

**CHILD SUPPORT AGENCY CONFIDENTIAL INFORMATION FORM****FOR IV-D AGENCY USE ONLY – DO NOT FILE WITH A TRIBUNAL OR PROVIDE TO THE OTHER PARTY**

The information on the form may be disclosed only 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.

**NOTE:** This form sent through EDE**Section I. Case Information:**

Initiating jurisdiction name: WAYNE COUNTY PA	Responding jurisdiction name: OHIO CENTRAL REGISTRY
Initiating IV-D case identifier: 999999999	Responding IV-D case identifier: 55-876
Initiating tribunal number: 2017-999999-UI	Responding tribunal number: AE4444444

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

Parent <input checked="" type="checkbox"/> Obligee or <input type="checkbox"/> Obligor		Parent <input type="checkbox"/> Obligee or <input checked="" type="checkbox"/> Obligor	
Legal name (first, middle, last, suffix): JANE DENISE DOE		Legal name (first, middle, last, suffix): JOHN DAVID JACKSON	
Relationship to child(ren): MOTHER		Relationship to child(ren): FATHER	
Gender: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Other		Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
Date of birth: 05/24/1993	Place of birth: (city, county, state) LANSING, INGHAM, MI	Date of birth: 06/30/1996	Place of birth: (city, county, state) LIMA, SANDUSKY, OH
SSN: 333-44-5555	Home telephone: 517-555-1211	SSN: 666-77-8888	Home telephone:
Cell telephone: 517-242-1555	Work telephone:	Cell telephone: 517-456-8888	Work telephone:
Alias (e.g., maiden name, nickname):		Alias (e.g., maiden name, nickname): JOJO	
Home address (street, city, state, zip code): 123 WEST MAIN STREET LANSING, MI 48999 Date address confirmed: <u>02/01/2017</u>		Home address (street, city, state, zip code): 222 NORTH STREET ALBION, OH 99443 Date address confirmed: <u>04/01/2017</u>	
Mailing address (street, PO Box, city, state, zip code): 123 WEST MAIN STREET LANSING, MI 48999 Date address confirmed: _____		Mailing address (street, PO Box, city, state, zip code):  Date address confirmed: _____	
E-mail: DOREMI@YAHOO.COM		E-mail:	
Employer name:  Date employer confirmed: _____		Employer name: DOUGLASS CONSTRUCTION 11 INDUSTRIAL RD, LIMA, OH 99443 Date employer confirmed: <u>05/01/2017</u>	
Employer address (street, city, state, zip code):		Employer address (street, city, state, zip code):	
Employer FEIN:		Employer FEIN: 38-9874561	
Incarcerated? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, Inmate #: _____ and facility name: _____)		Incarcerated? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, Inmate #: _____ and facility name: _____)	

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<b>Caretaker - Obligee</b> (When obligee is not the child(ren)'s parent)	
Legal name (first, middle, last, suffix):	
Relationship to child(ren):	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
Date of birth:	
SSN:	Home telephone:
Cell telephone:	Work telephone:
Home address (street, city, state, zip code):	
Date address confirmed: _____	
Mailing address (street, PO Box, city, state, zip code):	
Date address confirmed: _____	
E-mail:	

**Section III. Child(ren) Information:**

<b>Child #1 legal name</b> (first, middle, last, suffix): JONATHAN JAMES DOE	
Home address (street, city, state, zip code): 123 WEST MAIN STREET, LANSING, MI 48999	
SSN: 111-22-3333	Date of birth: 01/01/2017
Place of birth (city, county, state): LIMA, SANDUSKY, OH	Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Nonmarital birth: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If no, date of marriage: _____)	
<b>If yes, complete the following:</b>	
<input type="checkbox"/> Parentage established. <b>Was this parentage establishment a paternity determination of fatherhood?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Parentage was established on _____ (date) in _____ (state).	
Parentage was established by:	
<input checked="" type="checkbox"/> Order	
<input type="checkbox"/> Acknowledgment of Parentage	
<input type="checkbox"/> Adoption	
<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Parentage was not established.	

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**Section III. Child(ren) Information (Continued):**

Child #2 legal name (first, middle, last, suffix):	
Home address (street, city, state, zip code):	
SSN:	Date of birth:
Place of birth (city, county, state):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Nonmarital birth: <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, date of marriage: _____)	
<b>If yes, complete the following:</b>	
<input type="checkbox"/> Parentage established. <b>Was this parentage establishment a paternity determination of fatherhood?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Parentage was established on _____ (date) in _____ (state).	
Parentage was established by:	
<input type="checkbox"/> Order	
<input type="checkbox"/> Acknowledgment of Parentage	
<input type="checkbox"/> Adoption	
<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Parentage was not established.	
<b>Child #3 legal name</b> (first, middle, last, suffix):	
Home address (street, city, state, zip code):	
SSN:	Date of birth:
Place of birth (city, county, state):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Nonmarital birth: <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, date of marriage: _____)	
<b>If yes, complete the following:</b>	
<input type="checkbox"/> Parentage established. <b>Was this parentage establishment a paternity determination of fatherhood?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Parentage was established on _____ (date) in _____ (state).	
Parentage was established by:	
<input type="checkbox"/> Order	
<input type="checkbox"/> Acknowledgment of Parentage	
<input type="checkbox"/> Adoption	
<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Parentage was not established.	

Additional Child(ren) Information Attached

**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).

