ASSISTANCE/DISCOVERY ACKNO	TRANSMITTAL #3 - REQUEST FOR DWLEDGEMENT	
The information on this form may be disclo		
· ·	are hereby notified that any use, disclosure,	
Petitioner: Legal Name (first, middle, las	<del>-</del>	
Tribal Affiliation (if applicable)	Medicaid Only Former Assistance	
Respondent: Legal Name (first, middle,	last, suffix) Never Assistance	File Stamp
Tribal Affiliation (if applicable)		r no otamp
<b>Fo</b> : (Agency Name and Address)		
	Assisting Locator Code:  Assisting Case Identifier:  Assisting Tribunal Number:	State
From: (Agency Name and Address) OWA CHILD SUPPORT RECOVERY	Requesting Locator Code:	State
SWA GIIILD SUFFORT RECOVERT	Degreeting IV D Case Identifier	<del></del>
	Requesting Tribunal Number:	
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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 emails may be used if the encryption method is compliant with Federal Information Processing Standard (FIPS) Publication 140-2 (FIPS PUB 140-2).