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

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

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

- ☐ 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

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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Petitioner

Respondent

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

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