

**NOTICE OF DETERMINATION OF CONTROLLING ORDER**

Date  
 Obligor: Name (first, middle, last)  
 Social Security Number

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

File Stamp

Obligee: Name (first, middle, last)  
 Social Security Number

Non-IV-D Case: [ ]

Responding FIPS Code \_\_\_\_\_ State \_\_\_\_\_

Responding IV-D Case Number \_\_\_\_\_

Responding Tribunal Number \_\_\_\_\_

Initiating FIPS Code \_\_\_\_\_ State \_\_\_\_\_

Initiating IV-D Case Number \_\_\_\_\_

Initiating Tribunal Number \_\_\_\_\_

To: (Agency Name and Address)

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

1. On \_\_\_\_\_ (Date), \_\_\_\_\_ (Tribunal Name; County, State) determined which order to recognize for prospective enforcement. The following orders were considered:

#	County	State	Date of Order	IV-D Case Number	Docket Number	Order Type
1						
2						
3						
4						
5						

[ ] Additional orders listed on attached sheet.

2. [ ] The tribunal determined that order number \_\_\_\_\_ listed above is the controlling order for prospective support.

3. [ ] The tribunal determined that none of the existing orders is the controlling order for prospective support. A new controlling order was entered; a certified copy is attached.

4. \$ \_\_\_\_\_ per \_\_\_\_\_ (frequency) is the current charging amount.

5. [ ] A reconciliation of arrears was completed: [ ] Yes [ ] No

6. The tribunal calculated arrears to be \$ \_\_\_\_\_ as of \_\_\_\_\_ (Date). A certified copy of the arrears reconciliation order is attached.

7. A copy of this notice (and certified copies of the controlling order determination and any arrears reconciliation order) was also sent to:

\_\_\_\_\_  
 Entity Name; State

\_\_\_\_\_  
 Entity Name; State

[ ] Obligor [ ] Obligee [ ] Additional Entities Listed on Attached Sheet