

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

Petitioner: Name (first, middle, last) IV-D Case: TANF
Social Security Number IV-E Foster Care
Tribal Affiliation (if applicable) Medicaid Only
 Former Assistance
 Never Assistance

Respondent: Name (first, middle, last) Non-IV-D Case:
Social Security Number
Tribal Affiliation (if applicable)

File Stamp

To: (Agency Name and Address) Responding FIPS Code _____ State _____
Responding IV-D Case Number _____
Responding Tribunal Number _____

From: (Contact Person, Agency, Address, Phone, FAX, E-mail) Initiating FIPS Code _____ State _____

Send Payments To: (if different from above) Initiating IV-D Case Number _____
Initiating Tribunal Number _____

Children's Legal Names (first, middle, last) Response Needed by _____ (Date)

I. Action

- 1. Provide/Obtain Copies of Documentation
 Certified Copies of Orders Financial Statement
 Payment Records Other _____
- 2. Provide Assistance with Service of Process (See Attached)
- 3. Provide Assistance with Genetic Testing (See Section II and/or Attached)
- 4. Obtain Answers for Interrogatories (See Attached)
- 5. Provide Assistance with Teleconference for Hearing or Deposition (See Attached)
- 6. Obtain Financial Data/Proof of Respondent's Income (See Section II and/or Attached)
- 7. Obtain Party Signature on Attached Form (See Attached)
- 8. Provide Assistance with a Lien
- 9. File a Notice of Determination of Controlling Order with An Order-Issuing Tribunal (See Attached)
- 10. Other: _____

Please Return the Acknowledgment Attached

II. Additional Information

Nondisclosure Finding Attached Verified Address of Employer:

Date Initiating Contact Person (first, middle, last) (_____) Telephone Number & Extension
FAX: (_____) E-mail: _____

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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 (first, middle, last) _____
Agency Name _____
Address, FIPS Code _____
Phone & Extension _____
FAX _____

_____ Date _____ Person Completing Form (first, middle, last) _____ Telephone Number & Extension _____

FAX: () _____ E-mail: _____