CHILD SUPPORT ENFORCEMENT TRANSMIT	TAL #1 - INITIAL RE	G0F21		
Petitioner	.] IV-D Non Public Assi	stance		
1] IV-D Non PA Medicaid			
	[] Full Services			
Respondent	[] Medical Servi	ces Only		
[IV-D Public Assistance			
[] IV-E Foster Care (IV-I	Case)		
I] Non-IV-D		File Stamp	
To: (Agency Name and Address)	Responding FIPS Code	Sta	te	
From: (Contact Person, Agency, Address, Phone, Fax, Internet)	Responding IV-D Case No.			
	Responding Docket No			
	Initiating FIPS Code State			
	Initiating IV-D Case No.			
	Initiating Docket No			
Send Payments To: (if different from above)	Payment FIPS Code	Sta		
	Bank Account	Ro	outing Code	
Initiating Jurisdiction] URESA [] UIFSA	_ 	•	CEJ)	
I. Action. The Responding Jurisdiction Should Provide	, ,		0 0	
1. Stablishment of Paternity		gistration of Foreig		
2. Establishment of Order for:			Only C. [] For Modification	
A. [] Child Support D. [] Medical Cov	•	For Modification a		
B. [] Spousal Support E. [] Other Costs			[]Obligee []State Agency	
C. Support for a Prior Period		quires Sworn Statemen	t of Arrears)	
3. Enforcement of Responding Tribunal C		llection of Arrears		
4. Modification of Responding Tribunal C	- I I	come Withholding		
5. [] Change of Payee/Redirection of Payme	ent 9. [] Ad	Iministrative Reviev	v for Federal Tax Offset	
Please Return the Acknowledgment Attached		her		
II. Case Summary (Background of this Matt		ve Actions) Tribunal Case	No.	
Date of Support Order State & Coun	ty Issuing Order	Tribunal Case	; INU.	
Support Amount/Frequency Date of Last	Payment Amou	nt of Arrears	Period of Computation thru	
	,		Date Date	
Presumed Controlling Order	Determined Contro	olling Order Tribunal Case	a No	
Date of Support Order State & Coun	ty Issuing Order	Tribunal Case	; IVO.	
Support Amount/Frequency Date of Last	Payment Amou	nt of Arrears	Period of Computation thru	
	,		Date Date	
Presumed Controlling Order Date of Support Order State & Coun	Determined Control Ity Issuing Order	olling Order Tribunal Case	a No	
Date of Support Order State & Cour	ity issuing Order	i i ibuilai Casi	,	
Support Amount/Frequency Date of Last	Payment Amou	nt of Arrears	Period of Computation thru	
	•	_	Date Date	
Presumed Controlling Order	Determined Contr	olling Order		

CHILD SUPPORT ENFORCEMENT TRANSMITTAL #1- INITIAL	REQUEST Initiating IV-D Case No.
III. Mother Information [] Obligor [] Obligee Full Name and Aliases Address (Street, City, State, Zig (First, Middle, Last)	Employer/Address (Name, Street, City, State, Zip)
WOIK PHONE (/	ate Date Social Security No
IV. Father Information [] Obligor [] Obligee Full Name and Aliases Address (Street, City, State, Zig (First, Middle, Last)	Employer/Address (Name, Street, City, State, Zip)
Home Phone () [] Address Confirmed	[] Employer Confirmed
V. Caretaker (If Not a Parent) Relationship to Child(ren) Full Name and Aliases (First, Middle, Last) Relationship to Child(ren) Address (Street, City, State, Zig	Employer/Address (Name, Street, City, State, Zip)
Home Phone () [] Address Confirmed	
VI. Dependent Children Information Full Name (First, Middle, Last) Date of Birth	State of Residence Sex Social Security No. for last 6 months
VII. Additional Case Information	[] Nondisolosura Finding Attached
VIII Attachments (Supporting Documentation)	Nondisclosure Finding Attached
VIII. Attachments (Supporting Documentation) [] Arrears Statement/Payment History [] Uniform Support Petition (3 Copies) [] General Testimony/Affidavit [] Affidavit in Support of Establishing Paternity] Acknowledgment of Parentage [] Other Documents Relating to Paternity	Support Order(s) Divorce Decree Assignment of Rights Description of Real/Personal Property Photograph of Respondent Other Attachments
	()
Date Initiating Contact Person (Print or Type)	Telephone Number & Extension
	Fax Number
Child Support Enforcement Transmittal #1 - Initial Request	Page 2 of 3

CHILD SUPPORT ENFORCEMENT TRANSIVIT	TAL #1 - INTTIAL REQUEST	1	
Petitioner	IV-D Non Public Assistance		
	IV-D Non PA Medicaid		
Respondent	Full Services		
	[] Medical Services Only		
	IV-D Public Assistance		
]	IV-E Foster Care (IV-D Case)	_	
To: (Agency Name and Address) From: (Contact Person, Agency, Address, Phone, Fax, Internet)	Non-IV-D	File Stamp	
	Responding FIPS Code	State	
	Responding IV-D Case No		
	Responding Docket No.		
	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	
nitiating Jurisdiction [] URESA [] UIFSA	State with Continuing Exclusive J	Jurisdiction (CEJ)	
	orm to Initiating State		
Request Received and No Additional Info	rmation is Necessary		
Additional Information Needed			
Arrears Statement/Payment History	[] Support Order(s)		
[] Uniform Support Petition	[] Divorce Decree		
[] General Testimony/Affidavit	Assignment of Rights		
[] Affidavit in Support of Establishing Paternity[] Acknowledgment of Parentage	 I Description of Real/Personal Program (Personal Program) Photograph of Respondent 	operty	
Other Documents Relating to Paternity	[] Other (See Remarks)		
Remarks/Response			
. 1 Hemaine Mesperies			
Your Case has been Forwarded for Actio	n to·		
1 Tour Case has been forwarded for Actio			
		Name of Worker	
		Agency Name	
		Address, FIPS Code	
		Phone & Extension	
		Fax	
Date Person Completing F	Form (Print or Type)	Telephone Number & Extension	
Person Completing r	om trint or Type)	. Cicpitotic tiziniza. G. Entolision	
	(
		Fax Number	