CHILD SUPPORT ENFORCEMENT TRANSMITTAL #1 - INITIAL REQUEST ACKNOWLEDGMENT

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.

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

_____

    Tribal Affiliation (if applicable)

_____

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

_____

    Tribal Affiliation (If applicable)

_____

File Stamp

To: (Agency Name and Address)

_____

_____

_____

_____

From: (Agency Name and Address)
Iowa Central Registry

_____

_____

_____

Initiating Locator Code: _____	State	_____
Initiating IV-D Case Identifier:		_____
Initiating Tribunal Number:		_____
Responding Locator Code: _____	State	Iowa
Responding IV-D Case Identifier:		_____
Responding Tribunal Number:		_____

Note:

☐ **This form sent through EDE**
☐ **This request or information sent through CSENet**

ACKNOWLEDGMENT:

☐ Request received and no additional information is necessary
☐ Additional information needed

    ☐ Personal Information Form for UIFSA § 311   ☐ Arrears statement/payment history

    ☐ Child Support Agency Confidential Information Form   ☐ Support order(s) ☐ Certified Order ☐ Copy of Order

    ☐ Uniform Support Petition   ☐ Acknowledgment of parentage

    ☐ General Testimony   ☐ Birth certificate/birth record

    ☐ Letter of Transmittal Requesting Registration   ☐ Nondisclosure finding/affidavit

    ☐ Declaration in Support of Establishing Parentage   ☐ Other (See Remarks)

☐ Responding jurisdiction will proceed with administrative enforcement of the order without registration
☐ Remarks/Response

_____
_____
_____
_____

☐ Your case has been forwarded for action to:

Name of Worker (first, middle, last, suffix) _____

Agency name: Iowa Child Support Recovery Unit _____

Address: _____

_____

_____

Locator code: _____

Direct Telephone number and Extension: _____

Fax: _____   E-mail: _____

| _____ | _____ | _____ |
| Date | Person Completing Form (first, middle, last) | 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).