DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF CHILD SUPPORT SERVICES

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

<table>
<tr><td rowspan="2">TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL
FOR: TITLE IV-D OF THE SOCIAL SECURITY ACT</td><td>TRANSMITTAL NUMBER</td><td>STATE</td></tr>
<tr><td colspan="2">ACTION TRANSMITTAL NUMBER AND DATE</td></tr>
<tr><td>TO: REGIONAL REPRESENTATIVE
OFFICE OF CHILD SUPPORT SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES
REGION _____</td><td colspan="2">PROPOSED EFFECTIVE DATE</td></tr>
<tr><td colspan="3">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</td></tr>
<tr><td colspan="3">COMPLETE NEXT 4 BLOCKS IF THIS IS AN AMENDMENT</td></tr>
<tr><td colspan="3">FEDERAL REGULATION CITATION</td></tr>
<tr><td>NUMBER OF THE PLAN SECTION OR ATTACHMENT</td><td colspan="2">NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT</td></tr>
<tr><td>SUBJECT OF AMENDMENT</td><td colspan="2"></td></tr>
<tr><td colspan="3">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</td></tr>
<tr><td rowspan="2">SIGNATURE OF STATE AGENCY OFFICIAL (Electronic signature acceptable)</td><td colspan="2">FOR REGIONAL OFFICE USE ONLY</td></tr>
<tr><td>DATE RECEIVED</td><td>DATE APPROVED</td></tr>
<tr><td rowspan="2">TYPED NAME:</td><td colspan="2">PLAN APPROVED – ONE COPY ATTACHED</td></tr>
<tr><td colspan="2">EFFECTIVE DATE OF APPROVED MATERIAL</td></tr>
<tr><td>TITLE:</td><td colspan="2">SIGNATURE OF REGIONAL OFFICIAL</td></tr>
<tr><td>DATE OF SUBMITTAL:</td><td colspan="2">TYPED NAME:</td></tr>
<tr><td rowspan="2">RETURN TO:</td><td colspan="2">TITLE:</td></tr>
<tr><td colspan="2">REMARKS:</td></tr>
</table>

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.