

CHILD SUPPORT ENFORCEMENT TRANSMITTAL #3 – REQUEST FOR ASSISTANCE/DISCOVERY

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.

[X] Child Support Agency Confidential Information Form Attached

Petitioner: Legal Name (first, middle, last, suffix)
MARY ANNE SMITH
Tribal Affiliation (if applicable)

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

File Stamp

Respondent: Legal Name (first, middle, last, suffix)
JOHN MICHAEL SMITH SR
Tribal Affiliation (if applicable)
SAGINAW CHIPPEWA

To: (Agency Name and Address)
CASSANDRA CASEWORKER
WI CENTRAL REGISTRY
PO BOX 50000
MADISON, WI 53777
(123) 456-7890
(123) 456-7899 FAX
CASSANDRA.CASEWORKER@WISCONSIN.GOV

Assisting Locator Code: 5502500 State WI
Assisting Case Identifier: _____
Assisting Tribunal Number: _____

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

Requesting Locator Code: 2606540 State MI
Requesting IV-D Case Identifier: 987654321
Requesting Tribunal Number: 2016123456 UN

NOTE:

- Nondisclosure Finding/Affidavit attached**
- This form sent through EDE**
- This request or information sent through CSENet**

Dependent Child(ren) Information:

Legal Name(s) (first, middle, last, suffix):
JOHN MICHAEL SMITH JR
ANNE MARIE SMITH

Section I. Action:

The requesting agency asks for the following required limited service(s):

1. Copy of:
 - Support order(s)
 - Must be certified
 - Payment record(s)
 - Must be certified
2. Assistance with service of process
3. Assistance with genetic testing
4. Assistance with teleconference for hearing or deposition
5. Assistance with administrative review
6. Assistance with discovery
7. Assistance with AEI

The requesting agency asks for the following limited service(s), which may be provided at state option:

8. Assistance with a lien
9. Financial data/proof of respondent's income
10. Other: _____

The requesting agency asks for the following payment processing information/action:

11. Forward payments received by your agency's SDU to the requesting agency's SDU for disbursement.
Send payments to the requesting agency's SDU: (SDU Name, SDU Address, and Remittance ID):
MISDU PO BOX 1500 LANSING, MI 48999 2600000
12. _____

Response needed by January 15, 2018 (Date).

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Section II. Other Pertinent Information:

PLEASE FAX A COPY OF THE EXISTING ORDER ASAP.

Please Return the Acknowledgment

Section III. Contact Information:

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

Fax: (517) 555-1235 E-mail: WENDY.WORKER@INGHAM.CO.MI.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).

CHILD SUPPORT ENFORCEMENT TRANSMITTAL #3 – REQUEST FOR ASSISTANCE/DISCOVERY ACKNOWLEDGMENT

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ACKNOWLEDGMENT: To be Completed by Assisting Agency and Returned to Requesting Agency

- [] Request received and no additional information is necessary
- [] Additional information needed (See remarks.)
- [] Remarks/Response

[] Your request has been forwarded for action to:

Name of person (first, middle, last, suffix): _____

Agency name: _____

Address: _____

Locator code: _____

Direct telephone number and extension: _____

Fax: () _____ E-mail: _____

Date

Person completing form (first, middle, last, suffix)

Direct telephone number and extension

Fax: () _____

E-mail: _____

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