

CHILD SUPPORT ENFORCEMENT TRANSMITTAL #1 – INITIAL REQUEST

The information on this form may be disclosed as authorized by law.

If you are not the intended recipient, you are hereby notified that any use, disclosure, distribution, or copying of this form or its content is strictly prohibited.

Child Support Agency Confidential Information Form must be attached.

Petitioner: Legal Name (first, middle, last, suffix)

Tribal Affiliation (if applicable)

Respondent: Legal Name (first, middle, last, suffix)

Tribal Affiliation (if applicable)

- IV-D Case:**
- TANF
 - IV-E Foster Care
 - Medicaid Only
 - Former Assistance
 - Never Assistance

File Stamp

To: (Agency Name and Address)

Responding Locator Code: _____ **State** _____

Responding IV-D Case Identifier: _____

Responding Tribunal Number: _____

From: (Agency Name and Address)

Iowa Child Support Recovery

Initiating Locator Code: _____ **State** IOWA

Initiating IV-D Case Identifier: _____

Initiating Tribunal Number: _____

Send Payments To: (if different from above)

Payment Locator Code: 19000 **State** IOWA

NOTE:

- Nondisclosure Finding/Affidavit attached**
- This form sent through EDE**
- This request or information sent through CSENet**

Iowa Payment Address
CSC
PO Box 9125
Des Moines, IA 50306-9125

Section I. Action: The responding jurisdiction should open an intergovernmental case with the initiating jurisdiction and provide all appropriate services, including: **(Please acknowledge receipt of the Transmittal #1.)**

- | | |
|---|---|
| <p>1. <input type="checkbox"/> Establish parentage</p> <p>2. <input type="checkbox"/> Establish and enforce order, and forward payment to the initiating jurisdiction's SDU for:</p> <p>A. <input type="checkbox"/> Current child support, including medical support</p> <p>B. <input type="checkbox"/> Retroactive child support</p> <p>C. <input type="checkbox"/> Medical support only</p> <p>3. <input type="checkbox"/> Take the following action(s) on the responding tribunal's order and forward payment to the initiating jurisdiction's SDU:</p> <p>A. <input type="checkbox"/> Enforce</p> <p>B. <input type="checkbox"/> Modify and enforce</p> <p>C. <input type="checkbox"/> Modify then close this intergovernmental IV-D case</p> <p>D. <input type="checkbox"/> Enforce arrears only</p> <p>E. <input type="checkbox"/> Change person/entity entitled to receive funds and enforce</p> | <p>4. <input type="checkbox"/> Take the following action on a support order of another jurisdiction and forward payment to the initiating jurisdiction's SDU:</p> <p>A. <input type="checkbox"/> Register and enforce</p> <p>B. <input type="checkbox"/> Register, modify, and enforce</p> <p>C. <input type="checkbox"/> Register, modify, then close this intergovernmental IV-D case</p> <p>D. <input type="checkbox"/> Register and enforce arrears only</p> <p>5. <input type="checkbox"/> Other _____</p> |
|---|---|

Section II. Case Summary: (Background of this matter: court/administrative actions)

Date of support order _____ State and county, tribe, or foreign country issuing order _____ Tribunal number _____

Support amount/frequency _____ Date of last payment _____ Total amount of arrears _____ Period of computation
\$ _____ per _____ \$ _____ through _____

- Current Support
- Arrears Only

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Section II. Case Summary (Continued):

Date of support order _____ State and county, tribe, or foreign country issuing order _____ Tribunal number _____

Support amount/frequency _____ Date of last payment _____ Total amount of arrears _____ Period of computation _____
\$ _____ per _____ \$ _____ through _____

Current Support Arrears Only

Additional orders or information attached.

Section III. Obligee Information: Parent Caretaker

Obligee legal name (first, middle, last, suffix) _____

If caretaker: relationship to child(ren) _____ Has legal custody/guardianship of the child(ren)

Section IV. Obligor Information: Obligor legal name (first, middle last, suffix) _____

Section V. Dependent Child(ren) Information:

Legal Name (first, middle, last, suffix)

VI. Other Pertinent Information:

Continued on attached sheet(s), incorporated by reference.

VII. Attachments: (Supporting Documentation)

- | | |
|---|--|
| <input type="checkbox"/> Child Support Agency Confidential Information form for IV-D Use Only | <input type="checkbox"/> Uniform Support Petition |
| <input type="checkbox"/> Declaration in Support of Establishing Parentage | <input type="checkbox"/> General Testimony |
| <input type="checkbox"/> Personal Information Form for UIFSA § 311 | <input type="checkbox"/> Support order(s) |
| <input type="checkbox"/> Letter of Transmittal Requesting Registration | <input type="checkbox"/> Acknowledgment of parentage |
| <input type="checkbox"/> Payment history | <input type="checkbox"/> Birth certificate/birth record |
| <input type="checkbox"/> Arrears balance and/or accrued interest (affidavit of arrears) | <input type="checkbox"/> Nondisclosure finding/affidavit |
| <input type="checkbox"/> Arrears calculation (month by month) | <input type="checkbox"/> Other attachments |

VII. Contact Information:

_____ Date _____ Initiating contact person (first, middle, last, suffix) _____ Direct telephone number and extension _____

Fax: _____ E-mail: _____

Encryption Requirements:

When communicating this form through electronic transmission, precautions must be taken to ensure the security of the data. Child support agencies are encouraged to use the electronic applications provided by the federal Office of Child Support Enforcement. Other electronic means, such as encrypted attachments to e-mails may be used if the encryption method is compliant with Federal Information Processing Standard (FIPS) Publication 140-2 (FIPS PUB 140-2).