

## LETTER OF TRANSMITTAL REQUESTING REGISTRATION

**THIS FORM CONTAINS SENSITIVE INFORMATION – DO NOT FILE THIS FORM IN A PUBLIC ACCESS FILE.**

The information on this form may be disclosed to the parties in the case, unless accompanied by a nondisclosure finding/affidavit.

If you are not the intended recipient, you are hereby notified that any use, disclosure, distribution, or copying of this form or its contents is strictly prohibited.

**To open an intergovernmental IV-D case, attach a Transmittal #1 and the Child Support Agency Confidential Information Form.**

Responding IV-D Case Identifier: \_\_\_\_\_ Initiating IV-D Case Identifier: \_\_\_\_\_

Responding Tribunal Number: \_\_\_\_\_ Initiating Tribunal Number: \_\_\_\_\_

**NOTE:**

**Action:** ☐ Register for Enforcement

☐ **Nondisclosure Finding/Affidavit attached**

☐ Register for Enforcement of Arrears Only

☐ **This form sent through EDE**

☐ Assigned Arrears

☐ Non-assigned Arrears

☐ Register for Modification

☐ Register for Modification and Enforcement

### Section I. Case Summary: (Background of this matter: court / administrative actions)

Date of support order: \_\_\_\_\_

State and county/tribe issuing order: \_\_\_\_\_

Tribunal number: \_\_\_\_\_

#### Current Obligation

Amount

Frequency (per)

Current child support \$

Current medical support \$

Current spousal support \$

Other: \_\_\_\_\_ \$

#### Type of Arrears

Amount

Total child support arrears \$

Total medical support arrears \$

Total spousal support arrears \$

Total interest \$

Other: \_\_\_\_\_ \$

Total amount of arrears: \$

Period of computation: from \_\_\_\_\_ to \_\_\_\_\_

Assigned arrears only: \$ \_\_\_\_\_ (Attach documentation of TANF time periods.)

### Section II. Obligee Information: ☐ Parent ☐ Caretaker

Obligee's legal name (first, middle, last, suffix): \_\_\_\_\_

Obligee's address: \_\_\_\_\_

If caretaker, relationship to child(ren): \_\_\_\_\_ ☐ Has legal custody/guardianship of the child(ren)

### Section III. Obligor Information:

Obligor's legal name (first, middle, last, suffix): \_\_\_\_\_

Obligor's address: \_\_\_\_\_

SSN: \_\_\_\_\_ Employer Name: \_\_\_\_\_

Employer address: \_\_\_\_\_

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### Section IV. Other Pertinent Information:

This order is registered in the following states: \_\_\_\_\_

Attach description and location of any property not exempt from execution.

Identify any source of income of the obligor in addition to employment: \_\_\_\_\_

Other: \_\_\_\_\_

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### Section V. Attachments: Required – Two copies, including one certified copy, of the order to be registered, including any modification of the order.

The following documents are also attached and part of this Letter of Transmittal Requesting Registration:

☐ Certified statement of arrears (IV-D agency or other government entity record)

☐ Sworn statement of arrears (direct payments)

☐ Order determining arrears

☐ Description and location of any property not exempt from execution

☐ Other attachments: \_\_\_\_\_

**NOTE:** If requesting registration for modification, also attach a Uniform Support Petition, General Testimony, and a Personal Information Form for UIFSA § 311.

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### Section VI. Declaration:

Under penalty of perjury, all information and facts stated in this Letter of Transmittal Requesting Registration are true to the best of my knowledge, information, and belief.

_____ Date	_____ Name <input type="checkbox"/> Party seeking registration <input type="checkbox"/> IV-D representative/title	_____ Signature
_____ Date	_____ Printed name of petitioner's private attorney and attorney/bar number (if applicable)	_____ Signature of petitioner's private attorney

### Encryption Requirements:

When communicating this form through electronic transmission, precautions must be taken to ensure the security of the data. Child support agencies are encouraged to use the electronic applications provided by the federal Office of Child Support Enforcement. Other electronic means, such as encrypted attachments to e-mails may be used if the encryption method is compliant with Federal Information Processing Standard (FIPS) Publication 140-2 (FIPS PUB 140-2).

# INSTRUCTIONS FOR LETTER OF TRANSMITTAL REQUESTING REGISTRATION

## PURPOSE OF THE FORM:

The Letter of Transmittal Requesting Registration is completed by the initiating jurisdiction to request registration of an existing order for enforcement and/or modification in the responding jurisdiction. The purpose of the form is to provide specific order information to the responding jurisdiction. This form can be used in IV-D and non-IV-D intergovernmental cases. It should be included with the other appropriate forms and, in IV-D cases, directed to the responding jurisdiction's central registry.

## THIS FORM CONTAINS SENSITIVE INFORMATION – DO NOT FILE THIS FORM IN A PUBLIC ACCESS FILE.

This form includes information that may pose a significant risk to an individual if made available in a public forum or inappropriately disclosed. This form may be filed with the tribunal, but should not be filed or included in a record available to the general public. The information on this form may be disclosed to the parties in the case, unless accompanied by a nondisclosure finding/affidavit.

If you are not the intended recipient, you are hereby notified that any use, disclosure, distribution, or copying of this form or its contents is strictly prohibited.

To open an intergovernmental IV-D case, attach a Transmittal #1 and the Child Support Agency Confidential Information Form.

*Italicized text that appears within a "box" refers to policy or provides additional information.*

*For an address outside the United States, be sure to include the foreign country and postal code.*

*Tribal IV-D programs may choose to use the federal Intergovernmental forms. However, they are not required to use or accept such forms. If you have any questions, contact the tribal IV-D agency directly using the contact information on the OCSE website.*

*Where forms request a locator code, note that tribal locator codes uniquely identify tribal cases with "9" in the first position, 0 (zero) in the second position, and then a 3-character tribal code defined by the Bureau of Indian Affairs (BIA).*

## HEADING/CAPTION:

In the appropriate spaces, if applicable and if known, enter the responding jurisdiction's IV-D case identifier and tribunal number.

*The responding jurisdiction is the jurisdiction that is working the case at the request of the initiating jurisdiction. Under "IV-D case identifier," enter the number/identifier identical to the one submitted on the Federal Case Registry, which is a left-justified up to 15-character alphanumeric field, allowing all characters except asterisk and backslash, and with all characters in uppercase. Under "tribunal number," you may enter the docket number, cause number, or any other appropriate reference number that the responding tribunal may use to identify the case, if known.*

In the appropriate spaces, enter the Initiating jurisdiction's IV-D case identifier, and, if applicable, tribunal number.

*The initiating jurisdiction is the jurisdiction that referred the case to the responding jurisdiction for services. Under "IV-D case identifier," enter the number/identifier identical to the one submitted on the Federal Case Registry, which is a left-justified up to 15-character alphanumeric field, allowing all characters except asterisk and backslash, and with all characters in uppercase. Under "tribunal number," you may enter the docket number, cause number, or any other appropriate reference number that the initiating tribunal has assigned to the case.*

**ACTION:**

Check the appropriate box indicating whether you are registering this order for enforcement, enforcement of arrears only, modification, or modification and enforcement. If registering the order for enforcement of arrears only, check the appropriate box(es) for assigned arrears and/or non-assigned arrears.

In the “NOTE” section, check any of the following that apply:

- **Nondisclosure Finding/Affidavit attached** - If there is a finding prohibiting disclosure of a party's or child(ren)'s address/identifying information or an affidavit alleging that disclosure of such information would result in risk of harm, check the box for “Nondisclosure Finding/Affidavit attached” and attach a copy of the finding/affidavit in accordance with section 312 of UIFSA. If there is a finding/affidavit prohibiting disclosure, the information must be sealed and may not be disclosed to the other party or the public. You may provide the address of the IV-D agency as a substitute address for the protected party.

*UIFSA requires that the petition or accompanying documents include certain identifying information regarding the parties and child(ren) (e.g., residential address, Social Security Number) unless a party alleges in an affidavit or a pleading under oath that the health, safety, or liberty of a party or child would be jeopardized by disclosure of such information. In that event, the information must be sealed.*

*If a jurisdiction has reason to believe that information should not be released because of safety concerns, it should ensure that there is a nondisclosure finding or an allegation in an affidavit or the pleading that disclosure of identifying information would result in a risk of harm, as provided under section 312 of UIFSA. In addition to identifying information included on this form, it may be appropriate to submit certain financial information under seal.*

- **This form sent through EDE** - Check if this form was sent through the Electronic Document Exchange (EDE).

*CSENet and EDE transactions are the recommended methods for making requests or sending information to another state. If CSENet is not listed as an option on the form, then it cannot be used to convey any of the requests or information provided on the form.*

*Supporting documentation should be sent through EDE, whenever possible.*

**Section I. Case Summary:**

Complete the following information for the tribunal order being registered for enforcement and/or modification in the responding jurisdiction.

Provide the date of the support order; the state and county or tribe where the issuing tribunal is located; and the tribunal number.

Provide the following information (as appropriate) under “Current Obligation”: dollar amount and frequency of ordered current child support; dollar amount and frequency of ordered current medical support; dollar amount and frequency of ordered current spousal support; and dollar amount and frequency of other ordered ongoing support obligations. (For example, “other” may include separate obligations, such as child care costs.)

Provide the dollar amount of arrears (as appropriate) under “Type of Arrears.” List separately the total arrears due for child support, medical support, spousal support, interest, and/or other support obligations. Total these arrears amounts and enter the sum in the field titled “Total amount of arrears.” (If the order only specifies a single arrears amount, enter that amount in the field titled “Total amount of arrears.”) For the “Period of Computation,” enter the month, day, and year for both the beginning and the end date of the arrears computation.

Only complete the “Assigned arrears only” field if you are requesting enforcement of assigned arrears exclusively. In this situation, enter the total amount of assigned arrears and also complete the “Period of Computation” field. Leave the other arrears fields blank. Attach documentation showing the time period that the obligee received TANF.

**Section II. Obligor Information:**

This section provides basic information about the obligor. Check the appropriate box to indicate if the obligor is the parent or caretaker. Provide the obligor's full legal name (first, middle, last, suffix) and address. If the obligor is the caretaker, fill in the relationship of the caretaker to the child(ren). Check “Has legal custody/guardianship of child(ren)” if the custodian has legal custody or guardianship of the children.

**Section III. Obligor Information:**

This section provides basic information about the obligor required by section 602 of UIFSA. Provide the obligor's full legal name (first, middle, last, suffix), address, Social Security Number, employer name, and employer address.

**Section IV. Other Pertinent Information:**

In this section provide a list of all states where the child support order has been registered previously and any source of income of the obligor in addition to employment. Use this portion of the form also to provide other information that may assist the responding jurisdiction in its efforts to register the order. Attach a description and the location of any property or assets of the obligor in the responding jurisdiction that are not exempt from execution.

**Section V. Attachments:**

This section lists all documents that are attached. **NOTE:** You must attach two copies, including one certified copy, of the order to be registered, including any modification of the order.

Check the "Certified statement of arrears" box if you are providing a statement of arrears completed by a IV-D agency or other government entity. UIFSA requires that the statement must be certified by the custodian of the records.

Check the "Sworn statement of arrears (direct payments)" box if you are providing a statement of payments received outside of the IV-D agency or other government entity, which are not included within an attached certified statement of arrears.

Check the "Order determining arrears" box if you are providing a tribunal order determining arrears.

For attachments other than those listed, check "Other attachments" and list the names of the documents in the space provided.

**NOTE:** For registration for modification, you must attach a Uniform Support Petition, General Testimony, and a Personal Information Form for UIFSA § 311.

**Section VI. Declaration:**

The Letter of Transmittal Requesting Registration must be signed under penalty of perjury and dated. Check the appropriate box to indicate who has signed this form. In a IV-D case, the person requesting registration or a IV-D representative may sign the Letter of Transmittal. If the person requesting registration is represented by a private attorney, then the person's attorney may sign and date the form. The attorney should provide the applicable bar number.

**Encryption Requirements:**

When communicating this form through electronic transmission, precautions must be taken to ensure the security of the data. Child support agencies are encouraged to use the electronic applications provided by the federal Office of Child Support Enforcement. Other electronic means, such as encrypted attachments to e-mails may be used if the encryption method is compliant with Federal Information Processing Standard (FIPS) Publication 140-2 (FIPS PUB 140-2).

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

Public reporting burden for this collection of information is estimated to average 0.10 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.