

CHILD SUPPORT ENFORCEMENT TRANSMITTAL #1 - INITIAL REQUEST

Petitioner IV-D Non Public Assistance
 IV-D Non PA Medicaid
 Full Services

Respondent Medical Services Only
 IV-D Public Assistance
 IV-E Foster Care (IV-D Case)
 Non-IV-D

File Stamp

To: (Agency Name and Address)

Responding FIPS Code _____ State _____

Responding IV-D Case No. _____

Responding Docket No. _____

From: (Contact Person, Agency, Address, Phone, Fax, Internet)

Initiating FIPS Code _____ State _____

Initiating IV-D Case No. _____

Initiating Docket No. _____

Send Payments To: (if different from above)

Payment FIPS Code _____ State _____

Bank Account _____ Routing Code _____

Initiating Jurisdiction URESA UIFSA State with Continuing Exclusive Jurisdiction (CEJ) _____

I. Action. The Responding Jurisdiction Should Provide All Appropriate Services Including:

1. Establishment of Paternity
2. Establishment of Order for:
A. Child Support D. Medical Coverage
B. Spousal Support E. Other Costs (Use Sec. VII)
C. Support for a Prior Period

3. Enforcement of Responding Tribunal Order
4. Modification of Responding Tribunal Order
5. Change of Payee/Redirection of Payment

6. Registration of Foreign Support Order:
A. For Enforcement Only C. For Modification
B. For Modification and Enforcement
Requested by: Obligor Obligee State Agency

7. Collection of Arrears
8. Income Withholding
9. Administrative Review for Federal Tax Offset
10. Other _____

Please Return the Acknowledgment Attached (3 of 3)

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

Date of Support Order _____ State & County Issuing Order _____ Tribunal Case No. _____

Support Amount/Frequency \$ _____ Date of Last Payment \$ _____ Amount of Arrears _____ Period of Computation _____
thru _____ Date _____ Date _____

Presumed Controlling Order Determined Controlling Order

Date of Support Order _____ State & County Issuing Order _____ Tribunal Case No. _____

Support Amount/Frequency \$ _____ Date of Last Payment \$ _____ Amount of Arrears _____ Period of Computation _____
thru _____ Date _____ Date _____

Presumed Controlling Order Determined Controlling Order

Date of Support Order _____ State & County Issuing Order _____ Tribunal Case No. _____

Support Amount/Frequency \$ _____ Date of Last Payment \$ _____ Amount of Arrears _____ Period of Computation _____
thru _____ Date _____ Date _____

Presumed Controlling Order Determined Controlling Order

III. Mother Information

Full Name and Aliases (First, Middle, Last)

[] Obligor [] Obligee Address (Street, City, State, Zip)

Employer/Address (Name, Street, City, State, Zip)

Home Phone ()

[] Address Confirmed _____ Date

[] Employer Confirmed _____ Date

Work Phone ()

Date/Place of Birth _____ Social Security No. _____

IV. Father Information

Full Name and Aliases (First, Middle, Last)

[] Obligor [] Obligee Address (Street, City, State, Zip)

Employer/Address (Name, Street, City, State, Zip)

Home Phone ()

[] Address Confirmed _____ Date

[] Employer Confirmed _____ Date

Work Phone ()

Date/Place of Birth _____ Social Security No. _____

V. Caretaker (If Not a Parent) Relationship to Child(ren)

Full Name and Aliases (First, Middle, Last)

Address (Street, City, State, Zip)

Employer/Address (Name, Street, City, State, Zip)

Home Phone ()

[] Address Confirmed _____ Date

[] Employer Confirmed _____ Date

Work Phone ()

Date/Place of Birth _____ Sex _____ Social Security _____

VI. Dependent Children Information

Full Name (First, Middle, Last)

Date of Birth

Sex

Social Security No.

State of Residence for last 6 months

VII. Additional Case Information

[] Nondisclosure Finding Attached

VIII. Attachments (Supporting Documentation)

[] Arrears Statement/Payment History

[] Support Order(s)

[] Uniform Support Petition (3 Copies)

[] Divorce Decree

[] General Testimony/Affidavit

[] Assignment of Rights

[] Affidavit in Support of Establishing Paternity

[] Description of Real/Personal Property

[] Acknowledgment of Parentage

[] Photograph of Respondent

[] Other Documents Relating to Paternity

[] Other Attachments

Date

Initiating Contact Person (Print or Type)

Telephone Number & Extension

Fax Number

