

INSTRUCTIONS FOR CHILD SUPPORT ENFORCEMENT TRANSMITTAL #2 - SUBSEQUENT ACTIONS

PURPOSE OF THE FORM: This transmittal form is for use by either the initiating or responding jurisdiction for requesting or providing additional information or services in previously-referred cases. The CSE Transmittal #2 should not be used for making initial referrals, but should only be used for subsequent requests and communication. This form need not be sent when the Notice of Controlling Order form is sent. The CSE Transmittal #2 should be sent to the local entity working the case (rather than the State's central registry) unless the local entity working the case is unknown. The form can also be sent electronically using the appropriate CSENet transaction.

HEADING/CAPTION (Pages 1 & 2): The jurisdiction which sends the CSE Transmittal #2 determines the heading. Note that the heading appears on both page 1 of the **Child Support Enforcement Transmittal #2** and on page 2, the **Acknowledgment** page.

- Identify the petitioner and respondent in the appropriate spaces.
- Check the appropriate space to identify the type of case: TANF; IV-E Foster Care, Medicaid only; former assistance, never assistance, or Non-IV-D. TANF means the obligee's family receives IV-A cash payments. A Medicaid only case is a case where the obligee's family receives Medicaid but does not receive TANF (IV-A cash payments).
- In the space marked "To:", list the name and address (street, city, State, and zip code) of the court or agency where you are sending the CSE Transmittal #2. Once an initial referral in a IV-D case has been made to the responding State's central registry (using CSE Transmittal #1), subsequent communication can occur with the local agency/court/jurisdiction that is actually working the case (using CSE Transmittal #2).
- In the appropriate spaces, if applicable and if known, enter the Responding jurisdiction's FIPS code, State, IV-D case number, and Tribunal number. Under "Tribunal number", you may enter the docket number, cause number, or any other appropriate reference number that the responding State may use to identify the case, if known. The Responding jurisdiction is the jurisdiction that is working the case at the request of the initiating jurisdiction.
- In the space marked "From:", list a contact person, agency name, address (street, city, State, zip code), phone number (including extension), fax number, and e-mail address.
- In the appropriate spaces, enter the Initiating jurisdiction's FIPS code, State, and IV-D case number, and tribunal number. Under "tribunal number", you may enter the docket number, cause number, or any other appropriate reference number which the initiating tribunal or agency has assigned to the case. The initiating jurisdiction is the jurisdiction that referred the case to the responding jurisdiction for services.
- In the space marked "Send Payments To:" enter the address to which payments should be sent, if the address is different from the agency address provided on the form in the space above.
- In the appropriate spaces, enter the FIPS code and State where payments should be sent.

- If funds can be transmitted electronically via Electronic Funds Transfer (EFT), enter the bank account number under "Bank Account" and the bank routing code under "Routing Code".
- In the appropriate space, enter the State which you believe has continuing exclusive jurisdiction (CEJ), if known. Under UIFSA, a State that issues a child support order maintains CEJ as long as the obligor, obligee, or child(ren) reside in that State, or until each party files written consent allowing another State to assume CEJ. If there are multiple orders governing the same obligor, obligee, and child(ren), UIFSA contains rules for determining which order is controlling. The tribunal that issued the controlling order has CEJ as long as the conditions for CEJ are met. CEJ means the authority to modify the order.

SECTION I (page 1), ACTION: Check the appropriate box(es) to indicate which actions are requested or what information is being provided. Multiple boxes may be checked, as appropriate.

- Check **item 1** "Status Request" if you are asking for a status update. Describe the request in Section II.
- Check **item 2** "Status Update" if you are providing a status update. Provide the update in Section II.
- Check **item 3** "Notice of Hearing" if you are providing notice of an upcoming hearing. Provide dates and other information in Section II.
- Check **item 4** "Notice of Case Forwarding" if you are providing notice that you have forwarded a misdirected case to the appropriate jurisdiction. Explain in Section II.
- Check **item 5** "Document Filed" if you are providing notice that a document has been filed. Explain in Section II.
- Check **item 6** "Order Issued/Confirmed" if you are providing notice that an order has been issued or confirmed. Attach a copy of the order. If using CSENet, mail or fax as separate item.
- Check **item 7** "Notice of Arrearage Reconciliation/Determination of Sum-Certain" if you are providing notice of an arrearage reconciliation or determination of sum-certain. Attach any calculations or worksheets used. If using CSENet, mail or fax as separate item.
- Check **item 8** "Change of Payee/Redirection of Payment" to request a change of payee or redirection of payment. Describe your request in Section II "Additional Information".
"Change of Payee" is an administrative action used when the person or agency entitled to receive funds has changed. It may occur with a change in TANF or Foster Care status, if the obligee contracts with a private collection agency or if there is a change in custody.
"Redirection of Payment" is an administrative action used when the custodian has moved. In some States a court action may be required if the custodian's move compels transfer of documents or funds to another jurisdiction.
- Check **item 9** "Other" if you are requesting a service or providing information other than the types listed. Describe the service or information in Section II.
- Check the box beside "Please Return the Acknowledgment Attached" if an acknowledgment is needed.

SECTION II (page 1), ADDITIONAL INFORMATION: In this section, provide additional information which may be useful.

At the bottom of page 1, provide a specific worker's name, a direct telephone number (with extension if necessary), fax number and e-mail address to expedite communications between jurisdictions.

PAGE 2, ACKNOWLEDGMENT: When a jurisdiction sends a CSE Transmittal #2 to another jurisdiction, it should include Page 2 Acknowledgment only if the jurisdiction is **requesting** information or action. If the jurisdiction is sending the Transmittal #2 to **provide** notice or information, Page 2 Acknowledgment is not needed.

Upon receiving a request for action or information on a CSE Transmittal #2, the receiving State completes the Acknowledgments section of page 2. The Acknowledgment can be used to provide any information requested on the CSE Transmittal #2 or to indicate when (how many days or on what date) the requested information will be provided. The jurisdiction sending the Acknowledgment must indicate where the case has been referred for action, and the name, telephone, fax number and e-mail address of a contact person.

The Paperwork Reduction Act of 1995

This information collection is conducted in accordance with 45 CFR 303.7 of the child support enforcement program. Standard forms are designed to provide uniformity and standardization for interstate case processing. Public reporting burden for this collection of information is estimated to average one hour per response. The responses to this collection are mandatory in accordance with 45 CFR 303.7. This information is subject to State and Federal confidentiality requirements; however, the information will be filed with the tribunal and/or agency in the responding State and may, depending on State law, be disclosed to other parties. 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.

CHILD SUPPORT ENFORCEMENT TRANSMITTAL #2 - SUBSEQUENT ACTIONS

Petitioner IV-D Case: TANF
 IV-E Foster Care
 Medicaid Only
 Former Assistance
 Never Assistance
NON-IV-D Case

File Stamp

Respondent

To: (Agency Name and Address) _____ State _____

Responding IV-D Case No. _____

Responding Tribunal No. _____

From: (Contact Person, Agency, Address, Phone, Fax, E-mail)

Initiating FIPS Code _____ State _____

IOWA CHILD SUPPORT RECOVERY

Initiating IV-D Case No. _____

Initiating Docket No. _____

Send Payments To: (if different from above)

Payment FIPS Code _____ State _____

Bank Account _____ Routing Code _____

State with Continuing Exclusive Jurisdiction (CEJ) _____

I. Action

- 1. Status Request
- 2. Status Update
- 3. Notice of Hearing
- 4. Notice of Case Forwarding
- 5. Document Filed
- 6. Order Issued/Confirmed
- 7. Notice of Arrearage Reconciliation/Determination of Sum-Certain
- 8. Change of Payee/Redirection of Payment
- 9. Other _____

Please Return the Acknowledgment Attached (2 of 2)

II. Additional Information

Date Initiating Contact Person (Print or Type) Telephone Number & Extension

Fax Number () E-Mail

CHILD SUPPORT ENFORCEMENT TRANSMITTAL #2 - SUBSEQUENT ACTIONS

Petitioner

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 Former Assistance
 Never Assistance
- Non-IV-D Case:

File Stamp

Respondent

To: (Agency Name and Address)

Responding FIPS Code _____ State _____

IOWA CHILD SUPPORT RECOVERY

Responding IV-D Case No. _____

Responding Tribunal No. _____

From: (Contact Person, Agency, Address, Phone, Fax, Internet)

Initiating FIPS Code _____ State _____

Initiating IV-D Case No. _____

Initiating Docket No. _____

Send Payments To: (if different from above)

Payment FIPS Code _____ State _____

Bank Account _____ Routing Code _____

State with Continuing Exclusive Jurisdiction (CEJ) _____

ACKNOWLEDGEMENTS

Return This Form to Initiating State

- Request Received and No Additional Information is Necessary
 Additional Information Needed (See Remarks)
 Remarks/Response

Your Case has been Forwarded for Action to:

Name of Worker

Agency Name

Address, FIPS Code

Phone & Extension

Fax

Date

Person Completing Form (Print or Type)

(_____) _____
Telephone Number & Extension

Fax Number: _____ E-mail _____