



NORTH CAROLINA

INDICATOR NAME: Family Violence Indicator

SETTING CRITERIA: IV-D --
Interagency report of risk (TANF, Medicaid, foster care)

IV-D & Non IV-D--
Self-report

ELIGIBLE PEOPLE: People Directly Protected --
Victims

IMPACT: Overall--
Sends FV Indicator to the FCR

IV-D--
Allows State to proceed to extent possible without victim involvement (cases with orders)

DURATION: Indefinite

REMOVAL CRITERIA: Expired protection order
DSS notice that risk has ended
Victim request

OVERRIDE: State-specific components not yet developed

The passages below are early North Carolina policy statements regarding the Family Violence (FV) Indicator. (Note that it seems that the State has changed the position represented here regarding the setting of an FV Indicator on noncustodial parents who may have a safety concern.)

A copy of the “Cover Sheet for Child Support Cases” appears after the policy statements. The family violence check off boxes are highlighted on this form.

CHILD SUPPORT ENFORCEMENT PROGRAM BASICS

10/1/98

FAMILY VIOLENCE INDICATOR










A family violence indicator is required to be reported from the State Case Registry to the Federal Case Registry. The PROTECT field found on the case information screen (C8C) in ACTS will be utilized to indicate when there is reasonable evidence of domestic violence or a protective order is in place. While this field is case specific, all cases where the participant is a client or a child will be reported to the FCR flagged with a family violence indicator. Once this flag is set, disclosure will be prohibited to any other state requesting information for those participants. The domestic violence indicator will not be set for non-custodial parents.

Clients must be questioned during the initial interview as to the existence of a protective order against the non-custodial parent for child abuse or domestic violence. The PROTECT field on Screen C8C, CREATE/UPDATE CASE, should also be utilized if the client perceives a threat of violence or abuse from the non-custodial parent.

CHILD SUPPORT ENFORCEMENT PROGRAM BASICS

10/1/98

The SES interface or the “Cover Sheet for Child Support Cases” (AOC-CV-640) form contains the following information for Non-IV-D cases:

-  Docket number
-  Family Violence Indicator
-  Participants (Client, AP, children)
-  Names of Participants
-  Social Security Numbers
-  Sex
-  Race
-  Date of Birth
-  Address (except for children)

IV-D # 0002558252

STATE OF NORTH CAROLINA		Court File No. _____	
[NAME] County		In The General Court of Justice District Court Division	
Plaintiff: JANE Q. DOE		COVER SHEET FOR CHILD SUPPORT CASES (NON IV-D)	
VERSUS		G.S. 50-13.4 (H)	
Name of Defendant: JOHN Q. DOE		<input type="checkbox"/> New Child Support proceeding <input type="checkbox"/> Motion for Modification of Child Support Order <input type="checkbox"/> New or Modified Child Support Order.	
INSTRUCTIONS			
INSTRUCTIONS TO PARTIES OR ATTORNEYS:			
This form, along with the domestic civil action cover sheet, motion cover sheet, or order cover sheet when required, must be completed and filed with the Clerk of Superior Court if:			
<input type="checkbox"/> You are filing a pleading seeking child support (including complaints, answers, or motions in civil actions for domestic violence, divorce, or child custody that include a request for child support), or			
<input type="checkbox"/> You are filing a motion to modify an existing child support order (unless this form has already been completed and filed in the case file), or			
<input type="checkbox"/> You are submitting a proposed court order (including voluntary support order) establishing or modifying child support (unless this form has already been completed and filed in the case file).			
<input type="checkbox"/> DHHS is redirecting a case, this form will be provided by the local IV-D office.			
INSTRUCTIONS TO CLERK:			
File this form in the court record for all child support cases . After a child support order is entered or modified,			
<input type="checkbox"/> enter this information in the clerk's Support Enforcement System if the case is a non-IV-D case and support is paid through the clerk's office.			
<input type="checkbox"/> send a copy of this form to your local IV-D office if the case is a non IV-D case and support is not paid through the clerk's office.			
PARTY REQUESTING OR RECEIVING CHILD SUPPORT (Custodial Parent or Obligee)			
First Name JANE	Middle or Maiden Name Q	Last Name DOE	Suffix (Jr., Etc.)
Mailing Address (P.O. Box or Street, City, St & Zip) 123 Main Street	Sex F	DOB XX/XX/XXXX	Race XXX
Raleigh, NC XXXXX	SSN XXX-XX-XXXX	<input type="checkbox"/> Check this box if this person is at risk for domestic violence	
PARTY FROM WHOM SUPPORT IS REQUESTED OR ORDERED (Non-Custodial Parent or Obligor)			
First Name JOHN	Middle or Maiden Name Q	Last Name DOE	Suffix (Jr., Etc.)
Mailing Address (P.O. Box or Street, City, St & Zip) 123 Main Street	Sex M	DOB XX/XX/XXXX	Race XXX
Raleigh, NC XXXXX	SSN XXX-XX-XXXX	<input type="checkbox"/> Check this box if this person is at risk for domestic violence	

Cont'd. . .

OTHER OR ADDITIONAL PARTICIPANT IN CHILD SUPPORT PROCEEDING				
<input type="checkbox"/> Custodial Parent <input type="checkbox"/> Non-Custodial Parent Or Obligor <input type="checkbox"/> Putative Father <input type="checkbox"/> Child <input type="checkbox"/> Other (Specify)				
First Name		Middle or Maiden Name		Suffix (Jr., Etc.)
Mailing Address (P.O. Box or Street, City, St & Zip)		Sex	DOB	Race
		SSN	<input type="checkbox"/> Check this box if this person is at risk for domestic violence	
CHILD(REN) FOR WHOM SUPPORT IS REQUESTED OR ORDERED				
First Name		Middle Name or Initial		Suffix (Jr., Etc.)
Sex	DOB	Race	SSN	<input type="checkbox"/> Check this box if this person is at risk for domestic violence
First Name		Middle Name or Initial		Suffix (Jr., Etc.)
Sex	DOB	Race	SSN	<input type="checkbox"/> Check this box if this person is at risk for domestic violence
First Name		Middle Name or Initial		Suffix (Jr., Etc.)
Sex	DOB	Race	SSN	<input type="checkbox"/> Check this box if this person is at risk for domestic violence
First Name		Middle Name or Initial		Suffix (Jr., Etc.)
Sex	DOB	Race	SSN	<input type="checkbox"/> Check this box if this person is at risk for domestic violence
First Name		Middle Name or Initial		Suffix (Jr., Etc.)
Sex	DOB	Race	SSN	<input type="checkbox"/> Check this box if this person is at risk for domestic violence
First Name		Middle Name or Initial		Suffix (Jr., Etc.)
Sex	DOB	Race	SSN	<input type="checkbox"/> Check this box if this person is at risk for domestic violence
First Name		Middle Name or Initial		Suffix (Jr., Etc.)
Sex	DOB	Race	SSN	<input type="checkbox"/> Check this box if this person is at risk for domestic violence

 Agency Representative Signature/Date
 [COUNTY NAME] County Child Support Enforcement
 [AGENCY ADDRESS]
 [AGENCY PHONE]

DSS-4712
 CSE/ACTS