FLORIDA DEPARTMENT OF REVENUE

Child Support Enforcement

CS-ES51ACIi
R. 06/10

Information about the Child

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

Child's Date of Birth: ____/____/_____

Child's Sex: ☐ Female ☐ Male

Child's Social Security Number : __ __ __ - __ __ - __ __ __ __

Date child began living with you: ____/____/_____

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 _____