OMB Control NO: 0970-0183

Expiration Date: X/XX/XXXX

CHART 12-35: REQUEST RECORD						
Field Name	Location	Length	A/N	Data Definition Name/Comments		
SSN	1-9	9	A/N	Required This field should be provided for each person. If it is not present, either the Date of Birth, or the IRS-U SSN must be present so the FCR can attempt to identify an SSN for the person. If present, this field must be numeric. It must not be all zeroes, all sixes or all nines.		
Submitter State	10-11	2	A/N	<b>Required</b> This field contains the two-digit alphabetic code for the submitting state.		
Local Code	12-14	3	A/N	Optional Submitters may use this field to specify the county office responsible for the case. This field must be positions three through five of the numeric FIPS State/Territory and County Codes. Refer to the Department of Commerce FIPS Code Manual, National Institute of Standards and Technology FIPS PUB 6-4 (April 1995) for a list of these codes. In addition, FIPS Codes may be found on the Internet at <a href="http://www.itl.nist.gov">http://www.itl.nist.gov</a> .		
Case Number	15-29	15	A/N	<b>Required</b> This field must contain the unique identifier assigned to the person's case by the State/territory. It must not be all spaces or all zeroes, and the first position must not be a space.		
Last Name	30-49	20	A/N	Required This field must contain at least one alphabetic character. No imbedded blanks or special characters, except a hyphen, can be present.		
First Name	50-64	15	A/N	Required This field must contain at least one alphabetic character. No special characters or imbedded spaces can be present.		

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CHART 12-35: REQUEST RECORD						
Field Name	Location	Length	A/N	Data Definition Name/Comments		
Case Type	65	1	A/N	Optional		
				This field must contain one of the following values:		
				A – TANF		
				N – NPA		
				Blank – Not Supplied		
Court Adm. Ind.	66	1	A/N	Optional		
				This field must contain one of the following values:		
				Y – Court Order		
				N – No Court Order		
				Blank – Not Supplied		
Orig. State	67-68	2	A/N	Optional		
				This field contains the Original State that submitted the case and is only		
				received on requests from the FCR.		
Filler	69-80	12	A/N	This field is reserved for future use.		

## **The Paperwork Reduction Act of 1995**

Public reporting burden for this collection of information is estimated to average 1.96 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information.

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.