CHILD SUPPORT ENFORCEMENT TR ACTIONS	ANSMITTAL #2 - SUBSEQUENT	
The information on this form may be disclosed as	authorized by law.	
If you are not the intended recipient, you are here	by notified that any use, disclosure,	
distribution, or copying of this form or its contents	is strictly prohibited.	
Child Support Agency Confidential Info	ormation Form Attached	
Petitioner: Legal Name (first, middle, last, suffix)	IV-D Case: TANF IV-E Foster Care	
Tribal Affiliation (if applicable)	Medicaid Only Former Assistance	
Respondent: Legal Name (first, middle, last, suffix		File Stamp
Tribal Affiliation (if applicable)		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 Unit	Initiating Locator Code: Initiating IV-D Case Identifier: Initiating Tribunal Number:	State IOWA
NOTE:	Payment Locator Code:	State
Nondisclosure Finding/Affidavit att	ached	
This form sent through EDE This request or information sent through C	SENot	
Section I. Case Processing Actions: (Prov Providing: 1. Status update		
2. Notice of hearing	9. Notice of health care coverage change (see section III or attachment)	
3. X Notice of case forwarding	10. Notice of case receiving tax refund offset from federal	
4. Document filed	collection and enforcement program	
5. Order issued	11. Nondisclosure finding/affidavit	
6. Arrears calculation (month by month)7. Payment history (provide details under second payment)	12 Other	
	ection III)	
Requesting:		
13. Status update14. Arrears balance and/or accrued in	terest (affidavit of arrears)	
15. Payment history		
16. Arrears calculation (month by month)		
	d debt certification in the federal collection	and enforcement program
	tergovernmental case. Please advise what ple	· -
19. Other (List and describe in section III)	·	
<u> </u>		
Please return the requested information).	

CHILD SUPPORT ENFORCEMENT TRANSMITTAL #2 - SUBSEQUENT ACTIONS, PAGE 2 **Section II. Intergovernmental Closure Actions:** From Initiating Agency: The initiating agency has closed its IV-D intergovernmental case because 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. The responding agency intends to close its IV-D intergovernmental case on (mm/dd/yyy) because your agency failed to provide The responding agency has closed its IV-D intergovernmental case because your agency failed to respond to the 60-day (mm/dd/yyyy). notice dated Section III. Other Pertinent Information: WE ARE FORWARDING THIS CASE TO THE FOLLOWING STATE'S CENTRAL REGISTRY: SINCE THE NCP IS LOCATED IN YOUR STATE, WE ARE FORWARDING THIS CASE TO YOU. PLEASE ENSURE ALL FUTURE CORRESPONDENCE GOES TO THIS STATE: Contact person (first, middle, last, suffix) Date Direct telephone number and extension **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).