

CHILD SUPPORT ENFORCEMENT TRANSMITTAL #1 - INITIAL REQUEST

Petitioner: Name (first, middle, last) IV-D Case: [] TANF
Social Security Number [] IV-E Foster Care
Tribal Affiliation (if applicable) [] Medicaid Only
[] Former Assistance
[] Never Assistance
Respondent: Name (first, middle, last)
Social Security Number Non-IV-D Case: []
Tribal Affiliation (if applicable)

File Stamp

To: (Agency Name and Address)

Responding FIPS Code _____ State _____
Responding IV-D Case Number _____
Responding Tribunal Number _____

From: (Contact Person, Agency, Address, Phone, FAX, E-mail)

Initiating FIPS Code _____ State _____
Initiating IV-D Case Number _____
Initiating Tribunal Number _____

Send Payments To: (if different from above)

Payment FIPS Code _____ State _____
Bank Account _____ Routing Code _____

I. Action. The Responding Jurisdiction Should Provide All Appropriate Services Including: (Please Return the Acknowledgment Attached)

- 1. [] Establishment of Paternity
- 2. [] Establishment of Order for:
 - A. [] Current Child Support, Including Medical Support
 - B. [] Retroactive Child Support
 - C. [] Medical Support Only
 - D. [] Spousal Support
 - E. [] Costs and Fees (Use Sec. VII)
- 3. [] Enforcement of Responding Tribunal Order
- 4. [] Modification of Responding Tribunal Order
- 5. [] Change IV-D Payee of Responding Tribunal Order
- 6. [] Redirect Payment to Obligee State
- 7. [] Registration of Foreign Support Order(s):
 - A. [] For Enforcement Only
 - B. [] For Modification and Enforcement
 - C. [] For Modification Only
 - D. [] For Tribunal Determination of Controlling Order Including Arrears ReconciliationRequested by: [] Obligor [] Obligee [] State Agency (Requires Sworn Statement of Arrears)
- 8. [] Collection of Arrears Only
- 9. [] Income Withholding
- 10. [] Administrative Review for Federal Tax Refund Offset
- 11. [] Other _____

II. Case Summary (Background of this Matter: Court/Administrative Actions)

Date of Support Order	State & County or Tribe Issuing Order	Tribunal Case Number
Support Amount/Frequency \$	Date of Last Payment	Amount of Arrears \$
		Period of Computation _____ thru _____

[] Tribunal Determined Controlling Order
[] Presumed Controlling Order

Date of Support Order	State & County or Tribe Issuing Order	Tribunal Case Number
Support Amount/Frequency \$	Date of Last Payment	Amount of Arrears \$
		Period of Computation _____ thru _____

[] Presumed Controlling Order

Date of Support Order	State & County or Tribe Issuing Order	Tribunal Case Number
Support Amount/Frequency \$	Date of Last Payment	Amount of Arrears \$
		Period of Computation _____ thru _____

[] Presumed Controlling Order

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III. Mother Information Obligor Obligee

Full Name (first, middle, last) Address (Street, City, State, Zip) Employer/Address (Name, Street, City, State, Zip)

Maiden Name, Alias, Former Married Name, Nickname, etc.

Home Phone () Address Confirmed _____ Employer Confirmed _____
Work Phone () Date Date
Date/Place of Birth _____ Social Security Number _____
Date Place

IV. Father Information Obligor Obligee

Full Name (first, middle, last) Address (Street, City, State, Zip) Employer/Address (Name, Street, City, State, Zip)

Alias, Nickname

Home Phone () Address Confirmed _____ Employer Confirmed _____
Work Phone () Date Date
Date/Place of Birth _____ Social Security Number _____
Date Place

V. Caretaker Relationship to Child(ren) _____

Full Name (first, middle, last) Has Legal Custody /Guardianship of Child(ren) (copy of order attached)
Address (Street, City, State, Zip) Employer/Address (Name, Street, City, State, Zip)

Maiden Name, Alias, Former Married Name, Nickname, etc.

Home Phone () Address Confirmed _____ Employer Confirmed _____
Work Phone () Date Date
Date/Place of Birth _____ Sex _____ Social Security Number _____
Date Place M/F

VI. Dependent Children Information

Full Legal Name (first, middle, last) City, State, Date of Birth Sex Social Security Number State of Residence
_____ for _____ months

Born Out of Wedlock YES NO If established, Paternity Establishment Date _____

VII. Additional Case Information

Additional Case Information Attached Nondisclosure Finding Attached

VIII. Attachments (Supporting Documentation)

- Arrears Statement/Payment History Notice of Determination of Controlling Order
- Uniform Support Petition Support Order(s)
- General Testimony/Affidavit Divorce Decree
- Affidavit in Support of Establishing Paternity Assignment of Rights
- Acknowledgment of Parentage Description of Real/Personal Property
- Other Documents Relating to Paternity Photograph of Respondent
- Other Attachments

_____ () _____
Date Initiating Contact Person (first, middle, last) Telephone Number & Extension

FAX: () _____ E-mail _____

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File Stamp

Respondent: Name (first, middle, last)
Social Security Number
Tribal Affiliation (if applicable)

To: (Agency Name and Address)

Responding FIPS Code _____ State _____
Responding IV-D Case Number _____
Responding Tribunal Number _____

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Initiating Tribunal Number _____

Send Payments To: (if different from above)

Payment FIPS Code _____ State _____
Bank Account _____ Routing Code _____

ACKNOWLEDGMENTS

Return This Form to Initiating State

- Request Received and No Additional Information is Necessary
- Additional Information Needed
 - Arrears Statement/Payment History
 - Uniform Support Petition
 - General Testimony/Affidavit
 - Affidavit in Support of Establishing Paternity
 - Acknowledgment of Parentage
 - Other Documents Relating to Paternity
 - Support Order(s)
 - Divorce Decree
 - Assignment of Rights
 - Description of Real/Personal Property
 - Photograph of Respondent
 - Other (See Remarks)

Remarks/Response

Your Case has been Forwarded for Action to:

Name of Worker (first, middle, last) _____
Agency Name _____
Address, FIPS Code _____
Phone & Extension _____
FAX _____

Date

Person Completing Form (first, middle, last)

Telephone Number & Extension

FAX : ()

E-mail: