

NOTICE OF DETERMINATION OF CONTROLLING ORDER

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 contents is strictly prohibited.

Date of Notice: _____

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

Obligor: Legal name (first, middle, last, suffix)

Obligee: Legal name (first, middle, last, suffix)

Non-IV-D Case:

File Stamp

To: (Agency Name and Address)

Responding Locator Code: _____ State _____

Responding IV-D Case Identifier: _____

Responding Tribunal Number: _____

From: (Agency Name and Address)

Initiating Locator Code: _____ State IOWA

Iowa CSRU

Initiating IV-D Case Identifier: _____

Initiating Tribunal Number: _____

Note:

This form sent through EDE

1. On _____ (date), _____ County, Iowa (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 Identifier	Tribunal Number	Order Type
1						
2						
3						

2. Check which option applies:

The tribunal determined that order number _____ (enter number) listed above is the controlling order for prospective support.

The tribunal determined that none of the existing orders is the controlling order for prospective support. A new controlling order was entered; a certified copy is attached.

3. Because it issued the controlling order, the law of _____ (state) governs the duration of the support obligation.

4. \$ _____ per _____ (frequency) is the current support amount.

5. The tribunal reconciled arrears and calculated them to be \$ _____ as of _____ (date). A certified copy of the order reconciling arrears is attached.

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6. A copy of this notice was sent to all tribunals listed in the table above together with a certified copy of the controlling order determination and arrears reconciliation order.

Check to confirm that the notice and order were also sent to:

- IV-D agencies in all states listed in the table above
- Obligee
- Obligor
- The following entities: (If additional space is needed, attach a separate sheet.)

_____	_____	_____	(Entity name, state)
_____	_____	_____	(Entity name, state)
_____	_____	_____	(Entity name, state)
_____	_____	_____	(Entity name, state)

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).