



Application Instructions

Thank you for applying for child support services. Our services are free. To get started, please fill in the forms and mail or hand deliver them to us at the child support office in your county. If you live outside of Florida and

- You have a Florida court order, send your application to the child support office in the Florida County of the order
- You do not have a Florida court order, send your application to the child support office for the Florida County where the other parent is living
- You do not know where the other parent is living, send your application to the state program office at: Florida Department of Revenue, Child Support Program, P.O. Box 8030, Tallahassee, FL 32314-8030

A list of the child support offices for each Florida County can be found at:

<http://dor.myflorida.com/dor/childsupport/phone.html>

We will open your case when we get the signed application and all the information we need.

We can't start until we get information from you. It is very important that we get all the documents and information you can provide.

We need

- A signed Application for Services
- A separate *Parent Information* form for each parent. Give us as much information as you can about the other parent(s)
- A separate *Information About the Child* form for each child. Give us as much information as you can about the child(ren) who need services
- Copies of any documents you have about:
 - Paternity establishment. We need copies of any court judgments, the child(ren)'s birth certificates and anything the other parent signed related to the paternity of the child(ren)
 - Child support. If a court or another agency has ordered the other parent to pay support, we need a copy of the order and payment record(s)

You may need to contact other people or the clerk of court to get the information.

Once we start it is very important that you tell us right away about any changes in your

- Address
- Employment
- The other parent's address or employment

Paper Application Instructions

- Read all the forms carefully.
- Pick which service you want. You can have either full services or location only services.
- Give us all the information you have about the other parent.
- We need a separate form for each parent. If there is more than one possible father, or a legal father and a biological father we need information about each one.
- Sign all forms. If you forget, we will return the forms and will be unable to help you.
- Please be sure to send us copies of the documents we need along with the application.

We need all the information you can give us. Please do your best to give us the following information:

- Full names for you, the other parent and the child(ren).
- Dates of birth for you, the other parent and the child(ren).
- Social security numbers for you, the other parent and the child(ren). We keep the information safe. We use it only to identify individuals and to locate and collect from the other parent.
- Addresses for you and the other parent.
- Sex/race for you, the other parent and the child(ren).
- Employer for you and the other parent.
- Any other names used by you or the other parent.
- Phone numbers for you and the other parent.

We need copies of

- The child(ren) birth certificate if the child(ren) was born in another state.
- Any paternity judgments, support orders, payment records or written agreements between you and the other parent. If you don't have copies, we need to know the county, the state and the approximate date of the order(s).

If you have questions, need more forms or help filling out the forms

- Call 1-305-530-2600 if your case will be handled in Miami-Dade County
- Call 1-941-741-4039 if your case will be handled in Manatee County
- Call 1-800-622-KIDS (5437)

Services Provided and Other Information

We provide services to:

- Find the other parent
- Find out who the legal father is
- Get an order for child support
- Get an order for medical support such as health insurance
- Enforce medical and support orders
- Change support orders
- Collect and send child support payments

We do not enforce visitation or custody.

For more information about the Child Support Enforcement Program, go to our web site:

<http://dor.myflorida.com/dor/childsupport/>

We will ask you to cooperate with us

Cooperation means:

- Giving us information and documents about you, the other parent and the child(ren).
- Appearing at scheduled appointments for office visits, court or administrative hearings, or genetic testing.
- Letting us know when information about you, the other parent or the child(ren) changes.
- Submitting voluntarily to jurisdiction in Florida.
- Giving us information we need to review and make a change in the support amount if needed.
- Letting us know when you want to close your case.

Protecting your Information

We have procedures and safeguards in place to protect your personal information. We use the information only for child support purposes. If you need additional protection, we can help.

- **Nondisclosure** – You can ask us to keep your address and other personal information from appearing on notices we send. You must sign a form and provide us with additional information to have your address information protected.
- **Court Orders for Protection** - If you have a court order for protection, give us a copy. We will not include your address on our forms or share your information.
- **Office of the Attorney General's Address Confidentiality Program** – If you are participating in the Attorney General's Office address protection program we need a copy of your program identification card. You must also sign a form so we do not share your information with child support agencies in other states. For more information about this program contact the Office of the Attorney General in your area.

Support Payments

- Federal and state laws require the other parent to send support payments to the State Disbursement Unit (SDU).
- We will send support payments to you usually within 2 business days of receipt.
- Florida law requires us to send support payments to you electronically. You can choose to get your child support payments through direct deposit or debit card. If you do not make a choice you will receive a debit card. Once your case is set up you can get a form to select or change your payment option at: <http://dor.myflorida.com/dor/childsupport/payment.html>. If you are overpaid support for any reason, we will try to collect the overpaid amounts from you.



APPLICATION FOR SERVICES

We provide full child support services or location only services.

FULL SERVICE

We will:

- Find the other parent(s)
- Get paternity established
- Get an order for child support or medical support
- Send you payments we collect
- Review and change the amount of support ordered
- Review available income information
- Base the support amount on the income of both parents
- Use the state's guidelines to calculate the amount of support to be paid
- Tell you if you are not cooperating with us. We will give you a chance to help us before we close your case

You must:

- Give us all the information you have
- Give us copies of all the documents we need
- Give us a copy of the health insurance card if the child(ren) is insured
- Tell 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
- Understand that we may review the amount of support ordered and ask for a change in the amount
- Voluntarily submit to the jurisdiction of the State of Florida
- Cooperate with us as needed
- Tell us when you want to close the case

LOCATION ONLY SERVICES

We will:

- Use the sources we have to find the other parent
- Tell you when we find the other parent's address or employer and close the case
- Tell you when we can't find the other parent and close the case

You must:

- Give us all the information you have about the other parent
- Tell us about any new or changed information
- Tell us if you want your case closed

I WANT TO APPLY FOR THE FOLLOWING SERVICES FOR THE CHILD(REN) NAMED BELOW AND AGREE TO COOPERATE fully with the Department (check one):

Full child support enforcement services

Location only services

I UNDERSTAND

The attorney-client relationship is between the Department and the Department's attorney, not between the attorney and me. If the case is closed, I must complete a new application to reopen the case.

Name(s) of child(ren)

Name(s) of other parent

_____	_____
_____	_____
_____	_____
_____	_____

Print your full name

Your signature

_____/_____/_____ (_____) _____
Date Your daytime phone number

You must complete all pages of this 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 <http://dor.myflorida.com/dor/privacy.html>



Child Support Enforcement

CS-ES51i
R. 06/10

PLEASE PRINT

RFA # _____

Your Full Name (First, Middle, Last, Suffix):		
I have a fear of family violence and want my location kept confidential: <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"/> Possible father <input type="checkbox"/> Relative (other than parents) <input type="checkbox"/> Non-relative		
Does the child(ren) live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, who do they live with?		
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):
		Best time to call:
State:	Zip Code:	Work Phone (include area code):
		Best time to call:
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	Cell Phone (include area code):	
	Best time to call:	
Other Legal Names You Are Known By:		
_____	<input type="checkbox"/> Maiden	<input type="checkbox"/> Former married <input type="checkbox"/> Nickname
_____	<input type="checkbox"/> Maiden	<input type="checkbox"/> Former married <input type="checkbox"/> Nickname
_____	<input type="checkbox"/> Maiden	<input type="checkbox"/> Former married <input type="checkbox"/> Nickname
_____	<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:
Is health care coverage available through this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		



Parent Information

Other Parent Information - a separate Parent Information form is required for the other parent(s) of each child who needs service.				
Other 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):		Work Phone (include area code):	Cell Phone (include area code):	
Address: <input type="checkbox"/> Current <input type="checkbox"/> Last Known <input type="checkbox"/> Mailing <input type="checkbox"/> Residential				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 care available from this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Place of Birth (City/County/State/Country):				
Other Names Known By: _____ _____ <input type="checkbox"/> Alias <input type="checkbox"/> Nickname _____ <input type="checkbox"/> Alias <input type="checkbox"/> Nickname				
Weight:	Height:	Hair Color:	Eye Color:	Other Identifying Features: <input type="checkbox"/> None <input type="checkbox"/> Piercings <input type="checkbox"/> Gold Teeth <input type="checkbox"/> Scars <input type="checkbox"/> Mustache <input type="checkbox"/> Beard <input type="checkbox"/> Glasses <input type="checkbox"/> Tattoos <input type="checkbox"/> Pigtales <input type="checkbox"/> Ponytail <input type="checkbox"/> Bald <input type="checkbox"/> Other: _____
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 an additional Child Information form (CS-ES51ACI) 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, Father or Possible Father)		
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		



Child Support Enforcement

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Information about the Child

Child's Full Name (First, Middle, Last, Suffix): _____

Child's Date of Birth: ____/____/____	Child's Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Child's Social Security Number : ____-____-____	Date child began living with you: : ____/____/____
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Child's Race: Asian Black Hispanic White Native American Other

Is this child disabled? Yes No

Child's Place of birth (City/ County /State/Country): _____

Is the father's name on the birth certificate? Yes No Unknown Birth Certificate No. _____

Print father's name listed on the birth certificate: _____

Has this child ever lived with the other parent in Florida? Yes No Unknown

If yes, provide the approximate dates: _____ Print the other parent's name: _____
From ____/____/____ to ____/____/____ City in Florida where they lived together? _____

Is there a support order for this child? Yes No Medical Only Unknown

If yes, print the name of the person who is ordered to provide support: _____

Date of order: ____/____/____ Court Case number: _____

County/state/country where order was entered: _____

Where is support paid? Clerk of Court State Disbursement Unit Paid directly to me

Is this child covered by medical insurance? Yes No Medicaid Unknown

Provided by: Mother Father Medicaid Step-parent relative Other: _____

Is any legal action pending with the other parent regarding this child? Yes No Unknown

Print the other parent's name: _____

If yes, attorney's name, address and phone #: _____

If Yes: Type of Action: Custody Adoption Mediation Enforcement Modification Other: _____

IF THIS CHILD IS INCLUDED IN A SUPPORT ORDER DO NOT COMPLETE THE REMAINING QUESTIONS FOR THIS CHILD

Does this child have other possible fathers? Yes No Unknown If yes, list name(s) of other possible fathers of this child:

Approximate date the mother became pregnant with this child: ____/____/____ Full Term? Yes No Unknown
Where the mother became pregnant: (City/County/State/Country): _____

Was the mother married to anyone when she became pregnant with this child? Yes No Unknown

Was the mother married to anyone when this child was born? Yes No Unknown

If yes, date of marriage: ____/____/____ Married to whom: _____

Married where (City/ County /State/Country): _____

Was the mother divorced from the man named above? Yes No Unknown If yes, date of divorce: ____/____/____
Court Case #: _____ Divorced where (City/ County /State or Country): _____

Has the other parent provided any type of support for this child? Yes No Unknown

Print the other parent's name who provided support: _____

If yes, type: Money Diapers Milk Shelter Social Security Amount: _____

Other: _____ Paid for Daycare: Yes No If yes, amount _____ and how often _____