

LETTER OF TRANSMITTAL REQUESTING REGISTRATION

THIS FORM CONTAINS SENSITIVE INFORMATION – DO NOT FILE THIS FORM IN A PUBLIC ACCESS FILE.

The information on this form may be disclosed to the parties in the case, unless accompanied by a nondisclosure finding/affidavit.

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 open an intergovernmental IV-D case, attach a Transmittal #1 and the Child Support Agency Confidential Information Form.

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

Responding Tribunal Number: _____ **Initiating Tribunal Number:** _____

NOTE:

- Nondisclosure Finding/Affidavit attached
- This form sent through EDE

- Action:**
- Register for Enforcement
 - Register for Enforcement of Arrears Only
 - Assigned Arrears
 - Non-assigned Arrears
 - Register for Modification
 - Register for Modification and Enforcement

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

Date of Support Order: 10/16/2022 State and county/tribe issuing order: ARIZONA, YAVAPAI Tribunal Number: TEST

Current Obligation	Amount	Frequency (per)
Current child support	\$0.00	
Current medical support	\$0.00	
Current spousal support	\$0.00	
Other:	\$0.00	

Type of Arrears	Amount	Period of computation: from to
Total child support arrears	\$0.00	
Total medical support arrears	\$0.00	
Total spousal support arrears	\$0.00	
Total interest	\$0.00	
Other:	\$0.00	
Total amount of arrears:	\$0.00	

Assigned arrears only: \$0.00 (Attach documentation of TANF time periods.)

Section II. Oblige Information: Parent Caretaker

Obligee's legal name (first, middle, last, suffix): CUSTODIAL TEST TEST

Obligee's Address: 1901 W MADISON ST APT 00000, PHOENIX, AZ 85009-5287

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

Section III. Obligor Information:

Obligor's legal name (first, middle, last, suffix): NONCUSTODIAL ATLAS TEST

Obligor's address: _____

SSN: 914-28-7305 Employer Name: STATE OF ARIZONA

Employer address: 100 N 15th Ave Ste 302, Phoenix, AZ 85007-2634

