

CHILD SUPPORT ENFORCEMENT TRANSMITTAL #2 - SUBSEQUENT ACTIONS

Petitioner: Name (first, middle, last)

Social Security Number

Tribal Affiliation (if applicable)

IV-D Case: [] TANF

[] IV-E Foster Care

[] Medicaid Only

[] Former Assistance

[] Never Assistance

Respondent: Name (first, middle, last)

Social Security Number

Tribal Affiliation (if applicable)

Non-IV-D Case: []

File Stamp

To: (Agency Name and Address)

Responding FIPS Code _____ State _____

Responding IV-D Case Number _____

Responding Tribunal Number _____

From: (Contact Person, Agency, Address, Phone, FAX, E-mail)

Initiating FIPS Code _____ State _____

Initiating IV-D Case Number _____

Send Payments To: (if different from above)

Initiating Tribunal Number _____

Payment FIPS Code _____ State _____

Bank Account _____ Routing Code _____

ACKNOWLEDGMENTS

Return This Form to Initiating State

[] Request Received and No Additional Information is Necessary

[] Additional Information Needed (See Remarks)

[] Remarks/Response

[] Your Case has been Forwarded for Action to:

Name of Worker (first, middle, last) _____

Agency Name _____

Address, FIPS Code _____

Phone, Extension & FAX _____

Date

Person Completing Form (first, middle, last)

Telephone Number & Extension

FAX: () _____ E-mail: _____