (http://www.flrules.org/Gateway/reference.asp?No=Ref-_____) is incorporated herein by reference effective xx/xx.

(iii) The Department uses the Paternity Statement by Alleged Father, Form CS-PO103 for the alleged father. Form CS-PO103 (http://www.flrules.org/Gateway/reference.asp?No=Ref-_____) is incorporated herein by reference effective xx/xx.

4. Provide the Department proof of health insurance if the child(ren) is insured.

5. Inform the Department of any changes in information for himself or herself, the child(ren) or other parent(s). This includes addresses, employment, phone numbers, and where the child(ren) resides.

6. Voluntarily submit to personal jurisdiction in Florida.

7. Cooperate with the Department as required by Rule 12E-1.008, F.A.C.

(6) Application and Referral Review.

(a) The Department will review applications submitted by an individual who does not receive temporary cash assistance or food assistance to determine whether the application is complete.

1. If the applicant returns some, but not all required information, or returns incomplete or inaccurate information, the Department will send the applicant Form CS-ES54, Request for More Information, by regular mail, requesting the missing, incomplete, or corrected information. Form CS-ES54 is hereby incorporated by reference effective xx/xx

(http://www.flrules.org/Gateway/reference.asp?No=Ref-_____),

2. If the application is complete, the Department will send Form CS-ES55, Acknowledge Request for Services, to the applicant informing them the application was received. When additional information is required for the Department to proceed, the CS-ES55 will instruct the

applicant to provide the required information within 30 days after the date of the notice. Form CS-ES55 (<http://www.flrules.org/Gateway/reference.asp?No=Ref->) is hereby incorporated by reference effective xx/xx.

3. The Department will close the request for services case if an application is not returned or completed within 65 calendar days after the Department begins the application review.

(b) The Department will review public assistance referrals received from the Florida Department of Children and Families to determine whether additional information or documents are required to provide services.

1. The Department will send the Information Needed to Provide Services, Form CS-ES56, to the public assistance recipient informing them a request to open a child support case was received and additional information is required for the Department to proceed. Form CS-ES56 (<http://www.flrules.org/Gateway/reference.asp?No=Ref->) is hereby incorporated by reference effective xx/xx.

2. The Department will provide the public assistance recipient Form CS-ES56ACI, Additional Children, if there is more than one child in the household. The public assistance recipient must complete and submit the CS-ES56ACI form(s) provided. Form CS-ES56ACI (<http://www.flrules.org/Gateway/reference.asp?No=Ref->) is hereby incorporated by reference effective xx/xx.

3. The Department will provide the public assistance recipient Form CS-ES119, Additional Alleged Fathers, if there is more than one alleged father. The public assistance recipient must complete and submit the CS-ES119 form(s) provided. Form CS-ES119 (<http://www.flrules.org/Gateway/reference.asp?No=Ref->) is hereby incorporated by reference effective xx/xx.

4. The Department will notify the Department of Children and Family Services in accordance with Section 409.2572, F.S., if the public assistance recipient fails to provide all required information.

*Rulemaking Authority 409.2557(3)(h) and (i) FS. Law Implemented 409.2567 FS. History—
New_____.*

12E-1.040 – Intergovernmental Forms.

(1) As the state’s Title IV-D agency under section 409.2557(1), F.S., the Department must use federally approved forms in intergovernmental cases involving child support programs in other states, foreign countries, or tribes as required by 45 CFR 303.7(a)(4)

(<http://www.flrules.org/Gateway/reference.asp?No=Ref->), which is hereby incorporated by reference in this rule effective xx/xx. Copies of the federally approved forms used in intergovernmental cases may be obtained from the federal Office of Child Support Enforcement on its website at: www.acf.hhs.gov.

(2) The Department uses the General Testimony (CS-IS21) form to obtain a sworn statement about the information and facts of the case from a person seeking establishment of paternity, support, or paternity and support in an intergovernmental case. The Department provides the CS-IS21 to the other government’s child support program. Form CS-IS21 (Effective xx/xx) (<http://www.flrules.org/Gateway/reference.asp?No=Ref->), is hereby incorporated by reference in this rule.

(3) The Department uses the Affidavit in Support of Establishing Paternity (CS-IS26) form to obtain a paternity affidavit from a person seeking establishment of paternity or paternity and

support in an intergovernmental case. The Department provides the CS-IS26 to the other government's child support program. Form CS-IS26 (Effective xx/xx) (<http://www.flrules.org/Gateway/reference.asp?No=Ref->), is hereby incorporated by reference in this rule.

Rulemaking Authority 120.54(6) F.S. Law Implemented 45 CFR 303.7(a)(4), History – New

_____.

NAME OF PERSON ORIGINATING PROPOSED RULES: Bobby York

NAME OF AGENCY HEAD WHO APPROVED THE PROPOSED

RULES: Governor and Cabinet

DATE PROPOSED RULES APPROVED BY AGENCY HEAD: TBD

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAR: March 28,
2017



Child Support Program

Notice of Intent to Report to Consumer Reporting Agencies

If your address has changed, provide new address here:

Form box with three horizontal lines for address input.

<<Date>>

Child Support Case Number: <<CSECaseNum>>

- 1. Reporting overdue support you owe. We plan to report your overdue support to consumer reporting agencies each month. Reporting this information may affect your credit rating and ability to obtain credit. Based on our records, we plan to report \$<<Totalpastdue>> as the amount of overdue support you owe as of <<Date>>.
2. To avoid credit reporting. Within 20 days after the mailing date on this notice, you must:
- Pay the overdue amount in full;
- Request an informal review; or
- Enter into a written agreement.
3. Written agreement. If you enter into a written agreement:
- We will not report your overdue support as long as you pay as agreed.
- We will report if you do not pay as agreed, without further notice to you.

To enter into a written agreement, go to the nearest Child Support Office or call us at the number given at the end of this notice.

- 4. Monthly reporting. If you do nothing, we will report the overdue support 21 days after the mailing date on this notice. After we send the first report, we will send a monthly report to the consumer reporting agencies as the amount of overdue support changes. After you pay the overdue support in full, the monthly report will show that you owe \$<<CurrSupAmt>> per <<Frequency>>.
5. If you disagree. You may ask for an informal review. At an informal review, you can tell us if:
- You think the overdue support amount is wrong; or
- You are not the person ordered to pay support.

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If you ask for an informal review, we will not report the overdue support until the review is finished. If we agree that the overdue support should not be reported, we will not report it.

6. **Informal review.** To ask for an informal review:

- You must send us your request in writing;
- The request must tell us the reasons why you think we should not report;
- We must receive your request within 20 days after the date on this notice;
and
- You must mail the request to:

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

This address is not a Child Support Program office location. Find office locations at www.floridarevenue.com/childsupport/contact

We will conclude our informal review within 20 days after receiving the request and send you a decision. If you disagree with the decision, you can ask for a hearing.

7. **Legal Authority.** This action is authorized by section 61.1354(2), Florida Statutes.
8. **To contact us call <<Option 1>>.**

Option 1 (based on the office handling the case)

A. 1-305-530-2600 (if case is handled in Miami-Dade County)

B. 1-800-622-KIDS (5437) (all other sites)



Child Support Program

**Notice of Decision Concerning
Report to Consumer Reporting Agencies**

If your address has changed, provide new address here:

<<Date>>

Child Support Case Number: <<CSECaseNum>>

1. **We have received your written request for an informal review.** The review is complete.
2. **Overdue support.** Based on our records and the records of the Clerk of the Court, you owe overdue support of \$<<OverdueSupport>> as of <<date>>.
3. **Informal review.** Based on our review, we will:
 - Report overdue support amount to consumer reporting agencies.
 - Not report overdue support amount to consumer reporting agencies.
4. **If you disagree.** You may file a petition for administrative hearing within 15 days after the date on this notice. The petition must be filed according to the attached Notice of Rights. If you ask for a formal hearing, you may only raise the accuracy of the information to be reported.
5. **To avoid credit reporting.** If you do not want a hearing, you may avoid reporting either by:
 - Paying the overdue support in full; or
 - Entering into a written agreement within 15 days after receipt of this notice.
6. **Written agreement.** If you enter into a written agreement:
 - We will not report your overdue support as long as you pay as agreed.
 - We report you if you do not pay as agreed, without further notice to you.

To enter into a written agreement, go to the nearest Child Support Office or call us at the number given at the end of this notice.

To contact us call <<Option 1>>.

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NOTICE OF RIGHTS

1. You have the right to an administrative hearing under sections 120.569 and 120.57(1), Florida Statutes. If you want a hearing, you must file a "Petition for Administrative Hearing" within 15 days after receipt of this notice. A petition is not considered filed until the Program receives it. Send your petition to the Program's Deputy Agency Clerk at the following address:

**Florida Department of Revenue
Child Support Program
Attention: Deputy Agency Clerk
P.O. Box 8030
Tallahassee, FL 32314-8030**

If you do not file a petition within the time allowed, you lose your right to a hearing and this notice will become final agency action. If this notice becomes final agency action, you may appeal under section 120.68, Florida Statutes. To appeal you must file a Notice of Appeal as stated in Rule 9.110, Florida Rules of Appellate Procedure, within 30 days of the date of final agency action.

2. If you disagree about issues of material fact, you may ask for a formal hearing. A petition for a formal hearing must be in the form required by Rule 28-106.2015(5), Florida Administrative Code. A copy of the rule is provided with this notice.

At a formal hearing, you may represent yourself or hire a lawyer. You or your lawyer may present evidence, argue issues, question witnesses, submit written statements of fact and proposed orders, and file exceptions to the judge's recommended order.

3. If you agree with the Program on all issues of material fact, you may ask for an informal hearing. A petition for an informal hearing must be in the form required by Rule 28-106.301, Florida Administrative Code. A copy of the rule is provided with this notice.

4. Mediation under section 120.573, Florida Statutes, is not available.

Rule 28-106.2015, Florida Administrative Code

(1) Prior to entry of a final order to suspend, revoke, or withdraw a license, to impose administrative fines, or to take other enforcement or disciplinary action against a licensee or person or entity subject to the agency's jurisdiction, the agency shall serve upon the licensee an administrative complaint. For purposes of this rule, an agency pleading or communication that seeks to exercise an agency's enforcement authority and to take any kind of disciplinary action against a licensee or other person shall be deemed an administrative complaint.

(2) An agency issuing an administrative complaint shall be the petitioner, and the licensee against whom the agency seeks to take disciplinary action shall be the respondent.

(3) The agency's administrative complaint shall be considered the petition, and service of the administrative complaint on the respondent shall be deemed the initiation of proceedings.

(4) The agency's administrative complaint shall contain:

(a) The name of the agency, the respondent or respondents against whom disciplinary action is sought and a file number.

(b) The statutory section(s), rule(s) of the Florida Administrative Code, or the agency order alleged to have been violated.

(c) The facts or conduct relied on to establish the violation.

(d) A statement that the respondent has the right to request a hearing to be conducted in accordance with Sections 120.569 and 120.57, F.S., and to be represented by counsel or other qualified representative.

(5) Requests for hearing filed by the respondent in accordance with this rule shall include:

(a) The name, address, any e-mail address, telephone number, and facsimile number, if any, of the respondent, if the respondent is not represented by an attorney or qualified representative.

(b) The name, address, e-mail address, telephone number, and facsimile number of the attorney or qualified representative of the respondent, if any, upon whom service of pleadings and other papers shall be made.

(c) A statement requesting an administrative hearing identifying those material facts that are in dispute. If there are none, the petition must so indicate.

(d) A statement of when the respondent received notice of the administrative complaint.

(e) A statement including the file number to the administrative complaint.

Rule 28-106.301 Florida Administrative Code

(1) Unless otherwise provided by statute and except for agency enforcement and disciplinary actions initiated under subsection 28-106.2015(1), F.A.C., initiation of a proceeding shall be made by written petition to the agency responsible for rendering final agency action. The term "petition" includes any document which requests a proceeding. Each petition shall be legible and on 8 1/2 by 11 inch white paper or on a form provided by the agency. Unless printed, the impression shall be on one side of the paper only and lines shall be doubled-spaced.

(2) All petitions filed under these rules shall contain:

(a) The name and address of each agency affected and each agency's file or identification number, if known;

(b) The name, address, any e-mail address, and telephone number of the petitioner, if the petitioner is not represented by an attorney or qualified representative; the name, address, e-mail address, facsimile number, and telephone number of the petitioner; if any, which shall be the address for service purposes during the course of the proceeding; and an explanation of how the petitioner's substantial interests will be affected by the agency determination;

(c) An explanation of how the petitioner's substantial interests will be affected by the agency determination;

(d) A statement of when and how the petitioner received notice of the agency decision;

(e) A concise statement of the ultimate facts alleged, including the specific facts the petitioner contends warrant reversal or modification of the agency's proposed action;

(f) A statement of the specific rules or statutes that the petitioner contends require reversal or modification of the agency's proposed action;

(g) A statement of the relief sought by the petitioner, stating precisely the action petitioner wishes the agency to take with respect to the agency's proposed action; and

(h) A statement that no material facts are in dispute.

Option 1 (based on the office handling the case)

A. 1-305-530-2600 (if case is handled in Miami-Dade County)

B. 1-800-622-KIDS (5437) (all other sites)



Child Support Program
Notice of Intent to Request Credit Report

If address has changed, provide new address here:

Date:

Child Support Case Number:

Section 61.1354(3), Florida Statutes, and 15 U.S.C. 1681b of the Fair Credit Reporting Act authorize the Child Support Program to access consumer credit reports.

We will request your credit report from a consumer reporting agency or agencies no sooner than fifteen (15) days after the date shown above. The report will be used solely for one or more of the following purposes: determining your income, establishing your ability to make child support payments, or determining the appropriate amount of the payments.

To chat with us on-line, please visit www.floridarevenue.com/dor/childsupport, or call us at:

- Call 1-800-622 KIDS (5437)
- Call 1-305-530-2600 if your case is handled in Miami-Dade County



Child Support Program

CS-EF55
Rule 12E-1.023
Florida Administrative Code
Effective XX/XX/XX

**Notice of Intent to Suspend Driver License and Motor
Vehicle Registration(s) for <<Option 1>>**

If your address has changed, provide new address here:

<<NCP/AF Name>>
<<NCP/AF Addr1>>
<<NCP/AF Addr2>>

Form box for address change with three horizontal lines.

<< Date>>

Child Support Case Number: <<CSECase Number>>

<<Option 2>>

<<Option 3>>

XXXX
XXXX

To contact us call <<Option 4>>.

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Option 1 [Select A or B]

- A. Nonpayment of Support**
- B. Failure to Submit to Genetic Testing**

Option 2

- A. Court Case Number: <<CtCaseNum>>**
- B. Depository Number: <<DepNum>>**

Option 3 [Select A or B]

A. Compliance [Nonpayment of support]

1. Suspending your driver license. We plan to tell the Department of Highway Safety and Motor Vehicles to suspend your driver license and the registration of all motor vehicles you own because:
 - You are \$<<delinquency>> behind in your support payments as of the date of this notice.
 - The support order we are enforcing requires you to pay \$<<total periodic payment due>> <<payment frequency>>.

2. You have 20 days after the date of this notice to:
 - Pay the amount you are behind in full and stay current in your payments;
 - Sign a written agreement to make payments on the amount you are behind;
 - Provide documentation that you:
 - Receive reemployment assistance or unemployment compensation;
 - Are disabled and incapable of supporting yourself;
 - Receive SSI (Supplemental Security Income) benefits;
 - Receive Social Security Disability Income benefits;
 - Receive temporary cash assistance;
 - Are paying support payments under a confirmed bankruptcy plan under Chapter 11, 12, or 13 of the United States Bankruptcy Code; or
 - Contest this action by filing a petition in circuit court.

Please tell us right away if you believe this notice was sent in error. If a mistake was made we will stop this action.

3. We will consider your current situation and ability to pay. If you enter into a written agreement:
 - We will not suspend your license as long as you pay as agreed.

To enter into a written agreement contact us at:

Child Support Program

XXXX
XXXX

<<LocalServiceSiteAddr>>

Find office location at

<https://childsupport.floridarevenue.com/LocationInfo/LocationMap.aspx>

4. You can contest this action if:
 - You are not the person who owes support
 - You are not late in your payments
 - You have no ability to make payments

Please tell us right away if you believe this notice was sent in error. If a mistake was made we will stop this action.

5. To contest you must:
 - File a petition with the circuit court.
 - If you have questions about how to file a petition, contact the Clerk of Court.
 - If you file a petition we will stop this action until the court rules on your petition.
 - Send a copy of the petition to:

Child Support Program
 Central Mail Processing Facility
 <<GenTaxworldCentralAddress1>>
 <<GenTaxworldCentralAddress2>>

This address is not a Child Support Program office location. Find office locations at www.floridarevenue.com/childsupport/contact

6. If you do not take one of the actions in number 2 above within 20 days after the date of this notice, we will tell the Department of Highway Safety and Motor Vehicles to suspend your driver license and registrations of vehicles you own.
7. Legal authority: Sections 61.13016 and 322.058, Florida Statutes.

B. Paternity establishment [Failure to submit to DNA testing as ordered]

1. Suspending your driver license. We plan to tell the Department of Highway Safety and Motor Vehicles to suspend your driver license and the registration of all motor vehicles you own because:
 - You have not complied with the Order to Appear for Genetic Testing that you were served with on <<insert date of service of process of the order>>.
2. You have 20 days after the date of this notice to:
 - Comply with the Order to Appear for Genetic Testing. To arrange a time for your genetic testing contact us at

<<LocalServiceSiteAddr>>

XXXX
XXXX

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- Contest this action by filing a petition in circuit court.
Please tell us right away if you believe this notice was sent in error. If a mistake was made we will stop this action.

3. You can contest this action if:

- You have complied with the Order to Appear for Genetic Testing
- You are not the person who is ordered to submit to genetic testing

4. To contest you must:

- File a petition with the circuit court.
- Send a copy of the petition to:

Child Support Program
Central Mail Processing Facility
<<GenTaxworldCentralAddress1>>
<<GenTaxworldCentralAddress2>>

This address is not a Child Support Program office location. Find office locations at <https://childsupport.floridarevenue.com/LocationInfo/LocationMap.aspx>

- If you have questions about how to file a petition, contact the Clerk of Court.
 - If you file a petition we will stop this action until the court rules on your petition.
5. If you do not take one of the actions in number 2 above within 20 days after the date of this notice, we will tell the Department of Highway Safety and Motor Vehicles to suspend your driver license and registrations of vehicles you own.
6. Legal authority: Sections 61.13016, 322.058, and 409.256(7), Florida Statutes.

Option 4 (based on the office handling the case)

A. 1-305-530-2600 (if case is handled in Miami-Dade County)

B. 1-800-622-KIDS (5437) (if A Condition is not met, [all other sites])

Note: Taxworld address to be used:

5050 West Tennessee Street, Building L
Tallahassee, FL 32399-0195

XXXX
XXXX



Child Support Program

CS-EF57
Rule 12E-1.023
Florida Administrative Code
Effective xx/xx/xx

Driver License/Vehicle Registration
Reinstatement Notice

If your address has changed, provide new address here:

Form box for address change with three horizontal lines.

<<Date>>

Child Support Case Number: <<CSECaseNum>>

On <<DateDLSuspended>> your driver license was suspended because you did not pay support as ordered or did not appear as ordered in a paternity or child support action.

We told the Department of Highway Safety and Motor Vehicles to reinstate your license because <<Option 1>>:

To get your license reinstated you must go to a local Driver License Examining Office. They will require a fee to reinstate your license. If you do not live in Florida, send the reinstatement fee and a letter to the Department of Highway Safety and Motor Vehicles, 2900 Apalachee Parkway MS87, Tallahassee, FL 32399. It is suggested that you attach a copy of this notice to your letter.

You can check the status of your license at <<https://www6.hsmv.state.fl.us/DLCheck/main.jsp>> or call DHSMV at 1-850-617-2000.

This notice applies only to suspension for child support and does not affect suspensions for other reasons.

To chat with us on-line, please visit www.myflorida.com/dor/childsupport or call <<Option 2>>.

XXXX

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Option 1

- A. you gave us the information required by a subpoena or order in a paternity or child support action.
- B. you are current in your support payments on this case.
- C. you have signed a written agreement to pay past-due support.
- D. the court has ordered reinstatement.
- E. you are now receiving SSI or temporary cash assistance.
- F. we are now receiving payments from your payor of income.
- G. you are now receiving reemployment assistance (or unemployment compensation).
- H. we are no longer enforcing the support order.
- I. we are no longer enforcing the support order due to bankruptcy action filed before 10/17/2005.

Option 2 (based on the office handling the case)

- A. 1-305-530-2600 **(if case is handled in Miami-Dade County)**
- B. 1-800-622-KIDS (5437) **(if A. conditions are not met, [all other sites])**



Child Support Program

CS-ES96
Rule 12E-1.030
Florida Administrative Code
Effective XX/XX/XX

Request for Information

If your address has changed, provide new address here:

Form with three horizontal lines for address input

<<Option 3>>

<<Date>>

Child Support Case Number: <<CSECaseNum>>

Activity Number: <<ActivityNum>>

Other Parent: <<NCPName>>

We are establishing, modifying, or reviewing a support order for the child(ren) named below:

Child's Name

<<Child1Name>>

<<Child2Name>>

Child's Birth Date

<<Child1DOB>>

<<Child2DOB>>

<<Option 2>>

To contact us call <<Option 1>>.

XXXX

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Option 1 (based on the office handling the case)

- A. 1-305-530-2600 (if case is handled in Miami-Dade County)
- B. 1-800-622-KIDS (5437) (if A. Conditions are not met, [all other sites])

Option 2 (based upon activity and recipient)

A. when generated to Other parent from ZINC, ZPSN, or ZJUE

To decide how much the other parent should pay, we also need information about you.

Please fill in the enclosed form(s) and return them to us within 20 days from the date of this notice. Mail the completed form(s) to:

Florida Department of Revenue
Child Support Program
Central Mail Processing Facility
<<GenTaxworldCentralAddress1>>
<<GenTaxworldCentralAddress2>>

This address is not a Child Support office location. Find office locations at <https://childsupport.floridarevenue.com/LocationInfo/LocationMap.aspx>.

B. when generated to CP or CTR from ZINC, ZPSN, or ZJUE when reason is not ZPS, ZACP, ZPDE, ZPMS, ZPO, ZPSL, on in-state or initiating cases

To decide how much the other parent should pay, we also need information about you.

You must fill in the enclosed form(s) and return them to us within 20 days from the date of this notice. Mail the completed form(s) to:

Florida Department of Revenue
Child Support Program
Central Mail Processing Facility
<<GenTaxworldCentralAddress1>>
<<GenTaxworldCentralAddress2>>

This address is not a Child Support office location. Find office locations at <https://childsupport.floridarevenue.com/LocationInfo/LocationMap.aspx>.

If you receive temporary cash assistance, Medicaid, or food assistance and do not complete and return the form(s), your benefits may be reduced. However, if you are in fear of the other parent, please contact us at the number below to discuss your options for how to cooperate

with us. If you do not receive public assistance and do not complete and return the forms, your case may be closed.

C. when generated to CP or CTR from ZINC, ZPSN, or ZJUE on responding cases

To decide how much the other parent should pay, we also need information about you.

Please fill in the enclosed form(s) and return them to us within 45 days from the date of this notice. Mail the completed form(s) to:

Florida Department of Revenue
Child Support Program
Central Mail Processing Facility
<<GenTaxworldCentralAddress1>>
<<GenTaxworldCentralAddress2>>

This address is not a Child Support office location. Find office locations at <https://childsupport.floridarevenue.com/LocationInfo/LocationMap.aspx>.

If completed forms are not returned within 45 days we will take steps to close your case because we need this information from you to move forward.

D. when generated to CP Who Is NOT CTR from ZJUE AND Activity Reason is Paternity and Support, Paternity and Medical, Add a child for Paternity and Support

We need to establish paternity for the children named above. <<Alleged Father Name>> is named in an affidavit or written declaration that states he is or may be the child(ren)'s biological father. We scheduled a genetic testing appointment for you and the child(ren). Your appointment date and time is:

- a. Date: <<Appointment Date>>
- b. Time: <<Appointment Time>>
- c. Place: <<First Name of Appointment Site>>
- d. Address: <<Appointment Site Address 2>>
<<Appointment Site Address 1>>
<<City, Region, Zip-Code>>

You may also visit a Child Support Office near you Monday - Friday, between the hours of 9:00 am - 4:00 pm, before the above appointment time.

If the child(ren) lives with you, you must bring the child(ren) with you for genetic testing.

If you are a minor parent, you must bring your legal guardian with you to your appointment.

During your genetic testing appointment we will take a photo to verify your identity.

You must bring a photo ID for yourself and identification for the child.

Valid adult identification includes:

- A state issued driver's license or ID card
- A U.S. passport, a foreign passport stamped by or an ID card issued by the U.S. Bureau of Citizenship and Immigration Services
- A U.S. military ID card
- A Florida or federal inmate ID card

Valid child identification includes:

- A state issued ID card
- A certified copy of a birth certificate
- A social security card
- An insurance card
- A school ID

To decide how much the other parent should pay, we also need information about you.

Please fill in the enclosed form(s) and return them to us within 20 days from the date of this notice. Mail the completed form(s) to:

Florida Department of Revenue
Child Support Program
Central Mail Processing Facility
<<GenTaxworldCentralAddress1>>
<<GenTaxworldCentralAddress2>>

This address is not a Child Support Program office location. Find office locations at <https://childsupport.floridarevenue.com/LocationInfo/LocationMap.aspx>.

Once you have completed the genetic test for you and the child(ren), and have completed and submitted the notarized forms that we have requested we will schedule a genetic test appointment to find out if <<Alleged Father Name>>, is the biological father of the child(ren) named above.

Important

If you receive temporary cash assistance, Medicaid, or food assistance and do not appear or call ahead of time to reschedule, and do not return the form(s), your benefits may be reduced. However, if you are in fear of the other parent, please contact us at the number below to discuss your options for how to cooperate with us. If you do not receive public assistance and do not complete and return the forms, your case may be closed.

Option 3 (based on whether the case is Responding or not)

A. when case is not responding CP address is printed normally

B. when case is responding CP name is selected, then the following text:

In Care Of Child Support Agency

Then the street, street 2, city, state, and zip of the BP in the role of other state county on the case, or, if other state county is missing, the BP in the role of other state agency on the case.



Child Support Program

CS-PO200
Rule 12E-1.030
Florida Administrative Code
Effective XX/XX/XX

Request for Support Order Review

If your address has changed, provide new address here:

Empty rectangular box for address information

<<date>>

Child Support Case Number: <<CSECaseNum>>
Parent ordered to receive support: <<INSERT CP>>
Parent ordered to pay support: <<INSERT NCP>>

You asked us to review your support order to see if the ongoing amount should be changed.

We will not review the support order if

- The last or only child will emancipate in the next six months
There is no current support obligation
Either parent is in jail
If a review can proceed, we will ask you to submit information about your current financial situation to determine if there is proof of a permanent and involuntary change in your circumstances.
If the change is permanent and involuntary, we will ask the other parent to provide information about their current financial situation. We will use financial information from both of you to determine if the change is substantial.
If the change is permanent, involuntary, and substantial we will take action to change the order, as long as we are providing services.
If Florida does not have jurisdiction to change the order, we will send the request to the state that has jurisdiction.

If we review the order and take legal action to change it

- You will get notice of any legal action we take.
The amount due under the order and/or the health insurance terms of the order could be changed, upward or downward. If the order is changed, we will enforce the terms of the new order.

If you want us to review your support order

- Fill in all the information on the other side of this form.
Sign and date the form.
Take this form to a Child Support office near you or mail it to:

XXXX

Child Support Program
Central Mail Processing Facility
<<GenTaxworldCentralAddress1>>
<<GenTaxworldCentralAddress2>>

This address is not a Child Support Program office location. Find office locations at
www.floridarevenue.com/childsupport/contact.

T

Please review my support order with <<NonRequestingPartyName>>

The child(ren) lives with you

The child(ren) lives with the other parent

Child Support Case Number: <<CSECaseNum>>

Last four digits of your Social Security Number: _____
(If known)

Print your full name

Address

Signature

City, State, Zip

Date

Phone number

Legal Authority: The state's child support guidelines are at section 61.30, Florida Statutes.

To contact us call <<Option 1>>. Or go to <<InsertAppropriateFDORInternetAddr>> to locate the nearest Child Support office.

XXXX
XXXX

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Option 1 (based on the office handling the case)

A. 1-305-530-2600 (if case is handled in Miami-Dade County)

B. 1-800-622-KIDS (5437) (all other sites)

The system will automatically check the box on page 2 (see below) indicating who the form is being mailed to.

The child(ren) lives with you

The child(ren) lives with the other parent

Taxworld general address:

**5050 West Tennessee Street, Building L
Tallahassee, FL 32399-0195**



Child Support Program

<<Option 1>> PROPOSED ORDER TO MODIFY ADMINISTRATIVE SUPPORT ORDER

<<Option 35>>

Case Number: <<CSECaseNo.>>

Depository Number: <<DepositoryNo.>>

Activity Number: <<Activity Number>>

- 1. The Florida Department of Revenue, Child Support Program issues this <<Option 1>> Proposed Order to Modify Administrative Support Order (Proposed Modified Order) as authorized by section 409.2563, Florida Statutes. In this Proposed Order we refer to <<NCP Name>> as the Respondent and <<CP/CTR Name>> as the Petitioning parent (or caregiver, if applicable).
2. The Child Support Program reviewed the existing Final Order and applied the child support guidelines in section 61.30, Florida Statutes, to the current circumstances of the parties and child(ren). Having completed the review we find that the support order should be modified because <<Option 36>>
3. Based on the enclosed Child Support Guideline Worksheet(s) and any relevant deviation factors, we propose and are prepared to enter a Final Modified Administrative Support Order (Final Modified Order) requiring the following support obligations for the child(ren) named in later in this Proposed Order:
a. Current child support of \$<<Current Support>> each month to be paid by the Respondent. This would be <<Option 40>> in the amount of current support ordered.
b. Health Insurance <<Option 38>>.
c. Noncovered medical expenses. The Respondent shall pay <<NCP Percent Support Need>> percent of the child(ren)'s reasonable and necessary noncovered medical, dental, and prescription medication expenses. The Petitioning/other parent is responsible for <<CP Percent Support Need>> percent of the expenses.
d. Past-due support of \$<<Past Due Support Owed>> has accrued under the existing Final Order(s), which includes any retroactive support, to be paid by the Respondent at the rate of an additional \$<<Monthly Arrears Payment>> each month.

XXXX

This page is only a summary. The pages that follow contain our findings and additional terms and conditions of the Proposed Modified Order. The start date for payments and health insurance (if ordered) will be covered in the Final Order.

T

Notice of Rights

- A. If both parties agree to the terms of this Proposed Order we will prepare a Final Order for your signature.
- B. If you have questions or want to discuss this Proposed Order with us informally, contact us at the address, phone number, or fax 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.
- 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. If there is a hearing, DOAH may enter a Final Order.

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

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 Modified Order that 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.

Effect of Final Order

- E. If we issue a Final Order, we may enforce it by any lawful means, including:
 - Requiring your employer to deduct payments from your income
 - Filing liens against your property
 - Suspending driver's, 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

And if payments are late we will report it and the amounts 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.
- H. If you have questions about this Proposed Order call <<Option 31>> or see us in person at <<CSE Local Office and Address>>.

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

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

This document has been signed electronically as authorized by section 668.004, Florida Statutes.

Enclosures:

Child Support Guidelines Worksheet(s)
Financial Affidavits

Copies furnished to:

<<Option 33>>
<<CP/CTR Name>>

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>>

Case Number: <<CSECaseNo>>

vs.

<<NCP NAME>>
Respondent.

FINAL MODIFIED ADMINISTRATIVE SUPPORT ORDER

Important Notice: This is only a Proposed Modified Order at this time. It is not yet in effect. If you disagree with this Proposed Modified 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 Modified Order.

The Florida Department of Revenue, Child Support Program, enters this Final Modified Administrative Support Order (Final Modified Order). We have considered 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 Modified 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 Modified Order as authorized by section 409.2563, Florida Statutes. There is no judicial support order for the child(ren).
2. On <<Render Date of Order Being Modified>>, the Child Support Program issued a Final Administrative Support Order (Final Order) establishing the Respondent's support obligations. The Child Support Program reviewed the Final Order as provided by section 409.2564(11), Florida Statutes, and applied the child support guidelines in section 61.30, Florida Statutes, to the current circumstances of the parties and child(ren). Having completed the review, the Child Support Program finds that the support order should be modified because <<Option 36>>
3. The Child Support Program is providing Title IV-D child support services for <<CP/CTR Name>>, the <<Option 11>> of the child(ren) named in Paragraph 4. The child(ren) resides with <<CP/CTR Name>> most of the time.
4. 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.

Child(ren) Name
<<Child1Name>>
<<Child2Name>>

Date of Birth
<<Child1DOB>>
<<Child2DOB>>

Page 4 of 7

5. The child(ren) needs support and the Respondent has the ability to provide support as

determined by this Final Modified Order.

6. This Final Modified Order is being entered without a hearing because: (Not Applicable – This is a Proposed Modified Order)
7. 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>>

8. The total monthly child support need under Florida's Child Support Guidelines is \$ <<Total Monthly Child Support Need>>.
9. 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 7.

<<Option 15>>

10. 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>>

<<Option 20>>

Based upon the Findings of Fact and Conclusions of Law and in accordance with section 409.2563, Florida Statutes, it is ORDERED that:

- A. The Respondent shall pay support for the following child(ren):

Child(ren)'s Name

<<Child1FullName>>

<<Child2FullName>>

Date of Birth

<<Child1DOB>>

<<Child2DOB>>

- B. Starting _____ (Start date will be stated in the Final Order) the Respondent shall pay:

\$ <<Current Support>> each month in current support, plus \$ <<Total Payment for Past-Due Support>> each month for past-due support for a total monthly payment of \$ <<Total Monthly Payment>>.

When the total past-due support amount and any arrears that accrue after the date of this Final Modified 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 the Child Support Program.

- D. Duration of order. This Final Modified Order stays in effect until:
- (1) Vacated, modified, suspended or terminated by the Child Support Program;
 - (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.

<<Option 41>>

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 Modified Order. A separate Income Deduction Order is being entered. The Respondent is responsible for paying the support obligations under this Final Modified Order to the State Disbursement Unit until income deduction starts.
- 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 amount in Paragraph B and any subsequent late payments or past-due amounts that accrue after entry of this Final Modified Order.

<<Option 25>>

OPTIONS PAGE

OPTION 1 (When applicable)

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

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

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

OPTION 13.1 (for NCP)

- A. imputed
- B. actual

OPTION 13.2 (for CP)

- A. imputed
- B. actual

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.
- C. Extraordinary medical, psychological, educational, or dental expenses as explained in the Additional Findings of Fact and Conclusions of Law.
- D. 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.
- E. Seasonal variations in one or both parents' income as explained in the Additional Findings of Fact and Conclusions of Law.
- F. 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.
- H. Total available assets of mother, father, and child(ren) as explained in the Additional Findings of Fact and Conclusions of Law.
- I. 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.
- K. Impact of IRS dependency exemption and waiver of that exemption as explained in the Additional Findings of Fact and Conclusions of Law.
- L. Adjustments needed to achieve and equitable result as explained in the Additional Findings of Fact and Conclusions of Law.
- M. The Respondent is entitled to a \$<<Allowable Deduction>> deduction from gross income for the Respondent's child(ren) who resides in his/her household.

- N. The Respondent receives Social Security Disability (SSD) benefits. The Respondent's 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.

**** As option 15.1 states more/less the <<TotalDeviationAmountPOSD>> field will only pull numerical value of the field (positive or negative symbols are not to be pulled into the form)**

- A. Select Option A, if the value of the field SHARED_PARENTAL_M is checked.
- B. Select Option B, if the value of the field PARENTING_PLAN_M or PARENTING_PLAN_F is not equal to zero and is not blank.
- C. Select Option C if the value of either field EXTRA_EXP_M or EXTRA_EXP_F is not equal to zero and is not blank.
- D. Select Option D if the value of either field PAREN_SUPP_M or PAREN_SUPP_F is not equal to zero and is not blank.
- E. Select Option E if the value of either field SEASONAL_M or SEASONAL_F is not equal to zero and is not blank.
- F. Select Option F if the value of either field AGE_OF_CHILD_M or AGE_OF_CHILD_F is not equal to zero and is not blank.
- G. Select Option G, if the value of either field SPECIAL_NEEDS_M or SPECIAL_NEEDS_F is not equal to zero and is not blank.
- H. Select Option H, if the value of either field TOTAL_ASSETS_M or TOTAL_ASSETS_F is not equal to zero and is not blank.
- I. Select Option I, if the value of either field MORE_THAN_55_M or MORE_THAN_55_F is not equal to zero and is not blank, for the NCP only. Do not select this option if this field is populated for the CP.
- J. Select option J, if the value of the field INDEP_CHLD is not equal to zero and is not blank.
- K. Select Option K, if the value of the field IRS_EXEMP_M or IRS_EXEMP_F is not equal to zero and is not blank.
- L. Select Option L, if the value of the field OTH_EQUIT_ADJ_M or OTH_EQUIT_ADJ_F is not equal to zero and is not blank.
- M. Select Option M, if the value of the field APP_SEC_FAM_M or APP_SEC_FAM_F is not equal to zero and is not blank, for the NCP only. Do not select this option if this field is populated for the CP.
- N. Select Option N, if the value of the field SSD_RES_M or SSD_RES_F is not equal to zero and is not blank, for the NCP only. Do not select this option if this field is populated for the CP.

\$<<Allowable Deduction>> is to be derived from determination of Respondent, then APPR_SECFAM_M or APPR_SECFAM_F, appropriately

\$<<ReducedObligAmt>> is to be derived from determination of Respondent, then SSD_CRED_M or SSD_CRED_F, appropriately

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

OPTION 17

A. When CP is providing health insurance

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 <<Option 27>> is active or retired United States military. As a dependent of the <<Option 27>>, the child(ren) is entitled to health insurance under the military health insurance program.

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 20 (Include is user selects, However mandatory if if option 15A – L is selected, as 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 court-ordered 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.

OPTION 25 (Include if user selects)

Additional Provisions: (Center as Header)

<<Free Form Text>>

OPTION 31 (Based on the office handling the case)

- A. 1-305-530-2600 (if case is handled in Miami-Dade County)
- B. 1-800-622-KIDS (5437) (if A. Conditions are not met, [all other sites])

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 36 (Reason for order modification)

- A. the needs of the child(ren) and/or financial circumstances of one or both parents have changed.
- B. <<Free Form Text>>

OPTION 38

- A. Health Insurance is to be provided by <<Option 27>>.
- B. Neither parent is ordered to provide health insurance for the minor child(ren). 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 <<Option 27>> shall obtain and maintain health insurance for the child(ren) by enrolling them in group health insurance available through the <<Option 27>>'s employer, union, or other source. The <<Option 27>> shall send written proof of coverage to the <<CSE Local Office and Address>>. If there is any change in health insurance the <<Option 27>> 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 40

- A. an increase
- B. a decrease

OPTION 41

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:

\$<<1st step down support amount>> per month current support.

Current support for <<next 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:

\$<<2nd step down support amount>> per month current support

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>>

CSE Case Number: <<CSECaseNo>>

vs.

<<NCP NAME>>

Respondent.

FINAL MODIFIED ADMINISTRATIVE SUPPORT ORDER

The Florida Department of Revenue, Child Support Program (DOR), enters this Final Modified Administrative Support Order (Final Modified Order). We have considered 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 Modified 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 Department of Revenue has subject matter jurisdiction in this proceeding and enters this Final Modified Order as authorized by section 409.2563, Florida Statutes. There is no judicial support order for the child(ren).
2. On <<Render Date of Order Being Modified>> DOR issued a Final Administrative Support Order (Final Order) establishing the Respondent's support obligations. DOR reviewed the Final Order as provided by section 409.2564(11), Florida Statutes, and applied the child support guidelines in section 61.30, Florida Statutes, to the current circumstances of the parties and child(ren). Having completed the review DOR finds that the support order should be modified because <<Option 36>>
3. DOR is providing Title IV-D child support services for <<CP/CTR Name>>, the <<Option 11>> of the child(ren) named in Paragraph 4. The child(ren) resides with <<CP/CTR Name>> most of the time.
4. 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.

XXXX

Child(ren) Name

Date of Birth

XXXX

<<Child1Name>>

<<Child1DOB>>

XXXX

<<Child2Name>>

<<Child2DOB>>

XXXX

XXXX

5. The child(ren) needs support and the Respondent has the ability to provide support as determined by this Final Modified Order.

XXXX

XXXX

6. This Final Modified Order is being entered without a hearing because <<Option 12>>.

XXXX

XXXX

XXXX

XXXX

XXXX

7. DOR 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>> (<<CP 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>>

8. The total monthly child support need under Florida's Child Support Guidelines is \$ <<Total Monthly Child Support Need>>.
9. 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 7.

<<Option 15>>

10. 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>>

<<Option 20>>

Based upon the Findings of Fact and Conclusions of Law and in accordance with section 409.2563, Florida Statutes, it is ORDERED that:

- A. The Respondent shall pay support for the following child(ren):

Child(ren)'s Name
<<Child1FullName>>
<<Child2FullName>>

Date of Birth
<<Child1DOB>>
<<Child2DOB>>

B. Starting <<Payment Start Date>> the Respondent shall pay:

\$<<Current Support>> each month in current support, plus \$<<Total Payment for Past-Due Support>> each month for past-due support, for a total monthly payment of \$<<Total Monthly Payment>>

When the total past-due support amount and any arrears that accrue after the date of this Final Modified 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 <<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 Modified 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.

<<Option 41>>

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 Modified Order. A separate Income Deduction Order is being entered. The Respondent is responsible for paying the support obligations under this Final Modified Order to the State Disbursement Unit until income deduction starts.
- H. The Florida Department of Economic Opportunity (or its successor agency) shall deduct, withhold, and pay to DOR, 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 amount in Paragraph B and any subsequent late payments or past-due amounts that accrue after entry of this Final Modified Order.

<<Option 25>>

Effective Date. This Final Modified Order is effective immediately and remains in effect until modified by DOR, vacated on appeal, or superseded by a subsequent court order.

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

<<Image of Ann Coffin's signature>>
Director, Child Support Program
Authorized Representative
Florida Department of Revenue

This document has been signed electronically as authorized by section 668.004, Florida Statutes. A copy has been rendered and filed on this date in the office records of the Florida Department of Revenue.

Copy furnished this date to:
<<County Name>> County Clerk of the Circuit Court

<<Option 33>>
<<CP/CTR name>>

NOTICE OF RIGHT TO APPEAL

A party that is adversely affected by this Final Administrative Order, the Income Deduction Order, or both has the right to judicial review under section 120.68, Florida Statutes. To obtain judicial review you must complete the following steps:

1. File an original Notice of Appeal with the Department of Revenue's Deputy Agency Clerk within 30 days after the date the Final Modified Order is rendered. The address is:

Department of Revenue
Child Support Program
Attention: Deputy Agency Clerk
P.O. Box 8030
Tallahassee, Florida 32314-8030

2. File a copy of the Notice of Appeal with the Clerk of the First District Court of Appeal or the Clerk of the District Court of Appeal for the district where you live. You also must pay a filing fee when you file the Notice of Appeal with the court.

Filing with the Department of Revenue or the District Court of Appeal is complete when the Notice of Appeal is received, not when it is mailed.

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>>

CSE Case Number << CSECaseNo>>

vs.

<<NCP NAME>>

Respondent.

**INCOME DEDUCTION ORDER
ADMINISTRATIVE SUPPORT PROCEEDING**

The Florida Department of Revenue, Child Support Program (DOR) enters this Income Deduction Order regarding the Respondent's child support obligation pursuant to section 409.2563(7), Florida Statutes.

To: All current and subsequent employers and payors of income to Respondent <<NCP Name>>

YOU ARE HEREBY ORDERED, as required by Florida law, to make regular deductions from all income of the Respondent in accordance with this Income Deduction Order and any accompanying Order/Notice to Withhold Income.

YOU ARE FURTHER ORDERED:

1. To deduct from all money due and payable to the Respondent:
 - (a) \$<<Current Support>> per month for current child support, plus
 - (b) \$<< Total Payment for Past-Due Support >> per month for past-due/retroactive support until the total past-due/retroactive/arrears amount of \$<<Total Past Due Owed>> is paid,
 - (c) for a total monthly payment of \$<<Total Monthly Payment>>
 - (d) When the total past-due/retroactive/arrears amount in (b) has been paid, continue to deduct the amount in (a) for current child support.

<<Option 41>>

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.

2. To deduct 100 percent of any income paid in the form of a bonus or other similar one-time payment, up to the amount of the arrearage reported in the Order/Notice to Withhold, or any subsequent past-due amount that accrues.
3. To send these amounts to:

Florida State Disbursement Unit
<<SDUAddress>>

Your check or other form of payment must include the Respondent's name, the date the deduction was made, and the court depository number <<Depository Number>>.

4. Not to deduct more than the amounts allowed under Section 303(b) of the Consumer Credit Protection Act, 15 U.S.C. 1673(b), as amended.
5. To deduct an additional 20 percent of the current support obligation or other amount agreed to by the parties if a delinquency accrues after the order establishing, modifying, or enforcing the obligation has been entered and there is no order for repayment of the delinquency or a preexisting arrearage. This amount is to be deducted until the delinquency and any attorney's fees and costs are paid in full. No deduction may be applied to attorney's fees and costs until the delinquency is paid in full.
6. To continue income deduction at the rate in effect immediately prior to emancipation, if the obligation to pay current support is reduced or terminated due to emancipation of a child and the obligor owes an arrearage, retroactive support, delinquency, or costs. Continued deduction at that rate shall continue until all arrearages, retroactive support, delinquencies, and costs are paid in full or until the amount of withholding is modified by the DOR or a court.

This Income Deduction Order or an Income Deduction Notice will be served on the Respondent's present and future employers. Enforcement of the Income Deduction Order may only be contested on the grounds of mistake of fact regarding the amount due pursuant to the order establishing, enforcing, or modifying the amounts in paragraph 1, or the identity of the Respondent, the Petitioning parent/caregiver, or the employer.

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

<<Image of Ann Coffin's signature>>
Director, Child Support Program
Authorized Representative
Florida Department of Revenue

This document has been signed electronically as authorized by section 668.004, Florida Statutes. A copy has been filed on this date in the office records of the Florida Department of Revenue.

Notes:

(1) The Certificate of Rendition paragraph must remain all together on a single page.

(2) The Income Deduction Order section of this form must start on its own page.

OPTIONS PAGE

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

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

OPTION 12 (Based on activity status codes)

A. No DOAH Request

The Respondent did not file a timely request for an administrative hearing. The time limits are stated in the Proposed Administrative Support Order, which was served on the Respondent. The Respondent is deemed to have waived the right to request a hearing as provided by section 409.2563(7)(b), Florida Statutes.

B. DOAH Relinquishes Jurisdiction

The Respondent waived his or her right to contest the proposed order at an administrative hearing.

OPTION 13.1 (for NCP)

- A.** imputed
- B.** actual

OPTION 13.2 (for CP)

- A.** imputed
- B.** actual

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.C. Extraordinary medical, psychological, educational, or dental expenses as explained in the Additional Findings of Fact and Conclusions of Law.

- D.** 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.
- E.** Seasonal variations in one or both parents' income as explained in the Additional Findings of Fact and Conclusions of Law.
- F.** 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.
- H.** Total available assets of mother, father, and child(ren) as explained in the Additional Findings of Fact and Conclusions of Law.
- I.** 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.
- K.** Impact of IRS dependency exemption and waiver of that exemption as explained in the Additional Findings of Fact and Conclusions of Law.
- L.** Adjustments needed to achieve an equitable result as explained in the Additional Findings of Fact and Conclusions of Law.
- M.** The Respondent is entitled to a \$<<Allowable Deduction>> deduction from gross income for the Respondent's child(ren) who resides in his/her household.
- N.** The Respondent receives Social Security Disability (SSD) benefits. The Respondent's 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.

**** As option 15.1 states more/less the <<TotalDeviationAmountPOSD>> field will only pull numerical value of the field (positive or negative symbols are not to be pulled into the form)**

- A. Select Option A, if the value of the field SHARED_PARENTAL_M is checked.
- B. Select Option B, if the value of the field PARENTING_PLAN_M or PARENTING_PLAN_F is not equal to zero and is not blank.
- C. Select Option C if the value of either field EXTRA_EXP_M or EXTRA_EXP_F is not equal to zero and is not blank.
- D. Select Option D if the value of either field PAREN_SUPP_M or PAREN_SUPP_F is not equal to zero and is not blank.
- E. Select Option E if the value of either field SEASONAL_M or SEASONAL_F is not equal to zero and is not blank.
- F. Select Option F if the value of either field AGE_OF_CHILD_M or AGE_OF_CHILD_F is not equal to zero and is not blank.
- G. Select Option G, if the value of either field SPECIAL_NEEDS_M or SPECIAL_NEEDS_F is not equal to zero and is not blank.
- H. Select Option H, if the value of either field TOTAL_ASSETS_M or TOTAL_ASSETS_F is not equal to zero and is not blank.
- I. Select Option I, if the value of either field MORE_THAN_55_M or MORE_THAN_55_F is not equal to zero and is not blank, for the NCP only. Do not select this option if this field is populated for the CP.
- J. Select option J, if the value of the field INDEP_CHLD is not equal to zero and is not blank.
- K. Select Option K, if the value of the field IRS_EXEMP_M or IRS_EXEMP_F is not equal to zero and is not blank.
- L. Select Option L, if the value of the field OTH_EQUIT_ADJ_M or OTH_EQUIT_ADJ_F is not equal to zero and is not blank.
- M. Select Option M, if the value of the field APP_SEC_FAM_M or APP_SEC_FAM_F is not equal to zero and is not blank, for the NCP only. Do not select this option if this field is populated for the CP.
- N. Select Option N, if the value of the field SSD_RES_M or SSD_RES_F is not equal to zero and is not blank, for the NCP only. Do not select this option if this field is populated for the CP.

\$<<Allowable Deduction>> is to be derived from determination of Respondent, then APPR_SECFAM_M or APPR_SECFAM_F, appropriately

\$<<ReducedObligAmt>> is to be derived from determination of Respondent, then SSD_CRED_M or SSD_CRED_F, appropriately

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

OPTION 17

A. When CP is providing health insurance

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 <<Option 27>> is active or retired United States military. As a dependent of the <<Option 27>>, the child(ren) is entitled to health insurance under the military health insurance program.

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 20 (Include is user selects, However mandatory if if option 15A – L is selected, as 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 court-ordered 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.

OPTION 22 (When proceeding determines paternity)

and biological

OPTION 25 (Include if user selects)

Additional Provisions: (Center as Header)

<<Free Form Text>>

OPTION 33 (Use B if Respondent has an attorney)

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

OPTION 36 (Reason for order modification)

- A. the needs of the child(ren) and/or financial circumstances of one or both parents have changed.
- B. <<Free Form Text>>

OPTION 39

- A. The <<Option 27>> shall obtain and maintain health insurance for the child(ren) by enrolling them in group health insurance available through the <<Option 27>>'s employer, union, or other source. The <<Option 27>> shall send written proof of coverage to the <<CSE Local Office and Address>>. If there is any change in health insurance the <<Option 27>> 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

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:

\$<<1st step down support amount>> per month current support.

Current support for <<next 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:

\$<<2nd step down support amount>> per month current support



Child Support Program

**Notice of Intent to Terminate Final
Administrative Support Order**

To:

CSE Case Number:

Court Case Number:

1. **Intent to terminate.** The Child Support Program of the Florida Department of Revenue intends to terminate the Final Administrative Support Order rendered on . The child involved in this matter is:

Child's Name

Child's Date of Birth

The name of the parent due support is . We intend to take this action because we have been notified of reasons/facts justifying termination of the order, specifically:

- the Respondent is permanently disabled.
- the Petitioner requests the order be terminated.
- the child is now living with the parent who owes support.
- the parental rights of the parent who owes support have been terminated.

2. On we rendered a Final Administrative Support Order establishing certain child support obligations of the Respondent; specifically, the Final Order requires the Respondent to pay, starting , current support of \$ per month, and \$ per month on a retroactive support obligation of \$. The Final Order includes a requirement to provide health insurance for the child(ren) and payment of noncovered medical expenses.
3. **Informal discussions and your right to a hearing.** You may contact us by phone at 1-800-622-KIDS (5437) to informally discuss the proposed termination, or you may request a hearing before we issue a final order terminating the Final Administrative Support Order. You can also agree to the proposed termination without an informal discussion or a hearing. You have 20 days from the date of service of this notice to file a written request for a hearing. If there is an informal discussion, your time period to request a hearing may be extended. If we do not receive your written request for a hearing within the time allowed, you will lose your right to a hearing, and we will issue a final order terminating the Final Administrative Support Order. If there is a hearing, an administrative law judge will decide whether to terminate the Final Administrative Support Order.

4. **Effects of termination.** If the Final Administrative Support Order is terminated, the termination date will be _____.

Past-due support as of _____ is owed in the amount of \$ _____, which is owed to _____.

Past-due support as of _____ is owed in the amount of \$ _____, of which \$ _____ is owed to _____ and \$ _____ has been assigned to the State of Florida for reimbursement of temporary cash assistance paid out on behalf of the child.

In addition,

An arrears payment of \$ _____ per month will be established to repay the past-due amount owed.

_____ has waived arrears owed in the amount of \$ _____.

No arrears are owed on this case.

5. **Current mailing address and change of address.** This notice has been mailed to your address of record. You are required by law to tell us your current mailing address and any new mailing address. All proposed and final administrative orders, notices of hearing, and any other papers will be mailed to you at the address above, unless you notify us in writing of a different address. We will presume you have received any documents we send you. You must provide us written notice of changes to your address right away. If you do not provide us address changes, you may miss a deadline and lose your right to ask for a hearing or file an appeal.

6. **Court action.** You or the other parent or caregiver may file a civil action in circuit court at any time to determine child support issues. A support order from a circuit court supersedes a final administrative support order issued by the Department of Revenue, however, any unpaid support due under the administrative order is still owed.

7. **Custody, visitation, alimony, and disputed paternity.** Neither the Department of Revenue nor administrative law judges have jurisdiction to grant a divorce, resolve paternity disputes, or to award or change custody, visitation, or alimony. If you want a hearing on any of these issues, you must file a petition in an appropriate circuit court.

8. **Legal authority.** This action is permitted by section 409.2563, Florida Statutes.

Dated:

Copy provided to:

**STATE OF FLORIDA
DEPARTMENT OF REVENUE
CHILD SUPPORT PROGRAM**

State of Florida Department of Revenue
Child Support Program and

Petitioners,

Depository Number:
Child Support Case Number:

and

Respondent.

**Final Order Terminating
Administrative Support Order**

1. Pursuant to section 409.2563, Florida Statutes, the Florida Department of Revenue (DOR) issues this Final Order Terminating Administrative Support Order. The child involved in this matter is:

Child's Name

Child's Date of Birth

**In support of this Order, DOR makes the following
FINDINGS OF FACT AND CONCLUSIONS OF LAW:**

2. The name of the parent due support is _____ .
3. We intend to take this action because we have been notified of reasons/facts justifying termination of the order, specifically:
- the Petitioner requests the order be terminated
 - the Respondent is permanently disabled
 - the child is now living with the parent who owes support
 - the parental rights of the parent who owes support have been terminated
4. DOR has jurisdiction over this proceeding because we are providing Title IV-D child support services to the petitioner.
5. On _____ DOR rendered a Final Administrative Support Order establishing certain child support obligations of the Respondent; specifically, the Final Order requires the Respondent to pay, starting _____, current support of \$ _____ per month, and \$ _____ per month on a retroactive support obligation of \$ _____. The Final Order includes a requirement to provide health insurance for the child(ren) and payment of noncovered medical expenses.

6. Neither parent or caregiver has requested an administrative hearing within the time allowed in the Notice of Intent to Terminate Final Administrative Support Order, a copy of which has been served on all parties. Pursuant to s. 409.2563(7)(b), F.S., the right of any party to request a hearing is deemed waived.

Based upon the foregoing Findings of Fact and Conclusions of Law, and in accordance with ss. 61.30 and 409.2563, F.S., it is

ORDERED AND ADJUDGED that:

A. The current child support obligation of the Respondent and any requirement to provide health insurance and/or payment of noncovered medical expenses for the minor child contained in the Final Administrative Support Order rendered on _____ are terminated effective _____.

The Respondent owes \$ _____ in past-due support that accrued while the Administrative Support Order was in effect.

A. Past-due support in the amount of \$ _____ is owed to the State of Florida.

B. Past-due support in the amount of \$ _____ is owed to the Petitioner _____.

No arrears are owed to the Petitioner _____.

The Petitioner has informed DOR that she/he wishes to waive arrears owed to him/her.

B. The Income Deduction Order rendered on _____ is terminated effective immediately.

The Respondent shall pay \$ _____ each month towards past-due support.

The Respondent is responsible for making payments to the State Disbursement Unit until income deductions begins.

C. The Department of Revenue's file in this matter will be closed when all past-due support owed is paid.

D. Effective Date. This order is effective immediately and remains in effect until vacated on appeal or superseded by a subsequent court order.

DONE AND ORDERED this _____ day of _____, 20_____.

Authorized Designee for: Ann Coffin
Director, Child Support Program
State of Florida Department of Revenue

CERTIFICATE OF RENDITION

I HEREBY CERTIFY that the foregoing Final Order Terminating Administrative Support Order has been filed in the official records of Department of Revenue, this _____ day of _____, 20_____.

Deputy Agency Clerk

Copies Furnished to:
Clerk of the Circuit Court
 , Petitioner
 , Respondent

NOTICE OF RIGHT TO APPEAL

Any party who is adversely affected by the foregoing Final Order Terminating Administrative Support Order has the right to ask for judicial review (Section 120.68, Florida Statutes). The request must be received within thirty (30) days of the filing date on this Final Order. To ask for judicial review, complete both of the following steps:

1. File an original Notice of Appeal as prescribed by the Florida Rules of Appellate Procedure, with the Deputy Agency Clerk of the Department of Revenue at:

Department of Revenue
Child Support Program
Attention: Deputy Agency Clerk
P.O. Box 8030
Tallahassee, Florida 32314-8030

2. File a copy of the Notice of Appeal, together with the filing fee (Section 35.22, Florida Statutes, or other applicable law) with the Clerk of the First District Court of Appeal or the Clerk of the District Court of Appeal for the district where the party seeking review resides.

Filing with either the DOR Deputy Agency Clerk or the Clerk of a District Court of Appeal is effective when the clerk receives the notice, not when it was mailed.



Child Support Program

CS-OP05
Rule 12E-1.036
Florida Administrative Code
Effective XX/XX/XX

Notice of Genetic Testing Appointment

<<Recipient Name>>
<<Recipient Address>>



<< Date>>
Child Support Case Number: <<CSE Case Number>>
Activity Number: <<ActivityNum>>

We scheduled a genetic testing appointment to find out if <<Alleged Father Name>> is the biological father of the child(ren) named below:

Child's Name <<ChildName>> Date of Birth <<ChildDOB>>

We scheduled this appointment because <<Alleged Father Name>> is named in an affidavit or written declaration that states he is or may be the child(ren)'s biological father. Your appointment date and time is:

<<Option 1>>
<<Option 2>>

If the child(ren) resides with you, you must bring the child(ren) for genetic testing.
If you are a nonparent caregiver, only the child(ren) must provide a sample.
If you are a minor parent, your parent or guardian must come with you to the appointment.
During your appointment we will take a photo to verify your identity .

You must bring picture identification to identify yourself and the child. Valid adult identification includes:

- A state issued driver's license or ID card.
• A U.S. passport, a stamped foreign passport, or an ID card issued by the U.S. Bureau of Citizenship and Immigration Services.
• A U.S. armed forces ID card.
• Florida or federal inmate ID cards.

XXXX

T

Valid child identification includes:

- A state issued ID card.
- A certified copy of a birth certificate.
- A social security card.
- An insurance card or a school ID.

XXXX
XXXX

T

Option page for CS-OP05

Option 1

A. (If the recipient is NOT incarcerated)

- a. Date: <<Appointment Date>>
- b. Time:<<Appointment Time>>
- c. Place:<<First Name of Appointment Site>>
- d. Address:<<Appointment Site Address 2>>
<<Appointment Site Address 1>>
<<City, Region, Zip-Code>>

B. (If the recipient IS incarcerated)

- a. We arranged the date and time for genetic testing with the <<correctional facility name>>correctional facility.

Option 2:

A. (if the notice is being sent to the NCP)

You must follow all other requirements in the Order to Appear for Genetic Testing.

If you cannot appear at the date, time and place stated above, you must contact us at <<Option 3>> before the appointment to reschedule. If you are unable to appear for your scheduled appointment you may visit any local child support office, Monday – Friday, between the hours of 9:00 am – 4:00 pm to provide your genetic test sample before the appointment date.

If you are an alleged father and do not appear or call ahead of time, your driver’s license may be suspended, you may be fined \$500, or both.

B. (If the notice is being sent to the CP)

If you cannot appear at the date, time and place stated above, you must contact us at <<Option 3>> before the appointment to reschedule or visit any local child support office, Monday – Friday, between the hours of 9:00 am – 4:00 pm to provide your genetic test sample before the appointment date.

If the child(ren) reside with you and you are receiving cash assistance, Medicaid or food assistance and do not appear or call ahead of time to reschedule, we will tell the Department of Children and Families that you are not cooperating.

Important

If you do not cooperate the Department of Children and Families may:

- Cancel cash assistance for your family as provided by section 414.32(1) Florida Statutes.
- Cancel Medicaid and food assistance for yourself.
- Medicaid and assistance for your child(ren) will continue.
- Medicaid during pregnancy continues.

If the child(ren) reside with you and you are not receiving cash assistance, Medicaid or food assistance and do not appear or call ahead of time to reschedule we may close your case.

Option 3 (based on the office handling the case)

A. 1-305-530-2600 (if case is handled in Miami-Dade County)

B. 1-800-622-KIDS (5437) (if A is not met, [all other sites])



Child Support Program

CS-OP01
Rule 12E-1.036
Florida Administrative Code
Effective XX/XX/XX

<<Option 1>> Notice of Administrative Proceeding to Establish Paternity

<<Recipient Name>>
<<Recipient Address>>



<< Date>>
Child Support Case Number: <<CSECase Number>>

- 1. We have started an administrative proceeding to determine whether you, <<NCP Name>>, are the biological and legal father of the child(ren) named below. According to our records paternity has not yet been established for the child(ren), and the child(ren)'s mother was not married when the child(ren) was conceived or born. You have been named by the mother, <<mother's name>>, as a possible father of the child(ren) named below. The mother's written statement is included with this notice. The name and date of birth of the child(ren) is:

<<Child1Name>> <<Child1DOB>>
<<Child2Name>> <<Child2DOB>>

We have started this proceeding because public assistance has been received for the child(ren) or because the other parent or caregiver has asked for our help in establishing paternity and child support. <<Option 8>>

The name of the other parent is <<OtherParentName>>.
<<Option 24>>

- 2. <<Option 42>>
- 3. If the genetic test results are equal to or greater than a 99 percent probability of paternity, we will send you either:
(a) a proposed order of paternity; or
(b) a notice of proceeding to establish an administrative support order. The notice requires both parents to submit financial information so that we can determine your child support obligations, if any. If we do this, but cannot determine the correct monthly support amount, we may refer the proceeding to the Division of Administrative Hearings for an administrative law judge to conduct a hearing. Otherwise, we will issue a proposed order that addresses both paternity and child support. You will have the opportunity to contest the proposed order at an administrative hearing.

XXXX

If we send you a proposed order and you do not contest it, we will issue a final order that establishes paternity or paternity and support.



4. You must tell us your current mailing address and send us any changes to your mailing address. All proposed and final administrative support orders, notices of hearing, and any other papers will be mailed to you at the address on page one of this notice and we will presume you have received any documents we send you. You must provide us written notice of changes to your address right away. If you do not provide us address changes, you may not receive a notice causing you to miss a deadline and lose your right to ask for a hearing or file an appeal.
5. You or the other parent/caregiver may file a civil action in an appropriate circuit court of this state at any time to determine your paternity and/or support obligations, if any. If, within 20 days after you are served with this notice, you file an action in circuit court and serve us with a copy of the petition, this administrative proceeding will end and the action will proceed in circuit court. If you file a petition, you must serve a copy on us at

Deputy Agency Clerk
<<P.O.LegalAddress>>

Only the circuit court has jurisdiction to grant a divorce, resolve a paternity dispute, or to award or change time-sharing, alimony or make name changes. If you want a hearing on any of these issues, you must file a petition in circuit court.

A support order from a circuit court that changes the support obligation(s) takes the place of or supersedes a Department of Revenue administrative support order. However, any unpaid support due under the administrative order is still owed.

If you choose to file a court action and do not have a lawyer, you can check to see if there is a self-help center in the county courthouse where you live. For availability, locations, forms, and other information go to www.flcourts.org.

6. If you want us to proceed in circuit court to address your paternity and support obligation, we must receive a written request from you by mail within 20 days after you receive this notice at

Florida Department of Revenue
Child Support Program
<<Local Office Address>>

If we receive your request within that time we will file an action in circuit court to determine your paternity and support obligations, if any, after the other parent or caregiver provides a financial affidavit and will mail you a copy of the court petition and a waiver of service form. You must then sign and return the waiver of service form within 10 days after you receive it. Upon receipt of your signed waiver of service form, we will end this administrative proceeding and proceed with the circuit court action. If the waiver of service is not returned, this proceeding will continue. Our petition will only address paternity and support. It will not address time-sharing.

XXXX
XXXX

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7. This proceeding is authorized by section 409.256, Florida Statutes.
8. We have given a copy of this notice to the other parent/caregiver.
9. If you have any questions call <<Option 31>>. Provide address updates to the address below:

Florida Department of Revenue
Child Support Program
P.O. Box 5330
Tallahassee, FL 32314-5330

Signed and dated this the << Day; 1st, 2nd, 3rd, etc.>> day of <<Month>>, 20<<YY>>.

<<Image of Ann Coffin's signature>>
Director, Child Support Program
Authorized Representative
Florida Department of Revenue

This document has been signed electronically as authorized by section 668.004, Florida Statutes.

Enclosures:

- Paternity Declaration or Affidavit
- Order to Appear for Genetic Testing

XXXX
XXXX

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Notice to Non-English Speaking Respondents

The Department of Revenue, Child Support Program (DOR) has begun a legal proceeding to establish paternity or a child support order for the child(ren) named on page one of the enclosed notice. To fully understand your rights and obligations you need to read the enclosed notice and order. If you do not understand English, ask someone you know to help translate the notice or order for you. If you have questions, call 1-800-622-5437 for further assistance.

Aviso Para Demandados Que No Hablen Inglés

El Ministerio de Hacienda (Department of Revenue) del Estado de la Florida, Programa Para Sustento de Menores, ha iniciado un procedimiento Legal para establecer una orden de paternidad/de sustento para el niño(s) nombrado en la primera página del documento incluido. Para entender sus derechos y obligaciones completamente usted necesita leer el documento y la orden incluida. Si usted no entiende Inglés, pídale a alguien conocido que le ayude a traducir el documento y la orden. Si tiene preguntas adicionales, llame al 1-800-622-5437.

Mesaj Pou Moun Ki Pa Ka Reponn An Angle

The Department of Revenue, Child Support Program (DOR) komanse aksyon legal pou etabli patenite/yon dekre pou timoun/timoun-yo ki lonmen nan yon paj sou notis ki enfemen a. Pou konprann konpletman tout dwa-ou avek obligasyon-ou, fok ou li notis avek dekre ki enfemen a. Si ou pa konprann Angle, mande yon moun ou konnen pou tradui notis avke dekre-a pou ou. Si ou gen kesyon, rele 1-800-622-5437 pou asistans.

XXXX
XXXX

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OPTION 1 (When applicable):

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

OPTION 8 – Jurisdiction/Long Arm for Noncustodial parent/alleged father

A. When served in Florida

DOR has personal jurisdiction over the Respondent because he/she was properly served notice in Florida on <<Date Served With Initial Notice>>.

B. When NCP served in another state or country (long-arm); if 8B is selected, select one or more from 8B1-8B6.

The Respondent is subject to DOR's jurisdiction in this proceeding under sections 48.193(1)(e), (h), or 88.2011, Florida Statutes. The Respondent was properly served notice outside the State of Florida, and he/she

1. resided in this state with the child(ren) and/or the Petitioning parent before this proceeding started.
2. resided in this state and provided prenatal expenses or support for the child(ren) before 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 24 (in caretaker cases only)

<<CP/CTR Name>> is the child(ren)'s caregiver

Option 31 (based on the office handling the case)

- A. 1-305-530-2600 (if case is handled in Miami-Dade County)
- B. 1-800-622-KIDS (5437) (if condition A is not met, [all other sites])

Option 42

A. When Alleged Father is being ordered to submit to genetic testing

An Order to Appear for Genetic Testing is enclosed with this notice. You are required by law to submit to genetic testing. Genetic testing will show if you are or are not the biological father of the child(ren). If the results of genetic testing do not prove that you are the father (99 percent or greater probability of paternity), this proceeding will end unless another test is required.

B. When we are using a sample that was previously collected

You have already given a sample for genetic testing. Enclosed are the results from that test, which proves that you are the biological father of the child(ren). If you think the test results are wrong, you may have another genetic test by sending a request to us at the address listed at the end of this notice. We must receive your written request within 15 days after the date of this notice and you must pay us in advance for the full cost of the test.

<<Option 35>> refers to common administrative logic option 35 for recipients address. Must also incorporate option 5 language.



Child Support Program

CS-OA88
Rule 12E-1.036
Florida Administrative Code
Effective XX/XX/XX

Dismissal of Administrative Proceeding

┌ <<Option 35>>

└

<< Date>>

Depository Number: <<DepNum>>

Child Support Case Number: <<CSECase Number>>

Activity Number: <<ActivityNum>>

Parties Involved: <<CPFIRSTNAME>> <<CPLASTNAME>> and <<NCPFIRSTNAME>>
<<NCPLASTNAME>>

On <<DateOptionA,B,orC isMailed>>, we started this proceeding by issuing a <<Option 1>>. We have decided to end this proceeding because <<Option 2>>

This proceeding is terminated without prejudice. If circumstances change, a judicial or administrative proceeding may be started at a later time.

To contact us call <<Option 3>> or visit:

Child Support Program
<<Local site address 1>>
<<Local site address 2>>

cc <<NCP attorney>>
<<CP attorney>>
<<Other parent or Caretaker>>

<<Optional Educational Message Line1>>
<<Optional Educational Message Line2>>
<<Optional Educational Message Line3>>
<<Optional Educational Message Line4>>
<<Optional Educational Message Line5>>

XXXX
XXXX

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OPTION 1 (based on which notice was originally sent)

- A. Notice of Proceeding to Establish Administrative Support Order
- B. Notice of Administrative Proceeding to Establish Paternity
- C. Notice of Proceeding to Establish Administrative Paternity and Support Order

OPTION 2 (based on the reason for the dismissal)

- A. the parent who requested our services has asked that we no longer provide child support services in this case.
- B. the required information needed to proceed was not provided.
- C. a judicial order has been issued which supersedes any administrative order.
- D. we have been unable to find the other parent to serve the first notice.
- E. the issue is now being pursued in circuit court.
- F. the parents are now living together.
- G. genetic testing has excluded the Respondent.
- H. <<FreeFormText>> (If H is chosen the user must enter free text)

Option 3 (based on the office handling the case)

- A. 1-305-530-2600 (if case is handled in Miami-Dade County)
- B. 1-800-622-KIDS (5437) (if condition A is not met, [all other sites])

<<Optional Educational Message Line1>>
<<Optional Educational Message Line2>>
<<Optional Educational Message Line3>>
<<Optional Educational Message Line4>>
<<Optional Educational Message Line5>>

Access your information online, anytime, with Child Support eServices.

For quick and easy access to your child support information online anytime, visit our website at

<InsertAppropriateFDORInternetAddr>> Login or register today to review your information, make updates and check the status of recent actions.

<<Option 35>> refers to common administrative logic option 35 for recipients address. Must also incorporate option 5 language.



Child Support Program

Request for Court Action Status Update

CS-OA247 Rule 12E-1.036 Florida Administrative Code Effective XX/XX/XX

<<NCP/AF NAME>>
<<NCP/AF Address>>
<<NCP/AF Address1>>
<<NCP/AF Address2>>

Date: <<Date>>
Child Support Case Number: <<CSECase#>>
Other Parent: <<CP NAME>>

In response to our notice of administrative proceeding, you asked us to proceed with a court action to determine your child support obligation.

Before we do that, we need additional information from the other parent. Once we have that, our attorney will send you a Notice of Commencement of Action and Request for Waiver of Service of Process, Waiver of Service of Process, and a copy of the petition for <<Option 1>> to the address listed above. You must complete the waiver of service and return it within 10 days of receiving it for the court action to proceed. If you do not return the waiver of service timely, we will dismiss the court action and continue with the administrative proceeding.

If you have questions call 1-800-622 KIDS (5437), or 1-305-520-2600 if your case is handled in Miami-Dade County. You may also visit your local Child Support office or our website at www.floridarevenue.com/dor/childsupport.

XXXX

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OPTION 1 (based on the type of order being established)

- a. paternity and support
- b. support



Child Support Program

Notice of Court Action
Financial Affidavit Needed for Court

CS-OA248
Rule 12E-1.036
Florida Administrative Code
Effective XX/XX/XX

<<CP/CTR NAME>>
<<CP/CTR Address>>
<<CP/CTR Address1>>
<<CP/CTR Address2>>

Date: <<Date>>
Child Support Case Number: <<CSECase#>>
Other Parent: <<NCP NAME>>

In response to our notice of administrative proceeding to establish <<Option 1>> for <<ChildFullName>>, <<NCP NAME>> asked that we proceed with a court action.

We will mail you a financial affidavit form that is required in court cases. It is different from the form you completed for the administrative proceeding. You should receive the form within the next five to seven days.

When you receive the form, complete it and send it back to us.

If you receive temporary cash assistance, Medicaid, or food assistance and do not complete and return the financial affidavit, your benefits may be reduced or cancelled. If you do not receive public assistance and do not complete and return the financial affidavit, your case may be closed.

After receiving the completed form from you, <<NCP NAME>> will be asked to waive service of process for the court action. If he or she waives service, the court action to obtain a <<Option 1>> order will continue. If he or she does not return the waiver form timely, we will continue with the administrative proceeding. Either way, we intend to obtain a <<Option 1>> order for the child as long as you continue to cooperate with us.

To chat with us online, please visit www.floridarevenue.com/childsupport or call us at 1-800-622 KIDS (5437) or 1-305-520-2600 if your case is handled in Miami-Dade County.

XXXX

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OPTION 1 (based on the type of order being established)

- a. paternity and support
- b. support
- c. paternity

INSTRUCTIONS FOR FLORIDA FAMILY LAW RULES OF PROCEDURE FORM 12.902(b), FAMILY LAW FINANCIAL AFFIDAVIT (SHORT FORM)

When should this form be used?

This form should be used when you are involved in a family law case which requires a **financial affidavit and your individual gross income is UNDER \$50,000 per year**. If your gross income is \$50,000.00 or over per year call us at: <<**Option 1**>> and request a Financial Affidavit (Long Form).

This form should be typed or printed in black ink. After completing this form, you should sign the form before a **notary public** and return it to Child Support Program, 5050 W. Tennessee Street, Building L, Tallahassee, FL 32399-0195.

Where can I look for more information?

Before completing this form, you may want to read the "General Information" and "Glossary" sections of the Florida Family Law Rules of Procedure forms. The words that are in "**bold underline**" in these instructions are defined there. For further information, see rule 12.285, Florida Family Law Rules of Procedure.

Special notes...

If this is a domestic violence case and you want to keep your address confidential for safety reasons, do not enter the address, telephone, and fax information at the bottom of this form. Instead, file **Petitioner's Request for Confidential Filing of Address**, Florida Supreme Court Approved Family Law Form 12.980(h).

The affidavit must be completed using **monthly** income and expense amounts. If you are paid or your bills are due on a schedule which is not monthly, you must convert those amounts. Hints are provided below for making these conversions.

Hourly - If you are paid by the hour, you may convert your income to monthly as follows:

Hourly amount	x	Hours worked per week	=	Weekly amount
Weekly amount	x	52 Weeks per year	=	Yearly amount
Yearly amount	÷	12 Months per year	=	Monthly Amount

Daily - If you are paid by the day, you may convert your income to monthly as follows:

Daily amount	x	Days worked per week	=	Weekly amount
Weekly amount	x	52 Weeks per year	=	Yearly amount
Yearly amount	÷	12 Months per year	=	Monthly Amount

Weekly - If you are paid by the week, you may convert your income to monthly as follows:

Weekly amount	x	52 Weeks per year	=	Yearly amount
Yearly amount	÷	12 Months per year	=	Monthly Amount

Bi-weekly - If you are paid every two weeks, you may convert your income to monthly as follows:

Bi-weekly amount	x	26	=	Yearly amount
Yearly amount	÷	12 Months per year	=	Monthly Amount

Bi-monthly - If you are paid twice per month, you may convert your income to monthly as follows:

Bi-monthly amount	x	2	=	Monthly Amount
-------------------	---	---	---	-----------------------

XX Expenses may be converted in the same manner.
 XX Remember, a person who is NOT an attorney is called a nonlawyer. If a nonlawyer helps you fill out these forms,
 XX that person must give you a copy of a **Disclosure from Nonlawyer**, Florida Family Law Rules of Procedure Form
 XX 12.900(a), before he or she helps you. A nonlawyer helping you fill out these forms also **must** put his or her name,
 XX address, and telephone number on the bottom of the last page of every form he or she helps you complete.

IN THE CIRCUIT COURT OF THE <<JUDICIAL CIRCUIT #>> JUDICIAL CIRCUIT,
IN AND FOR <<COUNTY NAME>> COUNTY, FLORIDA

Case No.: <<Court Case #>>

<<Option 2>>

FAMILY LAW FINANCIAL AFFIDAVIT (SHORT FORM)
(Under \$50,000 Individual Gross Annual Income)

I, <<NCPorCPName>>, being sworn, certify that the following information is true.

My Occupation: _____ Employed by: _____

Business Address: _____

Pay rate: \$ _____ () every week () every other week () twice a month () monthly () other: _____

Check here if unemployed and explain on a separate sheet your efforts to find employment.

SECTION I. PRESENT MONTHLY GROSS INCOME:

All amounts must be MONTHLY. See the instructions with this form to figure out money amounts for anything that is NOT paid monthly. Attach more paper, if needed. Items included under "other" should be listed separately with separate dollar amounts.

- | | |
|--|---------------|
| 1. Monthly gross salary or wages | 1. \$ _____ |
| 2. Monthly bonuses, commissions, allowances, overtime, tips, and similar payments | 2. _____ |
| 3. Monthly business income from sources such as self-employment, partnerships, close corporations, and/or independent contracts (gross receipts minus ordinary and necessary expenses required to produce income) (<input type="checkbox"/> Attach sheet itemizing such income and expenses.) | 3. _____ |
| 4. Monthly disability benefits/SSI | 4. _____ |
| 5. Monthly Workers' Compensation | 5. _____ |
| 6. Monthly Unemployment Compensation | 6. _____ |
| 7. Monthly pension, retirement, or annuity payments | 7. _____ |
| 8. Monthly Social Security benefits | 8. _____ |
| 9. Monthly alimony actually received | |
| 9a. From this case \$ _____ | |
| 9b. From other case _____ | Add 9a and 9b |
| 10. Monthly interest and dividends | 9. _____ |
| 11. Monthly rental income (gross receipts minus ordinary and necessary expenses required to produce income) (<input type="checkbox"/> Attach sheet itemizing such income and expense items.) | 10. _____ |
| 12. Monthly income from royalties, trusts, or estates | 11. _____ |
| 13. Monthly reimbursed expenses and in-kind payments to the extent that they reduce personal living expenses | 12. _____ |
| 14. Monthly gains derived from dealing property (not including nonrecurring gains) | 13. _____ |
| 15. Any other income of a recurring nature (list source) _____ | 14. _____ |
| 16. _____ | 15. _____ |
| 16. _____ | 16. _____ |
| 17. PRESENT MONTHLY GROSS INCOME (Add lines 1-16) TOTAL: | 17. \$ _____ |

PRESENT MONTHLY DEDUCTIONS

- 18. Monthly federal, state, and local income tax (corrected for filing status and allowable dependents and income tax liabilities)
Federal: _____ State: _____ Local: _____ = 18. \$ _____
- 19. Monthly FICA or self-employment taxes 19. _____
- 20. Monthly Medicare payments 20. _____
- 21. Monthly mandatory union dues 21. _____
- 22. Monthly mandatory retirement payments 22. _____
- 23. Monthly health insurance payments (including dental insurance), excluding portion paid for any minor children of this relationship 23. _____
- 24. Monthly court-ordered child support actually paid for children from another relationship (Complete if you PAY support. Do not enter support you receive.) 24. _____
- 25. Monthly court-ordered alimony actually paid
25a. From this case \$ _____
25b. From other case(s) _____ Add 25a and 25b 25. _____
- 26. TOTAL DEDUCTIONS ALLOWABLE UNDER SECTION 61.30, FLORIDA STATUTES** (Add lines 18 through 25) **TOTAL:** 26. \$ _____

PRESENT NET MONTHLY INCOME: (Subtract line 26 from 17) 27. \$ _____

SECTION II. AVERAGE MONTHLY EXPENSES

- A. HOUSEHOLD:** Other: _____ \$ _____
 - Mortgage or rent \$ _____
 - Property taxes \$ _____
 - Utilities \$ _____
 - Telephone \$ _____
 - Food \$ _____
 - Meals outside home \$ _____
 - Maintenance/Repairs \$ _____
 - Other: _____ \$ _____
- B. AUTOMOBILE**
 - Gasoline \$ _____
 - Repairs \$ _____
 - Insurance \$ _____
- C. CHILD(REN)'S EXPENSES**
 - Day care \$ _____
 - Lunch money \$ _____
 - Clothing \$ _____
 - Grooming \$ _____
 - Gifts for holidays \$ _____
 - Medical/dental (uninsured) \$ _____
 - Other: _____ \$ _____
- D. INSURANCE**
 - Medical/dental \$ _____
 - Child(ren)'s medical/dental \$ _____
 - Life \$ _____

E. OTHER EXPENSES NOT LISTED ABOVE

Clothing \$ _____
 Medical/Dental (uninsured) \$ _____
 Grooming \$ _____
 Entertainment \$ _____
 Gifts \$ _____
 Religious Organizations \$ _____
 Miscellaneous \$ _____
 Other: _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____

F. PAYMENTS TO CREDITORS MONTHLY CREDITOR PAYMENT

_____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____

28. TOTAL MONTHLY EXPENSES (add ALL monthly amounts in A through F above) **28. \$.** _____

SUMMARY

29. TOTAL PRESENT MONTHLY NET INCOME (from line 27 of SECTION I, INCOME) **29. \$** _____

30. TOTAL MONTHLY EXPENSES (from line 28 above) **30. \$** _____

31. SURPLUS (If line 29 is more than line 30, subtract line 30 from line 29. This is the amount of your surplus. Enter that amount here.) **31. \$** _____

32. (DEFICIT) (If line 30 is more than line 29, subtract line 29 from line 30. This is the amount of your deficit. Enter that amount here.) **32. (\$** _____ **)**

SECTION III. ASSETS AND LIABILITIES

Use the nonmarital column only if this is a petition for dissolution of marriage and you believe an item is "nonmarital," meaning it belongs to only one of you and should not be divided. You should indicate to whom you believe the item(s) or debt belongs. (Typically, you will only use this column if property/debt was owned/owed by one spouse before the marriage. See the "General Information for Self-Represented Litigants" found at the beginning of these forms and section 61.075(1), Florida Statutes, for definitions of "marital" and "nonmarital" assets and liabilities.)

A. ASSETS:

Florida Family Law Rules of Procedure Form 12.902(b), Family Law Financial Affidavit (09/12)

DESCRIPTION OF ITEM(S). List a description of each separate item owned by you (and/or your spouse, if this is a petition for dissolution of marriage). ✓ the box next to any asset(s) which you are requesting the judge award to you.	Nonmarital		
	Current Fair (✓ correct column)		
	Ma rket val ue	h us b a n d	w i f e
<input type="checkbox"/> Cash (on hand)	\$	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Cash (in banks or credit unions)		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Stocks, Bonds, Notes		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Real estate (Home)		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> (Other)		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Automobiles		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other personal property		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Retirement plans (Profit Sharing, Pension, IRA, 401(k), etc.		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> ✓ here if additional pages are attached		<input type="checkbox"/>	<input type="checkbox"/>
Total Assets (add column B)	\$		

B. LIABILITIES

DESCRIPTION OF ITEM(S). List a description of each separate debt owed by you (and/or your spouse, if this is a petition for dissolution of marriage). ✓ the box next to any debt(s) for which you believe you should be responsible	Nonmarital		
	Current Fair (✓ correct column)		
	Ma rket val ue	h us b a n d	w i f e
<input type="checkbox"/> Mortgages on real estate	\$	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Auto loans		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Charge/credit card accounts		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Other		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	✓ here if additional pages are attached		<input type="checkbox"/>	<input type="checkbox"/>
Total Debts (add column B)		\$		

Florida Family Law Rules of Procedure Form 12.902(b), Family Law Financial Affidavit (09/12)

C. CONTINGENT ASSETS AND LIABILITIES:

INSTRUCTIONS: If you have any **POSSIBLE assets** (income potential, accrued vacation or sick leave, bonus, inheritance, etc.) or **POSSIBLE liabilities** (possible lawsuits, future unpaid taxes, contingent tax liabilities, debts assumed by another), you must list them here.

Contingent Assets ✓ the box next to any contingent assets(s) which you are requesting the judge award to you.	Possible Value	Nonmarital (✓ correct column)	
		husband	wife
<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Total Contingent Assets	\$ _____		

Contingent Liabilities ✓ the box next to any contingent debts(s) for which you believe you should be responsible	Possible Amount Owed	Nonmarital (✓ correct column)	
		husband	wife
<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Total Contingent Liabilities	\$ _____		

SECTION IV. CHILD SUPPORT GUIDELINES WORKSHEET

(Florida Family Law rules of Procedure Form 12.902(e), Child Support Guidelines Worksheet, **MUST** be filed with the court at or prior to a hearing to establish or modify child support. This requirement cannot be waived by the parties.)

[✓ one only]

_____ **A Child Support Guidelines Worksheet IS or WILL BE filed in this case.** This case involves the establishment or modification of child support.

_____ **A Child Support Guidelines Worksheet IS NOT being filed in this case.** The establishment or modification of child support is not an issue in this case.

I certify that a copy of this document was [✓one only] () e-mailed () mailed () faxed () hand delivered to the person(s) listed below on {date} _____.

Other party or his/her attorney:



Name: _____ E-mail Address(es) _____
Address: _____
City, State, Zip: _____
Fax Number: _____

Florida Family Law Rules of Procedure Form 12.902(b), Family Law Financial Affidavit (09/12)

I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this affidavit and that the punishment for knowingly making a false statement includes fines and/or imprisonment.

Dated: _____

Signature of Party
Printed Name: _____
Address: _____
City, State, Zip: _____
Telephone Number: _____
Fax Number: _____

STATE OF _____
COUNTY OF _____

Sworn to or affirmed and signed before me on _____ by _____.

NOTARY PUBLIC or DEPUTY CLERK

[Print, type, or stamp commissioned name
of notary or deputy clerk.]

___ Personally known
___ Produced identification
Type of identification produced _____

IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW: [fill in **all** blanks]

This form was prepared for the: {choose only **one**} () Petitioner () Respondent

This form was completed with the assistance of:

{name of individual} _____,

{name of business} _____,

{address} _____,

{city} _____, {state} _____, {telephone number} _____,

Option 1 (based on the office handling the case)

A. 1-305-530-2600 (if case is handled in Miami-Dade County)

B. 1-800-622-KIDS (5437) (if A.. Conditions are not met, [all other sites])

Option 2 (automatically default to A. B is used if we need to change the styling)

A.

State of Florida Department of Revenue
Child Support Program and

<<CP NAME>>

Petitioners,

and

<<NCP NAME>>

Respondent.

B.

<<FreeFormTextStyling>>

NOTE: This form may be sent to both parties at the same time.



Child Support Program

<<Option 1>> PROPOSED ORDER OF PATERNITY

<<Option 35>>

Child Support Case Number: <<CSECaseNum>>

Activity Number: <<ActivityNum>>

We have issued this Proposed Order of Paternity (Proposed Order) based upon the enclosed genetic testing results and intend to enter a Final Order of Paternity (Final Order) for the child(ren) named below. In this Proposed Order <<NCP NAME>> is referred to as the Respondent.

Proposed Findings of Fact and Conclusions of Law

The Department of Revenue (DOR) has jurisdiction over the subject matter of this proceeding under section 409.256, Florida Statutes, because paternity has not been established for the child(ren) and DOR is providing Title IV-D services for <<CPorCTRname>>.

<<Option 8>>

The mother, <<mother's name>>, was not married when the child(ren) named below was conceived, and the child(ren)'s paternity has not previously been established.

The enclosed genetic testing results prove that you are the biological father of the following child(ren):

Name	Date of Birth
<<ChildName>>	<<ChildDOB>>

The child(ren) resides with<<CP/CTRName>> No parenting plan or time-sharing schedule is being determined by this administrative proceeding.

We are not allowed to change the child's name in this proceeding. That can only be done in circuit court.

<< Free form text>>

XXXX
XXXX



Notice of Rights

There are three ways you can proceed at this point:

- 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. You may contact us within 10 days of the mailing of this Proposed Order at the address, phone number, or fax listed at the end of this notice to request an informal review of this Proposed Order.
- C. You may request a hearing by filing a written request with the Deputy Agency Clerk at the following address:

Deputy Agency Clerk

<<Local Office Address>>

<<Local Office Address>>

Your written request must be received no later than 20 days after the mailing date of this Proposed Order. If you file a written request for a hearing, you must tell us 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. Any hearing will consider only issues related to paternity. Neither DOR nor DOAH has authority to order a parenting plan, time-sharing schedule, or name change. Only a circuit court may decide these issues.

If you do not file a timely request for a hearing, we will find that you have waived your right to a hearing and we will render a Final Order.

Effect of Final Order

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

Notification Requirements

You must tell us and update all information about your identities and locations. This includes names you are known by, Social Security numbers, residential and mailing addresses, phone numbers, driver license numbers, and names, addresses, and telephone numbers of employers. You must promptly notify us in writing of any change in your mailing address. We will presume you have received any further papers we send 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.

If you have any questions call <<Option 31>> or visit:

<<localsiteaddress>>

This the <<day{ex: first}>> day of <<Month>>, <<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:
Genetic Testing Results

<<NCP NAME>>

cc: <<CP NAME>>

OPTIONS PAGE

OPTION 1 (When applicable)

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

OPTION 8 (Jurisdiction/Long Arm for noncustodial parent/alleged father)

A. When served in Florida

DOR has personal jurisdiction over the Respondent because he/she was properly served notice in Florida on <<Date Served With Initial Notice>>.

B. When NCP served in another state or country (long-arm); if 8B is selected, select one or more from 8B1-8B6.

The Respondent is subject to DOR's jurisdiction in this proceeding under sections 48.193(1)(e), (h), or 88.2011, Florida Statutes. The Respondent was properly served notice outside the State of Florida, however, he/she

1. resided in this state with the child(ren) and/or the Petitioning parent before this proceeding started.
2. resided in this state and provided prenatal expenses or support for the child(ren) before 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 31 (Based on the office handling the case)

- A. 1-305-530-2600 (if case is handled in Miami-Dade County)
- B. 1-800-622-KIDS (5437) (if A. Conditions are not met, [all other sites])

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>>

If you have already given support for the child(ren), send us written proof of this support with your Parent Information Form. If the information on this form changes you must let us know the changes in writing. <<InsertWebText:2>>.

The other parent/caregiver has already completed these forms.

- 3. We will review the financial affidavits we receive and will use all available, reliable information about your income and the other parent’s income to figure the monthly amount you should be required to pay to support the child(ren). If we cannot determine the correct monthly support amount, we may refer the proceeding to the Division of Administrative Hearings for an administrative law judge to conduct a hearing. Otherwise, this amount will be computed using the child support guidelines found in section 61.30, Florida Statutes, and placed in a Proposed Administrative Order (Proposed Order). Sometimes the support amount may be changed to an amount more or less than the amount shown by the guidelines. A list of the reasons for making this change or deviation is included. If you believe any of the reasons on the list apply to you then give us detailed information about that reason along with your Financial Affidavit.

If we know what your actual monthly income is, we will use that amount. We may ask for copies of your credit report, employment records, state wage data, or information from other sources to compute or verify your monthly income. If you do not tell us your income, we will use this other information to calculate a monthly income.

We will mail you the Proposed Order to the address on page one of this notice unless you provide a new address in writing. We will include the worksheet(s) used to compute the support amount and any financial affidavits we receive or prepare. We will send the same documents to the other parent/caregiver.

- 4. After you receive the Proposed Order you need to review it closely to be sure you agree with the information included in it. You will have the opportunity to discuss the proposed order with us or to request an administrative hearing. Directions about how to request an informal discussion or administrative hearing are included in the Proposed Order.
- 5. If a Final Administrative Support Order is issued, it can be enforced in any way the law allows.
- 6. You must tell us your current mailing address and send us any changes to your mailing address. All proposed and final administrative support orders, notices of hearing, and any other papers will be mailed to you at the address on page one of this notice and we will presume you have received any documents we send you. You must provide us written notice of changes to your address right away. If you do not provide us address changes, you may not receive a notice causing you to miss a deadline and lose your right to ask for a hearing or file an appeal.

XXXX
XXXX

- 7. You or the other parent/caregiver may file a civil action in an appropriate circuit court of this state at any time to determine your paternity and/or support obligations, if any. If, within 20 days after you are served with this notice, you file an action in circuit court and serve us with a copy of the petition, this administrative proceeding will end and the action will proceed in circuit court. If you file a petition, you must serve a copy on us at

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Deputy Agency Clerk
<<P.O.LegalAddress>>

Only the circuit court has jurisdiction to grant a divorce, resolve a paternity dispute, or to award or change time-sharing, alimony or make name changes. If you want a hearing on any of these issues, you must file a petition in circuit court.

A support order from a circuit court that changes the support obligation(s) takes the place of or supersedes a DOR administrative support order. However, any unpaid support due under the administrative order is still owed.

If you choose to file a court action and do not have a lawyer, you can check to see if there is a self-help center in the county courthouse where you live. For availability, locations, forms, and other information go to www.flcourts.org.

- 8. If you want us to proceed in circuit court to address your support obligation, we must receive a written request by mail within 20 days after you receive this notice at

Florida Department of Revenue
Child Support Program
<<Local Office Address>>

If we receive your request within that time we will file an action in circuit court to determine your support obligations, if any, after the other parent or caregiver provides a financial affidavit and will mail you a copy of the court petition and a waiver of service form. You must then sign and return the waiver of service form within 10 days after you receive it. Upon receipt of your signed waiver of service form, we will end this administrative proceeding and proceed with the circuit court action. If the waiver of service is not returned, this proceeding will continue. Our petition will only address child support. It will not address custody or visitation.

- 9. Call us if you are now in a bankruptcy or Chapter 13 proceeding. Parts of this notice may not apply to you.

- 10. This proceeding is authorized by section 409.2563, Florida Statutes.

- 11. If you have any questions call <<Option 31>>. Provide address updates to the address below:

Florida Department of Revenue
Child Support Program
P.O. Box 5330
Tallahassee, FL 32314-5330

Enclosures:
Financial Affidavit
Parent Information Form

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Notice to Non-English Speaking Respondents

The Department of Revenue, Child Support Program (DOR) has begun a legal proceeding to establish paternity or a child support order for the child(ren) named on page one of the enclosed notice. To fully understand your rights and obligations you need to read the enclosed notice or order. If you do not understand English, ask someone you know to help translate the notice or order for you. If you have questions, call 1-800-622-5437 for further assistance.

Aviso Para Demandados Que No Hablen Inglés

El Ministerio de Hacienda (Department of Revenue) del Estado de la Florida, Programa Para Sustento de Menores, ha iniciado un procedimiento Legal para establecer una orden de paternidad/de sustento para el niño(s) nombrado en la primera página del documento incluido. Para entender sus derechos y obligaciones completamente usted necesita leer el documento y la orden incluida. Si usted no entiende Inglés, pídale a alguien conocido que le ayude a traducir el documento y la orden. Si tiene preguntas adicionales, llame al 1-800-622-5437.

Mesaj Pou Moun Ki Pa Ka Reponn An Angle

The Department of Revenue, Child Support Program (DOR) komanse aksyon legal pou etabli patenite/yon dekre pou timoun/timoun-yo ki lonmen nan yon paj sou notis ki enfemen a. Pou konprann konpletman tout dwa-ou avek obligasyon-ou, fok ou li notis avek dekre ki enfemen a. Si ou pa konprann Angle, mande yon moun ou konnen pou tradui notis avke dekre-a pou ou. Si ou gen kesyon, rele 1-800-622-5437 pou asistans.

XXXX
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NOTE: For tag <<InsertWebText2:>> We want the following text to be a condition that FDOR can turn on when the form is available on WSS:

You can complete this form online if you register at <<InsertAppropriateFDORInternetAddr>>.

Refer to Functional Spec FS B020F03177 for option logic.

OPTION 1 (When applicable):

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

OPTION 8 – Jurisdiction/Long Arm for Noncustodial parent/alleged father

A. When served in Florida

DOR has personal jurisdiction over the Respondent because he/she was properly served notice in Florida on <<Date Served With Initial Notice>>.

B. When NCP served in another state or country (long-arm); if 8B is selected, select one or more from 8B1-8B6.

The Respondent is subject to DOR's jurisdiction in this proceeding under sections 48.193(1)(e), (h), or 88.2011, Florida Statutes. The Respondent was properly served notice outside the State of Florida, and he/she

1. resided in this state with the child(ren) and/or the Petitioning parent before this proceeding started.
2. resided in this state and provided prenatal expenses or support for the child(ren) before 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 10 (One entry for each child.) (A-F on paternity codes associated with individual child BP record. H based on existence of ZGT activity involving the child associated with the paternity 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 child's mother.
- H. Paternity has been established for <<Child Z>> based on the attached genetic test results that equals or exceeds a 99 percent probability of paternity.

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

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

OPTION 24 (in caretaker cases only)

<<CP/CTR Name>> is the child(ren)'s caregiver

OPTION 31 (based on the office handling the case)

- A. 1-305-530-2600 (if case is handled in Miami-Dade County)
- B. 1-800-622-KIDS (5437) (if condition A is not met, [all other sites])

<<Option 35>> refers to common administrative logic option 35 for recipients address. Must also incorporate option 5 language.



Child Support Program

CS-OX01
Rule 12E-1.036
Florida Administrative Code
Effective XX/XX/XX

<<Option 1>> Notice of Proceeding to Establish Paternity
and Administrative Support Order

<<NCP Name>>
<<NCP Address>>



<< Date>>
Child Support Case Number: <<CSECase Number>>

- 1. We have started a combined proceeding to establish paternity and an administrative support order that may require you to pay child support and/or provide health insurance and noncovered medical expenses for children named below. The name and date of birth of the child(ren) are:

<<Child1Name>> <<Child1DOB>>
<<Child2Name>> <<Child2DOB>>

Our records show there is no support order for the child(ren). We have started this proceeding because public assistance has been received for the child(ren) or because the other parent or caregiver has asked for our help in establishing paternity and support. <<Option 8>>

The name of the other parent is <<OtherParentName>>.
<<Option 24>>

- 2. According to our records:

- A. You are the legal father of
<<Child Z Name.>>.
<<Child Z1 Name.>>.

<<Option 10>>

As the legal father you have a legal duty to contribute to the child(ren)'s support. We will not proceed to establish a support order until after we find out if you are the father of <<Child Y, Y1, etc.>>. If you are the father of <<Child Y, Y1, etc.>>, the support order will cover all of the children.

- B. According to our records paternity has not been established for <<Child Y, Y1, etc.>> and the child(ren)'s mother was not married when the child(ren) was conceived or born. You have been named by the mother, <<mother's name>>, as a possible father of the

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child(ren). The mother's written statement is included with this notice. We will determine in this proceeding if you are the biological and legal father of the child(ren).

C. <<Option 42>>.

3. After we receive the genetic testing results, we will determine your child support obligations. We will mail you a notice that requires you to submit financial information that is needed to do that. If the genetic test results are equal to or greater than a 99 percent probability of paternity, we will determine support for that child(ren) and the other child(ren) named in paragraph 1. If the genetic test results are less than a 99 percent probability of paternity we will determine your support obligations only for the child(ren) for whom you are already the legal father. We will review the financial affidavits we receive and will use all available, reliable information about your income and the other parent's income to figure the monthly amount you should be required to pay to support the child(ren). If we cannot determine the correct monthly support amount, we may refer the proceeding to the Division of Administrative Hearings for an administrative law judge to conduct a hearing. Otherwise, after we calculate your support obligation based on the child support guidelines, we will mail you a proposed order, which you can contest at an administrative hearing. The proposed order will address paternity, if applicable, and your child support obligations for the children named above in paragraph 1.
4. If a support order is established you will may be required to pay child support and/or provide health insurance and payment of noncovered medical expenses for the child(ren), including retroactive child support for up to 24 months before the start of this proceeding.
5. If a Final Administrative Support Order is issued, it can be enforced in any way the law allows.
6. You must tell us your current mailing address and send us any changes to your mailing address. All proposed and final administrative support orders, notices of hearing, and any other papers will be mailed to you at the address on page one of this notice and we will presume you have received any documents we send you. You must provide us written notice of changes to your address right away. If you do not provide us address changes, you may not receive a notice causing you to miss a deadline and lose your right to ask for a hearing or file an appeal.
7. You or the other parent/caregiver may file a civil action in an appropriate circuit court of this state at any time to determine your paternity and/or support obligations, if any. If, within 20 days after you are served with this notice, you file an action in circuit court and serve us with a copy of the petition, this administrative proceeding will end and the action will proceed in circuit court. If you file a petition, you must serve us a copy on us at

Deputy Agency Clerk
<<P.O.LegalAddress>>

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Only the circuit court has jurisdiction to grant a divorce, resolve a paternity dispute, or to award or change time-sharing, alimony or make name changes. If you want a hearing on any of these issues, you must file a petition in circuit court.

A support order from a circuit court that changes the support obligation(s) takes the place of or supersedes a DOR administrative support order. However, any unpaid support due under the administrative order is still owed.

If you choose to file a court action and do not have a lawyer, you can check to see if there is a self-help center in the county courthouse where you live. For availability, locations, forms, and other information go to www.flcourts.org.

- 8. If you want us to proceed in circuit court to address paternity and/or your support obligation, we must receive a written request by mail within 20 days after you receive this notice at

Florida Department of Revenue
Child Support Program
<<Local Office Address>>

If we receive your request within that time we will file an action in circuit court to determine your paternity and/or support obligations, if any, after the other parent or caregiver provides a financial affidavit and will mail you a copy of the court petition and a waiver of service form. You must then sign and return the waiver of service form within 10 days after you receive it. Upon receipt of your signed waiver of service form, we will end this administrative proceeding and proceed with the circuit court action. If the waiver of service is not returned, this proceeding will continue. Our petition will only address paternity and support issues. It will not address custody or visitation.

- 9. Call us if you are now in a bankruptcy or Chapter 13 proceeding. Parts of this notice may not apply to you.

- 10. This proceeding is authorized by section 409.256 and 409.2563, Florida Statutes.

- 11. If you have any questions call <<Option 31>>. Provide address updates to the address below:

Florida Department of Revenue
Child Support Program
P.O. Box 5330
Tallahassee, FL 32314-5330

Enclosures:
Financial Affidavit
Parent Information Form

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Notice to Non-English Speaking Respondents

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Aviso Para Demandados Que No Hablen Inglés

El Ministerio de Hacienda (Department of Revenue) del Estado de la Florida, Programa Para Sustento de Menores, ha iniciado un procedimiento Legal para establecer una orden de paternidad/de sustento para el niño(s) nombrado en la primera página del documento incluido. Para entender sus derechos y obligaciones completamente usted necesita leer el documento y la orden incluida. Si usted no entiende Inglés, pídale a alguien conocido que le ayude a traducir el documento y la orden. Si tiene preguntas adicionales, llame al 1-800-622-5437.

Mesaj Pou Moun Ki Pa Ka Reponn An Angle

The Department of Revenue, Child Support Program (DOR) komanse aksyon legal pou etabli patenite/yon dekre pou timoun/timoun-yo ki lonmen nan yon paj sou notis ki enfemen a. Pou konprann konpletman tout dwa-ou avek obligasyon-ou, fok ou li notis avek dekre ki enfemen a. Si ou pa konprann Angle, mande yon moun ou konnen pou tradui notis avke dekre-a pou ou. Si ou gen kesyon, rele 1-800-622-5437 pou asistans.

XXXX
XXXX

NOTE: For tag <<InsertWebText2:>> We want the following text to be a condition that FDOR can turn on when the form is available on WSS:

You can complete this form online if you register at <<InsertAppropriateFDORInternetAddr>>.

OPTION 1 (When applicable):

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

OPTION 8 – Jurisdiction/Long Arm for Noncustodial parent/alleged father

A. When served in Florida

DOR has personal jurisdiction over the Respondent because he/she was properly served notice in Florida on <<Date Served With Initial Notice>>.

B. When NCP served in another state or country (long-arm); if 8B is selected, select one or more from 8B1-8B6.

The Respondent is subject to DOR's jurisdiction in this proceeding under sections 48.193(1)(e), (h), or 88.2011, Florida Statutes. The Respondent was properly served notice outside the State of Florida, and he/she

1. resided in this state with the child(ren) and/or the Petitioning parent before this proceeding started.
2. resided in this state and provided prenatal expenses or support for the child(ren) before 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 10 (One entry for each child.) (A-F on paternity codes associated with individual child BP record. H based on existence of ZGT activity involving the child associated with the paternity activity)

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- 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 child's mother.

- H. Paternity has been established for <<Child Z>> based on the attached genetic test results that equals or exceeds a 99 percent probability of paternity.

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

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

OPTION 24 (in caretaker cases only)

<<CP/CTR Name>> is the child(ren)'s caregiver

OPTION 31 (based on the office handling the case)

- A. 1-305-530-2600 (if case is handled in Miami-Dade County)
- B. 1-800-622-KIDS (5437) (if condition A is not met, [all other sites])

OPTION 42

A. When Alleged Father is being ordered to submit to genetic testing

An Order to Appear for Genetic Testing is enclosed with this notice. You are required by law to submit to genetic testing. Genetic testing will show if you are or are not the biological father of the child(ren). If the results of genetic testing do not prove that you are the father (99 percent or greater probability of paternity), this proceeding will end unless another test is required.

B. When we are using a sample that was previously collected

You have already given a sample for genetic testing. Enclosed are the results from that test, which proves that you are the biological father of the child(ren). If you think the test results are wrong, you may have another genetic test by sending a request to us at the address listed at the end of this notice. We must receive your written request within 15 days after the date of this notice and you must pay us in advance for the full cost of the test.



Child Support Program

CS-OA11
Rule 12E-1.036
Florida Administrative Code
Effective XX/XX/XX

Financial Affidavit
Administrative Support Proceeding

<< Date >>

Business Partner Number: <<RecipientNumber >>

Your full name

INCOME

List separately all sources of income received over the last two years. Examples of income include all wages, business income, worker's compensation, unemployment compensation, Social Security, Veteran's benefits, pensions, gifts, rental income, and alimony.

Example:

Table with 5 columns: Date from, To, Source of Income, Rate of Pay, Hours Worked. Example row: 01/01/07, 04/07/09, Wages, \$ 7.25 per Hour, 40 per Week

Date from To Source of Income Rate of Pay Hours Worked

Four empty rows for income reporting with column headers: Date from, To, Source of Income, Rate of Pay, Hours Worked

Reason you left your last job

XXXX

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BP Number: <<RecipientNum>>

DEDUCTIONS

List separately all legally required deductions from your income. Some examples are deductions for state and federal income taxes, FICA, Medicare, health insurance premiums, and mandatory union dues.

<u>Type of Deduction</u>	<u>Amount</u>	<u>Frequency (month, week, year)</u>
_____	\$ _____	per _____
_____	\$ _____	per _____
_____	\$ _____	per _____
_____	\$ _____	per _____

Number of tax exemptions you claim on your W-4 form: _____

Attach a copy of your most recent pay stub, benefits statement or other proof of your income and deductions.

SELF EMPLOYMENT

Are you self-employed? YES or NO If Yes, please provide the following information:

Business Name: _____

Type of work: _____

Attach a copy of your last Federal tax return, 1099, or other proof of income.

OTHER SUPPORT OBLIGATIONS

(Complete only if you pay support. Do not enter support you receive.)

Do you pay ordered support for other children? Yes No \$ _____ per _____
(month, week, etc.)

If yes, child(ren) name: _____

XXXX The order was issued in _____, _____
County State
XXXX by _____ on ____/____/____.
Court or Agency Date

Provide a copy of the order and payment record for any order that the Department of Revenue is not enforcing.

XXXX
XXXX

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BP Number: <<RecipientNum>>

INSURANCE COVERAGE

Do you presently have health insurance? Yes No

Insurance company name Address Policy number

The total premium you now pay for health insurance is \$_____ per _____.
(month, week, etc.)

List the names of all persons covered on this policy.

FULL NAME

RELATIONSHIP TO YOU

Is the child(ren) on this case covered by your health insurance? YES or NO

If you are not currently providing health insurance for the child(ren) in this case,

Is health insurance available through your employer for the child(ren)? Yes No

If no, do you have access to any other health insurance for the child(ren)? Yes No

If yes to either of the above questions, please provide the cost to cover the child(ren):

Provider: _____ Cost \$_____ per _____.
(month, week, etc.)

CHILD CARE EXPENSES

The amount you now pay is \$_____ per _____ for _____ child(ren).
(month, week, etc.) (number)

Which child(ren) do you now pay child care expenses for?

XXXX
XXXX

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BP Number: <<RecipientNum>>

DEVIATIONS (Complete this section only if you are requesting a deviation.)

The support amount calculated under Florida child support guidelines is presumed to be the correct amount of support owed. In some circumstances, the support amount may be adjusted to an amount more or less than the guideline amount. The deviation factors are found in section 61.30 (11)(a) & (b), Florida Statutes, which is available online at www.leg.state.fl.us. If you believe any of these factors apply to your case, state your reasons below and give us any supporting documents you have.

Under penalties of perjury, I declare that I have read this Financial Affidavit and that the facts stated in it, and in any attached pages, are true and correct.

Sign

Date

After completing and signing this affidavit, return it to:

Florida Department of Revenue
Child Support Program
P.O. Box 5330
Tallahassee, FL 32314-5330

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Child Support Program

CS-OA12
Rule 12E-1.036
Florida Administrative Code
Effective XX/XX/XX

Parent Information Form
Administrative Support Proceeding

<< Date >>

Child Support Case Number: <<CSECaseNumber>>

Activity Number: <<ActivityNum>>

Your full name Social security number Other names known by

Date of birth Driver license number State issued

Other parent's full name Social security number Other names known by

YOUR CURRENT ADDRESS AND EMPLOYMENT INFORMATION

Your home address City State Zip

Your home phone Mailing address (if different from above) City State Zip

Your cell phone Email address

Your current employer Occupation

Employer's address City State Zip Phone

CHILD(REN)'S PARENTS LIVING TOGETHER

This information is used to determine the date the child support obligation should begin.

When was the last date the parents lived together?

In what city and state?

Did the child(ren) live with anyone else, not counting visits, during the last two years?

[] YES [] NO Who? When?

XXXX

T

SUPPORT PAID FOR THE CHILDREN

Has any financial support been paid, either by cash payments or by paying for child care, doctor bills, food or clothing for the benefit of the child(ren)? Yes No

If yes, list:

<u>Type of support</u>	<u>Paid by</u>	<u>Paid to</u>	<u>Dates</u>	<u>Amounts</u>

Please send proof (copies of checks, money orders, receipts, etc.) of the above payments with this information form.

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.

<<Option 1>>

TIME-SHARING ARRANGEMENT/PARENTING PLAN

Do you and the other parent currently have a time-sharing arrangement/parenting plan for the child(ren)?

Yes No

If yes, please describe the arrangement/plan, including the number of days each month that the child stays overnight in your home. If the arrangement/plan is in writing or court-ordered, please attach a copy to this form.

XXXX
XXXX

T

DECLARATION

Under penalties of perjury, I declare that I have read this Parent Information Form and that the facts stated in it, and in any pages attached to it, are true and correct.

Signed

Dated

If we need to reach you, what is the best time and phone number at which to contact you?

Time: _____ AM PM

Phone Number: _____

After completing and signing this form, return it to:

Florida Department of Revenue
Child Support Program
P.O. Box 5330
Tallahassee, FL 32314-5330

XXXX
XXXX

T

Options for CS-OA12

OPTION 1

(Insert the information below if form is sent to caregiver relative)

HEALTH CARE COVERAGE

Are you currently providing health insurance, for the child(ren)? Yes No

Insurance company _____ Address _____ Policy number _____

Names of child(ren) covered _____

Cost for that child _____

When did the child(ren) come to live with you? _____
Month/Year

DEVIATION

The support amount calculated under Florida child support guidelines is presumed to be the correct amount of support owed. In some circumstances, the support amount may be adjusted to an amount more or less than the guideline amount. The deviation factors are found in section 61.30 (11) (a) & (b), Florida Statutes, which is available online at www.leg.state.fl.us.

As a caregiver you are not required to complete the Financial Affidavit referenced in the Notice of Proceeding to Establish Administrative Support Order. However, if you believe any of the circumstances listed in the Deviation Factors list apply to your case, state the reasons below and submit supporting documentation.

If you are paying child care expenses for the child(ren), we need to know so that we can factor them into the other parent's support obligation. Please document the expenses below. Use additional sheets if necessary.



Child Support Program

CS-OA06
Rule 12E-1.036
Florida Administrative Code
Effective XX/XX/XX

**Notice to Parent or Caregiver of
Administrative Proceeding**

┌ <<Option 35>><<Option 5>>

└

<< Date>>

Child Support Case Number: <<CSECaseNumber>>

Activity Number: <<ActivityNum>>

Enclosed is a copy of a Notice to Establish or Modify an Administrative Order. We are trying to serve or have already served the notice on <<Respondents Name>>. <<Option 2>>

If you have any questions, information regarding an existing support order, or wish to give us additional information about the other parent or your case, please call us at: <<Option 1>>.

By law you must tell us your current mailing address. All proposed and final administrative support orders, notices of hearing, and any other papers will be mailed to you at the address above and we will presume you have received any documents we send you, unless you provide us written notice of changes to your address. If you do not provide us address changes, you may not receive a notice causing you to miss a deadline and lose your right to ask for a hearing or file an appeal. Provide address updates to:

Florida Department of Revenue
Child Support Program
P.O. Box 5330
Tallahassee, FL 32314-5330

XXXX
XXXX

<<Option 3>>

T

OPTION 1 (based on the office handling the case)

- A. 1-305-530-2600 (if case is handled in Miami-Dade County)
- B. 1-800-622-KIDS (5437) (if condition A is not met, [all other sites])

OPTION 2 (when the form is generated from the ZPSN activity)

If you are a parent, we have also enclosed a Financial Affidavit and Parent Information Form. You must complete these forms and return them within <<Option 4>> days to the address at the end of this notice.

We need this information to determine the amount of child support owed by the parent named above.

If you receive temporary cash assistance, Medicaid, or food assistance and do not complete and return the form(s), your benefits may be reduced. However, if you are in fear of the other parent, please contact us at the number below to discuss your options regarding how to cooperate with us. If you do not receive public assistance and do not complete and return the forms, your case may be closed.

If you are a nonparent caregiver, you will not receive the Financial Affidavit. You do need to fill out the enclosed Parent Information Form and return it to the address at the end of this notice within the number of days listed above. If you are providing health insurance for the child(ren) please write the information about the insurance company and the cost to you for covering the child(ren) on the bottom of the form. The parent named in the notice may be ordered to pay for part of the cost of the health insurance.

Option 3 (based on the office handling the case)

A. when option 2 is selected

Enclosures: Financial Affidavit
Parent Information Form
Initial Notice

B. when option 2 is not selected

Enclosures: Initial Notice

Option 4:

A. when case is not responding

20

B. when case is responding

45

Option 5:

A. when case is not responding CP address is printed normally

B. when case is responding CP name is selected, then the following text:

In Care Of Child Support Agency

Then the street, street 2, city, state, and zip of the BP in the role of other state county on the case, or, if other state county is missing, the BP in the role of other state agency on the case.

<<Option 35>> refers to common administrative logic option 35 for recipients address. Must also incorporate option 5 language.



CHILD SUPPORT PROGRAM

<<Option 1>> PROPOSED ADMINISTRATIVE <<Option 2>> SUPPORT ORDER



Depository Number: <<DepositoryNo>>

<<Option 35>>

Case Number: <<CSECaseNo>>



Activity Number: <<Activity Number>>

Summary

1. 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. In this Proposed Order we refer to <<NCP Name>> as the Respondent and <<CP/CTR Name>> as the Petitioning parent (or caregiver, if applicable).
2. Based on the enclosed <<Option 4>> Child Support Guideline Worksheet(s) and any relevant deviation factors, we propose and are prepared to enter a Final Administrative <<Option 2>> Support Order (Final Order) requiring the following support obligations for the child(ren) named later in this Proposed Order:
 - a. **Current child support** of \$<<Current Support>> per month to be paid by the Respondent.
 - b. **Past (Retroactive) support** of \$<<Net Retro Support Owed>> for <<Number Months Retro Owed>> months to be paid by the Respondent at the rate of an additional \$<<Monthly Retro Payment>> per month. The amount includes credit of \$<<Credit for Retro Paid>> for documented support payments made during the past period.
 - c. **Health Insurance <<Option 38>>**.
 - d. **Noncovered medical expenses.** The Respondent shall pay <<NCP Percent Support Need>> percent of the child(ren)'s reasonable and necessary noncovered medical, dental, and prescription medication expenses. The Petitioning/other parent is responsible for <<CP Percent Support Need>> percent of the expenses.

XXXX This page is only a summary. The pages that follow contain our findings and additional terms and
XXXX conditions of the Proposed Order. The start date for payments and health insurance (if ordered) will
XXXX be covered in the Final Order.

XXXX
XXXX
XXXX
XXXX
XXXX
XXXX
XXXX
XXXX
XXXX
XXXX



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

<<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.

Effect of Final Order

- E. <<Option 30>> If we issue a Final Order, we may enforce it 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

And if payments are late we will report it and the amounts 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.

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

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

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

This document has been signed electronically as authorized by section 668.004, Florida Statutes.

Enclosures:
Child Support Guidelines Worksheet(s)
Financial Affidavits

Copies furnished to:

<<Option 33>>
<<CP/CTR name>>

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>>

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>>

Child(ren) Name

<<Child1Name>>

<<Child2Name>>

Date of Birth

<<Child1DOB>>

<<Child2DOB>>

<<Option 10>>

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>>

12. 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>>

13. <<Option 19>>

<<Option 20>>

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.

<<Option 41>>

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 25>>

OPTIONS PAGE

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

OPTIONS 3 (If activity is for paternity and support order)

Paternity and

OPTION 4 (When proceeding determine 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 (Based on whether CP is a Caregiver or not)

- 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 noncustodial parent/alleged father)

- A. When served in Florida

DOR has personal jurisdiction over the Respondent because he/she was properly served notice in Florida on <<Date Served With Initial Notice>>.

B. When NCP served in another state or country (long-arm); if 8B is selected, select one or more from 8B1-8B6.

The Respondent is subject to DOR's jurisdiction in this proceeding under sections 48.193(1)(e), (h), or 88.2011, Florida Statutes. The Respondent was properly served notice outside the State of Florida, however, he/she

1. resided in this state with the child(ren) and/or the Petitioning parent before this proceeding started.
2. resided in this state and provided prenatal expenses or support for the child(ren) before 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 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)

- A. imputed
- B. actual

OPTION 13.2 (for CP)

- A. imputed
- B. actual

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.

A. 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.
C. Extraordinary medical, psychological, educational, or dental expenses as explained in the Additional Findings of Fact and Conclusions of Law.
- D. 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.
- E. Seasonal variations in one or both parents' income as explained in the Additional Findings of Fact and Conclusions of Law.
- F. 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.
- H. Total available assets of mother, father, and child(ren) as explained in the Additional Findings of Fact and Conclusions of Law.
- I. 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.
- K. Impact of IRS dependency exemption and waiver of that exemption as explained in the Additional Findings of Fact and Conclusions of Law.
- L. Adjustments needed to achieve an equitable result as explained in the Additional Findings of Fact and Conclusions of Law.

- M. The Respondent is entitled to a \$<<Allowable Deduction>> deduction from gross income for the Respondent's child(ren) who resides in his/her household.
- N. The Respondent receives Social Security Disability (SSD) benefits. The Respondent's 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.

**** As option 15.1 states more/less the <<TotalDeviationAmountPOSD>> field will only pull numerical value of the field (positive or negative symbols are not to be pulled into the form)**

- A. Select Option A, if the value of the field SHARED_PARENTAL_M is checked.
- B. Select Option B, if the value of the field PARENTING_PLAN_M or PARENTING_PLAN_F is not equal to zero and is not blank.
- C. Select Option C if the value of either field EXTRA_EXP_M or EXTRA_EXP_F is not equal to zero and is not blank.
- D. Select Option D if the value of either field PAREN_SUPP_M or PAREN_SUPP_F is not equal to zero and is not blank.
- E. Select Option E if the value of either field SEASONAL_M or SEASONAL_F is not equal to zero and is not blank.
- F. Select Option F if the value of either field AGE_OF_CHILD_M or AGE_OF_CHILD_F is not equal to zero and is not blank.
- G. Select Option G, if the value of either field SPECIAL_NEEDS_M or SPECIAL_NEEDS_F is not equal to zero and is not blank.
- H. Select Option H, if the value of either field TOTAL_ASSETS_M or TOTAL_ASSETS_F is not equal to zero and is not blank.
- I. Select Option I, if the value of either field MORE_THAN_55_M or MORE_THAN_55_F is not equal to zero and is not blank, for the NCP only. Do not select this option if this field is populated for the CP.
- J. Select option J, if the value of the field INDEP_CHLD is not equal to zero and is not blank.
- K. Select Option K, if the value of the field IRS_EXEMP_M or IRS_EXEMP_F is not equal to zero and is not blank.
- L. Select Option L, if the value of the field OTH_EQUIT_ADJ_M or OTH_EQUIT_ADJ_F is not equal to zero and is not blank.
- M. Select Option M, if the value of the field APP_SEC_FAM_M or APP_SEC_FAM_F is not equal to zero and is not blank, for the NCP only. Do not select this option if this field is populated for the CP.
- N. Select Option N, if the value of the field SSD_RES_M or SSD_RES_F is not equal to zero and is not blank, for the NCP only. Do not select this option if this field is populated for the CP.

\$<<Allowable Deduction>> is to be derived from determination of Respondent, then APPR_SECFAM_M or APPR_SECFAM_F, appropriately

\$<<ReducedObligAmt>> is to be derived from determination of Respondent, then SSD_CRED_M or SSD_CRED_F, appropriately

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

OPTION 17

A. When CP is providing health insurance

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 <<Option 27>> is active or retired United States military. As a dependent of the <<Option 27>>, the child(ren) is entitled to health insurance under the military health insurance program.

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>>.
2. Past (retroactive) support is being waived by the Petitioning parent or caregiver.

OPTION 20 (Include is user selects, However mandatory if if option 15A – L is selected, as 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 court-ordered 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.

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

, 409.256

OPTION 22 (When proceeding determines paternity)

and biological

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 only issues related to child support. Neither DOR nor DOAH has authority in this proceeding to decide issues of divorce, alimony, time-sharing, or contested paternity. Only the circuit court may decide these issues.

B. When proceeding determines paternity

Any hearing will consider only issues related to paternity and/or child support. Neither we nor DOAH may decide issues of time-sharing or name change. Only the circuit court may decide these issues.

OPTION 29 (When proceeding determines paternity)

establishes paternity and

OPTION 30 (When proceeding determines paternity)

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.

OPTION 31 (Based on the office handling the case)

- A. 1-305-530-2600 (if case is handled in Miami-Dade County)
- B. 1-800-622-KIDS (5437) (if A. Conditions are not met, [all other sites])

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 <<Option 27>>.
- B. Neither parent is ordered to provide health insurance for the minor child(ren).
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 <<Option 27>> shall obtain and maintain health insurance for the child(ren) by enrolling them in group health insurance available through the <<Option 27>>'s employer, union, or other source. The <<Option 27>> shall send written proof of coverage to the <<CSE Local Office and Address>>. If there is any change in health insurance the <<Option 27>> 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

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:

\$<<1st step down support amount>> per month current support.

Current support for <<next 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:

\$<<2nd step down support amount>> per month current support



CHILD SUPPORT PROGRAM

<<Option 1>> PROPOSED ADMINISTRATIVE <<Option 2>> SUPPORT ORDER



Depository Number: <<DepositoryNo>>

<<Option 35>>

Case Number: <<CSECaseNo>>



Activity Number: <<Activity Number>>

Summary

1. 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. In this Proposed Order we refer to <<NCP Name>> as the Respondent and <<CP/CTR Name>> as the Petitioning parent (or caregiver, if applicable).
2. Based on the enclosed <<Option 4>> Child Support Guideline Worksheet(s) and any relevant deviation factors, we propose and are prepared to enter a Final Administrative <<Option 2>> Support Order (Final Order) requiring the following support obligations for the child(ren) named later in this Proposed Order:
 - a. **Current child support** of \$<<Current Support>> per month to be paid by the Respondent.
 - b. **Past (Retroactive) support** of \$<<Net Retro Support Owed>> for <<Number Months Retro Owed>> months to be paid by the Respondent at the rate of an additional \$<<Monthly Retro Payment>> per month. The amount includes credit of \$<<Credit for Retro Paid>> for documented support payments made during the past period.
 - c. **Health Insurance** <<Option 38>>.
 - d. **Noncovered medical expenses.** The Respondent shall pay <<NCP Percent Support Need>> percent of the child(ren)'s reasonable and necessary noncovered medical, dental, and prescription medication expenses. The Petitioning/other parent is responsible for <<CP Percent Support Need>> percent of the expenses.

XXXX
 XXXX This page is only a summary. The pages that follow contain our findings and additional terms and
 XXXX conditions of the Proposed Order. The start date for payments and health insurance (if ordered) will
 XXXX be covered in the Final Order.

XXXX
 XXXX
 XXXX
 XXXX
 XXXX
 XXXX
 XXXX
 XXXX
 XXXX



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

<<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.

Effect of Final Order

- E. <<Option 30>> If we issue a Final Order, we may enforce it by any lawful means, including:
 - Requiring your employer to deduct payments from your income
 - Filing liens against your property
 - Suspending driver's, 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

And if payments are late we will report it and the amounts 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.

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

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

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

This document has been signed electronically as authorized by section 668.004, Florida Statutes.

Enclosures:
Child Support Guidelines Worksheet(s)
Financial Affidavits

Copies furnished to:

<<Option 33>>
<<CP/CTR name>>

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>>

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 (DOR), enters this Final Administrative <<Option 2>> Support Order (Final Order) to establish <<Option3>> 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).

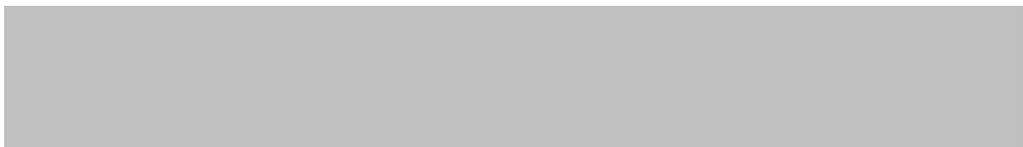
Findings of Fact and Conclusions of Law

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.

Child(ren) Name
<<Child1Name>>
<<Child2Name>>

Date of Birth
<<Child1DOB>>
<<Child2DOB>>

<<Option 10>>



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>> (<<CP 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>>

12. 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>>

13. <<Option 19>>

<<Option 20>>

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>> parent of <<Child1FullName>>, date of birth <<Child1DOB>>
<<NCP Name>> is the legal <<Option 22>> parent 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 the Child Support Program.

- D. Duration of order. This Final Order stays in effect until:
(1) Vacated, modified, suspended or terminated by the Child Support Program;
(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.

<<Option 41>>

Current support for <<nth 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 25>>



OPTIONS PAGE

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

OPTIONS 3 (If activity is for paternity and support order)

Paternity and

OPTION 4 (When proceeding determine 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 (Based on whether CP is a Caregiver or not)

- 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 noncustodial parent/alleged father)

- A. When served in Florida

DOR has personal jurisdiction over the Respondent because he/she was properly served notice in Florida on <<Date Served With Initial Notice>>.

B. When NCP served in another state or country (long-arm); if 8B is selected, select one or more from 8B1-8B6.

The Respondent is subject to DOR's jurisdiction in this proceeding under sections 48.193(1)(e), (h), or 88.2011, Florida Statutes. The Respondent was properly served notice outside the State of Florida, however, he/she

1. resided in this state with the child(ren) and/or the Petitioning parent before this proceeding started.
2. resided in this state and provided prenatal expenses or support for the child(ren) before 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 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)

- A. imputed
- B. actual

OPTION 13.2 (for CP)

- A. imputed
- B. actual

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.

A. 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.
C. Extraordinary medical, psychological, educational, or dental expenses as explained in the Additional Findings of Fact and Conclusions of Law.
- D. 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.
- E. Seasonal variations in one or both parents' income as explained in the Additional Findings of Fact and Conclusions of Law.
- F. 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.
- H. Total available assets of mother, father, and child(ren) as explained in the Additional Findings of Fact and Conclusions of Law.
- I. 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.
- K. Impact of IRS dependency exemption and waiver of that exemption as explained in the Additional Findings of Fact and Conclusions of Law.
- L. Adjustments needed to achieve and equitable result as explained in the Additional Findings of Fact and Conclusions of Law.

- M. The Respondent is entitled to a \$<<Allowable Deduction>> deduction from gross income for the Respondent's child(ren) who resides in his/her household.
- N. The Respondent receives Social Security Disability (SSD) benefits. The Respondent's 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.

**** As option 15.1 states more/less the <<TotalDeviationAmountPOSD>> field will only pull numerical value of the field (positive or negative symbols are not to be pulled into the form)**

- A. Select Option A, if the value of the field SHARED_PARENTAL_M is checked.
- B. Select Option B, if the value of the field PARENTING_PLAN_M or PARENTING_PLAN_F is not equal to zero and is not blank.
- C. Select Option C if the value of either field EXTRA_EXP_M or EXTRA_EXP_F is not equal to zero and is not blank.
- D. Select Option D if the value of either field PAREN_SUPP_M or PAREN_SUPP_F is not equal to zero and is not blank.
- E. Select Option E if the value of either field SEASONAL_M or SEASONAL_F is not equal to zero and is not blank.
- F. Select Option F if the value of either field AGE_OF_CHILD_M or AGE_OF_CHILD_F is not equal to zero and is not blank.
- G. Select Option G, if the value of either field SPECIAL_NEEDS_M or SPECIAL_NEEDS_F is not equal to zero and is not blank.
- H. Select Option H, if the value of either field TOTAL_ASSETS_M or TOTAL_ASSETS_F is not equal to zero and is not blank.
- I. Select Option I, if the value of either field MORE_THAN_55_M or MORE_THAN_55_F is not equal to zero and is not blank, for the NCP only. Do not select this option if this field is populated for the CP.
- J. Select option J, if the value of the field INDEP_CHLD is not equal to zero and is not blank.
- K. Select Option K, if the value of the field IRS_EXEMP_M or IRS_EXEMP_F is not equal to zero and is not blank.
- L. Select Option L, if the value of the field OTH_EQUIT_ADJ_M or OTH_EQUIT_ADJ_F is not equal to zero and is not blank.
- M. Select Option M, if the value of the field APP_SEC_FAM_M or APP_SEC_FAM_F is not equal to zero and is not blank, for the NCP only. Do not select this option if this field is populated for the CP.
- N. Select Option N, if the value of the field SSD_RES_M or SSD_RES_F is not equal to zero and is not blank, for the NCP only. Do not select this option if this field is populated for the CP.

\$<<Allowable Deduction>> is to be derived from determination of Respondent, then APPR_SECFAM_M or APPR_SECFAM_F, appropriately

\$<<ReducedObligAmt>> is to be derived from determination of Respondent, then SSD_CRED_M or SSD_CRED_F, appropriately

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

OPTION 17

A. When CP is providing health insurance

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 <<Option 27>> is active or retired United States military. As a dependent of the <<Option 27>>, the child(ren) is entitled to health insurance under the military health insurance program.

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>>.
2. Past (retroactive) support is being waived by the Petitioning parent or caregiver.

OPTION 20 (Include is user selects, However mandatory if if option 15A – L is selected, as 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 court-ordered 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.

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

, 409.256

OPTION 22 (When proceeding determines paternity)

and biological

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 only issues related to child support. Neither DOR nor DOAH has authority in this proceeding to decide issues of divorce, alimony, time-sharing, or contested paternity. Only the circuit court may decide these issues.

B. When proceeding determines paternity

Any hearing will consider only issues related to paternity and/or child support. Neither we nor DOAH may decide issues of time-sharing or name change. Only the circuit court may decide these issues.

OPTION 29 (When proceeding determines paternity)

establishes paternity and

OPTION 30 (When proceeding determines paternity)

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.

OPTION 31 (Based on the office handling the case)

A. 1-305-530-2600 (if case is handled in Miami-Dade County)

B. 1-800-622-KIDS (5437) (if A. Conditions are not met, [all other sites])

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 <<Option 27>>.
- B. Neither parent is ordered to provide health insurance for the minor child(ren).
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 <<Option 27>> shall obtain and maintain health insurance for the child(ren) by enrolling them in group health insurance available through the <<Option 27>>'s employer, union, or other source. The <<Option 27>> shall send written proof of coverage to the <<CSE Local Office and Address>>. If there is any change in health insurance the <<Option 27>> 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

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:

\$<<1st step down support amount>> per month current support.

Current support for <<next 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:

\$<<2nd step down support amount>> per month current support

STATE OF FLORIDA
DEPARTMENT OF REVENUE
CHILD SUPPORT PROGRAM

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

Child Support Case Number:
<<DORcaseNo>>

Activity Number: <<ActivityNum>>

vs.

<<NCP NAME>>
Respondent.

FINAL ORDER OF PATERNITY

The Florida Department of Revenue, Child Support Program (DOR), enters this Final Order of Paternity.

Findings of Fact and Conclusions of Law

1. DOR has subject matter jurisdiction to determine paternity in this administrative proceeding for the child(ren) named below as provided by section 409.256, Florida Statutes.
2. DOR is providing Title IV-D services on behalf of <<CPorCTRname>>. The child(ren) resides with <<CPorCTRname>>.
3. The child(ren)'s mother is <<Mother's Full Name>>.
4. The child(ren) was not born or conceived while the mother was married, and the child(ren)'s paternity has not previously been established.
5. <<Option 8>>
6. The attached genetic test results, which are hereby incorporated by reference and made a part of this Final Order, show a 99 percent or greater probability that the Respondent is the biological father of the following child(ren):

XXXX
XXXX

Child(ren) Name
<<ChildFullName>>

Date of Birth
<<ChildDOB>>

7. The Respondent did not file a timely request for an administrative hearing in response to DOR's Proposed Order of Paternity, which was served on the Respondent by regular U.S. mail. Under section 409.256(10)(b), Florida Statutes, the Respondent is deemed to have waived the right to a hearing.

<< Free form text1 – If populated starts with paragraph number 8 >>

Based upon these Findings of Fact and Conclusions of Law and in accordance with section 409.256, Florida Statutes, it is ORDERED that:

A. <<Respname>> is the legal and biological father of:

Child(ren)'s Name

<<Child1FullName>>

<<Child2FullName>>

Date of Birth

<<ChildDOB>>

<<ChildDOB>>

B. The Respondent shall notify DOR in writing within seven (7) days after the date of this Final Order of any change in name, Social Security number, residential address, mailing address, employer, employment address, phone numbers, or driver's license number. It will be presumed that the Respondent receives any documents that DOR mails to the most recent mailing address provided by the Respondent.

<<Option 43>>

Effective Date. This Final Order is effective immediately and remains in effect unless vacated on appeal.

DONE and ORDERED this the <<Day, 1st, 2nd, etc>> day of <<MonthSpelledout>>, 20<<YY>>.

<<Image of Ann Coffin's signature>>

Director, Child Support Program
Authorized Representative
Florida Department of Revenue

This document has been signed electronically as authorized by section 668.004, Florida Statutes. A copy has been rendered and filed on this date in the office records of the Florida Department of Revenue.

NOTICE OF RIGHT TO APPEAL

A party that is adversely affected by this Final Order of Paternity has the right to judicial review under section 120.68, Florida Statutes. To obtain judicial review, you must complete the following steps:

1. File an original Notice of Appeal with the Department of Revenue's Deputy Agency Clerk within 30 days after the date the Final Order is rendered. The address is:

Department of Revenue
Child Support Program
Attention: Deputy Agency Clerk
P.O. Box 8030
Tallahassee, Florida 32314-8030

2. File a copy of the Notice of Appeal with the Clerk of the First District Court of Appeal or the Clerk of the District Court of Appeal for the district where you live. You also must pay a filing fee when you file the copy of the Notice of Appeal with the court.

Filing with the Department of Revenue or the District Court of Appeal is complete when the Notice of Appeal is received, not when it is mailed.

Notes:

(1) The Certificate of Rendition paragraph must remain all together on a single page.

OPTIONS PAGE

OPTION 8 (Jurisdiction/Long Arm for noncustodial parent/alleged father)

A. When served in Florida

DOR has personal jurisdiction over the Respondent because he/she was properly served notice in Florida on <<Date Served With Initial Notice>>.

B. When NCP served in another state or country (long-arm); if 8B is selected, select one or more from 8B1-8B6.

The Respondent is subject to DOR's jurisdiction in this proceeding under sections 48.193(1)(e), (h), or 88.2011, Florida Statutes. The Respondent was properly served notice outside the State of Florida, however, he/she

1. resided in this state with the child(ren) and/or the Petitioning parent before this proceeding started.
2. resided in this state and provided prenatal expenses or support for the child(ren) before 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 43 (Include if user selects)

A. Additional Provisions: <<Free Form Text>>

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 <<Option 12>>
9. DOR 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>>

12. 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>>

13. <<Option 19>>

<<Option 20>>

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>> parent of <<Child1FullName>>, date of birth <<Child1DOB>>
<<NCP Name>> is the legal <<Option 22>> parent of <<Child2FullName>>, date of birth <<Child2DOB>>

- B. Starting <<Payment Start Date>> 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 <<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.

<<Option 41>>

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. A separate Income Deduction Order is being entered. The Respondent is responsible for paying the support obligations under this Final Order to the State Disbursement Unit until income deduction starts.

H. The Florida Department of Economic Opportunity (or its successor agency) shall deduct, withhold, and pay to DOR, 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 amount in Paragraph B and any subsequent late payments or past-due amounts that accrue after entry of this Final Order.

<<Option 25>>

Effective Date. This Final Order is effective immediately and remains in effect until modified by DOR, vacated on appeal, or superseded by a subsequent court order.

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

<<Image of Ann Coffin's signature>>

Director, Child Support Program
Authorized Representative
Florida Department of Revenue

This document has been signed electronically as authorized by section 668.004, Florida Statutes. A copy has been rendered and filed on this date in the office records of the Florida Department of Revenue.

Copy furnished this date to:

<<County Name>> County Clerk of the Circuit Court

<<Option 33>>

<<CP/CTR name>>

NOTICE OF RIGHT TO APPEAL

A party that is adversely affected by this Final Administrative Order, the Income Deduction Order, or both has the right to judicial review under section 120.68, Florida Statutes. To obtain judicial review you must complete the following steps:

1. File an original Notice of Appeal with the Department of Revenue's Deputy Agency Clerk within 30 days after the date the Final Order is rendered. The address is:

Department of Revenue
Child Support Program
Attention: Deputy Agency Clerk
P.O. Box 8030
Tallahassee, Florida 32314-8030

2. File a copy of the Notice of Appeal with the Clerk of the First District Court of Appeal or the Clerk of the District Court of Appeal for the district where you live. You also must pay a filing fee when you file the Notice of Appeal with the court.

Filing with the Department of Revenue or the District Court of Appeal is complete when the Notice of Appeal is received, not when it is mailed.

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>>

Child Support Case Number << CSECaseNo>>

vs.

<<NCP NAME>>
Respondent.

**INCOME DEDUCTION ORDER
ADMINISTRATIVE SUPPORT PROCEEDING**

The Florida Department of Revenue, Child Support Program (DOR) enters this Income Deduction Order regarding the Respondent's child support obligation pursuant to section 409.2563(7), Florida Statutes.

To: All current and subsequent employers and payors of income to
Respondent <<NCP Name>>

YOU ARE HEREBY ORDERED, as required by Florida law, to make regular deductions from all income of the Respondent in accordance with this Income Deduction Order and any accompanying Order/Notice to Withhold Income.

YOU ARE FURTHER ORDERED:

1. To deduct from all money due and payable to the Respondent:
 - (a) \$<<Current Support>> per month for current child support, plus
 - (b) \$<<Monthly Retro Support Payment>> per month for past-due/retroactive support until the total past-due/retroactive/arrears amount of \$<<Net Retro Support Owed>> is paid,
 - (c) for a total monthly payment of \$<<Total Monthly Payment>>
 - (d) When the total past-due/retroactive/arrears amount in (b) has been paid, continue to deduct the amount in (a) for current child support.

<<Option 41>>

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.

2. To deduct 100 percent of any income paid in the form of a bonus or other similar one-time payment, up to the amount of the arrearage reported in the Order/Notice to Withhold, or any subsequent past-due amount that accrues.
3. To send these amounts to:

Florida State Disbursement Unit
<<SDUAddress>>

Your check or other form of payment must include the Respondent's name, the date the deduction was made, and the court depository number <<Depository Number>>.

4. Not to deduct more than the amounts allowed under Section 303(b) of the Consumer Credit Protection Act, 15 U.S.C. 1673(b), as amended.
5. To deduct an additional 20 percent of the current support obligation or other amount agreed to by the parties if a delinquency accrues after the order establishing, modifying, or enforcing the obligation has been entered and there is no order for repayment of the delinquency or a preexisting arrearage. This amount is to be deducted until the delinquency and any attorney's fees and costs are paid in full. No deduction may be applied to attorney's fees and costs until the delinquency is paid in full.
6. To continue income deduction at the rate in effect immediately prior to emancipation, if the obligation to pay current support is reduced or terminated due to emancipation of a child and the obligor owes an arrearage, retroactive support, delinquency, or costs. Continued deduction at that rate shall continue until all arrearages, retroactive support, delinquencies, and costs are paid in full or until the amount of withholding is modified by the DOR or a court.

This Income Deduction Order or an Income Deduction Notice will be served on the Respondent's present and future employers. Enforcement of the Income Deduction Order may only be contested on the grounds of mistake of fact regarding the amount due pursuant to the order establishing, enforcing, or modifying the amounts in paragraph 1, or the identity of the Respondent, the Petitioning parent/caregiver, or the employer.

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

<<Image of Ann Coffin's signature>>
Director, Child Support Program
Authorized Representative
Florida Department of Revenue

This document has been signed electronically as authorized by section 668.004, Florida Statutes. A copy has been filed on this date in the office records of the Florida Department of Revenue.

Notes:

(1) The Certificate of Rendition paragraph must remain all together on a single page.

(2) The Income Deduction Order section of this form must start on its own page.

OPTIONS PAGE

OPTION 2 (When proceeding determines paternity)

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

OPTIONS 3 (If activity is for paternity and support order)

Paternity and

OPTION 4 (When proceeding determine 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 (Based on whether CP is a Caregiver or not)

- 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 noncustodial parent/alleged father)

A. When served in Florida

DOR has personal jurisdiction over the Respondent because he/she was properly served notice in Florida on <<Date Served With Initial Notice>>.

B. When NCP served in another state or country (long-arm); if 8B is selected, select one or more from 8B1-8B6.

The Respondent is subject to DOR's jurisdiction in this proceeding under sections 48.193(1)(e), (h), or 88.2011, Florida Statutes. The Respondent was properly served notice outside the State of Florida, however, he/she

1. resided in this state with the child(ren) and/or the Petitioning parent before this proceeding started.
2. resided in this state and provided prenatal expenses or support for the child(ren) before 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 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
- A. B. mother**
- C. caregiver

OPTION 12 (Based on activity status codes)

A. No DOAH Request

The Respondent did not file a timely request for an administrative hearing. The time limits are stated in the Proposed Administrative Support Order, which was served on the Respondent. The Respondent is deemed to have waived the right to request a hearing as provided by section 409.2563(7)(b), Florida Statutes.

B. DOAH Relinquishes Jurisdiction

The Respondent waived his or her right to contest the proposed order at an administrative hearing.

OPTION 13.1 (for NCP)

- A. imputed
- B. actual**

OPTION 13.2 (for CP)

- A. imputed
- B. actual**

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.C. Extraordinary medical, psychological, educational, or dental expenses as explained in the Additional Findings of Fact and Conclusions of Law.

- D.** 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.
- E.** Seasonal variations in one or both parents' income as explained in the Additional Findings of Fact and Conclusions of Law.
- F.** 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.
- H.** Total available assets of mother, father, and child(ren) as explained in the Additional Findings of Fact and Conclusions of Law.
- I.** 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.
- K.** Impact of IRS dependency exemption and waiver of that exemption as explained in the Additional Findings of Fact and Conclusions of Law.
- L.** Adjustments needed to achieve an equitable result as explained in the Additional Findings of Fact and Conclusions of Law.
- M.** The Respondent is entitled to a \$<<Allowable Deduction>> deduction from gross income for the Respondent's child(ren) who resides in his/her household.
- N.** The Respondent receives Social Security Disability (SSD) benefits. The Respondent's 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.

**** As option 15.1 states more/less the <<TotalDeviationAmountPOSD>> field will only pull numerical value of the field (positive or negative symbols are not to be pulled into the form)**

- A. Select Option A, if the value of the field SHARED_PARENTAL_M is checked.
- B. Select Option B, if the value of the field PARENTING_PLAN_M or PARENTING_PLAN_F is not equal to zero and is not blank.
- C. Select Option C if the value of either field EXTRA_EXP_M or EXTRA_EXP_F is not equal to zero and is not blank.
- D. Select Option D if the value of either field PAREN_SUPP_M or PAREN_SUPP_F is not equal to zero and is not blank.
- E. Select Option E if the value of either field SEASONAL_M or SEASONAL_F is not equal to zero and is not blank.
- F. Select Option F if the value of either field AGE_OF_CHILD_M or AGE_OF_CHILD_F is not equal to zero and is not blank.
- G. Select Option G, if the value of either field SPECIAL_NEEDS_M or SPECIAL_NEEDS_F is not equal to zero and is not blank.
- H. Select Option H, if the value of either field TOTAL_ASSETS_M or TOTAL_ASSETS_F is not equal to zero and is not blank.
- I. Select Option I, if the value of either field MORE_THAN_55_M or MORE_THAN_55_F is not equal to zero and is not blank, for the NCP only. Do not select this option if this field is populated for the CP.
- J. Select option J, if the value of the field INDEP_CHLD is not equal to zero and is not blank.
- K. Select Option K, if the value of the field IRS_EXEMP_M or IRS_EXEMP_F is not equal to zero and is not blank.
- L. Select Option L, if the value of the field OTH_EQUIT_ADJ_M or OTH_EQUIT_ADJ_F is not equal to zero and is not blank.
- M. Select Option M, if the value of the field APP_SEC_FAM_M or APP_SEC_FAM_F is not equal to zero and is not blank, for the NCP only. Do not select this option if this field is populated for the CP.
- N. Select Option N, if the value of the field SSD_RES_M or SSD_RES_F is not equal to zero and is not blank, for the NCP only. Do not select this option if this field is populated for the CP.

\$<<Allowable Deduction>> is to be derived from determination of Respondent, then APPR_SECFAM_M or APPR_SECFAM_F, appropriately

\$<<ReducedObligAmt>> is to be derived from determination of Respondent, then SSD_CRED_M or SSD_CRED_F, appropriately

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

OPTION 17

A. When CP is providing health insurance

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 <<Option 27>> is active or retired United States military. As a dependent of the <<Option 27>>, the child(ren) is entitled to health insurance under the military health insurance program.

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>>.
2. Past (retroactive) support is being waived by the Petitioning parent or caregiver.

OPTION 20 (Include is user selects, However mandatory if if option 15A – L is selected, as 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 court-ordered 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.

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

, 409.256

OPTION 22 (When proceeding determines paternity)

and biological

OPTION 25 (Include if user selects)

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

OPTION 33 (Use B if Respondent has an attorney)

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

OPTION 39

- A. The <<Option 27>> shall obtain and maintain health insurance for the child(ren) by enrolling them in group health insurance available through the <<Option 27>>'s employer, union, or other source. The <<Option 27>> shall send written proof of coverage to the <<CSE Local Office and Address>>. If there is any change in health insurance the <<Option 27>> 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

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:

\$<<1st step down support amount>> per month current support.

Current support for <<next 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:

\$<<2nd step down support amount>> per month current support

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>>

Child Support Case Number: <<CSECaseNo>>

vs.

<<NCP NAME>>

Respondent.

FINAL ADMINISTRATIVE <<OPTION 2>> SUPPORT ORDER

The Florida Department of Revenue, Child Support Program (DOR), enters this Final Administrative <<Option 2>> Support Order (Final Order) to establish <<Option3>> 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 Department of Revenue has subject matter jurisdiction in this proceeding and enters this Final Order as authorized by section <<Option 5>> 409.2563, Florida Statutes.
2. DOR 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.

Child(ren) Name

<<Child1Name>>

<<Child2Name>>

Date of Birth

<<Child1DOB>>

<<Child2DOB>>

<<Option 10>>

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 <<Option 12>>

9. DOR makes the following findings of fact:
- The Respondent's <<Option 13.1>> net monthly income is \$ <<NCP Net Income>> (<<NCP Percent Support Need>> percent of the parents' combined net income).
 - The Petitioning/other parent's <<Option 13.2>> net monthly income is \$ <<Petitioning Parent's Net Income>> (<<CP Percent Support Need>> percent of the parents' combined net income).
 - Monthly child care costs are \$ <<Monthly Child Care Expense>>.
 - 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>>

12. 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>>

13. <<Option 19>>

<<Option 20>>

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>> parent of <<Child1FullName>>, date of birth <<Child1DOB>>
<<NCP Name>> is the legal <<Option 22>> parent of <<Child2FullName>>, date of birth <<Child2DOB>>

B. Starting <<Payment Start Date>> 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 <<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.

<<Option 41>>

Current support for <<nth 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. A separate Income Deduction Order is being entered. The Respondent is responsible for paying the support obligations under this Final Order to the State Disbursement Unit until income deduction starts.
- H. The Florida Department of Economic Opportunity, (or its successor agency) shall deduct, withhold, and pay to DOR, 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 amount in Paragraph B and any subsequent late payments or past-due amounts that accrue after entry of this Final Order.

<<Option 25>>

Effective Date. This Final Order is effective immediately and remains in effect until modified by DOR, vacated on appeal, or superseded by a subsequent court order.

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

<<Image of Ann Coffin's signature>>
Director, Child Support Program
Authorized Representative
Florida Department of Revenue

This document has been signed electronically as authorized by section 668.004, Florida Statutes. A copy has been rendered and filed on this date in the office records of the Florida Department of Revenue.

Copy furnished this date to:

<<County Name>> County Clerk of the Circuit Court

<<Option 33>>

<<CP/CTR name>>

NOTICE OF RIGHT TO APPEAL

A party that is adversely affected by this Final Administrative Order, the Income Deduction Order, or both has the right to judicial review under section 120.68, Florida Statutes. To obtain judicial review you must complete the following steps:

1. File an original Notice of Appeal with the Department of Revenue's Deputy Agency Clerk within 30 days after the date the Final Order is rendered. The address is:

Department of Revenue
Child Support Program
Attention: Deputy Agency Clerk
P.O. Box 8030
Tallahassee, Florida 32314-8030

2. File a copy of the Notice of Appeal with the Clerk of the First District Court of Appeal or the Clerk of the District Court of Appeal for the district where you live. You also must pay a filing fee when you file the Notice of Appeal with the court.

Filing with the Department of Revenue or the District Court of Appeal is complete when the Notice of Appeal is received, not when it is mailed.

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>>

vs.

CSE Case Number << CSECaseNo>>

<<NCP NAME>>
Respondent.

**INCOME DEDUCTION ORDER
ADMINISTRATIVE SUPPORT PROCEEDING**

The Florida Department of Revenue, Child Support Program (DOR) enters this Income Deduction Order regarding the Respondent's child support obligation pursuant to section 409.2563(7), Florida Statutes.

To: All current and subsequent employers and payors of income to Respondent <<NCP Name>>

YOU ARE HEREBY ORDERED, as required by Florida law, to make regular deductions from all income of the Respondent in accordance with this Income Deduction Order and any accompanying Order/Notice to Withhold Income.

YOU ARE FURTHER ORDERED:

1. To deduct from all money due and payable to the Respondent:
 - (a) \$<<Current Support>> per month for current child support, plus
 - (b) \$<<Monthly Retro Support Payment>> per month for past-due/retroactive support until the total past-due/retroactive/arrears amount of \$<<Net Retro Support Owed>> is paid,
 - (c) for a total monthly payment of \$<<Total Monthly Payment>>
 - (d) When the total past-due/retroactive/arrears amount in (b) has been paid, continue to deduct the amount in (a) for current child support.

<<Option 41>>

Current support for <<nth 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.

2. To deduct 100 percent of any income paid in the form of a bonus or other similar one-time payment, up to the amount of the arrearage reported in the Order/Notice to Withhold, or any subsequent past-due amount that accrues.
3. To send these amounts to:

Florida State Disbursement Unit
<<SDUAddress>>

Your check or other form of payment must include the Respondent's name, the date the deduction was made, and the court depository number <<Depository Number>>.

4. Not to deduct more than the amounts allowed under Section 303(b) of the Consumer Credit Protection Act, 15 U.S.C. 1673(b), as amended.
5. To deduct an additional 20 percent of the current support obligation or other amount agreed to by the parties if a delinquency accrues after the order establishing, modifying, or enforcing the obligation has been entered and there is no order for repayment of the delinquency or a preexisting arrearage. This amount is to be deducted until the delinquency and any attorney's fees and costs are paid in full. No deduction may be applied to attorney's fees and costs until the delinquency is paid in full.
6. To continue income deduction at the rate in effect immediately prior to emancipation, if the obligation to pay current support is reduced or terminated due to emancipation of a child and the obligor owes an arrearage, retroactive support, delinquency, or costs. Continued deduction at that rate shall continue until all arrearages, retroactive support, delinquencies, and costs are paid in full or until the amount of withholding is modified by the DOR or a court.

This Income Deduction Order or an Income Deduction Notice will be served on the Respondent's present and future employers. Enforcement of the Income Deduction Order may only be contested on the grounds of mistake of fact regarding the amount due pursuant to the order establishing, enforcing, or modifying the amounts in paragraph 1, or the identity of the Respondent, the Petitioning parent/caregiver, or the employer.

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

<<Image of Ann Coffin's signature>>
Director, Child Support Program
Authorized Representative
Florida Department of Revenue

This document has been signed electronically as authorized by section 668.004, Florida Statutes. A copy has been filed on this date in the office records of the Florida Department of Revenue.

Notes:

(1) The Certificate of Rendition paragraph must remain all together on a single page.

(2) The Income Deduction Order section of this form must start on its own page.

OPTION 2 (When proceeding determines paternity)

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

OPTIONS 3 (If activity is for paternity and support order)

Paternity and

OPTION 4 (When proceeding determine 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 (Based on whether CP is a Caregiver or not)

- 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 noncustodial parent/alleged father)

A. When served in Florida

DOR has personal jurisdiction over the Respondent because he/she was properly served notice in Florida on <<Date Served With Initial Notice>>.

B. When NCP served in another state or country (long-arm); if 8B is selected, select one or more from 8B1-8B6.

The Respondent is subject to DOR's jurisdiction in this proceeding under sections 48.193(1)(e), (h), or 88.2011, Florida Statutes. The Respondent was properly served notice outside the State of Florida, however, he/she

1. resided in this state with the child(ren) and/or the Petitioning parent before this proceeding started.
2. resided in this state and provided prenatal expenses or support for the child(ren) before 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 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
- A. B. mother**
- C. caregiver

OPTION 12 (Based on activity status codes)

A. No DOAH Request

The Respondent did not file a timely request for an administrative hearing. The time limits are stated in the Proposed Administrative Support Order, which was served on the Respondent. The Respondent is deemed to have waived the right to request a hearing as provided by section 409.2563(7)(b), Florida Statutes.

B. DOAH Relinquishes Jurisdiction

The Respondent waived his or her right to contest the proposed order at an administrative hearing.

OPTION 13.1 (for NCP)

- A. imputed
- B. actual**

OPTION 13.2 (for CP)

- A. imputed
- B. actual**

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.C. Extraordinary medical, psychological, educational, or dental expenses as explained in the Additional Findings of Fact and Conclusions of Law.

- D. 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.
- E. Seasonal variations in one or both parents' income as explained in the Additional Findings of Fact and Conclusions of Law.
- F. 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.
- H. Total available assets of mother, father, and child(ren) as explained in the Additional Findings of Fact and Conclusions of Law.
- I. 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.
- K. Impact of IRS dependency exemption and waiver of that exemption as explained in the Additional Findings of Fact and Conclusions of Law.
- L. Adjustments needed to achieve an equitable result as explained in the Additional Findings of Fact and Conclusions of Law.
- M. The Respondent is entitled to a \$<<Allowable Deduction>> deduction from gross income for the Respondent's child(ren) who resides in his/her household.
- N. The Respondent receives Social Security Disability (SSD) benefits. The Respondent's 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.

**** As option 15.1 states more/less the <<TotalDeviationAmountPOSD>> field will only pull numerical value of the field (positive or negative symbols are not to be pulled into the form)**

- A. Select Option A, if the value of the field SHARED_PARENTAL_M is checked.
- B. Select Option B, if the value of the field PARENTING_PLAN_M or PARENTING_PLAN_F is not equal to zero and is not blank.
- C. Select Option C if the value of either field EXTRA_EXP_M or EXTRA_EXP_F is not equal to zero and is not blank.
- D. Select Option D if the value of either field PAREN_SUPP_M or PAREN_SUPP_F is not equal to zero and is not blank.
- E. Select Option E if the value of either field SEASONAL_M or SEASONAL_F is not equal to zero and is not blank.
- F. Select Option F if the value of either field AGE_OF_CHILD_M or AGE_OF_CHILD_F is not equal to zero and is not blank.
- G. Select Option G, if the value of either field SPECIAL_NEEDS_M or SPECIAL_NEEDS_F is not equal to zero and is not blank.
- H. Select Option H, if the value of either field TOTAL_ASSETS_M or TOTAL_ASSETS_F is not equal to zero and is not blank.
- I. Select Option I, if the value of either field MORE_THAN_55_M or MORE_THAN_55_F is not equal to zero and is not blank, for the NCP only. Do not select this option if this field is populated for the CP.
- J. Select option J, if the value of the field INDEP_CHLD is not equal to zero and is not blank.
- K. Select Option K, if the value of the field IRS_EXEMP_M or IRS_EXEMP_F is not equal to zero and is not blank.
- L. Select Option L, if the value of the field OTH_EQUIT_ADJ_M or OTH_EQUIT_ADJ_F is not equal to zero and is not blank.
- M. Select Option M, if the value of the field APP_SEC_FAM_M or APP_SEC_FAM_F is not equal to zero and is not blank, for the NCP only. Do not select this option if this field is populated for the CP.
- N. Select Option N, if the value of the field SSD_RES_M or SSD_RES_F is not equal to zero and is not blank, for the NCP only. Do not select this option if this field is populated for the CP.

\$<<Allowable Deduction>> is to be derived from determination of Respondent, then APPR_SECFAM_M or APPR_SECFAM_F, appropriately

\$<<ReducedObligAmt>> is to be derived from determination of Respondent, then SSD_CRED_M or SSD_CRED_F, appropriately

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

OPTION 17

A. When CP is providing health insurance

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 <<Option 27>> is active or retired United States military. As a dependent of the <<Option 27>>, the child(ren) is entitled to health insurance under the military health insurance program.

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>>.
2. Past (retroactive) support is being waived by the Petitioning parent or caregiver.

OPTION 20 (Include is user selects, However mandatory if if option 15A – L is selected, as 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 court-ordered 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.

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

, 409.256

OPTION 22 (When proceeding determines paternity)

and biological

OPTION 25 (Include if user selects)

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

OPTION 33 (Use B if Respondent has an attorney)

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

OPTION 39

- A. The <<Option 27>> shall obtain and maintain health insurance for the child(ren) by enrolling them in group health insurance available through the <<Option 27>>'s employer, union, or other source. The <<Option 27>> shall send written proof of coverage to the <<CSE Local Office and Address>>. If there is any change in health insurance the <<Option 27>> 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

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:

\$<<1st step down support amount>> per month current support.

Current support for <<next 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:

\$<<2nd step down support amount>> per month current support



Child Support Program

CS-PO384
Rule 12E-1.036
Florida Administrative Code
Effective XX/XX/XX

**Waiver of Opt-Out
Administrative Proceeding**

If your address has changed, provide new address here:

┌
<<Recipient Name>>
<<Recipient Address>>

└

<< Date>>

Child Support Case Number: <<CSECase Number>>

Activity Number: <<ActivityNum>>

I, <<NCPName>>, hereby waive my right set forth in section 409.2563(4)(m), Florida Statutes, to opt-out of the Department's administrative proceeding to establish paternity and/or support to speed up the proceeding. I understand that in waiving this right, I cannot later require the Department to pursue the establishment of paternity and/or my support obligations, if any, in circuit court.

Under penalties of perjury, I declare that I have read this Waiver of Opt-Out for Expedited Administrative Proceedings and that the facts stated in it are true.

Print Full Name: _____

Signed: _____

Dated: _____

XXXX
XXXX

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Child Support Program

CS-ES97
Rule 12E-1.036
Florida Administrative Code
Effective XX/XX/XX

Waiver of Administrative Hearing

If your address has changed, provide new address here:

<<Recipient Name>>
<<Recipient Address>>

Form with three horizontal lines for address input.

<< Date>>

Child Support Case Number: <<CSECase Number>>

I, <<NCPName>>, hereby waive my right set forth in section 409.2563, Florida Statutes, to contest the proposed administrative order in the above case at an administrative hearing. I am waiving this right to expedite the Department's administrative proceeding.

Under penalties of perjury, I declare that I have read this Waiver of Administrative Hearing for Expedited Administrative Proceedings and that the facts stated in it are true.

Print Full Name: _____

Signed: _____

Dated: _____

XXXX
XXXX

T



Child Support Program

CS-ES51B
Rule 12E-1.039
Florida Administrative Code
Effective XX/XX/XX

Online Application for Child Support Services

Below is the information you submitted in your online application for Child Support Services. Please allow up to 20 days for your application to be processed. If you have any questions regarding your application, please contact the Florida Department of Revenue Child Support Program at 1-800-622-5437(KIDS). If your case will be handled in Miami-Dade County, please call the Miami State Attorney's Office at 1-305-530-2600.

Application Number: _____

Application Submitted: _____

My Information

Your Full Name (First, Middle, Last, Suffix):			
You are the child(ren)'s:			
Child(ren) primarily lives with:			
Social Security Number:	Date of Birth:	Sex:	Race:
Email Address:		Which Florida county do you live in?:	

Thank you for applying for services with the Florida Child Support Program.

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.

Please do not mail this application to the Florida Department of Revenue Child Support Program. This version is for your records only.

Mother's Information

Parent's Full Name (First, Middle, Last, Suffix):			Are you seeking child support from this parent?		
I have a fear of physical or emotional harm from this person:					
Social Security Number:		Sex:		Date of Birth:	
Home Phone (include area code):			Cell Phone (include area code):		
Mailing Address:					
City:		State:	Zip Code:	Country:	
Residential Address:					
City:		State:	Zip Code:	Country:	
Driver's License Number:			Issuing State:		
Employer:					
Employer Address:					
City:		State:	Zip Code:	Country:	
Health Insurance Company:			Health Insurance Phone Number:		
Policy Number:			Group Number:		
Other Names Known By:					
Height:	Hair Color:	Eye Color:	Other Identifying Features:		
Race:					
Is this parent a citizen of US?					
Is this parent a member of a Tribal Association?					
Is this parent in jail or prison?		If yes, where?			
Is this parent in the military?		If yes, what branch?			
Is this parent disabled?					
Is this parent a member of a union?					
Does this parent have any special licenses, certifications or specialized area of work?					
If yes, please list:					

Father's Information

Parent's Full Name (First, Middle, Last, Suffix):		Are you seeking child support from this parent?	
I have a fear of physical or emotional harm from this person:			
Social Security Number:	Sex:	Date of Birth:	
Home Phone (include area code):		Cell Phone (include area code):	
Mailing Address:			
City:	State:	Zip Code:	Country:
Residential Address:			
City:	State:	Zip Code:	Country:
Driver's License Number:		Issuing State:	
Employer:			
Employer Address:			
City:	State:	Zip Code:	Country:
Health Insurance Company:		Health Insurance Phone Number:	
Policy Number:		Group Number:	
Other Names Known By:			
Height:	Hair Color:	Eye Color:	Other Identifying Features:
Race:			
Is this parent a citizen of US?			
Is this parent a member of a Tribal Association?			
Is this parent in jail or prison?	If yes, where?		
Is this parent in the military?	If yes, what branch?		
Is this parent disabled?			
Is this parent a member of a union?			
Does this parent have any special licenses, certifications or specialized area of work?			
If yes, please list:			

Child's Information

Child's Full Name (First, Middle, Last, Suffix):			
Social Security Number:	Sex:	Date of Birth:	
Child's Race:			
Child's Place of birth:			
Birth Certificate Number:		Father's name listed on the birth certificate:	
Is there an order for this child?			
Person ordered to pay support:		Person receiving support:	
Date of Order:		Court Case Number:	
County/State/Country where order was entered:			
Where is support paid?			
Person providing health insurance:			
Is there a pending legal action that involves this child?		Who is taking legal action?	
Attorney's Name:			
Attorney's Address:			
City:	State:	Zip Code:	Attorney's Phone:
Type of Pending Legal Action:			
Possible fathers of this child:			
Where the mother became pregnant:			
Person the mother was married to when she became pregnant:			
Date of marriage:		Married where:	
Date of divorce:	Divorce Case Number:	Divorced where:	
Person the mother was married to when this child was born:			
Date of marriage:		Married where:	
Date of divorce:	Divorce Case Number:	Divorced where:	
Has this child ever lived with the other parent in Florida?			
<<Option 1>>			

Caregiver's Information

Your Full Name (First, Middle, Last, Suffix):			
Social Security Number:	Sex:	Date of Birth:	
Race:			
Home Phone (include area code):		Cell Phone (include area code):	
Mailing Address:			
City:	State:	Zip Code:	Country:
Residential Address:			
City:	State:	Zip Code:	Country:

<<Option 1>> (populate if “Has this child ever lived with the other parent in Florida?” = Yes)

Other parent's name	City in Florida where they lived together	Approximate “from” date	Approximate “to” date



Child Support Program

CS-ES51
Rule 12E-1.039
Florida Administrative Code
Effective XX/XX/XX

Application for Child Support Services

The Florida Department of Revenue Child Support Program provides full child support services.

The Child Support Program will:

- Attempt to find the other parent(s)
- Establish paternity, if needed
- Obtain an order for child support or medical support
- Send you payments we collect
- Review changes in your and the other parent's circumstances and determine whether a change in the amount of support ordered is necessary
- Review available income information as needed
- Base the support amount on the income of both parents
- Calculate the amount of support to be paid
- Notify you if it appears you are not cooperating with us, and give you a chance to respond within 60 days before we close your case

You must:

- Cooperate with us
- Provide us with all the requested information
- Provide copies of all requested documents we need
- Provide a copy of the health insurance card if the child(ren) is insured
- Notify us of any changes in information for you, the child(ren) or other parent(s). This includes addresses, employment, phone numbers, and where the child(ren) lives
- Keep all appointments with us
- Go to all court or administrative hearings
- Notify us when you want to close your case(s)
- You must complete a new application to reopen the case if the case has been closed

To apply for child support services for the child(ren) named below, you must accept all the following terms and conditions:

- I understand that the Florida Department of Revenue's attorneys represent the Department only and do not represent me.
- I want to apply for child support services for the child(ren) named in this application and I agree to cooperate with the Florida Department of Revenue Child Support Program.
- I am a parent or caregiver of a child(ren) included in this application for services.
- To the best of my knowledge, I have provided true and correct information in this application.

Name(s) of child(ren)

Name of other parent(s)

_____	_____
_____	_____
_____	_____
_____	_____

Print your full name

Your signature

_____/_____/_____ (_____)_____

Date Your daytime phone number

XXXX
XXXX

You must complete all pages on both sides of this form.

FOR DOR USE ONLY:

APR IPR NPR

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My Information

Your Full Name (First, Middle, Last, Suffix):		
I have a fear of physical or emotional harm from the other parent(s): <input type="checkbox"/> Yes <input type="checkbox"/> No		
You are the child(ren)'s: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Caregiver		
Child(ren) primarily lives with: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Caregiver		
Social Security Number: _____ - ____ - _____	Date of Birth: ____/____/____	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Mailing Address:	Driver's License No.:	Issuing State
City:	Country:	Home Phone (include area code):
State:	Zip Code:	Work Phone (include area code):
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	Email Address:	
Other Names You Are Known By: _____ <input type="checkbox"/> Maiden <input type="checkbox"/> Former married <input type="checkbox"/> Nickname		
Answer employment questions only if you are the mother or the father		
Employer:		
Employer's Address:		
Employer's City:	Employer's State:	Employer's Zip:
Answer health insurance questions only if you are the mother or the father		
Health Insurance Company:	Phone Number:	
Policy Number:	Group Number:	
Is health insurance provided by your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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.

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Mother/Father Information

A separate Mother/Father Information 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):		
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. Complete a separate Child's Information form for each child listed.					
Child's Full Name (First, Middle, Last, Suffix):		Child's Social Security Number:		This Parent's Relationship to the Child (Mother or Father):	
_____		_____		_____	
_____		_____		_____	
_____		_____		_____	
_____		_____		_____	
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: _____					

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.

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Child's 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 #: _____		
IF THIS CHILD IS INCLUDED IN A SUPPORT ORDER DO NOT COMPLETE THE REMAINING QUESTIONS FOR THIS CHILD		
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: _____		

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.

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NOTE: The 4th page of this form is the CS-ES51 ACI. An additional form generates for each child in the case over the first child.

NOTE: The marksense fields are completed by DOR staff when the application is returned. No marksense processing is necessary at this time.

FOR DOR USE ONLY

APR IPR NPR

APR – Appropriate payment received

IPR – Inappropriate payment received

NPR – No payment received



Child Support Program

CS-ES50
Rule 12E-1.039
Florida Administrative Code
Effective XX/XX/XX

Application Instructions



<<Date>>

Activity Number: <<Activity Number>>

Thank you for applying for child support services. To get started, please complete the forms and mail them to the address below.

Your case will be opened once your signed application and all required information are received.

Please provide:

- A signed Application for Child Support Services
- A My Information form
- A Mother/Father Information form for the other parent(s)
- A Child's Information form for each child
- Copies of the following documents:
 - Birth certificate for each child not born in Florida
 - Paternity judgments
 - Support orders
 - Payment records
 - Written agreements between you and the other parent about child support

Once you apply for services, it is very important that you notify us right away of any change of address or employment for you or the other parent.

Please fill in the forms and mail them with copies of any documents to the address below.

Florida Department of Revenue
Child Support Program
P.O. Box 5320
Tallahassee, FL 32314-5320

XXXX
XXXX



Application Instructions

- Read all the forms carefully.
- Provide all the location and employment information you have about the other parent to the Child Support Program.
- Provide a separate Mother/Father Information form for each parent. If there is more than one possible father, or a legal father and a biological father, complete a Mother/Father Information form for each father.
- Sign your application. If the application is not signed, it will be returned to you.
- Provide copies of the requested documents along with the application. Mail the application and other documents to the address on the other side of this form.

Provide the Child Support Program with the following information:

- First and last name for each person included in the application.
- Date of birth and Social Security Number for each person included in the application, if available.
- Employers, addresses, and phone numbers for you and the other parent(s), if available.

The information you provide will be used for child support purposes only.

The Child Support Program will mail a letter to the address provided in your application once your case is opened. You will also be notified if any additional information is needed.

If you have questions, need more forms, or need help filling out the forms:

- Call 1-800-622-KIDS (5437)
- Call 1-305-530-2600 if your case will be handled in Miami-Dade County
- Obtain more forms at: <<InsertAppropriateFDORInternetAddr>>

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Child Support Program

CS-ES51ACI
Rule 12E-1.039
Florida Administrative Code
Effective XX/XX/XX

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 #: _____		
IF THIS CHILD IS INCLUDED IN A SUPPORT ORDER DO NOT COMPLETE THE REMAINING QUESTIONS FOR THIS CHILD		
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: _____		

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.

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Child Support Program

CS-ES52
 Rule 12E-1.039
 Florida Administrative Code
 Effective XX/XX/XX

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.					
Child's Full Name (First, Middle, Last, Suffix):		Child's Social Security Number:		This Parent's Relationship to the Child (Mother or Father):	
_____		_____		_____	
_____		_____		_____	
_____		_____		_____	
_____		_____		_____	
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

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.

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Child Support Program

CS-PO34
Rule 12E-1.039
Florida Administrative Code
Effective XX/XX/XX

Paternity Declaration

(See other side for instructions on how to complete this form)

If your address has changed, provide new address here:

Address input box with three horizontal lines

<<Date>>

Child Support Case Number: <<Service Request or CSE Case#>>

Child BP Number: <<Child BP Num>>

I, <<CPFirstNameMiddleInitialLastName>>, make the following declaration:

- 1. I am the biological mother of the following child who is the subject of this paternity or paternity and support action:

Child's Name <<ChildName>> Child's Date of Birth <<ChildDOB>> Child's Place of Birth <<ChildPlaceBirthState/County>>

- 2. From ___/___/___ through ___/___/___, the period when I believe the pregnancy began, month/year month/year

I had sexual intercourse with:

Table with 2 columns: Name of possible father(s), State/County where pregnancy began. Rows a, b, c, d.

I believe that the biological father of this child is the man or one of the men named above.

- 3. [] a. I was not married at or about the time the pregnancy began or when the child was born. [] b. I was married to: _____ at or about the time the pregnancy began or when the child was born.

XXXX

- 4. _____ is named as the father on the child's birth certificate.
5. I understand that a copy of this declaration will be given to the person(s) named in paragraph 2.

Under penalties of perjury, I declare that I have read this document and the facts stated in it are true to the best of my knowledge and belief.

Signed _____ Dated _____

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INSTRUCTIONS FOR COMPLETING THE PATERNITY DECLARATION (CS-PO34)

Establishing paternity is one of the most important steps you can take for your child. You must complete a paternity declaration for each child who does not have a legal father.

You must complete this form if you are receiving Temporary Cash Assistance, Medicaid and/or Food Assistance for yourself or child and the child was not born or conceived during marriage.

INSTRUCTIONS

If you are completing this form on the internet, you and your child's name and other identifying information will be completed for you. This is the information we have on our case records and cannot be changed by completing this form. Please contact us by phone or in person to update any changes to you or your child's name, or date of birth.

1. Check spelling of your first, middle and last name.
2. Check spelling of the child's full name, the child's date of birth and the state and county where the child was born.
3. Enter the earliest and latest date that you believe you may have become pregnant. This is your "period of conception" and should cover a time period of approximately 90 days. If the child was full term at birth the "period of conception" can be calculated by
 - a. Counting back 40 weeks from your child's date of birth; this is your child's estimated date of conception.
 - b. Then, count back 45 days prior to the estimated date of conception and enter that date in the first month/year blank in item 3. This is the earliest date you could have become pregnant.
 - c. Lastly, count forward 45 days after the date of conception and enter that date in the second month/year blank in item 3. This is the latest date you could have become pregnant.

Example: Child was delivered full term on 9/15/1990. Using a calendar, count back 40 weeks to 12/10/1989. Then from 12/10/1989 count back 45 days to 10/25/1989. Then count forward 45 days from 12/10/1989 to 1/25/1990.

On the lines 'a' through 'd' write the full name of every man you had sexual intercourse with during the 90 day period of conception. In the example provided above, every man you had sexual intercourse with from 10/25/1989 through 1/25/1990 would be listed. If you had intercourse and you cannot remember the man's name, enter the word 'unknown'.

4. If you were not married when the pregnancy began or when the child was born-check box A. If you were married to ANYONE when the pregnancy began or when the child was born-check box B.
5. If the child's birth certificate has a man named, list that man's name on the line provided.
6. Read the entire form again and all information you have entered. Make sure your written statements are true to the best of your knowledge. If you sign this form and have entered false information, you can be found guilty of perjury. It is very important that you enter all possible fathers for the child. If you fail to name all possible fathers and all men listed are found not to be the father, you will be determined as non-cooperative and the Department of Children and Families may cancel all temporary cash benefits for your family as provided by section 414.32(1), Florida Statutes.

. Return this form and your documentation to:

Florida Department of Revenue
Child Support Program
P.O. Box 5320
Tallahassee, FL 32314-5320

To contact us call <<Option 3>>.

For more information go to: <<InsertAppropriateFDORInternetAddr>>.

Option 3 (based on the office handling the case)

A. 1-305-530-2600 (if case is handled in Miami-Dade County)

B. 1-800-622-KIDS (5437) (if A. conditions are not met, [all other sites])

Note: Instructions must be on own page.



Child Support Program

CS-PO102
Rule 12E-1.039
Florida Administrative Code
Effective XX/XX/XX

Paternity Statement by Non-Parent
(See other side for instructions on how to complete this form)

<<CTR Name>>
<<CTR Address >>

<<Option 1>>

- 1. I, <<CTR Name>>, am the primary caregiver of <<ChildName>>.
2. The child's date of birth is <<ChildDOB>>. Birthplace: <<Birth City>>/<<Birth State>>/<<Birth County>>.
3. I am related to the child. No Yes I am the child's
4. The child lives with me. <<Other Parent Name>> is the child's natural mother.
5. I believe the child was conceived in the State of <<Conception State>>.
6. At the time of conception/birth of the child, the mother was married not married I don't know.
The husband's name is:
7. I believe <<NCP Name>> may be the child's biological father because:
He told me he is the father of the child.
In his presence, the mother told me he is the father and/or acted as though he was the father of the child.
He signed the birth certificate of the child as the father.
His family accepted the child as his child.
He has provided some support in the form of clothing, food, diapers, or money for the child since birth.
He and the mother lived together during her pregnancy and he provided financial and/or emotional support to the mother.
He had photographs of himself and the child and referred to the child as his own.
He has given the child birthday or holiday gifts and has expressed an interest in the child at holiday times.

XXXX

I understand a copy of this statement will be given to the child's mother and the alleged father named above. Under penalty of perjury, I declare that I have read this statement and the facts stated in it are true.

Signed

Date

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**INSTRUCTIONS FOR COMPLETING THE
PATERNITY STATEMENT BY NON-PARENT (CS-PO102)**

Establishing paternity is important for a child. A paternity statement is completed for each child in your care needing paternity established.

This form is used to identify the alleged father and provides a basis for legal action. If you are completing this form on our web site, your name, the child's name, and other identifying information will be completed for you. This is the information we have on our case record. Do not change the information on this form. Please contact us if the information on the form is incorrect so we can update our records and reprint the form.

INSTRUCTIONS:

1. Check spelling of your first, middle, and last names.
2. Check spelling of the child's full name, the child's date of birth, the state, county, and city where the child was born.
3. Check Yes if you are related to the child. Check No if you are not related. If you are related, print your relationship to the child on line three (3).
4. Check all boxes that apply. If none apply, check the last box and write why you believe the man named is the child's father.
5. Re-read the form and all the information you have entered. If the statements are true, sign and date the form. If you know the statements are false, do not sign the form or you may be guilty of perjury.
6. If you are completing this form in hard copy, return it to:

Child Support Program
Central Mail Processing Facility
P.O. Box 5320
Tallahassee, FL 32314-5320

XXXX
XXXX

To contact us call <<Option 2>>.

Register for our secure online customer service and complete any required forms online. For more information about our online customer service and online forms go to: <<InsertAppropriateFDORInternetAddr>>. <<InsertWebText:>>

Option 1 (based on the case type)

A. Child Support Case Number: <<CSECaseNum>> (if case is a ZCSE case)

B. Service Request Number: <<ServiceRequestNum>> (if case is a ZPA or ZNA service request)

Option 2 (based on the office handling the case)

A. 1-305-530-2600 (if case is handled in Miami-Dade County)

B. 1-800-622-KIDS (5437) (if A. is not met, [all other sites])

NOTE: For tag <<InsertWebText:>> We want the following text to be a condition that FDOR can turn on when the form is available on WSS:

Register for our secure online customer service and complete any required forms online.

INSTRUCTIONS FOR COMPLETING THE PATERNITY STATEMENT BY ALLEGED FATHER (CS-PO103)

Establishing paternity for your child is one of the most important steps you can take for your child. A paternity statement is completed for each child.

You must complete this form if you are receiving temporary cash assistance or food assistance for yourself. This form is used to start an action to identify and establish the child's legal father.

INSTRUCTIONS

If you are completing this form through our web self-service, your name, the child's name, and other identifying information will be completed. This is the information we have on our case records and cannot be changed by completing this form. Please contact us to update any changes to your name, the child's name, or the child's date of birth.

If you are completing this form in hard copy:

1. Check the spelling of your first, middle (if any), and last name.
2. Check the child's full name, the child's date of birth, and the state and county where the child was born.
3. Enter the earliest and latest date for the time period that you had sexual intercourse with the child's mother and believe the mother may have become pregnant during this time period.
4. Check the full name of the child's mother in the space provided.
5. Read number four. You do not enter anything on this line.
6. Read number five. You do not enter anything on this line.
7. Read the entire form again and all information you have entered. Verify the accuracy of your written statements. If you sign this form and have entered false information, you can be found guilty of perjury.
8. Return the form to:

Child Support Program
Central Mail Processing Facility
P.O. Box 5320
Tallahassee, FL 32314-5320

This address is not a Child Support Program office location. Find office locations at <https://childsupport.floridarevenue.com/LocationInfo/LocationMap.aspx>

To chat with us online, please visit www.floridarevenue.com or call <option X> (based on [Miami-Dade](#) or not).



Child Support Program
Request for More Information

CS-ES54
Rule 12E-1.039
Florida Administrative Code
Effective XX/XX/XX

[Enter date]

The Florida Department of Revenue received your application but did not receive all the information we need to open a case. We are returning the application as indicated below.

- You must sign the Application for Child Support Services.
- The parent information form is missing information. Please see highlighted items.

Please complete and mail the application to us, or bring it to our office:

[Enter local office return address]

[]

If you have questions or need help filling out the forms:

- Call 1-800-622-KIDS (5437)
- Call 1-305-530-2600 if your case will be handled in Miami-Dade County

Thank you for applying for child support services.



Child Support Program

CS-ES55
Rule 12E-1.039
Florida Administrative Code
Effective XX/XX/XX

Acknowledge Request for Services

┌ <<Address>>

└

<<Date>>
<<Option 1>>

The Florida Department of Revenue received your request for services with the Child Support Program.

<<Option 2>>

<<Option 3>>

If you receive **Temporary Cash Assistance:**

- We are required by law to provide child support services for you and your child(ren).
- We will try to identify and locate the other parent; establish paternity if needed; establish, modify, and enforce support orders as needed; and pay you any support we collect that you are owed. By law you are required to cooperate with us by providing information about yourself and the other parent.
- As a condition of receiving public assistance you are required to assign your support rights to the state. We will use the assignment to pay back the payors of public assistance with the support collected. Any support we collect that exceeds the amount of cash assistance you receive will be paid to you.
- If we are able to collect support for you, any payments you are owed will be made electronically. You can choose either direct deposit to your own bank account or choose a debit card we provide. If you do not choose either, you will receive a debit card in the mail. For more information go to <<CSE web link to payment options>>
- There are no fees or costs that you are required to pay. If we pay money to you that you are not entitled to we will seek to collect it from you.

XXXX
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If you receive **Medicaid:**

- We are required by law to provide child support services for you and your child(ren) if you want services. If you do not want us to collect child support for you please tell us. We will still obtain a medical support obligation.

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- We will try to identify and locate the other parent; establish paternity if needed; establish, modify, and enforce support orders as needed; and pay you any support we collect that you are owed. By law you are required to cooperate with us by providing information about yourself and the other parent. Because you receive Medicaid we will try to establish and enforce an order that requires the other parent to provide health insurance for the child(ren) and payment of noncovered medical expenses.
- As a condition of receiving Medicaid you are required to assign your rights to medical support to the state. We will use the assignment to collect and pay back any Medicaid expenses for the child(ren). The assignment of medical support rights does not affect your rights to periodic child support payments. Any medical support we collect beyond any Medicaid expenses will be paid to you.
- If you want to receive full child support services and we are able to collect support for you, any payments you are owed will be made electronically. You can choose either direct deposit to your own bank account or to a debit card we will provide. If you do not choose either, you will receive a debit card in the mail. For more information go to [<<CSE web link to payment options>>](#)
- There are no fees or costs that you are required to pay. If we pay money to you that you are not entitled to we will seek to collect it from you.

If you **do not** receive public assistance:

- We are required by law to provide child support services for you and your child(ren).
- We will try to identify and locate the other parent; establish paternity if needed; establish, modify, and enforce support orders as needed; and pay you any support we collect that you are owed. If you do not cooperate with us by providing information we need about yourself and the other parent we will close the case.
- If you have never received cash assistance any support we are able to collect will be paid to you. Payments made to you must be made electronically. You can choose either direct deposit to your own bank account or to a debit card we will provide. If you do not choose either, you will receive a debit card in the mail. For more information go to [<<CSE web link to payment options>>](#)
- There are no fees or costs that you are required to pay. If we pay money to you that you are not entitled to we will seek to collect it from you.

To contact us call [<<Option 4>>](#)

For more information go to [<<InsertAppropriateFDORInternetAddr>>](#).
[<<InsertWebText:>>](#)

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 XXXX

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Option 1 (Either A or B, Not both)

- A. Service Request Number: <<SVSReqNum>>
- B. Child Support Case Number: <<CSECaseNum>>

Option 2 (A-When CSE cannot open a case) or (B – no information is needed. or C-information needed, case exists.

- A. We cannot open a child support case with <<Insert NCP name>> at this time. We have closed the previous case between you and <<Insert NCP name>> and the reason for closing your case has not changed.
- B. We have opened your child support case. We have everything we need at this time. Please allow thirty days before contacting us for status.
- C. We have opened your child support case. We need more information or documents from you. It is important to give us the information as soon as possible so we can begin to take action on your case. **If you have copies of the documents we need, please mail them to us with this form within 30 days of the date of this notice.**

Florida law requires you to cooperate with us if you have applied for or are receiving Temporary Cash Assistance, Medicaid for yourself and child(ren), and/or food assistance for yourself and child(ren). You must give us the information we need for your family to be eligible to receive these benefits. If you do not, we will tell the Department of Children and Families you did not cooperate and they may stop some or all benefits to your family.

If you are not receiving public assistance benefits, you must give us the information we need in order for us to provide services. If you do not cooperate, we will close your case.

Fill in the required fields and/or send us copies or complete the forms we asked for within 30 days of this notice. Return the documents and this form to:

Florida Department of Revenue
Child Support Program
P.O. Box 5320
Tallahassee, FL 32314-5320

Option 3 (all or any combination. MUST BE USED WITH OPTION 2C.)

- A. We need a copy of your divorce or support order(s). We need them to find out if paternity was established or if support was ordered for the child(ren). We also need to find out if health insurance was ordered. If you have copies of the orders send them to us with a copy of this form. If you do not have the order(s), fill in the following spaces, return this form to us and we will try to get a copy:

County and state of order: County _____ State _____

Date order was signed by judge or administrative authority:

_____/_____/_____

Court case or docket number(s) _____

Name of child(ren) included in the order:

- B. Complete and return the enclosed Affidavit of Past Due Support Owed (CS-PO11). Include an accounting of any court-ordered payments made directly to you.
- C. We need copies of the birth certificate for each child not born in Florida. We can get birth certificate information if your child(ren) was born in Florida. We need a copy of the birth certificates to find out if your child(ren) has a legal father. If you have copies, send them to us with a copy of this form. If you do not have a copy, fill in the information below and return this form to us and we will try to get a copy. We need each child's name, date of birth and where they were born.

1. Child's Name <<ChildName>> Date of Birth ____/____/____
City _____ County _____ State ____ Country _____
2. Child's Name <<ChildName>> Date of Birth ____/____/____
City _____ County _____ State ____ Country _____
3. Child's Name <<ChildName>> Date of Birth ____/____/____
City _____ County _____ State ____ Country _____

- D. Complete and return the enclosed <<Option 5>>. We need this form for each child that was born outside of marriage to find out who the biological father is so we can perform genetic testing. Instructions for how to complete the form are on the back of it.
- E. Complete and return the enclosed Request for Nondisclosure (CS-ES20). In your application, you asked us to protect your location information (address and employer) from disclosure because you have reason to believe release of location information by the Federal Case Registry may result in physical or emotional harm to yourself or child(ren). We will tell the Federal Case Registry not to release your address to anyone for any purpose not related to child support.

Option 4 (based on the office handling the case)

- A. 1-305-530-2600 (if case is handled in Miami-Dade County)
- B. 1-800-622-KIDS (5437) (if A. Conditions are not met, [all other sites])

Option 5 (CS-PO34, completed by CP mom; CS-PO102, completed by CP nonparent)

- A. Paternity Declaration (CS-PO34)
- B. Paternity Statement by Nonparent (CS-PO102)

NOTE: For tag <<InsertWebText:>> We want the following text to be a condition that FDOR can turn on when the form is available on e-services:

Register for secure online customer service and complete any required forms online.



Child Support Program

CS-ES56
Rule 12E-1.039
Florida Administrative Code
Effective XX/XX/XX

Information Needed to Provide Services

<INSERT NAME>
<INSERT ADDR LINE 1>
<INSERT ADDR LINE 2>
<CITY>, <STATE> <ZIP>

If your address has changed, provide new address here:

Form with three horizontal lines for address input.

<<Date>>
Child Support Case Number: <<Insert Case Number>>
<<Option 2>>

The Florida Department of Revenue Child Support Program has received a request to open a child support case for you. This request came from the Department of Children and Families (DCF). We received this request because you recently began receiving temporary cash assistance, or food assistance for you and your children, or both.

Because you are receiving these benefits, you are required by Florida law to cooperate with the Child Support Program. You must provide some additional information for your family to continue to receive these benefits. If you do not provide the requested information, we are required to notify DCF. If we notify DCF, they may stop some or all of the benefits to your family. It is important to provide this information as soon as possible so action can be taken on your child support case. Please see the box below to learn what you need to do. However, if you are in fear of the other parent, please contact us using one of the phone numbers at the bottom of this page to discuss your options regarding how to cooperate.

WHAT YOU NEED TO DO

- 1. Complete and sign the form on the back of this letter. Please provide as much information as possible.
2. If you have more than one child in the household, update the Additional Children form included with the information for each additional child.
3. If there is more than one father associated with your child(ren), please update the Additional Alleged Fathers form with the information for each additional father.
4. Attach or provide copies of any documents listed in Part 2 and Part 3a on the back of this letter.
<<Option 1>>

Mail everything above to the Child Support Program before <INSERT DATE 20 DAYS FROM DATE OF NOTICE> at:

Florida Department of Revenue
Child Support Program
P.O. Box 5320
Tallahassee, FL 32314-5320

*If you do not have additional documents, you must still return this completed form.

Call 1-800-622-KIDS (5437) if you have questions or need help filling out the forms.
Call 1-305-530-2600 if your case will be handled in Miami-Dade County.

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Case Number: <INSERT CASE NUMBER>

Part 1 – Your Information					
Your Full Name (First, Middle, Last):				Email Address:	
Date of Birth:	Social Security Number:		Phone Number (include area code): <input type="checkbox"/> Home <input type="checkbox"/> Cell		
Part 2 – Please attach a copy of any paternity judgements, support orders, payment records, or written agreements between you and the other parent with this form.					
County of Order:	State of Order:	Date Order Signed by a Judge:		Court Case or Docket Number:	
Person Ordered to Pay Support:			Person Receiving Support:		
Name(s) of Child(ren) Included in the Order:					
Part 3 – Child’s Information					
Child’s Name (First, Middle, Last):				Social Security Number:	
Date of Birth:	Birth State or Country (See Part 3a):			Birth Certificate Number:	
Does this child receive Social Security benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, in what amount? _____				Is this child disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has this child ever lived with the other parent in Florida? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, during what dates? From ___/___/___ to ___/___/___			In what city?		Other parent’s name:
Part 3a – Please provide a copy of the birth certificate for any child(ren) not born in Florida with this form.					
Part 4 – Other Parent Information – Please provide additional information on the other parent.					
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 5 – Please sign and date this form.					
Your Signature:				Date:	

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.

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Option 1 (populate if a PO34 or PO102) is required for one or more dependents

5. Complete the enclosed paternity statement and attach it to this letter.

Option 2 Only populates when _____ (condition to be determined)

Other Parent: <<Insert Other Parent>>

GENERAL TESTIMONY

(Instructions should be provided to the petitioner as part of the form.)

THIS FORM CONTAINS SENSITIVE INFORMATION – DO NOT FILE THIS FORM IN A PUBLIC ACCESS FILE

The information on this form may be filed with the petition or pleading and may be disclosed to the parties in the case unless accompanied by a nondisclosure finding/affidavit.

If you are not the intended recipient, you are hereby notified that any use, disclosure, distribution, or copying of this form or its contents is strictly prohibited.

Personal Information Form for UIFSA § 311 must be attached.

File Stamp

Petitioner: Legal Name (first, middle, last, suffix) **IV-D Case:** TANF
 IV-E Foster Care
 Medicaid Only
 Former Assistance
 Never Assistance

Obligee Obligor

Tribal Affiliation (if applicable)

Respondent: Legal Name (first, middle, last, suffix) **Non-IV-D Case:**

Obligee Obligor

Tribal Affiliation (if applicable)

Responding IV-D Case Identifier: _

Responding Tribunal Number: _

NOTE:

Nondisclosure Finding/Affidavit attached

This form sent through EDE

Initiating IV-D Case Identifier: _

Initiating Tribunal Number: _

I, _____, declare under penalty of perjury:
 Legal Name (first, middle, last, suffix)

I. Personal Information About Obligee: (Obligee caretaker complete section I.E only) See section IX

A. Obligee parent information

1.	Legal name (first, middle, last, suffix):
2.	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
3.	a. Occupation, trade, or profession:
	b. Highest level of education attained:
4.	Current tax filing status: <input type="checkbox"/> Single <input type="checkbox"/> Head of household <input type="checkbox"/> Married filing jointly <input type="checkbox"/> Married filing separately <input type="checkbox"/> Qualifying widow/widower with dependent children <input type="checkbox"/> Unknown

B. Physical description of the obligee parent: (Attach a recent photo if available.)

1.	Race:	2.	Height:	3.	Weight:	4.	Hair color:
5.	Eye color:						

C. Is the obligee parent financially responsible for dependent children other than those of this action (listed in section IV)?

Yes No Unknown (If yes, provide information below if known.)

1.	a. Legal name (first, middle, last, suffix):	b. Year of birth:
	c. Relationship:	d. Living with:
2.	a. Legal name (first, middle, last, suffix):	b. Year of birth:
	c. Relationship:	d. Living with:

GENERAL TESTIMONY, PAGE 2

I. Personal Information About Oblige (Continued):

3.	a. Legal name (first, middle, last, suffix):	b. Year of birth:
	c. Relationship:	d. Living with:

D. Does the obligee parent have an order to pay support for any child listed in C above? Yes No Unknown
 (If yes, fill out information below, if known, and attach a copy of the order and payment record/proof of payment, if available.)

1.	a. Child(ren) name(s):		
	b. Amount:	c. Frequency:	
	d. State and county/tribe/country:	e. Tribunal number:	

2.	a. Child(ren) name(s):		
	b. Amount:	c. Frequency:	
	d. State and county/tribe/country:	e. Tribunal number:	

3.	a. Child(ren) name(s):		
	b. Amount:	c. Frequency:	
	d. State and county/tribe/country:	e. Tribunal number:	

E. Oblige Caretaker information: (Provide any relevant non-party parent information, including financial information, in section IX.)

1.	Caretaker legal name (first, middle, last, suffix):		
	2. Caretaker relationship to child is: _	<input type="checkbox"/> Has legal custody/guardianship of child	
	3. Date child(ren) began residing with caretaker:		

II. Personal Information About Obligor:

See section IX

A. Obligor information:

1.	Legal name (first, middle, last, suffix):		
	2. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		
	3. a. Occupation, trade or profession:		
	b. Highest level of education attained:		
	4. Current tax filing status: <input type="checkbox"/> Single <input type="checkbox"/> Head of household <input type="checkbox"/> Married filing jointly <input type="checkbox"/> Married filing separately <input type="checkbox"/> Qualifying widow/widower with dependent children <input type="checkbox"/> Unknown		

B. Physical description of the obligor: (Attach a recent photo if available.)

1. Race:	2. Height:	3. Weight:	4. Hair color:
5. Eye color:			

C. Is the obligor financially responsible for dependent children other than those of this action (listed in section IV)?

Yes No Unknown (If yes, provide information below if known.)

1.	a. Legal name (first, middle, last, suffix):	b. Year of birth:
	c. Relationship:	d. Living with:

2.	a. Legal name (first, middle, last, suffix):	b. Year of birth:
	c. Relationship:	d. Living with:

GENERAL TESTIMONY, PAGE 3

II. Personal Information About Obligor (Continued):

3.	a. Legal name (first, middle, last, suffix):	b. Year of birth:
	c. Relationship:	d. Living with:

D. Does the obligor have an order to pay support for any child listed in C above? Yes No Unknown
 (If yes, fill out information below, if known, and attach a copy of the order and payment record/proof of payment, if available.)

1.	a. Child(ren) name(s):		
	b. Amount: \$	c. Frequency:	
	d. State and county/tribe/country:	e. Tribunal number:	

2.	a. Child(ren) name(s):		
	b. Amount: \$	c. Frequency:	
	d. State and county/tribe/country:	e. Tribunal number:	

3.	a. Child(ren) name(s):		
	b. Amount: \$	c. Frequency:	
	d. State and county/tribe/country:	e. Tribunal number:	

III. Legal Relationship of Parents of Children Listed in Section IV: [] See section IX

- A. Never married to each other
- B. Married on _____ (Date) in _____ (State and county/tribe/country)
- C. Married by common law for the period _____ (Dates) in _____ (State and county/tribe/country)
- D. Legally separated on _____ (Date) in _____ (State and county/tribe/country)
- E. Divorce pending in _____ (State and county/tribe/country)
- F. Divorced on _____ (Date) in _____ (State and county/tribe/country)
- G. Other _____

IV. Dependent Child(ren) in This Action: [] See section IX

A.	1. Legal name (first, middle, last, suffix):	2. Parentage established? <input type="checkbox"/> Yes <input type="checkbox"/> No
	3. Child care expense per month \$ _	4. Support order established? <input type="checkbox"/> Yes <input type="checkbox"/> No
	5. Living with petitioner? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	6. Does the child receive benefits from Social Security, VA, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, complete the information below.) _____ (Benefit type(s)) \$_____ per month Based on claim of _____ (Name) Relationship to child: _____	
	7. Tribal Affiliation <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, basis of tribal affiliation: _____)	

GENERAL TESTIMONY, PAGE 4

IV. Dependent Child(ren) in This Action (Continued):

B.	1. Legal name (first, middle, last, suffix):	2. Parentage established? [] Yes [] No
	3. Child care expense per month \$ _	4. Support order established? [] Yes [] No
		5. Living with petitioner? [] Yes [] No
	6. Does the child receive benefits from Social Security, VA, etc.? [] Yes [] No (If yes, complete the information below.) - \$ _ per month (Benefit type(s))	
	Based on claim of _____ (Name)	Relationship to child: _
	7. Tribal Affiliation [] Yes [] No (If yes, basis of tribal affiliation: _)	

C.	1. Legal name (first, middle, last, suffix):	2. Parentage established? [] Yes [] No
	3. Child care expense per month \$ _	4. Support order established? [] Yes [] No
		5. Living with petitioner? [] Yes [] No
	6. Does the child receive benefits from Social Security, VA, etc.? [] Yes [] No (If yes, complete the information below.) - \$ _ per month (Benefit type(s))	
	Based on claim of _____ (Name)	Relationship to child: _
	7. Tribal Affiliation [] Yes [] No (If yes, basis of tribal affiliation: _)	

V. Health Care Coverage:

[] See section IX

A. Health Care Coverage for Child(ren): For each child listed in section IV, complete the information below.

1.	a.	Child's name: _ Does this child have health care coverage? [] Yes [] No [] Unknown (If no or unknown, skip to 1.e.)
	b.	Health care coverage is provided by (check all that apply): [] Medicaid (Skip to 1.e.) [] CHIP (Skip to 1.e.) [] TRICARE (Skip to 1.e.) [] Indian Health Service (Skip to 1.e.) [] Petitioner through an individual policy (Continue to 1.c below.) [] Petitioner through his/her employer (Continue to 1.c below.) [] Respondent through an individual policy (Continue to 1.c below.) [] Respondent through his/her employer (Continue to 1.c below.) [] Other person: _____ Relationship to child: _____ (Complete 1.c below.)
	c.	Health care coverage provider name: _ Address: _____ Policy ID number: _ Group number: _
	d.	Is this a child only policy? [] Yes [] No (If yes, what is the monthly premium for this child only? \$ _____)
	e.	Who claims a dependency exemption for the child for federal tax purposes? [] Obligee [] Obligor [] Other If other, identify the person: _____ Relationship to child: _ (Attach a copy of any order addressing the dependency exemption.)
	f.	Does the individual entitled to claim the dependency exemption change from year to year? [] Yes [] No (If yes, explain.)_

GENERAL TESTIMONY, PAGE 5

V. Health Care Coverage (Continued):

2. a. Child's name: _
 Does this child have health care coverage? Yes No Unknown (If no or unknown, skip to 2.e.)
 If yes, is all the information the same as Child 1? Yes (Skip to 2.e.) No (Continue with 2.b.)

b. Health care coverage is provided by (check all that apply):
 Medicaid (Skip to 2.e.) CHIP (Skip to 2.e.) TRICARE (Skip to 2.e.)
 Indian Health Service (Skip to 2.e.)
 Petitioner through an individual policy (Continue to 2.c below.)
 Petitioner through his/her employer (Continue to 2.c below.)
 Respondent through an individual policy (Continue to 2.c below.)
 Respondent through his/her employer (Continue to 2.c below.)
 Other person: _____ Relationship to child: _____ (Complete 2.c below.)

c. Health care coverage provider name: _____
 Address: _____
 Policy ID number: _ _____ Group number: _ _____

d. Is this a child only policy? Yes No (If yes, what is the monthly premium for this child only? \$ _____)

e. Who claims a dependency exemption for the child for federal tax purposes? Obligee Obligor Other
 If other, identify the person: _____ Relationship to child: _____
 (Attach a copy of any order addressing the dependency exemption.)

f. Does the individual entitled to claim the dependency exemption change from year to year?
 Yes No (If yes, explain in section IX.)

3. a. Child's name: _
 Does this child have health care coverage? Yes No Unknown (If no or unknown, skip to 3.e.)
 If yes, is all the information the same as Child 1? Yes (Skip to 3.e.) No (Continue with 3.b.)

b. Health care coverage is provided by (check all that apply):
 Medicaid (Skip to 3.e.) CHIP (Skip to 3.e.) TRICARE (Skip to 3.e.)
 Indian Health Service (Skip to 3.e.)
 Petitioner through an individual policy (Continue to 3.c below.)
 Petitioner through his/her employer (Continue to 3.c below.)
 Respondent through an individual policy (Continue to 3.c below.)
 Respondent through his/her employer (Continue to 3.c below.)
 Other person: _____ Relationship to child: _____ (Complete 3.c below.)

c. Health care coverage provider name: _
 Address: _____
 Policy ID number: _ _____ Group number: _ _____

d. Is this a child only policy? Yes No (If yes, what is the monthly premium for this child only? \$ _____)

e. Who claims a dependency exemption for the child for federal tax purposes? Obligee Obligor Other
 If other, identify the person: _____ Relationship to child: _____
 (Attach a copy of any order addressing the dependency exemption.)

f. Does the individual entitled to claim the dependency exemption change from year to year?
 Yes No (If yes, explain in section IX.)

GENERAL TESTIMONY, PAGE 6

V. Health Care Coverage (Continued):

B. **Health Care Coverage for Petitioner:** Does the petitioner have health care coverage? Yes No (If no, skip to B.4.)

1.	Petitioner's health care coverage is provided by: <input type="checkbox"/> Medicaid (Skip to B.4.) <input type="checkbox"/> TRICARE (Skip to C.) <input type="checkbox"/> Indian Health Service (Skip to C.) <input type="checkbox"/> Self through his/her employer (Continue to B.2 below.) <input type="checkbox"/> Self through an individual policy (Continue to B.2 below.) <input type="checkbox"/> Other person: _____ Relationship to petitioner: _____ (Complete B.2 below.)
2.	Health care coverage provider name: _____ Address: _____ Policy ID number: _____ Group number: _____ Monthly premium \$_____ Portion for the child(ren) listed in section IV: \$_____
3.	Other than children of this action listed in section IV, are other adults and/or child(ren) included in this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, provide information below.) Total number of adults: _____ Total number of children: _____
4.	If the petitioner does not have health care coverage or the coverage is through Medicaid, is employer-sponsored coverage available for: a. Self <input type="checkbox"/> Yes <input type="checkbox"/> No b. Child(ren) listed in section IV <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, skip to C.)
5.	Based on the residence of the child(ren), is the petitioner's employer-sponsored coverage accessible to the child(ren) in section IV? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (If no, skip to C.)
6.	How much would the premiums be for an insurance plan offered by the petitioner's employer? a. For self: \$_____ per _____ (weekly, bi-weekly, semi-monthly, monthly, quarterly, yearly) b. To add child(ren) in section IV: \$_____ per _____ (weekly, bi-weekly, semi-monthly, monthly, quarterly, yearly)

C. **Health Care Coverage for Respondent:** Does the respondent have health care coverage? Yes No (If no, skip to C.4.)
 Unknown (If unknown, skip to D.)

1.	Respondent's health care coverage is provided by: <input type="checkbox"/> Medicaid (Skip to C.4.) <input type="checkbox"/> TRICARE (Skip to D.) <input type="checkbox"/> Indian Health Service (Skip to D.) <input type="checkbox"/> Unknown (Skip to D.) <input type="checkbox"/> Self through his/her employer (Continue to C.2 below.) <input type="checkbox"/> Self through an individual policy (Continue to C.2 below.) <input type="checkbox"/> Other person: _____ Relationship to respondent: _____ (Complete C.2 below.)
2.	Health care coverage provider name: _____ Address: _____ Policy ID number: _____ Group number: _____ Monthly premium \$_____ Portion for the child(ren) in section IV: \$_____
3.	Other than children listed in section IV, are other adults and/or child(ren) included in this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, provide information below.) Total number of adults: _____ Total number of children: _____
4.	If the respondent does not have health care coverage or the coverage is through Medicaid, is employer-sponsored coverage available for: a. Self <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (If no or unknown, skip to question D.) b. Children listed in section IV <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (If no or unknown, skip to question D.)
5.	Based on the residence of the child(ren), is the respondent's employer-sponsored coverage accessible to the child(ren) in section IV? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (If no, skip to question D.)

GENERAL TESTIMONY, PAGE 7

V. Health Care Coverage (Continued):

6. How much would the premiums be for an insurance plan offered by the respondent's employer?
- a. For self: \$ _ per _____ (weekly, bi-weekly, semi-monthly, monthly, quarterly, yearly)
- b. To add child(ren) in section IV: \$ _ per _____ (weekly, bi-weekly, semi-monthly, monthly, quarterly, yearly)
- D. Do any of the children listed in section IV have special needs or extraordinary medical expenses not covered by insurance? Yes No Unknown (If yes, provide additional information about the child(ren) involved, the type of needs/medical expenses, and the related costs in section IX.)
- E. Is the petitioner asking to be reimbursed for medical expenses paid? Yes No (If yes, provide information below.)
 Balance: \$ _____ as of _____ (date) (Provide date, type of expense, and cost in section IX.)
- F. Is the petitioner asking to be compensated for ongoing medical expenses? Yes No (If yes, provide information below.)
 Type of expense: _____ Amount: \$ _____ per _____ (frequency)
 (Provide additional information about the child(ren) involved, the need for ongoing expenses, and the expenses in section IX.)

VI. Additional Information for Child Support Calculation:

See section IX

- A. **Establishment** (If no child support order exists, complete the following section.):
1. Does a custody/parenting time order exist? Yes No (If yes, complete the information below and attach a copy of the order.)
 Issuing tribunal number: _____ Date of order: _____
2. If an order does not exist, is there a written custody/parenting time agreement? Yes No (If yes, attach a copy.)
3. In the past 12 months or since separation (whichever is shorter), how many overnights has the child(ren) stayed with obligee _____ obligor _____ ?
4. Is child support sought for a period of time prior to the date of the petition for support (Uniform Support Petition)?
 Yes No (If yes, complete the following questions and section VIII for the period of time.)

a.	Support is sought from the following date: _____						
b.	During the period of time for which retroactive support is being sought, did the child(ren) reside with the obligor, other than the time specified under an existing custody/parenting time order? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, describe.) _____						
c.	During the period of time for which retroactive support is being sought, did the obligor make direct payments to the obligee? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, attach an affidavit of payments.)						
d.	Was public assistance paid for any of the children listed in section IV? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, check the appropriate box and provide the period of benefit and the state.)						
	<table border="1"> <tr> <td><input type="checkbox"/> TANF</td> <td>_____ / _____ year To _____ / _____ year By: _____ State</td> </tr> <tr> <td><input type="checkbox"/> Medicaid</td> <td>_____ / _____ year To _____ / _____ year By: _____ State</td> </tr> <tr> <td><input type="checkbox"/> Foster Care</td> <td>_____ / _____ year To _____ / _____ year By: _____ State</td> </tr> </table>	<input type="checkbox"/> TANF	_____ / _____ year To _____ / _____ year By: _____ State	<input type="checkbox"/> Medicaid	_____ / _____ year To _____ / _____ year By: _____ State	<input type="checkbox"/> Foster Care	_____ / _____ year To _____ / _____ year By: _____ State
<input type="checkbox"/> TANF	_____ / _____ year To _____ / _____ year By: _____ State						
<input type="checkbox"/> Medicaid	_____ / _____ year To _____ / _____ year By: _____ State						
<input type="checkbox"/> Foster Care	_____ / _____ year To _____ / _____ year By: _____ State						

GENERAL TESTIMONY, PAGE 8

VI. Additional Information for Child Support Calculation (Continued):

B. **Modification** (If a child support order exists that the petitioner seeks to modify, complete the following section.):

1. Indicate the basis for the modification petition (check all that apply):

a. The earnings of the obligor have:

substantially increased

substantially decreased

b. The earnings of the obligee have:

substantially increased

substantially decreased

c. The needs of the child(ren) have:

substantially increased

substantially decreased

d. The current support order was most recently established or modified at least 3 years ago or such lesser time as permitted by the laws of the responding jurisdiction.

e. Other; explain: _

2. Does a custody/parenting time order exist? Yes No (If yes, attach a copy of the order.)

Issuing tribunal number_

Date of order _

3. If a custody/parenting time order does not exist, is there a written custody/parenting time agreement? Yes No

(If yes, attach a copy of the agreement.)

4. In the past 12 months or since separation (whichever is shorter), how many overnights has the child(ren) stayed with the obligee _ obligor _ ?

VII. Support Order and Payment:

See section IX

A. Is there an order for divorce or legal separation involving the children in this action?

Yes No (If yes, provide a copy of the order.)

B. Does a current support order exist? Yes No (If yes, attach obligor's support payment history.)

C. Does the support order require the obligor to pay amounts to anyone other than to the State Disbursement Unit (SDU) (e.g., directly to the obligee, child care provider, or health care provider)?

Yes No (If yes, complete D.)

D. Has the obligor made any direct payments under the order noted in C?

Yes No (If yes, attach an affidavit of payments.)

E. If a support order does not exist, has the obligor made any voluntary support payments?

Yes No (If yes, attach an affidavit of payments.)

VIII. Financial Information:

See section IX

Information required varies based on responding jurisdiction's support guidelines. Petitioner includes an obligee caretaker with legal custody of the child(ren).

Monthly income from all sources:

1. Is the petitioner employed? Yes; occupation: _____ No; income source: _____

GENERAL TESTIMONY, PAGE 9

VIII. Financial Information (Continued):

Monthly income from all sources (Continued):

		<u>Petitioner</u>
2.	Gross monthly income amounts:	
	a) Public Assistance	
	i) Supplemental Security Income (SSI)	\$ _____
	ii) TANF	\$ _____
	iii) Other	\$ _____
	b) Base pay salary, wages	\$ _____
	c) Overtime, commission, tips, bonuses, part time	\$ _____
	d) Unemployment compensation	\$ _____
	e) Worker's compensation	\$ _____
	f) Social Security Disability (not SSI)	\$ _____
	g) Social Security Retirement	\$ _____
	h) Dividends and interest	\$ _____
	i) Trust/annuity income	\$ _____
	j) Pensions, retirement	\$ _____
	k) Child support	\$ _____
	l) Spousal support/alimony	\$ _____
	m) Income producing assets	\$ _____
	n) All other sources (specify)	\$ _____

3.	Deductions from gross pay:	
	a) Federal income tax	\$ _____
	b) State income tax	\$ _____
	c) Local tax	\$ _____
	d) FICA	\$ _____
4.	Other deductions:	
	a) Mandatory retirement	\$ _____
	b) Nonmandatory retirement	\$ _____
	c) Medical insurance	\$ _____
	d) Union dues	\$ _____
	e) Other (specify)	\$ _____

5. Gross income prior year: \$ _____

IX. Other Pertinent Information:

[] Continued on attached sheet(s), incorporated by reference.

GENERAL TESTIMONY, PAGE 10

X. Attached and Incorporated by Reference:

- Required number of copies of all support orders for the case
- Certified child support payment records
- Arrears balance and/or accrued Interest (affidavit of arrears)
- Payment history
- Copies of three most recent pay stubs from current employer(s)
- Copies of unreimbursed medical bills for the child(ren) in this action
- Copy of most recent federal tax return
- Declaration in Support of Establishing Parentage for each child whose parentage is at issue
- Copy of child(ren)'s birth certificate(s)/record(s)
- Acknowledgment of parentage
- Documentation of legal custody/guardianship of child(ren)
- Documentation of child care expenses
- Documentation of ongoing medical expenses for the child(ren) in this action
- Documentation in support of request for modification
- Copy of order for divorce or legal separation involving the child(ren) in this action
- Other: _____

Additional attached document(s), incorporated by reference.

XI. Declaration:

Under penalty of perjury, all information and facts stated in this General Testimony are true to the best of my knowledge and belief.

Date	Petitioner (Name)	Signature
Date	Name/Title, Agency or Tribunal Representative	Signature

Encryption Requirements:

When communicating this form through electronic transmission, precautions must be taken to ensure the security of the data. Child support agencies are encouraged to use the electronic applications provided by the federal Office of Child Support Enforcement. Other electronic means, such as encrypted attachments to e-mails may be used if the encryption method is compliant with Federal Information Processing Standard (FIPS) Publication 140-2 (FIPS PUB 140-2).

DECLARATION IN SUPPORT OF ESTABLISHING PARENTAGE

THIS FORM CONTAINS SENSITIVE INFORMATION – DO NOT FILE THIS FORM IN A PUBLIC ACCESS FILE

The information on this form may be filed with the petition or pleading and may be disclosed to the parties in the case unless accompanied by a nondisclosure finding/affidavit.

If you are not the intended recipient, you are hereby notified that any use, disclosure, distribution, or copying of this form or its contents is strictly prohibited.

Personal Information Form for UIFSA § 311 must be attached.

File Stamp

Petitioner: Legal Name (first, middle, last, suffix)

IV-D Case: TANF

IV-E Foster Care

Tribal Affiliation (if applicable)

Medicaid Only

Former Assistance

Respondent: Legal Name (first, middle, last, suffix)

Never Assistance

Non-IV-D Case:

Tribal Affiliation (if applicable)

Responding IV-D Case Identifier: _____

NOTE:

Responding Tribunal Number: _____

Nondisclosure Finding/Affidavit attached

This form sent through EDE

Initiating IV-D Case Identifier: _____

Initiating Tribunal Number: _____

DO NOT COMPLETE THIS FORM IF THERE IS AN ORDER OF PARENTAGE OR A SIGNED VOLUNTARY ACKNOWLEDGMENT OF PARENTAGE

A SEPARATE DECLARATION IS REQUIRED FOR EACH CHILD NEEDING PARENTAGE ESTABLISHED.

Section I. Declaration:

I, _____, declare under penalty of perjury:

Legal Name (first, middle, last, suffix)

1. Check one:

I am the biological parent of the child named below. Gender: Female Male Other

I am the nonbiological parent of the child named below. Gender: Female Male Other

Other (Explain relationship to the child in section IV.)

Child's legal name (first, middle last, suffix):	
Date conception occurred (month, year):	Location where child was conceived (city, county, state):
Full term pregnancy: <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, explain in section IV.)	Birth certificate attached: <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, explain in section IV.)

2. The respondent is the biological parent nonbiological parent of the child named above.

DECLARATION IN SUPPORT OF ESTABLISHING PARENTAGE, PAGE 2

Section I. Declaration (Continued):

3. The child was conceived as a result of sexual intercourse between _____ and _____
Legal Name (first, middle, last, suffix)

_____ during the time stated above.

Legal Name (first, middle, last, suffix)

(NOTE: If #3 is not applicable, please provide all pertinent information regarding the conception of the child in section IV.)

4. The following facts support a presumption of parentage:

If additional space is needed, use section IV.

a. The biological mother was married, and the child's birth occurred during the marriage or within 300 days after the marriage legally ended.

Yes No (If yes, attach documentation.)

Date marriage began: _____

(month, day, year)

If yes, and the mother's spouse/former spouse is not the person named as respondent in this Declaration, provide the spouse/former spouse's name, address, and gender, and explain why he/she is not the child's parent:

Date marriage legally ended: _____

(month, day, year)

Tribunal that issued order legally ending the marriage: _____

b. A person acted as, and presented herself/himself to be, the child's parent.

Yes No

If yes, and he/she is not the person named as the respondent in this Declaration, provide the individual's name, address, and gender, and explain why the individual is not the child's parent:

c. A genetic test ordered/administered by a court or a IV-D agency to determine the other biological parent of the child indicates a probability of parentage of _____%.

Yes No (If yes, attach results.)

If yes, and the individual tested is not the respondent named in this Declaration, provide the individual's name, address, and gender, and explain why the individual is not the child's parent:

DECLARATION IN SUPPORT OF ESTABLISHING PARENTAGE, PAGE 3

Section I. Declaration (Continued):

5. Is any person other than the birth mother named on the child's birth certificate? Yes No
If yes, provide the individual's name, address, and gender:

6. Has any person completed a voluntary acknowledgment of parentage for this child that has been rescinded? Yes No (If yes, attach document.)
If yes, provide the individual's name, address, and gender:

Section II. To Be Completed by the Petitioner (complete either 1 or 2, as appropriate):

1. I assert that the respondent, _____, is the parent of the child.
The following facts support my allegations of parentage: (If an explanation is needed, use section IV.)
- a. I lived with the respondent. Yes Dates _____ to _____ Location: _____
 No Not applicable
 - b. I told the respondent that he/she is the parent of the child. Yes No Not applicable
 - c. The respondent admitted being the parent of the child. Yes No
 - d. The respondent communicated about the pregnancy and/or about the child. Yes No Copies of communications attached
 - e. The respondent was present at the birth of the child. Yes No
 - f. The respondent visited the child at the hospital following birth. Yes No
 - g. The respondent offered to pay abortion expenses. Yes No
 - h. The respondent offered to pay/paid medical expenses. Yes No
 - i. The respondent offered to pay/paid birth related expenses. Yes No
 - j. The respondent claimed the child on a tax return. Yes No Don't know
 - k. The respondent provided food, clothing, gifts, or financial support for the child. Yes No
 - l. The respondent lived with the child. Yes No
 - m. The respondent visited the child. Yes No
 - n. The child resembles the respondent. Photo attached Yes No

DECLARATION IN SUPPORT OF ESTABLISHING PARENTAGE PAGE 5

Section IV. Other Pertinent Information: (Include detailed information for section I, section II, or section III above.)

[] Continued on attached sheet(s), incorporated by reference.

Section V. Declaration:

Under penalty of perjury, all information and facts stated in this Declaration are true to the best of my knowledge and belief. I agree to submit myself and, if I am the custodian, the child to genetic testing as may be necessary to establish parentage.

Date

Petitioner (Name)

Signature

Encryption Requirements:

When communicating this form through electronic transmission, precautions must be taken to ensure the security of the data. Child support agencies are encouraged to use the electronic applications provided by the federal Office of Child Support Enforcement. Other electronic means, such as encrypted attachments to e-mails may be used if the encryption method is compliant with Federal Information Processing Standard (FIPS) Publication 140-2 (FIPS PUB 140-2).

INSTRUCTIONS FOR DECLARATION IN SUPPORT OF ESTABLISHING PARENTAGE

PURPOSE OF THE FORM:

This declaration supplements the Uniform Support Petition to provide evidence to establish parentage. A separate Declaration in Support of Establishing Parentage is required for each child needing parentage establishment. This is necessary since the circumstances surrounding conception and birth will differ unless the children were born at the same time (e.g., twins, triplets). Reminder: A person who claims to be the child's parent may petition for parentage establishment under UIFSA. A person should complete the form to the extent that he or she has information.

DO NOT COMPLETE THIS FORM IF THERE IS AN ORDER OF PARENTAGE OR A SIGNED VOLUNTARY ACKNOWLEDGMENT OF PARENTAGE.

NOTE: An order of parentage can include a divorce decree or an adoption order as well as a tribunal support order.

The Personal Information Form for UIFSA § 311 must be attached.

Italicized text that appears within a "box" refers to policy or provides additional information.

For a foreign address, be sure to include the country and postal code as part of the address.

Tribal IV-D programs may choose to use the federal Intergovernmental forms. However, they are not required to use or accept such forms. If you have any questions, contact the tribal IV-D agency directly using the contact information on the OCSE website.

Where forms request a locator code, note that tribal locator codes uniquely identify tribal cases with "9" in the first position, 0 (zero) in the second position, and then a 3-character tribal code defined by the Bureau of Indian Affairs (BIA).

HEADING/CAPTION:

- Identify the **petitioner** and **respondent** by full legal name (first, middle, last, suffix), and if applicable, include the name of the tribe with which the petitioner or respondent is affiliated.
- Check the appropriate box to identify the type of case: TANF, IV-E foster care, Medicaid only, former assistance, never assistance, or non-IV-D.

TANF means the obligee's family is currently receiving IV-A cash payments. A Medicaid only case is a case in which the obligee's family receives Medicaid but does not receive TANF. A former assistance case might be a case for state arrears only or for a family that previously received TANF, but is not doing so at this time.

- In the appropriate spaces, if applicable and if known, enter the responding jurisdiction's IV-D case identifier and tribunal number.

The responding jurisdiction is the jurisdiction that is working the case at the request of the initiating jurisdiction. Under "IV-D case identifier," enter the number/identifier identical to the one submitted on the Federal Case Registry, which is a left-justified up to 15-character alphanumeric field, allowing all characters except asterisk and backslash, and with all characters in uppercase. Under "tribunal number," you may enter the docket number, cause number, or any other appropriate reference number that the responding tribunal may use to identify the case, if known.

- In the appropriate spaces, enter the initiating jurisdiction's IV-D case identifier and, if applicable, tribunal number.

The initiating jurisdiction is the jurisdiction that referred the case to the responding jurisdiction for services. Under "IV-D case identifier," enter the number/identifier identical to the one submitted on the Federal Case Registry, which is a left-justified up to 15-character alphanumeric field, allowing all characters except asterisk and backslash, and with all characters in uppercase. Under "tribunal number," you may enter the docket number, cause number, or any other appropriate reference number that the initiating tribunal has assigned to the case.

In the "**NOTE:**" section, check any of the following that apply:

- **Nondisclosure Finding/Affidavit attached** - If there is a finding prohibiting disclosure of a party's or child(ren)'s address/identifying information or an affidavit alleging that disclosure of such information would result in risk of harm, check the box for "Nondisclosure Finding/Affidavit attached" and attach a copy of the finding/affidavit in accordance with section 312 of UIFSA. If there is a finding/affidavit prohibiting disclosure, the information must be sealed and may not be disclosed to the other party or the public. You may provide the address of the IV-D agency as a substitute address for the protected party.

UIFSA requires that the petition or accompanying documents include certain identifying information regarding the parties and child(ren) (e.g., residential address, social security number) unless a party alleges in an affidavit or a pleading under oath that the health, safety, or liberty of a party or child would be jeopardized by disclosure of such information. In that event, the information must be sealed.

If a jurisdiction has reason to believe that information should not be released because of safety concerns, it should ensure that there is a nondisclosure finding or an allegation in an affidavit or the pleading that disclosure of identifying information would result in a risk of harm, as provided under section 312 of UIFSA. In addition to identifying information included on this form, it may be appropriate to submit certain financial information under seal.

- **This form sent through EDE** – Check if this Declaration was also sent through the Electronic Document Exchange (EDE).

The following options are available for making IV-D requests and sending information on IV-D cases:

1. *CSENet transactions are the recommended method for making requests or sending information to another state. If CSENet is not listed as an option on the form, then it cannot be used to convey any of the requests for information or IV-D requests provided on the form. Supporting documentation should be sent through EDE, whenever possible. If certified copies are needed, hard copies should also be sent by mail. Mail or fax may also be used for all documents when EDE is not available.*
2. *If CSENet transactions are not available in your state, EDE is the next preferred method for transmitting your request or information. Both your state and the receiving state must be using the EDE application to use this communication method.*
3. *If the EDE application is not available in your state or the receiving state, then mail or fax must be used to communicate your request.*

Complete a separate declaration for each child needing parentage established.

Section I. Declaration: (Information to be completed or furnished by a parent of the child.)

Enter the full legal name (first, middle, last, suffix) of the person completing the Declaration. Complete the form to the extent you have information.

Item 1: Check whether you are the biological or nonbiological parent of the child and indicate your gender. Gender is defined as "Female", "Male", or "Other". Select "Other" if you do not identify as "female" or "male". A nonbiological parent may be the same-sex spouse or partner of a parent or the intended parent in a surrogacy. If you are not a parent of the child, check "Other" and explain your relationship to the child in section IV. For example, you may be a relative or caretaker of the child.

- "Child's legal name (first, middle, last, suffix)" - Enter the full legal name of the child for whom you are seeking the establishment of parentage.
- "Date conception occurred (month, year)" - Enter the period of time when you believe the mother became pregnant (e.g., 04/09 or from 04/09 to 05/09). Be sure to include both the month(s) and the year when providing date(s). Be as specific as possible.
- "Location where child was conceived (city, county, state)" - If the child was conceived in a country other than the United States, include the name of the country in this field.
- "Full term pregnancy" - Check "Yes" or "No" to indicate if the pregnancy lasted nine months. If no, explain in section IV (e.g., 6 months - child born premature).
- "Birth certificate attached" - Check "Yes" or "No" to indicate if the birth certificate is attached. The birth certificate should be attached. If it is not, you must explain in section IV.

Item 2: Check whether the respondent is the biological or nonbiological parent of the child named above.

Item 3: Enter the full legal name of the birth mother and the full legal name of the person with whom the birth mother had sexual intercourse that resulted in the conception of the child. If the child was conceived using assisted reproduction or a surrogate parent, describe all pertinent information regarding the conception of the child in section IV.

Item 4: If additional space is needed, use section IV.

The information in Item 4 is intended to identify whether there is a presumed parent under state law. That individual may be the respondent or another person. The law of the responding state will govern whether and how a presumption of parentage is created. The more common grounds are covered by the following questions. The responding state may require additional information.

4a: Check “Yes” or “No” to indicate whether the biological mother was married and the child was born during the marriage or within 300 days after the marriage legally ended. If yes, and the mother’s spouse/former spouse is not the respondent named in this Declaration, provide the name, address, and gender of the spouse/former spouse, and explain in the space below why he/she is not the child’s parent. Provide the dates the marriage began and legally ended and provide supporting documentation. Identify the tribunal state and county that issued the order legally ending the marriage, for example, a divorce decree or annulment.

4b: Check “Yes” or “No” to indicate whether a person acted as, and presented himself/herself to be, the child’s parent. If yes, and the individual is not the respondent named in this Declaration, provide the individual’s name, address, and gender, and explain in the space below why the individual is not the child’s parent.

4c: Check “Yes” or “No” to indicate whether a court or IV-D agency completed genetic testing to determine the biological parent of the child. If yes, include the probability of parentage from the test in the space provided and attach the test results. If genetic tests were completed and the individual tested is not the respondent named in this Declaration, provide the individual’s name, address, and gender, and explain in the space below why the individual is not the child’s parent.

Item 5: Check “Yes” or “No” to indicate whether another person, other than the birth mother, is named on the child’s birth certificate. If yes, provide the individual’s name, address, and gender.

Item 6: Check “Yes” or “No” to indicate whether there is a voluntary acknowledgment of parentage, executed with regard to this child, which has been rescinded. The name of the document varies, but in every state unmarried parents may sign an acknowledgment of parentage. State law varies on whether same-sex parents can sign an acknowledgment of parentage in order to legally determine parentage. If you check “Yes,” attach a copy of the rescinded acknowledgment. Provide the name, address, and gender of the individual(s) who signed and later rescinded the acknowledgment. **NOTE: If there is a signed voluntary acknowledgment of parentage that has not been rescinded, you should not be completing this form. You already have a legal determination of parentage.**

Section II. To Be Completed by the Petitioner (complete either 1 or 2, as appropriate):

This section must be completed by the person named as the petitioner in the related Uniform Support Petition.

Check the box next to “1” if you are asserting that the respondent is the parent of the child named in the related petition. Check the box next to “2” if you are asserting that you are the parent of this child and are seeking to establish your legal relationship to the child. Check only one of the boxes.

If you checked the box next to “1,” complete items 1a through 1n.

Item 1: Enter the full legal name (first, middle, last, suffix) of the respondent you assert is a parent of the child named in the related Uniform Support Petition. Check the appropriate answer for each statement (1.a through 1.n). If an explanation is needed, use section IV.

1a: “I lived with the respondent.” - Check “Yes” or “No” to indicate whether you lived with the respondent. If yes, enter the dates and location. Check “Not applicable” if this statement does not apply.

1b: “I told the respondent that he/she is the parent of the child.” - Check “Yes” or “No” to indicate whether you told the respondent that he/she is the parent. Check “Not applicable” if this statement does not apply.

1c: “The respondent admitted being the parent of the child.” - Check “Yes” or “No” to indicate whether the respondent admitted to being the other parent.

1d: “The respondent communicated about the pregnancy and/or about the child.” - Check “Yes” or “No” to indicate whether the respondent communicated about the pregnancy and/or about the child. In addition to written communication, item 1d includes electronic communication such as e-mail, text messages, and forms of social media. Check “Copies of communications attached” if you are attaching copies of the relevant communications. For electronic communication, you may include a printout showing the date of the communication and the date it was downloaded.

1e: “The respondent was present at the birth of the child.” - Check “Yes” or “No” to indicate whether the respondent was present at the birth of the child.

1f: "The respondent visited the child at the hospital following birth." - Check "Yes" or "No" to indicate whether the respondent visited the child at the hospital.

1g: "The respondent offered to pay abortion expenses." - Check "Yes" or "No" to indicate whether the respondent offered to pay abortion expenses.

1h: "The respondent offered to pay/paid medical expenses." - Check "Yes" or "No" to indicate whether the respondent offered to pay or paid medical expenses. These may include expenses related to the pregnancy with the child or medical expenses related to the child.

1i: "The respondent offered to pay/paid birth related expenses." - Check "Yes" or "No" to indicate whether the respondent offered to pay or paid birth related expenses.

1j: "The respondent claimed the child on a tax return." - Check "Yes," "No," or "Don't know" to indicate whether the respondent claimed the child as a dependent on a state or federal income tax return.

1k: "The respondent provided food, clothing, gifts, or financial support for the child." - Check "Yes" or "No" to indicate whether the respondent provided any food, clothing, gifts, or money for the child.

1l: "The respondent lived with the child." - Check "Yes" or "No" to indicate whether the respondent lived in the same residence with the child. If yes, explain in section IV.

1m: "The respondent visited the child." - Check "Yes" or "No" to indicate whether the respondent visited the child.

1n: "The child resembles the respondent." - Check "Yes" or "No" to indicate whether the child has physical characteristics similar to the respondent. Check "Photo attached" if you are attaching a photograph of the child and the respondent.

Item 2: Enter your full legal name (first, middle, last, suffix) if you assert you are the legal parent of the child named in the related Uniform Support Petition. Check the appropriate answer for each statement (2.a through 2.l). If an explanation is needed, use section IV.

2a: "I lived with the respondent." - Check "Yes" or "No" to indicate whether you lived with the respondent. If yes, enter the dates and location.

2b: "The respondent told me that I am the parent of the child." - Check "Yes" or "No" to indicate whether the respondent told you that you are the parent.

2c: "I was present at the birth of the child." - Check "Yes" or "No" to indicate whether you were present at the birth of the child.

2d: "I visited the child at the hospital following birth." - Check "Yes" or "No" to indicate whether you visited the child at the hospital.

2e: "I offered to pay abortion expenses." - Check "Yes" or "No" to indicate whether you offered to pay abortion expenses.

2f: "I offered to pay/paid medical expenses." - Check "Yes" or "No" to indicate whether you offered to pay or paid medical expenses. These expenses may have been related to the respondent's pregnancy with the child or medical expenses related to the child.

2g: "I offered to pay/paid birth related expenses." - Check "Yes" or "No" to indicate whether you offered to pay or paid birth related expenses.

2h: "I claimed the child on a tax return." - Check "Yes" or "No" to indicate whether you claimed the child as a dependent on a state or federal income tax return.

2i: "I provided food, clothing, gifts, or financial support for the child." - Check "Yes" or "No" to indicate whether you provided food, clothing, gifts, or money for the child.

2j: "I lived with the child." - Check "Yes" or "No" to indicate whether you lived in the same residence with the child. If yes, explain in section IV.

2k: "I visited the child." - Check "Yes" or "No" to indicate whether you visited the child.

2l: "The child resembles me." - Check "Yes" or "No" to indicate whether the child has physical characteristics similar to you. Check "Photo attached" if you are attaching a photograph of yourself and the child.

Section III. To Be Completed by the Birth Mother Only:

This section should only be completed when the petitioner is the birth mother of the child. If the petitioner is not the birth mother of the child, skip to section IV.

Item 1: "I had sexual intercourse with a man (other than the person I am naming as the respondent) during the 30 days before or 30 days after the child was conceived." Check "Yes" or "No" to indicate whether you had sexual intercourse with a different man or with other men during the 30 days before or the 30 days after the child was conceived ("Date conception occurred"). If yes, complete items 1a through 1c.

- 1a:** "The name(s) and address(es) of the other man/men:" - Provide the name(s) and address(es) of the man/men in the space below.
- 1b:** "The other man/men is/are biologically related to the person I am naming as the respondent." - Check "Yes" or "No" to indicate whether the other man/men is/are biologically related to the person you are naming as the respondent. If yes, state the relationship (e.g., brother, cousin). The relationship is relevant for genetic testing.
- 1c:** "I do not believe the other man/men is/are the child's biological parent because:" - Explain in the space below why you do not believe the other man/men is/are the biological parent of this child (e.g., prior exclusion by genetic testing).

Section IV. Other Pertinent Information:

In this section, provide detailed explanations for sections I, II, and III above and any other additional information that may be helpful in establishing parentage. If the information is related to a previous section, identify the section and item number. If additional space is needed, check "Continued on attached sheet(s), incorporated by reference."

Section V. Declaration:

The petitioner seeking to establish parentage must sign under penalty of perjury and date the Declaration in Support of Establishing Parentage at the bottom of the page. By this signature, the individual is confirming that the information and facts provided in the Declaration are true to the best of his/her belief.

Encryption Requirements:

When communicating this form through electronic transmission, precautions must be taken to ensure the security of the data. Child support agencies are encouraged to use the electronic applications provided by the federal Office of Child Support Enforcement. Other electronic means, such as encrypted attachments to e-mails may be used if the encryption method is compliant with Federal Information Processing Standard (FIPS) Publication 140-2 (FIPS PUB 140-2).

The Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 0.15 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

ATTACHMENT 4



Department of Revenue
3rd Quarter FY 2016-17
Objective Performance Measures
(January 1 - March 31, 2017)

State Fiscal Year (SFY 7/1 – 6/30)
Federal Fiscal Year (FFY 10/1 – 9/30)

	Objective	Weight	Range	Result	Score	Weighted Score
1	Average number of days from receipt of payment to deposit	10%	5 = Less than 1 4 = 1-2 days 3 = 3-4 days 2 = 5-6 days 1 = 7 days or more	<1 day	5	.50
2	Percent of revenue distributions made timely	15%	5 = 98 -100% 4 = 95 - 97% 3 = 92 - 94% 2 = 90 - 92% 1 = 87-89%	100%	5	.75
3	Median number of days to process a refund	5%	5 = Less than 30 days 4 = 30-39 days 3 = 40-49 days 2 = 50-59 days 1 = 60 days or more	33 days	4	.20
4	Percent of IV-D cases with an order of support (FFY)	10%	5 = 90-100% 4 = 80-89% 3 = 70-79% 2 = 60-69% 1 = 50-59%	FFY YTD 81.9%	4	.40
5	Percent of current support collected (FFY)	5%	5 = 80-100% 4 = 60-79% 3 = 40-59% 2 = 20-39% 1 = Less than 19%	FFY YTD 63.3%	4	.20
6	Percent of support collected and distributed during the year that was due within the federal fiscal year (FFY)	10%	5 = 90-100% 4 = 80-89% 3 = 70-79% 2 = 60-69% 1 = 50-59%	FFY YTD 81.0%	4	.40
7	Percent of State Disbursement Unit collections disbursed within two business days of receipt (SFY)	10%	5 = 100% 4 = 99% 3 = 98% 2 = 97% 1 = 96%	SFY YTD 99.4%	4	.40
8	Statewide Level of Assessment for real property	10%	5 = 90% and up 1 = 89.9% and below	94.8%	5	.50
9	Percent of training participants satisfied with services provided	5%	5 = 100% 4 = 99% 3 = 96-98% 2 = 93-95% 1 = 90-92%	98.5%	3	.15
Total		80%				3.5



Department of Revenue
3rd Quarter FY 2016-17
Objective Performance Measures
(January 1 - March 31, 2017)

State Fiscal Year (SFY 7/1 – 6/30)
Federal Fiscal Year (FFY 10/1 – 9/30)

HIGHLIGHTS

GENERAL TAX ADMINISTRATION

Expanded Accessibility of the Tax Audit Satisfaction Survey

When a tax audit is completed, taxpayers are given the opportunity to provide feedback about their audit experience. To enhance this feedback effort, the Department has transitioned to a web-based version of the Tax Audit Satisfaction Survey, which provides increased opportunities and benefits for both the taxpayer and Department. With the web-based version, feedback is accepted from not only the taxpayer, but also their accountant or tax attorney. Administering the survey online allows:

- Flexibility by providing easier access and also the ability to respond to the survey over multiple platforms (e.g., computer, tablet, smartphone), and
- Enhanced customer service by providing faster answers to questions and quicker response time when the taxpayer requests a contact from the Department.

CHILD SUPPORT PROGRAM

eServices Enhancements for Parents

The Child Support Program recently implemented new functionality in the Child Support eServices website. The eServices website is a web-based self-service system that allows parents to access the latest information about their case. The added functionality provides parents the ability to report new employment information for themselves. It also alerts parents due support when personal or contact information on the other parent is missing and allows them to report needed information directly to us through their eServices account.

Since implementation of these new features on March 5, 2017, approximately 42,000 updates have been received from parents. Approximately 1,000 of those updates have resulted in wage withholdings being sent to employers and collections of more than \$34,000.

Motion to Enforce Pilot

The Child Support Program judicially enforces nonpaying cases by filing Motions for Contempt when there is proof that the parent ordered to pay support has the ability to pay the support owed. There is a large population of cases where the parent ordered to pay support is not paying and the Program does not have proof of their ability to pay (i.e., no reported income or employment). To better reach this population of parents, the Program recently piloted filing Motions to Enforce. Some of the potential outcomes of this judicial action include, identifying unreported income and requesting lump-sum payments or periodic payments towards past-due amounts, as well as ordering parents who are not working to perform work searches or participate in a job training or job services program.

Since January 23, 2017, the pilot has been implemented in 12 counties and the Program has filed over 414 Motions to Enforce. For the cases filed, 168 court hearings have been held and 95 orders received through April 5, 2017. The Program has seen positive results from these hearings, including 21 cases with lump-sum payments ordered, 31 cases with a work search ordered, 2 cases with job training ordered and 31 cases with a payment on arrears. Because of the pilot's success, the Program will be implementing the new Motion to Enforce process statewide on May 8, 2017.



Department of Revenue
3rd Quarter FY 2016-17
Objective Performance Measures
(January 1 - March 31, 2017)

State Fiscal Year (SFY 7/1 – 6/30)
Federal Fiscal Year (FFY 10/1 – 9/30)

Administrative Support Pilot

The Child Support Program is working to improve both the service of process success rate and the education of parents through early intervention and personal communication strategies. Three offices are piloting a project to send invitations to parents who owe support to come to a local child support office prior to initiating service of an administrative support order establishment action. The purpose of the office visit is to serve the initial notice documents via hand delivery, to collect genetic test samples, and to educate the parent on the process to establish paternity and support as well as to address any other questions. Highlights of the pilot include:

- 112 parents invited to the location office
- 26 (23%) of parents visited the local office and were served
- Cost-savings of \$537.98

PROPERTY TAX OVERSIGHT

Property Tax Oversight (PTO) offered three specialized workshops for elected officials and their staff in the third quarter. A total of 177 students attended these workshops, completing 1,701 training hours. PTO received high overall satisfaction ratings from participants for each of the workshops.

The Newly Elected Official Orientation Workshop for property appraisers and tax collectors, offered every four years, provided an overview of the Department of Revenue, and information about statutory requirements for elected officers. The three-day workshop also included ethics, public records, and “Government in the Sunshine” training to help attendees meet the requirements of section 112.3142, Florida Statutes. One newly elected tax collector stated that he was able to apply the information from the training immediately and gained access to valuable new sources for additional information.

The PTO 101 Workshop provided property appraisers and their staff with in-depth information about a variety of topics, including tax roll submission and review requirements, and the program’s electronic Truth in Millage system (eTRIM). PTO offered the workshop in a classroom environment and by webinar. The program provided a virtual presentation option to help local officials and their staff access the information they need at a lower cost. Course attendees appreciated this flexibility, and one commented, “Thank you for hosting this as a webinar. Our office was able to have 4 employees participate in the training, which resulted in less interruption to the office.”

The Program also offered the PTO Budget Workshop for property appraisers in a classroom and webinar format. The presentation covered many topics, including budget forms, documentation, and transfers. Property appraisers requested that the Program offer additional modules of this training on a continuing basis. PTO will repeat this workshop for tax collectors in late April of this year.

ATTACHMENT 5



Department of Revenue
1st Quarter FY 2017-2018
Proposed Objective Performance Measures
(July 1 – September 30, 2017)

State Fiscal Year (SFY 7/1 – 6/30)
Federal Fiscal Year (FFY 10/1 – 9/30)

	Objective	Weight	Range	Result	Score	Weighted Score
1	Percent of revenues deposited within 1 business day of receipt	15%	5 = 98.8-100% 4 = 97.5-98.7% 3 = 96.2-97.4% 2 = 94.9-96.1% 1 = Less than 94.9%			
2	Percent of all tax returns filed timely and accurately	10%	5 = 96-100% 4 = 91-95% 3 = 86-90% 2 = 81-85% 1 = Less than 81%			
3	Median number of days to process a refund	5%	5 = Less than 30 days 4 = 30-39 days 3 = 40-49 days 2 = 50-59 days 1 = 60 days or more			
4	Percent of IV-D cases with an order of support (FFY)	10%	5 = 90-100% 4 = 80-89% 3 = 70-79% 2 = 60-69% 1 = 50-59%			
5	Percent of current support disbursed (FFY)	5%	5 = 80-100% 4 = 60-79% 3 = 40-59% 2 = 20-39% 1 = Less than 19%			
6	Percent of total support disbursed (FFY)	10%	5 = 90-100% 4 = 80-89% 3 = 70-79% 2 = 60-69% 1 = 50-59%			
7	Percent of IV-D State Disbursement Unit collections disbursed within two business days of receipt (SFY)	10%	5 = 99.90-100% 4 = 99.80-99.89% 3 = 99.60-99.79% 2 = 99.50-99.59% 1 = Less than 99.50%			
8	Statewide Level of Assessment for real property	10%	5 = 90% and up 1 = 89.9% and below			
9	Percent of training participants satisfied with services provided	5%	5 = 100% 4 = 99% 3 = 96-98% 2 = 93-95% 1 = 90-92%			
Total						



Department of Revenue
Proposed Objective
Performance Measures

State Fiscal Year (SFY 7/1 – 6/30)
Federal Fiscal Year (FFY 10/1 – 9/30)

	Current Objective	Current Weight	Current Range	Current Result		Proposed Objective	Proposed Weight	Proposed Range	Comments
1	Average number of days from receipt of payment to deposit	10%	5 = Less than 1 4 = 1-2 days 3 = 3-4 days 2 = 5-6 days 1 = 7 days or more	<1 day					Eliminate – Continue to monitor, but eliminate as a performance measure due to continued sustained high performance.
1						Percent of revenues deposited within 1 business day of receipt	15%	5 = 98.8-100% 4 = 97.5-98.7% 3 = 96.2-97.4% 2 = 94.9-96.1% 1 = Less than 94.9%	Over 97% of the revenue remitted to the Department is through electronic means. The goal is to realize greater efficiencies regarding non-electronic payments.
2	Percent of revenue distributions made timely	15%	5 = 98-100% 4 = 95-97% 3 = 92-94% 2 = 90-92% 1 = 87-89%	100%					Eliminate – Continue to monitor, but eliminate as a performance measure due to continued sustained high performance.
2						Percent of all tax returns filed timely and accurately	10%	5 = 96-100% 4 = 91-95% 3 = 86-90% 2 = 81-85% 1 = Less than 81%	Tax returns must be efficiently and effectively processed. This objective focuses on the timeliness and accuracy of tax return processing as well as the effectiveness of DOR's tax filing platforms.
3	Median number of days to process a refund	5%	5 = Less than 30 days 4 = 30-39 days 3 = 40-49 days 2 = 50-59 days 1 = 60 days or more	33 days					No Change



Department of Revenue
Proposed Objective
Performance Measures

State Fiscal Year (SFY 7/1 – 6/30)
Federal Fiscal Year (FFY 10/1 – 9/30)

	Current Objective	Current Weight	Current Range	Current Result		Proposed Objective	Proposed Weight	Proposed Range	Comments
4	Percent of IV-D cases with an order of support (FFY)	10%	5 = 90-100% 4 = 80-89% 3 = 70-79% 2 = 60-69% 1 = 50-59%	82.1%					No Change
5	Percent of current support collected (FFY)	5%	5 = 80-100% 4 = 60-79% 3 = 40-59% 2 = 20-39% 1 = Less than 19%	63.2%		Percent of current support disbursed (FFY)			Change in title only to more accurately reflect what is and will continue to be measured.
6	Percent of support collected and distributed during the year that was due within the federal fiscal year (FFY)	10%	5 = 90-100% 4 = 80-89% 3 = 70-79% 2 = 60-69% 1 = 50-59%	82.0%		Percent of total support disbursed (FFY)			Change in title only to more accurately reflect what is and will continue to be measured.
7	Percent of State Disbursement Unit collections disbursed within two business days of receipt (SYR)	10%	5 = 100% 4 = 99% 3 = 98% 2 = 97% 1 = 96%	99.4%					Eliminate – this measure includes cases that are not under the control of the Department.
7						Percent of IV-D State Disbursement Unit collections disbursed within two business days of receipt (SFY)		5 = 99.90-100% 4 = 99.80-99.89% 3 = 99.60-99.79% 2 = 99.50-99.59% 1 = Less than 99.50%	This measure focuses on the Department's performance; in contrast to the previous measure, which includes cases under the control of the clerks of court.
8	Statewide Level of Assessment for real property	10%	5 = 90% and up 1 = 89.9% and below	94.8%					No Change



Department of Revenue
 Proposed Objective
 Performance Measures

State Fiscal Year (SFY 7/1 – 6/30)
 Federal Fiscal Year (FFY 10/1 – 9/30)

	Current Objective	Current Weight	Current Range	Current Result		Proposed Objective	Proposed Weight	Proposed Range	Comments
9	Percent of training participants satisfied with services provided	5%	5 = 100% 4 = 99% 3 = 96-98% 2 = 93-95% 1 = 90-92%	98.4%					No Change