

CHILD SUPPORT ENFORCEMENT TRANSMITTAL #1 - INITIAL REQUEST

EXAMPLE ONLY

Petitioner Jane Jane DOE
Respondent John John DOE
IV-D Case: [ ] TANF, [ ] IV-E Foster Care, [ ] Medicaid Only, [ ] Former Assistance, [ ] Never Assistance
Non-IV-D Case: [ ]

File Stamp

To: (Agency Name and Address)
ALASKA CSSD
550 W 7TH AVE STE 310
ANCHORAGE AK 99501
PHONE: (907) 269-6900
FAX : (907) 269-6974

Responding FIPS Code 02020 State ALASKA
Responding IV-D Case No.
Responding Tribunal No.

From: (Contact Person, Agency, Address, Phone, Fax, E-mail)
DIV OF CHILD SUPPORT
ATTN: Joe Go
PO BOX 9008
OLYMPIA WA 98507-9008

Initiating Code FIPS 5300000 State WA
Initiating IV-D Case No. 2390012
Payment Code FIPS 5300001 State WA

Send Payments To: (if different from above)

Bank Account Routing Code

State with Continuing Exclusive Jurisdiction (CEJ)

I. Action The Responding Jurisdiction Should Provide All Appropriate Services Including:

(Please Return the Acknowledgment Attached)

- 1. Establishment of Paternity
2. Establishment of Order for:
A. [ ] Child Support [ ] Medical Coverage
B. [ ] Spousal Support [ ] Other Costs (Use Sec. VII)
C. [ ] Support for Prior Judgment
3. [ ] Enforcement of Responding Jurisdiction
4. [ ] Modification of Responding Jurisdiction
5. [ ] Change of Payee/Redirection of Payment

- 6. Registration of Foreign Support Order:
A. [ ] For Enforcement Only C. [ ] For Modification
Requested by [ ] State Agency
(Requires Sworn Affidavit of Arrears)
7. [ ] Collection of Arrears
8. [ ] Income Withholding
9. [ ] Administrative Review for Federal Tax Offset withholding
10. [X] Other: PFD ONLY

II. Case Summary (Background of this Matter: Court/Administrative Actions)

Date of Support Order 06/05/95 State & County Issuing Order WASHINGTON, KING COUNTY Tribunal Case No. 95-00023
Support Amount/Frequency / Date of Last Payment Amount of Arrears \$2,000 Period of Computation 06/05/1998 thru 06/05/2001
[X] Presumed Controlling Order [ ] Determined Controlling Order

Date of Support Order State & County Issuing Order Tribunal Case No.
Support Amount/Frequency / Date of Last Payment Amount of Arrears Period of Computation thru
[ ] Presumed Controlling Order [ ] Determined Controlling Order

[ ] Presumed Controlling Order

**CHILD SUPPORT ENFORCEMENT TRANSMITTAL #1- INITIAL REQUEST**

Initiating IV-D Case No. [ CASEID ]

**III. Mother Information**

Obligor  Obligee

Full Name and Aliases  
(First, Middle, Last)

Address (Street, City, State, Zip)

Employer/Address (Name, Street, City, State, Zip)

Jane Jane DOE

123 Jane Lane  
Janesville WA 99999

Jane's Industries  
P.O. Box 1234  
Janesville WA 99999

Home Phone (123) 456-7890

[ ] Address Confirmed [ DATE ]  
Date

[ ] Employer Confirmed [ DATE ]  
Date

Work Phone [MOTHER  
PHONE]

Date/Place of Birth

MOTHER DOB  
Date 01/01/71

Mother's BIRTHPLACE  
Place Janesville WA

Social Security No. 111-00-0001

**IV. Father Information**

Obligor  Obligee

Full Name and Aliases  
(First, Middle, Last)

Address (Street, City, State, Zip)

Employer/Address (Name, Street, City, State, Zip)

John John DOE

456 DOE RD  
Johnsville AK 12465

JON-JON'S PARTS  
P. O. Box 6789  
Johnsville AK 12465

Home Phone (907) 269-1000

Address Confirmed 01/01/2004  
Date

[ ] Employer Confirmed [ DATE ]  
Date

Work Phone [FATHER PHONE]

Date/Place of Birth

[FATHER DOB]  
Date 02/01/68

[FATHER BIRTH PLACE]  
Place

Social Security No. 211-00-0002

**V. Caretaker**

Relationship to Child(ren)

Full Name and Alias  
(First, Middle, Last)

Address (Street, City, State, Zip)

Employer/Address (Name, Street, City, State, Zip)

[CTFULLNAME ]  
[CTALIAS]

[CTADDR1]  
[CTADDR2]  
[CTADDR3]  
[CTADDR4]

[CTEMPNAME]  
[CTEMPADDR1]  
[CTEMPADDR2]  
[CTEMPADDR3]  
[CTEMPADDR4]

Home Phone [CTHPHONE]

[CTADDRESS] [CTCITY] [CTSTATE] [CTZIP]

[ ] Employer Confirmed [ DATE ]  
Date

Work Phone [CTWPHONE]

Date/Place of Birth [ DOB ]  
Date

[CTBIRTHPLACE ]  
Place

Sex: [ SEX ]

Social Security No. [CT SSN]

USE ONLY IF APPLICABLE

**VI. Dependent Children Information**

Full Name (First, Middle, Last)

Date of Birth

Sex

Social Security No.

State of Residence

Gail Jane DOE

01/02/94

F

666-76-6666

WASHINGTON

**VII. Additional Case Information**

Nondisclosure Finding Attached

**VIII. Attachments (Supporting Documentation)**

- Arrears Statement/Payment History
- Uniform Support Petition (3 Copies)
- General Testimony/Affidavit
- Affidavit in Support of Establishing Paternity
- Acknowledgment of Parentage
- Other Documents Relating to Paternity

- Support Order(s)
- Divorce Decree
- Assignment of Rights
- Description of Real/Personal Property
- Photograph of Respondent
- Other Attachments

April 1, 2010

JOE GO (Signature Here)

(541) 277-7777

Date

Initiating Contact Person (Print or Type)

Telephone Number and Extension

(541) 277-1234

Fax Number

E-mail

Signature is required

**CHILD SUPPORT ENFORCEMENT TRANSMITTAL #1 - INITIAL REQUEST**

**EXAMPLE ONLY**

Petitioner  
**Jane Jane DOE**

IV-D Case:  TANF  
 IV-E Foster Care  
 Medicaid Only  
 Former Assistance  
 Never Assistance

Respondent  
**John John DOE**

Non-IV-D Case:

File Stamp

To: (Agency Name and Address)

DIV OF CHILD SUPPORT  
ATTN: Joe Go  
PO BOX 9008  
OLYMPIA WA 98507-9008

Responding FIPS Code

02020

State  
Alaska

Responding IV-D Case No.

Responding Tribunal No.

From: (Contact Person, Agency, Address, Phone, Fax, E-mail)  
ALASKA CSED  
550 W 7<sup>TH</sup> AVE STE 310  
ANCHORAGE AK 99501  
PHONE: (907) 269-6900  
FAX : (907) 269-6974

Initiating FIPS Code

5300000

State WA

Initiating IV-D Case No. [ CASEID ]

Initiating Tribunal No.

**ACKNOWLEDGMENTS**

Return This Form to Initiating State

- Request Received and No Additional Information is Necessary
- Additional Information Needed
  - Arrears Statement/Payment History
  - Uniform Support Petition
  - General Testimony/Affidavit
  - Affidavit in Support of Establishing Paternity
  - Acknowledgment of Parentage
  - Other Documents Relating to Paternity
  - Support Order(s)
  - Divorce Decree
  - Assignment of Rights
  - Description of Real/Personal Property
  - Photograph of Respondent
  - Other (See Remarks)

Remarks/Response

Your Case has been Forwarded for Action to:

Name of Worker

Agency Name

Address, FIPS Code

Phone & Extension

Fax

Date

Person Completing Form (Print or Type)

( ) Telephone Number & Extension

Fax: ( )

E-mail: \_\_\_\_\_