

Invitation to Comment

Title	Child Support: Administration of Title IV-D Child Support Cases (amend Cal. Rules of Court, rule 5.324; revise form FL-679; adopt form FL-618; and revoke forms FL-500, FL-505, FL-525, FL-526, FL-556, FL-557, FL-558, FL-559, and FL-571)
Summary	The proposed amended rule, new and revised forms, as well as the forms revocation, would improve administration of title IV-D child support cases.
Source	Family and Juvenile Law Advisory Committee Hon. Jerilyn L. Borack and Hon. Susan D. Huguenor, Cochairs
Staff	Anna L. Maves, 916-263-8624, anna.maves@jud.ca.gov
Discussion	<p>This proposal is for rule and form changes, a new form, and revocation of nine forms to improve administration of title IV-D child support cases.</p> <p><i>Telephone appearance</i> Rule 5.324 (Telephone appearance in title IV-D hearings and conferences) would be amended to permit representatives of the local child support agencies to make requests to allow a party, a parent, or witness to appear by telephone. This narrow amendment is being proposed to accommodate out-of-state parties and witnesses who can have difficulty meeting the time frames to request a telephone appearance because of the delay caused by sending the mandatory forms by mail. This would allow greater participation and provide the court with more information from which to make an order. The rule is proposed to be amended at subdivision (d) to clarify that the exceptions for making a telephone appearance do not supplant what is permitted by the Family Code and at paragraphs (e)(1) and (2) to grant the local child support agency (LCSA) the authority to make a request for a telephone appearance on behalf of a party, a parent, or a witness in cases where the LCSA is providing title IV-D services. The committee requests comment as to whether the requirement that the request for telephone appearance be made at least 12 days prior to the hearing is limiting the ability for pro per litigants to request to appear by telephone.</p> <p>Form FL-679, <i>Request for Telephone Appearance (Governmental)</i> would be narrowly revised to permit the local child support agency to make the request for a party, a parent, or a witness to appear by telephone. Check boxes would be added at item 2 to indicate who will appear by telephone, and a new item 3f would be added to specify that</p>

the local child support agency's representative is making the request on behalf of the party, parent, or witness who wants to appear by telephone. Item 4b would be revised to clarify that where financial issues are to be decided, the appropriate financial documents have been filed and served whether the request is made by the individual requesting to appear by telephone or the local child support agency on behalf of a party, a person, or a witness. The advisement on page 2 would be changed at item 6 to delete some duplicative language. The acknowledgement that the advisement has been read and understood would be expanded to indicate that when the local child support agency is making the request on behalf of a party, a parent, or a witness, the LCSA verifies that it has provided the advisement to that person and that he or she understands that the terms of the advisement apply to him or her.

Request for dismissal

New form FL-618, *Request for Dismissal (Governmental, UIFSA)* would enable the local child support agency to request dismissal of specific governmental actions that have been filed, which can include supplemental complaints to add subsequently born children or amended complaints due to changed circumstances. This new form would result in more clarity for the parties and the court clerk and would create a more historically clear court record. This would impact a substantial number of litigants as there are 1.8 million governmental child support cases in the state. It is necessary that the new form be mandatory to provide statewide consistency and uniformity in governmental child support cases. This form is proposed for adoption in response to a request by the local child support agencies to more specifically address the types of actions initiated by the local child support agencies and provide clarity. This form would be available on the statewide child support automation system to be used uniformly by the local child support agencies.

Federal UIFSA forms

Form FL-500, *Uniform Support Petition*, FL-505, *Child Support Enforcement Transmittal #1—Initial Request*, FL-525, *Affidavit in Support of Establishing Paternity*, FL-526, *General Testimony*, FL-556, *Registration Statement*, FL-557, *Child Support Enforcement Transmittal #2—Subsequent Actions*, Form FL-558, *Locate Data Sheet*, FL-559, *Child Support Enforcement Transmittal #3—Request for Assistance/Discovery*, and FL-571, *Notice of Determination of Controlling Order* would be revoked in order to eliminate a conflict of law and improve administration of title IV-D child support cases.

These forms are mandatory federal Uniform Interstate Family Support Act (UIFSA) forms, which every state is required to use to provide nationwide uniformity and standardization for interstate child support cases. Individual states are prohibited from making changes in the federal forms. The Judicial Council has adopted these federal forms for mandatory use in California.

The Judicial Council has also adopted rule 5.27 (Use of interstate forms), which states, “Notwithstanding any other provision of these rules, all Uniform Interstate Family Support Act forms approved by either the National Conference of Commissioners on Uniform State Laws or the U.S. Department of Health and Human Services are adopted for use in family law and other support actions in California.” When the federal forms are revised, a conflict arises between the newest version of the form and the prior version that was adopted by the Judicial Council. The federal government’s form cycles differ from those of the Judicial Council in both duration and timing. The purpose of adopting each of these federal forms as California forms was to ensure that these federal forms would be readily available for the local child support agencies and the public to use. The availability of these federal forms is no longer a concern as these forms are currently available on the federal Office of Child Support Enforcement (OCSE) Web site, and the state Department of Child Support Services has agreed to make these forms available on its Web site.

The proposed rule and forms are attached at pages 4–79.

Attachments

Rule 5.324 of the California Rules of Court would be amended, effective January 1, 2008, to read:

1 **Rule 5.324. Telephone appearance in title IV-D hearings and conferences**

2
3 (a)–(c) ***

4
5 **(d) Exceptions**

6
7 A telephone appearance is not permitted for any of the following except as
8 permitted by Family Code section 4930:

- 9
10 (1) Contested trials, contempt hearings, orders of examination, and any
11 matters in which the party or witness has been subpoenaed to appear in
12 person; and
13
14 (2) Any hearing or conference for which the court, in its discretion on a
15 case-by-case basis, decides that a personal appearance would materially
16 assist in a determination of the proceeding or in resolution of the case.

17
18 **(e) Request for telephone appearance**

19
20 (1) A party, an attorney, a witness, a parent who has not been joined to the
21 action, or a representative of a local child support agency or
22 government agency may request permission of the court to appear and
23 testify by telephone. The local child support agency may request a
24 telephone appearance on behalf of a party, a parent, or a witness when
25 the local child support agency is appearing in the title IV-D support
26 action, as defined by Rule 5.300(c). The court may also, on its own
27 motion, allow a telephone appearance.

28
29 (2) A party, an attorney, a witness, a parent who has not been joined to the
30 action, or a representative of a local child support agency or
31 government agency who wishes to appear by telephone at a hearing or
32 have a request filed on his or her behalf must file a request with the
33 court clerk at least 12 court days before the hearing. This request must
34 be served on the other parties, the local child support agency, and
35 attorneys, if any. Service must be by personal delivery, fax, express
36 mail, or other means reasonably calculated to ensure delivery by the
37 close of the next court day.

38

1 (3) The mandatory *Request for Telephone Appearance (Governmental)*
2 (form FL-679) must be filed to request a telephone appearance.

3

4 **(f)–(k) *****

5

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY Draft 5 021407 copyedited icb Not Approved by the Judicial Council
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	
REQUEST FOR TELEPHONE APPEARANCE	CASE NUMBER:
HEARING DATE: _____ TIME: _____ DEPT., ROOM, OR DIVISION: _____	

NOTICE: See form FL-679-INFO, Information Sheet—Request for Telephone Appearance for deadlines for filing this request, for filing any opposition, and service.

1. I, (name): _____, am the
 petitioner/plaintiff respondent/defendant other parent attorney for (name): _____
 local child support agency (LCSA) representative other (specify): _____ in this case.

If there are domestic violence or other confidentiality issues in this case and you do not want your home or work phone number made publicly available, provide another phone number in item 2 below. You will need to participate from this phone number, unless other options are available under local rules or procedures. Check with your court clerk.

2. I ask the court to allow me _____ to appear from telephone number () _____ for the hearing set on (date) _____ (time) _____ in Department _____ of the above-named court.
3. I would like the court to consider the following information in making its decision whether to allow me to appear by telephone (check all that apply). (Note: The court can still deny your request, even though boxes are checked.)
- a. I live or work outside the state of California in (specify location): _____
 - b. I live in _____ County in California, which is _____ miles from the above courthouse where the hearing is set.
 - c. I am disabled.
 - d. I am asking not to appear personally because of domestic violence.
 - e. I will be incarcerated or confined in (specify): _____ prison, jail, or other institution at the time of the hearing.
 - f. The LCSA makes this request on behalf of _____.
 - g. Other (specify): (Include some identifying information, such as "custodial parent resides in [state].") _____
4. a. I have filed this request at least **12 court days** before the hearing and have served or will serve all parties (the local child support agency and other parent) and attorneys, if any, with this form by personal delivery, fax, express mail, or other reasonable means to ensure delivery by the close of the **next court day** after filing this form.
- b. If there are financial issues to be decided, a current *Income and Expense Declaration* (form FL-150) or a *Financial Statement (Simplified)* (form FL-155) has been filed and served on all parties along with the request or response to the hearing. (Read page 2 of form FL-155 to determine which form to use.)
- c. I have complied with all requirements of the local rules of court for other supporting proof.
5. I agree to be responsible for the costs and arrangements of this telephone appearance if required by the court. If this telephone appearance request is made by a LCSA on behalf of a party, parent, or witness, that person may be responsible for costs of the telephone appearance as may be required by the court.
6. Number of pages attached: _____

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____



(TYPE OR PRINT NAME)

(SIGNATURE)

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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ADVISEMENT REGARDING TELEPHONE APPEARANCE

1. I know that I can personally appear at this hearing, and I give up that right. I agree to be duly sworn upon request by the court clerk, holding up my right hand and agreeing under penalty of perjury under the laws of the State of California to tell the truth and nothing but the truth.
2. I will provide my driver's license number, social security number, or other information to verify my identity when asked by the court staff or conference call provider.
3. I understand that the court may not have videoconferencing capabilities. I understand and assume the risk that I may not be able to personally see or inspect the pleadings, documents, or evidence; the witnesses' facial reactions, demeanors, or hand gestures; or other visual or nonverbal aspects of the hearing.
4. I understand that, if I do not make the proper arrangements for a telephone appearance as set out in local rules or in directions provided by the court, the matter may proceed without my personal or telephone appearance and the court may decide my case based on the documents I filed for this hearing.
5. I understand that the court, in its discretion, may decide to terminate the telephone appearance if it determines during the hearing that a personal appearance would materially assist in the determination of the proceedings. Other reasons for terminating the telephone appearance could include my not being available at the calendar call, delay, questions about credibility, disruption, noise, misconduct, a communication problem, a technical problem, and other problems.
6. I understand that the court may decide at any time to require my personal appearance and continue my hearing.
7. I assume the risks of cost, time, delay, repeated telephone calls, technical failure, a wrong number, and other problems that could arise out of this telephone appearance. I understand that if problems occur, the matter may proceed without my personal or telephone appearance and the court may decide my case based on the documents I filed for this hearing.
8. I understand that if I need to present documents, present witnesses, cross-examine witnesses, or provide information that is not available at the hearing, it is my responsibility to ask the court to continue the hearing. The court may decide to grant or deny my request. I understand that any arguments or supporting proof should be served and filed on time before the hearing so that the court, the local child support agency, and the other parent have an opportunity to know about my case.
9. I understand that the court may require me to make all arrangements for the telephone appearance at my own expense.
10. I understand that if I have low income or no income, I may apply for a waiver of any filing fees and a possible waiver of conference call vendor fees. If the court makes collect calls for telephone appearances and so orders me, I will be available to receive a collect call from the court at the date and time specified. The telephone number will not be one that is blocked from receiving collect calls. If there are domestic violence or other confidentiality issues in the case and I do not wish my home or work phone number to be made publicly available, I may provide a number other than my home and work numbers at which the court can call me collect. I understand that I can check with the local court clerk or local rules of court regarding any additional local procedures that may be available to protect my confidentiality.
11. If there are financial issues to be decided, I understand that it is my responsibility to timely file with the court and serve on the local child support agency and the other parent all necessary and appropriate pleadings and documents, including:
 - a. *Income and Expense Declaration* (form FL-150) or *Financial Statement (Simplified)* (form FL-155), whichever is appropriate.
 - b. My pay stubs from the last two months or other proof of income.
 - c. The proposed guideline support calculation (optional unless required by local court rule).

This case may be referred to a court commissioner for hearing. By law, court commissioners do not have the authority to issue final orders and judgments in contested cases unless they are acting as temporary judges. The court commissioner in your case will act as a temporary judge unless, before the hearing, you or any other party objects to the commissioner's acting as a temporary judge. If you or the other party objects, the court commissioner may still hear your case to make findings and a recommended order to a judge. If you do not like the recommended order, you must object to it within **10 court days** in writing (use *Notice of Objection (Governmental)* (form FL-666)); otherwise, the recommended order will become a final order of the court. If you object to the recommended order, a judge will make a temporary order and set a new hearing.

I have read the Advisement Regarding Telephone Appearance of this form and I understand that the terms apply to me. If the LCSA is making this request, it verifies this advisement was provided to the party, parent, or witness, and he or she understands the terms apply to him or her.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

_____  _____
 (TYPE OR PRINT NAME) (SIGNATURE)

INFORMATION SHEET FOR TELEPHONE APPEARANCE

ATTENTION: Read the **Advisement Regarding Telephone Appearance** on page 2 of FL-679, *Request for Telephone Appearance* to understand your rights.

You can get more information about the telephone appearance process, including any costs, from your local court clerk.

Ask a family law facilitator, the local child support agency, or a lawyer if you have any questions about this process.

For more information on finding a lawyer or family law facilitator, see the California Courts Online Self-Help Center at www.courtinfo.ca.gov/selfhelp/.

Asking for a Telephone Appearance

1. You must use form FL-679 to request a telephone appearance. You may have to pay a filing fee. If you cannot afford to pay the filing fee, the court may waive it, but you will have to fill out some forms first. For more information about the filing fee, contact the court clerk or the family law facilitator in your county.
2. If you do not want to personally appear because of domestic violence and do not want your home phone number or work phone number listed at item 2 of form FL-679 or other potentially identifying information to be part of the public court record, check with your court clerk or local rules of court regarding any additional local procedures that may be available to protect your confidentiality. For example, some courts may allow you to provide your home phone number or work phone number directly to the court clerk and not disclose it on form FL-679.
3. For local information about telephone appearances, check with the local court clerk, family law facilitator, or local child support agency.

Instructions for Completing the *Request for Telephone Appearance (Governmental)* (form FL-679)

1. The court needs to know why you are requesting to appear by telephone. At item 3 of form FL-679 provide the information you would like the court to consider when making its decision. You can attach additional paper if you need more room to explain the circumstances that you want the court to consider in making its decision. If you submit an attachment, check the box at item 6 and indicate the number of pages that you are attaching. The court can still deny your request even if you have checked boxes and/or submitted an attachment.
2. File your request with the court clerk's office using form FL-679 no later than **12 court days** before the hearing. (**PLEASE NOTE:** You must still file your moving or opposing papers within the time limits required by Code of Civil Procedure section 1005.)
3. Serve all parties (the local child support agency and other parent) and attorneys, if any, by personal delivery, fax, express mail, or other reasonable means to make sure that form FL-679 is delivered by the close of the **next court day** after you file it.

Opposing a Telephone Appearance

1. At least **8 court days** before the hearing, you must file and serve a declaration under penalty of perjury under the laws of the State of California explaining why you oppose a telephone appearance by the other party or a witness. Your declaration must state "I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct." You may use *Declaration* (form MC-030), which you can get from the court clerk or the California Courts Web site at www.courtinfo.ca.gov/forms/. If you do not file a declaration under penalty of perjury opposing a telephone appearance, you give up your chance to object.
2. Serve the person or agency requesting the telephone appearance, all parties (the local child support agency and other parent) and attorneys, if any, by personal delivery, fax, express mail, or other reasonable means to make sure your declaration is delivered by the close of the **next court day** after you file the form.

The Court's Decision on the Telephone Appearance

At least **5 court days** before the hearing, the court will notify or direct that notice of its decision on the request for a telephone appearance be given to the person or agency requesting the telephone appearance, the parties, a parent who has not been joined to the action, and attorneys, if any. This notice may be given by telephone, in person, or by fax, express mail, e-mail, or other reasonable means to ensure notification no later than **5 court days** before the hearing date.

GOVERNMENTAL AGENCY (under Family Code §§ 17400, 17406): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY Draft 5 021407 copyedited icb Not Approved by the Judicial Council
SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____ STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	
PETITIONER/PLAINTIFF: _____ RESPONDENT/DEFENDANT: _____ OTHER PARENT: _____	
REQUEST FOR DISMISSAL	CASE NUMBER: _____

1. TO THE CLERK: Please **dismiss** the following:

- a. (1) With prejudice (2) Without prejudice
- b. (1) Complaint filed on (date): _____
- (2) ___ Supplemental complaint filed on (date): _____
- (3) ___ Amended complaint filed on (date): _____
- (4) ___ Amended supplemental complaint filed on (date): _____
- (5) Uniform Interstate Family Support Act (UIFSA) petition filed on (date): _____
- (6) Entire action of all parties and all related causes of action filed on (date): _____
- (7) Other (specify): _____ filed on (date): _____

Date: _____

(TYPE OR PRINT NAME OF GOVERNMENTAL ATTORNEY) ▶ _____
(SIGNATURE)

2. TO THE CLERK: Consent to the above dismissal is hereby given.*

Date: _____

(TYPE OR PRINT NAME OF ATTORNEY OR PARTY WITHOUT ATTORNEY) ▶ _____
(SIGNATURE)

Attorney for or Respondent/Defendant without attorney

* If a responsive pleading seeking affirmative relief is on file, the attorney for respondent must sign the consent if required by Code of Civil Procedure section 581(i) or (j).

(To be completed by clerk)

- 3. Dismissal entered as requested on (date): _____
- 4. Dismissal entered on (date): _____ as to only (name each): _____
- 5. Dismissal **not entered** as requested for the following reasons (specify): _____
- 6. a. Attorney or party without attorney notified on (date): _____
- b. Attorney or party without attorney not notified. Filing failed to provide
- a copy to conform means to return conformed copy

Date: _____ Clerk, by _____, Deputy

UNIFORM SUPPORT PETITION

FL-500

Petitioner IV-D Case: TANF
 IV-E Foster Care
Respondent Medicaid Only
 Former Assistance
 Never Assistance
Non-IV-D Case:

REVOKE, EFFECTIVE JANUARY 1, 2008

File Stamp

Responding IV-D Case No. _____ Initiating IV-D Case No. _____

Responding Tribunal No. _____ Initiating Tribunal No. _____

I. Action

The Respondent and/or the Respondent's property is subject to the jurisdiction of the responding tribunal. The Respondent owes a duty of support to the following child(ren):

Full Name (First, Middle, Last)	Date of Birth	Social Security No.
---------------------------------	---------------	---------------------

The Petitioner files this Petition to request:

- Establishment of Paternity
- Establishment of Order for:
 - Child Support medical coverage
 - Spousal Support Reasonable Attorney Fees, Other Fees and Costs
 - Support for a Prior Period; From _____ To: _____
 - Genetic Testing Costs in the Amount of \$ _____
- Modification of a Support Order
- Other Remedy Sought: _____

REVOKE

II. Grounds Supporting the Remedy Sought in Section I (when applicable)

- Respondent is the noncustodial parent of the child(ren) named in this Petition.
- A modification is appropriate due to a change in circumstances.
- Grounds for other remedy sought:

III. Additional Supporting Information

The following documents are attached to, and incorporated in, this Petition. These documents contain the required additional information.

- Petitioner's General Testimony
- Affidavit in Support of Establishing Paternity
- Acknowledgment of Paternity
- Birth Certificate of the Child
- Other: _____

IV. Verification

Under penalty of perjury, all information and facts stated in this Petition are true to the best of my knowledge and belief.

Date Signature of Petitioner IV-D Representative/Title

Sworn to and Signed Before Me This Date, County/State Notary Public, Court/Agency Official and Title

_____ Commission Expires

Date Signature of Petitioner's Attorney / Bar Number (if applicable)

INSTRUCTIONS FOR UNIFORM SUPPORT PETITION

PURPOSE OF THE FORM: The Uniform Support Petition is a legal pleading needed for the responding State to initiate action. Its purposes are to show how the tribunal has jurisdiction, to show enough facts to notify the respondent of the claim being made, and to provide the petitioner with a means to request specific action or relief. Additional information can be provided in the accompanying affidavits and other attachments.

HEADING/CAPTION:

- Identify the Petitioner and Respondent in the appropriate spaces.
- Check the appropriate space to identify the type of case: TANF; IV-E Foster Care, Medicaid only; former assistance, never assistance, or Non-IV-D. TANF means the obligee's family receives IV-A cash payments. A Medicaid only case is a case where the obligee's family receives Medicaid but does not receive TANF (IV-A cash payments).
- Under "Responding IV-D Case No." and "Responding Tribunal No.," enter appropriate case and tribunal numbers that the responding State uses to identify the case, if applicable and if known. Under "tribunal number", you may enter the docket number, cause number, or any other appropriate reference number.
- Under "Initiating IV-D Case No." and "Initiating Tribunal No.," enter appropriate case and tribunal numbers which your IV-D agency or local tribunal has assigned to the case. Under "tribunal number", you may enter the docket number, cause number, or any other appropriate reference number.

SECTION I, ACTION: List the children on whose behalf the action in the petition is requested. Include each child's full name (First, Middle, Last), date of birth, and Social Security Number.

Check the appropriate boxes to indicate which actions are requested. Multiple actions may be requested, as appropriate.

- Check "Establishment of Paternity" to request that paternity be established. In a IV-D case, ask another State to establish paternity only if use of long-arm jurisdiction is not appropriate. Be sure to attach an "Affidavit in Support of Establishing Paternity" for each child whose paternity is at issue.
- Check "Establishment of Order" to request that an order be established. Indicate the type of order by checking the appropriate box.

Check "Child Support" to request the initial establishment of a new child support order. If an order governing the same obligor, obligee, and child(ren) already exists, you should generally request the establishment of a new order only if: (1) there is more than one existing order, (2) the obligor, obligee, and child have all moved out of the issuing State, and (3) the parties have not filed written consent allowing an issuing State to assert jurisdiction.

Check "Spousal Support" to request establishment of a spousal support order. Do not check this item in a IV-D case; establishment of spousal support is not a IV-D

function. When requesting establishment of spousal support, contact the support enforcement agency for the appropriate procedure.

Check "Support for a Prior Period" to request establishment of support for a prior period. On the "From" and "To" lines, enter the beginning and ending dates of the prior period. If support for multiple prior time periods is being requested, enter the beginning date of the first period in the "From" line, and enter the closing date of the last time period in the "To" line. States may establish child support awards covering a prior period, but such awards must be based on guidelines and take into consideration either the current earnings and income at the time the order is set, or the obligor's earnings and income during the prior period. The award of back support is not required under Federal rules but may be appropriate in accordance with State law. Not all States have authority to establish support orders for prior periods.

Check "Genetic Testing Costs" to request an order for reimbursement of costs incurred as a result of genetic testing for paternity establishment purposes. If the initiating State has already incurred costs for genetic testing, enter the amount of the costs on the blank line. If reimbursement of previously paid genetic tests is not sought, but genetic tests may be ordered, enter "actual" on the blank line.

Check "Medical Coverage" to request establishment of an order that provides for the provision of medical insurance or other health care coverage. A medical support provision must be included in any new or modified order in a IV-D case.

Check "Reasonable Attorney Fees, Other Fees and Costs" to request an order for attorney fees or other costs such as costs of the delivery of the child and other medical costs not covered by insurance. Provide testimony regarding the type and amount of these costs.

- Check "Modification of a Support Order" to request modification of an existing order.

If you are requesting modification of an order that was issued by the responding State, in most instances you do not need to complete a Uniform Support Petition. On the other hand, if you are requesting modification of an order that was issued by a State other than the responding State, a Uniform Support Petition is usually necessary.

If multiple orders exist, do not ask the responding State to modify an order unless that order is the "controlling order" that has priority under UIFSA. UIFSA contains rules for determining which order is recognized when multiple orders exist.

- Check "Other Remedy Sought" if you are requesting an action not listed in section I. Specify in the space provided what remedy you are requesting.

SECTION II, GROUNDS FOR REMEDY SOUGHT:

- In those cases where the respondent is the noncustodial parent of the children named in the petition, check the first box in section II of the petition.
- Grounds (reasons) for remedy sought are required in actions to register an out-of-state child support order for modification. If you are using the petition to request a modification, check the second box under section II of the petition.

- Grounds for remedy sought are also required when seeking a remedy that must be affirmatively sought under the responding State's law.

SECTION III, ADDITIONAL SUPPORTING INFORMATION:

- Check the appropriate boxes to indicate which documents are being sent with the petition. If you are sending forms with the petition that are not specifically identified in this section, mark the "Other" box and list the additional forms in the space provided.

SECTION IV, VERIFICATION:

- The petition must be verified by the petitioner. Check the box under this part and have the petitioner (obligee, guardian, putative father, or authorized IV-D representative) sign and date the form.
- The petitioner's signature always requires a notary whether or not the petitioner is represented by an attorney.
- UIFSA allows a party to retain independent counsel. If the petitioner is represented by a private attorney, obtain the attorney's signature and Bar Number (if applicable) in the space provided in this part.

The Paperwork Reduction Act of 1995

This information collection is conducted in accordance with 45 CFR 303.7 of the child support enforcement program. Standard forms are designed to provide uniformity and standardization for interstate case processing. Public reporting burden for this collection of information is estimated to average one hour per response. The responses to this collection are mandatory in accordance with 45 CFR 303.7. This information is subject to State and Federal confidentiality requirements; however, the information will be filed with the tribunal and/or agency in the responding State and may, depending on State law, be disclosed to other parties. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

CHILD SUPPORT ENFORCEMENT TRANSMITTAL #1 - INITIAL REQUEST

FL-505

Petitioner IV-D Case TANF
 IV-E FOSTER CARE
 MEDICAID ONLY
Respondent FORMER ASSISTANCE
 NEVER ASSISTANCE
Non-IV-D Case

REVOKE, EFFECTIVE JANUARY 1, 2008

File Stamp

To: (Agency Name and Address)

Responding FIPS Code _____ State _____

Responding IV-D Case No. _____

Responding Tribunal No. _____

From: (Contact Person, Agency, Address, Phone, Fax, E-mail)

Initiating FIPS Code _____ State _____

Initiating IV-D Case No. _____

Initiating Tribunal No. _____

Send Payments To : (if different from above)

Payment FIPS code _____ State _____

Bank Account _____ Routing Code _____

State with Continuing Exclusive Jurisdiction (CEJ) _____

I. Action. The Responding Jurisdiction Should Provide Appropriate Services Including: **(Please Return the Acknowledgment Attached)**

- 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. V/II)
- 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
- 7. Collection of Arrears
- 8. Income Withholding
- 9. Administrative Review for Federal Tax Offset withholding
- 10. Other _____

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 _____ 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 _____ 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 _____ Presumed Controlling Order Determined Controlling Order

CHILD SUPPORT ENFORCEMENT TRANSMITTAL #1- INITIAL REQUEST initiating IV-D Case No. _____

III. Mother Information

Obligor Obligee

Full Name and Aliases
(First, Middle, Last)

Address (Street, City, State, Zip)

Employer/Address (Name, Street, City, State, Zip)

Home Phone

Address Confirmed _____
Date

Employer Confirmed _____
Date

Work Phone

Date/Place of Birth _____
Date Place

Social Security No. _____

IV. Father Information

Obligor Obligee

Full Name and Aliases
(First, Middle, Last)

Address (Street, City, State, Zip)

Employer/Address (Name, Street, City, State, Zip)

Home Phone

Address Confirmed _____
Date

Employer Confirmed _____
Date

Work Phone

Date/Place of Birth _____
Date Place

Social Security No. _____

V. Caretaker

Relationship to Child(ren) _____

Full Name and Aliases
(First, Middle, Last)

Address (Street, City, State, Zip)

Employer/Address (Name, Street, City, State, Zip)

Home Phone

Address Confirmed _____
Date

Employer Confirmed _____
Date

Work Phone

Date/Place of Birth _____
Date Place

Sex _____
M/F

Social Security No. _____

VI. Dependent Children

Full Name (First, Middle, Last)

Date of Birth

Sex

Social Security No.

State of Residence

for _____ months.

VII. Additional Case Information

Nondisclosure Finding Attached

VIII. Attachments (Supporting Documentation)

- | | |
|---|--|
| <input type="checkbox"/> Arrears Statement/Payment History | <input type="checkbox"/> Support Order(s) |
| <input type="checkbox"/> Uniform Support Petition (3 Copies) | <input type="checkbox"/> Divorce Decree |
| <input type="checkbox"/> General Testimony/Affidavit | <input type="checkbox"/> Assignment of Rights |
| <input type="checkbox"/> Affidavit in Support of Establishing Paternity | <input type="checkbox"/> Description of Real/Personal Property |
| <input type="checkbox"/> Acknowledgment of Parentage | <input type="checkbox"/> Photograph of Respondent |
| <input type="checkbox"/> Other Documents Relating to Paternity | <input type="checkbox"/> Other Attachments |

Date

Initiating Contact Person (Print or Type)

Telephone Number & Extension

FAX: _____ E-mail _____

CHILD SUPPORT ENFORCEMENT TRANSMITTAL #1- INITIAL REQUEST

Petitioner IV-D Case TANF
 IV-E FOSTER CARE
 MEDICAID ONLY
Respondent FORMER ASSISTANCE
 NEVER ASSISTANCE
Non-IV-D Case

File Stamp

To: (Agency Name and Address)

Responding FIPS Code _____ State _____

Responding IV-D Case No. _____

Responding Tribunal No. _____

From: (Contact Person, Agency, Address, Phone, Fax, E-mail)

Initiating FIPS Code _____ State _____

Initiating IV-D Case No. _____

Initiating Tribunal No. _____

ACKNOWLEDGEMENTS Return This Form to Initiating State

- Request Received and No Additional Information is Necessary
- Additional Information Needed
 - Arrears Statement/Payment History
 - Uniform Support Petition
 - 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 (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 _____ E-mail _____

OMB No. 0970 - 0085

INSTRUCTIONS

CHILD SUPPORT ENFORCEMENT TRANSMITTAL #1- INITIAL REQUEST

PURPOSE OF THE FORM: The CSE Transmittal #1 -Initial Request form is a "cover letter" required to refer IV-D interstate cases to any responding State's central registry. The form can also be used in non-IV-D cases. It contains basic case information and space for indicating which services are requested. The form can be used to request administrative or legal action, including establishment of paternity and/or support obligation, modification, or enforcement. It does not take the place of, and therefore must be accompanied by, the appropriate standard interstate forms (e.g. Uniform Support Petition, General Testimony, etc.) and supporting documentation. A registration statement is needed for each order that the initiating State is requesting be registered by the responding State. Transmittal #1 can be sent electronically using the appropriate CSENet transaction.

HEADING/CAPTION (Pages 1 & 3): The initiating jurisdiction determines the heading. Note that the heading appears on both page 1 of the **Child Support Enforcement Transmittal #1** and on page 3, the **Acknowledgment** page. The responding jurisdiction files in the heading on the Acknowledgment page.

- Identify the petitioner and respondent in the appropriate spaces.
- Check the appropriate space to identify the type of case: TANF; IV-E Foster Care, Medicaid only; former assistance, never assistance, or Non-IV-D. TANF means the obligee's family receives IV-A cash payments. A Medicaid only case is a case where the obligee's family receives Medicaid but does not receive TANF (IV-A cash payments).
- In the space marked "To:" , list the name and address (street, city, State, and zip code) of the central registry, court, or agency where you are sending the CSE Transmittal #1 . In IV-D cases, initial referrals must be sent to the responding State's central registry. In non-IV-D cases, contact the responding State central registry to determine appropriate procedures.
- In the appropriate spaces, if applicable and if known, enter the Responding jurisdiction's FIPS code, State, IV-D case number, and Tribunal number. The responding FIPS code is not essential for an initial IV-D referral since you will be sending the case to the responding central registry. Under "Tribunal number", you may enter the docket number, cause number, or any other appropriate reference number that the responding State may use to identify the case, if known.
- In the space marked "From:" , list a contact person, agency name, address (street, city, State, Zip code), phone number (including extension), fax number, and e-mail address.
- In the appropriate spaces, enter the Initiating jurisdiction's FIPS code, State, IV-D case number, and tribunal number. Under "tribunal number", you may enter the docket number, cause number, or any other appropriate reference number which the initiating tribunal or agency has assigned to the case.
- In the space marked "Send Payments To:" enter the address to which payments should be sent, if the address is different from the agency address provided in the space labelled "From". Specify the case identifier if you want the responding jurisdiction to use an identifier other than the initiating IV-D case number when remitting payments.
- In the appropriate spaces, enter the FIPS code and State where payments should be sent.

- If funds can be transmitted electronically via Electronic Funds Transfer (EFT), enter the bank account number under "Bank Account" and the bank routing code under "Routing Code".
- In the appropriate space, note the State which you believe has continuing exclusive jurisdiction (CEJ), if known. Under UIFSA, a State that issues a child support order maintains CEJ as long as the obligor, obligee, or child(ren) reside in that State, or until each party files written consent in that State allowing another State to assume CEJ. If there are multiple orders governing the same obligor, obligee, and child(ren), UIFSA contains rules for determining which order is controlling. The tribunal that issued the controlling order has CEJ as long as the conditions for CEJ are met. CEJ means the authority to modify the order.

SECTION I (page 1), ACTION: Check the appropriate box(es) to indicate which actions are requested. Multiple actions may be requested, as appropriate.

In IV-D cases, the responding jurisdiction should provide the full range of appropriate services. For example, even if the initiating IV-D agency only checks box 1 "Establishment of Paternity", the responding jurisdiction should establish paternity, establish a support order, and enforce the support order.

- Check **item 1** "Establishment of Paternity" to request that paternity be established. In a IV-D case, ask another State to establish paternity only if use of long-arm jurisdiction is not appropriate. Be sure to attach an "Affidavit in Support of Establishing Paternity" for each child whose paternity is at issue.
- Check **item 2** "Establishment of Order" to request that an order be established. Indicate the type of order by checking the appropriate box.

Check **item 2A** "Child Support" to request the initial establishment of a new child support order. If an order governing the same obligor, obligee, and child(ren) already exists, you should generally only request establishment of a new order if: (1) there is more than one existing order, and (2) the obligor, obligee, and child have all moved out of the issuing States.

Check **item 2B** "Spousal Support" to request establishment of a spousal support order. Do not check this item in a IV-D case; establishment of spousal support is not a IV-D function. When requesting establishment of spousal support, contact the support enforcement agency for the appropriate procedure.

Check **item 2C** "Support for a Prior Period" to request establishment of support for a prior period. States may establish child support awards covering a prior period, but such awards must be based on guidelines and take into consideration either the current earnings and income at the time the order is set, or the obligor's earnings and income during the prior period. The award of back support is not required under Federal rules but may be appropriate in accordance with State law. Not all States have authority to establish support orders for prior periods.

Check **item 2D** "Medical Coverage" to request establishment of an order that provides for the provision of medical insurance or other health care coverage. Medical support must be requested in all IV-D cases.

Check **item 2E** "Other Costs" to request an order for other costs such as: costs of the delivery of the child, other medical costs not covered by insurance, genetic testing, and attorney's fees. Describe the costs in section VII "Additional Case Information".

- Check **item 3** "Enforcement of Responding Tribunal Order" to request enforcement of an existing order that was issued by the responding tribunal.

If multiple orders governing the same obligor, obligee, and child(ren) exist, do not ask the responding State to prospectively enforce (or modify) an order unless that order is the "controlling order" that has priority under UIFSA. UIFSA contains rules for determining which order is recognized when multiple orders exist. Under these rules:

1. The order issued by a tribunal with continuing, exclusive jurisdiction (CEJ) has priority. An issuing tribunal retains CEJ as long as the issuing State remains the residence of the obligor, obligee, or child, or until all parties file written consent with the tribunal allowing another State to assume CEJ.
2. If more than one issuing tribunal would have CEJ, the order issued by the child's current home State has priority.
3. If more than one tribunal would have CEJ but there is no order in the child's current home State, the most recently issued order has priority.
4. If no tribunal would have CEJ, the responding State may issue a new support order and it becomes the CEJ State.

- Check **item 4** "Modification of Responding Tribunal Order" to request modification (or review and adjustment) of an existing order that was issued by the responding tribunal.

Do not request the responding State to modify its own order if the obligor, obligee, and child(ren) have all moved out of that State, or if the parties have filed written consent with the issuing tribunal in that State allowing another State to modify the order.

If multiple orders exist, do not ask a responding State to modify an order unless that order is the "controlling order" that has priority under UIFSA. UIFSA contains rules for determining which order is recognized when multiple orders exist.

Generally, you need to attach a completed General Testimony.

- Check **item 5** "Change of Payee/Redirection of Payment" to request a change of payee or redirection of payment. Describe your request in Section VII "Additional Case Information". "Change of Payee" is an administrative action used when the person or agency entitled to receive funds has changed. It may occur with a change in Public Assistance or Foster Care status, if the obligee contracts with a private collection agency or if there is a change in custody. "Redirection of Payment" is an administrative action used when the custodian has moved. In some States a court action may be required if the custodian's move compels transfer of documents or funds to another jurisdiction.
- Check **item 6** "Registration of Foreign Support Order" to request registration of a support order. Orders from one State may be registered in another State. Also check **item 6A** "For

Enforcement Only", **item 6B** "For Modification and Enforcement" or **item 6C** "For Modification" to indicate whether the registration is for enforcement and/or modification. Check either item 6B or 6C if you are requesting review and adjustment of a foreign order. Check the appropriate box to indicate whether registration is requested by the obligor, obligee, or state enforcement agency.

To modify another State's order, a responding State must first register the order. To enforce another State's order, a responding State may have to register the order; UIFSA allows for administrative enforcement without registration (but requires registration for other enforcement actions).

To request registration of an order you must include:

- o A letter of transmittal to the tribunal requesting registration for enforcement and/or modification. The CSE Transmittal #1 serves this function. Check the appropriate boxes in item 6 of section I to indicate the action requested.
- o A certified copy of all orders to be registered, including any modification of an order.
- o A registration statement for each order that the initiating State is requesting to be registered by the responding State.
- o A sworn statement by the party seeking registration or a certified statement by the custodian of records showing the amount of any arrearage. At State option, page 6a of the General Testimony may be used for this purpose. In section VIII "Attachments", check the first box ("Arrears Statement/Payment History") to indicate that a sworn statement of arrears is attached.
- o The name of the obligor and, if known: the obligor's address and Social Security Number; the name and address of the obligor's employer and any other source of income of the obligor; and a description and the location of property of the obligor in the responding State not exempt from execution. Space for most of this information is provided on the CSE Transmittal #1. If you have information about the obligor's other sources of income or property, include the information in section VII or an attachment. In section VIII, check the box labelled "Description of Real/Personal Property" if a description is attached.
- o The name and address of the obligee. Space for this information is provided on the CSE Transmittal #1.
- o If applicable, the agency or person to whom support payments are to be remitted. Space for this information is included in the heading of the CSE Transmittal #1.

In addition, to allow the responding State to establish a IV-D case, you will probably need to complete all other information on the CSE Transmittal #1, particularly information regarding the children.

Furthermore, when requesting registration for modification, you generally need to attach a completed Uniform Support Petition and General Testimony.

Do not ask a responding State to modify another State's order unless:

- o (1) the child(ren), obligee, and obligor do not live in the State that issued the order; (2) the party seeking modification does not live in the responding State; and (3) the responding State has personal jurisdiction over the party not requesting modification.

OR

- o The responding State has personal jurisdiction over the obligor, obligee, or child(ren), and the obligor and obligee have filed written consent in the tribunal that issued the order providing that the responding State may modify the support order and assume continuing, exclusive jurisdiction over the order.

If multiple orders governing the same obligor, obligee, and child(ren) exist, do not ask a responding State to prospectively enforce or modify an order unless that order is the "controlling order" that has priority under UIFSA. UIFSA contains rules for determining which order is recognized when multiple orders exist.

Generally, the CSE Transmittal #1 is used to send initial case referrals and the CSE Transmittal #2 is used to send/request additional information or action after the initial referral. However, since the CSE Transmittal #2 does not contain the necessary information needed to request registration of a foreign order, you may use the CSE Transmittal #1 to request registration even in a case that has previously been referred to the responding jurisdiction. If you are requesting registration in a case that has previously been referred to the responding jurisdiction, you may send the request directly to the responding entity working the case rather than to the responding central registry.

- Check **item 7** "Collection of Arrears" to request collection of arrears. You should request enforcement of arrears under all known orders.
- Check **item 8** "Income Withholding" to request interstate income withholding.
- Check **item 9** "Administrative Review for Federal Tax Offset" to request an administrative review in the responding State if a Federal income tax refund offset has been challenged.
- Check **item 10** "Other" if you are requesting a service other than those listed. Describe the service on the blank line.

SECTION II (page 1), CASE SUMMARY: Provide complete information for all court/administrative actions regarding support for dependents. If there are more than three orders, use additional page(s) or Section VII. For "Period of Computation", enter the month, day, and year for both the beginning and ending dates. The information in this section will be used to aid in verifying calculated arrearages and to assist in determining/verifying which order is controlling and which State has continuing exclusive jurisdiction.

If you believe a particular order is controlling, check the box beside "Presumed Controlling Order"; otherwise leave the box blank. If there are multiple orders governing the same obligor, obligee, and child(ren), UIFSA contains rules for determining which order is controlling.

Attach the required number of copies of all pertinent orders that relate to support. You will generally need to attach a certified copy of any support order. Note, however, that some responding States

may be able to take certain administrative enforcement actions without having a certified copy of the order, although a regular copy is necessary.

SECTION III (page 2), MOTHER INFORMATION: This section provides basic information about the child(ren)'s mother. Check the appropriate box to indicate if the mother is the obligor or obligee. Provide the mother's full name (first, middle, last) as well as aliases or maiden name, and all other information. List additional information (i.e., phone number changes, relatives' phone numbers, multiple employers or assets) in section VII. In cases where the mother is the respondent, the information can be used for location purposes if necessary. If the mother's address has been confirmed or verified, check the "Address Confirmed" box and indicate the date the address was confirmed. If the employer/employer's address has been confirmed or verified, check the "Employer Confirmed" box and indicate the date the information was confirmed. Verified, current information expedites processing of any child support case. However, if information cannot be verified, provide last known information.

SECTION IV (page 2), FATHER INFORMATION: This section provides basic information about the child(ren)'s father. In a case where paternity has not been established, use this section to provide information about the **alleged** father. Check the appropriate box to indicate if the father is the obligor or obligee. Provide the father's full name (first, middle, last) as well as aliases, and all other information. List additional information (i.e., phone number changes, relatives' phone numbers, multiple employers or assets) in section VII. In cases where the father is the respondent, the information can be used for location purposes if necessary. If the father's address has been confirmed or verified, check the "Address Confirmed" box and indicate the date the address was confirmed. If the employer/employer's address has been confirmed or verified, check the "Employer Confirmed" box and indicate the date the information was confirmed. Verified, current information expedites processing of any child support case. However, if information cannot be verified, provide last known information.

SECTION V (page 2), CARETAKER: Complete this section only if the child(ren)'s caretaker is not the child(ren)'s parent. In the space labelled "Relationship to Child(ren)", indicate the relationship of the caretaker to the child(ren). Provide the caretaker's full name (first, middle, last) as well as aliases or maiden name, and all other information. Note: if the caretaker does not have a legal obligation to contribute to a child's support, information regarding the caretaker's employment may be privileged.

SECTION VI (page 2), DEPENDENT CHILDREN INFORMATION: List all children for whom support is owed or being sought. For each child, provide full name (first, middle, last), date of birth, sex, Social Security Number. If additional space is needed, use section VII.

SECTION VII (page 2), ADDITIONAL CASE INFORMATION: In this section, provide additional information which may be useful to the responding jurisdiction in working the case, such as pending action, amounts reported to credit bureaus, or prior attempts of long-arm action. If additional space is needed, attach page(s).

If there is an order preventing disclosure of a party's or child's address/identifying information, check the box for "Nondisclosure Finding Attached" and attach a copy of the finding. In accordance with the finding, do not provide the address/identifying information; you may provide a substitute address. A nondisclosure finding means a finding that the health, safety, or liberty of a party or child would be unreasonably put at risk by disclosure of identifying information (e.g., residential address). UIFSA provides that interstate petitions must include certain identifying information regarding the parties and child(ren) unless a tribunal (court or agency) makes a nondisclosure finding by ordering that the

address or identifying information not be disclosed. The procedures for obtaining a nondisclosure finding vary from State to State.

SECTION VIII (page 2), ATTACHMENTS: Check the appropriate box(es) to indicate all documents attached. For attachments other than those listed, check "Other Attachments" and explain in section VII.

Attach the required number of copies of all pertinent orders that relate to support. You will generally need to attach a certified copy of any support order. Note, however, that some responding States may be able to take certain administrative enforcement actions without having a certified copy of the order, although a regular copy is necessary. You may include a copy of that State statute if assignment is by operation of law.

At the bottom of page 2, provide a specific worker's name, a direct telephone number (with extension if necessary), fax number and e-mail address to expedite communications between jurisdictions.

PAGE 3, ACKNOWLEDGMENT: As stated in OCSE-AT-98-50 in question #46, the initiating State should always include the "acknowledgment of receipt" form along with Transmittal #1. The "acknowledgment of receipt" form should be completed by the responding State and returned to the initiating State unless an automated acknowledgment is sent through CSENet.

The Paperwork Reduction Act of 1995

This information collection is conducted in accordance with 45 CFR 303.7 of the child support enforcement program. Standard forms are designed to provide uniformity and standardization for interstate case processing. Public reporting burden for this collection of information is estimated to average one hour per response. The responses to this collection are mandatory in accordance with 45 CFR 303.7. This information is subject to State and Federal confidentiality requirements; however, the information will be filed with the tribunal and/or agency in the responding State and may, depending on State law, be disclosed to other parties. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

AFFIDAVIT IN SUPPORT OF ESTABLISHING PATERNITY

FL-525

Petitioner IV-D Case: TANF
 IV-E Foster Care
 Medicaid Only
Respondent Former Assistance
 Never Assistance
Non-IV-D Case:

REVOKE, EFFECTIVE JANUARY 1, 2008

File Stamp

Responding IV-D Case No. _____ Initiating IV-D Case No. _____

Responding Tribunal No. _____ Initiating Tribunal No. _____

A Separate Affidavit Is Required for Each Child Needing Paternity Established.

SECTION I

I, _____, on oath, under penalty of perjury depose and allege:
Name (First, Middle, Last)

- 1. I am the natural mother of the child named below:
 natural father

Child's Full Name (First, Middle, Last)	Child's Date of Birth (Month, Day, Year)	Place of Birth (City, County, State)
Date Mother Got Pregnant (Month, Day, Year)	Full Term Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, explain)	Where Mother Got Pregnant (City, County, State)

2. The child was conceived as a result of sexual intercourse between _____ and me during the time stated above.
Name (First, Middle, Last)

- 3. a. A man is named as the father on the child's birth certificate. Yes (Attach copy) No
If Yes, the man's name and address are:
- b. A man was married to the natural mother, and the child's birth occurred within a year of the end of the marriage. Yes No Date marriage ended (Month, Day, Year) _____
If Yes, the man's name and address are:
- c. A man acted as and presented himself to be the child's father. Yes No
If Yes, the man's name and address are:
- d. Genetic tests were completed to determine the father of the child. Yes No
If Yes, attach results.

REVOKE

1. I had sexual intercourse with another man (other than the man I am naming as the child's natural father) during the time 30 days before or 30 days after the child was conceived. Yes No. (if Yes, complete the following).

a. The name(s) and address(es) of the other man/men:

b. The other man/men are biologically related to the man I am naming as the child's natural father. Yes No. If Yes, explain the biological relationship (e.g., brother, cousin, uncle, etc.):

c. I do not believe the other man/men is/are the father because:

2. I was married at the time of this child's birth. Yes No. (if Yes, complete the following).

a. Husband's name (first, middle, last) and last known address:

b. Explain why the husband is not the father of this child and attach all appropriate documents, including divorce decree, blood test results and prior findings of nonpaternity, if any:

3. _____ is the father of this child. The following facts support my allegations of paternity:
Name (First, Middle, Last)

- a. We lived together. Yes No. Dates: _____ T _____
Location _____
- b. I have told welfare officials that he is the father of this child. Yes No.
- c. I told him that he was the father of the child. Yes No.
- d. He is named as the father on the birth certificate. Yes No. Certified Copy Attached
- e. He admitted being the father of the child. Yes No.
- f. He sent cards/letters regarding the pregnancy and/or about the child. Yes No. Copies Attached
- g. He was present at the birth of the child. Yes No.
- h. He visited the child at the hospital following birth. Yes No.
- i. He offered to pay for an abortion/medical expenses. Yes No.
- j. He paid for birth related expenses. Yes No.
- k. He claimed the child on tax returns. Yes No. Don't Know
- l. He has provided food, clothing, gifts or financial support for the child. Yes No. If Yes, explain in Section IV
- m. He lived with the child. Yes No. If Yes, explain in Section IV
- n. He visited the child. Yes No. If Yes, explain in Section IV
- o. The child resembles him. Photo attached Yes No. If Yes, explain in Section IV
- p. There are witnesses to my relationship with him. Yes No.
(if Yes, list names and addresses and briefly describe relevant facts known by each under Section IV)

SECTION III (TO BE COMPLETED BY FATHER ONLY)

The following facts support my belief and statements that I am the father of this child:

- a. The mother and I lived together. Yes No Dates: _____ To _____
Location _____
- b. The mother told me that I am the father of the child. Yes No
- c. I am named as the father on the birth certificate. Yes No Certified Copy Attached
- d. I signed an acknowledgment of paternity. Yes No Certified Copy Attached
- e. I was present at the birth of the child. Yes No
- f. I visited the child at the hospital following birth. Yes No
- g. I offered to pay for an abortion/medical expenses. Yes No
- h. I paid for birth related expenses. Yes No
- i. I claimed the child on tax returns. Yes No
- j. I have provided food, clothing, gifts or financial support for the child. Yes No If Yes, explain in Section IV
- k. I lived with the child. Yes No If Yes, explain in Section IV
- l. I visited the child. Yes No If Yes, explain in Section IV
- m. The child resembles me. Photo attached Yes No If Yes, explain in Section IV
- n. There are witnesses to my relationship with the child's mother. Yes No
(if Yes, list names and addresses and briefly describe relevant facts known by each under Section IV)

SECTION IV -- OTHER PERTINENT INFORMATION (including detailed explanations for "Yes" responses in Section II or Section III above)

Continued On Attached Sheet(s), incorporated by reference.

All of the information and facts contained in this AFFIDAVIT IN SUPPORT OF ESTABLISHING PATERNITY are true and correct to my best knowledge and belief. I agree to submit myself and, if I am the custodian, my child to genetic testing as may be necessary to establish paternity.

Date

Signature

Sworn to and Signed before me this Date, County and State

Notary Public/Official and Title

Commission Expires

INSTRUCTIONS FOR AFFIDAVIT IN SUPPORT OF ESTABLISHING PATERNITY

PURPOSE OF THE FORM: This affidavit supplements the Uniform Support Petition to summarize evidence to establish paternity. A separate Affidavit in Support of Establishing Paternity is required for each child needing paternity establishment. This is necessary since the circumstances surrounding conception and birth will differ unless the children are twins. Reminder: A putative father may petition for paternity establishment under UIFSA. All appropriate information for the Affidavit in Support of Establishing Paternity must be completed or furnished by the parent, properly signed by the parent, and notarized as required. A separate Affidavit is required for each allegation of paternity.

HEADING/CAPTION: [To be completed by the Child Support (IV-D) Worker]

- Identify the petitioner and respondent in the appropriate spaces.
- Check the appropriate space to identify the type of case: TANF; IV-E Foster Care, Medicaid only; former assistance, never assistance, or Non-IV-D TANF means the obligee's family receives IV-A cash payments. A Medicaid only case is a case where the obligee's family receives Medicaid but does not receive TANF (IV-A cash payments).
- Under "Responding IV-D Case No." and "Responding Tribunal No.", enter appropriate case and tribunal numbers that the responding State uses to identify the case, if applicable and if known. Under "tribunal number", you may enter the docket number, cause number, or any other appropriate reference number.
- Under "Initiating IV-D Case No." and "Initiating Tribunal No.", enter appropriate case and tribunal numbers which your IV-D agency or local tribunal has assigned to the case. Under "tribunal number", you may enter the docket number, cause number, or any other appropriate reference number.

SECTION I: (Information to be completed or furnished by parent of the child)

Enter the full name (First, Middle, Last) of the parent completing the affidavit.

Item 1: Check whether you (the parent) are the natural mother or natural father of the child.

Enter the "Child's Full Name", "Child's Date of Birth", and "Place of Birth".

"Date Mother Got Pregnant" - Enter the date or period of time when you believe the mother became pregnant (e.g., 4/1/89 or from 4/1/89 to 5/1/89). Be sure to include the year when providing date(s). Be as specific as possible, providing an individual date, multiple dates or a range of dates. If additional space is needed, continue in Section IV or on an attached separate sheet.

"Full Term Pregnancy" - Check "Yes" or "No" to indicate whether or not the pregnancy lasted nine months. If no, explain (e.g., 6 months--child born premature).

"Where Mother Got Pregnant" - List the City, County, and State.

Item 2: Enter the name of the child's other parent in the blank. This is the person with whom you (the parent completing the affidavit) had sexual intercourse which resulted in the child's conception.

Item 3a: Check "Yes" or "No" to indicate whether or not a man is named as the child's father on the child's birth certificate. If "Yes", attach a copy of the birth certificate and provide the man's name and address. The man may be the same man who is named as the father of the child in this affidavit, or he may be a different man.

Item 3b: Check "Yes" or "No" to indicate whether or not a man was married to the child's natural mother and the child's birth occurred within a year of the end of the marriage. Include the date the marriage ended. If "Yes", provide the man's name and address. The man may be the same man who is named as the father of the child in this affidavit, or he may be a different man.

Item 3c: Check "Yes" or "No" to indicate whether or not a man acted as and presented himself to be the child's father. If "Yes", provide the man's name and address. The man may be the same man who is named as the father of the child in this affidavit, or he may be a different man.

Item 3d: Check "Yes" or "No" to indicate whether or not genetic tests (e.g., blood tests) were completed to determine the father of the child. If "Yes", attach the test results.

SECTION II: (To be completed by Mother Only)

Item 1: Check "Yes" or "No" to indicate whether you (the mother) did or did not have sexual intercourse (sex) with another man or other men during the 30 days before or the 30 days after the child was conceived ("Date Mother Got Pregnant").

If you had sexual intercourse with another man or other men during this period (30 days before or 30 days after), complete items 1a through 1c.

Item 1a: Provide the name(s) and address(es) of the other man/men.

Item 1b: Check "Yes" or "No" to indicate whether the other man/men are biologically related to the alleged father. If "Yes", state the relationship (e.g., brother, cousin, etc). This may be relevant to genetic testing.

Item 1c: Explain why you do not believe the other man/men is/are the father of this child (e.g., prior exclusion by genetic testing).

Item 2: Check "Yes" or "No" to indicate whether or not you were married at the time of the child's birth. If "Yes", complete items 2a and 2b.

Item 2a: Provide the name and last known address of the man who was your husband at the time of the child's birth.

Item 2b: Explain why the husband is not the father. Attach appropriate documents.

Item 3: Be sure to enter the name of the father of this child. Check the appropriate answer for each statement (a - p) to support the allegations of paternity against the alleged father. Remember to attach any necessary, relevant documentation. This includes a certified copy of the birth certificate with the alleged father's name on it; and other documents if available (e.g., letters or cards from the alleged father regarding the pregnancy or the child). Note: some responding States may only need a regular copy of a birth certificate, rather than a certified copy.

SECTION III: (To be completed by Father Only)

Reminder: A putative father may petition for paternity establishment under UIFSA.

Check the appropriate answer for each statement (a - n). Remember to attach any necessary, relevant documentation. This includes a certified copy of the birth certificate with your name as the child's father on it; a certified copy of a paternity acknowledgment; and other documents, if available (e.g., letters or cards from the mother regarding the pregnancy or the child). Note: some responding States may only need a regular copy of a birth certificate or paternity acknowledgment, rather than a certified copy.

SECTION IV: Provide any additional information not already covered which might be helpful in establishing paternity. One example would be the alleged father's attendance in a child birth class with the mother.

If you are the mother, provide details to "Yes" answers to item 3, statements l through p in Section II.

- (l) Describe any food, clothing, gifts, or financial support the alleged father has provided for the child.
- (m) Describe where and when the alleged father lived with the child.
- (n) Provide dates and circumstances of any visits between the alleged father and the child.
- (o) Describe any physical resemblance between the alleged father and the child. Attach photographs, if available.
- (p) Provide names and addresses of any witnesses to your relationship with the father. Consider friends and relatives who were aware of the parties' dating, ongoing relationship, or cohabitation during the period of conception.

If you are the father, provide details to "Yes" answers to statements j through n in Section III.

- (j) Describe any food, clothing, gifts, or financial support you provided for the child.
- (k) Describe where and when you lived with the child.
- (l) Provide dates and circumstances of any visits between you and the child.
- (m) Describe any physical resemblance between you and the child. Attach photographs, if available.
- (n) Provide names and addresses of any witnesses to your relationship with the child's mother. Consider friends and relatives who were aware of the parties' dating, ongoing relationship, or cohabitation during the period of conception.

- The affidavit in support of establishing paternity must be signed by the mother or father seeking to establish paternity.
- The signature requires a notary.

The Paperwork Reduction Act of 1995

This information collection is conducted in accordance with 45 CFR 303.7 of the child support enforcement program. Standard forms are designed to provide uniformity and standardization for interstate case processing. Public reporting burden for this collection of information is estimated to average one hour per response. The responses to this collection are mandatory in accordance with 45 CFR 303.7. This information is subject to State and Federal confidentiality requirements; however, the information will be filed with the tribunal and/or agency in the responding State and may, depending on State law, be disclosed to other parties. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

GENERAL TESTIMONY

FL-526

Petitioner IV-D Case: TANF
 IV-E Foster Care
 Medicaid Only
Respondent Former Assistance
 Never Assistance
Non-IV-D Case:

REVOKE, EFFECTIVE JANUARY 1, 2008

File Stamp

Responding IV-D Case No. _____ Initiating IV-D Case No. _____

Responding Tribunal No. _____ Initiating Tribunal No. _____

Petitioner is: Obligee Caretaker Other than Parent
 Obligor Foster Care

Respondent is: Obligee Caretaker Other than Parent
 Obligor Foster Care

_____ being duly sworn, under penalties of perjury, testifies as follows:

Name (First, Middle, Last)

I. Personal Information About Child(ren)'s Mother See Section X

A.1. Mother is: <input type="checkbox"/> Obligee <input type="checkbox"/> Obligor <input type="checkbox"/> Nondisclosure Finding Attached		
3. Full Name (First, Mid, Last; include nickname, if any)		
4. Home Address <input type="checkbox"/> Confirmed _____ (date)	5. Social Security Number	6. Date of Birth
	7. Home Phone	8. Work Phone
9. Employer Name & Address <input type="checkbox"/> Confirmed _____ (date)	10(a). Occupation, Trade or Profession	
	10(b). Highest Level Of Education Attained	
11. Estimated Gross Monthly Earnings \$ _____	12. Other Monthly Income (& source) \$ _____	
13. Real or Personal Property (type & location)		

REVOKE

B. Physical Description of Child(ren)'s Mother (Attach photo if available.)

1. Race	2. Height	3. Weight	4. Hair Color	5. Eye Color
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C. Present Marital Status of Child(ren)'s Mother

1. <input type="checkbox"/> Married	2. <input type="checkbox"/> Single	3. <input type="checkbox"/> Living with Non-Marital Partner
4. <input type="checkbox"/> Divorced	5. <input type="checkbox"/> Legally Separated	6. <input type="checkbox"/> Separated
		7. <input type="checkbox"/> Unknown

D. Information about Current Spouse or Partner of Child(ren)'s Mother

1. Name of Current Spouse or Partner (First, Mid, Last)	2. Is Current Spouse/Partner Employed? [] Yes [] No [] Unknown
3. Name and Address of Spouse's/Partner's Employer	4. Spouse's/Partner's Estimated Gross Monthly Earnings \$ _____

E. Is the child(ren)'s mother responsible for dependents other than those listed in Section V (pages 4 & 5)?

[] Yes [] No [] Unknown (if Yes, provide information below.)

1.	a. Full Name (First, Mid, Last)	b. Date of Birth
	c. Relationship	d. Living With:
	e. Source of Support/Income	f. Monthly Amount; Gross: Net:
2.	a. Full Name (First, Mid, Last)	b. Date of Birth
	c. Relationship	d. Living With:
	e. Source of Support/Income	f. Monthly Amount; Gross: Net:
3.	a. Full Name (First, Mid, Last)	b. Date of Birth
	c. Relationship	d. Living With:
	e. Source of Support/Income	f. Monthly Amount; Gross: Net:

II. Personal Information About Child(ren)'s Father [] See Section X

A.1. Father is: [] Obligee [] Obligor	2. [] Nondisclosure Finding Attached	
3. Full Name (First, Mid, Last; include nickname, alias)		
4. Home Address [] Confirmed _____ (date)	5. Social Security Number	6. Date of Birth
	7. Home Phone	8. Work Phone
9. Employer Name & Address [] Confirmed _____ (date)	10(a). Occupation, Trade or Profession	
	10(b). Highest Level Of Education Attained	
11. Estimated Gross Monthly Earnings \$ _____	12. Other Monthly Income (& source) \$ _____	
13. Real or Personal Property (type & location)		

B. Physical Description of Child(ren)'s Father (Attach photo if available.)

1. Race	2. Height	3. Weight	4. Hair Color	5. Eye Color
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GENERAL TESTIMONY, PAGE 3

Initiating IV-D Case No. _____

C. Present Marital Status of Child(ren)'s Father

1. <input type="checkbox"/> Married	2. <input type="checkbox"/> Single	3. <input type="checkbox"/> Living with Non-Marital Partner
4. <input type="checkbox"/> Divorced	5. <input type="checkbox"/> Legally Separated	6. <input type="checkbox"/> Separated
		7. <input type="checkbox"/> Unknown

D. Information about Current Spouse or Partner of Child(ren)'s Father

1. Name of Current Spouse or Partner (First, Mid, Last)	2. Is Current Spouse/Partner Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
3. Name and Address of Spouse's/Partner's Employer	4. Spouse's/Partner's Estimated Gross Monthly Earnings \$ _____

E. Is the child(ren)'s father responsible for dependents other than those listed in Section V (pages 4 & 5)?

Yes No Unknown (if Yes, provide information below.)

1.	a. Full Name (First, Mid, Last)	b. Date of Birth
	c. Relationship	d. Living With:
	e. Source of Support/Income	f. Monthly Amount; Gross: _____ Net: _____
2.	a. Full Name (First, Mid, Last)	b. Date of Birth
	c. Relationship	d. Living With:
	e. Source of Support/Income	f. Monthly Amount; Gross: _____ Net: _____
3.	a. Full Name (First, Mid, Last)	b. Date of Birth
	c. Relationship	d. Living With:
	e. Source of Support/Income	f. Monthly Amount; Gross: _____ Net: _____

III. Personal Information About Caretaker Other than Parent See Section X

1. Caretaker's Relation to Child is:	2. <input type="checkbox"/> Nondisclosure Finding Attached		
3. Full Name (First, Mid, Last; include nickname, alias)			
4. Home Address <input type="checkbox"/> Confirmed _____ (date)	5. Social Security Number	6. Date of Birth	7. Sex
	8. Home Phone	9. Work Phone	
10. Employer Name & Address <input type="checkbox"/> Confirmed _____ (date)	11(a). Occupation, Trade or Profession		
	11 (b). Highest Level Of Education Attained		
12. Estimated Gross Monthly Earnings \$ _____	13. Other Monthly Income (& source) \$ _____		
14. Date Child(ren) Began Residing With Caretaker			

IV. Legal Relationship of Parents [] See Section X

1. [] Never married to each other 2. [] Married on _____ Date _____ in _____ County/State _____
3. [] Married by common law for the period _____ Dates _____ in _____ County/State _____
4. [] Separated on _____ Date _____ 5. [] Divorced on _____ Date _____ in _____ County/State _____
6. [] Legally separated on _____ Date _____ in _____ County/State _____
7. [] Divorce pending in _____ County/State 8. [] Support Order Entered on _____ Date _____
9. [] No support order 10. [] Order _____
11. Tribunal & Location (Divorce, Legal Separation, Support Order): _____

V. Dependent Child(ren) in this Action [] See Section X

A. List obligor's (named on page 1 of this form) child(ren) only. [] Nondisclosure Finding Attached

1.	a. Full Name (First, Mid, Last)		f. Paternity Established?
	b. Address		[] Yes [] No
	c. Social Security Number		g. Support Order Established?
	d. Sex e. Date of Birth		[] Yes [] No
2.	a. Full Name (First, Mid, Last)		f. Paternity Established?
	b. Address		[] Yes [] No
	c. Social Security Number		g. Support Order Established?
	d. Sex e. Date of Birth		[] Yes [] No
3.	a. Full Name (First, Mid, Last)		f. Paternity Established?
	b. Address		[] Yes [] No
	c. Social Security Number		g. Support Order Established?
	d. Sex e. Date of Birth		[] Yes [] No

4. a. Full Name (First, Mid, Last)		f. Paternity Established? <input type="checkbox"/> Yes <input type="checkbox"/> No
b. Address		g. Support Order Established? <input type="checkbox"/> Yes <input type="checkbox"/> No
c. Social Security Number		h. Living with Petitioner? <input type="checkbox"/> Yes <input type="checkbox"/> No
d. Sex	e. Date of Birth	

B. The child(ren) began residing in _____ on _____
State Month/Year

VI. Medical Insurance See Section X

1. Is obligor required by a child support order to provide medical insurance for the child(ren)? Yes No
2. Is obligor required by a child support order to provide medical insurance for the obligee? Yes No
3. Medical coverage for dependent child(ren) listed in Section V and/or the obligee is provided by:

	For dependent child(ren)	For obligee
Obligee	<input type="checkbox"/>	<input type="checkbox"/>
Obligor	<input type="checkbox"/>	<input type="checkbox"/>
State Medicaid	<input type="checkbox"/>	<input type="checkbox"/>
Obligee's Employer	<input type="checkbox"/>	<input type="checkbox"/>
Obligee's Employer	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>
Unknown	<input type="checkbox"/>	<input type="checkbox"/>
No Coverage	<input type="checkbox"/>	<input type="checkbox"/>

Obligee's Insurance Company:

Policy Number:

Obligor's Insurance Company:

Policy Number:

Other Insurance Company:

Policy Number:

4. The monthly cost paid by the obligee for medical insurance for the obligors child(ren) only is: \$ _____
 (if medical insurance is provided by the obligee or obligee's employer, skip to number 6).

5. Obligee can purchase needed medical insurance at a monthly cost of: \$ _____

6. Were the children ever covered by medical insurance provided by the obligor/obligee, or his/her current employer? Yes No Unknown

7. Do any of the obligor's children have special needs or extraordinary medical expenses not covered by insurance? Yes No

(If "Yes", please indicate the child involved and the type of special needs/extraordinary medical expenses and the related costs. Attach proof.)

8. Is the obligee asking to be reimbursed for medical coverage by obligor? Yes No Unknown

VII. Support Order and Payment Information [] See Section X

- 1. Does a support order exist? (If "No", skip to page 7.) [] Yes [] No
- 2. Did child(ren) reside with the obligor at anytime during the period for which support is sought, except during periods of visitation specified by a tribunal's order? [] Yes [] No If "Yes", Identify Period of Residency: From: Thru:
- 3. If a modification is being requested, indicate the basis for the request below:
 - [] The earnings of the obligor have substantially increased or decreased.
 - [] The earnings of the obligee have substantially increased or decreased.
 - [] The needs of a party or of the child(ren) have substantially increased or decreased.
 - [] Other, Explain _____
- 4. Describe all current support orders (include all pertinent orders and modifications). NOTE: if more than three (3) orders exist, attach complete description as below for each.

Date of Order	Current Amount \$	Per Month/Week/etc.	Toward Arrears \$	Per Month/Week/etc.
Unpaid Interest \$ as of (date)		Total Arrears \$ as of (date)		
Tribunal's Name & Address				

Date of Order	Current Amount \$	Per Month/Week/etc.	Toward Arrears \$	Per Month/Week/etc.
Unpaid Interest \$ as of (date)		Total Arrears \$ as of (date)		
Tribunal's Name & Address				

Date of Order	Current Amount \$	Per Month/Week/etc.	Toward Arrears \$	Per Month/Week/etc.
Unpaid Interest \$ as of (date)		Total Arrears \$ as of (date)		
Tribunal's Name & Address				

5. Unpaid Medical Cost Reimbursement (attach documentation) \$ _____ as of _____ Date

6. Other Unpaid Costs and Fees \$ _____ as of _____ Date

Explain: _____

7. Direct Payments to Oblige: [] Affidavit from Oblige Attached [] No Direct Payments Received

8. Obligor's support payment history: [] Certified copy of tribunal/agency payment history is attached. (Skip to page 7). [] Payment history provided on page 6a. [] N.A.; responding State does not require. (Skip to page 7).

From (Year) to (Year):	Agency Which Prepared Audit/Payment History:
------------------------	--

VIII. TANF / Foster Care/Medical Assistance Status [] See Section X

[If no TANF/Foster Care/Medical Assistance benefits were paid, skip to Section IX.]

1. Period during which TANF/Foster Care was paid:

From: _____ To: _____ by: _____
First month year Last month year State

2. Total amount of TANF/Foster Care paid: \$ _____ as of _____
Date

3. Medical assistance related to prenatal, postnatal, or general expenses was paid in the amount of \$ _____
 by: _____
Agency or Person

IX. Financial Information [] See Section X

Information required varies based on responding State's guidelines. Updates may be required.

A. Monthly Income from All Sources:

1. Is the petitioner employed? [] Yes; occupation: _____ [] No; income source: _____

2. Gross Monthly Income Amounts:

	<u>Petitioner</u>	<u>Current Spouse/Partner</u>	<u>Obligor's Dependent(s)</u>
a) Public Assistance			
i) SSI	\$ _____	\$ _____	\$ _____
ii) Family Assistance	\$ _____	\$ _____	\$ _____
iii) Other	\$ _____	\$ _____	\$ _____
b) Base pay salary, wages	\$ _____	\$ _____	\$ _____
c) Overtime, commissions, tips, bonuses, parttime,	\$ _____	\$ _____	\$ _____
d) Unemployment compensation	\$ _____	\$ _____	\$ _____
e) Worker's compensation	\$ _____	\$ _____	\$ _____
f) Social Security Disability	\$ _____	\$ _____	\$ _____
g) Social Security Retirement	\$ _____	\$ _____	\$ _____
h) Dividends and interest	\$ _____	\$ _____	\$ _____
i) Trust/Annuity Income	\$ _____	\$ _____	\$ _____
j) Pensions, retirement	\$ _____	\$ _____	\$ _____
k) Child support	\$ _____	\$ _____	\$ _____
l) Spousal support/alimony	\$ _____	\$ _____	\$ _____
m) All other sources	\$ _____	\$ _____	\$ _____

Explain "other sources": _____

3. **Total Gross Monthly** (lines "2a" through "2m")
 \$ _____ \$ _____ \$ _____

4. Deductions From Gross

a) Federal Income Tax	\$ _____	\$ _____	\$ _____
b) State Income Tax	\$ _____	\$ _____	\$ _____
c) Local Tax	\$ _____	\$ _____	\$ _____
d) F.I.C.A.	\$ _____	\$ _____	\$ _____

	<u>Petitioner</u>	<u>Current Spouse/Partner Obligor's Dependent(s)</u>	
5. Adjusted Net Monthly	\$ _____	\$ _____	\$ _____
(lines "3" minus lines "4a through 4d")			
6. Other Deductions			
a) Savings	\$ _____	\$ _____	\$ _____
b) Loan Repayment	\$ _____	\$ _____	\$ _____
c) Mandatory Retirement	\$ _____	\$ _____	\$ _____
d) Non-mandatory Retirement	\$ _____	\$ _____	\$ _____
e) Medical Insurance	\$ _____	\$ _____	\$ _____
f) Union Dues	\$ _____	\$ _____	\$ _____
g) Other (specify) _____	\$ _____	\$ _____	\$ _____
7. Net Monthly Income			
(line 5 minus lines "6a through 6g")			
	\$ _____	\$ _____	\$ _____
8. Gross Income Prior Year	\$ _____	\$ _____	\$ _____

Attach three most recent paystubs from each current employer for all parties shown.

B. Monthly Expenses

	<u>Petitioner</u>	<u>Obligor's Dependents</u>
1) Rent/Mortgage	\$ _____	\$ _____
2) Homeowners/Renters Insurance	\$ _____	\$ _____
3) Home Maintenance & Repair	\$ _____	\$ _____
4) Heat	\$ _____	\$ _____
5) Electricity/Gas	\$ _____	\$ _____
6) Telephone	\$ _____	\$ _____
7) Water/Sewer	\$ _____	\$ _____
8) Food	\$ _____	\$ _____
9) Laundry/Cleaning	\$ _____	\$ _____
10) Clothing	\$ _____	\$ _____
11) Life Insurance	\$ _____	\$ _____
12) Medical Insurance	\$ _____	\$ _____
13) Uninsured Extraordinary Medical (attach documentation)	\$ _____	\$ _____
14) Other Uninsured Health-Related Expenses	\$ _____	\$ _____
15) Auto Payment	\$ _____	\$ _____
16) Auto Insurance	\$ _____	\$ _____
17) Auto Expenses	\$ _____	\$ _____
18) Other Transportation	\$ _____	\$ _____
19) Child Care	\$ _____	\$ _____
Provider _____		
Frequency _____ Per _____		
20) Support Payments, actual amount paid	\$ _____	\$ _____
21) Other; Explain _____	\$ _____	\$ _____
Total Monthly Expenses (lines 1 through 21)	\$ _____	\$ _____

C. Assets:

1) Real Estate

_____ Address

_____ Owner(s)

_____ Title

\$ _____ Assessed Value minus \$ _____ Mortgage(s) = \$ _____

2) IRA, Keogh, Pension, Profit Sharing, Other Retirement Plans

_____ Institution or Plan Name and Account No. \$ _____

_____ Institution or Plan Name and Account No. \$ _____

3) Tax Deferred Annuity Plan(s)

\$ _____

4) Life Insurance: Present Cash Value

\$ _____

5) Savings & Checking Accounts, Money Market Accounts, & CDs

_____ Institution Name and Account Number \$ _____

_____ Institution Name and Account Number \$ _____

6) Automobiles/Vehicles

_____ Make _____ Model _____ Year \$ _____ Estimated Value minus \$ _____ Loan Balance = \$ _____

_____ Make _____ Model _____ Year \$ _____ Estimated Value minus \$ _____ Loan Balance = \$ _____

_____ Make _____ Model _____ Year \$ _____ Estimated Value minus \$ _____ Loan Balance = \$ _____

7) Other (e.g., Personal Property, Securities, etc). Describe: _____ \$ _____

Total Assets (lines 1 through 7) \$ _____

X. Other Pertinent Information (Attach additional sheets if necessary).

XI. Verification

[] Attached are the required number of copies of all support orders for the case.

Also attached and incorporated by reference are:

[] Copy of the certified child support payment records.

[] Copies of three most recent paystubs from current employer.

[] Copies of bills for prenatal, postnatal and general health care of mother and child.

[] Assignment or subrogation of support rights.

[] "Affidavit in Support of Establishing Paternity" for each child whose paternity is at issue.

[] Copy of child(ren)'s birth certificate(s).

[] Acknowledgment of parentage.

[] Other: _____

All of the information and facts contained in this General Testimony are true and correct to my/our best knowledge and belief.

Date Petitioner (Name/Title) Signature

Date Agency Representative (Name/Title) Signature

Sworn to and Signed Before me This Date County/State Notary Public, Tribunal/Agency Official and Title Commission Expires

INSTRUCTIONS FOR GENERAL TESTIMONY

PURPOSE OF THE FORM: The General Testimony provides a framework for stating the detailed information and evidence necessary to support the action requested in the petition. Its eleven sections may or may not apply to all cases. Before completing the form, carefully consider the status of the individual petitioner completing the testimony and his/her relationship to the respondent, the relief you plan to request in the petition, and other case characteristics to determine what information should be provided. (Note: all section headings contain a checkbox to be used when additional comments/remarks are desired or required. These comments/remarks should be placed in Section X.) As a general rule, requests for relief require completion of the following sections:

Section No. Requiring Completion	Description	Case Type
I	Personal Information About Child(ren)'s Mother	All
II	Personal Information About Child(ren)'s Father	All
III	Personal Information About Caretaker Other Than Parent	Cases where the caretaker is an individual other than the child(ren)'s parent
IV	Legal Relationship of Parents	All
V	Dependent Child(ren) in this Action	All
VI	Medical Insurance	All
VII	Support Order and Payment Information	All cases where an order for support has been entered
VII	Obligor's Payment History	All cases where an order for support has been entered; however, a certified copy of the court or agency payment history may be attached in lieu of Page 6a
VIII	TAINF/Foster Care Status	Cases where the obligee received public assistance or Foster Care
IX	Financial Information	Establishment and modification cases, as required by States' guidelines
X	Other Pertinent Information	When needed (Note: all section headings contain a checkbox to be used when additional comments/remarks are desired or required.)
XI	Verification	All

HEADING/CAPTION:

Identify the petitioner and respondent in the appropriate spaces.

Check the appropriate space to identify the type of case: IV-D TANF; IV-E Foster care, Medicaid only, former assistance, never assistance or Non-IV-D.

IV-D TANF means the obligee is receiving IV-A cash payments [IV-A was formerly called Aid to Families with Dependent Children (AFDC) and is now called Temporary Assistance to Needy Families]. In exchange for receiving benefits, a person receiving public assistance agrees to assign his/her support rights or to turn over to the State the right to child support payments paid by the obligated parent.

IV-E Foster Care means the child is in IV-E foster care and the case has been referred to the State/local child support agency to obtain support from the parents.

Medicaid Only means that the obligee is not receiving public assistance (IV-A cash payments) but is receiving Medicaid. Medicaid is a federally-funded program that provides medical support for low income families. These cases can receive "Full Services" or "Medical Services Only".

Former Assistance means that the obligee received child support enforcement services while receiving IV-A cash payments but is no longer receiving these payments.

Never Assistance means that the obligee applied for child support enforcement services but has not received public assistance (IV-A cash payments).

Non IV-D means the case is a private case that is not being worked by the State or local child support enforcement or IV-D agency.

Under "Responding IV-D Case No." and "Responding Tribunal No.", enter appropriate case and tribunal numbers that the responding State uses to identify the case, if applicable and if known. Under "tribunal number", you may enter the docket number, cause number, or any other appropriate reference number.

Under "Initiating IV-D Case No." and "Initiating Tribunal No.", enter appropriate case and tribunal numbers which your IV-D agency or local tribunal has assigned to the case. Under "tribunal number", you may enter the docket number, cause number, or any other appropriate reference number.

Check the appropriate boxes to indicate whether the petitioner is the "Obligee", "Obligor", or "Caretaker Other than Parent", or whether this is a "Foster Care" case. Check the appropriate boxes for the Respondent as well.

Obligee is the individual or State agency who is owed or is alleged to be owed support. If an obligee receives TANF benefits, s/he assigns certain support rights to the State.

Obligor is the individual who owes or is alleged to owe support. This term includes alleged or putative fathers whose paternity of the child(ren) has not yet been established.

Caretaker Other than Parent is an individual who is custodian of the child(ren) but who is not the mother or father of the child(ren).

Foster Care indicates that the child is in foster care. In such cases, a State or political subdivision may seek support from both parents.

In the name-block immediately above section I, fill in the name (First, Middle, Last) of the individual providing the testimony and signing the form. In most cases this will be the individual obligee. However, it could also be an obligor seeking paternity establishment or modification of a support order, or an authorized child support worker if the form is completed with information from the file.

Note that verification by an individual petitioner is required for information personally known to him/her, and that testimony is given under penalty of perjury.

SECTION I, PERSONAL INFORMATION ABOUT CHILD(REN)'S MOTHER: This section asks for information about the child(ren)'s mother. If the mother is the respondent in this action, this information will be used to identify her, locate her, discover income and assets, begin the process of determining her ability to pay, and/or effect collection actions.

If the individual completing this form is not the child(ren)'s mother, the requested information may not be available. Provide as much information as possible.

Part A

Item 1: Indicate whether the child(ren)'s mother is the "Obligee" or "Obligor".

Item 2: Check this box if a nondisclosure finding pursuant to the Uniform Interstate Family Support Act (UIFSA) or an existing protective order excuses disclosure of the mother's address or other identifying information. Attach a copy of any nondisclosure finding. If a nondisclosure finding exists, do not enter the mother's address/identifying information on the form; you may enter a substitute address.

Item 3: Enter the mother's full name (First, Middle, Last) including nickname or alias.

Item 4: Enter the mother's home or residential address (Street, City, State, Zip Code). If this address has been confirmed/verified by the initiating State agency, check the box indicating that the information has been confirmed and the date it was confirmed. If the address cannot be confirmed, provide last known address.

Item 5: Enter the mother's Social Security Number.

Item 6: Enter the mother's date of birth (Month, Date, Year).

Item 7: Enter the mother's home phone number. Include the area code.

Item 8: Enter the mother's work phone number. Include the area code.

Item 9: Enter the name and address of the mother's employer. If this information has been confirmed/verified by the initiating State agency, check the box indicating that the information has been confirmed and the date it was confirmed. If the employer name and address cannot be confirmed, provide last known information.

Item 10(a): Enter the mother's occupation, trade, or profession.

Item 10(b): Enter the mother's highest attained level of education. If the mother is the obligor, the educational level can be used by some responding States to impute the income of an unemployed or underemployed obligor.

Item 11: Enter the dollar amount of the mother's estimated gross monthly earnings.

Item 12: Enter the dollar amount of the mother's monthly income **other than** earnings. Indicate the source of the income.

Item 13: List any real or personal property owned by the mother. Include type and location.

Part B: Physical Description of Child(ren)'s Mother

Items 1 - 5: Provide a physical description of the mother by listing her race, height, weight, hair color, and eye color. This information may be helpful in locating or serving the mother if she is the respondent in this action. Optional: attach a recent photo if available. A photo may be useful if the mother is the respondent and identification or service of process is necessary.

When listing the mother's race, select from the following: 1) White (non-hispanic), 2) Black (non-hispanic), 3) Hispanic, 4) American Indian - Alaskan Native, or 5) Asian - Pacific Islander.

Part C: Present Marital Status of Child(ren)'s Mother

Items 1 - 7: Check the appropriate box(es) which describe the mother's present marital status. This information may be considered in determining the obligor's ability to pay or the obligee's need for support when a support order is established or modified. Check "single" only if the mother has never been married to anyone; if the mother has previously been married, check divorced, legally separated, or separated, as appropriate.

Part D: Information about Current Spouse or Partner of Child(ren)'s Mother. Complete part D only if the mother currently has a spouse or non-marital partner. Otherwise, enter "Not Applicable".

Item 1 : Enter the name of the mother's current spouse or non-marital partner.

Item 2: Check the appropriate box to indicate whether the mother's current spouse/partner is employed.

Item 3: If the answer to item 2 is "Yes", enter the name and address of the spouse's/partner's employer.

Item 4: Enter the spouse's/partner's estimated gross monthly earnings.

Part E: Check the appropriate box to indicate whether the mother is responsible for dependents other than the child(ren) in this action (listed in Section V). If the answer is "yes", provide information about each dependent under **items 1 through 3**. If there are more than three dependents, provide information about the other dependents in Section X: Other Pertinent Information.

Item a: Enter the full name of the dependent (First, Middle, Last).

Item b: Enter the dependent's date of birth (Month, Date, Year).

Item c: Enter the dependent's relation to the child(ren)'s mother.

Item d: Indicate who the dependent is living with.

Item e: Enter the dependent's source of support or income.

Item f: Enter the monthly amount (both gross and net) of that support or income.

SECTION II, PERSONAL INFORMATION ABOUT CHILD(REN)'S FATHER: This section asks for information about the child(ren)'s father. This includes an alleged father if paternity has not yet been established. If the father is the respondent in this action, this information will be used to identify him, locate him, discover income and assets, begin the process of determining his ability to pay, and/or effect collection actions.

If the individual completing this form is not the child(ren)'s father, that individual may not be able to provide all of the requested information. Provide as much information as possible.

Part A

Item 1: Indicate whether the child(ren)'s father is the "Obligee" or "Obligor".

Item 2: Check this box if a nondisclosure finding pursuant to the Uniform Interstate Family Support Act (UIFSA) or an existing protective order excuses disclosure of the father's address or other identifying information. Attach a copy of any nondisclosure finding. If a nondisclosure finding exists, do not enter the father's address/identifying information on the form; you may enter a substitute address.

Item 3: Enter the father's full name (Full, Middle, Last) including nickname or alias.

Item 4: Enter the father's home or residential address (Street, City, State, Zip Code). If this address has been confirmed/verified by the initiating State agency, check the box indicating that the information has been confirmed and the date it was confirmed. If the address cannot be confirmed, provide last known address.

Item 5: Enter the father's Social Security Number.

Item 6: Enter the father's date of birth (Month, Date, Year).

Item 7: Enter the father's home phone number. Include the area code.

Item 8: Enter the father's work phone number. Include the area code.

Item 9: Enter the name and address of the father's employer. If this information has been confirmed/verified by the initiating State agency, check the box indicating that the information has been confirmed and the date it was confirmed. If the employer name and address cannot be confirmed, provide last known information.

Item 10(a): Enter the father's occupation, trade, or profession.

Item 10(b): Enter the father's highest attained level of education. If the father is the obligor, the educational level can be used by some responding States to impute the income of an unemployed or underemployed obligor.

Item 11: Enter the dollar amount of the father's estimated gross monthly earnings.

Item 12: Enter the dollar amount of the father's monthly income **other than** earnings. Indicate the source of the income.

Item 13: List any real or personal property owned by the father. Include type and location.

Part B: Physical Description of Child(ren)'s Father

Items 1 - 5: Provide a physical description of the father by listing his race, height, weight, hair color, and eye color. This information may be helpful in locating or serving the father, if he is the respondent in this action. You may attach a recent photo if available. A photo may be useful if the father is the respondent and identification or service of process is necessary.

When listing the father's race, select from the following: 1) White (non-hispanic), 2) Black (non-hispanic), 3) Hispanic, 4) American Indian - Alaskan Native, or 5) Asian - Pacific Islander.

Part C: Present Marital Status of Child(ren)'s Father

Items 1 - 7: Check the appropriate box(es) which describe the father's present marital status. This information may be considered in determining the obligor's ability to pay or the obligee's need for support when a support order is established or modified.

Part D: Information about Current Spouse or Partner of Child(ren)'s Father. Complete part D only if the father currently has a spouse or non-marital partner. Otherwise, enter "Not Applicable".

Item 1: Enter the name of the father's current spouse or non-marital partner.

Item 2: Check the appropriate box to indicate whether the father's current spouse/partner is employed.

Item 3: If the answer to item 2 was "Yes", enter the name and address of the spouse's/partner's employer.

Item 4: Enter the spouse's/partner's estimated gross monthly earnings.

Part E: Check the appropriate box to indicate whether the father is responsible for dependents other than the child(ren) in this action (listed in Section V). If the answer is "yes", provide information about each dependent under **items 1 through 3**. If there are more than three dependents, provide information about the other dependents in Section X: Other Pertinent Information.

Item a: Enter the full name of the dependent (First, Middle, Last).

Item b: Enter the dependent's date of birth.

Item c: Enter the dependent's relation to the child(ren)'s father.

Item d: Indicate who the dependent is living with.

Item e: Enter the dependent's source of support or income.

Item f: Enter the monthly amount (both gross and net) of that support or income.

SECTION III. PERSONAL INFORMATION ABOUT CARETAKER OTHER THAN PARENT: Complete this section only if the child(ren)'s caretaker or custodian is not the child(ren)'s mother or father.

Item 1: Indicate the caretaker's relation to the child(ren). If the caretaker is a relative, indicate whether he/she is a maternal (mother's side of the family) or paternal (father's side of the family) relative. Examples include: "maternal grandmother" or "paternal cousin".

Item 2: Check this box if a nondisclosure finding pursuant to the Uniform Interstate Family Support Act (UIFSA) or an existing protective order excuses disclosure of the caretaker's address or other identifying information. Attach a copy of any nondisclosure finding. If a nondisclosure finding exists, do not enter the caretaker's address/identifying information on the form; you may enter a substitute address.

Item 3: Enter the caretaker's full name (First, Middle, Last), including nickname or alias.

Item 4: Enter the caretaker's home or residential address (Street, City, State, Zip Code). If this address has been confirmed/verified by the initiating State agency, check the box indicating that the information has been confirmed and the date it was confirmed. If the address cannot be confirmed, provide last known address.

Item 5: Enter the caretaker's Social Security Number.

Item 6: Enter the caretaker's date of birth (Month, Date, Year).

Item 7: Enter the caretaker's sex or gender: male or female.

Item 8: Enter the caretaker's home phone number. Include the area code.

Item 9: Enter the caretaker's work phone number. Include the area code.

Note: If the caretaker does not have a legal obligation to contribute to the child(ren)'s support, **items 10 through 14** concerning the caretaker's employment and income may be privileged.

Item 10: Enter the name and address of the caretaker's employer. If this information has been confirmed/verified by the initiating State agency, check the box indicating that the information has been confirmed and the date it was confirmed. If the employer name and address cannot be confirmed, provide last known information.

Item 11(a): Enter the caretaker's occupation, trade, or profession.

Item 11(b): Enter the caretaker's highest attained level of education. If the caretaker is the obligor, the educational level can be used by some responding States to impute the income of an unemployed or underemployed obligor.

Item 12: Enter the dollar amount of the caretaker's estimated gross monthly earnings.

Item 13: Enter the dollar amount of the caretaker's monthly income other than earnings. Indicate the source of the income.

Item 14: Enter the date the child(ren) began residing with the caretaker.

SECTION IV. LEGAL RELATIONSHIP OF PARENTS: Identify the legal relationship between the child(ren)'s mother and father. Check all appropriate boxes and enter the pertinent corresponding information.

Item 1: Check this box if the parents were never married to each other.

Item 2: Check this box if the parents were married to each other. Indicate the date (Month, Date, Year) and County/State of the marriage.

Item 3: Check this box if the parents were married by common law. Indicate the time period (dates) and the County/State of the common law marriage.

Item 4: Check this box if the parents are separated. Indicate the date (Month, Date, Year) of the separation.

Item 5: Check this box if the parents are divorced. Indicate the date (Month, Date, Year) and County/State of the finalized divorce.

Item 6: Check this box if the parents are legally separated. Indicate the date (Month, Day, Year) and County/State of the legal separation.

Item 7: Check this box if divorce proceedings are pending. Indicate the County/State of the proceedings.

Item 8: Check this box if a child support order has been entered. Indicate the date (Month, Date, Year) of the order.

Item 9: Check this box if no child support order has been entered.

Item 10: Check this box to indicate relationships not described by the options above. Describe the relationship on the line provided (e.g. mother and father lived together; mother and father had casual relationship; etc).

Item 11: List the name and location of the tribunal (court or agency) that entered any divorce decree, legal separation, or child support order.

Remember to attach the required number of copies of any existing support orders (including a divorce decree or separation agreement). You will generally need to attach a certified copy of any support order. Note, however, that some responding States may be able to take certain administrative enforcement actions without having a certified copy of the order, although a regular copy is still necessary.

SECTION V, DEPENDENT CHILD(REN) IN THIS ACTION: This information is used to identify child(ren) for whom paternity is to be established and/or for whom the establishment or enforcement of support or a modification thereof is sought.

Part A: List all the children for whom paternity is to be established or support is sought or due from the obligor listed on page 1 of this form. These should be the same children listed in section I of the Uniform Support Petition. List only those children of the particular obligor named in this action. Provide information about each child under **items 1 through 4**. If there are more than four children, provide information about the other children in Section X- Other Pertinent Information. If a child listed is over 18, indicate whether (s)he is enrolled in high school or college; some responding States may require a letter from the child's school for verification purposes.

Attach a separate "Affidavit in Support of Establishing Paternity" for each child whose paternity is at issue.

Check the box "Nondisclosure Finding Attached" if a nondisclosure finding pursuant to the Uniform Interstate Family Support Act (UIFSA) or an existing protective order excuses disclosure of the child(ren)'s address or other identifying information. Attach a copy of any nondisclosure finding. If a

nondisclosure finding exists, do not enter the child(ren)'s address or identifying information on the form.

Item a: Enter the child's full name (First, Middle, Last).

Item b: Enter the child's address (Street, City, State, Zip Code).

Item c: Enter the child's Social Security Number.

Item d: Enter the child's sex or gender: male or female.

Item e: Enter the child's date of birth (Month, Date, Year).

Item f: Check the appropriate box to indicate whether the paternity of the child has been established.

Item g: Check the appropriate box to indicate whether a child support order for the child has been established.

Item h: Check the appropriate box to indicate whether the child is living with the petitioner. In this instance, "petitioner" means the individual who is the moving party rather than a State child support agency that is bringing action.

Part B: Indicate the month and year when the child(ren) began residing in the State. If this information is not the same for all children, provide separate information for each child in Section X: Other Pertinent Information. If the child(ren) are older than six months of age and have resided in the State less than six months, provide information about the child(ren)'s previous States of residence (including length of residence) in Section X: Other Pertinent Information. Information about the child(ren)'s length of residence in the State is necessary under the Uniform Interstate Family Support Act (UIFSA) in order to determine which child support order should be prospectively enforced or modified if multiple orders exist.

SECTION VI, MEDICAL INSURANCE: This information is used to determine if medical coverage is currently provided for the dependents. If coverage is not provided, additional information in this section is a basis for adding medical coverage to new and existing orders. You should provide this information in all IV-D cases.

Item 1 : Check the appropriate box to indicate whether the obligor is required by a child support order to provide medical insurance for the child(ren).

Item 2: Check the appropriate box to indicate whether the obligor is required by a child support order to provide medical insurance for the obligee.

Item 3: Check the appropriate boxes to indicate who provides medical coverage for the dependent child(ren) (listed in Section V) and obligee. The choices are: obligee, obligor, State Medicaid, obligee's employer, obligor's employer, and other. If you check "other", print the name of the person or entity that provides coverage (e.g., obligee's current spouse). Check "unknown" if you do not know who provides coverage. Check "no coverage" if the child(ren)/obligee do not have coverage.

In the appropriate spaces, enter the name and policy number of the obligee's insurance company, the obligor's insurance company, and any other relevant insurance company. If information about "Other

Insurance Company” is provided, describe this company and its relation to the parties in Section X: Other Pertinent Information.

Item 4: Enter the monthly medical insurance cost paid by the obligee for the obligor’s child(ren) only. Do not include the portion of the monthly cost of medical insurance for the obligee or children other than the obligor’s. If the obligee is the individual petitioner in this action and is seeking reimbursement for these medical insurance costs, attach proof of payment.

Item 5: If medical insurance is provided by the obligee or the obligee’s employer, do not answer this item; skip to item 6. Otherwise, enter the monthly cost to the obligee if he/she were to provide needed medical insurance. If the cost is unknown, enter “unknown”. Some responding States may require you to enter a prorated amount per child.

Item 6: As a lead for possible third party coverage, check the appropriate box to indicate whether the obligor’s children were ever covered by medical insurance provided through the obligor or obligee or his/her current employer. If you check “Yes”, describe this coverage in Section X: Other Pertinent Information.

Item 7: Indicate whether any of the obligor’s children have special needs or extraordinary medical expenses not covered by insurance. This includes special medical needs, medical equipment, counseling, special schooling, etc. If yes, indicate the child involved, the type of need/expenses, and the related costs. Attach proof, such as a doctor’s statement. If special needs are indicated, explain in detail any agreements made to cover these costs including agreements that are verbal, written, or part of any court or administrative order.

Item 8: Indicate whether the obligee is asking to be reimbursed for medical coverage by the obligor.

SECTION VII, SUPPORT ORDER AND PAYMENT INFORMATION: This information is used to justify the court or administratively ordered current support and arrearage obligation to be claimed in the petition.

Item 1 : Check the appropriate box to indicate whether a support order exists. If a support order does not exist, skip to Section VIII on page 7.

Item 2: Check the appropriate box to indicate whether the child(ren) resided with the obligor at anytime during the period for which support is sought, except during periods of visitation specified by a tribunal’s order. If “yes”, identify period of residency with the obligor by entering dates (Month, Date, Year) in the spaces labelled “From” and “Thru”. If this information is not the same for all children, provide separate information for each child in Section X: Other Pertinent Information.

Item 3: Complete item 3 only if modification of a support order is requested; otherwise skip to item 4. Indicate the basis for requesting a modification by checking all appropriate boxes. If you check “other”, explain in the blank and/or provide an explanation in Section X and check the “See Section X” checkbox next to the Heading on this page.)

Item 4: Enter information on court or administratively ordered support amounts. Include information on the relevant original order, modifications, and interstate orders under the Uniform Reciprocal Enforcement of Support Act (URESAs) or the Uniform Interstate Family Support Act (UIFSA). If there are more than three pertinent orders, describe the remaining orders in Section X: Other Pertinent Information.

For each order, indicate:

- Date of Order: the date the order was issued or entered.
- Current Amount: the amount of periodic current support payments owed under the order. Specify the total amount for all children (listed in section V) even if the order designates a separate amount for each child.
- Per Month/Week/Etc: the frequency with which current support must be paid (per month, per week, etc).
- Toward Arrears: the amount of any periodic payment ordered to go toward arrears. Specify the total amount for all children (listed in section V) even if the order designates a separate amount for each child.
- Per Month/Week/Etc: the frequency with which the arrears payment must be paid.
- Unpaid Interest: the amount of any unpaid interest due, and the date as of which the amount is correct.
- Total Arrears: the total amount of arrears owed under that order, if any. Specify the total amount for all children (listed in section V) even if the order designates a separate amount for each child. Enter the date as of which the amount is correct.
- The name and address of the tribunal (court or agency) that entered the order.

Remember to attach the required number of copies of all pertinent orders that relate to support. You will generally need to attach a certified copy of any support order. Note, however, that some responding States may be able to take certain administrative enforcement actions without having a certified copy of the order, although a regular copy is still necessary.

Item 5: If the obligor owes reimbursement for prenatal, postnatal or general medical expenses paid by the obligee or State agency, indicate the total amount owed. Enter only the amount which the obligor has been ordered to pay. Enter the date as of which this amount is correct. Attach documentation.

Item 6: Enter the amount of unpaid costs and fees owed by the obligor. Enter the date as of which the amount was correct. Describe the costs/fees on the blank line.

Item 7: Check the appropriate box to indicate whether an affidavit from the obligee concerning direct payments is attached, or whether no direct payments were received by the obligee.

Item 8: Check one of three options for supplying the obligor's support payment history:

- Check the first box on the left to indicate that you will be providing a certified copy of your own court or agency's payment history (manual or computer generated) and skip to Section VIII on page 7. Provide any additional information (e.g., regarding interest, costs, fees) necessary to explain the payment history so that it can be correctly interpreted by the responding jurisdiction.
- Check the middle box to indicate that you will be completing the payment history provided on page 6a of the General Testimony.

- Check the last box on the right to indicate that you will not be providing a detailed arrears statement and skip to Section VIII on page 7. Note, however, to register an order under the Uniform Interstate Family Support Act (UIFSA), a sworn statement by the party seeking registration or a certified statement by the custodian of the records showing the amount of arrears is **required**.

Fill in the spaces at the bottom of section VII on page 6. Under "From (Year) to (Year)" indicate the years covered by the obligor's support payment history. Also enter the name of the "Agency which Prepared Audit/Payment History".

PAGE 6A: Complete this page if you checked the middle box in item 3, section VII, page 6. Enter the amount of adjudicated arrears in the line at the top of the page; indicate the date of the order that established the arrears amount. Enter "zero" if there are no adjudicated arrears.

The payment history tables on the rest of page 6a should show arrears that accrued since the date that arrears were adjudicated, or since the support order was entered if arrears have not been adjudicated. The beginning balance for the first year's table should be the amount of adjudicated arrears listed at the top of the page.

At the bottom of the page, enter the total amount of adjudicated and accrued arrears; indicate the date that the amount is correct. If the amount of adjudicated arrears was used as the beginning balance in the first year's payment history table, the ending balance in the last year's payment history table should equal the amount of adjudicated and accrued arrears that is entered at the bottom of the page.

If continuation sheets are necessary, attach as needed. Each page of payment history should be certified or notarized according to the standard required by the State or local agency in preparing an interstate support pleading. The signature line can be signed either by a tribunal/agency representative or an individual, depending on State procedures. Some responding States may require a seal to be affixed if the records are provided by a tribunal or agency.

SECTION VIII, TANF/FOSTER CARE/MEDICAL ASSISTANCE STATUS: Complete this section only if:

- You are seeking support for a prior period and TANF/Foster Care benefits were paid, or
- You are seeking reimbursement for medical costs.

Otherwise, skip to section IX, Financial Information.

Complete **items 1 and 2** only if you are seeking support for a prior period (i.e., if you are seeking "back support" or support for a period prior to the establishment of an order). The award of support for a prior period is not required under Federal law but may be appropriate in accordance with State law. Not all States have authority to establish support orders for prior periods. However, the period of time the family received TANF benefits may be a relevant factor in setting an award for a prior period; this section provides space for this information.

States may not, as a federally-reimbursable function, establish judgments solely for reimbursement of public assistance, or pursue enforcement of such judgments established after March 22, 1993. States must use guidelines as a rebuttable presumption, not the amount of unreimbursed public assistance, in establishing orders after October 13, 1989. States may establish child support awards covering a prior period, but such awards must be based on guidelines and take into consideration

either the current earnings and income at the time the order is set, or the obligor's earnings and income during the prior period.

Item 1: If known, specify the period of time when TANF/Foster Care benefits were paid to the obligee's family, and the State which provided the assistance and had an assignment of support rights. Only consider public assistance paid to the obligee or the children in this action (listed in section V).

Item 2: If known, enter the total amount of TANF/Foster Care benefits paid, and the date as of which the amount was correct. Only include public assistance paid to the obligee or the children in this action (listed in section V).

Item 3: Complete item 3 only if you are seeking reimbursement for medical assistance related to prenatal, postnatal or general expenses. Enter the dollar amount of medical expenses for which you are seeking reimbursement. Enter the name of the agency or person who paid the medical expenses and is due reimbursement. Attach appropriate proof or documentation, such as receipts.

SECTION IX, FINANCIAL INFORMATION: This section is used to obtain information needed to apply guidelines to determine the appropriate amount of support.

Generally, you only need to complete this section if you are requesting establishment of an order or modification of an existing order, unless a responding State specifically asks for section IX to be completed to enforce an order. It is important to disclose all the information pertaining to income, expenses, and assets, as required by the responding State's guidelines. Failure to disclose information may seriously affect the legal proceedings in the responding State and may unnecessarily delay the resolution of the support issue.

However, before completing all parts of Section IX IV-D agencies may wish to consult the Interstate Roster and Referral Guide or to contact the responding State to determine if all parts of Section IX are needed. Some responding States do not need all of the information in Section IX. IV-D agencies need to complete only those parts needed by the responding State.

Part A: Monthly Income From All Sources

Item 1: Check the appropriate box to indicate if the individual petitioner is employed. If "yes", list occupation. If "no", list income source.

Item 2: List the gross monthly income of the individual petitioner, the petitioner's current spouse/partner (if applicable), and the obligor's dependents who are in the petitioner's custody. If there are multiple dependents in the petitioner's custody, combine the income from all the dependents and enter the total in the third column. List each income source separately under the categories provided in item 2. Be sure to provide information regarding all earnings and income sources, including salaries, wages, commissions, fees, bonuses, tips, and public assistance. You should consider seasonal or intermittent income on an annual basis (total for the year divided by 12).

Item 2.a.: Enter the gross monthly amount of any public assistance received, including SSI, Family Assistance, and other. "Family Assistance" means IV-A cash payments [IV-A was formerly called Aid to Families with Dependent Children (AFDC) and is now called Temporary Assistance to Needy Families]. "Other" includes other types of cash public assistance.

Item 2.b.: Enter the gross monthly amount of base pay salary or wages.

Item 2.c.: Enter the gross monthly amount of overtime, commissions, tips, bonuses, parttime pay.

Item 2.d.: Enter the gross monthly amount of unemployment compensation received.

Item 2.e.: Enter the gross monthly amount of worker's compensation received.

Item 2.f.: Enter the gross monthly amount of Social Security Disability received.

Item 2.g.: Enter the gross monthly amount of Social Security Retirement received.

Item 2.h.: Enter the gross monthly amount of dividends and interest received.

Item 2.i.: Enter the gross monthly amount of trust/annuity income received.

Item 2.j.: Enter the gross monthly amount of pension or retirement income received.

Item 2.k.: Enter the gross monthly amount of any child support payments received.

Item 2.l.: Enter the gross monthly amount of any spousal support/alimony received.

Item 2.m: Under "All other sources", be sure to include and describe monthly amounts for other income regularly received, such as self-employment income, regular in-kind income, barter, or net income from rental property. If income is received on other than a monthly basis, annualize and divide by 12.

Item 3: Add all monthly income (lines 2a through 2m) and enter the total gross monthly income for the individual petitioner, petitioner's current spouse/partner (if applicable), and obligor's dependents who are in the petitioner's custody.

Item 4: On the appropriate lines, list deductions from gross income including Federal, State, and local income tax withholding and Social Security tax (FICA) withholding. List deductions for each party (the individual petitioner, petitioner's current spouse/partner, and obligor's dependents who are in the petitioner's custody).

Item 5: Subtract the deductions (lines 4a through 4d) from the total gross monthly income (line 3) and enter the difference on line 5 under "adjusted net monthly" income for each party.

Item 6: On the appropriate lines, enter other deductions for each party. Note that in some States these items are considered deductions while in other States they are considered expenses.

Item 6.a: "Savings" means amounts that are withheld or paid directly from a party's income and deposited in a savings account or fund.

Item 6.b: "Loan repayment" means amounts that are withheld or paid directly from a party's income to repay a loan.

Item 6.c.: "Mandatory Retirement" means amounts that are required by law to be withheld or paid directly from a party's income and deposited in a retirement account or fund. Enter amounts on this line only if the contributions are mandatory (i.e., required by law to be deducted).

Item 6.d: “Non-mandatory Retirement” means amounts that are voluntarily withheld or paid directly from a party’s income and deposited in a retirement account or fund. Enter amounts on this line only if the contributions are voluntary.

Item 6.e: “Medical Insurance” means medical insurance premiums withheld or paid from a party’s income.

Item 6.f: “Union dues” means mandatory union dues that are withheld or paid directly from a party’s income.

Item 6.g: “other” includes all other deductions, such as State unemployment insurance tax and disability insurance premiums, where applicable; and certain employment-related expenses that are deducted directly from income.

Item 7: Subtract the other deductions (lines 6a through 6g) from the adjusted net monthly income (line 5) and enter the difference on line 7 under “net monthly income” for each party.

Item 8: Enter each party’s gross income for the prior year.

Attach the three most recent paystubs from each current employer for all parties shown. Some responding States may require additional financial documentation as well; for example, the previous year’s Federal and/or State income tax returns, W-2 forms, or Federal 1099 forms.

Part B: Monthly Expenses. On the appropriate lines, enter the monthly amount paid by the individual petitioner for the listed expenses. Generally, you should list expenses in the column labelled “Petitioner”. However, if there are expenses that are directly attributable to a dependent of the obligor (e.g., uninsured medical expenses for a child), list those expenses in the “Obligor’s Dependent(s)” column. If you prorate or divide expenses between the “Petitioner” and “Obligor’s Dependent(s)” column, explain how you divided the expenses. If there are multiple dependents in the petitioner’s custody, combine the expenses for all the dependents and enter the total. If an expense is paid on other than on a monthly basis, annualize and divide by 12.

Item 1: Enter the monthly amount paid for rent or mortgage.

Item 2: Enter the monthly amount paid for homeowner’s or renter’s insurance.

Item 3: Enter the monthly amount paid for home maintenance and repairs.

Item 4: Enter the monthly amount paid for heat.

Item 5: Enter the monthly amount paid for electricity or gas.

Item 6: Enter the monthly amount paid for telephone.

Item 7: Enter the monthly amount paid for water/sewer.

Item 8: Enter the monthly amount paid for food.

Item 9: Enter the monthly amount paid for laundry, dry cleaning, and other cleaning.

Item 10: Enter the monthly amount paid for clothing purchase.

Item 11: Enter the monthly amount paid for life insurance.

Item 12: Enter the monthly amount paid for medical insurance.

Item 13: Enter the monthly amounts paid for special needs or extraordinary medical expenses not covered by insurance, and attach a description and documentation of the expenses and payments that are made (if not provided in adequate detail in Section VI on page 5 of the General Testimony).

Item 14: Enter the monthly amount paid for other health related expenses not covered by insurance, including: doctors, dentists, medications and drug store items, and such expenses as glasses, hearing aids, etc.

Item 15: Enter the monthly amount of auto payment.

Item 16: Enter the monthly amount paid for auto insurance.

Item 17: Enter the monthly amount paid for other auto expenses such as auto repairs or licenses.

Item 18: Enter the monthly amount paid for other transportation expenses, such as public transportation, bus, or subway.

Item 19: Specify the monthly amount paid for child care (work-related or otherwise), the provider, and the frequency child care is used (e.g., hours per week). Some responding States also require that you attach verification or proof of child care expenses, and some responding States need to know if the child care is work-related.

Item 20: Enter the monthly amount of any support payments actually made by the individual petitioner for child, spousal or family support.

Item 21: Under "Other", be sure to include and explain personal educational expenses; educational expenses for obligor's child(ren) including books, fees, supplies and tuition; garbage collection fees; cable television fees; contributions; dues; newspapers; entertainment; hobbies or sports.

Total Monthly Expenses: At the bottom of page 8, add the totals of line 1 through line 21 and enter the total on the lines beside **Total Monthly Expenses** for both the individual petitioner and the obligor's dependents.

Part C: Assets. This section lists assets owned by the individual petitioner.

Item 1: Describe real estate owned by the individual petitioner by entering the address (including street, county, State and zip code), the owner(s) (including any co-owners other than the individual petitioner), and the title. In the appropriate spaces, enter the assessed value and the amount of any mortgage. Subtract the amount of the mortgage from the assessed value and enter the difference on the line on the right hand side of the page.

Item 2: List any IRA, Keogh, pension, profit sharing, or other retirement plan. Include the institution or plan name and account number, and the amount of funds.

Item 3: Enter the dollar amount under any tax deferred annuity plan.

Item 4: Enter the present cash value of any life insurance policy.

Item 5: List any savings account, checking account, money market account, certificate of deposit (CD). Include the institution name and account number and the amount of funds in the account. If additional space is needed, provide information in Section X.

Item 6: Describe any automobiles or other vehicles owned by the individual petitioner by entering the make, model, and year. In the appropriate spaces, enter the estimated value of the vehicle and the dollar amount of any loan balance due on the vehicle. Subtract the loan balance from the estimated value and enter the difference on the line on the right hand side of the page.

Item 7: Describe any other assets owned by the individual petitioner, such as personal property or securities. Enter the dollar value of the asset in the right hand column. If additional space is needed, provide information in Section X.

Total Assets: Add all the dollar amounts in the right hand column (for items 1 through 7 in part C) and enter the total on the line by **Total Assets**.

SECTION X, OTHER PERTINENT INFORMATION: Use this section to provide additional information or explanations. If it is related to a previous section, identify the section, part, and item number as appropriate.

SECTION XI, VERIFICATION: Attach the appropriate number of copies of any existing support order, and check the box indicating that the copies are attached. You will generally need to attach a certified copy of any support order. Note, however, that some responding States may be able to take certain administrative enforcement actions without having a certified copy of the order, although a regular copy is still necessary. Some States may also need copies of custody or change in custody orders, if relevant.

Check the other boxes to indicate any other items that are attached, including: a copy of the certified child support payment records; copies of the three most recent paystubs from the current employer; copies of bills for prenatal, postnatal, or general health care of mother and child; assignment or subrogation of support rights; "Affidavit in Support of Establishing Paternity"; copy of child(ren)'s birth certificates; an acknowledgment of parentage; and any other attachments (such as copies of bills for parentage testing or the common law statute of the initiating State).

"Affidavit in Support of Establishing Paternity" is a standard interstate form completed by the moving party [usually child(ren)'s mother or alleged father] who is seeking to establish the alleged father's paternity of the child(ren). The form provides evidence regarding the father's paternity. In interstate cases, a separate form must be completed for each child whose paternity is at issue.

Acknowledgment of Parentage is an affidavit or form signed by the alleged father (and usually the mother as well) voluntarily acknowledging the alleged father's paternity of the child(ren). These forms are used by hospital-based programs, State child support agencies, and other entities.

If the individual petitioner is indigent and unable to pay the costs of these proceedings, check the "Other" checkbox and provide an explanation on the line provided. Note that checking this box does not guarantee that the individual petitioner will be exempt from all costs and fees.

The person(s) providing the testimony -- the individual petitioner and/or agency representative -- should sign and date the testimony at the bottom of page 10. Some States require the individual petitioner's signature; check with the Interstate Roster and Referral Guide or the responding State to

determine the responding State's requirements. The form contains space for a notary to authenticate the signatures.

The Paperwork Reduction Act of 1995

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REGISTRATION STATEMENT

Responding IV-D Case No. _____

Initiating IV-D Case No. _____

Responding Tribunal No. _____

Initiating Tribunal No. _____

I. Case Summary (Background of this Matter: Court / Administrative Actions)

Date of Support Order	State and County Issuing Order	Tribunal Case No.
Support Amount/Frequency	Date of Last Payment	Amount of Arrears
\$		\$
		Period of Computation
		_____ thru _____
		Date Date

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

SSN: _____

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

SSN: _____

IV. Caretaker (if Not a Parent) Relationship to Child(ren) _____
 Full Name and Aliases Address (Street, City, State, Zip)
 (First, Middle, Last)

SSN: _____

V. Additional Case Information
This order is registered in the following states:

Description and location of any property not exempt from execution:

Other: _____

VI. Verification / Certification
 Under penalties of perjury, all information and facts concerning the arrearage accrued under this order are true to the best of my knowledge and belief.

 Date [] Party seeking Registration [] Records Custodian

Sworn to and Signed Before Me This Notary Public, Court/Agency Official and Title Commission Expires
 Date, County/State

REVOKE

CHILD SUPPORT ENFORCEMENT TRANSMITTAL #2 - SUBSEQUENT ACTIONS

FL-557/OMB No. 0970-0058

Petitioner IV-D Case TAN
 IV-E Foster Care
 Medicaid Only
Respondent Former Assistance
 Never Assistance
Non-IV-D Case

REVOKE, EFFECTIVE JANUARY 1, 2008

File Stamp

To: (Agency Name and Address)

Responding FIPS Code _____ State _____

Responding IV-D Case No. _____

Responding Tribunal No. _____

From: (Contact Person, Agency, Address, Phone, Fax E-mail)

Initiating FIPS Code _____ State _____

Initiating IV-D Case No. _____

Initiating Tribunal No. _____

Send Payments To: (if different from above)

Payment FIPS Code _____ State _____

Bank Account _____ Routing Code _____

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: _____

E-Mail _____

CHILD SUPPORT ENFORCEMENT TRANSMITTAL #2 - SUBSEQUENT ACTIONS

Petitioner IV-D Case: TANIF
 IV-E Foster Care
Respondent Medicaid Only
 Former Assistance
 Never Assistance
Non-IV-D Case:

File Stamp

To: (Agency Name and Address)

Responding FIPS Code _____ State _____
Responding IV-D Case No. _____
Responding Tribunal No. _____

From: (Contact Person, Agency, Address, Phone, Fax, E-mail)

Initiating FIPS Code _____ State _____
Initiating IV-D Case No. _____
Initiating Tribunal No. _____

Send Payments To: (if different from above)

Payment FIPS Code _____ State _____
Bank Account _____ Routing Code _____
State with Continuing Exclusive Jurisdiction (CEJ) _____

ACKNOWLEDGMENTS

Return This Form to Initiating State

- 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 Initiating Contact Person (Print or Type) Telephone Number & Extension

AX _____
E-mail _____

INSTRUCTIONS FOR CHILD SUPPORT ENFORCEMENT TRANSMITTAL #2 - SUBSEQUENT ACTIONS

PURPOSE OF THE FORM: This transmittal form is for use by either the initiating or responding jurisdiction for requesting or providing additional information or services in previously-referred cases. The CSE Transmittal #2 should not be used for making initial referrals, but should only be used for subsequent requests and communication. This form need not be sent when the Notice of Controlling Order form is sent. The CSE Transmittal #2 should be sent to the local entity working the case (rather than the State's central registry) unless the local entity working the case is unknown. The form can also be sent electronically using the appropriate CSENet transaction.

HEADING/CAPTION (Pages 1 & 2): The jurisdiction which sends the CSE Transmittal #2 determines the heading. Note that the heading appears on both page 1 of the **Child Support Enforcement Transmittal #2** and on page 2, the **Acknowledgment** page.

- Identify the petitioner and respondent in the appropriate spaces.
- Check the appropriate space to identify the type of case: TANF; IV-E Foster Care, Medicaid only; former assistance, never assistance, or Non-IV-D. TANF means the obligee's family receives IV-A cash payments. A Medicaid only case is a case where the obligee's family receives Medicaid but does not receive TANF (IV-A cash payments).
- In the space marked "To:", list the name and address (street, city, State, and zip code) of the court or agency where you are sending the CSE Transmittal #2. Once an initial referral in a IV-D case has been made to the responding State's central registry (using CSE Transmittal #1), subsequent communication can occur with the local agency/court/jurisdiction that is actually working the case (using CSE Transmittal #2).
- In the appropriate spaces, if applicable and if known, enter the Responding jurisdiction's FIPS code, State, IV-D case number, and Tribunal number. Under "Tribunal number", you may enter the docket number, cause number, or any other appropriate reference number that the responding State may use to identify the case, if known. The Responding jurisdiction is the jurisdiction that is working the case at the request of the initiating jurisdiction.
- In the space marked "From:", list a contact person, agency name, address (street, city, State, zip code), phone number (including extension), fax number, and e-mail address.
- In the appropriate spaces, enter the Initiating jurisdiction's FIPS code, State, and IV-D case number, and tribunal number. Under "tribunal number", you may enter the docket number, cause number, or any other appropriate reference number which the initiating tribunal or agency has assigned to the case. The initiating jurisdiction is the jurisdiction that referred the case to the responding jurisdiction for services.
- In the space marked "Send Payments To:" enter the address to which payments should be sent, if the address is different from the agency address provided on the form in the space above.
- In the appropriate spaces, enter the FIPS code and State where payments should be sent.

- If funds can be transmitted electronically via Electronic Funds Transfer (EFT), enter the bank account number under "Bank Account" and the bank routing code under "Routing Code".
- In the appropriate space, enter the State which you believe has continuing exclusive jurisdiction (CEJ), if known. Under UIFSA, a State that issues a child support order maintains CEJ as long as the obligor, obligee, or child(ren) reside in that State, or until each party files written consent allowing another State to assume CEJ. If there are multiple orders governing the same obligor, obligee, and child(ren), UIFSA contains rules for determining which order is controlling. The tribunal that issued the controlling order has CEJ as long as the conditions for CEJ are met. CEJ means the authority to modify the order.

SECTION I (page 1), ACTION: Check the appropriate box(es) to indicate which actions are requested or what information is being provided. Multiple boxes may be checked, as appropriate.

- Check **item 1** "Status Request" if you are asking for a status update. Describe the request in Section II.
- Check **item 2** "Status Update" if you are providing a status update. Provide the update in Section II.
- Check **item 3** "Notice of Hearing" if you are providing notice of an upcoming hearing. Provide dates and other information in Section II.
- Check **item 4** "Notice of Case Forwarding" if you are providing notice that you have forwarded a misdirected case to the appropriate jurisdiction. Explain in Section II.
- Check **item 5** "Document Filed" if you are providing notice that a document has been filed. Explain in Section II.
- Check **item 6** "Order Issued/Confirmed" if you are providing notice that an order has been issued or confirmed. Attach a copy of the order. If using CSENet, mail or fax as separate item.
- Check **item 7** "Notice of Arrearage Reconciliation/Determination of Sum-Certain" if you are providing notice of an arrearage reconciliation or determination of sum-certain. Attach any calculations or worksheets used. If using CSENet, mail or fax as separate item.
- Check **item 8** "Change of Payee/Redirection of Payment" to request a change of payee or redirection of payment. Describe your request in Section II "Additional Information". "Change of Payee" is an administrative action used when the person or agency entitled to receive funds has changed. It may occur with a change in TANF or Foster Care status, if the obligee contracts with a private collection agency or if there is a change in custody. "Redirection of Payment" is an administrative action used when the custodian has moved. In some States a court action may be required if the custodian's move compels transfer of documents or funds to another jurisdiction.
- Check **item 9** "Other" if you are requesting a service or providing information other than the types listed. Describe the service or information in Section II.
- Check the box beside "Please Return the Acknowledgment Attached" if an acknowledgment is needed.

SECTION II (page 1), ADDITIONAL INFORMATION: In this section, provide additional information which may be useful.

At the bottom of page 1 , provide a specific worker's name, a direct telephone number (with extension if necessary), fax number and e-mail address to expedite communications between jurisdictions.

PAGE 2, ACKNOWLEDGMENT: When a jurisdiction sends a CSE Transmittal #2 to another jurisdiction, it should include Page 2 Acknowledgment only if the jurisdiction is **requesting** information or action. If the jurisdiction is sending the Transmittal #2 to **provide** notice or information, Page 2 Acknowledgment is not needed.

Upon receiving a request for action or information on a CSE Transmittal #2, the receiving State completes the Acknowledgments section of page 2. The Acknowledgment can be used to provide any information requested on the CSE Transmittal #2 or to indicate when (how many days or on what date) the requested information will be provided. The jurisdiction sending the Acknowledgment must indicate where the case has been referred for action, and the name, telephone, fax number and e-mail address of a contact person.

The Paperwork Reduction Act of 1995

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LOCATE DATA SHEET

FL-558

Petitioner IV-D Case: TANF
 IV-E Foster Care
Respondent Medicaid Only
 Former Assistance
 Never Assistance
Non-IV-D Case:

REVOKE, EFFECTIVE JANUARY 1, 2008

File Stamp

To: (Central Registry or Agency Name and Address)

From: (Contact Person, Agency, Address, Phone, Fax, E-mail)

Initiating FIPS Code _____ State _____

Initiating IV-D Case No. _____

Initiating Tribunal No. _____

Non Custodial Parent Information Custodial Parent Information Possibly Dangerous

Full Name (First, Mid, Last) _____ Social Security Number(s) _____

Alias Maiden Name Mother's Maiden Father's Name _____ Current Spouse's Name (Fst, M, Lst) _____

Date of Birth (or approximate year) _____ Place of Birth (City, State, County) _____ Driver's License Number/State _____

Sex _____ Race _____ Hair _____ Eyes _____ Height _____ Weight _____ Distinguishing Marks, Scars, Tattoos, Glasses, Etc. _____

Last Known Address - Residence Mailing _____ Confirmed Date _____

Telephone: _____

Usual Occupation/Professional Licenses _____

Last Known Employer (name, Full Address, Federal EIN) _____ Confirmed Date _____

Telephone: _____

Other Information, Including Assets, Education, Police Record, Public Assistance History _____

Employment _____

Wage Qtr _____

Wage Year _____

Wage Amount _____

Attachments: Photograph Other Items, e.g. Fingerprints _____

_____ Date _____ Initiating Contact Person (Print or Type) _____ Telephone Number and Extension _____

_____ Fax Number _____ E-mail _____

INSTRUCTIONS FOR LOCATE DATA SHEET

PURPOSE OF THE FORM: The Locate Data Sheet is used for requesting locate information (regarding the parent, employer, wages, assets) or service of process from another State. The requesting jurisdiction completes as much of the form as possible with the information it has.

In addition to the more common data elements specified on the Locate Data Sheet, space is provided to note other locate/asset information particular to the case. For example, information on wages, violence potential, military/veteran status, and relatives may prove useful in working a case.

In the interest of expediting the locate process, use CSENet whenever possible.

Quick Locate. The Locate Data Sheet is used to request “quick locate.” You may send the request directly to the responding State’s Parent Locator Service. “Quick locate” is useful if a State believes that a noncustodial parent may be in one of several States, but is unsure of which State. If a State intends to use its long-arm jurisdiction to establish or enforce an order, it may choose to use “quick locate” to confirm the noncustodial parent’s location.

HEADING/CAPTION:

- Identify the petitioner and respondent in the appropriate spaces.
- Check the appropriate space to identify the type of case: TANF; IV-E Foster Care, Medicaid only; former assistance, or never assistance. TANF means the obligee’s family receives IV-A cash payments. A Medicaid only case is a case where the obligee’s family receives Medicaid but does not receive TANF (IV-A cash payments).
- In the space marked “To:” , list the name and address (street, city, State, and zip code) of the central registry or agency where you are sending the Locate Data Sheet.
- In the space marked “From:” , list a contact person, agency name, address (street, city, State, Zip code), phone number (including extension), fax number, and e-mail address.
- In the appropriate spaces, enter the Initiating jurisdiction’s FIPS code, State, IV-D case number, and tribunal number. Under tribunal number, you may enter the docket number, cause number, or any other appropriate reference number which the initiating tribunal or agency has assigned to the case.

BODY OF FORM:

- Check the appropriate box to indicate whether the locate information pertains to the “Non Custodial Parent” or “Custodial Parent” Check the box for “Possibly Dangerous” if the party may be dangerous.
- Provide as much information about the party as possible.
- For “Full Name”, enter the party’s complete name (First, Middle, Last).
- Provide “Social Security Number” if known; this information is vital.

- Enter the party's "Alias", "Maiden Name", or "Mother's Maiden or Father's Name" if known and check the appropriate box to identify the type of name provided.
- Enter the party's "Current Spouse's Name" if known.
- Enter the party's date of birth or approximate year of birth if exact date is unknown.
- Enter the party's place of birth, if known.
- Enter the party's driver's license number and State of issuance, if known.
- Enter the party's sex as M or F.
- When listing a party's race, select from the following: 1) White (non-hispanic), 2) Black (non-hispanic), 3) Hispanic, 4) American Indian - Alaskan Native, or 5) Asian - Pacific Islander.
- Enter the party's hair and color and weight in pounds and height in feet and inches, if known.
- Enter the party's distinguishing marks, trying to be as specific as possible to aid in identification.
- For "Last Known Address" and "Last Known Employer" information, indicate if the information has been confirmed/verified by the initiating State agency. Indicate the date the information was confirmed. If the information has not been confirmed, provide last known information.
- Under "Usual Occupation/Professional Licenses" list any licenses you are aware of the party holding.
- Under "Other Information" list any additional information that may be useful in locating the party. Attach photograph or fingerprints if available. Under "Employment" list information obtained from the State Employment Security Agency (SESA). Indicate the quarter and year that the information was reported to the SESA as well as the wage amount.
- At the bottom of the form, provide a specific worker's name, a direct telephone number (with extension if necessary), fax number and e-mail address to expedite communication between jurisdictions.

The Paperwork Reduction Act of 1995

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Petitioner IV-D Case: TANF
 IV-E Foster Care
 Medicaid Only
Respondent Former Assistance
 Never Assistance
Non-IV-D Case:

REVOKE, EFFECTIVE JANUARY 1, 2008

File Stamp

To: (Agency/Tribunal Name and Address)

Responding FIPS Code _____ State _____
Responding IV-D Case No. _____
Responding Tribunal No. _____

From: (Contact Person, Agency, Address, Phone, Fax, E-mail)

Initiating FIPS Code _____ State _____
Initiating IV-D Case No. _____
Initiating Tribunal No. _____
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: _____

E-mail: _____

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

Petitioner IV-D Case: TANF
 IV-E Foster Care
Respondent Medicaid Only
 Former Assistance
 Never Assistance
Non-IV-D Case:

File Stamp

To: (Agency Name and Address)

Responding FIPS Code _____ State _____

Responding IV-D Case No. _____

Responding Tribunal No. _____

From: (Contact Person, Agency, Address, Phone, Fax, E-mail)

Initiating FIPS Code _____ State _____

Initiating IV-D Case No. _____

Initiating Tribunal No. _____

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: _____ E-mail: _____

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

PURPOSE OF THE FORM: The CSE Transmittal #3-Request for Assistance/Discovery is designed for use when the requesting jurisdiction is working its case locally (e.g., by long-arm jurisdiction) and needs limited assistance from another jurisdiction, but does not want the other jurisdiction to open a IV-D case. Sections 316 and 318 of the model version of UIFSA contain specific provisions that allow a tribunal to receive evidence from another State and to obtain discovery through a tribunal of another State. The form can also be sent electronically using the appropriate CSENet transaction.

When a jurisdiction receives a CSE Transmittal #3-Request for Assistance/Discovery from another jurisdiction, it should not open a IV-D case; it should only provide the limited assistance requested. By contrast, the CSE Transmittal #1-Initial Request is designed for use when the initiating State is requesting the responding State to open a IV-D case.

HEADING/CAPTION (Pages 1 & 2): The jurisdiction requesting assistance/discovery determines the heading. Note that the heading appears on both page 1 of the **Child Support Enforcement Transmittal #3** and on page 2, the **Acknowledgment** page.

- Identify the petitioner and respondent in the appropriate spaces. Include full name and Social Security Numbers for both parties. Include a **verified** address for the respondent.
- Check the appropriate space to identify the type of case: TANF; IV-E Foster Care, Medicaid only; former assistance, never assistance, or Non-IV-D. TANF means the obligee's family receives IV-A cash payments. A Medicaid only case is a case where the obligee's family receives Medicaid but does not receive TANF (IV-A cash payments).
- In the space marked "To: ", list the name and address (street, city, State, and zip code) of the agency or court where you are sending the CSE Transmittal #3.
- In the appropriate spaces, if applicable and if known, enter the Responding jurisdiction's FIPS code, State, IV-D case number, and tribunal number. Under "tribunal number", you may enter the docket number, cause number, or any other appropriate reference number that the responding State may use to identify the case, if known. The "responding" jurisdiction is the jurisdiction that receives the request for assistance.
- In the space marked "From:" , list a contact person, agency name, address (street, city, State, Zip code), phone number (including extension), fax number, and e-mail address.
- In the appropriate spaces, enter the Initiating jurisdiction's FIPS code, State, IV-D case number, and tribunal number. Under "tribunal number", you may enter the docket number, cause number, or any other appropriate reference number which the initiating tribunal or agency has assigned to the case. The "initiating" jurisdiction is the jurisdiction that is requesting assistance.
- In the designated space, note the State which you believe has continuing exclusive jurisdiction (CEJ), if known. Under UIFSA, a State that issues a child support order maintains CEJ as long as the obligor, obligee, or child(ren) reside in that State, or until each

party files written consent allowing another State to assume CEJ. If there are multiple orders governing the same obligor, obligee, and child(ren), UIFSA contains rules for determining which order is controlling. The tribunal that issued the controlling order has CEJ as long as the conditions for CEJ are met. CEJ means the authority to modify the order.

- In the space marked "Response Needed by" enter the date by which a response is needed.

SECTION I, ACTION: Check the appropriate box(es) to indicate which actions are requested. Multiple actions may be requested, as appropriate.

- Check **item 1** "Provide/Obtain Copies of Documentation" to request copies of documentation. Check appropriate box(es) to indicate the type of documentation: certified copies of orders, payment records, financial statement, or other (describe on blank line). In Section II "Additional Information", describe your request and provide background information necessary to identify the requested documents.
- Check **item 2** "Provide Assistance with Service of Process" if you are requesting assistance with service of process. You may directly contact (via phone, fax, or other means) the sheriff, or other appropriate official, in another jurisdiction to request personal service of process. Send the Request for Assistance/Discovery only if such attempts have been unsuccessful. Attach such documentation as necessary for service of process.
- Check **item 3** "Provide Assistance with Genetic Testing" if you are requesting assistance with genetic testing. Include in section II or attach any necessary information or materials, including names of genetic testing laboratories, protocols to be followed, testing kits, etc.
- Check **item 4** "Obtain Answers for Interrogatories" if you are requesting completion of interrogatories. Attach the interrogatories.
- Check **item 5** "Provide Assistance with Teleconference for Hearing or Deposition" if you are requesting assistance in scheduling a teleconference for a hearing or deposition. Attach copy of hearing notice or deposition.
- Check **item 6** "Obtain Financial Data/Proof of Respondent's Income" if you are requesting financial data or proof of the respondent's income. Explain your request in Section II or an attachment.
- Check **item 7** "Obtain Party Signature on Attached Form" if you are requesting assistance in obtaining a signature. Attach forms which require signatures. Request assistance with obtaining a signature only after you have attempted and failed to obtain the signature yourself.
- Check **item 8** "Other" if the reason you are requesting assistance or discovery is not listed above. On the blank line, indicate the assistance needed; be as specific as possible.

If you are requesting only "quick locate", do not use this form. Instead, use the Locate Data Sheet, or CSENet if you are using an electronic format.

If you are requesting that the tribunal in the other State compel a person over whom it has jurisdiction to respond to a discovery order issued by a tribunal of another State (in accordance with section 318 of the model version of UIFSA), attach certified copies of the discovery order.

SECTION II, ADDITIONAL INFORMATION: In a narrative format, indicate any other information that will be useful in processing your request. Provide any necessary identifying information and background information about why the request is being made, including: (1) information on the nature of the pending action (e.g., paternity, support, modification, enforcement, etc.) and (2) the reason assistance from the other jurisdiction is needed.

At the bottom of page 1 , provide a specific worker's name, a direct telephone number (with extension if necessary) fax number and e-mail address to expedite communications between jurisdictions.

PAGE 2, ACKNOWLEDGMENT: Upon receiving a request for assistance on a CSE Transmittal #3, the receiving State completes the Acknowledgments section on page 2. The Acknowledgment can be used to provide information in response to a request received via the CSE Transmittal #3, or to indicate when (how many days or on what date) the requested information/action will be provided. The jurisdiction sending the Acknowledgment should indicate where the case has been referred for action, and the name, telephone, fax number and e-mail address of a contact person.

The Paperwork Reduction Act of 1995

This information collection is conducted in accordance with 45 CFR 303.7 of the child support enforcement program. Standard forms are designed to provide uniformity and standardization for interstate case processing. Public reporting burden for this collection of information is estimated to average one hour per response. The responses to this collection are mandatory in accordance with 45 CFR 303.7. This information is subject to State and Federal confidentiality requirements; however, the information will be filed with the tribunal and/or agency in the responding State and may, depending on State law, be disclosed to other parties. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

NOTICE OF DETERMINATION OF CONTROLLING ORDER

FL-571

Date _____ IV-D Case: TANF
 IV-E Foster Care
 Obligor (First, Mid, Last) _____ Medicaid Only
 Former Assistance
 Never Assistance
 Obligee (First, Mid, Last) _____ Non-IV-D Case:

REVOKE, EFFECTIVE JANUARY 1, 2008

File Stamp

To: (Agency Name and Address)

HIPS Code _____ State _____

IV-D Case No. _____

Tribunal No. _____

From: (Contact Person, Agency, address, Phone, Fax, E-mail)

FIPS Code _____ State _____

IV-D Case No. _____

Tribunal 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).

Attach a copy of the worksheet(s) showing the arrears calculation by State.

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

INSTRUCTIONS FOR NOTICE OF DETERMINATION OF CONTROLLING ORDER

PURPOSE OF THE FORM: This notice provides a standard format for alerting entities in other jurisdictions about a controlling order determination. The actual determination will likely be in a State-specific format (e.g. order or form) which may be attached to the standard Notice of Determination of Controlling Order if necessary.

Complete this notice when your State's tribunal makes a determination of controlling order, or when your tribunal issues a new child support order or modifies a child support order. Generally, this form only needs to be used when there are multiple orders governing the same obligor/obligee/child(ren).

If multiple orders governing the same obligor, obligee, and child(ren) exist, a State can only prospectively enforce or modify the "controlling order" in a UIFSA proceeding. UIFSA contains rules for determining which order is recognized when multiple orders exist. Under these rules:

1. The order issued by a tribunal with continuing, exclusive jurisdiction (CEJ) has priority. An issuing tribunal retains CEJ as long as the issuing State remains the residence of the obligor, obligee, or child, or until all parties file written consent with the tribunal allowing another State to modify the order.
2. If more than one issuing tribunal would have CEJ, the order issued by the child's current home State has priority.
3. If more than one tribunal would have CEJ but there is no order in the child's current home State, the most recently issued order has priority.
4. If no tribunal would have CEJ, the responding State must issue a new support order and it becomes the CEJ State.

While only the controlling order should be recognized for prospective enforcement, arrears that accrued under other orders may still be enforced.

You must use the Notice of Determination of Controlling Order to notify:

- the initiating IV-D agency if you are acting as a responding jurisdiction in an interstate action,
- any tribunal that has issued, registered, or is enforcing a child support order governing the same parties and child(ren),
- any IV-D agency with an open or closed IV-D case for the parties,
- a party to the order (i.e., the obligor or obligee), as appropriate, or
- a central registry in another State. It may be particularly important to notify a central entity if it keeps a registry of all orders in that State. A central registry may also be willing to notify tribunals or agencies within that State.

HEADING/CAPTION:

- Enter the date the notice was issued.

- Identify the obligor and obligee in the appropriate spaces.
- Check the appropriate space to identify the type of case: TANF; IV-E Foster Care, Medicaid only; former assistance, never assistance, or Non-IV-D. TANF means the obligee's family receives IV-A cash payments. A Medicaid only case is a case where the obligee's family receives Medicaid but does not receive TANF (IV-A cash payments).
- In the space marked "To:", list the name and address (street, city, State, and zip code) of the central registry, court, or agency where you are sending the Notice of Determination of Controlling Order.
- In the appropriate spaces, if applicable and if known, enter the FIPS code, State, IV-D case number, and tribunal number of the jurisdiction to which you are sending the Notice. Under "tribunal number", you may enter the docket number, cause number, or any other appropriate reference number that the receiving State may use to identify the case, if known.
- In the space marked "From:" ,list a contact person, agency name, address (street, city, State, zip code), phone number (including extension), fax number, and e-mail address.
- In the appropriate spaces, enter your jurisdiction's FIPS code, State, IV-D case number, and tribunal number. Under "tribunal number", you may enter the docket number, cause number, or any other appropriate reference number which the tribunal or agency has assigned to the case.

MAIN BODY OF FORM:

- In the first blank in **item 1**, enter the date that the determination of controlling order was made. In the second blank, enter the Name, County, and State of the tribunal which made the determination.
- For each order considered in the controlling order determination, list in the **table in item 1** the County, State, Date of Order, IV-D Case Number, Tribunal Number (enter docket number, cause number, or other appropriate reference number), and Order Type (e.g., de novo support, modification, dissolution, contempt, paternity, etc.). Include any order issued or modified by this tribunal in the present action. If more than five orders were considered, list and number additional orders on an attached sheet and check the space below the table which says "Additional orders listed on attached sheet".
- In the blank in **item 2**, enter the number from the table (first column) of the order that was determined to be controlling.
- In **item 3**, check the first box if a modified order was entered and is attached. Check the second box if a new order was entered and is attached.
- In the blanks in **item 4**, enter the amount and frequency (e.g., week, month) of the current charging amount.
- In the blanks in **item 5**, enter the amount of arrears and the date as of which the amount is correct. Attach any worksheet(s) used to calculate arrears and indicate amounts of arrears by State. Page 6a of the General Testimony may be used.
- Under **item 6**, list the Name and State of other entities that you will be sending the notice to. If you will be sending the notice to all the tribunals listed in the table under number 1, you may write "All tribunals issuing orders listed in table above". List additional entities on an attached sheet if necessary, and check the box indicating that there is an attachment. If you are sending a copy of the Notice to the obligor and/or obligee, check the appropriate box(es) labelled "Obligor" / "Obligee".

The Paperwork Reduction Act of 1995

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Item SPR07-31 Response Form

Title: Child Support: Administration of Title IV-D Child Support Cases
(amend Cal. Rules of Court, rule 5.324; revise form FL-679; adopt
form FL-618; and revoke forms FL-500, FL-505, FL-525, FL-526,
FL-556, FL-557, FL-558, FL-559, and FL-571)

- Agree with proposed changes
- Agree with proposed changes **if modified**
- Do not agree** with proposed changes

Comments: _____

Name: _____ Title: _____

Organization: _____

- Commenting on behalf of an organization

Address: _____

City, State, Zip: _____

Please **write** or **fax** or **respond using the Internet** to:

Address: Ms. Camilla Kieliger,
Judicial Council, 455 Golden Gate Avenue,
San Francisco, CA 94102
Fax: (415) 865-7664 **Attention:** Camilla Kieliger
Internet: www.courtinfo.ca.gov/invitationstocomment

DEADLINE FOR COMMENT: 5:00 p.m., Wednesday, June 20, 2007
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Your comments may be written on this *Response Form* or directly on the proposal or as a letter. If you are not commenting directly on this sheet please remember to attach it to your comments for identification purposes.

*Circulation for comment does not imply endorsement by the Judicial Council,
the Rules and Projects Committee, or the Policy Coordination and Liaison Committee.
All comments will become part of the public record of the council's action.*