

Federal Parent Locator Service

# Federal Case Registry

## Interface Guidance Document

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### APPENDIX G: INPUT TRANSACTIONS

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## G. FCR INPUT TRANSACTION LAYOUTS

This appendix includes the layouts for the records that are accepted by the FCR system. Each record layout in this section includes the following information:

1. **Field Name** – The name of the field as it appears on the input transaction layout.
2. **Location** – The position of the field on the record.
3. **Length** – The size of the field on the record layout.
4. **A/N** – The type of field: alphabetic (A), numeric (N), or alphanumeric (A/N).
5. **Comments** – Indicates if the field is required for the transaction, and provides an explanation of the field and the field’s relationship to other fields or records.

The Comments section of the record layouts indicates when the field is required for the transaction. Fields defined as “Conditionally Required” are required to be present on the input record, based on the conditions that are described in the Comments field. Comments also provide an explanation of the field and its relationship to other fields or records. Additional information regarding each field is in Appendix E, “Data Dictionary.”

Input transactions are transmitted to the FCR using SSA’s network and the CyberFusion Integration Suite (CFI) protocol. Additional information regarding CFI and the process for transmission of data to the FCR is in Section 3.1, “CyberFusion (CFI).” When transmitting input records, the FCR Transmission Header record must be the first record in the transmission. If the Header record is not the first record in the transmission, the system rejects all records until a Header record is located. The data transmitted to the FCR must comply with the following requirements:

1. All data must be in EBCDIC format.
2. All alphabetic data, except the User Field, must be in upper case.
3. All alphabetic and alphanumeric data must be left-justified.
4. All numeric data must be right-justified and zero-filled.
5. All dates must be in CCYYMMDD format.
6. All Filler fields must be filled with spaces, not low values.

Additional information regarding each field is in Appendix D, “Data Dictionary.”

Chart G-1 lists and describes the input record layouts that are accepted by the FCR system.

Figure G-1, “FCR Batch Input Record Relationships,” is a diagram that shows the relationship of the input records within a batch.

**CHART G-: INPUT RECORD LAYOUTS ACCEPTED BY THE FCR**

| Input Record Name              | Record Purpose  |
|--------------------------------|---|
| FCR Transmission Header Record | <p>This record contains a record identifier of 'FA'.</p> <p>This record must be the first record in a batch of transaction records that are sent to the FCR. It identifies the submitter of the batch of transactions. The batch number included in this record uniquely identifies the batch.</p>  |
| FCR Input Case Record          | <p>This record contains a record identifier of 'FC'.</p> <p>You can use this record to add cases to the FCR. You can also use this record to change case information or to delete a case that was added to the FCR. Whenever you close a case on your system, using valid case closure criteria under §45 CFR 303.11, you must send a Delete transaction to the FCR that indicates that the case has been closed. Upon receipt and acceptance of the Delete transaction, the case is deleted from the FCR. The case closure criteria are permissive rather than mandatory. If a case does not meet one of the closure criteria, it must remain open. However, you have the option of leaving a case open even if it does meet the case closure criteria. When deciding whether to close a case, which would delete it from the FCR as well, you should weigh the benefits of keeping the case on the FCR or deleting it.</p> <p>Three explanations of this record are provided in this appendix, based on the action being requested: add, change or delete a case. While a single record format is used, the separate explanations are intended to provide a clear definition of the required and optional fields, based on the record's action type code.</p> |

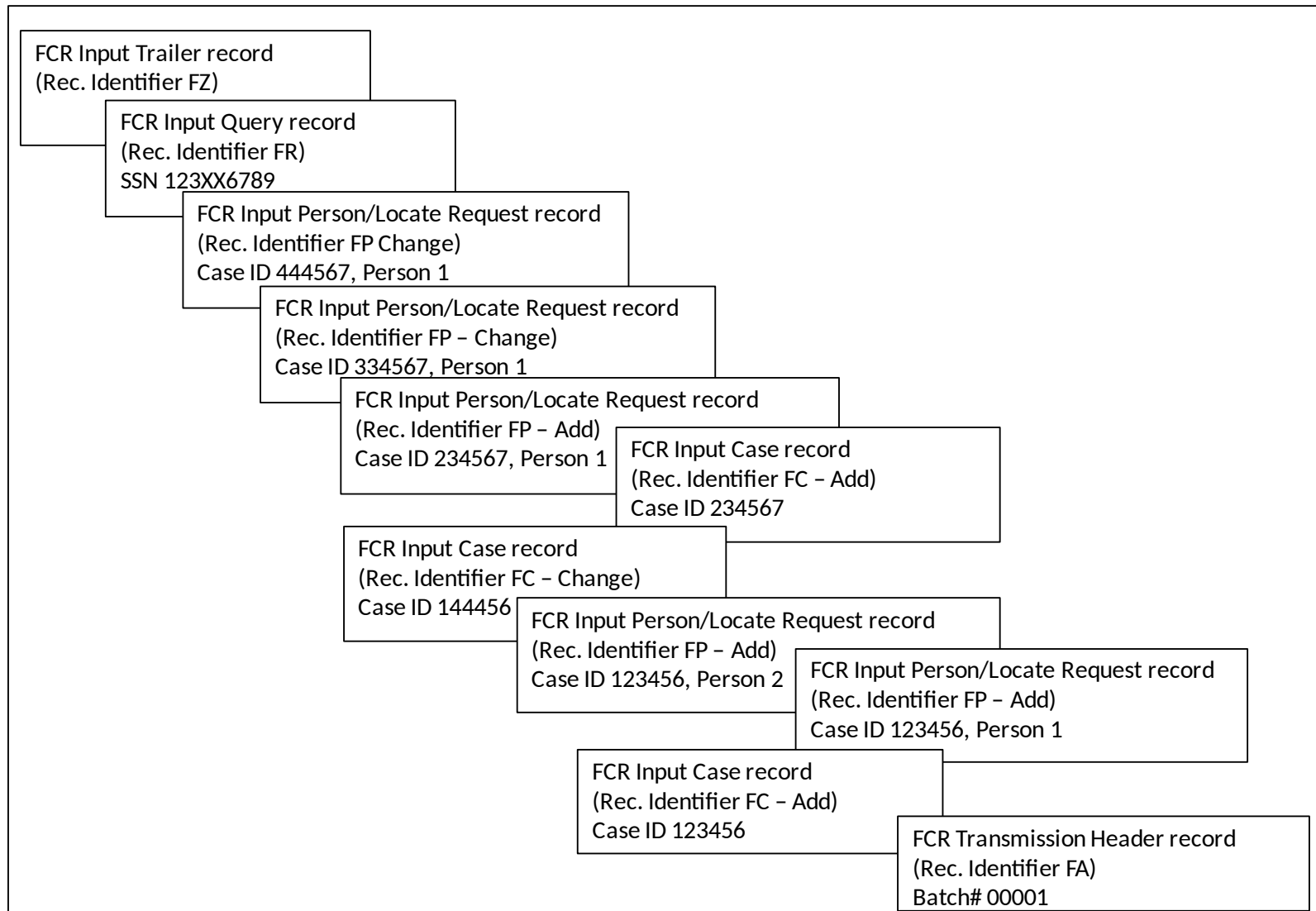
**CHART G-: INPUT RECORD LAYOUTS ACCEPTED BY THE FCR**

| Input Record Name                      | Record Purpose   |
|--|--|
| FCR Input Person/Locate Request Record | <p>This record contains a record identifier of ‘FP’.</p> <p>You can use this record to add a person in a child support case to the FCR. You can also use this record to change information for, or to delete, a person from a case on the FCR. The submitted record can include an SSN/name combination that is validated using the SSA SSN verification routines. If the person’s SSN is not available to the submitter, additional information can be submitted on this record that allows the FCR to automatically utilize SSA and IRS SSN identification routines to obtain the SSN.</p> <p>You can also use this record to initiate or terminate a request for Locate processing for a person. The request for Locate processing can be initiated when the person information is being added or changed. A Locate can also be initiated using this record without adding or changing a person on the FCR. You must specify the desired Locate sources on the record.</p> <p><b>Note:</b> Under certain conditions, the FCR automatically performs a Locate of the NDNH when a person is added to, or changed on, the FCR. Refer to Section 6.10, “Proactive Matching.”</p> <p>Five explanations of this record are provided in this appendix based on the action being requested:</p> <ol style="list-style-type: none"> <li>1. add a person</li> <li>2. change a person</li> <li>3. delete a person from a case</li> <li>4. initiate a request for Locate, or</li> <li>5. terminate a Locate Request</li> </ol> <p>While a single record format is used for each of these actions, the separate explanations are intended to provide a clear definition of the required and optional fields, based on the record’s action type code.</p> |
| FCR Input Query Record                 | <p>This record contains a record identifier of ‘FR’.</p> <p>You can use this record to obtain, when authorized, case and associated person(s) information from the FCR for a specific person. You are authorized to submit and receive FCR information for a person whom you have registered on the FCR.</p>   |

**CHART G-: INPUT RECORD LAYOUTS ACCEPTED BY THE FCR**

| Input Record Name                                 | Record Purpose   |
|---|--|
| FCR Change of Address Verification Request Record | This record contains a record identifier of 'NC'. You can use this record to request verification of an address for a IV-D participant, using the NCOA <sup>Link®</sup> database.  |
| FCR Input Trailer Record                          | This record contains a record identifier of 'FZ'. This record must be the last record in a batch of transactions sent to the FCR. This record indicates the total number of transactions included in the transmission. It is used to determine if the transmission was successfully completed. |

**Figure G-1: FCR Batch Input Record Relationships**



| CHART G-: FCR TRANSMISSION HEADER RECORD                  |          |        |     |   |
|---|----------|--------|-----|---|
| OMB Control Number: 0980-0271 Expiration date: 04/30/2011 |          |        |     |   |
| Field Name  | Location | Length | A/N | Comments  |
| Record Identifier   | 1-2      | 2      | A/N | <b>Required</b><br>This field must contain the characters 'FA'.   |
| Transmitter State/Territory Code                          | 3-4      | 2      | A/N | <b>Required</b><br>This field must contain the two-digit numeric FIPS code of the state or territory that is transmitting data to the FCR. Refer to Appendix F, "State and Territory Abbreviations and FIPS Codes," or the Department of Commerce <i>FIPS Code Manual, National Institute of Standards and Technology</i> , FIPS PUB 6-4 (April 1995) for a list of these codes. In addition, FIPS codes are on the Internet at <a href="http://www.itl.nist.gov">http://www.itl.nist.gov</a> |
| Version Control Number                                    | 5-9      | 5      | A/N | <b>Required</b><br>This field must contain the numbers '01.00'. OCSE will notify you when this field changes.   |
| Date Stamp  | 10-17    | 8      | N   | <b>Required</b><br>This field must contain the date of transmission to the FCR. This must be in CCYYMMDD format.  |
| Batch Number  | 18-23    | 6      | A/N | <b>Required</b><br>This field should be a sequential number generated by the transmitting state or territory. Do not repeat batch numbers.  |
| Filler  | 24-640   | 617    | A/N | This field is for future versions. For the current version, fill with spaces.   |

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Public reporting burden for this collection of information is estimated to average 660 hours per month for processing input and output files, 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.



| CHART G-: FCR INPUT CASE RECORD – ADD A CASE TO THE FCR   |          |        |     |   |
|---|----------|--------|-----|---|
| OMB Control Number: 0980-0271 Expiration date: 04/30/2011 |          |        |     |   |
| Field Name  | Location | Length | A/N | Comments  |
| Record Identifier   | 1-2      | 2      | A/N | <b>Required</b><br>This field must contain the characters 'FC'.   |
| Action Type Code  | 3        | 1      | A/N | <b>Required</b><br>This field must contain 'A' to indicate the record is to add a new case to the FCR.  |
| Case ID   | 4-18     | 15     | A/N | <b>Required</b><br>This field must contain a unique identifier that you assigned to the case. It must not be all spaces, all zeroes, contain an asterisk or backslash and the first position must not be a space.   |
| Case Type   | 19       | 1      | A/N | <b>Required</b><br>This field must contain one of the following codes to indicate the type of case being added:<br>F – IV-D<br>N – Non-IV-D   |
| Order Indicator   | 20       | 1      | A/N | <b>Required</b><br>This field must contain one of the following codes:<br>N – The state system has no record of the existence of a child support order that is applicable to this case.<br>Y – The state system has a record of the existence of a child support order that is applicable to this case. |

| CHART G-: FCR INPUT CASE RECORD – ADD A CASE TO THE FCR   |          |        |     |   |
|---|----------|--------|-----|---|
| OMB Control Number: 0980-0271 Expiration date: 04/30/2011 |          |        |     |   |
| Field Name  | Location | Length | A/N | Comments  |
| FIPS County Code  | 21-23    | 3      | A/N | <p><b>Optional</b></p> <p>You may use this field to specify the county office responsible for the case.</p> <ul style="list-style-type: none"> <li>If present, this field must be positions three through five of the numeric FIPS state/territory and county codes. Refer to the Department of Commerce <i>FIPS Code Manual, National Institute of Standards and Technology</i>, FIPS PUB 6-4 (April 1995) for a list of these codes. In addition, FIPS codes are on the Internet at <a href="http://www.itl.nist.gov">http://www.itl.nist.gov</a></li> </ul> <p>The information included in this field is stored on the FCR, and is included in FCR Query and Proactive Match Response records.</p> |
| Filler  | 24-25    | 2      | A/N | This field is for a future version. For the current version, fill with spaces.  |
| User Field  | 26-40    | 15     | A/N | <p><b>Optional</b></p> <p>You can use this field for identifying information. The information included in this field is stored on the FCR, and is returned with the Acknowledgement/Error Response.</p>   |
| Previous Case ID  | 41-55    | 15     | A/N | <b>Not Allowed</b> This must be spaces when a case is being added to the FCR.   |
| Filler  | 56-640   | 585    | A/N | This field is for future versions. For the current version, fill with spaces.   |

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| CHART G-: FCR INPUT CASE RECORD – CHANGE A CASE ON THE FCR |          |        |     |   |
|--|----------|--------|-----|---|
| OMB Control Number: 0980-0271 Expiration date: 04/30/2011  |          |        |     |   |
| Field Name   | Location | Length | A/N | Comments  |
| Record Identifier  | 1-2      | 2      | A/N | <b>Required</b><br>This must contain the characters 'FC'.   |
| Action Type Code   | 3        | 1      | A/N | <b>Required</b><br>This field must contain a 'C' to change a case previously added to the FCR by the submitter.   |
| Case ID  | 4-18     | 15     | A/N | <b>Required</b> <ul style="list-style-type: none"> <li>• If the previous case ID is not all spaces, all zeroes, contains an asterisk or backslash, and the first position is not a space, this field must match the case ID that was used to add the case to the FCR.</li> <li>• If the previous case ID is not spaces and is greater than zero, this field is used to change the case ID on the FCR. It must not be all spaces, all zeroes, contain an asterisk or backslash, and the first position must not be a space.</li> </ul> |
| Case Type  | 19       | 1      | A/N | <b>Optional</b><br>This field must contain a space or one of the following codes to indicate the new case type:<br>F – IV-D<br>N – Non-IV-D<br>Space – A change to the case type is not required.   |

| CHART G-: FCR INPUT CASE RECORD – CHANGE A CASE ON THE FCR |          |        |     |   |
|--|----------|--------|-----|---|
| OMB Control Number: 0980-0271 Expiration date: 04/30/2011  |          |        |     |   |
| Field Name   | Location | Length | A/N | Comments  |
| Order Indicator  | 20       | 1      | A/N | <p><b>Optional</b></p> <p>You can use this field to change the order indicator on the case. It must equal a space or one of the following codes:</p> <p>Y – The state system has a record of the existence of a child support order applicable to this case.</p> <p>N – The state system has no record of the existence of a child support order applicable to this case.</p> <p>Space – A change to the order indicator is not required.</p>   |
| FIPS County Code   | 21-23    | 3      | A/N | <p><b>Optional</b></p> <p>You may use this field for your internal purposes to change the county office responsible for the case.</p> <ul style="list-style-type: none"> <li>If present, this field must be positions three through five of the numeric FIPS state/territory and county codes. Refer to the Department of Commerce <i>FIPS Code Manual, National Institute of Standards and Technology</i>, FIPS PUB 6-4 (April 1995) for a list of these codes. In addition, FIPS codes are on the Internet at <a href="http://www.itl.nist.gov">http://www.itl.nist.gov</a></li> </ul> <p>The information included in this field is stored on the FCR, and is included in FCR Query and Proactive Match Response records.</p> <p>Spaces indicate that a change to the FIPS county code is not required.</p> |
| Filler   | 24-25    | 2      | A/N | This field is for a future version. For the current version, fill with spaces.  |
| User Field   | 26-40    | 15     | A/N | <p><b>Optional</b></p> <p>You can use this field for identifying information. The information included in this field is stored on the FCR, and is returned with the Acknowledgement/Error Response.</p>   |

| CHART G-: FCR INPUT CASE RECORD – CHANGE A CASE ON THE FCR |          |        |     |   |
|--|----------|--------|-----|---|
| OMB Control Number: 0980-0271 Expiration date: 04/30/2011  |          |        |     |   |
| Field Name   | Location | Length | A/N | Comments  |
| Previous Case ID   | 41-55    | 15     | A/N | <p><b>Optional</b></p> <p>You can use this field to change the case ID for a case previously added to the FCR.</p> <ul style="list-style-type: none"> <li>If present, this field must be different from the case ID entered in this record and it must not be all spaces, all zeroes, contain an asterisk or backslash, and the first position must not be a space.</li> </ul> <p>This field must match to a case on the FCR.</p> <ul style="list-style-type: none"> <li>If you submit a Change transaction to change the case ID, this field must contain the case ID used to add the case to the FCR.</li> <li>If the Change transaction can be matched against the FCR, the information in the case ID field will be your new case ID on the FCR for the case and related persons.</li> </ul> <p>All spaces in this field indicate that a change to the case ID is not being made.</p> |
| Filler   | 56-640   | 585    | A/N | This field is for future versions. For the current version, fill with spaces.   |

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| CHART G-: FCR INPUT CASE RECORD – DELETE A CASE FROM THE FCR |          |        |     |   |
|--|----------|--------|-----|---|
| OMB Control Number: 0980-0271 Expiration date: 04/30/2011    |          |        |     |   |
| Field Name   | Location | Length | A/N | Comments  |
| Record Identifier  | 1-2      | 2      | A/N | <b>Required</b><br>This must contain the characters 'FC'.   |
| Action Type Code   | 3        | 1      | A/N | <b>Required</b><br>This field must contain a 'D' to delete a case that was previously added to the FCR by the submitter.  |
| Case ID  | 4-18     | 15     | A/N | <b>Required</b><br>This field must contain the case ID that was used to add the case to the FCR. It must not be all spaces or all zeroes, and the first position must not be a space.   |
| Case Type  | 19       | 1      | A/N | <b>Not Used</b> Any entry in this field is ignored for a Delete transaction.  |
| Order Indicator  | 20       | 1      | A/N | <b>Not Used</b> Any entry in this field is ignored for a Delete transaction.  |
| FIPS County Code   | 21-23    | 3      | A/N | <b>Not Used</b> Any entry in this field is ignored for a Delete transaction.  |
| Filler   | 24-25    | 2      | A/N | This field is for a future version. For the current version, fill with spaces.  |
| User Field   | 26-40    | 15     | A/N | <b>Optional</b><br>You can use this field for identifying information. The information included in this field is returned with the Acknowledgement/Error Response record. This field is not used to match the Delete transaction to the FCR case. |
| Previous Case ID   | 41-55    | 15     | A/N | <b>Not Allowed</b> This field must be all spaces.   |
| Filler   | 56-640   | 585    | A/N | This field is for future versions. For the current version, fill with spaces.   |

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| CHART G-: FCR INPUT PERSON/LOCATE REQUEST RECORD – ADD A PERSON TO THE FCR |          |        |     |  |
|--|----------|--------|-----|--|
| OMB Control Number: 0980-0271 Expiration date: 04/30/2011                  |          |        |     |  |
| Field Name   | Location | Length | A/N | Comments   |
| Record Identifier  | 1-2      | 2      | A/N | <b>Required</b><br>This field must contain the characters 'FP'.  |
| Action Type Code   | 3        | 1      | A/N | <b>Required</b><br>This field must contain an 'A' to add a person to a case on the FCR.  |
| Case ID  | 4-18     | 15     | A/N | <b>Required</b><br>This field must contain the unique identifier you assigned to the person's case. It must not be all spaces, all zeroes, contain an asterisk or backslash, and the first position must not be a space. |
| Filler   | 19-20    | 2      | A/N | <b>Reserved for Internal Processing</b> This field must be spaces.   |
| User Field   | 21-35    | 15     | A/N | <b>Optional</b><br>You can use this field for identifying information. The information included in this field is returned with the Acknowledgement/Error Response and, when applicable, the Locate response.             |



| CHART G-: FCR INPUT PERSON/LOCATE REQUEST RECORD – ADD A PERSON TO THE FCR |          |        |     |  |
|--|----------|--------|-----|--|
| OMB Control Number: 0980-0271 Expiration date: 04/30/2011                  |          |        |     |  |
| Field Name   | Location | Length | A/N | Comments   |
| FIPS County Code   | 36-38    | 3      | A/N | <p><b>Optional</b></p> <p>You may use this field for your internal purposes.</p> <ul style="list-style-type: none"> <li>If present, this field must be positions three through five of the numeric FIPS state/territory and county codes. Refer to the Department of Commerce <i>FIPS Code Manual, National Institute of Standards and Technology</i>, FIPS PUB 6-4 (April 1995) for a list of these codes. In addition, FIPS codes are on the Internet at <a href="http://www.itl.nist.gov">http://www.itl.nist.gov</a></li> </ul> <p>The information included in this field is returned with the Acknowledgement/Error Response.</p> |
| Filler   | 39-40    | 2      | A/N | This field is for a future version. For the current version, fill with spaces.   |
| Locate Request Type  | 41-42    | 2      | A/N | <p><b>Optional</b></p> <p>You can use this field to initiate a Locate request when the person is being added to the FCR. The field must contain the following code or spaces:</p> <p>CS – Request for IV-D purposes</p> <p>The Locate request type must be consistent with the person’s case type. Refer to Chart 6-14, “Types of Locate Requests,” for an explanation of the information available based on the Locate request type code.</p>   |
| Filler   | 43       | 1      | A/N | This field is for a future version. For the current version, fill with spaces.   |

| CHART G-: FCR INPUT PERSON/LOCATE REQUEST RECORD – ADD A PERSON TO THE FCR |          |        |     |   |
|--|----------|--------|-----|---|
| OMB Control Number: 0980-0271 Expiration date: 04/30/2011                  |          |        |     |   |
| Field Name   | Location | Length | A/N | Comments  |
| Participant Type Code  | 44-45    | 2      | A/N | <p><b>Required</b></p> <p>This field must contain one of the following codes to define the person’s participant type in the case:</p> <p>CH – Child<br/>CP – Custodial party<br/>NP – Noncustodial parent<br/>PF – Putative father (allowed for IV-D cases only)</p>  |
| Family Violence  | 46-47    | 2      | A/N | <p><b>Optional</b></p> <p>This field must be spaces or a value of:</p> <p>FV – Person associated with Family Violence.</p>  |
| Member ID  | 48-62    | 15     | A/N | <p><b>Required</b></p> <p>This field must contain your member ID.</p>   |
| Sex Code   | 63       | 1      | A/N | <p><b>Conditionally Required</b></p> <p>This field must be an ‘F’, ‘M’ or space. This information should be provided whenever possible to assist in the SSN verification process.</p> <ul style="list-style-type: none"> <li>If an SSN is not submitted and ESKARI information is present, this field must be an ‘F’ or ‘M’.</li> </ul> <p>F – Female<br/>M – Male<br/>Space – Unknown or not available</p> |

| CHART G-: FCR INPUT PERSON/LOCATE REQUEST RECORD – ADD A PERSON TO THE FCR |          |        |     |  |
|--|----------|--------|-----|--|
| OMB Control Number: 0980-0271 Expiration date: 04/30/2011                  |          |        |     |  |
| Field Name   | Location | Length | A/N | Comments   |
| Date of Birth  | 64-71    | 8      | A/N | <b>Conditionally Required</b><br>This field must be a valid date in CCYYMMDD format or spaces.<br>If this field is not present, either the SSN or the IRS-U SSN must be present so the FCR can attempt to identify an SSN for the person.  |
| SSN  | 72-80    | 9      | A/N | <b>Conditionally Required</b><br>This field should be provided for each person. <ul style="list-style-type: none"> <li>• If present, this field must be numeric. It must not be all zeroes, all sixes or all nines.</li> <li>• 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.</li> </ul> |
| Previous SSN   | 81-89    | 9      | A/N | <b>Not Allowed</b> This must be spaces when a person is being added to the FCR.  |
| First Name   | 90-105   | 16     | A/N | <b>Required</b><br>This field must contain at least one alphabetic character.<br>No special characters or imbedded spaces can be present.  |
| Middle Name  | 106-121  | 16     | A/N | <b>Optional</b><br>This field must contain spaces or alphabetic characters. <ul style="list-style-type: none"> <li>• If present, it must be at least one alphabetic character. No special characters or imbedded spaces can be present.</li> </ul>   |
| Last Name  | 122-151  | 30     | A/N | <b>Required</b><br>This field must contain at least one alphabetic character.<br>No imbedded blanks or special characters, except a hyphen, can be present.  |

| CHART G-: FCR INPUT PERSON/LOCATE REQUEST RECORD – ADD A PERSON TO THE FCR |          |        |     |  |
|--|----------|--------|-----|--|
| OMB Control Number: 0980-0271 Expiration date: 04/30/2011                  |          |        |     |  |
| Field Name   | Location | Length | A/N | Comments   |
| City of Birth  | 152-167  | 16     | A/N | <p><b>Optional</b></p> <p>This field must be all spaces or valid alphabetic characters with no imbedded spaces. This information may be used to assist in identifying the person’s SSN when an SSN is not provided.</p> <ul style="list-style-type: none"> <li>• If the SSN is not present and sufficient optional information is provided, the FCR utilizes available SSA verification routines to attempt to identify the person’s SSN. Refer to Section 5.3.1, “SSN Verification in the FCR,” for an explanation of this process and the combination of the fields required.</li> </ul> |

| CHART G-: FCR INPUT PERSON/LOCATE REQUEST RECORD – ADD A PERSON TO THE FCR |          |        |     |   |
|--|----------|--------|-----|---|
| OMB Control Number: 0980-0271 Expiration date: 04/30/2011                  |          |        |     |   |
| Field Name   | Location | Length | A/N | Comments  |
| State or Country of Birth  | 168-171  | 4      | A/N | <p><b>Optional</b></p> <p>For valid codes, refer to Appendix F, “State and Territory Abbreviations and FIPS Codes,” or to the Department of Commerce <i>FIPS Code Manual</i>, <i>National Institute of Standards and Technology</i>, FIPS PUB 10-4 for the FIPS Country Codes and FIPS PUB 6-4 (April 1995) for a list of the state codes. In addition, FIPS codes are on the Internet at <a href="http://www.itl.nist.gov">http://www.itl.nist.gov</a></p> <ul style="list-style-type: none"> <li>• If present, this field must be one of the following:               <ol style="list-style-type: none"> <li>1. the two-character alphabetic FIPS code of the state of birth, left-justified,</li> <li>2. the two-character alphabetic FIPS code of the country of birth and an asterisk, left-justified,</li> <li>3. four-character alphanumeric FIPS code of the country and province of birth, or all spaces.</li> </ol> </li> <li>• If an SSN is not provided, this information may be used to assist in identifying the person’s SSN.</li> <li>• If the SSN is not present and sufficient optional information is provided, the FCR utilizes available SSA verification routines to attempt to identify the person’s SSN. Refer to Section 5.3.1, “SSN Verification in the FCR,” for an explanation of this process and the combination of the fields required.</li> </ul> |

| CHART G-: FCR INPUT PERSON/LOCATE REQUEST RECORD – ADD A PERSON TO THE FCR |          |        |     |  |
|--|----------|--------|-----|--|
| OMB Control Number: 0980-0271 Expiration date: 04/30/2011                  |          |        |     |  |
| Field Name   | Location | Length | A/N | Comments   |
| Father's First Name  | 172-187  | 16     | A/N | <p><b>Optional</b></p> <p>This field must be at least one alphabetic character or all spaces. No special characters or imbedded spaces can be present.</p> <ul style="list-style-type: none"> <li>• If an SSN is not provided, this information may be used to assist in identifying the person's SSN.</li> <li>• If the SSN is not present and sufficient optional information is provided, the FCR utilizes available SSA verification routines to attempt to identify the person's SSN.</li> <li>• If the father's last name is not present, this field must contain spaces.</li> </ul>                   |
| Father's Middle Initial  | 188      | 1      | A/N | <p><b>Optional</b></p> <p>This field must be alphabetic or a space.</p> <ul style="list-style-type: none"> <li>• If the father's first name and father's last name are not present, this field must contain a space.</li> </ul>  |
| Father's Last Name   | 189-204  | 16     | A/N | <p><b>Optional</b></p> <p>This field must be at least one alphabetic character or all spaces. No special characters or imbedded spaces, except hyphens, can be present.</p> <ul style="list-style-type: none"> <li>• If an SSN is not provided, this information may be used to assist in identifying the person's SSN.</li> <li>• If the SSN is not present and sufficient optional information is provided, the FCR utilizes available SSA verification routines to attempt to identify the person's SSN.</li> <li>• If the father's first name is not present, this field must contain spaces.</li> </ul> |

| CHART G-: FCR INPUT PERSON/LOCATE REQUEST RECORD – ADD A PERSON TO THE FCR |          |        |     |  |
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| Field Name   | Location | Length | A/N | Comments   |
| Mother's First Name  | 205-220  | 16     | A/N | <p><b>Optional</b></p> <p>This field must be at least one alphabetic character or all spaces. No special characters or imbedded spaces can be present.</p> <ul style="list-style-type: none"> <li>• If an SSN is not provided, this information may be used to assist in identifying the person's SSN.</li> <li>• If the SSN is not present and sufficient optional information is provided, the FCR utilizes available SSA verification routines to attempt to identify the person's SSN.</li> <li>• If the mother's maiden name is not present, this field must contain spaces.</li> </ul>             |
| Mother's Middle Initial  | 221      | 1      | A/N | <p><b>Optional</b></p> <p>This field must be alphabetic or a space.</p> <ul style="list-style-type: none"> <li>• If the mother's first name and mother's maiden name are not present, this field must be a space.</li> <li>• If the mother's first name and mother's maiden name are not present, this field must contain a space.</li> </ul>  |
| Mother's Maiden Name   | 222-237  | 16     | A/N | <p><b>Optional</b></p> <p>This field must be at least one alphabetic character or spaces. No special characters or imbedded spaces, except hyphens, can be present.</p> <ul style="list-style-type: none"> <li>• If an SSN is not provided, this information may be used to assist in identifying the person's SSN.</li> <li>• If the SSN is not present and sufficient optional information is provided, the FCR utilizes available SSA verification routines to attempt to identify the person's SSN.</li> <li>• If the mother's first name is not present, this field must contain spaces.</li> </ul> |

| CHART G-: FCR INPUT PERSON/LOCATE REQUEST RECORD – ADD A PERSON TO THE FCR |          |        |     |   |
|--|----------|--------|-----|---|
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| Field Name   | Location | Length | A/N | Comments  |
| IRS-U SSN  | 238-246  | 9      | A/N | <p><b>Conditionally Required</b></p> <p>This field is used to enter the SSN of the spouse of the person being added or located via the FCR when there is reason to believe a joint federal tax return has been filed by the persons. Enter the SSN of the custodial parent in this field. Include this information in the record only to request that the FCR access IRS information to obtain the SSN.</p> <ul style="list-style-type: none"> <li>• If this field is present and all other SSN identification sources fail to identify an SSN, the FCR only accesses IRS information to identify an SSN.</li> <li>• If present, this field must be numeric. It must not be all zeroes, all sixes or all nines.</li> <li>• If this field is not present, either the date of birth or the SSN must be present so the FCR can attempt to identify an SSN for the person.</li> </ul> |
| Additional SSN 1   | 247-255  | 9      | A/N | <p><b>Optional</b></p> <ul style="list-style-type: none"> <li>• If multiple SSNs are applicable, this field can be used to submit an additional SSN for the person.</li> <li>• If present, this field must be numeric. It must not be all zeroes, all sixes or all nines.</li> </ul>  |
| Additional SSN 2   | 256-264  | 9      | A/N | <p><b>Optional</b></p> <ul style="list-style-type: none"> <li>• If present, this field must conform to the specifications in the field Additional SSN 1.</li> </ul>   |



| CHART G-: FCR INPUT PERSON/LOCATE REQUEST RECORD – ADD A PERSON TO THE FCR |          |        |     |  |
|--|----------|--------|-----|--|
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| Field Name   | Location | Length | A/N | Comments   |
| Additional First Name 1  | 265-280  | 16     | A/N | <p><b>Optional</b></p> <p>You can use this field to record an additional, or alias, first name on the FCR for the person.</p> <ul style="list-style-type: none"> <li>• If the additional last name 1 is present, this field must be at least one alphabetic character. No special characters or imbedded spaces can be present.</li> <li>• If the additional last name 1 is not present, this field must be spaces.</li> </ul>                   |
| Additional Middle Name 1   | 281-296  | 16     | A/N | <p><b>Optional</b></p> <p>You can use this field to record an additional, or alias, middle name on the FCR for the person.</p> <ul style="list-style-type: none"> <li>• If present, it must be at least one alphabetic character. No special characters or imbedded spaces can be present.</li> <li>• If the additional first name 1 and additional last name 1 are not present, this field must be spaces.</li> </ul>                           |
| Additional Last Name 1   | 297-326  | 30     | A/N | <p><b>Optional</b></p> <p>You can use this field to record an additional, or alias, last name on the FCR for the person.</p> <ul style="list-style-type: none"> <li>• If the additional first name 1 is present, this field must be at least one alphabetic character. No special characters, except hyphens, or imbedded spaces can be present.</li> <li>• If the additional first name 1 is not present, this field must be spaces.</li> </ul> |
| Additional First Name 2  | 327-342  | 16     | A/N | <p><b>Optional</b></p> <ul style="list-style-type: none"> <li>• If present, this field must conform to specifications in the field Additional First Name 1.</li> </ul>   |

| CHART G-: FCR INPUT PERSON/LOCATE REQUEST RECORD – ADD A PERSON TO THE FCR |          |        |     |   |
|--|----------|--------|-----|---|
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| Field Name   | Location | Length | A/N | Comments  |
| Additional Middle Name 2   | 343-358  | 16     | A/N | <b>Optional</b><br>• If present, this field must conform to the specifications in the field Additional Middle Name 1. |
| Additional Last Name 2   | 359-388  | 30     | A/N | <b>Optional</b><br>• If present, this field must conform to the specifications in the field Additional Last Name 1.   |
| Additional First Name 3  | 389-404  | 16     | A/N | <b>Optional</b><br>• If present, this field must conform to the specifications in the field Additional First Name 1.  |
| Additional Middle Name 3   | 405-420  | 16     | A/N | <b>Optional</b><br>• If present, this field must conform to the specifications in the field Additional Middle Name 1. |
| Additional Last Name 3   | 421-450  | 30     | A/N | <b>Optional</b><br>• If present, this field must conform to the specifications in the field Additional Last Name 1.   |
| Additional First Name 4  | 451-466  | 16     | A/N | <b>Optional</b><br>• If present, this field must conform to the specifications in the field Additional First Name 1.  |
| Additional Middle Name 4   | 467-482  | 16     | A/N | <b>Optional</b><br>• If present, this field must conform to the specifications in the field Additional Middle Name 1. |

| CHART G-: FCR INPUT PERSON/LOCATE REQUEST RECORD – ADD A PERSON TO THE FCR |          |        |     |  |
|--|----------|--------|-----|--|
| OMB Control Number: 0980-0271 Expiration date: 04/30/2011                  |          |        |     |  |
| Field Name   | Location | Length | A/N | Comments   |
| Additional Last Name 4   | 483-512  | 30     | A/N | <b>Optional</b><br><ul style="list-style-type: none"> <li>If present, this field must conform to specifications in the field Additional Last Name 1.</li> </ul>  |
| New Member ID  | 513-527  | 15     | A/N | <b>Not Allowed</b> This field must be all spaces.  |
| IRS-1099   | 528      | 1      | A/N | <b>Optional</b><br><ul style="list-style-type: none"> <li>If the person is being added to the FCR, this field is used to initiate a request for Locate from the IRS-1099. IRS-1099 data is only available if you have an approved IRS-1099 agreement with OCSE.</li> </ul> Y – You request IRS-1099 as a Locate source.<br>Space – You do not request IRS-1099 as a Locate source. |

| CHART G-: FCR INPUT PERSON/LOCATE REQUEST RECORD – ADD A PERSON TO THE FCR |          |        |     |  |
|--|----------|--------|-----|--|
| OMB Control Number: 0980-0271 Expiration date: 04/30/2011                  |          |        |     |  |
| Field Name   | Location | Length | A/N | Comments   |
| Locate Source 1  | 529-531  | 3      | A/N | <p><b>Optional</b></p> <ul style="list-style-type: none"> <li>If the person is being added to the FCR, this field is used to initiate a request for Locate processing.</li> </ul> <p>This field must be spaces or one of the following codes:<br/>           ALL – Send search request to all available Locate sources (Does not include IRS-1099).<br/>           A01 – Send a search request to the DoD. This code also sends a search request to the OPM.<br/>           A02 – Send a search request to the FBI for their employees.<br/>           A03 – Send a search request to the NSA for their employees.<br/>           C01 – Send a search request to the IRS (non-1099).<br/>           E01 – Send a search request to the SSA.<br/>           F01 – Send a search request to the VA.<br/>           Spaces – No Locate requested.</p> <p><b>Note:</b> The NDNH is not an applicable Locate Source when a person is being added to the FCR because the FCR automatically searches and returns NDNH data when a CP, NCP or PF participant in a IV-D case is added to the FCR.</p> |
| Locate Source 2  | 532-534  | 3      | A/N | <p><b>Optional</b></p> <ul style="list-style-type: none"> <li>If present, this field must be a valid Locate source code as defined in the Locate Source 1 field, except ‘ALL’.</li> </ul> <p>Locate source codes must be entered using each available Locate Source field consecutively.<br/>           Locate source codes must not be duplicated in a record.</p>  |

| CHART G-: FCR INPUT PERSON/LOCATE REQUEST RECORD – ADD A PERSON TO THE FCR |          |        |     |   |
|--|----------|--------|-----|---|
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| Field Name   | Location | Length | A/N | Comments  |
| Locate Source 3  | 535-537  | 3      | A/N | <b>Optional</b><br>• If present, this field must be a valid Locate source code as defined in field Locate Source 2. |
| Locate Source 4  | 538-540  | 3      | A/N | <b>Optional</b><br>• If present, this field must be a valid Locate source code as defined in field Locate Source 2. |
| Locate Source 5  | 541-543  | 3      | A/N | <b>Optional</b><br>• If present, this field must be a valid Locate source code as defined in field Locate Source 2. |
| Locate Source 6  | 544-546  | 3      | A/N | <b>Optional</b><br>• If present, this field must be a valid Locate source code as defined in field Locate Source 2. |
| Locate Source 7  | 547-549  | 3      | A/N | <b>Optional</b><br>• If present, this field must be a valid Locate source code as defined in field Locate Source 2. |
| Locate Source 8  | 550-552  | 3      | A/N | <b>Optional</b><br>• If present, this field must be a valid Locate source code as defined in field Locate Source 2. |
| Filler   | 553-573  | 21     | A/N | This field is for future versions. For the current version, fill with spaces.                                       |
| Filler   | 574-588  | 15     | A/N | <b>Reserved for FCR processing</b> For the current version, fill with spaces.                                       |

| CHART G-: FCR INPUT PERSON/LOCATE REQUEST RECORD – ADD A PERSON TO THE FCR |          |        |     |   |
|--|----------|--------|-----|---|
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| Field Name   | Location | Length | A/N | Comments  |
| Incorrect SSN  | 589-597  | 9      | A/N | <b>Optional</b><br>• If present, this field must contain the SSN that you are notifying the FCR as being incorrect, and does not belong to your case participant. |
| Filler   | 598-640  | 43     | A/N | This field is for future versions. For the current version, fill with spaces.   |

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Public reporting burden for this collection of information is estimated to average 660 hours per month for processing input and output files, 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.

| CHART G-: FCR INPUT PERSON/LOCATE REQUEST RECORD – CHANGE A PERSON ON THE FCR |          |        |     |  |
|---|----------|--------|-----|--|
| OMB Control Number: 0980-0271 Expiration date: 04/30/2011                     |          |        |     |  |
| Field Name  | Location | Length | A/N | Comments   |
| Record Identifier   | 1-2      | 2      | A/N | <b>Required</b><br>This field must contain the characters 'FP'.  |
| Action Type Code  | 3        | 1      | A/N | <b>Required</b><br>This field must contain a 'C' in order to change information for a person previously added to the FCR.  |
| Case ID   | 4-18     | 15     | A/N | <b>Required</b><br>This field must contain the case ID that was previously stored on the FCR for the person. It must not be all spaces or all zeroes, and the first position must not be a space.            |
| Filler  | 19-20    | 2      | A/N | <b>Reserved for Internal Processing</b> This field must be spaces.   |
| User Field  | 21-35    | 15     | A/N | <b>Optional</b><br>You can use this field for identifying information. The information included in this field is returned with the Acknowledgement/Error Response and, when applicable, the Locate response. |

| CHART G-: FCR INPUT PERSON/LOCATE REQUEST RECORD – CHANGE A PERSON ON THE FCR |          |        |     |  |
|---|----------|--------|-----|--|
| OMB Control Number: 0980-0271 Expiration date: 04/30/2011                     |          |        |     |  |
| Field Name  | Location | Length | A/N | Comments   |
| FIPS County Code  | 36-38    | 3      | A/N | <p><b>Optional</b></p> <p>You may use this field for your internal purposes.</p> <ul style="list-style-type: none"> <li>If present, this field must be positions three through five of the numeric FIPS state/territory and county codes. Refer to the Department of Commerce <i>FIPS Code Manual, National Institute of Standards and Technology</i>, FIPS PUB 6-4 (April 1995) for a list of these codes. In addition, FIPS codes are on the Internet at <a href="http://www.itl.nist.gov">http://www.itl.nist.gov</a></li> </ul> <p>The information included in this field is returned with the Acknowledgement/Error Response.</p> |
| Filler  | 39-40    | 2      | A/N | This field is for a future version. For the current version, fill with spaces.   |
| Locate Request Type   | 41-42    | 2      | A/N | <p><b>Optional</b></p> <ul style="list-style-type: none"> <li>If the person information on the FCR is being changed, this field can be used to initiate a request for Locate processing. The Locate request type must be consistent with the person’s case type. Refer to Chart 6-14, “Types of Locate Requests,” for an explanation of the information available based on the Locate request type code.</li> </ul> <p>This field must contain the following code or spaces:<br/>CS – Request for IV-D purposes</p>  |
| Filler  | 43       | 1      | A/N | This field is for a future version. For the current version, fill with spaces.   |



| CHART G-: FCR INPUT PERSON/LOCATE REQUEST RECORD – CHANGE A PERSON ON THE FCR |          |        |     |   |
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| Field Name  | Location | Length | A/N | Comments  |
| Participant Type Code   | 44-45    | 2      | A/N | <p><b>Optional</b></p> <p>You can use this field to change the person’s participant type on the FCR. This field must contain spaces or one of the following codes:</p> <p>CP – Custodial party<br/>CH – Child<br/>NP – Noncustodial parent<br/>PF – Putative father (allowed for IV-D cases only)<br/>Spaces – participant type for the person on the FCR is not being changed.</p> |
| Family Violence   | 46-47    | 2      | A/N | <p><b>Optional</b></p> <p>You can use this field to add or remove the FV indicator on the FCR for the person. This field must be spaces or one of the following values:</p> <p>FV – Family Violence associated with the person.<br/>XX – Remove existing FV indicator from the FCR for the person.<br/>Spaces – There is no change to the FV Indicator.</p>                         |
| Member ID   | 48-62    | 15     | A/N | <p><b>Required</b></p> <p>This field must contain your member ID that was used to add the person to the FCR.</p>  |

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| Field Name  | Location | Length | A/N | Comments  |
| Sex Code  | 63       | 1      | A/N | <p><b>Conditionally Required</b></p> <p>This field must be an ‘F’, ‘M’ or space.</p> <ul style="list-style-type: none"> <li>• If possible, this information should be provided when changing the person’s SSN or submitting an additional SSN for the person. It is useful in the SSN verification.</li> <li>• If an SSN is not submitted and ESKARI information is present, this field must equal ‘F’ or ‘M’.</li> </ul> <p>F – Female<br/>M – Male<br/>Space – Unknown or not available</p>                           |
| Date of Birth   | 64-71    | 8      | A/N | <p><b>Optional</b></p> <p>This field must be spaces or a valid date in CCYYMMDD format.</p> <ul style="list-style-type: none"> <li>• If possible, this information should be provided when changing the person’s SSN or submitting an additional SSN for the person for use in the SSN verification.</li> <li>• If the Change transaction does not involve a change to the SSN, the date of birth, if present, is not used to update the existing date of birth on the FCR for a person with a verified SSN.</li> </ul> |
| SSN   | 72-80    | 9      | A/N | <p><b>Conditionally Required</b></p> <ul style="list-style-type: none"> <li>• If the previous SSN is not spaces or zeroes, this field must be present.</li> <li>• If present, this field must be numeric. It must not be all zeroes, all sixes or all nines.</li> </ul>   |

| CHART G-: FCR INPUT PERSON/LOCATE REQUEST RECORD – CHANGE A PERSON ON THE FCR |          |        |     |  |
|---|----------|--------|-----|--|
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| Field Name  | Location | Length | A/N | Comments   |
| Previous SSN  | 81-89    | 9      | A/N | <p><b>Optional</b></p> <p>You can use this field to identify the SSN that was used to add the person to the FCR.</p> <ul style="list-style-type: none"> <li>If present, it must be numeric and match to the SSN of the person on the FCR. It must not be all zeroes, all sixes or all nines.</li> <li>If this field is not equal to spaces, the Primary SSN field must contain the new SSN for the person.</li> </ul>  |
| First Name  | 90-105   | 16     | A/N | <p><b>Optional</b></p> <p>This field must be spaces or at least one alphabetic character. No special characters or imbedded spaces can be present.</p> <p>This field must be present when changing the person’s SSN on the FCR or adding an additional SSN for the person.</p> <ul style="list-style-type: none"> <li>If the last name is not present, this field must be spaces.</li> </ul>                           |
| Middle Name   | 106-121  | 16     | A/N | <p><b>Optional</b></p> <p>This field must not contain special characters or imbedded spaces.</p> <ul style="list-style-type: none"> <li>If the first name and last name are not present, this field must be spaces.</li> </ul>   |
| Last Name   | 122-151  | 30     | A/N | <p><b>Optional</b></p> <p>This field must be spaces or at least one alphabetic character.</p> <p>No imbedded spaces or special characters, except a hyphen, can be present.</p> <p>This field must be present when changing the person’s SSN on the FCR or adding an additional SSN for the person.</p> <ul style="list-style-type: none"> <li>If the first name is not present, this field must be spaces.</li> </ul> |

| CHART G-: FCR INPUT PERSON/LOCATE REQUEST RECORD – CHANGE A PERSON ON THE FCR |          |        |     |  |
|---|----------|--------|-----|--|
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| Field Name  | Location | Length | A/N | Comments   |
| City of Birth   | 152-167  | 16     | A/N | <p><b>Optional</b></p> <p>This field must be all spaces or valid alphabetic characters with no imbedded spaces.</p> <ul style="list-style-type: none"> <li>• If an SSN is not provided, this information may be used to assist in identifying the person’s SSN.</li> <li>• If the SSN is not present and sufficient optional information is provided, the FCR utilizes available SSA verification routines to attempt to identify the person’s SSN. Refer to Section 5.3.1, “SSN Verification in the FCR,” for an explanation of this process and the combination of the fields required.</li> </ul> |

| CHART G-: FCR INPUT PERSON/LOCATE REQUEST RECORD – CHANGE A PERSON ON THE FCR |          |        |     |  |
|---|----------|--------|-----|--|
| OMB Control Number: 0980-0271 Expiration date: 04/30/2011                     |          |        |     |  |
| Field Name  | Location | Length | A/N | Comments   |
| State or Country of Birth   | 168-171  | 4      | A/N | <p><b>Optional</b></p> <ul style="list-style-type: none"> <li>• If present, this field must be one of the following:                             <ol style="list-style-type: none"> <li>1. the two-character alphabetic FIPS code of the state of birth, left-justified,</li> <li>2. the two-character alphabetic FIPS code of the country of birth and an asterisk, left-justified, or</li> <li>3. the four-character alphanumeric FIPS code of the country and province of birth, or all spaces.</li> </ol> </li> <li>• If an SSN is not provided, this information may be used to assist in identifying the person’s SSN.</li> <li>• If the SSN is not present and sufficient optional information is provided, the FCR utilizes available SSA verification routines to attempt to identify the person’s SSN. Refer to Section 5.3.1, “SSN Verification in the FCR,” for an explanation of this process and the combination of fields required.</li> </ul> <p>For valid codes, refer to Appendix F, “State and Territory Abbreviations and FIPS Codes,” or to the Department of Commerce <i>FIPS Code Manual</i>, <i>National Institute of Standards and Technology</i>, FIPS PUB 10-4 for the FIPS country codes and FIPS PUB 6-4 (April 1995) for a list of the state codes. In addition, FIPS codes are on the Internet at <a href="http://www.itl.nist.gov">http://www.itl.nist.gov</a></p> |

| CHART G--: FCR INPUT PERSON/LOCATE REQUEST RECORD – CHANGE A PERSON ON THE FCR |          |        |     |  |
|--|----------|--------|-----|--|
| OMB Control Number: 0980-0271 Expiration date: 04/30/2011                      |          |        |     |  |
| Field Name   | Location | Length | A/N | Comments   |
| Father’s First Name  | 172-187  | 16     | A/N | <p><b>Optional</b></p> <p>This field must be at least one alphabetic character or spaces. No special characters or imbedded spaces can be present.</p> <ul style="list-style-type: none"> <li>• If an SSN is not provided, this information may be used to assist in identifying the person’s SSN.</li> <li>• If the SSN is not present and sufficient optional information is provided, the FCR utilizes available SSA verification routines to attempt to identify the person’s SSN.</li> <li>• If the father’s last name is not present, this field must contain spaces.</li> </ul>                   |
| Father’s Middle Initial  | 188      | 1      | A/N | <p><b>Optional</b></p> <p>This field must be alphabetic or a space.</p> <ul style="list-style-type: none"> <li>• If the father’s first name and father’s last name are not present, this field must contain a space.</li> </ul>  |
| Father’s Last Name   | 189-204  | 16     | A/N | <p><b>Optional</b></p> <p>This field must be at least one alphabetic character or spaces. No special characters, except hyphens, or imbedded spaces can be present.</p> <ul style="list-style-type: none"> <li>• If an SSN is not provided, this information may be used to assist in identifying the person’s SSN.</li> <li>• If the SSN is not present and sufficient optional information is provided, the FCR utilizes available SSA verification routines to attempt to identify the person’s SSN.</li> <li>• If the father’s first name is not present, this field must contain spaces.</li> </ul> |

| CHART G-: FCR INPUT PERSON/LOCATE REQUEST RECORD – CHANGE A PERSON ON THE FCR |          |        |     |  |
|---|----------|--------|-----|--|
| OMB Control Number: 0980-0271 Expiration date: 04/30/2011                     |          |        |     |  |
| Field Name  | Location | Length | A/N | Comments   |
| Mother’s First Name   | 205-220  | 16     | A/N | <p><b>Optional</b></p> <p>This field must be at least one alphabetic character or spaces. No special characters or imbedded spaces can be present.</p> <ul style="list-style-type: none"> <li>• If an SSN is not provided, this information may be used to assist in identifying the person’s SSN.</li> <li>• If the SSN is not present and sufficient optional information is provided, the FCR utilizes available SSA verification routines to attempt to identify the person’s SSN.</li> <li>• If the mother’s maiden name is not present, this field must contain spaces.</li> </ul>                 |
| Mother’s Middle Initial   | 221      | 1      | A/N | <p><b>Optional</b></p> <p>This field must be alphabetic or a space.</p> <ul style="list-style-type: none"> <li>• If the mother’s first name and mother’s maiden name are not present, this field must contain a space.</li> </ul>  |
| Mother’s Maiden Name  | 222-237  | 16     | A/N | <p><b>Optional</b></p> <p>This field must be at least one alphabetic character or spaces. No special characters, except hyphens, or imbedded spaces can be present.</p> <ul style="list-style-type: none"> <li>• If an SSN is not provided, this information may be used to assist in identifying the person’s SSN.</li> <li>• If the SSN is not present and sufficient optional information is provided, the FCR utilizes available SSA verification routines to attempt to identify the person’s SSN.</li> <li>• If the mother’s first name is not present, this field must contain spaces.</li> </ul> |

| CHART G-: FCR INPUT PERSON/LOCATE REQUEST RECORD – CHANGE A PERSON ON THE FCR |          |        |     |   |
|---|----------|--------|-----|---|
| OMB Control Number: 0980-0271 Expiration date: 04/30/2011                     |          |        |     |   |
| Field Name  | Location | Length | A/N | Comments  |
| IRS-U SSN   | 238-246  | 9      | A/N | <p><b>Optional</b></p> <p>You can use this field to enter the SSN of the spouse of the person being added or located via the FCR, when there is reason to believe a joint federal tax return has been filed by the persons. The SSN of the spouse of the NCP is entered in this field. Include this information in the record only to request that the FCR access IRS information to obtain the SSN.</p> <ul style="list-style-type: none"> <li>• If this field is present and all other SSN identification sources fail to identify an SSN, the FCR only accesses IRS information to identify an SSN.</li> <li>• If present, this field must be numeric. It must not be all zeroes, all sixes or all nines.</li> </ul> |
| Additional SSN 1  | 247-255  | 9      | A/N | <p><b>Optional</b></p> <ul style="list-style-type: none"> <li>• If multiple SSNs are applicable, you can use this field to submit an additional SSN for the person.</li> <li>• If present, this field must be numeric. It must not be all zeroes, all sixes or all nines.</li> </ul>  |
| Additional SSN 2  | 256-264  | 9      | A/N | <p><b>Optional</b></p> <ul style="list-style-type: none"> <li>• If present, this field must conform to the specifications in the field Additional SSN 1.</li> </ul>   |



| CHART G-: FCR INPUT PERSON/LOCATE REQUEST RECORD – CHANGE A PERSON ON THE FCR |          |        |     |  |
|---|----------|--------|-----|--|
| OMB Control Number: 0980-0271 Expiration date: 04/30/2011                     |          |        |     |  |
| Field Name  | Location | Length | A/N | Comments   |
| Additional First Name 1   | 265-280  | 16     | A/N | <p><b>Optional</b></p> <p>You can use this field to add or change an additional first name for a person that was previously added to the FCR.</p> <ul style="list-style-type: none"> <li>• If the additional last name 1 is present, this field must contain at least one alphabetic character. No special characters or imbedded spaces can be present.</li> <li>• If the additional last name 1 is not present, this field must be spaces.</li> </ul>                  |
| Additional Middle Name 1  | 281-296  | 16     | A/N | <p><b>Optional</b></p> <p>You can use this field to change or add an additional middle name for a person that was previously added to the FCR.</p> <p>This field must be spaces or at least one alphabetic character. No special characters or imbedded spaces can be present.</p> <ul style="list-style-type: none"> <li>• If the additional first name 1 and additional last name 1 are not present, this field must be spaces.</li> </ul>                             |
| Additional Last Name 1  | 297-326  | 30     | A/N | <p><b>Optional</b></p> <p>You can use this field to submit or change the additional last name for a person that was previously added to the FCR.</p> <ul style="list-style-type: none"> <li>• If the additional first name 1 is present, this field must be at least one alphabetic character. No special characters, except hyphens, or imbedded spaces can be present.</li> <li>• If the additional first name 1 is not present, this field must be spaces.</li> </ul> |
| Additional First Name 2   | 327-342  | 16     | A/N | <p><b>Optional</b></p> <ul style="list-style-type: none"> <li>• If present, this field must conform to the specifications in the field Additional First Name 1.</li> </ul>   |

| CHART G-: FCR INPUT PERSON/LOCATE REQUEST RECORD – CHANGE A PERSON ON THE FCR |          |        |     |   |
|---|----------|--------|-----|---|
| OMB Control Number: 0980-0271 Expiration date: 04/30/2011                     |          |        |     |   |
| Field Name  | Location | Length | A/N | Comments  |
| Additional Middle Name 2  | 343-358  | 16     | A/N | <b>Optional</b><br><ul style="list-style-type: none"> <li>If present, this field must conform to the specifications in the field Additional Middle Name 1.</li> </ul> |
| Additional Last Name 2  | 359-388  | 30     | A/N | <b>Optional</b><br><ul style="list-style-type: none"> <li>If present, this field must conform to the specifications in the field Additional Last Name 1.</li> </ul>   |
| Additional First Name 3   | 389-404  | 16     | A/N | <b>Optional</b><br><ul style="list-style-type: none"> <li>If present, this field must conform to the specifications in the field Additional First Name 1.</li> </ul>  |
| Additional Middle Name 3  | 405-420  | 16     | A/N | <b>Optional</b><br><ul style="list-style-type: none"> <li>If present, this field must conform to the specifications in the field Additional Middle Name 1.</li> </ul> |
| Additional Last Name 3  | 421-450  | 30     | A/N | <b>Optional</b><br><ul style="list-style-type: none"> <li>If present, this field must conform to the specifications in the field Additional Last Name 1.</li> </ul>   |
| Additional First Name 4   | 451-466  | 16     | A/N | <b>Optional</b><br><ul style="list-style-type: none"> <li>If present, this field must conform to the specifications in the field Additional First Name 1.</li> </ul>  |
| Additional Middle Name 4  | 467-482  | 16     | A/N | <b>Optional</b><br><ul style="list-style-type: none"> <li>If present, this field must conform to the specifications in the field Additional Middle Name 1.</li> </ul> |

| CHART G-: FCR INPUT PERSON/LOCATE REQUEST RECORD – CHANGE A PERSON ON THE FCR |          |        |     |   |
|---|----------|--------|-----|---|
| OMB Control Number: 0980-0271 Expiration date: 04/30/2011                     |          |        |     |   |
| Field Name  | Location | Length | A/N | Comments  |
| Additional Last Name 4  | 483-512  | 30     | A/N | <p><b>Optional</b></p> <ul style="list-style-type: none"> <li>If present, this field must conform to the specifications in the field Additional Last Name 1.</li> </ul>   |
| New Member ID   | 513-527  | 15     | A/N | <p><b>Optional</b></p> <p>You can use this field to change your member ID for the person on the FCR.</p>  |
| IRS-1099  | 528      | 1      | A/N | <p><b>Optional</b></p> <p>You can use this field to initiate a request for Locate from the IRS-1099 when changing the person information on the FCR. IRS-1099 data is only available if you have an approved IRS-1099 agreement with OCSE. This field must be a ‘Y’ or a space.</p> <p>Y – You request IRS-1099 as a Locate source.<br/>Space – You do not request IRS-1099 as a Locate source.</p> |

| CHART G-: FCR INPUT PERSON/LOCATE REQUEST RECORD – CHANGE A PERSON ON THE FCR |          |        |     |   |
|---|----------|--------|-----|---|
| OMB Control Number: 0980-0271 Expiration date: 04/30/2011                     |          |        |     |   |
| Field Name  | Location | Length | A/N | Comments  |
| Locate Source 1   | 529-531  | 3      | A/N | <p><b>Optional</b></p> <p>You can use this field to initiate a request for Locate processing when changing the person on the FCR.</p> <p>This field must be spaces or one of the following valid Locate source codes:</p> <p>ALL – Send search request to all available Locate sources (Does not include IRS-1099).</p> <p>A01 – Send a search request to the DoD. This code also sends a search request to the OPM.</p> <p>A02 – Send a search request to the FBI for their employees.</p> <p>A03 – Send a search request to the NSA for their employees.</p> <p>C01 – Send a search request to the IRS (non-1099).</p> <p>E01 – Send a search request to the SSA.</p> <p>F01 – Send a search request to the VA.</p> <p>H01 – Request a search of the NDNH.</p> <p>Spaces – No Locate requested.</p> |
| Locate Source 2   | 532-534  | 3      | A/N | <p><b>Optional</b></p> <ul style="list-style-type: none"> <li>If present, this field must be a valid Locate source code as defined in the Locate Source 1 field, except ‘ALL’.</li> </ul> <p>Locate source codes must not be duplicated in a record.</p> <p>Locate source codes must be entered using each available Locate Source field consecutively.</p>   |
| Locate Source 3   | 535-537  | 3      | A/N | <p><b>Optional</b></p> <ul style="list-style-type: none"> <li>If present, this field must be a valid Locate source code as defined in field Locate Source 2.</li> </ul>   |

| CHART G-: FCR INPUT PERSON/LOCATE REQUEST RECORD – CHANGE A PERSON ON THE FCR |          |        |     |   |
|---|----------|--------|-----|---|
| OMB Control Number: 0980-0271 Expiration date: 04/30/2011                     |          |        |     |   |
| Field Name  | Location | Length | A/N | Comments  |
| Locate Source 4   | 538-540  | 3      | A/N | <b>Optional</b><br><ul style="list-style-type: none"> <li>If present, this field must be a valid Locate source code as defined in field Locate Source 2.</li> </ul>   |
| Locate Source 5   | 541-543  | 3      | A/N | <b>Optional</b><br><ul style="list-style-type: none"> <li>If present, this field must be a valid Locate source code as defined in field Locate Source 2.</li> </ul>   |
| Locate Source 6   | 544-546  | 3      | A/N | <b>Optional</b><br><ul style="list-style-type: none"> <li>If present, this field must be a valid Locate source code as defined in field Locate Source 2.</li> </ul>   |
| Locate Source 7   | 547-549  | 3      | A/N | <b>Optional</b><br><ul style="list-style-type: none"> <li>If present, this field must be a valid Locate source code as defined in field Locate Source 2.</li> </ul>   |
| Locate Source 8   | 550-552  | 3      | A/N | <b>Optional</b><br><ul style="list-style-type: none"> <li>If present, this field must be a valid Locate source code as defined in field Locate Source 2.</li> </ul>   |
| Filler  | 553-573  | 21     | A/N | This field is for future versions. For the current version, fill with spaces.   |
| Filler  | 574-588  | 15     | A/N | <b>Reserved for FCR processing</b> For the current version, fill with spaces.   |
| Incorrect SSN   | 589-597  | 9      | A/N | <b>Optional</b><br><ul style="list-style-type: none"> <li>If present, this field must contain the SSN that the state is notifying the FCR as being incorrect, and does not belong to their case participant.</li> </ul> |
| Filler  | 598-640  | 43     | A/N | This field is for future versions. For the current version, fill with spaces.   |

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Public reporting burden for this collection of information is estimated to average 660 hours per month for processing input and output files, 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.

| CHART G-: FCR INPUT PERSON/LOCATE REQUEST RECORD – DELETE A PERSON FROM A CASE |          |        |     |   |
|--|----------|--------|-----|---|
| OMB Control Number: 0980-0271 Expiration date: 04/30/2011                      |          |        |     |   |
| Field Name   | Location | Length | A/N | Comments  |
| Record Identifier  | 1-2      | 2      | A/N | <b>Required</b><br>This field must contain the characters 'FP'.   |
| Action Type Code   | 3        | 1      | A/N | <b>Required</b><br>This field must contain a 'D' to delete a person from a single case previously added to the FCR.   |
| Case ID  | 4-18     | 15     | A/N | <b>Required</b><br>The case ID must match the case ID that was previously associated with the person on the FCR. It must not be all spaces or all zeroes, and the first position must not be a space. |
| Filler   | 19-20    | 2      | A/N | <b>Reserved for Internal Processing</b> This field must be spaces.  |
| User Field   | 21-35    | 15     | A/N | <b>Optional</b><br>You can use this field for identifying information. The information included in this field is returned with the Acknowledgement/Error Response.                                    |

| CHART G-: FCR INPUT PERSON/LOCATE REQUEST RECORD – DELETE A PERSON FROM A CASE |          |        |     |  |
|--|----------|--------|-----|--|
| OMB Control Number: 0980-0271 Expiration date: 04/30/2011                      |          |        |     |  |
| Field Name   | Location | Length | A/N | Comments   |
| FIPS County Code   | 36-38    | 3      | A/N | <p><b>Optional</b></p> <p>You may use this field for your internal purposes.</p> <ul style="list-style-type: none"> <li>If present, this field must be positions three through five of the numeric FIPS state/territory and county codes. Refer to the Department of Commerce <i>FIPS Code Manual, National Institute of Standards and Technology</i>, FIPS PUB 6-4 (April 1995) for a list of these codes. In addition, FIPS codes are on the Internet at <a href="http://www.itl.nist.gov">http://www.itl.nist.gov</a></li> </ul> <p>The information included in this field is returned with the Acknowledgement/Error Response.</p> |
| Filler   | 39-40    | 2      | A/N | This field is for a future version. For the current version, fill with spaces.   |
| Locate Request Type  | 41-42    | 2      | A/N | <b>Not Used</b> Any entry in this field is ignored for the Delete transaction.   |
| Filler   | 43       | 1      | A/N | <b>Not Used</b> Any entry in this field is ignored for the Delete transaction.   |
| Participant Type Code  | 44-45    | 2      | A/N | <b>Not Used</b> Any entry in this field is ignored for the Delete transaction.   |
| Family Violence  | 46-47    | 2      | A/N | <b>Not Used</b> Any entry in this field is ignored for the Delete transaction.   |
| Member ID  | 48-62    | 15     | A/N | <p><b>Required</b></p> <p>This field must contain the member ID that you used to add the person to the FCR.</p>  |
| Sex Code   | 63       | 1      | A/N | <b>Not Used</b> Any entry in this field is ignored for the Delete transaction.   |
| Date of Birth  | 64-71    | 8      | A/N | <b>Not Used</b> Any entry in this field is ignored for the Delete transaction.   |



| CHART G-: FCR INPUT PERSON/LOCATE REQUEST RECORD – DELETE A PERSON FROM A CASE |          |        |     |  |
|--|----------|--------|-----|--|
| OMB Control Number: 0980-0271 Expiration date: 04/30/2011                      |          |        |     |  |
| Field Name   | Location | Length | A/N | Comments   |
| SSN  | 72-80    | 9      | A/N | <b>Optional</b><br>This field must be spaces or the SSN used to add the person to the FCR.<br><ul style="list-style-type: none"> <li>• If present, the FCR uses this field to confirm the match for the Delete transaction to the person on the FCR.</li> <li>• If present, this field must be numeric and match against the SSN of the person on the FCR. It must not be all zeroes, all sixes or all nines.</li> </ul> |
| Previous SSN   | 81-89    | 9      | A/N | <b>Not Allowed</b> This field must be spaces.  |
| First Name   | 90-105   | 16     | A/N | <b>Not Used</b> Any entry in this field is ignored for the Delete transaction.   |
| Middle Name  | 106-121  | 16     | A/N | <b>Not Used</b> Any entry in this field is ignored for the Delete transaction.   |
| Last Name  | 122-151  | 30     | A/N | <b>Not Used</b> Any entry in this field is ignored for the Delete transaction.   |
| City of Birth  | 152-167  | 16     | A/N | <b>Not Allowed</b> This field must be spaces.  |
| State or Country of Birth  | 168-171  | 4      | A/N | <b>Not Allowed</b> This field must be spaces.  |
| Father’s First Name  | 172-187  | 16     | A/N | <b>Not Allowed</b> This field must be spaces.  |
| Father’s Middle Initial  | 188      | 1      | A/N | <b>Not Allowed</b> This field must be a space.   |
| Father’s Last Name   | 189-204  | 16     | A/N | <b>Not Allowed</b> This field must be spaces.  |
| Mother’s First Name  | 205-220  | 16     | A/N | <b>Not Allowed</b> This field must be spaces.  |
| Mother’s Middle Initial  | 221      | 1      | A/N | <b>Not Allowed</b> This field must be a space.   |
| Mother’s Maiden Name   | 222-237  | 16     | A/N | <b>Not Allowed</b> This field must be spaces.  |

| CHART G-: FCR INPUT PERSON/LOCATE REQUEST RECORD – DELETE A PERSON FROM A CASE |          |        |     |  |
|--|----------|--------|-----|--|
| OMB Control Number: 0980-0271 Expiration date: 04/30/2011                      |          |        |     |  |
| Field Name   | Location | Length | A/N | Comments   |
| IRS-U SSN  | 238-246  | 9      | A/N | <b>Not Allowed</b> This field must be spaces.                                  |
| Additional SSN 1   | 247-255  | 9      | A/N | <b>Not Used</b> Any entry in this field is ignored for the Delete transaction. |
| Additional SSN 2   | 256-264  | 9      | A/N | <b>Not Used</b> Any entry in this field is ignored for the Delete transaction. |
| Additional First Name 1  | 265-280  | 16     | A/N | <b>Not Used</b> Any entry in this field is ignored for the Delete transaction. |
| Additional Middle Name 1   | 281-296  | 16     | A/N | <b>Not Used</b> Any entry in this field is ignored for the Delete transaction. |
| Additional Last Name 1   | 297-326  | 30     | A/N | <b>Not Used</b> Any entry in this field is ignored for the Delete transaction. |
| Additional First Name 2  | 327-342  | 16     | A/N | <b>Not Used</b> Any entry in this field is ignored for the Delete transaction. |
| Additional Middle Name 2   | 343-358  | 16     | A/N | <b>Not Used</b> Any entry in this field is ignored for the Delete transaction. |
| Additional Last Name 2   | 359-388  | 30     | A/N | <b>Not Used</b> Any entry in this field is ignored for the Delete transaction. |
| Additional First Name 3  | 389-404  | 16     | A/N | <b>Not Used</b> Any entry in this field is ignored for the Delete transaction. |
| Additional Middle Name 3   | 405-420  | 16     | A/N | <b>Not Used</b> Any entry in this field is ignored for the Delete transaction. |
| Additional Last Name 3   | 421-450  | 30     | A/N | <b>Not Used</b> Any entry in this field is ignored for the Delete transaction. |
| Additional First Name 4  | 451-466  | 16     | A/N | <b>Not Used</b> Any entry in this field is ignored for the Delete transaction. |
| Additional Middle Name 4   | 467-482  | 16     | A/N | <b>Not Used</b> Any entry in this field is ignored for the Delete transaction. |
| Additional Last Name 4   | 483-512  | 30     | A/N | <b>Not Used</b> Any entry in this field is ignored for the Delete transaction. |
| New Member ID  | 513-527  | 15     | A/N | <b>Not Used</b> Any entry in this field is ignored for the Delete transaction. |

| <b>CHART G-: FCR INPUT PERSON/LOCATE REQUEST RECORD – DELETE A PERSON FROM A CASE</b> |          |        |     |  |
|---|----------|--------|-----|--|
| OMB Control Number: 0980-0271 Expiration date: 04/30/2011                             |          |        |     |  |
| Field Name  | Location | Length | A/N | Comments   |
| IRS-1099  | 528      | 1      | A/N | <b>Not Used</b> Any entry in this field is ignored for the Delete transaction. |
| Locate Source 1   | 529-531  | 3      | A/N | <b>Not Used</b> Any entry in this field is ignored for the Delete transaction. |
| Locate Source 2   | 532-534  | 3      | A/N | <b>Not Used</b> Any entry in this field is ignored for the Delete transaction. |
| Locate Source 3   | 535-537  | 3      | A/N | <b>Not Used</b> Any entry in this field is ignored for the Delete transaction. |
| Locate Source 4   | 538-540  | 3      | A/N | <b>Not Used</b> Any entry in this field is ignored for the Delete transaction. |
| Locate Source 5   | 541-543  | 3      | A/N | <b>Not Used</b> Any entry in this field is ignored for the Delete transaction. |
| Locate Source 6   | 544-546  | 3      | A/N | <b>Not Used</b> Any entry in this field is ignored for the Delete transaction. |
| Locate Source 7   | 547-549  | 3      | A/N | <b>Not Used</b> Any entry in this field is ignored for the Delete transaction. |
| Locate Source 8   | 550-552  | 3      | A/N | <b>Not Used</b> Any entry in this field is ignored for the Delete transaction. |
| Filler  | 553-640  | 88     | A/N | This field is for future versions. For the current version, fill with spaces.  |

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| CHART G-: FCR INPUT PERSON/LOCATE REQUEST RECORD – INITIATE A LOCATE REQUEST |          |        |     |   |
|--|----------|--------|-----|---|
| OMB Control Number: 0980-0271 Expiration date: 06/30/2014                    |          |        |     |   |
| Field Name   | Location | Length | A/N | Comments  |
| Record Identifier  | 1-2      | 2      | A/N | <b>Required</b><br>This field must contain the characters 'FP'.   |
| Action Type Code   | 3        | 1      | A/N | <b>Required</b><br>This field must contain an 'L' to initiate a Locate for a person who is not being added to the FCR, or for a person who was previously added to the FCR.   |
| Case ID  | 4-18     | 15     | A/N | <b>Conditionally Required</b> <ul style="list-style-type: none"> <li>• If the Locate request type is 'CS', this field must contain a unique identifier you assigned to a IV-D case on the FCR for the person.</li> <li>• If the person is in multiple IV-D cases in your system, you must select one of the case IDs for the transaction. Locate requests for each case ID should not be submitted.</li> <li>• If the Locate request type is not 'CS', this field must contain all spaces or a unique identifier you assigned.</li> <li>• If a case ID is present, it must not be all zeroes, contain an asterisk or backslash and the first position cannot be a space.</li> </ul> |
| Filler   | 19-20    | 2      | A/N | <b>Reserved for Internal Processing</b> This field must be spaces.  |
| User Field   | 21-35    | 15     | A/N | <b>Optional</b><br>You can use this field for identifying information. The information included in this field is returned with the Acknowledgement/Error Response and the Locate Response.  |

| CHART G-: FCR INPUT PERSON/LOCATE REQUEST RECORD – INITIATE A LOCATE REQUEST |          |        |     |  |
|--|----------|--------|-----|--|
| OMB Control Number: 0980-0271 Expiration date: 06/30/2014                    |          |        |     |  |
| Field Name   | Location | Length | A/N | Comments   |
| FIPS County Code   | 36-38    | 3      | A/N | <p><b>Optional</b></p> <p>You may use this field for your internal purposes.</p> <ul style="list-style-type: none"> <li>If present, this field must be positions three through five of the numeric FIPS state/territory and county codes. Refer to the Department of Commerce <i>FIPS Code Manual, National Institute of Standards and Technology</i>, FIPS PUB 6-4 (April 1995) for a list of these codes. In addition, FIPS codes are the Internet at <a href="http://www.itl.nist.gov">http://www.itl.nist.gov</a></li> </ul> <p>The information included in this field is returned with the Locate response.</p> |
| Filler   | 39-40    | 2      | A/N | This field is for a future version. For the current version, fill with spaces.   |
| Locate Request Type  | 41-42    | 2      | A/N | <p><b>Required</b></p> <p>Refer to Chart 6-14, “Types of Locate Requests,” for an explanation of the information available based on the Locate request type code. This field must contain one of the following codes:</p> <p>AD – Request for Adoption or Foster Care purposes<br/>           CS – Request for IV-D purposes<br/>           CV – Request for Custody and Visitation Establishment or Enforcement purposes<br/>           LC – Request for Locate Only for Child Support purposes<br/>           PK – Request for Parental Kidnapping purposes</p>  |
| Filler   | 43       | 1      | A/N | This field is for a future version. For the current version, fill with spaces.   |

| CHART G-: FCR INPUT PERSON/LOCATE REQUEST RECORD – INITIATE A LOCATE REQUEST |          |        |     |  |
|--|----------|--------|-----|--|
| OMB Control Number: 0980-0271 Expiration date: 06/30/2014                    |          |        |     |  |
| Field Name   | Location | Length | A/N | Comments   |
| Participant Type Code  | 44-45    | 2      | A/N | <p><b>Conditionally Required</b></p> <p>This field must contain one of the following codes to define the person’s participant type in the case:<br/>           CH – Child<br/>           CP – Custodial party<br/>           NP – Noncustodial parent<br/>           PF – Putative father (allowed for IV-D cases only)<br/>           Spaces – Participant type is unknown</p> <p>This field must be a ‘CH’ when requesting Locate information for a child. For Locate Request Type ‘AD’, this field must be ‘CP’, ‘NP’ or ‘PF’ to receive additional wage and income fields on response.</p> |
| Family Violence  | 46-47    | 2      | A/N | <p><b>Not Allowed</b> This field must be spaces.</p>   |
| Member ID  | 48-62    | 15     | A/N | <p><b>Optional</b></p> <p>This field may be all spaces or your member ID.</p>  |
| Sex Code   | 63       | 1      | A/N | <p><b>Conditionally Required</b></p> <p>This field must be an ‘F’, ‘M’ or space. This information should be provided whenever possible to assist in the SSN verification process.</p> <ul style="list-style-type: none"> <li>If an SSN is not submitted and ESKARI information is present, this field must equal ‘F’ or ‘M’.</li> </ul> <p>F – Female<br/>           M – Male<br/>           Space – Unknown or not available</p>  |

| CHART G-: FCR INPUT PERSON/LOCATE REQUEST RECORD – INITIATE A LOCATE REQUEST |          |        |     |  |
|--|----------|--------|-----|--|
| OMB Control Number: 0980-0271 Expiration date: 06/30/2014                    |          |        |     |  |
| Field Name   | Location | Length | A/N | Comments   |
| Date of Birth  | 64-71    | 8      | A/N | <b>Conditionally Required</b><br>This field must be spaces or a valid date in CCYYMMDD format.<br><ul style="list-style-type: none"> <li>If this field is not present, either the SSN or the IRS-U SSN must be present so the FCR can attempt to identify an SSN for the person.</li> </ul>  |
| SSN  | 72-80    | 9      | A/N | <b>Conditionally Required</b><br><ul style="list-style-type: none"> <li>If this field 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.</li> <li>If present, this field must be numeric. It must not be all zeroes, all sixes or all nines.</li> </ul> |
| Previous SSN   | 81-89    | 9      | A/N | <b>Not Allowed</b> This field must be spaces.  |
| First Name   | 90-105   | 16     | A/N | <b>Required</b><br>At least one alphabetic character must be present. No special characters or imbedded spaces can be present.   |
| Middle Name  | 106-121  | 16     | A/N | <b>Optional</b><br>This field must not contain special characters or imbedded spaces.  |
| Last Name  | 122-151  | 30     | A/N | <b>Required</b><br>At least one alphabetic character must be present. No imbedded blanks or special characters, except a hyphen, can be present.   |

| CHART G-: FCR INPUT PERSON/LOCATE REQUEST RECORD – INITIATE A LOCATE REQUEST |          |        |     |  |
|--|----------|--------|-----|--|
| OMB Control Number: 0980-0271 Expiration date: 06/30/2014                    |          |        |     |  |
| Field Name   | Location | Length | A/N | Comments   |
| City of Birth  | 152-167  | 16     | A/N | <p><b>Optional</b></p> <p>This field must be all spaces or valid alphabetic characters with no imbedded spaces.</p> <ul style="list-style-type: none"> <li>• If an SSN is not provided, this information may be used to assist in identifying the person’s SSN.</li> <li>• If the SSN is not present and sufficient optional information is provided, the FCR utilizes available SSA verification routines to attempt to identify the person’s SSN. Refer to Section 5.3.1, “SSN Verification in the FCR,” for an explanation of this process and the combination of fields required.</li> </ul> |



**CHART G-: FCR INPUT PERSON/LOCATE REQUEST RECORD – INITIATE A LOCATE REQUEST**

OMB Control Number: 0980-0271 Expiration date: 06/30/2014

| Field Name                | Location | Length | A/N | Comments  |
|---------------------------|----------|--------|-----|---|
| State or Country of Birth | 168-171  | 4      | A/N | <p><b>Optional</b></p> <p>For valid codes, refer to Appendix F, “State and Territory Abbreviations and FIPS Codes,” or to the Department of Commerce <i>FIPS Code Manual</i>, <i>National Institute of Standards and Technology</i>, FIPS PUB 10-4 for the FIPS country codes and FIPS PUB 6-4 (April 1995) for a list of the state codes. In addition, FIPS codes are on the Internet at <a href="http://www.itl.nist.gov">http://www.itl.nist.gov</a></p> <ul style="list-style-type: none"> <li>• If present, this field must be one of the following:               <ol style="list-style-type: none"> <li>1. the two-character alphabetic FIPS code of the state of birth, left-justified,</li> <li>2. the two-character alphabetic FIPS code of the country of birth and an asterisk, left-justified,</li> <li>3. the four-character alphanumeric FIPS code of the country and province of birth, or all spaces.</li> </ol> </li> <li>• If an SSN is not provided, this information may be used to assist in identifying the person’s SSN.</li> <li>• If the SSN is not present and sufficient optional information is provided, the FCR utilizes available SSA verification routines to attempt to identify the person’s SSN. Refer to Section 5.3.1, “SSN Verification in the FCR,” for an explanation of this process and the combination of fields required.</li> </ul> |

| CHART G-: FCR INPUT PERSON/LOCATE REQUEST RECORD – INITIATE A LOCATE REQUEST |          |        |     |  |
|--|----------|--------|-----|--|
| OMB Control Number: 0980-0271 Expiration date: 06/30/2014                    |          |        |     |  |
| Field Name   | Location | Length | A/N | Comments   |
| Father's First Name  | 172-187  | 16     | A/N | <p><b>Optional</b></p> <p>This field must be at least one alphabetic character or spaces. No special characters or imbedded spaces can be present.</p> <ul style="list-style-type: none"> <li>• If an SSN is not provided, this information may be used to assist in identifying the person's SSN.</li> <li>• If the SSN is not present and sufficient optional information is provided, the FCR utilizes available SSA verification routines to attempt to identify the person's SSN.</li> <li>• If the father's last name is not present, this field must contain spaces.</li> </ul>                   |
| Father's Middle Initial  | 188      | 1      | A/N | <p><b>Optional</b></p> <p>This field must be alphabetic or a space.</p> <ul style="list-style-type: none"> <li>• If the father's first name and father's last name are not present, this field must contain a space.</li> </ul>  |
| Father's Last Name   | 189-204  | 16     | A/N | <p><b>Optional</b></p> <p>This field must be at least one alphabetic character or spaces. No special characters, except hyphens, or imbedded spaces can be present.</p> <ul style="list-style-type: none"> <li>• If an SSN is not provided, this information may be used to assist in identifying the person's SSN.</li> <li>• If the SSN is not present and sufficient optional information is provided, the FCR utilizes available SSA verification routines to attempt to identify the person's SSN.</li> <li>• If the father's first name is not present, this field must contain spaces.</li> </ul> |

| CHART G-: FCR INPUT PERSON/LOCATE REQUEST RECORD – INITIATE A LOCATE REQUEST |          |        |     |  |
|--|----------|--------|-----|--|
| OMB Control Number: 0980-0271 Expiration date: 06/30/2014                    |          |        |     |  |
| Field Name   | Location | Length | A/N | Comments   |
| Mother's First Name  | 205-220  | 16     | A/N | <p><b>Optional</b></p> <p>This field must be at least one alphabetic character or spaces. No special characters or imbedded spaces should be present.</p> <ul style="list-style-type: none"> <li>• If an SSN is not provided, this information may be used to assist in identifying the person's SSN.</li> <li>• If the SSN is not present and sufficient optional information is provided, the FCR utilizes available SSA verification routines to attempt to identify the person's SSN.</li> <li>• If the mother's maiden name is not present, this field must contain spaces.</li> </ul>              |
| Mother's Middle Initial  | 221      | 1      | A/N | <p><b>Optional</b></p> <p>This field must be alphabetic or a space.</p> <ul style="list-style-type: none"> <li>• If the mother's first name and mother's maiden name are not present, this field must be a space.</li> <li>• If the mother's first name and mother's maiden name are not present, this field must contain a space.</li> </ul>  |
| Mother's Maiden Name   | 222-237  | 16     | A/N | <p><b>Optional</b></p> <p>This field must be at least one alphabetic character or spaces. No special characters, except hyphens, or imbedded spaces can be present.</p> <ul style="list-style-type: none"> <li>• If an SSN is not provided, this information may be used to assist in identifying the person's SSN.</li> <li>• If the SSN is not present and sufficient optional information is provided, the FCR utilizes available SSA verification routines to attempt to identify the person's SSN.</li> <li>• If the mother's first name is not present, this field must contain spaces.</li> </ul> |

| CHART G-: FCR INPUT PERSON/LOCATE REQUEST RECORD – INITIATE A LOCATE REQUEST |          |        |     |   |
|--|----------|--------|-----|---|
| OMB Control Number: 0980-0271 Expiration date: 06/30/2014                    |          |        |     |   |
| Field Name   | Location | Length | A/N | Comments  |
| IRS-U SSN  | 238-246  | 9      | A/N | <p><b>Conditionally Required</b></p> <p>This field is used to enter the SSN of the spouse of the person being located via the FCR when there is reason to believe a joint federal tax return has been filed by the persons. The SSN of the custodial parent is entered in this field. Include this information in the record only to request that the FCR access IRS information to obtain the SSN.</p> <ul style="list-style-type: none"> <li>• If this field is present and all other SSN identification sources fail to identify an SSN, the FCR only accesses IRS information to identify an SSN.</li> <li>• If present, this field must be numeric. It must not be all zeroes, all sixes or all nines.</li> <li>• If this field is not present, either the date of birth or the SSN must be present so the FCR can attempt to identify an SSN for the person.</li> </ul> |
| Additional SSN 1   | 247-255  | 9      | A/N | <b>Not Allowed</b> This field must be spaces.   |
| Additional SSN 2   | 256-264  | 9      | A/N | <b>Not Allowed</b> This field must be spaces.   |
| Additional First Name 1  | 265-280  | 16     | A/N | <p><b>Optional</b></p> <p>You can use this field to enter an alias first name for the person. Locates are performed on up to two alias names.<br/>No special characters or imbedded spaces can be present.</p> <ul style="list-style-type: none"> <li>• If the additional last name 1 is not present, this field must be spaces.</li> </ul>   |

| CHART G-: FCR INPUT PERSON/LOCATE REQUEST RECORD – INITIATE A LOCATE REQUEST |          |        |     |  |
|--|----------|--------|-----|--|
| OMB Control Number: 0980-0271 Expiration date: 06/30/2014                    |          |        |     |  |
| Field Name   | Location | Length | A/N | Comments   |
| Additional Middle Name 1   | 281-296  | 16     | A/N | <p><b>Optional</b></p> <p>You can use this field to enter an alias middle name for the person. Locates are performed on up to two alias names.</p> <ul style="list-style-type: none"> <li>• If present, this field must be valid alphabetic characters. No special characters or imbedded spaces can be present.</li> <li>• If the additional first name 1 and additional last name 1 are not present, this field must be spaces.</li> </ul>                         |
| Additional Last Name 1   | 297-326  | 30     | A/N | <p><b>Optional</b></p> <p>You can use this field to enter an alias last name for the person. Locates are performed on up to two alias names.</p> <ul style="list-style-type: none"> <li>• If the additional first name 1 is present, this field must be at least one alphabetic character. No special characters, except hyphens, or imbedded spaces can be present.</li> <li>• If the additional first name 1 is not present, this field must be spaces.</li> </ul> |
| Additional First Name 2  | 327-342  | 16     | A/N | <p><b>Optional</b></p> <ul style="list-style-type: none"> <li>• If present, this field must conform to specifications in the field Additional First Name 1.</li> </ul>   |
| Additional Middle Name 2   | 343-358  | 16     | A/N | <p><b>Optional</b></p> <ul style="list-style-type: none"> <li>• If present, this field must conform to the specifications in the field Additional Middle Name 1.</li> </ul>  |
| Additional Last Name 2   | 359-388  | 30     | A/N | <p><b>Optional</b></p> <ul style="list-style-type: none"> <li>• If present, this field must conform to the specifications in the field Additional Last Name 1.</li> </ul>  |

| CHART G-: FCR INPUT PERSON/LOCATE REQUEST RECORD – INITIATE A LOCATE REQUEST |          |        |     |  |
|--|----------|--------|-----|--|
| OMB Control Number: 0980-0271 Expiration date: 06/30/2014                    |          |        |     |  |
| Field Name   | Location | Length | A/N | Comments   |
| Additional First Name 3  | 389-404  | 16     | A/N | <b>Not Used</b> Any entry in this field is ignored for the Locate Request transaction.   |
| Additional Middle Name 3   | 405-420  | 16     | A/N | <b>Not Used</b> Any entry in this field is ignored for the Locate Request transaction.   |
| Additional Last Name 3   | 421-450  | 30     | A/N | <b>Not Used</b> Any entry in this field is ignored for the Locate Request transaction.   |
| Additional First Name 4  | 451-466  | 16     | A/N | <b>Not Used</b> Any entry in this field is ignored for the Locate Request transaction.   |
| Additional Middle Name 4   | 467-482  | 16     | A/N | <b>Not Used</b> Any entry in this field is ignored for the Locate Request transaction.   |
| Additional Last Name 4   | 483-512  | 30     | A/N | <b>Not Used</b> Any entry in this field is ignored for the Locate Request transaction.   |
| New Member ID  | 513-527  | 15     | A/N | <b>Not Allowed</b> This field must be all spaces.  |
| IRS-1099   | 528      | 1      | A/N | <b>Optional</b><br>You can use this field to initiate a request for Locate information from the IRS-1099. IRS-1099 data is only available if you have an approved IRS-1099 agreement with OCSE.<br>This field must be a ‘Y’ or a space.<br>Y – You request IRS-1099 as a Locate source.<br>Space – You do not request IRS-1099 as a Locate source. |

| CHART G-: FCR INPUT PERSON/LOCATE REQUEST RECORD – INITIATE A LOCATE REQUEST |          |        |     |   |
|--|----------|--------|-----|---|
| OMB Control Number: 0980-0271 Expiration date: 06/30/2014                    |          |        |     |   |
| Field Name   | Location | Length | A/N | Comments  |
| Locate Source 1  | 529-531  | 3      | A/N | <p><b>Conditionally Required</b></p> <ul style="list-style-type: none"> <li>If the IRS-1099 field does not equal ‘Y’, this field must be present and one of the following Locate source codes:</li> </ul> <p>ALL – Send search request to all available Locate sources (Does not include IRS-1099).<br/>                     A01 – Send a search request to the DoD. This code also sends a search request to the OPM.<br/>                     A02 – Send a search request to the FBI for their employees.<br/>                     A03 – Send a search request to the NSA for their employees.<br/>                     C01 – Send a search request to the IRS (non-1099).<br/>                     E01 – Send a search request to the SSA.<br/>                     F01 – Send a search request to the VA.<br/>                     H01 – Request a search of the NDNH.<br/>                     Spaces – No Locate requested.</p> |
| Locate Source 2  | 532-534  | 3      | A/N | <p><b>Optional</b></p> <ul style="list-style-type: none"> <li>If present, this field must be a valid Locate source code as defined in field Locate Source 1, except ‘ALL’.</li> </ul> <p>Locate source codes must not be duplicated in a record.<br/>                     Locate source codes must be entered using each available Locate Source field consecutively.</p>   |
| Locate Source 3  | 535-537  | 3      | A/N | <p><b>Optional</b></p> <ul style="list-style-type: none"> <li>If present, this field must be a valid Locate source code as defined in field Locate Source 2.</li> </ul>   |

| CHART G-: FCR INPUT PERSON/LOCATE REQUEST RECORD – INITIATE A LOCATE REQUEST |          |        |     |   |
|--|----------|--------|-----|---|
| OMB Control Number: 0980-0271 Expiration date: 06/30/2014                    |          |        |     |   |
| Field Name   | Location | Length | A/N | Comments  |
| Locate Source 4  | 538-540  | 3      | A/N | <b>Optional</b><br>• If present, this field must be a valid Locate source code as defined in field Locate Source 2. |
| Locate Source 5  | 541-543  | 3      | A/N | <b>Optional</b><br>• If present, this field must be a valid Locate source code as defined in field Locate Source 2. |
| Locate Source 6  | 544-546  | 3      | A/N | <b>Optional</b><br>• If present, this field must be a valid Locate source code as defined in field Locate Source 2. |
| Locate Source 7  | 547-549  | 3      | A/N | <b>Optional</b><br>• If present, this field must be a valid Locate source code as defined in field Locate Source 2. |
| Locate Source 8  | 550-552  | 3      | A/N | <b>Optional</b><br>• If present, this field must be a valid Locate source code as defined in field Locate Source 2. |
| Filler   | 553-640  | 88     | A/N | This field is for future versions. For the current version, fill with spaces.                                       |

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Public reporting burden for this collection of information is estimated to average 660 hours per month for processing input and output files, 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.



| CHART G-: FCR INPUT PERSON/LOCATE REQUEST RECORD – TERMINATE AN OPEN LOCATE REQUEST |          |        |     |  |
|---|----------|--------|-----|--|
| OMB Control Number: 0980-0271 Expiration date: 04/30/2011                           |          |        |     |  |
| Field Name  | Location | Length | A/N | Comments   |
| Record Identifier   | 1-2      | 2      | A/N | <b>Required</b><br>This field must contain the characters ‘FP’.  |
| Action Type Code  | 3        | 1      | A/N | <b>Required</b><br>This field must contain a ‘T’ to terminate an open Locate request.  |
| Case ID   | 4-18     | 15     | A/N | <b>Optional</b><br>This field must contain all spaces or the unique identifier assigned to the case by the state/territory.<br><ul style="list-style-type: none"> <li>If a case ID is present, it must not be all zeroes and the first position must not be a space.</li> </ul>  |
| Filler  | 19-20    | 2      | A/N | <b>Reserved for Internal Processing</b> This field must be spaces.   |
| User Field  | 21-35    | 15     | A/N | <b>Optional</b><br>You can use this field for identifying information. The information included in this field is returned with the Acknowledgement/Error Response.   |
| FIPS County Code  | 36-38    | 3      | A/N | <b>Optional</b><br>You may use this field for your internal purposes.<br>FIPS codes are on the Internet at <a href="http://www.itl.nist.gov">http://www.itl.nist.gov</a><br>The information included in this field is returned with the Acknowledgement/Error Response.<br><ul style="list-style-type: none"> <li>If present, this field must be positions three through five of the numeric FIPS state/territory and county codes. Refer to the Department of Commerce <i>FIPS Code Manual, National Institute of Standards and Technology</i>, FIPS PUB 6-4 (April 1995) for a list of these codes.</li> </ul> |

| CHART G-: FCR INPUT PERSON/LOCATE REQUEST RECORD – TERMINATE AN OPEN LOCATE REQUEST |          |        |     |   |
|---|----------|--------|-----|---|
| OMB Control Number: 0980-0271 Expiration date: 04/30/2011                           |          |        |     |   |
| Field Name  | Location | Length | A/N | Comments  |
| Filler  | 39-40    | 2      | A/N | This field is for a future version. For the current version, fill with spaces.  |
| Locate Request Type   | 41-42    | 2      | A/N | <b>Required</b><br>Refer to Chart 6-14, “Types of Locate Requests,” for an explanation of the information available based on the Locate request type code. This field must contain one of the following codes and match to an open Locate on the FCR:<br>AD – Request for Adoption or Foster Care purposes<br>CS – Request for IV-D purposes<br>CV – Request for Custody and Visitation Establishment or Enforcement purposes<br>LC – Request for Locate Only for Child Support purposes<br>PK – Request for Parental Kidnapping purposes |
| Filler  | 43       | 1      | A/N | <b>Not Used</b> Any entry in this field is ignored for a Terminate transaction.   |
| Participant Type Code   | 44-45    | 2      | A/N | <b>Not Used</b> Any entry in this field is ignored for a Terminate transaction.   |
| Family Violence   | 46-47    | 2      | A/N | <b>Not Used</b> Any entry in this field is ignored for a Terminate transaction.   |
| Member ID   | 48-62    | 15     | A/N | <b>Not Used</b> Any entry in this field is ignored for a Terminate transaction.   |
| Sex Code  | 63       | 1      | A/N | <b>Not Used</b> Any entry in this field is ignored for a Terminate transaction.   |
| Date of Birth   | 64-71    | 8      | A/N | <b>Not Used</b> Any entry in this field is ignored for a Terminate transaction.   |
| SSN   | 72-80    | 9      | A/N | <b>Required</b><br>This field must be present.<br>This field must be numeric and match the SSN of an open Locate request. It must not be all zeroes, all sixes or all nines.  |

| CHART G-: FCR INPUT PERSON/LOCATE REQUEST RECORD – TERMINATE AN OPEN LOCATE REQUEST |          |        |     |   |
|---|----------|--------|-----|---|
| OMB Control Number: 0980-0271 Expiration date: 04/30/2011                           |          |        |     |   |
| Field Name  | Location | Length | A/N | Comments  |
| Previous SSN  | 81-89    | 9      | A/N | <b>Not Allowed</b> This field must be spaces.                                   |
| First Name  | 90-105   | 16     | A/N | <b>Not Used</b> Any entry in this field is ignored for a Terminate transaction. |
| Middle Name   | 106-121  | 16     | A/N | <b>Not Used</b> Any entry in this field is ignored for a Terminate transaction. |
| Last Name   | 122-151  | 30     | A/N | <b>Not Used</b> Any entry in this field is ignored for a Terminate transaction. |
| City of Birth   | 152-167  | 16     | A/N | <b>Not Used</b> Any entry in this field is ignored for a Terminate transaction. |
| State or Country of Birth   | 168-171  | 4      | A/N | <b>Not Used</b> Any entry in this field is ignored for a Terminate transaction. |
| Father’s First Name   | 172-187  | 16     | A/N | <b>Not Used</b> Any entry in this field is ignored for a Terminate transaction. |
| Father’s Middle Initial   | 188      | 1      | A/N | <b>Not Used</b> Any entry in this field is ignored for a Terminate transaction. |
| Father’s Last Name  | 189-204  | 16     | A/N | <b>Not Used</b> Any entry in this field is ignored for a Terminate transaction. |
| Mother’s First Name   | 205-220  | 16     | A/N | <b>Not Used</b> Any entry in this field is ignored for a Terminate transaction. |
| Mother’s Middle Initial   | 221      | 1      | A/N | <b>Not Used</b> Any entry in this field is ignored for a Terminate transaction. |
| Mother’s Maiden Name  | 222-237  | 16     | A/N | <b>Not Used</b> Any entry in this field is ignored for a Terminate transaction. |
| IRS-U SSN   | 238-246  | 9      | A/N | <b>Not Used</b> Any entry in this field is ignored for a Terminate transaction. |
| Additional SSN 1  | 247-255  | 9      | A/N | <b>Not Used</b> Any entry in this field is ignored for a Terminate transaction. |
| Additional SSN 2  | 256-264  | 9      | A/N | <b>Not Used</b> Any entry in this field is ignored for a Terminate transaction. |
| Additional First Name 1   | 265-280  | 16     | A/N | <b>Not Used</b> Any entry in this field is ignored for a Terminate transaction. |

| <b>CHART G-: FCR INPUT PERSON/LOCATE REQUEST RECORD – TERMINATE AN OPEN LOCATE REQUEST</b> |          |        |     |  |
|--|----------|--------|-----|--|
| OMB Control Number: 0980-0271 Expiration date: 04/30/2011                                  |          |        |     |  |
| Field Name   | Location | Length | A/N | Comments   |
| Additional Middle Name 1   | 281-296  | 16     | A/N | <b>Not Used</b> Any entry in this field is ignored for a Terminate transaction.  |
| Additional Last Name 1   | 297-326  | 30     | A/N | <b>Not Used</b> Any entry in this field is ignored for a Terminate transaction.  |
| Additional First Name 2  | 327-342  | 16     | A/N | <b>Not Used</b> Any entry in this field is ignored for a Terminate transaction.  |
| Additional Middle Name 2   | 343-358  | 16     | A/N | <b>Not Used</b> Any entry in this field is ignored for a Terminate transaction.  |
| Additional Last Name 2   | 359-388  | 30     | A/N | <b>Not Used</b> Any entry in this field is ignored for a Terminate transaction.  |
| Additional First Name 3  | 389-404  | 16     | A/N | <b>Not Used</b> Any entry in this field is ignored for a Terminate transaction.  |
| Additional Middle Name 3   | 405-420  | 16     | A/N | <b>Not Used</b> Any entry in this field is ignored for a Terminate transaction.  |
| Additional Last Name 3   | 421-450  | 30     | A/N | <b>Not Used</b> Any entry in this field is ignored for a Terminate transaction.  |
| Additional First Name 4  | 451-466  | 16     | A/N | <b>Not Used</b> Any entry in this field is ignored for a Terminate transaction.  |
| Additional Middle Name 4   | 467-482  | 16     | A/N | <b>Not Used</b> Any entry in this field is ignored for a Terminate transaction.  |
| Additional Last Name 4   | 483-512  | 30     | A/N | <b>Not Used</b> Any entry in this field is ignored for a Terminate transaction.  |
| New Member ID  | 513-527  | 15     | A/N | <b>Not Allowed</b> This field must be all spaces.  |
| IRS-1099   | 528      | 1      | A/N | <b>Conditionally Required</b><br>This field must match the information submitted on the Locate request being terminated. |
| Locate Source 1  | 529-531  | 3      | A/N | <b>Conditionally Required</b><br>This field must match the information submitted on the Locate request being terminated. |

| <b>CHART G-: FCR INPUT PERSON/LOCATE REQUEST RECORD – TERMINATE AN OPEN LOCATE REQUEST</b> |          |        |     |  |
|--|----------|--------|-----|--|
| OMB Control Number: 0980-0271 Expiration date: 04/30/2011                                  |          |        |     |  |
| Field Name   | Location | Length | A/N | Comments   |
| Locate Source 2  | 532-534  | 3      | A/N | <b>Conditionally Required</b><br>This field must match the information submitted on the Locate request being terminated. |
| Locate Source 3  | 535-537  | 3      | A/N | <b>Conditionally Required</b><br>This field must match the information submitted on the Locate request being terminated. |
| Locate Source 4  | 538-540  | 3      | A/N | <b>Conditionally Required</b><br>This field must match the information submitted on the Locate request being terminated. |
| Locate Source 5  | 541-543  | 3      | A/N | <b>Conditionally Required</b><br>This field must match the information submitted on the Locate request being terminated. |
| Locate Source 6  | 544-546  | 3      | A/N | <b>Conditionally Required</b><br>This field must match the information submitted on the Locate request being terminated. |
| Locate Source 7  | 547-549  | 3      | A/N | <b>Conditionally Required</b><br>This field must match the information submitted on the Locate request being terminated. |
| Locate Source 8  | 550-552  | 3      | A/N | <b>Conditionally Required</b><br>This field must match the information submitted on the Locate request being terminated. |

| <b>CHART G-: FCR INPUT PERSON/LOCATE REQUEST RECORD – TERMINATE AN OPEN LOCATE REQUEST</b> |          |        |     |   |
|--|----------|--------|-----|---|
| OMB Control Number: 0980-0271 Expiration date: 04/30/2011                                  |          |        |     |   |
| Field Name   | Location | Length | A/N | Comments  |
| Filler   | 553-640  | 88     | A/N | This field is for future versions. For the current version, fill with spaces. |

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| CHART G-: FCR INPUT QUERY RECORD                          |          |        |     |   |
|---|----------|--------|-----|---|
| OMB Control Number: 0980-0271 Expiration date: 04/30/2011 |          |        |     |   |
| Field Name  | Location | Length | A/N | Comments  |
| Record Identifier   | 1-2      | 2      | A/N | <b>Required</b><br>This field must contain the characters 'FR'.   |
| Action Type Code  | 3        | 1      | A/N | <b>Required</b><br>This field must contain one of the following values:<br>A – Initiate an FCR Query Request to obtain information from the submitter state, and other states, for the person on the FCR.<br>F – Initiate an FCR Query Request to obtain information for the person from other states.  |
| Case ID   | 4-18     | 15     | A/N | <b>Required</b><br>This field must be present and match a case ID stored on the FCR for the person who is the object of the query. It must not be all spaces, all zeroes, contain an asterisk or backslash and the first position must not be a space.<br><ul style="list-style-type: none"> <li>• If the person is in multiple IV-D cases in your system, select one of the case IDs for the transaction. FCR Input Query records for each case ID should not be submitted.</li> </ul> |
| User Field  | 19-33    | 15     | A/N | <b>Optional</b><br>You can use this field for identifying information. The information included in this field is returned with the Query response.  |

| CHART G-: FCR INPUT QUERY RECORD                          |          |        |     |   |
|---|----------|--------|-----|---|
| OMB Control Number: 0980-0271 Expiration date: 04/30/2011 |          |        |     |   |
| Field Name  | Location | Length | A/N | Comments  |
| FIPS County Code  | 34-36    | 3      | A/N | <p><b>Optional</b></p> <p>You may use this field for your internal purposes. FIPS codes are on the Internet at <a href="http://www.itl.nist.gov">http://www.itl.nist.gov</a>. The information included in this field is returned with the Query response.</p> <ul style="list-style-type: none"> <li>If present, this field must be positions three through five of the numeric FIPS state/territory and county codes. Refer to the Department of Commerce <i>FIPS Code Manual, National Institute of Standards and Technology</i>, FIPS PUB 6-4 (April 1995) for a list of these codes.</li> </ul> |
| Filler  | 37-38    | 2      | A/N | This field is for a future version. For the current version, fill with spaces.  |
| Member ID   | 39-53    | 15     | A/N | <p><b>Conditionally Required</b></p> <p>This field must be present if the SSN is not present.</p> <ul style="list-style-type: none"> <li>If present, this must be the member ID that is stored on the FCR.</li> </ul>   |
| SSN   | 54-62    | 9      | A/N | <p><b>Conditionally Required</b></p> <p>This field must be present if the member ID is not present.</p> <ul style="list-style-type: none"> <li>If present, this field must be numeric and match to the SSN of the person on the FCR. It must not be all zeroes, all sixes or all nines.</li> </ul>  |
| Filler  | 63-64    | 2      | A/N | <b>Reserved for Internal Processing</b> This field must be spaces.  |
| Filler  | 65-640   | 576    | A/N | This field is for future versions. For the current version, fill with spaces.   |

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| CHART G-: FCR INPUT TRAILER RECORD                        |          |        |     |  |
|---|----------|--------|-----|--|
| OMB Control Number: 0980-0271 Expiration date: 04/30/2011 |          |        |     |  |
| Field Name  | Location | Length | A/N | Comments   |
| Record Identifier   | 1-2      | 2      | A/N | <b>Required</b><br>This must contain the characters 'FZ'.  |
| Record Count  | 3-10     | 8      | N   | <b>Required</b><br>This field must equal the number of records submitted in the batch, including the FCR Header and Trailer records. |
| Filler  | 11-640   | 630    | A/N | This field is for future versions. For the current version, fill with spaces.  |

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| CHART G-: FCR CHANGE OF ADDRESS VERIFICATION REQUEST RECORD |          |        |     |  |
|---|----------|--------|-----|--|
| OMB Control Number: 0980-0271 Expiration date: 04/30/2011   |          |        |     |  |
| Field Name  | Location | Length | A/N | Comments   |
| Record Identifier   | 1-2      | 2      | A/N | <b>Required</b><br>This field must contain the characters 'NC'.  |
| Verification Request Indicator                              | 3        | 1      | A/N | <b>Required</b><br>This field must contain the character 'V' to indicate this record is a request record for NCOA <sup>Link</sup> .  |
| Filler  | 4-18     | 15     | A/N | <b>Reserved for Internal Processing</b> This field must contain spaces.  |
| Transmitter State/Territory Code                            | 19-20    | 2      | A/N | <b>Required</b><br>This field must contain the two-digit numeric FIPS code of the state or territory that is transmitting data to the FCR. Refer to Appendix F, "State and Territory Abbreviations and FIPS Codes," of the IGD or the Department of Commerce <i>FIPS Code Manual, National Institute of Standards and Technology</i> , FIPS PUB 6-4 (April 1995) for a list of these codes. In addition, FIPS codes are on the Internet at <a href="http://www.itl.nist.gov">http://www.itl.nist.gov</a> |
| Filler  | 21-64    | 44     | A/N | <b>Reserved for Internal Processing</b> This field must contain spaces.  |
| First Name Text   | 65-80    | 16     | A/N | <b>Required</b><br>This field must contain the first name of the person whose name and address is to be sent to NCOA <sup>Link</sup> .<br>This field must contain at least one alphabetic character. No special characters or imbedded spaces can be present.  |

| CHART G-: FCR CHANGE OF ADDRESS VERIFICATION REQUEST RECORD |          |        |     |  |
|---|----------|--------|-----|--|
| OMB Control Number: 0980-0271 Expiration date: 04/30/2011   |          |        |     |  |
| Field Name  | Location | Length | A/N | Comments   |
| Middle Name Text  | 81-96    | 16     | A/N | <b>Optional</b><br>This field must contain the middle name or spaces.<br>• If present, it must be at least one alphabetic character. No special characters or imbedded spaces can be present.  |
| Last Name Text  | 97-126   | 30     | A/N | <b>Required</b><br>This field must contain the last name of the person whose name and address is to be sent to NCOA <sup>Link</sup> .<br>This field must contain at least one alphabetic character. No imbedded blanks or special characters, except a hyphen, can be present. |
| Filler  | 127-160  | 34     | A/N | <b>Reserved for Internal Processing</b> This field must contain spaces.  |
| Submitted Address Line 1 Text                               | 161-200  | 40     | A/N | <b>Required</b><br>This field must contain the person's first line of address to verify at NCOA <sup>Link</sup> .  |
| Submitted Address Line 2 Text                               | 201-240  | 40     | A/N | <b>Optional</b><br>You can use this field for the person's second line of address to verify at NCOA <sup>Link</sup> or spaces.   |
| Submitted City Name   | 241-260  | 20     | A/N | <b>Required</b><br>This field must contain the city name that is associated with the address.  |
| Submitted State Code  | 261-262  | 2      | A/N | <b>Required</b><br>This field must contain the state code that is associated with the address.   |

| CHART G-: FCR CHANGE OF ADDRESS VERIFICATION REQUEST RECORD |          |        |     |  |
|---|----------|--------|-----|--|
| OMB Control Number: 0980-0271 Expiration date: 04/30/2011   |          |        |     |  |
| Field Name  | Location | Length | A/N | Comments   |
| Submitted ZIP Code  | 263-271  | 9      | A/N | <b>Required</b><br>This field must contain the ZIP code associated with the address. The first five positions (263-267) must be numeric and not equal to zero. The last four positions (268-271) may be spaces or all numeric. |
| Filler  | 272-313  | 42     | A/N | <b>Reserved for Internal Processing</b> This field must contain spaces.  |
| SSN   | 314-322  | 9      | N   | <b>Required</b><br>This field must contain the person's SSN that is matched against the FCR database.<br>This field must be numeric. The SSN must not be all zeroes, all sixes or all nines.                                   |
| Member Identifier   | 323-337  | 15     | A/N | <b>Optional</b><br>You can use this field for your member ID. The information included in this field is returned on the FCR Change of Address Verification Response record.  |
| User Field  | 338-352  | 15     | A/N | <b>Optional</b><br>You can use this field for identifying information. The information included in this field is returned on the FCR Change of Address Verification Response record.   |
| Filler  | 353-640  | 288    | A/N | <b>Reserved for Internal Processing</b> This field must contain spaces.  |

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## G.1. Version History

This chart presents a log of the changes that have been made to this document since its previous publication.

| <b>VERSION 15.0 REVISIONS</b> |  |
|-------------------------------|--|
| Part/Section/<br>Chart/Figure | Description of Change  |
| Chart G-7                     | On the Change Person record the field Participant Type was renamed to Participant Type Code.   |
| Chart G-8                     | On the Delete Person record: <ul style="list-style-type: none"> <li>• Release 11-01: Renamed field Participant Type to Participant Type Code, and revised comments.</li> </ul>   |
| Chart G-9                     | On the Locate Request record: <ul style="list-style-type: none"> <li>• Release 11-01: Renamed field Participant Type to Participant Type Code, and revised comments.</li> <li>• Release 12-01: Updated Participant Type Code comments for adoption Locate request type.</li> </ul> |
| Chart G-10                    | On the Terminate Locate record: <ul style="list-style-type: none"> <li>• Release 11-01: Renamed field Participant Type to Participant Type Code, and revised comments.</li> </ul>  |