CHILD SUPPORT ENFORCEMENT TRANSMITTAL #1 - INITIAL REQUEST

The information on this form may be disclosed as authorized by law.

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.

Child Support Agency Confidential Information Form must be attached.

Petitioner: Legal Name (first, middle, last, suffix)

   Tribal Affiliation (if applicable)

Respondent: Legal Name (first, middle, last, suffix)

   Tribal Affiliation (if applicable)

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

File Stamp

To: (Agency Name and Address)

Responding Locator Code: _____ State _____
Responding IV-D Case Identifier: _____
Responding Tribunal Number: _____

From: (Agency Name and Address)
DIVISION OF CHILD SUPPORT
PO BOX 11520
TACOMA WA 98411-5520

Initiating Locator Code: _____ State _____
Initiating IV-D Case Identifier: _____
Initiating Tribunal Number: _____

Send Payments To: (If different from above)
WASHINGTON STATE SUPPORT REGISTRY
PO BOX 45868
OLYMPIA WA 98504-5868

Payment Locator Code: _____ State _____

NOTE:
[ ] **Nondisclosure Finding/Affidavit attached**
[ ] **This form sent through EDE**
[ ] **This request or information sent through CSENet**

Section I. Action: The responding jurisdiction should open an intergovernmental case with the initiating jurisdiction and provide all appropriate services, including: **(Please return the acknowledgment form.)**

1. [ ] Establish parentage
2. [ ] Establish and enforce order, and forward payment to the initiating jurisdiction's SDU for:
   A. [ ] Current child support, including medical support
   B. [ ] Retroactive child support
   C. [ ] Medical support only
3. [ ] Take the following action(s) on the responding tribunal's order and forward payment to the initiating jurisdiction's SDU:
   A. [ ] Enforce
   B. [ ] Modify and enforce
   C. [ ] Modify then close the intergovernmental IV-D case
   D. [ ] Enforce arrears only
   E. [ ] Change person/entity entitled to receive funds and enforce

4. [ ] Take the following action on a support order of another jurisdiction and forward payment to the initiating jurisdiction's SDU:
   A. [ ] Register and enforce
   B. [ ] Register, modify, and enforce
   C. [ ] Register, modify, then close the intergovernmental IV-D case
   D. [ ] Register and enforce arrears only
5. [ ] Other _____

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

Date of support order	State and county, tribe, or foreign country issuing order	Tribunal number

Support amount/frequency	Date of last payment	Total amount of arrears	Period of computation
$		$	_____ through _____

[ ] Current Support [ ] Arrears Only

Section II. Case Summary (Continued):

Date of support order   State and county, tribe, or foreign country issuing order   Tribunal number

Support amount/frequency   Date of last payment   Total amount of arrears   Period of computation

$ $ _____ thru _____

[ ] Current Support   [ ] Arrears Only

[ ] Additional orders or information attached.

Section III. Obligee Information: [ ] Parent   [ ] Caretaker

Obligee legal name (first, middle, last, suffix) _____

If caretaker: relationship to child(ren) _____   [ ] Has legal custody/guardianship of the child(ren)

Section IV. Obligor Information: Obligor legal name (first, middle, last, suffix)_____

Section V. Dependent Child(ren) Information:

Legal Name (first, middle, last, suffix)

VI. Other Pertinent Information:

[ ] Continued on attached sheet(s), incorporated by reference.

VII. Attachments: (Supporting Documentation)

[ ] Child Support Agency Confidential Information Form for IV-D Use Only   [ ] Uniform Support Petition

[ ] Declaration in Support of Establishing Parentage   [ ] General Testimony

[ ] Personal Information Form for UIFSA § 311   [ ] Support order(s)

[ ] Letter of Transmittal Requesting Registration   [ ] Acknowledgment of parentage

[ ] Payment history   [ ] Birth certificate/birth record

[ ] Arrears balance and/or accrued interest (affidavit of arrears)   [ ] Nondisclosure finding/affidavit

[ ] Arrears calculation (month by month)   [ ] Other attachments

VIII. Contact Information:

_____   _____   _____
Date   Initiating contact person (first, middle, last, suffix)   Direct telephone number and extension

Fax: _____   E-mail: _____

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).