

CHILD SUPPORT ENFORCEMENT TRANSMITTAL # 1 – INITIAL REQUEST

The information in 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.

Child Support Agency Confidential Information Form must be attached.

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

CUSTODIAL TEST TEST

Tribal Affiliation (if applicable)

IV-D Case: [] TANF

[] IV-E Foster Care

[] Medicaid Only

[] Former Assistance

[] Never Assistance

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

NONCUSTODIAL ATLAS TEST

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)

DCSS - SOUTH MCPA

PO BOX 40458

PHOENIX, AZ 85067-0458

Initiating Locator Code: 04 13 State AZ

Initiating IV-D Case Identifier: 001428730400

Initiating Tribunal Number: _____

Send Payments To: (If different from above)

Clearinghouse

P.O. Box 52107

Phoenix, Arizona 85072-2107

Payment Locator Code: 04 000 State AZ

NOTE:

[] Nondisclosure Finding/Affidavit attached

[] This form sent through EDE

[] This request or information sent through CSENet

Section I. Action: The responding jurisdiction should open an intergovernmental case with the initiating jurisdiction and provide all appropriate services, including: **(Please acknowledge receipt of the Transmittal #1)**

1. [] Establish parentage
2. [] Establish and enforce order, and forward payment to the initiating jurisdiction's SDU for:
 - A. [] Current child support, including medical support
 - B. [] Retroactive child support
 - C. [] Medical support only
3. [] Take the following action(s) on the responding tribunal's order and forward payment to the initiating jurisdiction's SDU:
 - A. [] Enforce
 - B. [] Modify and enforce
 - C. [] Modify then close this intergovernmental IV-D case
 - D. [] Enforce arrears only
 - E. [] Change person/entity entitled to receive funds and enforce
4. [] Take the following action on a support order of another jurisdiction and forward payment to the initiating jurisdiction's SDU:
 - A. [] Register and enforce
 - B. [] Register, modify and enforce
 - C. [] Register, modify, then close this intergovernmental IV-D case
 - D. [] Register and enforce arrears only
5. [] Other:

Section II. Case Summary (Background of this matter: court/administrative actions)

Date of support order State and county, tribe or foreign country issuing order Tribunal number

Support amount/frequency Date of last payment Total amount of arrears Period of computation
/ \$0.00 through

[] Current Support [] Arrears only

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Section II. Case Summary (Continued)

Date of support order State and county, tribe or foreign country issuing order Tribunal number

Support amount/frequency Date of last payment Total amount of arrears Period of computation
\$0.00 / \$0.00 \$0.00 through

Current Support Arrears only

Additional orders or information attached

Section III. Obligee Information: Parent Caretaker

Obligee name (first, middle, last, suffix) CUSTODIAL TEST TEST

If caretaker: relationship to child(ren): _____ Has legal custody/guardianship of the child(ren)

Section IV. Obligor Information: Obligor name (first, middle, last, suffix) NONCUSTODIAL ATLAS TEST

Section V. Dependent Child(ren) Information

Full Legal Name (first, middle, last, suffix)

CHILD TEST

Section VI. Other Pertinent Information:

Continued on attached sheet(s), incorporated by reference

Section VII. Attachments (Supporting Documentation)

- | | |
|---|--|
| <input type="checkbox"/> Child Support Agency Confidential Information Form for IV-D Use Only | <input type="checkbox"/> Uniform Support Petition |
| <input type="checkbox"/> Declaration in Support of Establishing Parentage | <input type="checkbox"/> General Testimony |
| <input type="checkbox"/> Personal Information Form for UIFSA § 311 | <input type="checkbox"/> Support order(s) |
| <input type="checkbox"/> Letter of Transmittal Requesting Registration | <input type="checkbox"/> Acknowledgment of parentage |
| <input type="checkbox"/> Payment history | <input type="checkbox"/> Birth certificate/birth record |
| <input type="checkbox"/> Arrears balance and/or accrued interest (affidavit of arrears) | <input type="checkbox"/> Nondisclosure finding/affidavit |
| <input type="checkbox"/> Arrears calculation (month by month) | <input type="checkbox"/> Other attachments |

Section VIII. Contact Information:

Date Initiating Contact Person (first, middle, last, suffix) Direct Telephone Number & 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).