



Child Support Enforcement APPLICATION FOR SERVICES

We provide full child support services or location only services.

FULL SERVICE

We will:

- Find the other parent
- 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 information we have to be sure the support amount is based 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
- 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

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

Name(s) of child(ren)	Name of other parent
Print your full name	
Your Signature	Date
	() Your Daytime Phone Number
	Your E-mail Address

You also must complete the second page of this form.

#: To be completed by CSE NA PA Applicant is: Custodial Parent Noncustodial Parent

1. Information about you										PLEASE PRINT														
Does the child live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, who do they live with? _____																								
You are the child's: <input type="checkbox"/> mother <input type="checkbox"/> father <input type="checkbox"/> grandparent <input type="checkbox"/> legal guardian <input type="checkbox"/> other, specify _____																								
If you are not the parent, give the names of the children's parents:					Mother					Father					How long have the child(ren) lived with you? _____									
Name (First, Middle, Last):										Social Security Number:					Race			Sex						
Mailing Address:										Date of Birth:					Other Legal Names Used:									
City:										Home Phone (include area code):										Best time to call:				
State/Zip Code:										Work Phone (include area code):										Best time to call:				
Was the mother married when the child was born? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, to whom? _____ When? _____																								
Where (City/State)? _____ Divorced? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Date: _____ Any other legal action pending?: <input type="checkbox"/> Yes <input type="checkbox"/> No																								
I have a fear of family violence and want my location kept confidential: <input type="checkbox"/> Yes <input type="checkbox"/> No																								
2. Information about the other parent										A separate form is required for each parent not living in your home														
Name (First, Middle, Last):										Home Phone (include area code):					Work Phone (include area code):									
Address:										<input type="checkbox"/> Current <input type="checkbox"/> Last Known <input type="checkbox"/> Mailing <input type="checkbox"/> Residential (check all that apply)														
City:					Dates other parent lived with you and the child(ren) From: _____ To: _____ Where? (City/State): _____																			
State/Zip Code:										Employer:														
Social Security Number:					Date of Birth:					Employer's Address:														
Place of Birth:										Employer's City:					Employer's State/Zip Code:									
Race:		Sex:		Weight:		Height:		Hair:		Eyes:		Other Identifying Features:												
3. Child(ren) Who Need Services																								
Child's Name/sex		Child #1 <input type="checkbox"/> M <input type="checkbox"/> F					Child #2 <input type="checkbox"/> M <input type="checkbox"/> F					Child #3: <input type="checkbox"/> M <input type="checkbox"/> F												
Social Security Number		_____ - _____ - _____					_____ - _____ - _____					_____ - _____ - _____												
Place of Conception (City/State)																								
Place of Birth (City/State)																								
Date of Birth (MM/DD/YY)		____/____/____					____/____/____					____/____/____												
Were the parents married when the child was born?		<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No												
Did the father sign the birth certificate?		<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No												
If other possible fathers, list name(s) and complete another form:																								
Is there a support order for this child?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Medical Only					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Medical Only					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Medical Only												
Covered by other parent's medical insurance?		<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No												
Please include copies of any paternity, divorce, or child support orders you have for the child(ren). If there are orders but you do not have copies, please give us the information so we can get them.																								
County and state where order was entered:										Approximate date:					Case number, if known:									
Please check one of the boxes below to show where the other parent is ordered to make child support payments:																								
<input type="checkbox"/> Child support payments are made to the Clerk of Court										<input type="checkbox"/> Child support payments are paid directly to me														

If you need help, call Customer Contact Center at 1-800-622-5437 or go to <http://www.myflorida.com/dor/childsupport>

Your Social Security number and the child(ren)'s are required by section 409.2567, Florida Statutes and Rule 12E-1.003(2)(a), Florida Administrative Code. We will use the numbers only for purposes directly connected with child support enforcement.