Form Approved OMB No. 0970-0177 Expires: 09/30/11

CHILD SUPPORT ENFORCEMENT ANNUAL DATA REPORT (This report consists of three pages. Do not report in shaded areas.)

| STATE: | SUBMISSION: | □ NEW | □ REVISED | FISCAL YEAR: | |
|---|--|--------------|------------------------------|-----------------------------|----------------------------|
| | ITEMS | (a) TOTAL | (b) CURRENT ASSISTANCE | (c) FORMER ASSISTANCE | (d) NEVER ASSISTANCE |
| SECTION A: CASE INVENTORY* | | | | | |
| Cases Open at the End of t | he Fiscal Year | | | | |
| a. Interstate Cases Initiated Open at the End of the F | | | | | |
| b. Interstate Cases Receiv Open at the End of the F | ed From Another State | | | | |
| c. Medicaid-Only IV-D Cas Open at the End of the F | es | | | | |
| d. State-Tribal IV-D Cases Open at the End of the F | Initiated in This State* | | | | |
| | Received From a Tribal IV-D* | | | | |
| f. International IV-D Cases State Open at the End o | Initiated in This* | | | | |
| g. International IV-D Cases Country Open at the End | Received from Another* | | | | |
| Cases Open at the End of to Orders Established | | | | | |
| | d in This State With Support n at the End of the Fiscal Year | | | | |
| b. Interstate Cases Receiv | ed From Another State With Support n at the End of the Fiscal Year | | | | |
| | blished for Zero Cash Support | | | | |
| d. Medicaid-Only IV-D Cas Open at the End of the F | es With Orders Established | | | | |
| e. Arrears-Only IV-D Case Open at the End of the F | | | | | |
| | Initiated in This State With Support* n at the End of the Fiscal Year | | | | |
| g. State-Tribal IV-D Cases | With Support Orders Established* Open at the End of the Fiscal Year | | | | |
| h. International IV-D Cases | s With Support Orders Established* ben at the End of the Fiscal Year | | | | |
| i. International IV-D Cases | With Support Order Established* Country Open at the End of the Fiscal Year | | | | |
| Cases Open at the End of the for Which the State Has No | ne Fiscal Year | | | | |

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^{*}Lines 1d, 1e, 1f, 1g, 2f, 2g, 2h, and 2i of this section may be phased-in. These new data must be reported by October 30, 2009.

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| ITEMS | (a) TOTAL | (b) CURRENT ASSISTANCE | (c) FORMER ASSISTANCE | ^(d) NEVER ASSISTANCE | |
|--|-------------------|------------------------------|-----------------------------|---------------------------------------|--|
| SECTION B: PATERNITY ESTABLISHMENT | Select PEP Option | on: [] IV-D | [] Statewide | | |
| Number of Children in IV-D Cases Open of the Find of the Fiscal Year. | | | | | |
| at the End of the Fiscal Year 5. Children in IV-D Cases Open at the End of the Current Federal Fiscal Year Who Were Born Out-of-Wedlock | | | 1 | | |
| a. Children in IV-D Cases Open at the End of the Prior Federal Fiscal Year Who Were Born Out-of-Wedlock | | | | | |
| Children in IV-D Cases Open During or at the End of the Fiscal Year With Paternity Established or Acknowledged | | | | | |
| 7. Children in the IV-D Cases Open at the End of the Fiscal Year With Paternity Resolved | | | | | |
| Children in the State Born Out-of-Wedlock During the Current Year | | | | | |
| a. Children in the State Born Out-of-Wedlock During the Prior Year | | | | | |
| Children in the State With Paternity Established or Acknowledged During the Year (Optional) | | | | | |
| Children in the State With Paternity Acknowledged During The Fiscal Year | | | | | |
| SECTION C: SERVICES REQUIRED | | | | | |
| 11. Reserved | | | | | |
| 12. Cases Open at the End of the Fiscal Year Requiring Services to Establish an Order | | | | | |
| 13. Children Requiring Paternity Determination Services in Cases Open at the End of the Fiscal Year | | | | | |
| SECTION D: SERVICES PROVIDED | | | | | |
| 14. Title IV-A Cases Closed During the Fiscal Year Where a Child Support Payment Was Received | | | | | |
| 15. Reserved | | | | | |
| Children in the IV-D Caseload for Whom Paternity Was Established or Acknowledged During the Fiscal Year | | | | | |
| 17. Cases With Orders Established During the Fiscal Year | - - | | | | |
| 18. Cases With Collections During the Fiscal Year | | | | | |
| a. Interstate Cases Received From Another State With Collections During the Fiscal Year | | | | | |
| 19. Cases Sent to Another State During the Fiscal Year | | | | | |
| 20. Cases Received From Another State During the Fiscal Year | | | | | |
| SECTION E: MEDICAL SUPPORT | | | | | |
| 21. Cases Open at the End of the Fiscal Year in Which Medical Support is Ordered | | | | | |
| Cases Open at the End of the Fiscal Year in Which Medical Support is Ordered and Provided | | | | | |

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| | (a) | (b) | (c) | (d) | | | | |
|---|-------|------------|------------|------------|--|--|--|--|
| ITEMS | TOTAL | CURRENT | FORMER | NEVER | | | | |
| | | ASSISTANCE | ASSISTANCE | ASSISTANCE | | | | |
| 22. Cases Open at the End of the Fiscal Year | | | | | | | | |
| Where Health Insurance is Ordered | | | | | | | | |
| 23. Cases Open at the End of the Fiscal Year | | | | | | | | |
| Where Health Insurance is Provided as Ordered SECTION F: COLLECTIONS DUE AND DISTRIBUTED | | | | | | | | |
| | | ι . | φ. | Φ. | | | | |
| 24. Total Amount of Current Support Due for the Fiscal Year | | \$ | \$ | \$ | | | | |
| 25. Total Amount of Support Distributed as Current Support During the Fiscal Year | | \$ | \$ | \$ | | | | |
| 26. Total Amount of Arrears Due for All Fiscal Years | | \$ | \$ | \$ | | | | |
| 27. Total Amount of Support Distributed as Arrears During the Fiscal Year | | \$ | \$ | \$ | | | | |
| 28. Cases With Arrears Due During the Fiscal Year | | | | | | | | |
| 29. Cases Paying Toward Arrears During the Fiscal Year | | | | | | | | |
| SECTION G: STAFF | | | | | | | | |
| 30. Full-time Equivalent Employees of State and Local IV-D Offices on the Last Working Day in the Fiscal Year | | | | | | | | |
| 31. Full-time Equivalent Employees Under Contract, Interagency, or | | | | | | | | |
| Cooperative Agreement on the Last Working Day in the Fiscal Y | | | | | | | | |
| 32. Full-time Equivalent Employees of Privatized IV-D Offices on the Last Working Day in the Fiscal Year | | | | | | | | |
| SECTION H: MEDICAID* | | | | | | | | |
| 33. Number of Children Determined Eligible for Medicaid in IV-D Cas Open at the End of the Fiscal Year (Optional) | ses* | | | | | | | |
| 34. Number of Children Determined Eligible for Medicaid in IV-D* Cases Covered by Private Health Insurance | | | | | | | | |
| 35. Cases With Medical Coverage Received From any Source* | | | | | | | | |
| 36. Amount of Cash Medical Support Received that was Assigned* to the State | \$ | | | | | | | |
| SECTION I: NONCOOPERATION AND GOOD CAUSE | | | | | | | | |
| 37. Cases Open at the End of the Fiscal Year in Which There | | | | | | | | |
| is a Determination of Noncooperation | | | | | | | | |
| 38. Cases Open During the Fiscal Year With Good Cause Determinations | | | | | | | | |
| Paperwork Act Notice: State agencies are required to provide the information requested to receive a grant award under the provision of Title IV, Part D (Sections 452 and 469) of the Social Security Act (42 USC 652 and 669). This is public information and is published in an Annual Report to Congress. The responses to this collection are mandatory. This information is not considered confidential, therefore, no additional safeguards are considered necessary beyond that customarily applied to routine government information. | | | | | | | | |
| Reporting Burden Notice: Public reporting burden for this collection of information is estimated to average 7 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding either thins burden estimate or other aspect of this request for information to: the Administration for Children and Families, Office of Child Support Enforcement, 370 L'Enfant Promenade, S.W., Washington, DC 20447 | | | | | | | | |
| Administration for Children and Families, Office or Child Support Emorcement, 370 L Emant Prometade, S.W., Washington, DC 20447 This is to certify the information provided on this report is accurate to the best of my knowledge and belief. Signature: Director, Title IV-D | | | | | | | | |

*Lines 33, 34, 35, and 36 of this section may be phased-in. These new data must be reported by October 30, 2009.

Typed Name, Title,

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Date: