International Child Support Payments — Central Authority Payment (CAP) Service
Foreign Authority Contact Form

Use the MT "X" character set below when completing this form. No other characters are allowed. If a field is not applicable, enter "N/A".
a b c d e f g h i j k l m n o p q r s t u v w x y z A B C D E F G H I J K L M N O P Q R S T U V W X Y Z 0 1 2 3 4 5 6 7 8 9 / -? : ( )., ' + *CrLf* Space
For more information on how to complete this form, please review the Foreign Authority Enrollment Guide.

Country Name: _____

Name of Foreign Authority: _____

Name of Foreign Authority will be used by U.S. states sending payments to CAP. To meet U.S. EFT requirements, do not exceed 22 characters.

RECONCILIATION CONTACT INFORMATION

U.S. states will contact the reconciliation contact to reconcile the U.S. state caseload with the foreign authority caseload.

a. Reconciliation Contact's Last Name: _____ First Name: _____
b. Reconciliation Contact's Email Address: _____
c. Additional Email Addresses for Reconciliation (if necessary): _____

PREFERENCE AND CONTACT INFORMATION FOR RECEIVING CAP CASE AND PAYMENT DETAIL FILE

Choose one option by selecting the checkbox next to the desired preference and providing the contact information.

☐ Set up server-to-server SFTP connection

A secure server-to-server SFTP connection must be set up to send the CAP Case and Payment Detail file from the CAP server to the foreign authority. The CAP team will contact the IT/System contact to set up and test the foreign authority's network connection to the CAP server and ability to access CAP Case and Payment Detail file.

a. IT/System Contact's Last Name: _____ First Name: _____
b. IT/System Contact's Email Address: _____
c. Additional Email Addresses for IT (if necessary): _____

☐ Retrieve the file manually from the OCSS secure email server

OCSS secure email server access is needed to manually retrieve the CAP Case and Payment Detail file. The contacts will receive an email notification when a file is available and will be allowed to access the OCSS secure email server to manually retrieve the file. Recipients must use a personal email address. Each foreign authority must have at least one contact but no more than three contacts.

Contact 1 Information

a. Contact 1 Last Name: _____ First Name: _____
b. Contact 1 Phone Number: (Country Code) _____ (Phone Number) _____
c. Contact 1 Email Address: _____

Contact 2 Information

a. Contact 2 Last Name: _____ First Name: _____
b. Contact 2 Phone Number: (Country Code) _____ (Phone Number) _____
c. Contact 2 Email Address: _____

Contact 3 Information

a. Contact 3 Last Name: _____ First Name: _____
b. Contact 3 Phone Number: (Country Code) _____ (Phone Number) _____
c. Contact 3 Email Address: _____

ONGOING OPERATIONAL CONTACT INFORMATION

The CAP team will contact the ongoing operational contacts if there are any difficulties with payments or information transmitted to the foreign authority. CAP will provide these names to U.S. states that have questions about payments to the foreign authority. CAP prefers an individual's email address for the primary contact. A distribution list can be used for the secondary and alternate contacts, if desired.

Primary Contact Information

a. Primary Contact's Last Name: _____ First Name: _____

b. Primary Contact's Phone Number: (Country Code) _____ (Phone Number) _____

c. Primary Contact's Email Address: _____

Secondary Contact Information

a. Secondary Contact's Last Name: _____ First Name: _____

b. Secondary Contact's Phone Number: (Country Code) _____ (Phone Number) _____

c. Secondary Contact's Email Address: _____

Alternate Contact Information (if required)

a. Alternate Contact's Last Name: _____ First Name: _____

b. Alternate Contact's Phone Number: (Country Code) _____ (Phone Number) _____

c. Alternate Contact's Email Address: _____

Mailing Address of the Foreign Authority:

a. Address Line 1: _____

b. Address Line 2: _____

c. Address Line 3: _____

NEXT STEP - FORM SUBMISSION

Return this form to the CAP team at CAP_Program@acf.hhs.gov.