

**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
    - B.  Spousal Support
    - C.  Support for a Prior Period
    - D.  Medical Coverage
    - E.  Other Costs (Use Sec. VII)
  - 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
    - B.  For Modification and Enforcement
    - C.  For Modification
  - 7.  Collection of Arrears
  - 8.  Income Withholding
  - 9.  Administrative Review for Federal Tax Offset
  - 10.  Other \_\_\_\_\_
- Requested by:  Obligor  Obligee  State Agency  
 (Requires Sworn Statement of Arrears)

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
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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
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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
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Presumed Controlling Order  Determined Controlling Order

III. Mother Information [ ] Obligor [ ] Obligee  
Full Name and Aliases Address (Street, City, State, Zip) Employer/Address (Name, Street, City, State, Zip)  
(First, Middle, Last)

Home Phone ( ) [ ] Address Confirmed [ ] Employer Confirmed  
Work Phone ( ) Date Date  
Date/Place of Birth Date Place Social Security No. \_\_\_\_\_

IV. Father Information [ ] Obligor [ ] Obligee  
Full Name and Aliases Address (Street, City, State, Zip) Employer/Address (Name, Street, City, State, Zip)  
(First, Middle, Last)

Home Phone ( ) [ ] Address Confirmed [ ] Employer Confirmed  
Work Phone ( ) Date Date  
Date/Place of Birth Date Place Social Security No. \_\_\_\_\_

V. Caretaker (If Not a Parent) Relationship to Child(ren)  
Full Name and Aliases Address (Street, City, State, Zip) Employer/Address (Name, Street, City, State, Zip)  
(First, Middle, Last)

Home Phone ( ) [ ] Address Confirmed [ ] Employer Confirmed  
Work Phone ( ) Date Date  
Date/Place of Birth Date Place Sex Social Security No. \_\_\_\_\_  
M/F

VI. Dependent Children Information State of Residence  
Full Name (First, Middle, Last) Date of Birth Sex Social Security No. 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

