

**CHILD SUPPORT ENFORCEMENT TRANSMITTAL #2 - SUBSEQUENT ACTIONS**

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**

- 1.  Status Request
- 2.  Status Update
- 3.  Notice of Hearing
- 4.  Notice of Case Forwarding
- 5.  Document Filed
- 6.  Order Issued/Confirmed
- 7.  Notice of Arrearage Reconciliation/Determination of Sum-Certain
- 8.  Change of Payee/Redirection of Payment
- 9.  Other \_\_\_\_\_

Please Return the Acknowledgment Attached (2 of 2)

**II. Additional Information**

\_\_\_\_\_ Date \_\_\_\_\_ Initiating Contact Person (Print or Type) \_\_\_\_\_ Telephone Number & Extension  
\_\_\_\_\_ Fax Number

**CHILD SUPPORT ENFORCEMENT TRANSMITTAL #2 - SUBSEQUENT ACTIONS**

- 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

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**ACKNOWLEDGMENTS** Return This Form to Initiating State

- Request Received and No Additional Information is Necessary
- Additional Information Needed (See Remarks)
- Remarks/Response

Your Case has been Forwarded for Action to:

\_\_\_\_\_ Name of Worker

\_\_\_\_\_ Agency Name

\_\_\_\_\_ Address, FIPS Code

\_\_\_\_\_ Phone & Extension

\_\_\_\_\_ Fax

\_\_\_\_\_ Date \_\_\_\_\_ Person Completing Form (Print or Type) \_\_\_\_\_ Telephone Number & Extension

\_\_\_\_\_ Fax Number