

**TRIBAL CHILD SUPPORT ENFORCEMENT TRANSMITTAL #1 – INITIAL REQUEST**

**Petitioner:**

**IV-D Case**  TANF (state)

TANF (tribal)

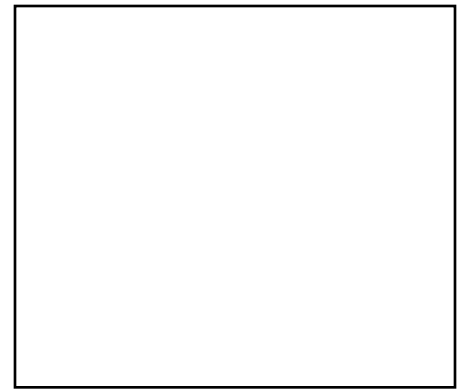
Foster Care

Prior TANF

Kinship Care

**Respondent:**

**Non IV-D**



**To:** (Agency Name and Address)

Responding IV-D Case No. \_\_\_\_\_

**FileStamp**

Responding Tribunal No. \_\_\_\_\_

**From:** (Contact Person, Agency, Address, Phone, Fax, E-mail)

Initiating IV-D Case No. \_\_\_\_\_

Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_ Entity with Continuing Exclusive Jurisdiction (CEJ) if applicable

**Send Payments to:** (if different than above)

Specify payment for: Individual Account #: \_\_\_\_\_ and SSN: \_\_\_\_\_

**I. Action.** The Responding Jurisdiction Should Provide All Appropriate Services Including:  
(Please return the Acknowledgement)

- 1.  Establishment of Paternity
- 2.  Establishment of Order for: A.  For Enforcement B.  For Modification  
Requested by  Obligor  Obligee  Agency
- A.  Child Support D.  Medical Coverage
- B.  Spousal Support E.  Other Costs (Requires Sworn Statement of Arrears)
- C.  Support for a Prior Period
- 3.  Enforcement of Responding Tribunal Order
- 4.  Modification of Responding Tribunal Order
- 5.  Change of Payee/Redirection of Payment
- 6.  Registration of Foreign Support Order
- 7.  Collection of Arrears
- 8.  Income Withholding
- 9.  Medical Enforcement

**ACKNOWLEDGEMENTS:** (RETURN A COPY OF THIS FORM TO INITIATING AGENCY)

Request received:  No Additional Information needed  
 Additional Information Needed (Be Specific on Required Information)

Your Case has been forwarded for Action to:

\_\_\_\_\_  
Name of Worker Phone, Extension, FAX#

\_\_\_\_\_  
Agency Name Address

\_\_\_\_\_  
Date Person Completing Form (Print or Type) Phone, Extension, FAX#



Full Name (Last, First, Middle)      Date of Birth    Gender    Social Security No.    Tribal Affiliation    Tribe/state of Residence    How Long?

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**VII Additional Case Information**

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**VIII Attachments (Supporting Documentation)**

- |  |  |
|--|--|
| <input type="checkbox"/> Arrears Statement/Payment History | <input type="checkbox"/> Support Order(s)  |
| <input type="checkbox"/> Support Petition                  | <input type="checkbox"/> Divorce Decree    |
| <input type="checkbox"/> Testimony/Affidavit               | <input type="checkbox"/> Other Attachments |
| <input type="checkbox"/> Documents Relating to Paternity   |  |

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Date      Initiating Contact Person (Print or Type)      Telephone Number and Extension/Fax Number