## **ATTACHMENT 3:**

# State Plan Table of Contents and Transmittal Page

OMB Control No: 0970-0017 Expiration date: \*\*/\*\*/\*\*\*\*

# STATE PLAN CHILD SUPPORT ENFORCEMENT PROGRAM (TITLE IV-D)

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State Governor's Review

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- \* (indicates that an attachment is required)

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### DEPARTMENT OF HEALTH AND HUMAN SERVICES OFFICE OF CHILD SUPPORT ENFORCEMENT

Submit 2 Copies

TRANSMITTAL AND NOTICE OF APPROVAL OF	TRASNMITTAL NUMBER	STATE	
STATE PLAN MATERIAL FOR: TITLE IV-D OF THE SOCIAL SECURITY ACT	ACTION TRANSMITTAL NUMB	ER AND DATE	
TO: REGIONAL REPRESENTATIVE OFFICE OF CHILD SUPPORT ENFORCEMENT DEPARTMENT OF HEALTH AND HUMAN SERVICES REGION	PROPOSED EFFECTIVE DATE		
TYPE OF PLAN MATERIAL (Check One) NEW STATE PLAN AMENDMENT TO BE CONSIDERI	ED AS A NEW PLAN AMEN	DMENT	
COMPLETE NEXT 4 BLOCKS IF THIS IS AN AMENDMENT			
FEDERAL REGULATION CITATION			
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