

**CHILD SUPPORT ENFORCEMENT TRANSMITTAL #1 – INITIAL REQUEST**

**EXAMPLE  
ONLY**

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.

**Child Support Agency Confidential Information Form must be attached.**

**Petitioner: Legal Name** (first, middle, last, suffix) IV-D Case:  TANF  
Jane A Doe  IV-E Foster Care  
**Tribal Affiliation** (if applicable)  Medicaid Only  
 Former Assistance  
 Never Assistance

**Respondent: Legal Name** (first, middle, last, suffix)  
John F Doe  
**Tribal Affiliation** (if applicable)

**To:** (Agency Name and Address)  
Alaska CSSD **Responding Locator Code** 02020 State AK  
550 W 7th AVE STE 310  
ANCHORAGE, AK 99501 **Responding IV-D Case Identifier**  
PHONE: (907) 269-6900  
dor.csed.pfdo@alaska.gov **Responding Tribunal Number**

File Stamp

**From:** (Contact Person, Agency, Address, Phone, Fax, E-mail) **Initiating Locator Code** 5300000 State WA

DIV OF CHILD SUPPORT **Initiating IV-D Case Identifier** 2390012  
ATTN: Jeff Spark  
PO BOX 9008 **Initiating Tribunal Number**  
OLYMPIA, WA 98507-9008

**Send Payments To:** (if different from above) **Payment Locator Code** 530001 State WA

**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 return the Acknowledgment form)

- 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 the 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 the intergovernmental IV-D case
  - D.  Register and enforce arrears only
- 5.  Other **PFD ONLY**

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

Date of Support Order 06/05/95 State and county, tribe or foreign country issuing order WASHINGTON, KING COUNTY Tribunal Number 95-00023  
Support amount/frequency \$ / Date of last payment Total amount of arrears \$ 4,956.00 Period of computation 06/01/00 thru 01/08/18

Current Support  Arrears Only

**CHILD SUPPORT ENFORCEMENT TRANSMITTAL #1 - INITIAL REQUEST, Page 2**

**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  
\$                      /                      \$                      thru

Current Support     Arrears Only

Additional orders or information attached.

**Section III. Obligee Information:**  Parent     Caretaker

Obligee legal name (first, middle, last, suffix)    JANE A DOE  
If caretaker: relationship to child(ren)                       Has legal custody/guardianship of the child(ren)

**IV. Obligor Information**    Obligor legal name (first, middle, last, suffix)                      JOHN F DOE

**V. Dependent Child(ren) Information**

Legal Name (first, middle, last, suffix)  
JIMMY D DOE  
SARA J DOE

**VI. Other Pertinent Case Information:**

Continued on attached sheet(s), incorporated by reference.

**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               |

**VIII. Contact Information:**

APRIL 15, 2018 Date	Jeff Spark Initiating Contact Person (first, middle, last)	(541)271-7777 Direct telephone number and extension
(541) 277-1234 Fax Number	E-mail	

**SIGNATURE IS REQUIRED**

**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).

# EXAMPLE ONLY

**CHILD SUPPORT AGENCY CONFIDENTIAL INFORMATION FORM**

**FOR IV-D AGENCY USE ONLY – DO NOT FILE WITH A TRIBUNAL OR PROVIDE TO THE OTHER PARTY**

The information on the form may be disclosed only 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.

**NOTE:**

This form sent through EDE

**Section I. Case Information:**

Initiating jurisdiction name: <span style="color: blue;">Washington</span>	Responding jurisdiction name: <span style="color: blue;">Alaska</span>
Initiating IV-D case identifier: <span style="color: blue;">2390012</span>	Responding IV-D case identifier:
Initiating tribunal number:	Responding tribunal number:

**Section II. Parent/Caretaker Information:**

Parent <input type="checkbox"/> Obligee or <input checked="" type="checkbox"/> Obligor		Parent <input checked="" type="checkbox"/> Obligee or <input type="checkbox"/> Obligor	
Legal name (first, middle, last, suffix): <span style="color: blue;">JOHN F DOE</span>		Legal name (first, middle, last, suffix): <span style="color: blue;">JANE A DOE</span>	
Relationship to child(ren): <span style="color: blue;">FATHER</span>		Relationship to child(ren): <span style="color: blue;">MOTHER</span>	
Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		Gender: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Other	
Date of birth: <span style="color: blue;">02/18/85</span>	Place of birth: (city, county, state) <span style="color: blue;">Dillingham, AK</span>	Date of birth: <span style="color: blue;">04/21/85</span>	Place of birth: (city, county, state) <span style="color: blue;">Spokane, WA</span>
SSN: <span style="color: blue;">211-00-0002</span>	Home telephone: <span style="color: blue;">(907) 383-9622</span>	SSN: <span style="color: blue;">111-00-0001</span>	Home telephone: <span style="color: blue;">(216) 111-3333</span>
Cell telephone:	Work telephone:	Cell telephone:	Work telephone:
Alias (e.g., maiden name, nickname):		Alias (e.g., maiden name, nickname):	
Home address (street, city, state, zip code):		Home address (street, city, state, zip code):	
Date address confirmed: _____		Date address confirmed: _____	
Mailing address (street, PO Box, city, state, zip code):		Mailing address (street, PO Box, city, state, zip code):	
Date address confirmed: _____		Date address confirmed: _____	
E-mail:		E-mail:	
Employer name:		Employer name:	
Date employer confirmed: _____		Date employer confirmed: _____	
Employer address (street, city, state, zip code):		Employer address (street, city, state, zip code):	
Employer FEIN:		Employer FEIN:	
Incarcerated? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, Inmate #: _____ and facility name: _____)		Incarcerated? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, Inmate #: _____ and facility name: _____)	

**CHILD SUPPORT AGENCY CONFIDENTIAL INFORMATION FORM, PAGE 2**

<b>Caretaker - Oblige</b> (When obligee is not the child(ren)'s parent)	
Legal name (first, middle, last, suffix):	
Relationship to child(ren):	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
Date of birth:	
SSN:	Home telephone:
Cell telephone:	Work telephone:
Home address (street, city, state, zip code):	
Date address confirmed: _____	
Mailing address (street, PO Box, city, state, zip code):	
Date address confirmed: _____	
E-mail:	

ONLY IF APPLICABLE

**Section III. Child(ren) Information:**

<b>Child #1 legal name</b> (first, middle, last, suffix): JIMMY D DOE	
Home address (street, city, state, zip code): ONLY IF DIFFERENT FROM OBLIGEE'S	
SSN: 666-76-6666	Date of birth: 01/21/00
Place of birth (city, county, state): WASHINGTON	Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Nonmarital birth: <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, date of marriage: _____)	
<b>If yes, complete the following:</b>	
<input type="checkbox"/> Parentage established. <b>Was this parentage establishment a paternity determination of fatherhood?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Parentage was established on _____ (date) in _____ (state).	
Parentage was established by:	
<input type="checkbox"/> Order	
<input type="checkbox"/> Acknowledgment of Parentage	
<input type="checkbox"/> Adoption	
<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Parentage was not established.	

**CHILD SUPPORT AGENCY CONFIDENTIAL INFORMATION FORM, PAGE 3**

**Section III. Child(ren) Information (Continued):**

<b>Child #2 legal name</b> (first, middle, last, suffix): SARA J DOE	
Home address (street, city, state, zip code): <div style="border: 1px solid red; padding: 2px; display: inline-block;">ONLY IF DIFFERENT FROM OBLIGEE'S</div>	
SSN: 666-76-7777	Date of birth: 05/10/12
Place of birth (city, county, state): WASHINGTON	Gender: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
Nonmarital birth: <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, date of marriage: _____)	
<b>If yes, complete the following:</b>	
<input type="checkbox"/> Parentage established. <b>Was this parentage establishment a paternity determination of fatherhood?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Parentage was established on _____ (date) in _____ (state).	
Parentage was established by:	
<input type="checkbox"/> Order	
<input type="checkbox"/> Acknowledgment of Parentage	
<input type="checkbox"/> Adoption	
<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Parentage was not established.	
<b>Child #3 legal name</b> (first, middle, last, suffix):	
Home address (street, city, state, zip code):	
SSN:	Date of birth:
Place of birth (city, county, state):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Nonmarital birth: <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, date of marriage: _____)	
<b>If yes, complete the following:</b>	
<input type="checkbox"/> Parentage established. <b>Was this parentage establishment a paternity determination of fatherhood?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Parentage was established on _____ (date) in _____ (state).	
Parentage was established by:	
<input type="checkbox"/> Order	
<input type="checkbox"/> Acknowledgment of Parentage	
<input type="checkbox"/> Adoption	
<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Parentage was not established.	

Additional Child(ren) Information Attached

**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).

# INSTRUCTIONS FOR CHILD SUPPORT AGENCY CONFIDENTIAL INFORMATION FORM

## PURPOSE OF THE FORM:

This form is for Child Support (IV-D) Agency use only and is not to be filed with a tribunal or provided to the other party. The Child Support Agency Confidential Information Form is intended to safeguard the privacy of individuals by providing a means to record their personal identifiable information on a separate document that is not served on the parties or filed with a tribunal. The information contained in the form is governed by federal and state safeguarding and privacy requirements.

*Italicized text that appears within a "box" refers to policy or provides additional information.*

*For an address outside the United States, be sure to include the foreign country and postal code.*

*Tribal IV-D programs may choose to use the federal Intergovernmental forms. However, they are not required to use or accept such forms. If you have any questions, contact the tribal IV-D agency directly using the contact information on the OCSE website.*

*Where forms request a locator code, note that tribal locator codes uniquely identify tribal cases with "9" in the first position, 0 (zero) in the second position, and then a 3-character tribal code defined by the Bureau of Indian Affairs (BIA).*

In the "NOTE:" section, check any of the following that apply:

- **This form sent through EDE** – Check if this form was sent through the Electronic Document Exchange (EDE).

*The following options are available for making IV-D requests and sending information on IV-D cases:*

1. *CSENet transactions are the recommended method for making requests or sending information to another state. If CSENet is not listed as an option on the form, then it cannot be used to convey any of the requests for information or IV-D requests provided on the form. Supporting documentation should be sent through EDE, whenever possible. If certified copies are needed, hard copies should also be sent by mail. Mail or fax may also be used for all documents when EDE is not available.*
2. *If CSENet transactions are not available in your state, EDE is the next preferred method for transmitting your request or information. Both your state and the receiving state must be using the EDE application to use this communication method.*
3. *If the EDE application is not available in your state or the receiving state, then mail or fax must be used to communicate your request.*

## Section I. Case Information

In the space provided, enter:

- Initiating jurisdiction name
- Initiating IV-D case identifier
- Initiating tribunal number
- Responding jurisdiction name
- Responding IV-D case identifier, if known
- Responding tribunal number, if known

*The initiating jurisdiction is the jurisdiction that referred the case to the responding jurisdiction for services. The responding jurisdiction is the jurisdiction that is working the case at the request of the initiating jurisdiction. Under "IV-D case identifier", enter the number/identifier identical to the one submitted on the Federal Case Registry, which is a left-justified up to 15-character alphanumeric field, allowing all characters except asterisk and backslash, and with all characters in uppercase. Under "tribunal number", you may enter the docket number, cause number, or any other appropriate reference number that the initiating and responding tribunals have assigned to the case.*

## Section II. Parent/Caretaker Information:

Identify each parent as the obligee or obligor, as appropriate. UIFSA defines obligor to include a person alleged to be a parent. For each parent, enter:

- Full legal name (first, middle, last, suffix)
- Relationship to the child(ren)
- Gender\*
- Date of birth
- Place of birth (city, county, state or the foreign country of birth)
- Social Security Number
- Home telephone number
- Cell telephone number
- Work telephone number
- Any known alias (e.g., maiden name, nickname) - an alias may include a person's former married name.
- Home address (street, city, state, zip code) - include all parts of the address (e.g., apartment number)
- Date home address was confirmed
- Mailing address (street, PO Box, city, state, zip code) - include all parts of the address (e.g., apartment number)
- Date mailing address was confirmed
- E-mail address that parent prefers for communication
- Employer's name
- Date employer was confirmed
- Employer's address (street, city, state, zip code) - include all parts of the address (e.g., suite number)
- Employer Federal Employer Identification Number (FEIN)
- Whether person is Incarcerated:
  - If "No," continue completion of the form.
  - If "Yes," enter the Inmate number, if known, and facility name, if known

Complete the caretaker-obligee information only if the child(ren)'s caretaker is someone other than the child(ren)'s parent. Enter the following information about the caretaker-obligee:

- Full legal name (first, middle, last, suffix)
- Relationship to the child(ren)
- Gender\*
- Date of birth
- Social Security Number
- Home telephone number
- Cell telephone number
- Work telephone number
- Home address (street, city, state, zip code) - include all parts of the address (e.g., apartment number)
- Date home address was confirmed
- Mailing address (street, PO Box, city, state, zip code) - include all parts of the address (e.g., apartment number)
- Date mailing address was confirmed
- E-mail address that caretaker-obligee prefers for communication

\* Gender is defined as "male," "female," or "other". Select "other" if the person does not identify as "male" or "female."

### **Section III. Child(ren) Information:**

Identify all of the children for whom support is owed or being sought. For each child, enter:

- Full legal name (first, middle, last, suffix)
- Home address (street, city, state, zip) - include all parts of the address (e.g., apartment number)
- Social Security Number
- Date of birth
- Place of birth (city, county, state or the foreign country of birth)
- Gender
- Whether this was a nonmarital birth (parents were not married when child was born, also referred to as “born out of wedlock” or BOW)
  - If “No”, enter the date of the marriage.
  - If “Yes”, this is a nonmarital birth, complete the information below.
    - Check “Parentage established” if parentage has already been established (the legal parent-child relationship between a child and unmarried parents has been determined). Check the appropriate box to indicate whether the parentage establishment was a paternity determination of fatherhood. “Paternity” is defined as the legal establishment of fatherhood for a child, either by court determination, administrative process, or voluntary acknowledgment.
      - Enter the date parentage was established and the state in which parentage was established.
      - Identify how parentage was established - by order of a tribunal, by acknowledgment of parentage, by adoption, or by other legal process under state law. If “Other,” describe how the parent-child relationship was established
    - Check “Parentage not established” if parentage has not been established.

Check “Additional Child(ren) Information Attached” when support is owed or being sought for more than three children or if additional space is needed.

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### **The Paperwork Reduction Act of 1995**

Public reporting burden for this collection of information is estimated to average 0.05 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.