

ADMINISTRATIVE SUBPOENA

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.

To: (Name and Address)

File Stamp

Regarding: **Legal Name** (first, middle, last suffix): _____
Alias Name(s) _____
Date of Birth _____
Social Security Number _____

From: (Agency, Address, telephone, email address, fax number)
CHILD SUPPORT RECOVERY UNIT

Phone: _____
Fax: _____
E-mail: _____

Section I. Case Identifier:

1.	IV-D Case Number:
	Docket Number:
2.	IV-D Case Number:
	Docket Number:
3.	IV-D Case Number:
	Docket Number:

Section II. Subpoena:

Under the Social Security Act section 466(c)(1)(B) and similar statutes in this and all other states, you are required to provide financial or other information needed to establish, modify, or enforce a child support order. Provide the following information or documents by: _____ (date)

The Paperwork Reduction Act of 1995 (Pub. L. 104-13): STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to provide uniformity and standardization in the transmission of interstate administrative subpoenas. Public reporting burden for this collection of information is estimated to average .50 hours per form, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This collection of information is required for interstate cases (section 454(9)(E) of the Social Security Act). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB # is 0970-0152 and the expiration date is 06/30/2024. If you have any comments on this collection of information, please contact OCSE by email at OCSE.DPT@acf.hhs.gov.

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Section III. Declaration/Notarization:

This section is to be completed by _____. The information or documents may be sent by mail, fax, or any other means agreeable to the requesting agency, including electronic means. Your response to this subpoena must be dated, signed by you or your designee, and be either [] notarized or [] witnessed. (You may use the space below the declaration statement to complete notarization or witness information if required in your state.) Please return a copy of this page with your documentation.

I declare [] certify, [] verify, or [] state under penalty of perjury that the foregoing is true and correct.

Executed on _____
(date)

Section IV. Contact Information:

As an authorized agent of a state or county agency responsible for implementing the child support enforcement program set forth in Title IV, Part D, of the Social Security Act (section 451, et seq.), I have legal authority to issue this subpoena to have effect in any state. For additional information regarding this subpoena, including how to challenge it, please contact the issuing agency and reference the IV-D case number.

_____	_____	_____
Date	Authorized Agent Signature	Authorized Agent Printed Name
_____	_____	_____
E-mail	Direct Telephone Number	Fax

Failure to obey this subpoena may result in the imposition of penalties, including fines or imprisonment, as provided under the laws of your 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).