CHILD SUPPORT ENFORCEMENT TRANSMITTAL #2 - SUBSEQUENT ACTIONS

Petitioner

Respondent

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

File Stamp

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 _____

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) _____

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

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ACKNOWLEDGMENTS 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