

ICR STATE EXTRACT FILE RECORD FORMAT
[Version 2.0, November 1, 2005]

| Field Name | Pos. | Len. | A/N | Comments |
|--|-------------|-------------|------------|--|
| Case ID | 1-15 | 15 | A/N | Required. Your state's Case ID. |
| Initiating/Responding Indicator | 16 | 1 | A/N | Your state's I/R Indicator: I – Initiating R – Responding |
| FIPS Code | 17-21 | 5 | A/N | Required. Your state and county FIPS Code |
| FIPS Code Positions 6-7 | 22-23 | 2 | A/N | Positions 6-7 of the FIPS Code for states that use them (if they are not used, the positions will be blank). |
| SSN | 24-32 | 9 | A/N | Required for at least one child or adult. The participant's Social Security number as stored on your state's system. |
| Member ID | 33-47 | 15 | A/N | Your state's Member ID |
| Participant Type | 48-49 | 2 | A/N | Required for at least one child or adult. Your state's Participant Type: NP – Noncustodial Parent CP – Custodial Party PF – Putative Father CH – Child |
| Case Status | 50 | 1 | A/N | Required. Your state's Interstate Case Status: O – Open C – Closed |
| Last Name | 51-80 | 30 | A/N | Required for at least one child if the child's SSN is not present. Your state's participant Last Name. |
| First Name | 81-96 | 16 | A/N | Required for at least one child if the child's SSN is not present. Your state's participant First Name. |
| Middle Name | 97-112 | 16 | A/N | Your state's participant Middle Name. |
| Date of Birth | 113-120 | 8 | A/N | Your state's participant Date of Birth in CCYYMMDD format. |
| Sex | 121 | 1 | A/N | Your state's participant Sex Code: M – Male F – Female O – Other |
| Other State Case ID | 122-136 | 15 | A/N | The Other State Case ID stored on your state's system. |
| Filler | 137 | 1 | A/N | Future use. |
| Other State FIPS Code | 138-144 | 7 | A/N | First two bytes are required. The FIPS Code for the other state's case stored on your state's system. |

| Field Name | Pos. | Len. | A/N | Comments |
|-----------------------------|-------------|-------------|------------|---|
| Filler | 145-159 | 15 | A/N | Future use. |
| Filler | 160-161 | 2 | A/N | Future use. |
| Contact Name | 162-201 | 40 | A/N | The contact name or worker ID for the person assigned to this case in your state. |
| Contact Phone Number | 202-211 | 10 | A/N | The phone number for the contact or caseworker assigned to this case in your state. |
| Contact E-Mail | 212-241 | 30 | A/N | The e-mail address for the contact or caseworker assigned to this case in your state. |
| Filler | 242-550 | 309 | A/N | Future use. |