

**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

