TRIBAL CHILD SUPPORT ENFORCEMENT TRANSMITTAL #1 – INITIAL REQUEST

Petitioner:	IV-D Case TANF (state) TANF (tribal)	
Respondent:	Foster Care Prior TANF Kinship Care Non IV-D	
To: (Agency Name and Address)	Responding IV-D Case No Responding Tribunal No	-
From: (Contact Person, Agency, Address, Phone, Fax, E-mail)	Initiating IV-D Case No	
Fax: E-Mail: Send Payments to: (if different than above)	Entity with Continuing Exclusi	ve Jurisdiction (CEJ) if applicable
Specify payment for: Individual Account #:	and SSN:	
I. Action. The Responding Jurisdiction Shoul (Please return the Acknowledgement)	d Provide All Appropriate Services I	ncluding:
1 Establishment of Paternity	6Registration of Foreig	gn Support Order
2 Establishment of Order for: AFor Enforce: Requested byObligorObligeeAgen		
AChild Support DMedical Coverag BSpousal Support EOther Costs (R CSupport for a Prior Period		
3 Enforcement of Responding Tribunal Order 4 Modification of Responding Tribunal Order 5 Change of Payee/Redirection of Payment	 Collection of Arrears Income Withholding Medical Enforcement 	
Request received:No Additional Information	OF THIS FORM TO INITIATING AGENCY needed ded (Be Specific on Required Inform	
Your Case has been forwarded for Action to:		
Name of Worker		Phone, Extension, FAX#
Agency Name Ad	ldress	
Date Person Completing Form (Pri	nt or Type)	Phone, Extension, FAX#

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II. Case Summary (Background	1): Court/Administrat	ive Actions		
Date of Support Order	Tribe/State/County	Issuing Order	Tribunal Case No.	
Support Amount/Frequency \$			Period of Computation	
Date of Support Order	Tribe/State/County	Issuing Order	Tribunal Case No.	
Support Amount/Frequency \$			Period of Computation	
III Mother/Caretaker Informati Tribal Affiliation of Mother: _ Full Name and Aliases (Last,]	Tr	ribal Affiliation of Caret ate/Place of Birth:	o to Child (ren) taker:	
Address (Street, City, State, Zi		nployer Name ddress (Street, City, Sta	 ate, Zip)	
Home Phone:	Wo	rk Phone:		
IV. Father Information: Tribal Affiliation of Father: Full Name and Aliases (Last, I Address (Street, City, State	First, Middle) Da	ate/Place of Birth: ocial Security No	e, Street, City, State, Zip)	
Home Phone:	Wo	ork Phone:		
VI Dependent Child(ren) Inform Full Name (Last, First, Middle)		Social Security No. Tribal A	Affiliation Tribe/state of Residence	How Long?
VII Additional Case Information	n			

VIII Attachments (Supporting Documentation)

- ____ Arrears Statement/Payment History _____ Support Order(s)
- ____ Support Petition ____ Testimony/Affidavit
- _ Divorce Decree ___Other Attachments

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- ____ Documents Relating to Paternity

VII Additional Case Information

	VIII Attachments (Supporting Documen		
Testimony/Affidavit Other Attachments	Arrears Statement/Payment History	Support Order(s)	
	Support Petition	Divorce Decree	
Documents Relating to Paternity	Testimony/Affidavit	Other Attachments	
	Documents Relating to Paternity		

Date Initiating Contact Person (Print or Type)

Telephone Number and Extension/Fax Number