CHILD SUPPORT ENFORCEMENT TRANSMITTAL #1 - INITIAL REQUEST ACKNOWLEDGMENT 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. Petitioner: Legal Name (first, middle, last, suffix) MARY ANNE SMITH Tribal Affiliation (if applicable) File Stamp SAGINAW CHIPPEWA Respondent: Legal Name (first, middle, last, suffix) JOHN MICHAEL SMITH SR Tribal Affiliation (if applicable) Initiating Locator Code: 5502500 State WI To: (Agency Name and Address) CASSANDRA CASEWORKER Initiating IV-D Case Identifier: 7654321 WI CENTRAL REGISTRY Initiating Tribunal Number: 1234PA987654 PO BOX 50000 MADISON, WI 53555 (123) 456-7890 (123) 456-7899 FAX CASSANDRA.CASEWORKER@WISCONSIN.GOV From: (Agency Name and Address) Responding Locator Code: 2606540 State MI WENDY WORKER Responding IV-D Case Identifier: 987654321 INGHAM COUNTY FRIEND OF THE COURT Responding Tribunal Number: 2016123456 UN 1234 W MAIN ST LANSING, MI 48999 NOTE: [] This form sent through EDE [] This request or information sent through CSENet **ACKNOWLEDGMENT:** [X] Request received and no additional information is necessary [] Additional information needed [] Personal Information Form for UIFSA § 311 [] Arrears statement/payment history [] Child Support Agency Confidential Information Form [] Support order(s) [] Certified Order [] Copy of Order [] Uniform Support Petition [] Acknowledgment of parentage [] General Testimony [] Birth certificate/birth record [] Letter of Transmittal Requesting Registration [] Nondisclosure finding/affidavit [] Declaration in Support of Establishing Parentage [] Other (See Remarks) [] Responding jurisdiction will proceed with administrative enforcement of the order without registration

[] Remarks/response

Name of Worker (first, m	iddle, last, suffix): WENDY WORKER	
Agency name: INGHAM	COUNTY FRIEND OF THE COURT	
Address: 1234 W MAIN	ST LANSING, MI 48999	
Locator code: <u>2606500</u>		
Direct Telephone number	er and Extension: (517) 555-1234	
Fax: (517) 555-1235	E-mail: WENDY.WORKER@INGH	AM.CO.MI.GOV
December 20, 2017	WENDY WORKER	(517) 555-1234
Date	Person completing form (first, middle, last, suffix)	Direct Telephone Number and Extension
Fax: (517) 555-1235	F-mail: WENDY WORKER@INGHAM CO	MI GOV

Encryption Requirements:

Your case has been forwarded for action to:

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 emails may be used if the encryption method is compliant with Federal Information Processing Standard (FIPS) Publication 140-2 (FIPS PUB 140-2).