

**Instrument 1: Child Support Administrative Data Extract**

Variable Name	CPR Expected Output	SAVES Demonstration Site Output
Member ID	To be used for matching cases in payment and enforcement action files (if submitted separately)	
Violence Assessment (FVI = Family Violence Indicator)	Binary (yes/no)	
CP Race	Categorical	
NCP Race	Categorical	
CP Ethnicity	Binary or Categorical	
NCP Ethnicity	Binary or Categorical	
CP Age	Date of Birth (month/day/year)	
NCP Age	Date of Birth (month/day/year)	
CP Sex/gender	Binary or categorical	
NCP Sex/gender	Binary or categorical	
CP Zip code of residence	Categorical	
NCP Zip code of residence	Categorical	
Marital status on case	Categorical	
Number of children on case	Total number	
Age of youngest child on case	Date of birth (month/day/year)	
Number of cases CP has	Total number	
Number of cases NCP has	Total number	
CP Income (without CS)	Amount and frequency (ex per hour, annually etc.)	
NCP Income (without CS)	Amount and frequency (ex per hour, annually etc.)	
CP Employment Status	Full-time, part-time, seasonal, self-employed, unemployed	
NCP Employment Status	Full-time, part-time, seasonal, self-employed, unemployed	

**The Paperwork Reduction Act Statement:** This collection of information is voluntary and will be used to better understand efforts to increase safe access to child support, parenting time, and establishment of parentage services for survivors of domestic violence. Public reporting burden for this collection of information is estimated to average 180 minutes 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. The OMB number and expiration date for this collection are OMB #: 0970-0531, Exp: 09/30/2025. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Center for Policy Research; 1570 Emerson Street Denver, Colorado 80218.

<b>County/Region</b>	Categorical	
<b>Case creation date</b>	Date (month/day/year)	
<b>Order establishment date</b>	Date (month/day/year)	
<b>Referral source (e.g., mandatory, self)</b>	Categorical (e.g., mandatory, self)	
<b>Order establishment method</b>	Categorical (admin, judicial, default, etc.)	
<b>CP attorney representation</b>	Binary (yes/no)	
<b>NCP attorney representation</b>	Binary (yes/no)	
<b>Case type</b>	Categorical (child support, intrastate, Medicaid only, etc.)	
<b>TANF status at establishment</b>	Categorical (current, former, never)	
<b>Monthly Support Obligation (MSO)</b>	Amount of current support due per month (exclude arrears, interest, etc.)	
<b>Arrears balance at order establishment</b>	Total amount	
<b>Arrears balance at extract</b>	Total amount	
<b>Method of paternity establishment</b>	Categorical (VAP, court, etc.)	
<b>Method of child medical coverage ordered</b>	Categorical (NCP, CP, Medicaid, etc.)	
<b>Method of child medical coverage provided</b>	Categorical (NCP, CP, Medicaid, etc.)	
<b>National Medical Support Notice (NMSN) issued to NCP Employer</b>	Binary (yes/no)	
<b>Verified Employer at extract</b>	Binary (yes/no)	
<b>Date employment verified (or previous 12 months)</b>	Date (month/day/year)	
<b>Was good cause application made?</b>	Binary (yes/no)	
<b>Good cause application date</b>	Date (month/day/year)	
<b>Good cause outcome</b>	Categorical or binary	
<b>Evidence of Case closure activity?</b>	Binary (yes/no)	
<b>Case closure reason</b>	Categorical (interested in closure for safety)	
<b>Case closure date</b>	Date (month/day/year)	
<b>Was there a request for FVI</b>	Binary (yes/no)	
<b>FVI Application</b>	Date (month/day/year)	
<b>Date FVI Assigned</b>	Date (month/day/year)	
<b>FVI Recertification</b>	Binary (yes/no)	
<b>FVI Recertification Date</b>	Date (month/day/year)	

<b>Date FVI Removed</b>	Date (month/day/year)	
<b>Enrolled in address confidentiality program</b>	Yes/no/type?	
<b>Can be submitted in separate spreadsheet</b>		
<b>Current support due (monthly for prior 12 months)</b>	Month 1 amount due Month 2 amount due Month 3 amount due Month 4 amount due Month 5 amount due Month 6 amount due Month 7 amount due Month 8 amount due Month 9 amount due Month 10 amount due Month 11 amount due Month 12 amount due	
<b>Current support paid (monthly for prior 12 months)</b>	Month 1 amount paid Month 2 amount paid Month 3 amount paid Month 4 amount paid Month 5 amount paid Month 6 amount paid Month 7 amount paid Month 8 amount paid Month 9 amount paid Month 10 amount paid Month 11 amount paid Month 12 amount paid	
<b>Was wage withholding or income assignment a method of payment in the prior 12 months? Or was the last payment in month 11 paid by wage assignment?</b>		
<b>Enforcement actions ever taken on case</b>	Type and date action taken (credit bureau, driver's license, recreation license, passport, contempt, FIDM, etc.)	