



INDICATOR NAME:

Safety Concern Indicator

SETTING CRITERIA:

IV-D
 Good Cause request, status, or denial (TANF)
 UIFSA nondisclosure finding
 Self-report
 IV-D discretion

IV-D & Non IV-D
 Domestic Abuse order

ELIGIBLE PEOPLE:

People Directly Protected --
 Adult victims

Others Protected --
 Children in CP victim's household involved in the victim's MN child support cases or orders (Automatic)

IMPACT:

Sends FV Indicator to the FCR
 Safeguards victim's address on documents
 Prompts greater care with case handling

DURATION:

Indefinite

REMOVAL CRITERIA:

Victim request (Written)

OVERRIDE:

In development/early draft available

Materials

In Minnesota, evidence of a Safety Concern Indicator may appear on several screens. This indicator is seen on the "Case Participant Summary" screen, which appears below as Screen #1 and has the Safety Concern field highlighted. There is a screen that relates to "Participant Safety Concern by Case" (Screen #2); this screen outlines the specific people in the case who are covered by indicators and gives the rationale for indicator placement. Screen #3 below is the "Good Cause Safety Concerns" screen, which is used for people receiving public assistance. Finally, there is a field related to child support orders that contain protection components on the "Support Order Detail" screen (Screen #4); again, the field that references the personal protection component is highlighted.

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XXXXXXXXX
xx/xx/xx
*Action (C, D, N):
Case: xxxxxxxxxxxx xx
Case: xxxxxxxxxxxx xx
CP Name: DOE, JANE Q.
ALF Name: DOE, JOHN Q.
NCP MCI: xxxxxxxxxxxx
Worker: xxxxxxxx
Stat: OPN Func: PL
IntSt: I Prog: NPA
File Loc:
Case Level Data
Open/Reopen Date: xx/xx/xx I/R: I Full Service: Y CO: Y Med Sup Oblig:
Non IVD exists: N Good Cause: DC Ext Agency Ind: Y Hearing Pending: N
Non IVD Src: CP is Applicant: Y Arrears Only: Req For Mod:
Closure Date: Reas: # Wage Assign:
Safety Concerns: Y
CP SSN: xxx-xx-xxxx Ver: Y DOB: xx/xx/xxxx Relnsp to Child: MOT # Cases: 3
NCP SSN: xxx-xx-xxxx Ver: Y DOB: xx/xx/xxxx Empl Data: Y Bnkrp: Y # Cases: 1
1_ of 18 Relnsp
Ln MCI Child Name SSN DOB of NCP
1 xxxxxxxxxxxx DOE, MICHAEL xxx-xx-xxxx xx/xx/xxxx ALF
2 xxxxxxxxxxxx CHILD, TWO xxx-xx-xxxx xx/xx/xxxx ALF
3 xxxxxxxxxxxx CHILD, THREE xxx-xx-xxxx xx/xx/xxxx ALF
Direct Command (CAPS)
F1=Help, F2=Quit, F3=Retrn, F4=Prev, F6=Safty, F7=Up, F8=Down, F9=Print, F12=UMan
F13=TRBL, F17=Flip, F18=Main, F19=Glob, F20=Audit, F24=MILO
    
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XXXXXXXXX
xx/xx/xx
MCI: xxxxxxxxxxxx Name: DOE, JANE Q.
SSN: xxx-xx-xxxx DOB: xx/xx/xx Gender: F Number of Cases: 3
PRISM - Participant Safety Concern by Case -
Case Role SC Reason
-----
xxxxxxxxxx CP Y Nondisclosure Order
xxxxxxxxxx CP Y DAB Court Order Eff: xx/xx/xx
xxxxxxxxxx NCP N
*** End of Data ***
F1=Help, F2=Quit, F3=Retrn, F7=Up, F8=Down, F12=UMan, F13=TRBL, F17=Flip, F18=Main
F19=Glob, F24=MILO
    
```

XXXXXXXXX
 xx/xx/xx
 *Action (A, B, C, D, M, N, P):
 Case: xxxxxxxxxxxx xx
 Case: xxxxxxxxxxxx xx
 CP Name: DOE, JANE Q.
 ALF Name: DOE, JOHN Q.

PRISM
Good Cause Safety Concerns

XX:XX AM

Worker: xxxxxxxx
 Stat: OPN Func: PL
 IntSt: I Prog: NPA
 File Loc:

Effective Date: xx/xx/xxxx

Safety Concerns **Current Protection Status**
 CP (Y/N): Y Y Source: Nondisclosure Order
 NCP (Y/N): N Y Source: Nondisclosure Order

IV-D Cooperation Code: Y
 Good Cause Code: DC DENIED GOOD CAUSE
 Comments:

Direct Command: _____ (GCSC)

F1=Help, F2=Quit, F3=Retrn, F4=Prev, F12=UMan, F13=TRBL, F17=Flip, F18=Main 19=Glob
 F20=Audit, F24=MILO

XXXXXXXXX
 xx/xx/xx
 *Action (A, B, C, D, M, N, P):

PRISM
Support Order Detail

XX:XX AM

Begin Dt: Order FIPS: CO Type:
 Case: xxxxxxxxxxxx xx Worker: xxxxxxxx Stat: OPN Func: PL
 Case: xxxxxxxxxxxx xx IntSt: I Prog: NPA
 CP Name: DOE, JANE Q. File Loc:
 ALF Name: DOE, JOHN Q. CO Seq Nbr:

Protected Party under Order (CP/NCP/BTH): _____ DAB Expiration Date: _____

COLA Effective Date: _____ COLA Index Code: _____
 COLA Last CPI: _____ COLA Last CPI Date: _____
 Medical Support For (C/S/B): _____ Medical Policy Holder (CP/NCP):
 Dental Support For (C/S/B): _____ Dental Policy Holder (CP/NCP):
 Uninsured Medical Support Expense: NCP % _____ CP % _____

Non-Financial Condition:

Non-Financial Terms:

Non-Financial Frequency: _____ Non-Financial Evaluation Date: _____

Direct Command: _____ (SUOD)

F1=Help, F2=Quit, F3=Retrn, F4=Prev, F7=Up, F8=Down, F10=Left, F11=Right, 12=UMan,
 F13=TRBL, F17=Flip, F18=Main, F19=Glob, F20=Audit, F24=MILO



Minnesota will remove a Safety Concern Indicator when the protected person provides written notice that there no longer is a risk of harm. The form that follows has been developed to memorialize that status change.

DOC ID: xxxxxxxxxxxxxxxx
AITKIN COUNTY FAMILY SERVICE AGENCY
OFFICE OF CHILD SUPPORT
204 1ST ST NW
AITKIN, MN 56431-1291

Telephone: (218) 927-2212

JANE Q. DOE
123 MAIN ST
THIS CITY, MN xxxxx

xx/xx/xxxx

Re: Jane Q. Doe and John Q. Doe
Case: xxxxxxxxxxxxxxxx

Change in Safety Concerns Status

If you ask, we will give you this information in another form, such as Braille, large print, or audiotape.

Purpose

Signing this form officially updates the change in the status of your safety concerns and allows us to remove the domestic violence indicator from your case. This form also tells you about your rights.

Facts

I no longer have family violence or child protection concerns about my case. No active Orders for Protection exist concerning me and the other parent. There is no Good Cause exemption from the Public Assistance Agency for cooperation with the Child Support Agency for this case. There is no Nondisclosure Order under the Uniform Interstate Family Support Act (UIFSA).

Rights

I understand that I have the right to ask the Child Support Agency to place a safety indicator back on my case whenever I believe that it is necessary.

Questions

I also understand that I should contact the child support office if I have any questions or concerns.

SIGNATURE

DATE

PRINTED NAME OF PARTICIPANT

Doc ID: 000001060000178

(FMIN0001 F0446.001)

Materials

People requesting FPLS data must do so through the Minnesota IV-D agency and in writing. Below are two forms that have been developed for this purpose. The first form relates to requests for data for child support purposes (pursuant to 42 U.S.C. §653). The second form is to be used for requests related to custody or visitation matters (pursuant to 42 U.S.C. §663).



Minnesota Department of **Human Services** _____

Request for Information from the Federal Parent Locator Service

Purpose and Instructions

The Minnesota State Child Support Enforcement Division uses the information you put on this form to determine if you can receive information from the Federal Parent Locator Service. Please fill in each blank. Please check the box or boxes that fit your situation. Complete a separate form for each noncustodial parent for whom you want information.

Request

I am requesting information from the Federal Parent Locator Service under 42 USC 653 to establish paternity, establish support, modify or enforce a child support obligation.

Information About You

NAME – LAST	FIRST	MIDDLE	MAIDEN OR OTHER		
MAIL ADDRESS – STREET	CITY	STATE	ZIP CODE	HOME PHONE	WORK PHONE

Your relationship to the child(ren):

- Custodial Parent
- Legal Guardian of the child(ren)
- Attorney or Agent for the child(ren)
- I'm an agent for a State agency that is administering a Child Welfare Service Program (IVB).
- I'm an agent for a State agency that is administering a Foster Care and Adoption Service program (IVE).
- I'm an agent or attorney of a State that has the authority to seek to recover child support.
- The court or an agent of the court with authority to seek or issue an order for support.

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If you are the custodial parent

A. I certify that the child is not receiving Public Assistance under IVA of the Social Security Act.

() Yes () No

B. Include proof that you are the custodial parent and that the noncustodial parent is the legal parent of the child(ren). Include copies of court orders, paternity acknowledgment document, or other documents that verify both custody and parentage.

2. If you are the legal guardian of the child, attorney for the child, or agent for the child, include documentation proving this relationship.

3. If you are an Agent or Attorney for a State with the duty to seek to recover any amounts owed as child support include the Name of Agency and your title.

(Agency name) _____ (Title) _____

Information about the Minor Children		
Provide information about the minor child(ren) whose noncustodial parent you list on Page 2		
Legal Name: (last, first, middle)	Social Security Number	Date of Birth
1.		
2.		
3.		
4.		
5.		
6.		

Information about the Noncustodial Parent			
NAME – LAST	FIRST	MIDDLE	MAIDEN OR OTHER
SOCIAL SECURITY NUMBER	DATE OF BIRTH	PLACE OF BIRTH	SEX



Minnesota Department of **Human Services**

Request for Information from the Federal Parent Locator Service

Purpose and Instructions

The Minnesota State Child Support Enforcement Division uses the information provided on this form to determine if you can receive information from the Federal Parent Locator Service. Complete a separate form for each person for whom you wish to obtain information.

Request

I am requesting information from the Federal Parent Locator Service under 42 U.S.C. 663 and 45 Code of Federal Regulations 303.70 for the purposes of: enforcing any State or Federal law with respect to the unlawful taking or restraint of a child or making or enforcing a child custody or visitation determination.

Information about the person requesting information:

My request for Federal Parent Locator Services is based on[:]

I'm an agent or attorney of a state who has the duty or authority to enforce a child custody or a visitation determination.

The court or an agent of a court having jurisdiction to make or enforce a child custody or visitation determination.

I'm an agent or attorney of a state or of the United States who has the duty or authority to investigate, enforce, or bring prosecution with respect to the unlawful taking or restraint of a child.

Information about the parent or child about whom information is requested

NAME – LAST	FIRST	MIDDLE	MAIDEN OR OTHER
SOCIAL SECURITY NUMBER	DATE OF BIRTH	PLACE OF BIRTH	SEX

EMPLOYMENT INFORMATION	ADDRESS –STREET	CITY	STATE	ZIP
<input type="checkbox"/> CURRENT OR LAST KNOWN EMPLOYER				
<input type="checkbox"/> SECOND EMPLOYER				

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Has the person been a member of the armed services? () yes () no
If yes, please state branch of service and time of service _____

Has the person ever received any federal compensation or benefits?
(For example: Social Security Disability) () yes () no
If yes, Please explain _____

Name _____ Title _____

Agency _____ Phone _____

Address _____

Assertion, Understanding, and Signature

All the statements in the Request for the Federal Parent Locator Services are true and correct to the best of my knowledge and belief.

I understand the Minnesota Child Support Enforcement Division does not guarantee that information will be found. I further understand that the Minnesota Child Support Enforcement Division does not guarantee the accuracy of any information about the person.

DATE NAME OF REQUESTOR (PLEASE PRINT) SIGNATURE OF REQUESTOR

SWORN TO AND SIGNED NOTARY PUBLIC COMMISSION EXPIRES
THIS DATE
COUNTY/STATE

CSED 653

Materials

The Minnesota child support agency has begun developing the State-specific components of the override process. An early draft appears below. The agency continues its work in this area.

**State of Minnesota
FV Indicator Override Policy (Draft)**

1. A Nonpublic Assistance Custodial Parent requests FPLS information about NCP through the State Parent Locate [sic] Service (SPLS).
2. The Custodial Parent will complete a document attesting to the fact that (s)he is an authorized person under 42 USC 653. Under USC 653 the nonpublic Assistance Custodial Parent can request FPLS information to establish paternity, establish support, modify or enforce a child support obligation.
3. The SPLS would make the inquiry and find that there is a[n] FV indicator on the NCP.
4. The SPLS would communicate to the Custodial Parent that FPLS information could not be released because of the FV indicator and the Custodial Parent needs to obtain a court order to release the information.
5. If the court decides that an override is appropriate, then SPLS must accept the request. The SPLS must ensure that the request is from a proper court under the Act.
6. The SPLS must determine whether the request is from a proper court under the Act. The SPLS also must decide if the request is made on behalf of an authorized person and for a statutory permissible purpose.
7. The request must be submitted by a paper process. The request must be accompanied by a statement, signed by the IV-D Direct[or] or designee, attesting that the request has been made for a permitted purpose and that any information obtained through the FPLS pursuant to this request will be safeguarded as confidential.
8. OCSE will perform the FV override by manually entering the required information into a protected file within the FPLS.
9. OCSE will send the requested information to the SPLS. OCSE will detail the information obtained and include the identity of the State that placed the FV indicator on the individual.
10. The SPLS will release the information to the court.
11. At the time of the disclosure of this information to the court, the State which placed the FV indicator will also be informed that another State's court has requested the FV indicator be overridden, and the identity of that State.
12. The court must make a separate determination as to the appropriateness of the disclosure. If the court reaches the decision that disclosure would be harmful, it will not make the disclosure. The court may consider contacting the State IV-D agency that placed the FV indicator on the individual for information regarding the case.