

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF CHILD SUPPORT SERVICES

OMB Control No: 0970-0017
Expiration date: XX/XX/202X

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: TITLE IV-D OF THE SOCIAL SECURITY ACT	TRANSMITTAL NUMBER	STATE
	ACTION TRANSMITTAL NUMBER AND DATE	
TO: REGIONAL REPRESENTATIVE OFFICE OF CHILD SUPPORT SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES REGION _____	PROPOSED EFFECTIVE DATE	
TYPE OF PLAN MATERIAL (Check One) NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS A NEW PLAN AMENDMENT MANDATORY STATE LAW AND PROCEDURES EXEMPTION REQUEST AMENDMENT		
COMPLETE NEXT 4 BLOCKS IF THIS IS AN AMENDMENT		
FEDERAL REGULATION CITATION		
NUMBER OF THE PLAN SECTION OR ATTACHMENT	NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT	
SUBJECT OF AMENDMENT		
GOVERNOR'S REVIEW (Check One) GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED: COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		
SIGNATURE OF STATE AGENCY OFFICIAL (Electronic signature acceptable)	FOR REGIONAL OFFICE USE ONLY	
	DATE RECEIVED	DATE APPROVED
TYPED NAME:	PLAN APPROVED – ONE COPY ATTACHED	
	EFFECTIVE DATE OF APPROVED MATERIAL	
TITLE:	SIGNATURE OF REGIONAL OFFICIAL	
DATE OF SUBMITTAL:	TYPED NAME:	
RETURN TO:	TITLE:	
	REMARKS:	

FORM OCSS-21-U4

The Paperwork Reduction Act of 1995 (Pub. L. 104-13) Statement of Public Burden: The purpose of this information collection is to provide uniformity and standardization in the transmission of interstate administrative subpoenas. Public reporting burden for this collection of information is estimated to average .25 hours per form, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This collection of information is required for interstate cases (section 454(9)(E) of the Social Security Act). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB # is 0970-0017 and the expiration date is XX/XX/202X. If you have any comments on this collection of information, please contact OCSS by email at OCSS.DPT@acf.hhs.gov.