

**CHILD SUPPORT ENFORCEMENT TRANSMITTAL #2 -
SUBSEQUENT ACTIONS**

Petitioner

- IV-D Non Public Assistance
- IV-D Non PA Medicaid
-
- Medical Services Only
- IV-D Public Assistance
- IV-E Foster Care (IV-D Case)
- Non-IV-D

File Stamp

Respondent

To: (Agency Name and Address)

Responding FIPS Code _____ State _____

Responding IV-D Case No. _____

Responding Docket No. _____

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

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 _____

Initiating Jurisdiction URESA UIFSA 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:

IOWA CHILD SUPPORT RECOVERY Name of Worker

Agency Name

Address, FIPS Code

Phone & Extension

Fax

Date Person Completing Form (Print or Type) (_____) Telephone Number & Extension

(_____) Fax Number