

**CHILD SUPPORT ENFORCEMENT TRANSMITTAL #2 - SUBSEQUENT ACTIONS**

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

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**Child Support Agency Confidential Information Form Attached**

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

\_\_\_\_\_

**Tribal Affiliation** (if applicable)

\_\_\_\_\_

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

\_\_\_\_\_

**Tribal Affiliation** (if applicable)

\_\_\_\_\_

**To:** (Agency Name and Address)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**From:** (Agency Name and Address)

IOWA CHILD SUPPORT RECOVERY

\_\_\_\_\_

\_\_\_\_\_

IV-D Case:  TANF

IV-E Foster Care

Medicaid Only

Former Assistance

Never Assistance

File Stamp

**Responding Locator Code:** \_\_\_\_\_ State \_\_\_\_\_

**Responding IV-D Case Identifier:** \_\_\_\_\_

**Responding Tribunal Number:** \_\_\_\_\_

**Initiating Locator Code:** \_\_\_\_\_ State \_\_\_\_\_

**Initiating IV-D Case Identifier:** \_\_\_\_\_

**Initiating Tribunal Number:** \_\_\_\_\_

**NOTE:**

**Payment Locator Code:** \_\_\_\_\_ State \_\_\_\_\_

**Nondisclosure Finding/Affidavit attached**

**This form sent through EDE**

**This request or information sent through CSENet**

**Section I. Case Processing Actions:** (Provide additional information in section III or as an attachment as appropriate.)

**Providing:**

- 1.  Status update
- 2.  Notice of hearing
- 3.  Notice of case forwarding
- 4.  Document filed
- 5.  Order issued
- 6.  Arrears calculation (month by month)
- 7.  Payment history (provide details under section III)
- 8.  Arrears balance and/or accrued interest (affidavit of arrears)
- 9.  Notice of health care coverage change (see section III or attachment)
- 10.  Notice of case receiving tax refund offset from federal collection and enforcement program
- 11.  Nondisclosure finding/affidavit
- 12.  Other \_\_\_\_\_

**Requesting:**

- 13.  Status update
- 14.  Arrears balance and/or accrued interest (affidavit of arrears)
- 15.  Payment history
- 16.  Arrears calculation (month by month)
- 17.  Administrative review for contested debt certification in the federal collection and enforcement program
- 18.  Modification of the order in an open intergovernmental case. Please advise what pleading or documents are needed.
- 19.  Other (List and describe in section III) \_\_\_\_\_

**Please return the requested information.**

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**Section II. Intergovernmental Closure Actions:**

**From Initiating Agency:**

1.  The initiating agency has closed its IV-D intergovernmental case because \_\_\_\_\_

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Proceed with closure of your responding IV-D Intergovernmental case.

2.  Close the responding agency IV-D intergovernmental case and stop income withholding, if applicable. We are keeping our IV-D case open and your agency's intergovernmental services are no longer needed.

**From Responding Agency:**

3.  The responding agency has closed its IV-D intergovernmental case at your request.

4.  The responding agency intends to close its IV-D intergovernmental case on \_\_\_\_\_ (mm/dd/yyyy) because your agency failed to provide \_\_\_\_\_

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5.  The responding agency has closed its IV-D intergovernmental case because your agency failed to respond to the 60-day notice dated \_\_\_\_\_ (mm/dd/yyyy).

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**Section III. Other Pertinent Information:**

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\_\_\_\_\_ Date \_\_\_\_\_ 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).