

NOTICE OF DETERMINATION OF CONTROLLING ORDER

Date
Obligor: Name (first, middle, last)
Social Security Number

IV-D Case: [] TANF
[] IV-E Foster Care
[] Medicaid Only
[] Former Assistance
[] Never Assistance

Non-IV-D Case: []

File Stamp

Obligee: Name (first, middle, last)
Social Security Number

Responding FIPS Code _____ State _____

Responding IV-D Case Number _____

Responding Tribunal Number _____

Initiating FIPS Code _____ State _____

Initiating IV-D Case Number _____

Initiating Tribunal Number _____

To: (Agency Name and Address)

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

1. On _____ (Date), _____ (Tribunal Name; County, State) determined which order to recognize for prospective enforcement. The following orders were considered:

#	County	State	Date of Order	IV-D Case Number	Docket Number	Order Type
1						
2						
3						
4						
5						

[] Additional orders listed on attached sheet.

2. [] The tribunal determined that order number _____ listed above is the controlling order for prospective support.

3. [] The tribunal determined that none of the existing orders is the controlling order for prospective support. A new controlling order was entered; a certified copy is attached.

4. \$ _____ per _____ (frequency) is the current charging amount.

5. [] A reconciliation of arrears was completed: [] Yes [] No

6. The tribunal calculated arrears to be \$ _____ as of _____ (Date). A certified copy of the arrears reconciliation order is attached.

7. A copy of this notice (and certified copies of the controlling order determination and any arrears reconciliation order) was also sent to:

Entity Name; State

Entity Name; State

[] Obligor [] Obligee [] Additional Entities Listed on Attached Sheet

INSTRUCTIONS FOR NOTICE OF DETERMINATION OF CONTROLLING ORDER

PURPOSE OF THE FORM:

This notice provides a standard format for alerting entities in other jurisdictions about a controlling order determination. The actual determination will likely be in a State specific format (e.g., order or form) which may be attached to the standard Notice of Determination of Controlling Order.

Complete this notice when your State's tribunal makes a determination of controlling order. Generally, this form only needs to be used when there are multiple orders governing the same obligor/obligee/child(ren).

Italicized text that appears within a "box" refers to policy or provides additional information.

If multiple orders governing the same obligor, obligee, and child(ren) exist, a State can only prospectively enforce or modify the "controlling order" in a UIFSA proceeding. UIFSA contains rules for determining which order is recognized when multiple orders exist. Under these rules:

1. The order issued by a tribunal with continuing, exclusive jurisdiction (CEJ) has priority. An issuing tribunal retains CEJ if the issuing State remains the residence of the obligor, individual obligee, or child, or until all parties file written consent with the tribunal allowing another State to modify the order.
2. If more than one issuing tribunal would have CEJ, the order issued by the child's Home State has priority. "Child Home State" is the State where the child has lived for the prior consecutive 6 months before filing the UIFSA action, or, if the child is under 6 months of age, since birth.
3. If more than one tribunal would have CEJ but there is no order in the child's home State, the most recently issued order has priority.
4. If no tribunal would have CEJ, the responding State must issue a new support order and it becomes the controlling order.

While only the controlling order should be recognized for prospective enforcement, arrears that accrued under other orders may still be enforced.

You must use the Notice of Determination of Controlling Order to notify:

- the initiating IV-D agency if you are acting as a responding jurisdiction in an interstate action,
- any tribunal that has issued, registered, or is enforcing a child support order governing the same parties and child(ren),
- any IV-D agency with an open or closed IV-D case for the parties,
- a party to the order (i.e., the obligor or obligee), as appropriate, or
- a central registry in another State. It may be particularly important to notify a central entity if it keeps a registry of all orders in that State. A central registry may also be willing to notify tribunals or agencies within that State.

HEADING/CAPTION:

- Enter the date the notice was issued.
- Identify the **obligor** and **obligee** name (first, middle, last) and Social Security Number in the appropriate spaces.
- Check the appropriate space to identify the type of case: TANF; IV-E Foster Care, Medicaid only; former assistance, never assistance, or Non-IV-D.

TANF means the obligee's family receives IV-A cash payments. A Medicaid only case is a case where the obligee's family receives Medicaid but does not receive TANF (IV-A cash payments).

- In the space marked "To:", list the name and address (street, city, State, and zip code) of the court or agency where you are sending the Notice of Determination of Controlling Order.

- In the appropriate spaces, if applicable and if known, enter the Responding jurisdiction's FIPS code, State, IV-D case number, and Tribunal number.

Under "IV-D case number", enter the number/identifier identical to the one submitted on the Federal Case Registry, which is a left-justified 15-character alphanumeric field, allowing all characters except asterisk and backslash, and with all characters in uppercase. Under "tribunal number", you may enter the docket number, cause number, or any other appropriate reference number that the responding State may use to identify the case, if known. The Responding jurisdiction is the jurisdiction that is working the case at the request of the initiating jurisdiction.

- In the space marked "From:", list a contact person, agency name, address (street, city, State, zip code), phone number (including extension), fax number, and e-mail address.
- In the appropriate spaces, enter the Initiating jurisdiction's FIPS code, State, and IV-D case number, and tribunal number.

Under "IV-D case number", enter the number/identifier identical to the one submitted on the Federal Case Registry, which is a left-justified 15-character alphanumeric field, allowing all characters except asterisk and backslash, and with all characters in uppercase. Under "tribunal number", you may enter the docket number, cause number, or any other appropriate reference number which the initiating tribunal or agency has assigned to the case. The initiating jurisdiction is the jurisdiction that referred the case to the responding jurisdiction for services.

MAIN BODY OF FORM:

- In the first blank in **item 1**, enter the date that the determination of controlling order was made. In the second blank, enter the Name, County, and State of the tribunal which made the determination.

For each order considered in the controlling order determination, list in the table in item 1 the County, State, Date of Order, IV-D Case Number, Tribunal Number (enter docket number, cause number, or other appropriate reference number), and Order Type (e.g., de novo support, modification, dissolution, contempt, paternity, etc.). Include any order issued or modified by this tribunal in the present action. If more than five orders were considered, list and number additional orders on an attached sheet and check the space below the table which says "Additional orders listed on attached sheet". Under "IV-D case number", enter the number/identifier identical to the one submitted on the Federal Case Registry, which is a left-justified 15-character alphanumeric field, allowing all characters except asterisk and backslash, and with all characters in uppercase.

- In the blank in **item 2**, enter the number from the table (first column) of the order that was determined to be controlling for prospective support.
- Check the box in **item 3** if the tribunal issued a new controlling order upon determining that none of the existing orders is controlling for current support. Attach a certified copy of the new controlling order.
- In the blanks in **item 4**, enter the amount and frequency (e.g., week, month) of the current charging amount.
- In **item 5** check yes or no to indicate whether an arrears reconciliation was completed at the time of the determination of controlling order.
- If the tribunal reconciled arrears, in the blanks in **item 6**, enter the amount of arrears the tribunal calculated and the date as of which the amount is correct. Attach a certified copy of the arrears reconciliation order.
- In **item 7**, list the Entity Names and States to which you will be sending this notice.

If you will be sending the notice to all the tribunals listed in the table under number 1, you may write "All tribunals issuing orders listed in table above". List additional entities on an attached sheet if necessary, and check the box indicating that there is an attached list. If you are sending a copy of the Notice to the obligor and/or obligee, check the appropriate box(es) labelled "Obligor"/"Obligee". NOTE that each notice you send must be accompanied by certified copies of the controlling order determination and any arrears reconciliation order.

The Paperwork Reduction Act of 1995

This information collection is conducted in accordance with 42 U.S.C. 651 et seq. and 45 CFR 303.7 of the child support enforcement program. Standard forms are designed to provide uniformity and standardization for interstate case processing. Public reporting burden for this collection of information is estimated to average under half an hour per response. The responses to this collection are mandatory in accordance with the above statute and regulation. This information is subject to State and Federal confidentiality requirements; however, the information will be filed with the tribunal and/or agency in the responding State and may, depending on State law, be disclosed to other parties. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.