

**LETTER OF TRANSMITTAL REQUESTING REGISTRATION**

**THIS FORM CONTAINS SENSITIVE INFORMATION – DO NOT FILE THIS FORM IN A PUBLIC ACCESS FILE.**

The information on this form may be disclosed to the parties in the case, unless accompanied by a nondisclosure finding/affidavit.

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.

**For IV-D cases, a Transmittal #1 and Child Support Agency Confidential Information Form must be attached.**

**Responding IV-D Case Identifier:** \_\_\_\_\_ **Initiating IV-D Case Identifier:** \_\_\_\_\_

**Responding Tribunal Number:** \_\_\_\_\_ **Initiating Tribunal Number:** \_\_\_\_\_

**NOTE:**

**Nondisclosure Finding/Affidavit attached**

**This form sent through EDE**

**Action:**  Register for Enforcement

Register for Enforcement of Arrears Only

Assigned Arrears

Non-assigned Arrears

Register for Modification

Register for Modification and Enforcement

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

Date of support order: \_\_\_\_\_

State and county/tribe issuing order: \_\_\_\_\_

Tribunal number: \_\_\_\_\_

**Current Obligation**

Amount

Frequency (per)

Current child support \$

Current medical support \$

Current spousal support \$

Other: \_\_\_\_\_ \$

**Type of Arrears**

Amount

Total child support arrears \$

Total medical support arrears \$

Total spousal support arrears \$

Total interest \$

Other: \_\_\_\_\_ \$

Total amount of arrears: \$

Period of computation: from \_\_\_\_\_ to \_\_\_\_\_

Assigned arrears only: \$ \_\_\_\_\_

(Attach documentation of TANF time periods.)

**Section II. Obligee Information:**  Parent  Caretaker

Obligee's legal name (first, middle, last, suffix): \_\_\_\_\_

Obligee's address: \_\_\_\_\_

If caretaker, relationship to child(ren): \_\_\_\_\_  Has legal custody/guardianship of the child(ren)

**Section III. Obligor Information:**

Obligor's legal name (first, middle, last, suffix): \_\_\_\_\_

Obligor's address: \_\_\_\_\_

SSN: \_\_\_\_\_ Employer Name: \_\_\_\_\_

Employer address: \_\_\_\_\_

