


The Paperwork Reduction Act of 1995(Pub.L. 104-13)

Public reporting burden for this collection of information is estimated to average 0.01 hours, per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless it displays a currently valid OMB control number.

OMB Control No: 0970-0161 Expiration Date: xx/xx/xxxx



U.S. Department of Health and Human Services

FPLS State Services Portal

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**Federal
Collection and
Enforcement**

Case Query

Trace Number Query

Address Query

Pre-Offset Notice Query

Local Contact Address Query

Local Contact Address Update

Transaction Submission

Online Transaction Maintenance

Passport Denial

Passport Emergency Release

File Upload

File Download

Transaction Submission - Update

Identifying Information

NCP Name: PUBLIC, JOHN
SSN: 123-XX-6789
State: KS

Update Transaction

Only enter fields that are to be changed.

Current Case:	Enter Changes:
Case Type: TANF	
NCP Last Name: PUBLIC	<input type="text"/>
NCP First Name: JOHN	<input type="text"/>
Local Code: 005	<input type="text"/>
Arrears Amount: \$658.00	<input type="text" value="\$1,200.00"/> i
Case ID: 0006318930	<input type="text"/>
Exclusions:	<input type="checkbox"/> ADM <input type="checkbox"/> RET <input type="checkbox"/> VEN <input type="checkbox"/> TAX <input type="checkbox"/> PAS <input type="checkbox"/> FIN <input type="checkbox"/> INS <input type="checkbox"/> DCK i <input type="checkbox"/> REMOVE ALL i
Address Line 1: 100 West Street	<input type="text" value="140 West Street"/>
Address Line 2:	<input type="text"/>
City: TOPEKA	<input type="text"/>
State: KANSAS	<input type="text" value="-Select-"/>
ZIP Code: 12345-0000	<input type="text"/> - <input type="text"/>
Country: USA	<input type="text" value="USA"/> i
Postal Code:	<input type="text"/>
PON Request:	<input type="radio"/> Yes <input checked="" type="radio"/> No i


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Passport Emergency Release Entry

* Indicates required field

Passport Emergency Release Information


Submitted Date: 10/30/2014

* Issuing Authority: Passport Agency Passport Embassy

Individual Being Released

Has the individual been released from the Passport Denial Program? Yes No


* Name:

* SSN: 

* Date Of Birth:
mm/dd/yyyy

* Gender: MALE FEMALE

* Place Of Birth:
State: MD

* Withdrawal Date: 
mm/dd/yyyy

* Telephone No:

Passport Emergency Release Reason

The state Child Support Enforcement agency submitted the SSN in error.

Passport Emergency Release Submitter

* Submitter Name:

* Submitter Email:


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[Success Story](#)

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Passport Denial Certify/Withdraw

Obligor Information

SSN: 123 XX 6789
State: Kansas
Last Name: PUBLIC
First Name: JOHN
Gender: Male
DOB: 12/30/1958
Place of Birth: WASHINGTON, D.C.

Case Information

Case Type: TANF
Case Status?: Yes
PAS Exclusion?: Yes
Case Type: Non-TANF
Case Status?: No
PAS Exclusion?: No

Other States With Active Cases: [AL](#) [MD](#) [NM](#) [WV](#)

DOS Information

DoS Status: AT DOS FROM SINGLE CASE
Certify Date: 12/18/2005
Withdrawal Date:
Other States Denying Passport: [AL](#) [NM](#) [WV](#)

Select Certify or Withdraw and Enter Amount

Certify
 Withdraw

Amount Paid: \$.00

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