

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

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 Confidentiality 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)

IV-D Case:

- TANF
- IV-E Foster Care
- Medicaid Only
- Former Assistance
- Never Assistance

File Stamp

To: (Agency Name and Address)

Assisting Locator Code: _____ State _____

Assisting Case Identifier: _____

Assisting Tribunal Number: _____

From: (Agency Name and Address)

Iowa CSRU

Requesting Locator Code: _____ State _____

Requesting IV-D Case Identifier: _____

Requesting Tribunal Number: _____

Note:

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

Dependent Child(ren) Information:

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

Section I. Action:

The requesting agency asks for the following required limited service(s):

1. Copy of
 - Support order(s)
 - Must be certified
 - Payment record(s)
 - Must be certified
2. Assistance with service of process
3. Assistance with genetic testing
4. Assistance with teleconference for hearing or deposition
5. Assistance with administrative review
6. Assistance with discovery
7. Assistance with AEI

The requesting agency asks for the following limited service(s), which may be provided at state option:

8. Assistance with a lien
9. Financial data/proof of respondent's income
10. Other: _____

The requesting agency asks for the following payment processing action:

11. Provide the Remittance ID for this case (IV-D or non-IV-D) in your state. This is the Remittance ID that the employer/income Withholder should include with the payments sent to your agency's State Disbursement Unit (SDU).
12. Forwarding payments received by your agency's SDU to the requesting agency's SDU for disbursement. Send payment to the requesting agency's SDU. (SDU Name, SDU Address, and Remittance ID):
Response needed by _____ (Date).

Section II. Other Pertinent Information

Please Return the Acknowledgement

Section III. Contact Information

_____	_____	_____
Date	Requesting 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).

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

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

Tribal Affiliation (if applicable)

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

Tribal Affiliation (if applicable)

«Resp_tr

To: (Agency Name and Address)
Iowa CSRU

Assisting Locator Code: _____ State _____

Assisting Case Identifier: _____

Assisting Tribunal Number: _____

From: (Agency Name and Address)

Requesting Locator Code: _____ State _____

Requesting IV-D Case Identifier: _____

Requesting Tribunal Number: _____

Note:

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- This form sent through EDE**
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ACKNOWLEDGMENT: To be Completed by Assisting Agency and Returned to Requesting Agency

- Request received and no additional information is necessary
- Additional information needed (See remarks.)
- Remarks/Response

Your request has been forwarded for action to:

Name of person (first, middle, last, suffix): _____

Agency Name: _____

Address: _____

Locator code: _____

Direct telephone number and extension: _____

Fax: _____

E-mail: _____

Date

Person completing form (first, middle, last, suffix)

Direct telephone number and extension

Fax: _____

E-mail: _____

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