

# 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)

CUSTODIAL TEST TEST

**Tribal Affiliation** (if applicable)

File Stamp

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

NONCUSTODIAL ATLAS TEST

**Tribal Affiliation** (if applicable)

**To:** (Agency Name and Address)

ALABAMA CHILD SUPPORT  
CHILD SUPPORT ENFORCEMENT DIV.  
50 RIPLEY STREET  
MONTGOMERY, AL 36130

**Initiating Locator Code:** 04 13 State AZ

**Initiating IV-D Case Identifier:** 001428730400

**Initiating Tribunal Number:**

**From:** (Agency Name and Address)

DCSS - SOUTH MCPA  
PO BOX 40458  
PHOENIX, AZ 85067-0458

**Responding Locator Code:** State

**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 \_\_\_\_\_

Address \_\_\_\_\_

Locator code \_\_\_\_\_

Direct Telephone number and Extension \_\_\_\_\_

FAX: \_\_\_\_\_ E-mail: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Person Completing Form (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 emails may be used if the encryption method is compliant with Federal Information Processing Standard (FIPS) Publication 140-2 (FIPS PUB 140-2).

SAMPLE