

## **D. OVERVIEW – ESTABLISHMENT (EST)**

*The IGD has been updated. A complete Summary of Changes can be found in the IGD section entitled “Document Revisions”. For ease of recognition, substantive changes appear in bold italic.*

*The Transaction Functional Matrix (TFM) is a comprehensive guidance document developed to support States’ efforts to standardize the use of transactions. A TFM Workgroup, consisting of representatives from States, OCSE, and the CSENet 2000 team reviewed and discussed issues related to developing standardized business usage for transactions. The workgroup determined the original elements contained in the TFM and identified transactions recommended for deletion. Information provided for these transactions is listed at the end of this section and is limited to Function, Action, and Reason codes. Recommended alternative transaction usage is provided to assist States.*

*As a part of OCSE’s Continuous Service Improvement (CSI) effort, the Interstate Communications Initiative team undertook a project to improve the business use of CSENet transactions. The activities to improve the business use of CSENet included the following:*

- *Establish a core set of transactions,*
- *Link CSENet transactions to interstate business,*
  - *Code of Federal Regulations (CFR) notification requirements,*
  - *Synchronize CSENet transactions with the Intergovernmental Form updates,*
    - *Add new paternity status values,*
    - *Clarify how transactions should be used, and*
- *Identify the need for new transactions.*

*The core set of transactions, as stated in DCL 07-20, was designed in partnership with States by identifying those interstate activities/requests that are essential to processing interstate cases. The core set will help States focus their efforts when using CSENet to conduct interstate business.*

*Over the years, experience has demonstrated that many of the available CSENet transactions are rarely used, because of changing statutes, e.g., UIFSA, the way business is conducted for processing interstate cases, etc. Although well intended, the number of transactions available made CSENet appear unnecessarily complicated and cumbersome.*

*Establishing this core set of transactions is a step towards streamlining the number of transactions and provides the following benefits for States:*

- *Improves interstate case processing through a precise and well-defined transaction set,*
- *Increases CSENet’s ability to effectively and efficiently perform electronic interstate communications, and*

- *Increases standardization by establishing a common or less “cluttered” playing field.*

*To help States focus programming efforts on fewer transactions to better convey interstate business activities, OCSE recommends that States use these transactions when enhancing existing programming, as well as during the development of new CSENet functionality.*

*This section of the TFM has been finalized as a part of OCSE’s CSI effort and incorporates enhanced guidance that includes:*

- *Linked transactions to specific interstate business,*
- *Recommended automation possibilities,*
- *Identified transactions that support new interstate actions, activities on established interstate cases, and limited or administrative service requests, and*
- *Suggested potential triggers to generate transactions.*

*A full listing of all transactions within the core set is found in Appendix B, “Valid Transactions Table”, Chart B-5. Transactions that are not included in the core set are identified at the end of each TFM section and include those the TFM Workgroup recommended for deletion. In the future, the number of CSENet transactions may be reduced.*

## **D.1 Document Layout**

*Along with providing guidance on when and how transactions are used, guidance on the data to include in a transaction is provided. First, all of the data blocks and elements within a block required by the CSENet application are listed. Next, data that may not be required but is essential to conduct the specific business is identified by shading. Finally, recommendations to include additional data are provided under the Recommended Use of Data in the Description/Business Usage section. The matrix consists of six main parts:*

- *Function code,*
- *Action code,*
- *Reason code,*
- *Description/business usage,*
- *Required data blocks and elements, and*
- *Data element description and usage.*

### **D.1.1 FUNCTION CODE**

*The Function code (also known by its field name, Functional-Type-Code) refers to the child support business activity the transaction supports. Examples of Function codes are Quick Locate (LO1) and Enforcement (ENF).*

### D.1.2 ACTION CODE

*The Action code describes the kind of transaction. Examples include a Request and Response (also known as provision of information).*

### D.1.3 REASON CODE

*The Reason code (also known by its field name, Action-Reason-Code) provides further definition of the business activity the transaction communicates. For example, an Enforcement Acknowledgment (ENF A) may use the Reason code of AADIN to inform the other State that additional information is necessary to proceed with their request. (Note: Not all transactions require a Reason code, such as a Quick Locate Request, LOI R).*

### D.1.4 DESCRIPTION/BUSINESS USAGE

*Defines a specific transaction by the combination of Function, Action, and Reason codes and provides the business activity and usage for the transaction. Chart D-1 identifies the subsections that may comprise the Description/Business Usage section, depending upon the nature of the transaction.*

<b>CHART D-1: CONTENTS OF THE DESCRIPTION/BUSINESS USAGE SECTION</b>	
<b>Subheading</b>	<b>Description</b>
<i>Sent by Initiating or Responding State</i>	<i>Recommends whether the initiating or responding State, or both, generates the transaction. The following standard definitions are used:</i> <ul style="list-style-type: none"> <li>• <i>The initiating State is the State in which the custodial party (CP) resides; and</i></li> <li>• <i>The responding State is the State in which the non-custodial parent (NCP) resides.</i></li> </ul>
<i>Used On/To</i>	<i>Indicates whether the transaction is used for:</i> <ul style="list-style-type: none"> <li>• <i>Initiating a new interstate case,</i></li> <li>• <i>Working with an established case, or</i></li> <li>• <i>Limited or administrative service requests.</i></li> </ul>
<i>Corresponds To</i>	<i>Cites the specific item in the Intergovernmental Forms of the business that the transaction conveys.</i>
<i>Relevant CFR Requirements</i>	<i>Cites the relevant sections of the CFR that the transaction addresses.</i>
<i>Automated Triggers</i>	<i>Suggests ways to automate sending transactions in a child support enforcement (CSE) system.</i>
<i>Recommended Action by Receiving State</i>	<i>Describes the type of follow-up activity a State may initiate upon receiving the transaction.</i>

<b>CHART D-1: CONTENTS OF THE DESCRIPTION/BUSINESS USAGE SECTION</b>	
<b>Subheading</b>	<b>Description</b>
<i>Recommended Use of Data</i>	<i>Describes specific recommendations and/or clarifications of data usage.</i>
<i>References to Data Blocks</i>	<i>Provides requirements or recommendations for specific information in data blocks included in the transaction.</i>

### **D.1.5 REQUIRED DATA BLOCKS AND ELEMENTS**

*Lists data blocks and elements that are currently required for transmitting transactions. Shaded areas identify data recommended as essential to conduct business and automate transaction processing. These recommendations do not replace the requirements presented in Appendix C, “Data Block Record Layout”.*

### **D.1.6 DATA ELEMENT DESCRIPTION AND USAGE**

*Includes values and/or a description of the specific data element.*

## **D.2 Summary of Assumptions**

*To ensure standardization, the TFM Work Group recommended specific business usage and general practices that should be used when interpreting and applying TFM recommendations. The following are the assumptions for transaction usage made by the TFM Work Group:*

- 1. Enforcement transactions are used to establish a interstate process when enforcing an existing order.*
- 2. When sending Request transactions (except LOI and CSI) States should provide all available data to assist the receiving State.*
- 3. Given that some IV-D offices carry generic caseloads, the Contact Name and related fields in the Case data block may contain an entity rather than a person’s name.*
- 4. States will use the full range of transactions identified in the core set for the business usage as indicated for each. This assists all States’ ability to standardize and increase automated processing.*

## **D.3 Automating CSENet Transactions**

*A key to the successful use of CSENet is the level of automation developed by each State. Whenever possible, States should have the CSE system automate sending a new interstate referral, requests for action on an existing case, or responses to requests. States should look for a data element or a combination of data elements that identifies interstate activities to serve as triggers for outgoing transactions to eliminate the need for worker intervention.*

***Equally critical is automating the entry of data into the transaction record. Manual entry of data in a transaction should be limited only to the data that is not available on the CSE system.***

***Conversely, when transactions are received, States should also have their system, whenever possible, automatically update the case record with the fact that a transaction was received and store the data received in the transaction. Also, prior to automatically creating an alert that notifies workers that a transaction was received, determine the ability for the system to take appropriate actions without worker intervention. This would include the building of new cases by the system so case activity can begin immediately. Although this level of automation is not always possible, automating to the maximum extent possible will significantly improve the handling of interstate requests.***

***A prime example of automation is the L01 – Quick Locate transaction. Most States have totally automated the process of receiving locate requests, obtaining locate information, and returning the employer or address information to the requesting State. This enhanced level of automation has helped with location efforts which, in turn have led to more timely establishment and enforcement activities.***

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description and Usage
EST	A	AADIN	<p><b>Establishment Acknowledgment, Additional Information Needed to Proceed</b></p> <p><b>Sent By Responding State:</b>                      This transaction is used to electronically acknowledge the receipt of the case (EST R) and to inform the initiating State that additional information is needed to proceed. The transaction must be sent within the timeframes required by Federal guidelines (10 working days).</p> <p><b>Used On:</b>                      Established interstate cases</p> <p><b>Corresponds To:</b>                      Transmittal #1 Acknowledgment                      [ ] Additional Information Needed</p> <p><b>Relevant CFR Requirements:</b>                      The 45CFR 303.7(a)(2)(iii) states that receipt of the case must be acknowledged and ensure that any missing documentation has been requested from the initiating State.                      The 45CFR 303.7(c)(4)(ii) states that if unable to proceed with the case because of inadequate documentation, notify the IV-D agency in the initiating State of the necessary additions or corrections to the form or documentation.                      The 45CFR303.7(a)(2)(iv) states that within 10 working days of receipt of an interstate IV-D case from an initiating State, the central registry must inform the IV-D agency in the initiating State where the case was sent for action.</p>	<b>HEADER</b>	
				LOCAL-FIPS-STATE/COUNTY	Your State/County FIPS Code
				OTHER-FIPS-STATE/COUNTY	State/County FIPS Code where transaction is directed.
				CSENet 2000 VERSION NUMBER	003
				TRANSACTION SERIAL NUMBER	Fill as appropriate
				ACTION CODE	A
				FUNCTIONAL TYPE CODE	EST
				TXN DATE	Date transaction was created
				CASE ID	Your Case ID
				OTHER-CASE-ID	Other Case ID
				ACTION REASON	AADIN
				ATTACHMENTS IND	=N
				CASE-DATA-IND	=1
				NCP-IDENTIFICATION-IND	=1
				NCP-LOCATE-IND	=0 (Numeric)
				PARTICIPANT-DATA-IND	=1
ORDER-DATA-IND	=0 (Numeric)				
COLLECTION-DATA-IND	=0 (Numeric)				
INFORMATION-IND	=1				
OVERDUE-IND	=0 (Numeric)				

\*Shaded areas identify data recommended as essential to conduct business and automate transaction processing

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description and Usage																																
EST	A	AADIN	<p><b>Automated Triggers:</b>                      Determine how the CSE system records that an establishment request was received and a determination has been made that further information is necessary.</p> <p><b>Action By Receiving State:</b>                      Process according to Federal guidelines. Update case information, such as noting receipt of the transaction, and follow-up on the additional information needed.</p> <p><b>Recommended Use of Data:</b>                      Provide Contact's direct phone number in the Case Data Block.                      Provide at least one participant, the CP, in the Participant Data Block.                      Provide the NCP's SSN and DOB in the NCP Identification Data Block.                      Enter the information needed in the Information Data Block.</p>	<p style="text-align: center;"><b>CASE DATA BLOCK</b></p> <table border="1"> <tr> <td>CASE-TYPE</td> <td>Fill as appropriate</td> </tr> <tr> <td>CASE-STATUS</td> <td>=O (Alpha)</td> </tr> <tr> <td>CONTACT-NAME-LAST</td> <td>Your State Contact</td> </tr> <tr> <td>CONTACT-NAME-FIRST</td> <td>Your State Contact</td> </tr> <tr> <td>CONTACT-ADDRESS-LINE-1</td> <td>Contact Address</td> </tr> <tr> <td>CONTACT-CITY</td> <td>Contact City</td> </tr> <tr> <td>CONTACT-STATE</td> <td>Contact State</td> </tr> <tr> <td>CONTACT-ZIP-1</td> <td>Contact Zip Code</td> </tr> </table> <p style="text-align: center;"><b>NCP IDENTIFICATION DATA BLOCK</b></p> <table border="1"> <tr> <td>NAME-LAST</td> <td>NCP Last Name</td> </tr> <tr> <td>NAME-FIRST</td> <td>NCP First Name</td> </tr> </table> <p style="text-align: center;"><b>PARTICIPANT DATA BLOCK</b></p> <table border="1"> <tr> <td>NAME-LAST</td> <td>Participant Last Name</td> </tr> <tr> <td>NAME-FIRST</td> <td>Participant First Name</td> </tr> <tr> <td>RELATIONSHIP</td> <td>Fill as appropriate</td> </tr> <tr> <td>PARTICIPANT-STATUS</td> <td>=O (Alpha)</td> </tr> </table> <p style="text-align: center;"><b>INFORMATION DATA BLOCK</b></p> <table border="1"> <tr> <td>STATUS-CHANGE-CODE</td> <td>=O (Alpha)</td> </tr> <tr> <td>INFORMATION-TEXT-LINE1</td> <td>Fill as appropriate</td> </tr> </table>	CASE-TYPE	Fill as appropriate	CASE-STATUS	=O (Alpha)	CONTACT-NAME-LAST	Your State Contact	CONTACT-NAME-FIRST	Your State Contact	CONTACT-ADDRESS-LINE-1	Contact Address	CONTACT-CITY	Contact City	CONTACT-STATE	Contact State	CONTACT-ZIP-1	Contact Zip Code	NAME-LAST	NCP Last Name	NAME-FIRST	NCP First Name	NAME-LAST	Participant Last Name	NAME-FIRST	Participant First Name	RELATIONSHIP	Fill as appropriate	PARTICIPANT-STATUS	=O (Alpha)	STATUS-CHANGE-CODE	=O (Alpha)	INFORMATION-TEXT-LINE1	Fill as appropriate	
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Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description and Usage
EST	A	ANOAD	<p><b>Establishment Acknowledgment, No Further Information Required</b>  <b>Sent By Responding State:</b>  <i>This transaction is used to electronically acknowledge the receipt of the case (EST R) and to inform the initiating State that no additional information is necessary. The transaction must be sent within the timeframes required by Federal guidelines (10 working days).</i></p> <p><b>Used On:</b>  <i>Established interstate cases</i></p> <p><b>Relevant CFR Requirements:</b>  <i>The 45CFR 303.7(a)(2)(iii) states that receipt of the case must be acknowledged.</i>  <i>The 45CFR303.7(a)(2)(iv) states that within 10 working days of receipt of an interstate IV-D case from an initiating State, the central registry must inform the IV-D agency in the initiating State where the case was sent for action.</i></p> <p><b>Corresponds To:</b>  <i>Transmittal #1 Acknowledgment                      [ ] Request Received and No Additional Information is Necessary</i></p> <p><b>Automated Triggers:</b>  <i>Determine how the CSE system records that an establishment request was received and that no further information is necessary for the next step.</i></p> <p><b>Action By Receiving State:</b>  <i>Process according to Federal guidelines. Update case information, such as noting receipt of the transaction.</i></p> <p><b>Recommended Use of Data:</b>  <i>Provide Contact's direct phone number in the Case</i></p>	<b>HEADER</b>	
				<i>LOCAL-FIPS-STATE/COUNTY</i>	<i>Your State/County FIPS Code</i>
				<i>OTHER-FIPS-STATE/COUNTY</i>	<i>State/County FIPS Code where transaction is directed.</i>
				<i>CSENet 2000 VERSION NUMBER</i>	<i>003</i>
				<i>TRANSACTION SERIAL NUMBER</i>	<i>Fill as appropriate</i>
				<i>ACTION CODE</i>	<i>A</i>
				<i>FUNCTIONAL TYPE CODE</i>	<i>EST</i>
				<i>TXN DATE</i>	<i>Date transaction was created</i>
				<i>CASE ID</i>	<i>Your Case ID</i>
				<i>OTHER-CASE-ID</i>	<i>Other Case ID</i>
				<i>ACTION REASON</i>	<i>ANOAD</i>
				<i>ATTACHMENTS IND</i>	<i>=N</i>
				<i>CASE-DATA-IND</i>	<i>=1</i>
				<i>NCP-IDENTIFICATION-IND</i>	<i>=1</i>
				<i>NCP-LOCATE-IND</i>	<i>=0 (Numeric)</i>
				<i>PARTICIPANT-DATA-IND</i>	<i>=1</i>
				<i>ORDER-DATA-IND</i>	<i>=0 (Numeric)</i>
				<i>COLLECTION-DATA-IND</i>	<i>=0 (Numeric)</i>
				<i>INFORMATION-IND</i>	<i>=0 (Numeric)</i>
				<i>OVERDUE-IND</i>	<i>=0 (Numeric)</i>
<b>CASE DATA BLOCK</b>					
<i>CASE-TYPE</i>	<i>Fill as appropriate</i>				
<i>CASE-STATUS</i>	<i>=O (Alpha)</i>				
<i>CONTACT-NAME-LAST</i>	<i>Your State Contact</i>				
<i>CONTACT-NAME-FIRST</i>	<i>Your State Contact</i>				

\*Shaded areas identify data recommended as essential to conduct business and automate transaction processing

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description and Usage
			<i>Data Block. Provide the NCP's SSN and DOB in the NCP Identification Data Block.</i>	<b>CONTACT-ADDRESS-LINE-1</b>	Contact Address
EST	A	ANOAD	<i>Provide at least one participant, the CP, in the Participant Data Block.</i>	<b>CONTACT-CITY</b>	Contact City
				<b>CONTACT-STATE</b>	Contact State
				<b>CONTACT-ZIP-1</b>	Contact Zip Code
				<b>NCP IDENTIFICATION DATA BLOCK</b>	
				<b>NAME-LAST</b>	NCP Last Name
				<b>NAME-FIRST</b>	NCP First Name
				<b>PARTICIPANT DATA BLOCK</b>	
				<b>NAME-LAST</b>	Participant Last Name
				<b>NAME-FIRST</b>	Participant First Name
				<b>RELATIONSHIP</b>	Fill as appropriate
<b>PARTICIPANT-STATUS</b>	=O (Alpha)				
EST	P	GSCOE	<b>Establishment Provision of Information, New Controlling Order</b> <b>Sent by Responding State:</b> <i>This transaction is used to electronically relay that a new controlling order has been established.</i> <b>Used On:</b> <i>Established interstate cases</i> <b>Automated Triggers:</b> <i>Determine how the CSE system records that a new controlling order has been established.</i> <b>Action By Receiving State:</b> <i>Process according to Federal guidelines and update case information such as noting receipt of</i>	<b>HEADER</b>	
				<b>LOCAL-FIPS-STATE/COUNTY</b>	Your State/County FIPS Code
				<b>OTHER-FIPS-STATE/COUNTY</b>	State/County FIPS Code where transaction is directed.
				<b>CSENet 2000 VERSION NUMBER</b>	003
				<b>TRANSACTION SERIAL NUMBER</b>	Fill as appropriate
				<b>ACTION CODE</b>	P
				<b>FUNCTIONAL TYPE CODE</b>	EST
				<b>TXN DATE</b>	Date transaction was created
				<b>CASE ID</b>	Your Case ID
				<b>OTHER-CASE-ID</b>	Other Case ID
				<b>ACTION REASON</b>	GSCOE

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Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description and Usage
			<i>the transaction.</i>	<i>ATTACHMENTS IND</i>	=N
				<i>CASE-DATA-IND</i>	=1
				<i>NCP-IDENTIFICATION-IND</i>	=1
EST	P	GSCOE	<p><b>Recommended Use of Data:</b>                      Provide contact's direct phone number in the Case Data Block.                      Provide the NCP's DOB in the NCP Identification Data Block.</p>	<i>NCP-LOCATE-IND</i>	=0 (Numeric)
				<i>PARTICIPANT-DATA-IND</i>	Fill as appropriate
				<i>ORDER-DATA-IND</i>	=1
				<i>COLLECTION-DATA-IND</i>	=0 (Numeric)
				<i>INFORMATION-IND</i>	=0 (Numeric)
				<i>OVERDUE-IND</i>	=0 (Numeric)
				<b>CASE DATA BLOCK</b>	
				<i>CASE-TYPE</i>	Fill as appropriate
				<i>CASE-STATUS</i>	=0 (Alpha)
				<i>CONTACT-NAME-LAST</i>	Your State Contact
				<i>CONTACT-NAME-FIRST</i>	Your State Contact
				<i>CONTACT-ADDRESS-LINE-1</i>	Contact Address
				<i>CONTACT-CITY</i>	Contact City
				<i>CONTACT-STATE</i>	Contact State
				<i>CONTACT-ZIP-1</i>	Contact Zip Code
				<b>NCP IDENTIFICATION DATA BLOCK</b>	
				<i>NAME-LAST</i>	NCP Last Name
				<i>NAME-FIRST</i>	NCP First Name
				<i>SSN</i>	NCP SSN
				<b>PARTICIPANT DATA BLOCK (2)</b>	
				<i>NAME-LAST</i>	Participant Last Name
<i>NAME-FIRST</i>	Participant First Name				
<i>RELATIONSHIP</i>	Fill as appropriate				
<i>PARTICIPANT-STATUS</i>	=0 (Alpha)				
<b>NCP IDENTIFICATION DATA BLOCK</b>					
<b>PARTICIPANT DATA BLOCK (2)</b>					

\*Shaded areas identify data recommended as essential to conduct business and automate transaction processing

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description and Usage
EST	P	GSCOE	<b>ORDER DATA BLOCK</b> <i>The Order Frequency Amount is required (can equal zero) unless the Order Arrears Total Amount is equal to or greater than zero. The Order Frequency is required if the Order Frequency Amount is greater than zero. The From and Thru Dates must be entered for each category of arrears entered with a valid value greater than zero.</i>	<b>ORDER DATA BLOCK</b>	
				<b>ORDER-FIPS-STATE</b>	FIPS Code of State that issued Order
				<b>ORDER-FIPS-COUNTY</b>	FIPS Code of County that issued Order
				<b>ORDER-ID</b>	The Order ID
				<b>ORDER-FILING-DATE</b>	Date Order was filed in your State
				<b>ORDER-TYPE</b>	Fill as appropriate
				<b>DEBT-TYPE</b>	Fill as appropriate
				<b>ORDER-FREQ</b>	Fill as appropriate
				<b>ORDER-FREQ-AMOUNT</b>	Dollar amount per frequency
				<b>ORDER-EFFECTIVE-DATE</b>	Date the obligation starts to accrue
				<b>MEDICAL-ORDERED</b>	Y or N
EST	P	SICHS	<b>Establishment Provision of Information, Support Hearing Scheduled</b> <b>Sent by Responding State:</b> <i>This transaction is used to electronically send a status update to a establishment request (EST R). The transaction indicates that a support hearing has been scheduled.</i> <b>Used On:</b> <i>Established interstate cases</i> <b>Corresponds To:</b> <i>Transmittal #3                      [ ] Notice of Hearing</i>	<b>HEADER</b>	
				<b>LOCAL-FIPS-STATE/COUNTY</b>	Your State/County FIPS Code
				<b>OTHER-FIPS-STATE/COUNTY</b>	State/County FIPS Code where transaction is directed.
				<b>CSENet 2000 VERSION NUMBER</b>	003
				<b>TRANSACTION SERIAL NUMBER</b>	Fill as appropriate
				<b>ACTION CODE</b>	P
				<b>FUNCTIONAL TYPE CODE</b>	EST
				<b>TXN DATE</b>	Date transaction was created
				<b>CASE ID</b>	Your Case ID
				<b>OTHER-CASE-ID</b>	Other Case ID
				<b>ACTION REASON</b>	SICHS
				<b>ACTION-RESOLUTION-DATE</b>	The date the event will occur
				<b>ATTACHMENTS IND</b>	=N
				<b>CASE-DATA-IND</b>	=1
				<b>NCP-IDENTIFICATION-IND</b>	=1

\*Shaded areas identify data recommended as essential to conduct business and automate transaction processing

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description and Usage
EST	P	SICHS	<p><b>Relevant CFR Requirements:</b> The 45CFR 303.7(c)(8) states that the IV-D agency must provide timely notice to the IV-D agency in the initiating State in advance of any formal hearings which may result in establishment or adjustment of an order.</p> <p><b>Automated Triggers:</b> Determine how the CSE system records that a support hearing has been scheduled.</p> <p><b>Action By Receiving State:</b> Process according to Federal guidelines. Update case information, such as hearing date, and note receipt of the transaction.</p> <p><b>Recommended Use of Data:</b> Enter the date of the hearing in the Action-Resolution-Date field in the Header and any other pertinent information in the Information Data Block. Provide contact's direct phone number in the Case Data Block. Provide the NCP's DOB in the NCP Identification Data Block.</p> <p><b>NCP IDENTIFICATION DATA BLOCK</b> The NCP's SSN is required if the NCP mailing address, residential address, and employer name in the NCP Locate Data Block are blank-filled.</p> <p><b>PARTICIPANT DATA BLOCK (2)</b> Provide at least two participants, one with Relationship code C (custodial parent) and one with code D (dependent).</p>	NCP-LOCATE-IND	=0 (Numeric)
				PARTICIPANT-DATA-IND	Fill as appropriate
				ORDER-DATA-IND	=0 (Numeric)
				COLLECTION-DATA-IND	=0 (Numeric)
				INFORMATION-IND	Fill as appropriate
				OVERDUE-IND	=0 (Numeric)
				<b>CASE DATA BLOCK</b>	
				CASE-TYPE	Fill as appropriate
				CASE-STATUS	=0 (Alpha)
				CONTACT-NAME-LAST	Your State Contact
				CONTACT-NAME-FIRST	Your State Contact
				CONTACT-ADDRESS-LINE-1	Contact Address
				CONTACT-CITY	Contact City
				CONTACT-STATE	Contact State
				CONTACT-ZIP-1	Contact Zip Code
				<b>NCP IDENTIFICATION DATA BLOCK</b>	
				NAME-LAST	NCP Last Name
				NAME-FIRST	NCP First Name
				SSN	NCP SSN
				<b>PARTICIPANT DATA BLOCK (2)</b>	
				NAME-LAST	Participant Last Name
NAME-FIRST	Participant First Name				
RELATIONSHIP	Fill as appropriate				
PARTICIPANT-STATUS	=0 (Alpha)				

\*Shaded areas identify data recommended as essential to conduct business and automate transaction processing

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description and Usage
EST	P	SSADJ	<p><b>Establishment Provision of Information, Review and Modification Warranted</b>  <b>Sent by Responding State:</b>  <i>This transaction is used to electronically send a status update to an establishment request (EST R SRADJ) for a review and adjustment. The transaction indicates that a review and modification is warranted.</i></p> <p><b>Used On:</b>  <i>Established interstate cases</i></p> <p><b>Automated Triggers:</b>  <i>Determine how the CSE system records that a review and modification is warranted.</i></p> <p><b>Action By Receiving State:</b>  <i>Process according to Federal guidelines. Update case information, such as the results of the review and note receipt of the transaction.</i></p> <p><b>Recommended Use of Data:</b>  <i>Provide contact's direct phone number in the Case Data Block.</i>  <i>Provide the NCP's DOB in the NCP Identification Data Block.</i></p>	<b>HEADER</b>	
				<i>LOCAL-FIPS-STATE/COUNTY</i>	<i>Your State/County FIPS Code</i>
				<i>OTHER-FIPS-STATE/COUNTY</i>	<i>State/County FIPS Code where transaction is directed.</i>
				<i>CSENet 2000 VERSION NUMBER</i>	<i>003</i>
				<i>TRANSACTION SERIAL NUMBER</i>	<i>Fill as appropriate</i>
				<i>ACTION CODE</i>	<i>P</i>
				<i>FUNCTIONAL TYPE CODE</i>	<i>EST</i>
				<i>TXN DATE</i>	<i>Date transaction was created</i>
				<i>CASE ID</i>	<i>Your Case ID</i>
				<i>OTHER-CASE-ID</i>	<i>Other Case ID</i>
				<i>ACTION REASON</i>	<i>SSADJ</i>
				<i>ATTACHMENTS IND</i>	<i>=N</i>
				<i>CASE-DATA-IND</i>	<i>=1</i>
				<i>NCP-IDENTIFICATION-IND</i>	<i>=1</i>
				<i>NCP-LOCATE-IND</i>	<i>=0 (Numeric)</i>
				<i>PARTICIPANT-DATA-IND</i>	<i>Fill as appropriate</i>
				<i>ORDER-DATA-IND</i>	<i>=0 (Numeric)</i>
				<i>COLLECTION-DATA-IND</i>	<i>=0 (Numeric)</i>
				<i>INFORMATION-IND</i>	<i>=0 (Numeric)</i>
				<i>OVERDUE-IND</i>	<i>=0 (Numeric)</i>
<b>CASE DATA BLOCK</b>					
<i>CASE-TYPE</i>	<i>Fill as appropriate</i>				
<i>CASE-STATUS</i>	<i>=0 (Alpha)</i>				
<i>CONTACT-NAME-LAST</i>	<i>Your State Contact</i>				
<i>CONTACT-NAME-FIRST</i>	<i>Your State Contact</i>				
<i>CONTACT-ADDRESS-LINE-1</i>	<i>Contact Address</i>				

\*Shaded areas identify data recommended as essential to conduct business and automate transaction processing

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description and Usage
EST	P	SSADJ	<p><b>NCP IDENTIFICATION DATA BLOCK</b> The NCP's SSN is required if the NCP mailing address, residential address, and employer name in the NCP Locate Data Block are blank-filled.</p> <p><b>PARTICIPANT DATA BLOCK (2)</b> Provide at least two participants, one with Relationship code C (custodial parent) and one with code D (dependent).</p>	<b>CONTACT-CITY</b>	Contact City
				<b>CONTACT-STATE</b>	Contact State
				<b>CONTACT-ZIP-1</b>	Contact Zip Code
				<b>NCP IDENTIFICATION DATA BLOCK</b>	
				<b>NAME-LAST</b>	NCP Last Name
				<b>NAME-FIRST</b>	NCP First Name
				<b>SSN</b>	NCP SSN
				<b>PARTICIPANT DATA BLOCK (2)</b>	
				<b>NAME-LAST</b>	Participant Last Name
				<b>NAME-FIRST</b>	Participant First Name
				<b>RELATIONSHIP</b>	Fill as appropriate
				<b>PARTICIPANT-STATUS</b>	=O (Alpha)
				EST	P
<b>LOCAL-FIPS-STATE/COUNTY</b>	Your State/County FIPS Code				
<b>OTHER-FIPS-STATE/COUNTY</b>	State/County FIPS Code where transaction is directed.				
<b>CSENet 2000 VERSION NUMBER</b>	003				
<b>TRANSACTION SERIAL NUMBER</b>	Fill as appropriate				
<b>ACTION CODE</b>	P				
<b>FUNCTIONAL TYPE CODE</b>	EST				
<b>TXN DATE</b>	Date transaction was created				
<b>CASE ID</b>	Your Case ID				
<b>OTHER-CASE-ID</b>	Other Case ID				
<b>ACTION REASON</b>	SSEST				
<b>ATTACHMENTS IND</b>	=N				

\*Shaded areas identify data recommended as essential to conduct business and automate transaction processing

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description and Usage
EST	P	SSEST	<p><b>Recommended Use of Data:</b>                      Provide contact's direct phone number in the Case Data Block.                      Provide the NCP's DOB in the NCP Identification Data Block.</p>	CASE-DATA-IND	=1
				NCP-IDENTIFICATION-IND	=1
				NCP-LOCATE-IND	=0 (Numeric)
				PARTICIPANT-DATA-IND	Fill as appropriate
				ORDER-DATA-IND	=1
				COLLECTION-DATA-IND	=0 (Numeric)
				INFORMATION-IND	=0 (Numeric)
				OVERDUE-IND	=0 (Numeric)
				<b>CASE DATA BLOCK</b>	
				CASE-TYPE	Fill as appropriate
				CASE-STATUS	=0 (Alpha)
				CONTACT-NAME-LAST	Your State Contact
				CONTACT-NAME-FIRST	Your State Contact
				CONTACT-ADDRESS-LINE-1	Contact Address
				CONTACT-CITY	Contact City
				CONTACT-STATE	Contact State
				CONTACT-ZIP-1	Contact Zip Code
				<b>NCP IDENTIFICATION DATA BLOCK</b>	
				NAME-LAST	NCP Last Name
				NAME-FIRST	NCP First Name
				SSN	NCP SSN
				<b>PARTICIPANT DATA BLOCK (2)</b>	
				NAME-LAST	Participant Last Name
				NAME-FIRST	Participant First Name
RELATIONSHIP	Fill as appropriate				
PARTICIPANT-STATUS	=0 (Alpha)				

\*Shaded areas identify data recommended as essential to conduct business and automate transaction processing

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description and Usage
EST	P	SSEST	<b>ORDER DATA BLOCK</b> <i>The Order Frequency Amount is required (can equal zero) unless the Order Arrears Total Amount is equal to or greater than zero. The Order Frequency is required if the Order Frequency Amount is greater than zero. The From and Thru Dates must be entered for each category of arrears entered with a valid value greater than zero.</i>	<b>ORDER DATA BLOCK</b>	
				<b>ORDER-FIPS-STATE</b>	FIPS Code of State that issued Order
				<b>ORDER-FIPS-COUNTY</b>	FIPS Code of County that issued Order
				<b>ORDER-ID</b>	The Order ID
				<b>ORDER-FILING-DATE</b>	Date Order was filed in your State
				<b>ORDER-TYPE</b>	Fill as appropriate
				<b>DEBT-TYPE</b>	Fill as appropriate
				<b>ORDER-FREQ</b>	Fill as appropriate
				<b>ORDER-FREQ-AMOUNT</b>	Dollar amount per frequency
				<b>ORDER-EFFECTIVE-DATE</b>	Date the obligation starts to accrue
			<b>MEDICAL-ORDERED</b>	Y or N	
EST	P	SSMOD	<b>Establishment Provision of Information, Support Order Modified</b> <b>Sent by Responding State:</b> <i>This transaction is used to electronically respond to an establishment request (EST R SRADJ or SRMOD) or to provide information from an action filed by an entity other than the initiating State (e.g., NCP filed for modification). The transaction indicates that the support order was modified.</i>  <b>Used On:</b> <i>Established interstate cases</i>  <b>Automated Triggers:</b> <i>Determine how the CSE system records that the order was modified.</i>  <b>Action By Receiving State:</b> <i>Process according to Federal guidelines. Update case information, such as noting receipt of the transaction.</i>	<b>HEADER</b>	
				<b>LOCAL-FIPS-STATE/COUNTY</b>	Your State/County FIPS Code
				<b>OTHER-FIPS-STATE/COUNTY</b>	State/County FIPS Code where transaction is directed.
				<b>CSENet 2000 VERSION NUMBER</b>	003
				<b>TRANSACTION SERIAL NUMBER</b>	Fill as appropriate
				<b>ACTION CODE</b>	P
				<b>FUNCTIONAL TYPE CODE</b>	EST
				<b>TXN DATE</b>	Date transaction was created
				<b>CASE ID</b>	Your Case ID
				<b>OTHER-CASE-ID</b>	Other Case ID
				<b>ACTION REASON</b>	SSMOD
				<b>ATTACHMENTS IND</b>	=N
				<b>CASE-DATA-IND</b>	=1
				<b>NCP-IDENTIFICATION-IND</b>	=1

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Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description and Usage
EST	P	SSMOD	<p><b>Recommended Use of Data:</b>                      Provide contact's direct phone number in the Case Data Block.                      Provide the NCP's DOB in the NCP Identification Data Block.</p> <p><b>NCP IDENTIFICATION DATA BLOCK</b>                      The NCP's SSN is required if the NCP mailing address, residential address, and employer name in the NCP Locate Data Block are blank-filled.</p> <p><b>PARTICIPANT DATA BLOCK (2)</b>                      Provide at least two participants, one with Relationship code C (custodial parent) and one with code D (dependent).</p>	NCP-LOCATE-IND	=0 (Numeric)
				PARTICIPANT-DATA-IND	Fill as appropriate
				ORDER-DATA-IND	=1
				COLLECTION-DATA-IND	=0 (Numeric)
				INFORMATION-IND	=0 (Numeric)
				OVERDUE-IND	=0 (Numeric)
				<b>CASE DATA BLOCK</b>	
				CASE-TYPE	Fill as appropriate
				CASE-STATUS	=0 (Alpha)
				CONTACT-NAME-LAST	Your State Contact
				CONTACT-NAME-FIRST	Your State Contact
				CONTACT-ADDRESS-LINE-1	Contact Address
				CONTACT-CITY	Contact City
				CONTACT-STATE	Contact State
				CONTACT-ZIP-1	Contact Zip Code
				<b>NCP IDENTIFICATION DATA BLOCK</b>	
				NAME-LAST	NCP Last Name
				NAME-FIRST	NCP First Name
				SSN	NCP SSN
				<b>PARTICIPANT DATA BLOCK (2)</b>	
				NAME-LAST	Participant Last Name
NAME-FIRST	Participant First Name				
RELATIONSHIP	Fill as appropriate				
PARTICIPANT-STATUS	=0 (Alpha)				

\*Shaded areas identify data recommended as essential to conduct business and automate transaction processing

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description and Usage
EST	P	SSMOD	<b>ORDER DATA BLOCK</b> <i>The Order Frequency Amount is required (can equal zero) unless the Order Arrears Total Amount is equal to or greater than zero. The Order Frequency is required if the Order Frequency Amount is greater than zero. The From and Thru Dates must be entered for each category of arrears entered with a valid value greater than zero.</i>	<b>ORDER DATA BLOCK</b>	
				<b>ORDER-FIPS-STATE</b>	FIPS Code of State that issued Order
				<b>ORDER-FIPS-COUNTY</b>	FIPS Code of County that issued Order
				<b>ORDER-ID</b>	The Order ID
				<b>ORDER-FILING-DATE</b>	Date Order was filed in your State
				<b>ORDER-TYPE</b>	Fill as appropriate
				<b>DEBT-TYPE</b>	Fill as appropriate
				<b>ORDER-FREQ</b>	Fill as appropriate
				<b>ORDER-FREQ-AMOUNT</b>	Dollar amount per frequency
				<b>ORDER-EFFECTIVE-DATE</b>	Date the obligation starts to accrue
			<b>MEDICAL-ORDERED</b>	Y or N	
EST	P	SUADJ	<b>Establishment Provision of Information, Review and Modification not Warranted Sent by Responding State:</b> <i>This transaction is used to electronically respond to an establishment request for an administrative review and adjustment (EST R SRADJ). The transaction indicates that a review and modification is not warranted.</i>  <b>Used On:</b> <i>Established interstate cases</i>  <b>Automated Triggers:</b> <i>Determine how the CSE system records that a review and modification is not warranted.</i>  <b>Action By Receiving State:</b> <i>Process according to Federal guidelines. Update case information, such as results, and note receipt of the transaction.</i>	<b>HEADER</b>	
				<b>LOCAL-FIPS-STATE/COUNTY</b>	Your State/County FIPS Code
				<b>OTHER-FIPS-STATE/COUNTY</b>	State/County FIPS Code where transaction is directed.
				<b>CSENet 2000 VERSION NUMBER</b>	003
				<b>TRANSACTION SERIAL NUMBER</b>	Fill as appropriate
				<b>ACTION CODE</b>	P
				<b>FUNCTIONAL TYPE CODE</b>	EST
				<b>TXN DATE</b>	Date transaction was created
				<b>CASE ID</b>	Your Case ID
				<b>OTHER-CASE-ID</b>	Other Case ID
				<b>ACTION REASON</b>	SUADJ
				<b>ATTACHMENTS IND</b>	=N
				<b>CASE-DATA-IND</b>	=1
				<b>NCP-IDENTIFICATION-IND</b>	=1
<b>NCP-LOCATE-IND</b>	=0 (Numeric)				

\*Shaded areas identify data recommended as essential to conduct business and automate transaction processing

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description and Usage
EST	P	SUADJ	<p><b>Recommended Use of Data:</b>                      Provide contact's direct phone number in the Case Data Block.                      Provide the NCP's DOB in the NCP Identification Data Block.                      Provide any pertinent information regarding the decision in the Information Data Block.</p> <p><b>NCP IDENTIFICATION DATA BLOCK</b>                      The NCP's SSN is required if the NCP mailing address, residential address, and employer name in the NCP Locate Data Block are blank-filled.</p> <p><b>PARTICIPANT DATA BLOCK (2)</b>                      Provide at least two participants, one with Relationship code C (custodial parent) and one with code D (dependent).</p>	<p><i>PARTICIPANT-DATA-IND</i></p>	Fill as appropriate
				<p><i>ORDER-DATA-IND</i></p>	=0 (Numeric)
				<p><i>COLLECTION-DATA-IND</i></p>	=0 (Numeric)
				<p><i>INFORMATION-IND</i></p>	Fill as appropriate
				<p><i>OVERDUE-IND</i></p>	=0 (Numeric)
				<b>CASE DATA BLOCK</b>	
				<p><i>CASE-TYPE</i></p>	Fill as appropriate
				<p><i>CASE-STATUS</i></p>	=0 (Alpha)
				<p><i>CONTACT-NAME-LAST</i></p>	Your State Contact
				<p><i>CONTACT-NAME-FIRST</i></p>	Your State Contact
				<p><i>CONTACT-ADDRESS-LINE-1</i></p>	Contact Address
				<p><i>CONTACT-CITY</i></p>	Contact City
				<p><i>CONTACT-STATE</i></p>	Contact State
				<p><i>CONTACT-ZIP-1</i></p>	Contact Zip Code
				<b>NCP IDENTIFICATION DATA BLOCK</b>	
				<p><i>NAME-LAST</i></p>	NCP Last Name
				<p><i>NAME-FIRST</i></p>	NCP First Name
				<p><i>SSN</i></p>	NCP SSN
				<b>PARTICIPANT DATA BLOCK (2)</b>	
				<p><i>NAME-LAST</i></p>	Participant Last Name
<p><i>NAME-FIRST</i></p>	Participant First Name				
<p><i>RELATIONSHIP</i></p>	Fill as appropriate				
<p><i>PARTICIPANT-STATUS</i></p>	=0 (Alpha)				

\*Shaded areas identify data recommended as essential to conduct business and automate transaction processing

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description and Usage
EST	P	SUEST	<p><b>Establishment Provision of Information, Support Order Not Established</b>  <b>Sent by Responding State:</b>  <i>This transaction is used to electronically respond to an establishment request (EST R) the transaction indicates that a support order was not established.</i></p> <p><b>Used On:</b>  <i>Established interstate cases</i></p> <p><b>Automated Triggers:</b>  <i>Determine how the CSE system records that a support order was not established.</i></p> <p><b>Action By Receiving State:</b>  <i>Process according to Federal guidelines. Update case information, such as noting the outcome and receipt of the transaction.</i></p> <p><b>Recommended Use of Data:</b>  <i>Provide contact's direct phone number in the Case Data Block.</i>  <i>Provide the NCP's DOB in the NCP Identification Data Block.</i>  <i>Provide any pertinent information regarding the decision in the Information Data Block.</i></p>	<b>HEADER</b>	
				<i>LOCAL-FIPS-STATE/COUNTY</i>	<i>Your State/County FIPS Code</i>
				<i>OTHER-FIPS-STATE/COUNTY</i>	<i>State/County FIPS Code where transaction is directed.</i>
				<i>CSENet 2000 VERSION NUMBER</i>	<i>003</i>
				<i>TRANSACTION SERIAL NUMBER</i>	<i>Fill as appropriate</i>
				<i>ACTION CODE</i>	<i>P</i>
				<i>FUNCTIONAL TYPE CODE</i>	<i>EST</i>
				<i>TXN DATE</i>	<i>Date transaction was created</i>
				<i>CASE ID</i>	<i>Your Case ID</i>
				<i>OTHER-CASE-ID</i>	<i>Other Case ID</i>
				<i>ACTION REASON</i>	<i>SUEST</i>
				<i>ATTACHMENTS IND</i>	<i>=N</i>
				<i>CASE-DATA-IND</i>	<i>=1</i>
				<i>NCP-IDENTIFICATION-IND</i>	<i>=1</i>
				<i>NCP-LOCATE-IND</i>	<i>=0 (Numeric)</i>
				<i>PARTICIPANT-DATA-IND</i>	<i>Fill as appropriate</i>
				<i>ORDER-DATA-IND</i>	<i>=0 (Numeric)</i>
				<i>COLLECTION-DATA-IND</i>	<i>=0 (Numeric)</i>
				<i>INFORMATION-IND</i>	<i>Fill as appropriate</i>
				<i>OVERDUE-IND</i>	<i>=0 (Numeric)</i>
				<b>CASE DATA BLOCK</b>	
				<i>CASE-TYPE</i>	<i>Fill as appropriate</i>
				<i>CASE-STATUS</i>	<i>=0 (Alpha)</i>
<i>CONTACT-NAME-LAST</i>	<i>Your State Contact</i>				
<i>CONTACT-NAME-FIRST</i>	<i>Your State Contact</i>				
<i>CONTACT-ADDRESS-LINE-1</i>	<i>Contact Address</i>				

\*Shaded areas identify data recommended as essential to conduct business and automate transaction processing

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description and Usage
EST	P	SUEST	<p><b>NCP IDENTIFICATION DATA BLOCK</b>                      The NCP's SSN is required if the NCP mailing address, residential address, and employer name in the NCP Locate Data Block are blank-filled.</p> <p><b>PARTICIPANT DATA BLOCK (2)</b>                      Provide at least two participants, one with Relationship code C (custodial parent) and one with code D (dependent).</p>	<b>CONTACT-CITY</b>	Contact City
				<b>CONTACT-STATE</b>	Contact State
				<b>CONTACT-ZIP-1</b>	Contact Zip Code
				<b>NCP IDENTIFICATION DATA BLOCK</b>	
				<b>NAME-LAST</b>	NCP Last Name
				<b>NAME-FIRST</b>	NCP First Name
				<b>SSN</b>	NCP SSN
				<b>PARTICIPANT DATA BLOCK (2)</b>	
				<b>NAME-LAST</b>	Participant Last Name
				<b>NAME-FIRST</b>	Participant First Name
				<b>RELATIONSHIP</b>	Fill as appropriate
				<b>PARTICIPANT-STATUS</b>	=O (Alpha)
				EST	P
<b>LOCAL-FIPS-STATE/COUNTY</b>	Your State/County FIPS Code				
<b>OTHER-FIPS-STATE/COUNTY</b>	State/County FIPS Code where transaction is directed.				
<b>CSENet 2000 VERSION NUMBER</b>	003				
<b>TRANSACTION SERIAL NUMBER</b>	Fill as appropriate				
<b>ACTION CODE</b>	P				
<b>FUNCTIONAL TYPE CODE</b>	EST				
<b>TXN DATE</b>	Date transaction was created				
<b>CASE ID</b>	Your Case ID				
<b>OTHER-CASE-ID</b>	Other Case ID				
<b>ACTION REASON</b>	SUMOD				
<b>ATTACHMENTS IND</b>	=N				

\*Shaded areas identify data recommended as essential to conduct business and automate transaction processing

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description and Usage
EST	P	SUMOD	<p><b>Automated Triggers:</b>                      Determine how the CSE system records that a support order was not modified.</p> <p><b>Action By Receiving State:</b>                      Process according to Federal guidelines. Update case information, such as noting the outcome and receipt of the transaction.</p> <p><b>Recommended Use of Data:</b>                      Provide contact's direct phone number in the Case Data Block.                      Provide the NCP's DOB in the NCP Identification Data Block.                      Provide any pertinent information regarding the decision in the Information Data Block.</p> <p><b>NCP IDENTIFICATION DATA BLOCK</b>                      The NCP's SSN is required if the NCP mailing address, residential address, and employer name in the NCP Locate Data Block are blank-filled.</p> <p><b>PARTICIPANT DATA BLOCK (2)</b>                      Provide at least two participants, one with Relationship code C (custodial parent) and one with code D (dependent).</p>	<p><i>CASE-DATA-IND</i></p>	=1
				<p><i>NCP-IDENTIFICATION-IND</i></p>	=1
				<p><i>NCP-LOCATE-IND</i></p>	=0 (Numeric)
				<p><i>PARTICIPANT-DATA-IND</i></p>	=1
				<p><i>ORDER-DATA-IND</i></p>	=1
				<p><i>COLLECTION-DATA-IND</i></p>	=0 (Numeric)
				<p><i>INFORMATION-IND</i></p>	Fill as appropriate
				<p><i>OVERDUE-IND</i></p>	=0 (Numeric)
				<b>CASE DATA BLOCK</b>	
				<p><i>CASE-TYPE</i></p>	Fill as appropriate
				<p><i>CASE-STATUS</i></p>	=0 (Alpha)
				<p><i>CONTACT-NAME-LAST</i></p>	Your State Contact
				<p><i>CONTACT-NAME-FIRST</i></p>	Your State Contact
				<p><i>CONTACT-ADDRESS-LINE-1</i></p>	Contact Address
				<p><i>CONTACT-CITY</i></p>	Contact City
				<p><i>CONTACT-STATE</i></p>	Contact State
				<p><i>CONTACT-ZIP-1</i></p>	Contact Zip Code
				<b>NCP IDENTIFICATION DATA BLOCK</b>	
				<p><i>NAME-LAST</i></p>	NCP Last Name
				<p><i>NAME-FIRST</i></p>	NCP First Name
				<p><i>SSN</i></p>	NCP SSN
				<b>PARTICIPANT DATA BLOCK (2)</b>	
				<p><i>NAME-LAST</i></p>	Participant Last Name
<p><i>NAME-FIRST</i></p>	Participant First Name				
<p><i>RELATIONSHIP</i></p>	Fill as appropriate				
<p><i>PARTICIPANT-STATUS</i></p>	=0 (Alpha)				

\*Shaded areas identify data recommended as essential to conduct business and automate transaction processing

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description and Usage
EST	R	SRADJ	<p><b>Establishment Request for Review and Adjustment</b>  <b>Sent by Initiating State:</b>  <i>This transaction is used to electronically request a review and adjustment.</i></p> <p><b>Used On:</b>  <i>Established interstate cases</i></p> <p><b>Relevant CFR Requirements:</b>  <i>The 45CFR 303.7(b)(6) states that the initiating State IV-D agency must send a request for review of a child support order to another State within 20 calendar days of determining that a request for review of the order should be sent to the other State and of receipt of information from the requestor necessary to conduct the review in accordance with sec. 303.8 of this part.</i></p> <p><b>Automated Triggers:</b>  <i>Determine how the CSE system records that a review and adjustment is needed.</i></p> <p><b>Action By Receiving State:</b>  <i>Process according to Federal guidelines. Update case information, such as noting receipt of the transaction.</i></p> <p><b>Corresponds To:</b>                      Transmittal# 1                      [] Modification or Responding Tribunal Order</p>	<b>HEADER</b>	
				<i>LOCAL-FIPS-STATE/COUNTY</i>	<i>Your State/County FIPS Code</i>
				<i>OTHER-FIPS-STATE/COUNTY</i>	<i>State/County FIPS Code Where Transaction Is Directed.</i>
				<i>CSENet 2000 VERSION NUMBER</i>	<i>003</i>
				<i>TRANSACTION SERIAL NUMBER</i>	<i>Fill as appropriate</i>
				<i>ACTION CODE</i>	<i>R</i>
				<i>FUNCTIONAL TYPE CODE</i>	<i>EST</i>
				<i>TXN DATE</i>	<i>Date transaction was created</i>
				<i>CASE-ID</i>	<i>Your Case ID</i>
				<i>ACTION REASON</i>	<i>SRADJ</i>
				<i>ATTACHMENTS IND</i>	<i>=N</i>
				<i>CASE-DATA-IND</i>	<i>=1</i>
				<i>NCP-IDENTIFICATION-IND</i>	<i>=1</i>
				<i>NCP-LOCATE-IND</i>	<i>=1</i>
				<i>PARTICIPANT-DATA-IND</i>	<i>Fill as appropriate</i>
				<i>ORDER-DATA-IND</i>	<i>=1</i>
				<i>COLLECTION-DATA-IND</i>	<i>=0 (Numeric)</i>
				<i>INFORMATION-IND</i>	<i>=0 (Numeric)</i>
				<i>OVERDUE-IND</i>	<i>=0 (Numeric)</i>
				<b>CASE DATA BLOCK</b>	
<i>CASE-TYPE</i>	<i>Fill as appropriate</i>				
<i>CASE-STATUS</i>	<i>=O (Alpha)</i>				
<i>PAYMENT-MAILING-ADDRESS-LINE1</i>	<i>Your Payment Mailing Address</i>				
<i>PAYMENT-CITY</i>	<i>Payment City</i>				
<i>PAYMENT-STATE</i>	<i>Payment State</i>				
<i>PAYMENT-ZIP-1</i>	<i>Payment Zip Code</i>				

\*Shaded areas identify data recommended as essential to conduct business and automate transaction processing

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description and Usage
EST	R	SRADJ	<p><b>Recommended Use of Data:</b>                      Provide contact's direct phone number in the Case Data Block.                      Provide the NCP's SSN and DOB in the NCP Identification Data Block.                      Provide the order information in the Order Data Block of the order for which the review is being requested.</p> <p><b>NCP IDENTIFICATION DATA BLOCK</b>                      The NCP's SSN is required if the NCP mailing address, residential address, and employer name in the NCP Locate Data Block are blank-filled.</p> <p><b>NCP LOCATE DATA BLOCK</b>                      Provide the NCP residential or mailing address or the employer name and address.</p> <p><b>PARTICIPANT DATA BLOCK (2)</b>                      Must contain at least two participants, one with Relationship code C (custodial parent) and one with code D (dependent). If Relationship code is D, provide the Dependent-Relation-CP.</p>	CONTACT-NAME-LAST	Your State Contact
				CONTACT-NAME-FIRST	Your State Contact
				CONTACT-ADDRESS-LINE-1	Contact Address
				CONTACT-CITY	Contact City
				CONTACT-STATE	Contact State
				CONTACT-ZIP-1	Contact Zip Code
				<b>NCP IDENTIFICATION DATA BLOCK</b>	
				NAME-LAST	NCP Last Name
				NAME-FIRST	NCP First Name
				<b>NCP LOCATE DATA BLOCK</b>	
				RESIDENTIAL-ADDRESS-LINE1	NCP Street Address
				RESIDENTIAL-CITY	NCP City
				RESIDENTIAL-STATE	NCP State
				RESIDENTIAL-ZIP-1	NCP Zip Code
				RESIDENTIAL-ADDRESS-EFFECTIVE-DATE	Required if Residential Address entered
				RESIDENTIAL-ADDRESS-CONFIRMED-IND.	Fill as appropriate
				<b>PARTICIPANT DATA BLOCK (2)</b>	
				NAME-LAST	Participant Last Name
				NAME-FIRST	Participant First Name
				DATE-OF-BIRTH	Fill as appropriate
				SSN	Participant's SSN
RELATIONSHIP	Fill as appropriate				
PARTICIPANT-STATUS	=O (Alpha)				
DEPENDENT-RELATION-CP	Fill as appropriate				

\*Shaded areas identify data recommended as essential to conduct business and automate transaction processing

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description and Usage
EST	R	SRADJ	<b>ORDER DATA BLOCK</b> <i>The Order Frequency Amount is required (can equal zero) unless the Order Arrears Total Amount is equal to or greater than zero. The Order Frequency is required if the Order Frequency Amount is greater than zero. The From and Thru Dates must be entered for each category of arrears entered with a valid value greater than zero.</i>	<b>ORDER DATA BLOCK</b>	
				<b>ORDER-FIPS-STATE</b>	FIPS Code of State that issued Order
				<b>ORDER-FIPS-COUNTY</b>	FIPS Code of County that issued Order
				<b>ORDER-ID</b>	The Order ID
				<b>ORDER-FILING-DATE</b>	Date Order was filed in your State
				<b>ORDER-TYPE</b>	Fill as appropriate
				<b>DEBT-TYPE</b>	Fill as appropriate
				<b>ORDER-FREQ</b>	Fill as appropriate
				<b>ORDER-FREQ-AMOUNT</b>	Dollar amount per frequency
				<b>ORDER-EFFECTIVE-DATE</b>	Date the obligation starts to accrue
			<b>MEDICAL-ORDERED</b>	Y or N	
EST	R	SRMOD	<b>Establishment Request for Support Order Modification</b> <b>Sent by Initiating State:</b> <i>This transaction is used to electronically request a modification of a support order.</i> <b>Used To:</b> <i>Request initiation of a new interstate case or on established interstate cases.</i> <b>Corresponds To:</b> <i>Transmittal #1</i> <i>4. [ ] Modification of Responding Tribunal Order</i> <b>Automated Triggers:</b> <i>Determine how the CSE system records that a modification is needed.</i>	<b>HEADER</b>	
				<b>LOCAL-FIPS-STATE/COUNTY</b>	Your State/County FIPS Code
				<b>OTHER-FIPS-STATE/COUNTY</b>	State/County FIPS Code Where Transaction Is Directed.
				<b>CSENet 2000 VERSION NUMBER</b>	003
				<b>TRANSACTION SERIAL NUMBER</b>	Fill as appropriate
				<b>ACTION CODE</b>	R
				<b>FUNCTIONAL TYPE CODE</b>	EST
				<b>TXN DATE</b>	Date transaction was created
				<b>CASE-ID</b>	Your Case ID
				<b>ACTION REASON</b>	SRMOD
				<b>ATTACHMENTS IND</b>	=N
				<b>CASE-DATA-IND</b>	=1
				<b>NCP-IDENTIFICATION-IND</b>	=1
				<b>NCP-LOCATE-IND</b>	=1
	<b>PARTICIPANT-DATA-IND</b>	Fill as appropriate			

\*Shaded areas identify data recommended as essential to conduct business and automate transaction processing

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description and Usage
EST	R	SRMOD	<p><b>Action By Receiving State:</b>                      Process according to Federal guidelines. Either update existing case information, such as noting receipt of the transaction, or consider initial activities, such as building a case and initiating locate activities.</p> <p><b>Recommended Use of Data:</b>                      Provide the other State's case ID in the header when the request is for an established case.                      Provide contact's direct phone number in the Case Data Block.                      Provide the NCP's SSN and DOB in the NCP Identification Data Block.                      Provide the order to be modified in the Order Data Block.</p> <p><b>NCP IDENTIFICATION DATA BLOCK</b>                      The NCP's SSN is required if the NCP mailing address, residential address, and employer name in the NCP Locate Data Block are blank-filled.</p> <p><b>NCP LOCATE DATA BLOCK</b>                      Provide the NCP residential or mailing address or the employer name and address.</p>	ORDER-DATA-IND	=1
				COLLECTION-DATA-IND	=0 (Numeric)
				INFORMATION-IND	=0 (Numeric)
				OVERDUE-IND	=0 (Numeric)
				<b>CASE DATA BLOCK</b>	
				CASE-TYPE	Fill as appropriate
				CASE-STATUS	=0 (Alpha)
				PAYMENT-MAILING-ADDRESS-LINE1	Your Payment Mailing Address
				PAYMENT-CITY	Payment City
				PAYMENT-STATE	Payment State
				PAYMENT-ZIP-1	Payment Zip Code
				CONTACT-NAME-LAST	Your State Contact
				CONTACT-NAME-FIRST	Your State Contact
				CONTACT-ADDRESS-LINE-1	Contact Address
				CONTACT-CITY	Contact City
				CONTACT-STATE	Contact State
				CONTACT-ZIP-1	Contact Zip Code
				<b>NCP IDENTIFICATION DATA BLOCK</b>	
				NAME-LAST	NCP Last Name
				NAME-FIRST	NCP First Name
				<b>NCP LOCATE DATA BLOCK</b>	
				RESIDENTIAL-ADDRESS-LINE1	NCP Street Address
				RESIDENTIAL-CITY	NCP City
RESIDENTIAL-STATE	NCP State				
RESIDENTIAL-ZIP-1	NCP Zip Code				

\*Shaded areas identify data recommended as essential to conduct business and automate transaction processing

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description and Usage
EST	R	SRMOD	<p><b>PARTICIPANT DATA BLOCK (2)</b>                      Must contain at least two participants, one with Relationship code C (custodial parent) and one with code D (dependent) and may have as many as nine participants. If Relationship code is D, provide the Dependent-Relation-CP.</p> <p><b>ORDER DATA BLOCK</b>                      The Order Frequency Amount is required (can equal zero) unless the Order Arrears Total Amount is equal to or greater than zero. The Order Frequency is required if the Order Frequency Amount is greater than zero. The From and Thru Dates must be entered for each category of arrears entered with a valid value greater than zero.</p>	<b>RESIDENTIAL-ADDRESS-EFFECTIVE-DATE</b>	Required if Residential Address entered
				<b>RESIDENTIAL-ADDRESS-CONFIRMED-IND.</b>	Fill as appropriate
				<b>PARTICIPANT DATA BLOCK (2)</b>	
				<b>NAME-LAST</b>	Participant Last Name
				<b>NAME-FIRST</b>	Participant First Name
				<b>DATE-OF-BIRTH</b>	Fill as appropriate
				<b>SSN</b>	Participant's SSN
				<b>RELATIONSHIP</b>	Fill as appropriate
				<b>PARTICIPANT-STATUS</b>	=0 (Alpha)
				<b>DEPENDENT-RELATION-CP</b>	Fill as appropriate
				<b>ORDER DATA BLOCK</b>	
				<b>ORDER-FIPS-STATE</b>	FIPS Code of State that issued Order
				<b>ORDER-FIPS-COUNTY</b>	FIPS Code of County that issued Order
				<b>ORDER-ID</b>	The Order ID
				<b>ORDER-FILING-DATE</b>	Date Order was filed in your State
				<b>ORDER-TYPE</b>	Fill as appropriate
				<b>DEBT-TYPE</b>	Fill as appropriate
				<b>ORDER-FREQ</b>	Fill as appropriate
				<b>ORDER-FREQ-AMOUNT</b>	Dollar amount per frequency
				<b>ORDER-EFFECTIVE-DATE</b>	Date the obligation starts to accrue
<b>MEDICAL-ORDERED</b>	Y or N				

\*Shaded areas identify data recommended as essential to conduct business and automate transaction processing

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description and Usage
EST	R	SROMC	<p><b>Establishment Request for Medical Support Only</b>  <b>Sent by Initiating State:</b>  <i>This transaction is used to electronically request establishment of medical support only.</i></p> <p><b>Used To:</b>  <i>Request initiation of a new interstate case</i></p> <p><b>Corresponds To:</b>  <i>Transmittal #1</i>  <i>C. [ ] Medical Support Only</i></p> <p><b>Automated Triggers:</b>  <i>Determine how the CSE system records that establishment of medical support only is needed.</i></p> <p><b>Action By Receiving State:</b>  <i>Process according to Federal guidelines. Consider initial activities, such as building a case and initiating locate activities.</i></p> <p><b>Recommended Use of Data:</b>  <i>Provide contact's direct phone number in the Case Data Block.</i>  <i>Provide the NCP's SSN and DOB in the NCP Identification Data Block.</i></p>	<b>HEADER</b>	
				LOCAL-FIPS-STATE/COUNTY	Your State/County FIPS Code
				OTHER-FIPS-STATE/COUNTY	State/County FIPS Code Where Transaction Is Directed.
				CSENet 2000 VERSION NUMBER	003
				TRANSACTION SERIAL NUMBER	Fill as appropriate
				ACTION CODE	R
				FUNCTIONAL TYPE CODE	EST
				TXN DATE	Date transaction was created
				CASE-ID	Your Case ID
				ACTION REASON	SRMOC
				ATTACHMENTS IND	=N
				CASE-DATA-IND	=1
				NCP-IDENTIFICATION-IND	=1
				NCP-LOCATE-IND	=1
				PARTICIPANT-DATA-IND	Fill as appropriate
				ORDER-DATA-IND	=0 (Numeric)
				COLLECTION-DATA-IND	=0 (Numeric)
				INFORMATION-IND	=0 (Numeric)
				OVERDUE-IND	=0 (Numeric)
				<b>CASE DATA BLOCK</b>	
CASE-TYPE	Fill as appropriate				
CASE-STATUS	=O (Alpha)				
PAYMENT-MAILING-ADDRESS-LINE1	Your Payment Mailing Address				
PAYMENT-CITY	Payment City				
PAYMENT-STATE	Payment State				
PAYMENT-ZIP-1	Payment Zip Code				

\*Shaded areas identify data recommended as essential to conduct business and automate transaction processing

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description and Usage
EST	R	SROMC	<p><b>NCP IDENTIFICATION DATA BLOCK</b>                      The NCP's SSN is required if the NCP mailing address, residential address, and employer name in the NCP Locate Data Block are blank-filled.</p> <p><b>NCP LOCATE DATA BLOCK</b>                      Provide the NCP residential or mailing address or the employer name and address.</p> <p><b>PARTICIPANT DATA BLOCK (2)</b>                      Must contain at least two participants, one with Relationship code C (custodial parent) and one with code D (dependent) and may have as many as nine participants. If Relationship code is D, provide the Dependent-Relation-CP.</p>	<b>CONTACT-NAME-LAST</b>	Your State Contact
				<b>CONTACT-NAME-FIRST</b>	Your State Contact
				<b>CONTACT-ADDRESS-LINE-1</b>	Contact Address
				<b>CONTACT-CITY</b>	Contact City
				<b>CONTACT-STATE</b>	Contact State
				<b>CONTACT-ZIP-1</b>	Contact Zip Code
				<b>NCP IDENTIFICATION DATA BLOCK</b>	
				<b>NAME-LAST</b>	NCP Last Name
				<b>NAME-FIRST</b>	NCP First Name
				<b>NCP LOCATE DATA BLOCK</b>	
				<b>RESIDENTIAL-ADDRESS-LINE1</b>	NCP Street Address
				<b>RESIDENTIAL-CITY</b>	NCP City
				<b>RESIDENTIAL-STATE</b>	NCP State
				<b>RESIDENTIAL-ZIP-1</b>	NCP Zip Code
				<b>RESIDENTIAL-ADDRESS-EFFECTIVE-DATE</b>	Required if Residential Address entered
				<b>RESIDENTIAL-ADDRESS-CONFIRMED-IND.</b>	Fill as appropriate
				<b>PARTICIPANT DATA BLOCK (2)</b>	
				<b>NAME-LAST</b>	Participant Last Name
				<b>NAME-FIRST</b>	Participant First Name
				<b>DATE-OF-BIRTH</b>	Fill as appropriate
<b>SSN</b>	Participant's SSN				
<b>RELATIONSHIP</b>	Fill as appropriate				
<b>PARTICIPANT-STATUS</b>	=O (Alpha)				
<b>DEPENDENT-RELATION-CP</b>	Fill as appropriate				
EST	R	SROPP	Establishment Request for Retroactive Child Support Only	<b>HEADER</b>	
				<b>LOCAL-FIPS-STATE/COUNTY</b>	Your State/County FIPS Code

\*Shaded areas identify data recommended as essential to conduct business and automate transaction processing

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description and Usage
			<p><b>Sent by Initiating State:</b> <i>This transaction is used to electronically request establishment of retroactive child support only.</i></p> <p><b>Used To:</b> <i>Request initiation of a new interstate case</i></p> <p><b>Corresponds To:</b> <i>Transmittal #1</i> <i>B. [ ] Retroactive Child Support</i></p> <p><b>Automated Triggers:</b> <i>Determine how the CSE system records that establishment of retroactive child support is needed.</i></p> <p><b>Action By Receiving State:</b> <i>Process according to Federal guidelines. Consider initial activities, such as building a case, and initiating locate activities.</i></p> <p><b>Recommended Use of Data:</b> <i>Provide contact's direct phone number in the Case Data Block.</i> <i>Provide the NCP's SSN and DOB in the NCP Identification Data Block.</i></p>	<b>OTHER-FIPS-STATE/COUNTY</b>	<i>State/County FIPS Code Where Transaction Is Directed.</i>
				<b>CSENet 2000 VERSION NUMBER</b>	<b>003</b>
				<b>TRANSACTION SERIAL NUMBER</b>	<i>Fill as appropriate</i>
				<b>ACTION CODE</b>	<b>R</b>
				<b>FUNCTIONAL TYPE CODE</b>	<b>EST</b>
				<b>TXN DATE</b>	<i>Date transaction was created</i>
				<b>CASE-ID</b>	<i>Your Case ID</i>
				<b>ACTION REASON</b>	<b>SROPP</b>
				<b>ATTACHMENTS IND</b>	<b>=N</b>
				<b>CASE-DATA-IND</b>	<b>=1</b>
				<b>NCP-IDENTIFICATION-IND</b>	<b>=1</b>
				<b>NCP-LOCATE-IND</b>	<b>=1</b>
				<b>PARTICIPANT-DATA-IND</b>	<i>Fill as appropriate</i>
				<b>ORDER-DATA-IND</b>	<b>=0 (Numeric)</b>
				<b>COLLECTION-DATA-IND</b>	<b>=0 (Numeric)</b>
				<b>INFORMATION-IND</b>	<b>=0 (Numeric)</b>
				<b>OVERDUE-IND</b>	<b>=0 (Numeric)</b>
				<b>CASE DATA BLOCK</b>	
				<b>CASE-TYPE</b>	<i>Fill as appropriate</i>
				<b>CASE-STATUS</b>	<b>=0 (Alpha)</b>
			<b>PAYMENT-MAILING-ADDRESS-LINE1</b>	<i>Your Payment Mailing Address</i>	
			<b>PAYMENT-CITY</b>	<i>Payment City</i>	
			<b>PAYMENT-STATE</b>	<i>Payment State</i>	
			<b>PAYMENT-ZIP-1</b>	<i>Payment Zip Code</i>	
<b>EST</b>	<b>R</b>	<b>SROPP</b>	<b>CONTACT-NAME-LAST</b>	<i>Your State Contact</i>	
			<b>CONTACT-NAME-FIRST</b>	<i>Your State Contact</i>	
			<b>CONTACT-ADDRESS-LINE-1</b>	<i>Contact Address</i>	

\*Shaded areas identify data recommended as essential to conduct business and automate transaction processing

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description and Usage	
			<p><b>NCP LOCATE DATA BLOCK</b>                      Provide the NCP residential or mailing address or the employer name and address.</p> <p><b>PARTICIPANT DATA BLOCK (2)</b>                      Must contain at least two participants, one with Relationship code C (custodial parent) and one with code D (dependent) and may have as many as nine participants. If Relationship code is D, provide the Dependent-Relation-CP.</p>	<b>CONTACT-CITY</b>	Contact City	
				<b>CONTACT-STATE</b>	Contact State	
				<b>CONTACT-ZIP-1</b>	Contact Zip Code	
				<b>NCP IDENTIFICATION DATA BLOCK</b>		
				<b>NAME-LAST</b>	NCP Last Name	
				<b>NAME-FIRST</b>	NCP First Name	
				<b>NCP LOCATE DATA BLOCK</b>		
				<b>RESIDENTIAL-ADDRESS-LINE1</b>	NCP Street Address	
				<b>RESIDENTIAL-CITY</b>	NCP City	
				<b>RESIDENTIAL-STATE</b>	NCP State	
				<b>RESIDENTIAL-ZIP-1</b>	NCP Zip Code	
				<b>RESIDENTIAL-ADDRESS-EFFECTIVE-DATE</b>	Required if Residential Address entered	
				<b>RESIDENTIAL-ADDRESS-CONFIRMED-IND.</b>	Fill as appropriate	
				<b>PARTICIPANT DATA BLOCK (2)</b>		
				<b>NAME-LAST</b>	Participant Last Name	
				<b>NAME-FIRST</b>	Participant First Name	
				<b>DATE-OF-BIRTH</b>	Fill as appropriate	
				<b>SSN</b>	Participant's SSN	
				<b>RELATIONSHIP</b>	Fill as appropriate	
				<b>PARTICIPANT-STATUS</b>	=O (Alpha)	
			<b>DEPENDENT-RELATION-CP</b>	Fill as appropriate		
<b>EST</b>	<b>R</b>	<b>SRORD</b>	<p><b>Establishment Request for Establishment of Current Child Support, Including Medical Support</b>                      Sent by Initiating State:                      This transaction is used to electronically request establishment of current child support, including</p>	<b>HEADER</b>		
				<b>LOCAL-FIPS-STATE/COUNTY</b>	Your State/County FIPS Code	
				<b>OTHER-FIPS-STATE/COUNTY</b>	State/County FIPS Code Where Transaction Is Directed.	
				<b>CSENet 2000 VERSION NUMBER</b>	003	

\*Shaded areas identify data recommended as essential to conduct business and automate transaction processing

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description and Usage
			<p><i>medical support.</i></p> <p><b>Used To:</b>                      Request initiation of a new interstate case</p> <p><b>Corresponds To:</b>                      Transmittal #1                      2. [ ] Establishment of Order for:                      A. [ ] Current Child Support, Including Medical Support</p> <p><b>Automated Triggers:</b>                      Determine how the CSE system records that establishment of current child support and medical support is needed.</p> <p><b>Action By Receiving State:</b>                      Process according to Federal guidelines. Consider initial activities, such as building a case and initiating locate activities.</p> <p><b>Recommended Use of Data:</b>                      Provide contact's direct phone number in the Case Data Block.                      Provide the NCP's SSN and DOB in the NCP Identification Data Block.</p>	<p><i>TRANSACTION SERIAL NUMBER</i></p> <p><i>ACTION CODE</i></p> <p><i>FUNCTIONAL TYPE CODE</i></p> <p><i>TXN DATE</i></p> <p><i>CASE-ID</i></p> <p><i>ACTION REASON</i></p> <p><i>ATTACHMENTS IND</i></p> <p><i>CASE-DATA-IND</i></p> <p><i>NCP-IDENTIFICATION-IND</i></p> <p><i>NCP-LOCATE-IND</i></p> <p><i>PARTICIPANT-DATA-IND</i></p> <p><i>ORDER-DATA-IND</i></p> <p><i>COLLECTION-DATA-IND</i></p> <p><i>INFORMATION-IND</i></p> <p><i>OVERDUE-IND</i></p> <p style="text-align: center;"><b>CASE DATA BLOCK</b></p> <p><i>CASE-TYPE</i></p> <p><i>CASE-STATUS</i></p> <p><i>PAYMENT-MAILING-ADDRESS-LINE1</i></p> <p><i>PAYMENT-CITY</i></p> <p><i>PAYMENT-STATE</i></p> <p><i>PAYMENT-ZIP-1</i></p>	<p><i>Fill as appropriate</i></p> <p><b>R</b></p> <p><b>EST</b></p> <p><i>Date transaction was created</i></p> <p><i>Your Case ID</i></p> <p><b>SRORD</b></p> <p>=N</p> <p>=1</p> <p>=1</p> <p><i>Fill as appropriate</i></p> <p>=0 (Numeric)</p> <p>=0 (Numeric)</p> <p>=0 (Numeric)</p> <p>=0 (Numeric)</p> <p><i>Fill as appropriate</i></p> <p>=O (Alpha)</p> <p><i>Your Payment Mailing Address</i></p> <p><i>Payment City</i></p> <p><i>Payment State</i></p> <p><i>Payment Zip Code</i></p>

\*Shaded areas identify data recommended as essential to conduct business and automate transaction processing

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description and Usage
EST	R	SRORD	<p><b>NCP IDENTIFICATION DATA BLOCK</b>                      The NCP's SSN is required if the NCP mailing address, residential address, and employer name in the NCP Locate Data Block are blank-filled.</p> <p><b>NCP LOCATE DATA BLOCK</b>                      Provide the NCP residential or mailing address or the employer name and address.</p> <p><b>PARTICIPANT DATA BLOCK (2)</b>                      Must contain at least two participants, one with Relationship code C (custodial parent) and one with code D (dependent) and may have as many as nine participants. If Relationship code is D, provide the Dependent-Relation-CP.</p>	<b>CONTACT-NAME-LAST</b>	Your State Contact
				<b>CONTACT-NAME-FIRST</b>	Your State Contact
				<b>CONTACT-ADDRESS-LINE-1</b>	Contact Address
				<b>CONTACT-CITY</b>	Contact City
				<b>CONTACT-STATE</b>	Contact State
				<b>CONTACT-ZIP-1</b>	Contact Zip Code
				<b>NCP IDENTIFICATION DATA BLOCK</b>	
				<b>NAME-LAST</b>	NCP Last Name
				<b>NAME-FIRST</b>	NCP First Name
				<b>NCP LOCATE DATA BLOCK</b>	
				<b>RESIDENTIAL-ADDRESS-LINE1</b>	NCP Street Address
				<b>RESIDENTIAL-CITY</b>	NCP City
				<b>RESIDENTIAL-STATE</b>	NCP State
				<b>RESIDENTIAL-ZIP-1</b>	NCP Zip Code
				<b>RESIDENTIAL-ADDRESS-EFFECTIVE-DATE</b>	Required if Residential Address entered
				<b>RESIDENTIAL-ADDRESS-CONFIRMED-IND.</b>	Fill as appropriate
				<b>PARTICIPANT DATA BLOCK (2)</b>	
				<b>NAME-LAST</b>	Participant Last Name
				<b>NAME-FIRST</b>	Participant First Name
				<b>DATE-OF-BIRTH</b>	Fill as appropriate
				<b>SSN</b>	Participant's SSN
				<b>RELATIONSHIP</b>	Fill as appropriate
				<b>PARTICIPANT-STATUS</b>	=0 (Alpha)
<b>DEPENDENT-RELATION-CP</b>	Fill as appropriate				

\*Shaded areas identify data recommended as essential to conduct business and automate transaction processing

<b>VALID TRANSACTIONS EXCLUDED FROM THE TFM AND CORE SET</b>				
<b>Function Code</b>	<b>Action Code</b>	<b>Reason Code</b>	<b>Description/Business Usage</b>	<b>Recommendation for Alternative Transaction(s) Usage</b>
EST	A	Blank		EST A ANOAD or EST A AADIN
EST	C	Blank	Cancel support order request	N/A
EST	M	Blank	Reminder transaction	MSC R GRUPD
EST	M	GRPOU	Attachments overdue	MSC R GRUPD
EST	P	SDCOS	Defendant/respondent ordered to pay other costs	EST P SSEST
EST	P	SDPAR	Defendant/respondent is parent & owes duty	MSC P GSPUD
EST	P	GSARR	Notice of arrearage reconciliation/determination of sum-certain	MSC P GSPUD
EST	P	SSCON	Order issued/confirmed	MSC P GSPUD
EST	P	SUDEN	Support order request denied	EST P SUEST
EST	P	SIANS	NCP did not show for support order hearing	MSC P GSPUD
EST	P	GSFIL	Document filed	MSC P GSPUD
EST	P	SCDIS	Case dismissed without prejudice	EST P SUEST
EST	P	SDPAY	Defendant/respondent is ordered to pay	EST P SSEST
EST	P	SICPS	Contempt proceedings started	MSC P GSPUD
EST	R	SROSS	Request support order for spousal support	N/A
EST	R	SROOC	Request support order establishment for other costs only	N/A
EST	U	SROOC	Request support order establishment for other costs only	N/A
EST	U	SROPP	Request support order establishment for a prior period only	MSC P GSPUD
EST	U	SROMC	Request support order establishment for medical coverage only	MSC P GSPUD
EST	U	SRADJ	Request for review and adjustment	MSC P GSPUD
EST	U	SRMOD	Request support order modification	MSC P GSPUD
EST	U	SROSS	Request support order for spousal support	N/A
EST	U	SRORD	Request support order establishment – all available support types	MSC P GSPUD