

CHILD SUPPORT ENFORCEMENT TRANSMITTAL #3 - REQUEST FOR ASSISTANCE/DISCOVERY

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)

Responding FIPS Code \_\_\_\_\_ State \_\_\_\_\_

Responding IV-D Case No. \_\_\_\_\_

Responding Docket No. \_\_\_\_\_

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

IOWA CHILD SUPPORT RECOVERY

Initiating FIPS Code \_\_\_\_\_ State \_\_\_\_\_

Initiating IV-D Case No. \_\_\_\_\_

Initiating Docket No. \_\_\_\_\_

Initiating Jurisdiction  URESA  UIFSA State with Continuing Exclusive Jurisdiction (CEJ) \_\_\_\_\_

**ACKNOWLEDGMENTS** To be Completed by Responding Agency and Returned to Initiating Agency

- 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