

NOTICE OF DETERMINATION OF CONTROLLING ORDER

Date
 Obligor: Name (first, middle, last)
 Social Security Number

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

Non-IV-D Case:

File Stamp

Obligee: Name (first, middle, last)
 Social Security Number

Responding FIPS Code _____ State _____

Responding IV-D Case Number _____

To: (Agency Name and Address)

Responding Tribunal Number _____

Initiating FIPS Code _____ State _____

Initiating IV-D Case Number _____

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

Initiating Tribunal Number _____

1. On _____ (Date), _____ (Tribunal Name; County, State) determined which order to recognize for prospective enforcement. The following orders were considered:

| # | County | State | Date of Order | IV-D Case Number | Docket Number | Order Type |
|---|--------|-------|---------------|------------------|---------------|------------|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |

Additional orders listed on attached sheet.

2. The tribunal determined that order number _____ listed above is the controlling order for prospective support.

3. The tribunal determined that none of the existing orders is the controlling order for prospective support. A new controlling order was entered; a certified copy is attached.

4. \$ _____ per _____ (frequency) is the current charging amount.

5. A reconciliation of arrears was completed: Yes No

6. The tribunal calculated arrears to be \$ _____ as of _____ (Date). A certified copy of the arrears reconciliation order is attached.

7. A copy of this notice (and certified copies of the controlling order determination and any arrears reconciliation order) was also sent to:

 Entity Name; State

 Entity Name; State

Obligor Obligee Additional Entities Listed on Attached Sheet