

**CHILD SUPPORT ENFORCEMENT TRANSMITTAL #1 – INITIAL REQUEST**

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

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**Child Support Agency Confidential Information Form must be attached.**

**Petitioner: Legal Name** (first, middle, last, suffix)  
MARY ANNE SMITH

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

**Tribal Affiliation** (if applicable)

File Stamp

**Respondent: Legal Name** (first, middle, last, suffix)  
JOHN MICHAEL SMITH SR

**Tribal Affiliation** (if applicable)  
SAGINAW CHIPPEWA

**Responding Locator Code:** 5502500 State WI  
**Responding IV-D Case Identifier:** \_\_\_\_\_  
**Responding Tribunal Number:** \_\_\_\_\_

**To:** (Agency Name and Address)  
CASSANDRA CASEWORKER  
WI CENTRAL REGISTRY  
PO BOX 50000  
MADISON, WI 53555  
(123) 456-7890  
(123) 456-7899 FAX  
CASSANDRA.CASEWORKER@WISCONSIN.GOV

**Initiating Locator Code:** 2606540 State MI  
**Initiating IV-D Case Identifier:** 987654321  
**Initiating Tribunal Number:** 2010123456 UN

**From:** (Agency Name and Address)  
WENDY WORKER  
INGHAM COUNTY FRIEND OF THE COURT 1234  
W MAIN ST  
LANSING, MI 48999

**Payment Locator Code:** 2600000 State MI

**Send Payments To:** (If different from above) MISDU  
PO BOX 1500  
LANSING, MI 48999

**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 acknowledge receipt of the Transmittal #1.)**

- 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	
10/10/2010	MI Ingham	2010123456	
Support amount/frequency	Date of last payment	Total amount of arrears	Period of computation
\$200.00/mo	10/10/2017	\$ 3000.00	01/01/2011 through 10/31/2017

Current Support [ ] Arrears Only

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**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) MARY ANNE SMITH

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) JOHN MICHAEL SMITH JR

**Section V. Dependent Child(ren) Information:**

Legal Name (first, middle, last, suffix)

JOHN MICHAEL SMITH JR

ANNE MARIE SMITH

**VI. Other Pertinent Information:**

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

**VII. Attachments:** (Supporting Documentation)

- |   |  |
|---|--|
| <input type="checkbox"/> Child Support Agency Confidential Information Form for IV-D Use Only | <input type="checkbox"/> Uniform Support Petition        |
| <input type="checkbox"/> Declaration in Support of Establishing Parentage                     | <input type="checkbox"/> General Testimony               |
| <input type="checkbox"/> Personal Information Form for UIFSA § 311                            | <input type="checkbox"/> Support order(s)                |
| <input type="checkbox"/> Letter of Transmittal Requesting Registration                        | <input type="checkbox"/> Acknowledgment of parentage     |
| <input type="checkbox"/> Payment history  | <input type="checkbox"/> Birth certificate/birth record  |
| <input type="checkbox"/> Arrears balance and/or accrued interest (affidavit of arrears)       | <input type="checkbox"/> Nondisclosure finding/affidavit |
| <input type="checkbox"/> Arrears calculation (month by month)                                 | <input type="checkbox"/> Other attachments               |

**VIII. Contact Information:**

December 20, 2017 \_\_\_\_\_ WENDY WORKER \_\_\_\_\_ (517) 555-1234 \_\_\_\_\_  
Date Initiating contact person (first, middle, last, suffix) Direct telephone number and extension

Fax: (517) 555-1235 \_\_\_\_\_ Email: WENDY.WORKER@INGHAM.MI.CO.GOV \_\_\_\_\_

**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).