

CHILD SUPPORT ENFORCEMENT TRANSMITTAL #3 - REQUEST FOR ASSISTANCE/DISCOVERY

Petitioner [Name (Fst, M, Lst) & Social Security No.]

- IV-D Non Public Assistance
- IV-D Non PA Medicaid
- Full Services
- Medical Services Only
- IV-D Public Assistance
- IV-E Foster Care (IV-D Case)
- Non-IV-D

Respondent [Name (Fst, M, Lst), Social Security No. & Address]

File Stamp

To: (Agency/Tribunal 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. _____

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

Response Needed by _____ (Date)

I. Action

1. Provide/Obtain Copies of Documentation
 - Certified Copies of Orders
 - Financial Statement
 - Payment Records
 - Other _____
2. Provide Assistance with Service of Process (See Attached)
3. Provide Assistance with Genetic Testing (See Attached)
4. Obtain Answers for Interrogatories (See Attached)
5. Provide Assistance with Teleconference for Hearing or Deposition (See Attached)
6. Obtain Financial Data/Proof of Respondent's Income (See Section II and/or Attached)
7. Obtain Party Signature on Attached Form (See Attached)
8. Other: _____

Please Return the Acknowledgment Attached (2 of 2)

II. Additional Information

_____ () _____
 Date Initiating Contact Person (Print or Type) Telephone Number & Extension

_____ () _____
 Fax Number

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Respondent Medical Services Only
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ACKNOWLEDGMENTS To be Completed by Responding Agency and Returned to Initiating Agency

- 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