

NOTICE OF DETERMINATION OF CONTROLLING ORDER

Date IV-D Non Public Assistance
 IV-D Non PA Medicaid
 Obligor (First, Mid, Last) Full Services
 Medical Services Only
 Obligee (First, Mid, Last) IV-D Public Assistance
 IV-E Foster Care (IV-D Case)
 Non-IV-D

File Stamp

To: (Agency Name and Address)

FIPS Code _____ State _____

IV-D Case No. _____

Docket No. _____

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

FIPS Code _____ State _____

IV-D Case No. _____

Docket No. _____

1. On _____ (Date), _____ (Tribunal Name; County, State) determined which order to recognize for prospective enforcement. The following orders were considered:

#	County	State	Date of Order	IV-D Case Number	Docket Number	Order Type
1						
2						
3						
4						
5						

Additional orders listed on attached sheet.

2. The tribunal determined that order number _____ listed above in the table is the controlling order for prospective enforcement.

3. A copy of a modified order is attached.

The tribunal determined that none of the existing orders is the controlling order. Therefore, a new order was entered; a copy is attached.

4. \$ _____ per _____ (Frequency) is the current charging amount.

5. The tribunal calculated arrears to be \$ _____ as of _____ (Date).

Attached is a copy of the worksheet(s) showing the arrears calculation.

6. A copy of this notice (and any new or modified order) was also sent to:

Entity Name; State

Entity Name; State

Obligor Obligee Additional Entities Listed on Attached Sheet