D.11 GUIDE TO ESTABLISHMENT (EST) TRANSACTIONS

Note: A summary of changes to this appendix is located on the last page of the document in Section D.11.1, which shows the CSENet transaction added to the EST Functional Type code. Within the document, [opening and closing brackets] surrounding the transaction title signify a new transaction.

EST A AADIN – ESTABLISHMENT ACKNOWLEDGMENT, ADDITIONAL INFORMATION NEEDED TO PROCEED

Description/Business Usage

Sent By Responding State:

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).

Used On:

Established interstate cases

Corresponds To:

Transmittal #1 Acknowledgment

[ ] Additional Information Needed

Relevant CFR Requirements:

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.

Automated Triggers:

Determine how the CSE system records that an establishment request was received and a determination has been made that further information is necessary.

Action By Receiving State:

Process according to federal guidelines. Update case information, such as noting receipt of the transaction, and follow-up on the additional information needed.

Required data blocks and Elements (Data Block Record Layout)	Data Element Description
HEADER	
LOCAL-FIPS-STATE/COUNTY	Your state/county FIPS code
OTHER-FIPS-STATE/COUNTY	State/county FIPS code to which transaction is directed
CSENET-VERSION-NUMBER	003
TRANSACTION-SERIAL-NUMBER	Fill as appropriate
ACTION-CODE	A

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

EST A AADIN – ESTABLISHMENT ACKNOWLEDGMENT, ADDITIONAL INFORMATION NEEDED TO PROCEED	
Description/Business Usage	
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)
*CASE DATA BLOCK	
*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
*CONTACT-PHONE-NUM	Contact phone number
*NCP IDENTIFICATION DATA BLOCK	
*NAME-LAST	NCP last name
*NAME-FIRST	NCP first name
*SSN	NCP Social Security number

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

EST A AADIN – ESTABLISHMENT ACKNOWLEDGMENT, ADDITIONAL INFORMATION NEEDED TO PROCEED	
Description/Business Usage	
*DATE-OF-BIRTH	NCP date of birth
*PARTICIPANT DATA BLOCK	
*NAME-LAST	Participant last name
*NAME-FIRST	Participant first name
*RELATIONSHIP	Fill as appropriate
*PARTICIPANT-STATUS	=O (alpha)
*INFORMATION DATA BLOCK	
*STATUS-CHANGE-CODE	=O (alpha)
*INFORMATION-TEXT-LINE1	Fill as appropriate

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

EST A ANOAD – ESTABLISHMENT ACKNOWLEDGMENT, NO FURTHER INFORMATION REQUIRED

Description/Business Usage

Sent By Responding State:

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).

Used On:

Established interstate cases

Relevant CFR Requirements:

The 45CFR 303.7(a)(2)(iii) states that receipt of the case must be acknowledged.

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.

Corresponds To:

Transmittal #1 Acknowledgment

[ ] Request Received and No Additional Information is Necessary

Automated Triggers:

Determine how the CSE system records that an establishment request was received and that no further information is necessary for the next step.

Action By Receiving State:

Process according to federal guidelines. Update case information, such as noting receipt of the transaction.

Required data blocks and Elements (Data Block Record Layout)	Data Element Description
HEADER	
LOCAL-FIPS-STATE/COUNTY	Your state/county FIPS code
OTHER-FIPS-STATE/COUNTY	State/county FIPS code to which transaction is directed
CSENET-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

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

EST A ANOAD – ESTABLISHMENT ACKNOWLEDGMENT, NO FURTHER INFORMATION REQUIRED	
ACTION-REASON	ANOAD
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	=0 (numeric)
OVERDUE-IND	=0 (numeric)
*CASE DATA BLOCK	
*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
*CONTACE-PHONE-NUM	Contact phone number
*NCP IDENTIFICATION DATA BLOCK	
*NAME-LAST	NCP last name
*NAME-FIRST	NCP first name
*SSN	NCP Social Security number
*DATE-OF-BIRTH	NCP date of birth
*PARTICIPANT DATA BLOCK	
*NAME-LAST	Participant last name
*NAME-FIRST	Participant first name

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

EST A ANOAD – ESTABLISHMENT ACKNOWLEDGMENT, NO FURTHER INFORMATION REQUIRED	
*RELATIONSHIP	Fill as appropriate
*PARTICIPANT-STATUS	=O (alpha)

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

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EST P GSCOE – ESTABLISHMENT PROVISION OF INFORMATION, NEW CONTROLLING ORDER

Description/Business Usage

Sent by Responding State:

This transaction is used to electronically relay that a new controlling order has been established.

Used On:

Established interstate cases

Automated Triggers:

Determine how the CSE system records that a new controlling order has been established.

Action By Receiving State:

Process according to federal guidelines and update case information such as noting receipt of the transaction.

Required data blocks and Elements (Data Block Record Layout)	Data Element Description
HEADER	
LOCAL-FIPS-STATE/COUNTY	Your state/county FIPS code
OTHER-FIPS-STATE/COUNTY	State/county FIPS code to which transaction is directed
CSENET-VERSION-NUMBER	003
TRANSACTION-SERIAL-NUMBER	Fill as appropriate
ACTION-CODE	P
FUNCTIONAL-TYPE-CODE	EST
TXN-DATE	Date transaction was created
CASE ID	Your case ID
OTHER-CASE-ID	Other case ID
ACTION-REASON	GSCOE
ATTACHMENTS-IND	=N
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)

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

EST P GSCOE – ESTABLISHMENT PROVISION OF INFORMATION, NEW CONTROLLING ORDER	
Description/Business Usage	
INFORMATION-IND	=0 (numeric)
OVERDUE-IND	=0 (numeric)
CASE DATA BLOCK	
CASE-TYPE	Fill as appropriate
CASE-STATUS	=O (alpha)
*CONTACT-NAME-LAST	Your state contact last name
*CONTACT-NAME-FIRST	Your state contact first name
*CONTACT-ADDRESS-LINE-1	Contact address
*CONTACT-CITY	Contact city
*CONTACT-STATE	Contact state
*CONTACT-ZIP-1	Contact ZIP Code
*CONTACT-PHONE-NUM	Contact phone number
NCP IDENTIFICATION DATA BLOCK	
NAME-LAST	NCP last name
NAME-FIRST	NCP first name
*SSN	NCP Social Security number
*DATE-OF-BIRTH	NCP date of birth
*PARTICIPANT DATA BLOCK (2)	
*NAME-LAST	Participant last name
*NAME-FIRST	Participant first name
*RELATIONSHIP	Fill as appropriate
*PARTICIPANT-STATUS	=O (alpha)
*ORDER DATA BLOCK	
*ORDER-FIPS-STATE	FIPS code of state that issued order
*ORDER-FIPS-COUNTY	FIPS code of county that issued order
*ORDER-ID	The order ID

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

EST P GSCOE – ESTABLISHMENT PROVISION OF INFORMATION, NEW CONTROLLING ORDER	
Description/Business Usage	
*ORDER-FILING-DATE	Date order was filed in your state
*ORDER-TYPE	Fill as appropriate
*DEBT-TYPE	Fill as appropriate
*ORDER-FREQ	Fill as appropriate
*ORDER-FREQ-AMOUNT	Dollar amount per frequency
*ORDER-EFFECTIVE-DATE	Date obligation starts to accrue
*MEDICAL-ORDERED	Y or N

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

EST P SICHS – ESTABLISHMENT PROVISION OF INFORMATION, SUPPORT HEARING SCHEDULED

Description/Business Usage

Sent by Responding State:

This transaction is used to electronically send a status update to an establishment request (EST R). The transaction indicates that a support hearing has been scheduled.

Used On:

Established interstate cases

Corresponds To:

Transmittal #2

3. [ ] Notice of Hearing

Relevant CFR Requirements:

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.

Automated Triggers:

Determine how the CSE system records that a support hearing has been scheduled.

Action By Receiving State:

Process according to federal guidelines. Update case information, such as hearing date, and note receipt of the transaction.

Required data blocks and Elements (Data Block Record Layout)	Data Element Description
HEADER	
LOCAL-FIPS-STATE/COUNTY	Your state/county FIPS code
OTHER-FIPS-STATE/COUNTY	State/county FIPS code to which transaction is directed
CSENET-VERSION-NUMBER	003
TRANSACTION-SERIAL-NUMBER	Fill as appropriate
ACTION-CODE	P
FUNCTIONAL-TYPE-CODE	EST
TXN-DATE	Date transaction was created
CASE ID	Your case ID
OTHER-CASE-ID	Other case ID
ACTION-REASON	SICHS
*ACTION-RESOLUTION-DATE	The date the event will occur

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

EST P SICHS – ESTABLISHMENT PROVISION OF INFORMATION, SUPPORT HEARING SCHEDULED	
ATTACHMENTS-IND	=N
CASE-DATA-IND	=1
NCP-IDENTIFICATION-IND	=1
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)
CASE DATA BLOCK	
CASE-TYPE	Fill as appropriate
CASE-STATUS	=O (alpha)
*CONTACT-NAME-LAST	Your state contact last name
*CONTACT-NAME-FIRST	Your state contact first name
*CONTACT-ADDRESS-LINE-1	Contact address
*CONTACT-CITY	Contact city
*CONTACT-STATE	Contact state
*CONTACT-ZIP-1	Contact ZIP Code
*CONTACT-PHONE-NUM	Contact phone number
NCP IDENTIFICATION DATA BLOCK	
NAME-LAST	NCP last name
NAME-FIRST	NCP first name
*SSN	NCP Social Security number
*DATE-OF-BIRTH	NCP date of birth
***PARTICIPANT DATA BLOCK (2)**	
*NAME-LAST	Participant last name
*NAME-FIRST	Participant first name
*RELATIONSHIP	Fill as appropriate

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

EST P SICHS – ESTABLISHMENT PROVISION OF INFORMATION, SUPPORT HEARING SCHEDULED	
*PARTICIPANT-STATUS	=O (alpha)
*INFORMATION DATA BLOCK	
*STATUS-CHANGE-CODE	=O (alpha)
*INFORMATION-TEXT-LINE1	Fill as appropriate

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

EST P SSADJ – ESTABLISHMENT PROVISION OF INFORMATION, REVIEW AND MODIFICATION WARRANTED

Description/Business Usage

Sent by Responding State:

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.

Used On:

Established interstate cases

Automated Triggers:

Determine how the CSE system records that a review and modification is warranted.

Action By Receiving State:

Process according to federal guidelines. Update case information, such as the results of the review and note receipt of the transaction.

Required data blocks and Elements (Data Block Record Layout)	Data Element Description
HEADER	
LOCAL-FIPS-STATE/COUNTY	Your state/county FIPS code
OTHER-FIPS-STATE/COUNTY	State/county FIPS code to which transaction is directed
CSENET-VERSION-NUMBER	003
TRANSACTION-SERIAL-NUMBER	Fill as appropriate
ACTION-CODE	P
FUNCTIONAL-TYPE-CODE	EST
TXN-DATE	Date transaction was created
CASE ID	Your case ID
OTHER-CASE-ID	Other case ID
ACTION-REASON	SSADJ
ATTACHMENTS-IND	=N
CASE-DATA-IND	=1
NCP-IDENTIFICATION-IND	=1
NCP-LOCATE-IND	=0 (numeric)
*PARTICIPANT-DATA-IND	Fill as appropriate
ORDER-DATA-IND	=0 (numeric)

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

EST P SSADJ – ESTABLISHMENT PROVISION OF INFORMATION, REVIEW AND MODIFICATION WARRANTED

Description/Business Usage	
COLLECTION-DATA-IND	=0 (numeric)
INFORMATION-IND	=0 (numeric)
OVERDUE-IND	=0 (numeric)
CASE DATA BLOCK	
CASE-TYPE	Fill as appropriate
CASE-STATUS	=O (alpha)
*CONTACT-NAME-LAST	Your state contact last name
*CONTACT-NAME-FIRST	Your state contact first name
*CONTACT-ADDRESS-LINE-1	Contact address
*CONTACT-CITY	Contact city
*CONTACT-STATE	Contact state
*CONTACT-ZIP-1	Contact ZIP Code
*CONTACT-PHONE-NUM	Contact phone number
NCP IDENTIFICATION DATA BLOCK	
NAME-LAST	NCP last name
NAME-FIRST	NCP first name
*SSN	NCP Social Security number
*DATE-OF-BIRTH	NCP date of birth
*PARTICIPANT DATA BLOCK (2)	
*NAME-LAST	Participant last name
*NAME-FIRST	Participant first name
*RELATIONSHIP	Fill as appropriate
*PARTICIPANT-STATUS	=O (alpha)

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

EST P SSEST – ESTABLISHMENT PROVISION OF INFORMATION, SUPPORT ORDER ESTABLISHED

Description/Business Usage

Sent by Responding State:

This transaction is used to electronically respond to an establishment request (EST R). The transaction indicates that a support order was established.

Used On:

Established interstate cases

Automated Triggers:

Determine how the CSE system records that a new order was established.

Action By Receiving State:

Process according to federal guidelines. Update case information, such as noting receipt of the transaction.

Required data blocks and Elements (Data Block Record Layout)	Data Element Description
HEADER	
LOCAL-FIPS-STATE/COUNTY	Your state/county FIPS code
OTHER-FIPS-STATE/COUNTY	State/county FIPS code to which transaction is directed
CSENET-VERSION-NUMBER	003
TRANSACTION-SERIAL-NUMBER	Fill as appropriate
ACTION-CODE	P
FUNCTIONAL-TYPE-CODE	EST
TXN-DATE	Date transaction was created
CASE ID	Your case ID
OTHER-CASE-ID	Other case ID
ACTION-REASON	SSEST
ATTACHMENTS-IND	=N
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)

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

EST P SSEST – ESTABLISHMENT PROVISION OF INFORMATION, SUPPORT ORDER ESTABLISHED	
Description/Business Usage	
INFORMATION-IND	=0 (numeric)
OVERDUE-IND	=0 (numeric)
CASE DATA BLOCK	
CASE-TYPE	Fill as appropriate
CASE-STATUS	=O (alpha)
*CONTACT-NAME-LAST	Your state contact last name
*CONTACT-NAME-FIRST	Your state contact first name
*CONTACT-ADDRESS-LINE-1	Contact address
*CONTACT-CITY	Contact city
*CONTACT-STATE	Contact state
*CONTACT-ZIP-1	Contact ZIP Code
*CONTACT-PHONE-NUM	Contact phone number
NCP IDENTIFICATION DATA BLOCK	
NAME-LAST	NCP last name
NAME-FIRST	NCP first name
*SSN	NCP Social Security number
*DATE-OF-BIRTH	NCP date of birth
*PARTICIPANT DATA BLOCK (2)	
*NAME-LAST	Participant last name
*NAME-FIRST	Participant first name
*RELATIONSHIP	Fill as appropriate
*PARTICIPANT-STATUS	=O (alpha)
*ORDER DATA BLOCK	
*ORDER-FIPS-STATE	FIPS code of state that issued order
*ORDER-FIPS-COUNTY	FIPS code of county that issued order
*ORDER-ID	The order ID

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

EST P SSEST – ESTABLISHMENT PROVISION OF INFORMATION, SUPPORT ORDER ESTABLISHED	
Description/Business Usage	
*ORDER-FILING-DATE	Date order was filed in your state
*ORDER-TYPE	Fill as appropriate
*DEBT-TYPE	Fill as appropriate
*ORDER-FREQ	Fill as appropriate
*ORDER-FREQ-AMOUNT	Dollar amount per frequency
*ORDER-EFFECTIVE-DATE	Date obligation starts to accrue
*MEDICAL-ORDERED	Y or N

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

EST P SSMOD – ESTABLISHMENT PROVISION OF INFORMATION, SUPPORT ORDER MODIFIED

Description/Business Usage

Sent by Responding State:

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.

Used On:

Established interstate cases

Automated Triggers:

Determine how the CSE system records that the order was modified.

Action By Receiving State:

Process according to federal guidelines. Update case information, such as noting receipt of the transaction.

Required data blocks and Elements (Data Block Record Layout)	Data Element Description
HEADER	
LOCAL-FIPS-STATE/COUNTY	Your state/county FIPS code
OTHER-FIPS-STATE/COUNTY	State/county FIPS code to which transaction is directed
CSENET-VERSION-NUMBER	003
TRANSACTION-SERIAL-NUMBER	Fill as appropriate
ACTION-CODE	P
FUNCTIONAL-TYPE-CODE	EST
TXN-DATE	Date transaction was created
CASE ID	Your case ID
OTHER-CASE-ID	Other case ID
ACTION-REASON	SSMOD
ATTACHMENTS-IND	=N
CASE-DATA-IND	=1
NCP-IDENTIFICATION-IND	=1
NCP-LOCATE-IND	=0 (numeric)
*PARTICIPANT-DATA-IND	Fill as appropriate

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

EST P SSMOD – ESTABLISHMENT PROVISION OF INFORMATION, SUPPORT ORDER MODIFIED	
Description/Business Usage	
*ORDER-DATA-IND	=1
COLLECTION-DATA-IND	=0 (numeric)
INFORMATION-IND	=0 (numeric)
OVERDUE-IND	=0 (numeric)
CASE DATA BLOCK	
CASE-TYPE	Fill as appropriate
CASE-STATUS	=O (alpha)
*CONTACT-NAME-LAST	Your state contact last name
*CONTACT-NAME-FIRST	Your state contact first name
*CONTACT-ADDRESS-LINE-1	Contact address
*CONTACT-CITY	Contact city
*CONTACT-STATE	Contact state
*CONTACT-ZIP-1	Contact ZIP Code
*CONTACT- PHONE-NUM	Contact phone number
NCP IDENTIFICATION DATA BLOCK	
NAME-LAST	NCP last name
NAME-FIRST	NCP first name
*SSN	NCP Social Security number
*DATE-OF-BIRTH	NCP date of birth
*PARTICIPANT DATA BLOCK (2)	
*NAME-LAST	Participant last name
*NAME-FIRST	Participant first name
*RELATIONSHIP	Fill as appropriate
*PARTICIPANT-STATUS	=O (alpha)
*ORDER DATA BLOCK	
*ORDER-FIPS-STATE	FIPS code of state that issued order

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

EST P SSMOD – ESTABLISHMENT PROVISION OF INFORMATION, SUPPORT ORDER MODIFIED	
Description/Business Usage	
*ORDER-FIPS-COUNTY	FIPS code of county that issued order
*ORDER-ID	The order ID
*ORDER-FILING-DATE	Date order was filed in your state
*ORDER-TYPE	Fill as appropriate
*DEBT-TYPE	Fill as appropriate
*ORDER-FREQ	Fill as appropriate
*ORDER-FREQ-AMOUNT	Dollar amount per frequency
*ORDER-EFFECTIVE-DATE	Date obligation starts to accrue
*MEDICAL-ORDERED	Y or N

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

EST P SUADJ – ESTABLISHMENT PROVISION OF INFORMATION, REVIEW AND MODIFICATION NOT WARRANTED

Description/Business Usage

Sent by Responding State:

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.

Used On:

Established interstate cases

Automated Triggers:

Determine how the CSE system records that a review and modification is not warranted.

Action By Receiving State:

Process according to federal guidelines. Update case information, such as results, and note receipt of the transaction.

Required data blocks and Elements (Data Block Record Layout)	Data Element Description
HEADER	
LOCAL-FIPS-STATE/COUNTY	Your state/county FIPS code
OTHER-FIPS-STATE/COUNTY	State/county FIPS code to which transaction is directed
CSENET-VERSION-NUMBER	003
TRANSACTION-SERIAL-NUMBER	Fill as appropriate
ACTION-CODE	P
FUNCTIONAL-TYPE-CODE	EST
TXN-DATE	Date transaction was created
CASE ID	Your case ID
OTHER-CASE-ID	Other case ID
ACTION-REASON	SUADJ
ATTACHMENTS-IND	=N
CASE-DATA-IND	=1
NCP-IDENTIFICATION-IND	=1
NCP-LOCATE-IND	=0 (numeric)
*PARTICIPANT-DATA-IND	Fill as appropriate
ORDER-DATA-IND	=0 (numeric)

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

EST P SUADJ – ESTABLISHMENT PROVISION OF INFORMATION, REVIEW AND MODIFICATION NOT WARRANTED	
Description/Business Usage	
COLLECTION-DATA-IND	=0 (numeric)
INFORMATION-IND	Fill as appropriate
OVERDUE-IND	=0 (numeric)
CASE DATA BLOCK	
CASE-TYPE	Fill as appropriate
CASE-STATUS	=O (alpha)
*CONTACT-NAME-LAST	Your state contact last name
*CONTACT-NAME-FIRST	Your state contact first name
*CONTACT-ADDRESS-LINE-1	Contact address
*CONTACT-CITY	Contact city
*CONTACT-STATE	Contact state
*CONTACT-ZIP-1	Contact ZIP Code
*CONTACT-PHONE-NUM	Contact phone number
NCP IDENTIFICATION DATA BLOCK	
NAME-LAST	NCP last name
NAME-FIRST	NCP first name
*SSN	NCP Social Security number
*DATE-OF-BIRTH	NCP date of birth
***PARTICIPANT DATA BLOCK (2)**	
*NAME-LAST	Participant last name
*NAME-FIRST	Participant first name
*RELATIONSHIP	Fill as appropriate
*PARTICIPANT-STATUS	=O (alpha)

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

EST P SUEST – ESTABLISHMENT PROVISION OF INFORMATION, SUPPORT ORDER NOT ESTABLISHED

Description/Business Usage

Sent by Responding State:

This transaction is used to electronically respond to an establishment request (EST R) the transaction indicates that a support order was not established.

Used On:

Established interstate cases

Automated Triggers:

Determine how the CSE system records that a support order was not established.

Action By Receiving State:

Process according to federal guidelines. Update case information, such as noting the outcome and receipt of the transaction.

Required data blocks and Elements (Data Block Record Layout)	Data Element Description
HEADER	
LOCAL-FIPS-STATE/COUNTY	Your state/county FIPS code
OTHER-FIPS-STATE/COUNTY	State/county FIPS code to which transaction is directed
CSENET-VERSION-NUMBER	003
TRANSACTION-SERIAL-NUMBER	Fill as appropriate
ACTION-CODE	P
FUNCTIONAL-TYPE-CODE	EST
TXN-DATE	Date transaction was created
CASE ID	Your case ID
OTHER-CASE-ID	Other case ID
ACTION-REASON	SUEST
ATTACHMENTS-IND	=N
CASE-DATA-IND	=1
NCP-IDENTIFICATION-IND	=1
NCP-LOCATE-IND	=0 (numeric)
*PARTICIPANT-DATA-IND	Fill as appropriate
ORDER-DATA-IND	=0 (numeric)
COLLECTION-DATA-IND	=0 (numeric)

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

EST P SUEST – ESTABLISHMENT PROVISION OF INFORMATION, SUPPORT ORDER NOT ESTABLISHED	
Description/Business Usage	
*INFORMATION-IND	Fill as appropriate
OVERDUE-IND	=0 (numeric)
CASE DATA BLOCK	
CASE-TYPE	Fill as appropriate
CASE-STATUS	=O (alpha)
*CONTACT-NAME-LAST	Your state contact last name
*CONTACT-NAME-FIRST	Your state contact first name
*CONTACT-ADDRESS-LINE-1	Contact address
*CONTACT-CITY	Contact city
*CONTACT-STATE	Contact state
*CONTACT-ZIP-1	Contact ZIP Code
*CONTACT-PHONE-NUM	Contact phone number
NCP IDENTIFICATION DATA BLOCK	
NAME-LAST	NCP last name
NAME-FIRST	NCP first name
*SSN	NCP Social Security number
*DATE-OF-BIRTH	NCP date of birth
*PARTICIPANT DATA BLOCK (2)	
*NAME-LAST	Participant last name
*NAME-FIRST	Participant first name
*RELATIONSHIP	Fill as appropriate
*PARTICIPANT-STATUS	=O (alpha)
*INFORMATION DATA BLOCK	
*STATUS-CHANGE-CODE	=O (alpha)
*INFORMATION-TEXT-LINE1	Fill as appropriate

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

EST P SUMOD – ESTABLISHMENT PROVISION OF INFORMATION, SUPPORT ORDER NOT MODIFIED

Description/Business Usage

Sent by Responding State:

This transaction is used to electronically respond to a modification request (EST R 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 not modified.

Used On:

Established interstate cases

Automated Triggers:

Determine how the CSE system records that a support order was not modified.

Action By Receiving State:

Process according to federal guidelines. Update case information, such as noting the outcome and receipt of the transaction.

Required data blocks and Elements (Data Block Record Layout)	Data Element Description
HEADER	
LOCAL-FIPS-STATE/COUNTY	Your state/county FIPS code
OTHER-FIPS-STATE/COUNTY	State/county FIPS code to which transaction is directed
CSENET-VERSION-NUMBER	003
TRANSACTION-SERIAL-NUMBER	Fill as appropriate
ACTION-CODE	P
FUNCTIONAL-TYPE-CODE	EST
TXN-DATE	Date transaction was created
CASE ID	Your case ID
OTHER-CASE-ID	Other case ID
ACTION-REASON	SUMOD
ATTACHMENTS-IND	=N
CASE-DATA-IND	=1
NCP-IDENTIFICATION-IND	=1
NCP-LOCATE-IND	=0 (numeric)
*PARTICIPANT-DATA-IND	=1

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

EST P SUMOD – ESTABLISHMENT PROVISION OF INFORMATION, SUPPORT ORDER NOT MODIFIED	
Description/Business Usage	
*ORDER-DATA-IND	=1
COLLECTION-DATA-IND	=0 (numeric)
*INFORMATION-IND	Fill as appropriate
OVERDUE-IND	=0 (numeric)
CASE DATA BLOCK	
CASE-TYPE	Fill as appropriate
CASE-STATUS	=O (alpha)
*CONTACT-NAME-LAST	Your state contact last name
*CONTACT-NAME-FIRST	Your state contact first name
*CONTACT-ADDRESS-LINE-1	Contact address
*CONTACT-CITY	Contact city
*CONTACT-STATE	Contact state
*CONTACT-ZIP-1	Contact ZIP Code
*CONTACT-PHONE-NUM	Contact phone number
NCP IDENTIFICATION DATA BLOCK	
NAME-LAST	NCP last name
NAME-FIRST	NCP first name
*SSN	NCP Social Security number
*DATE-OF-BIRTH	NCP date of birth
*PARTICIPANT DATA BLOCK (2)	
*NAME-LAST	Participant last name
*NAME-FIRST	Participant first name
*RELATIONSHIP	Fill as appropriate
*PARTICIPANT-STATUS	=O (alpha)
*ORDER DATA BLOCK	
*ORDER-FIPS-STATE	FIPS code of state that issued order

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

EST P SUMOD – ESTABLISHMENT PROVISION OF INFORMATION, SUPPORT ORDER NOT MODIFIED	
Description/Business Usage	
*ORDER-FIPS-COUNTY	FIPS code of county that issued order
*ORDER-ID	The order ID
*ORDER-FILING-DATE	Date order was filed in your state
*ORDER-TYPE	Fill as appropriate
*DEBT-TYPE	Fill as appropriate
*ORDER-FREQ	Fill as appropriate
*ORDER-FREQ-AMOUNT	Dollar amount per frequency
*ORDER-EFFECTIVE-DATE	Date obligation starts to accrue
*MEDICAL-ORDERED	Y or N
*INFORMATION DATA BLOCK	
*STATUS-CHANGE-CODE	=O (alpha)
*INFORMATION-TEXT-LINE1	Fill as appropriate

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

EST R SRADJ – ESTABLISHMENT REQUEST FOR REVIEW AND ADJUSTMENT

Description/Business Usage

Sent by Initiating State:

This transaction is used to electronically request a review and adjustment.

Used On:

Established interstate cases

Relevant CFR Requirements:

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.

Automated Triggers:

Determine how the CSE system records that a review and adjustment is needed.

Action By Receiving State:

Process according to federal guidelines. Update case information, such as noting receipt of the transaction.

Corresponds To:

Transmittal# 1

[] Modification or Responding Tribunal Order

Required data blocks and Elements (Data Block Record Layout)	Data Element Description
HEADER	
LOCAL-FIPS-STATE/COUNTY	Your state/county FIPS code
OTHER-FIPS-STATE/COUNTY	State/county FIPS code to which transaction is directed
CSENET-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	SRADJ
ATTACHMENTS-IND	=N
CASE-DATA-IND	=1

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

EST R SRADJ – ESTABLISHMENT REQUEST FOR REVIEW AND ADJUSTMENT	
Description/Business Usage	
NCP-IDENTIFICATION-IND	=1
NCP-LOCATE-IND	=1
PARTICIPANT-DATA-IND	Fill as appropriate
*ORDER-DATA-IND	=1
COLLECTION-DATA-IND	=0 (numeric)
INFORMATION-IND	=0 (numeric)
OVERDUE-IND	=0 (numeric)
CASE DATA BLOCK	
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
*CONTACT-NAME-LAST	Your state contact last name
*CONTACT-NAME-FIRST	Your state contact first name
*CONTACT-ADDRESS-LINE-1	Contact address
*CONTACT-CITY	Contact city
*CONTACT-STATE	Contact state
*CONTACT-ZIP-1	Contact ZIP Code
*CONTACT-PHONE-NUM	Contact phone number
NCP IDENTIFICATION DATA BLOCK	
NAME-LAST	NCP last name
NAME-FIRST	NCP first name
*SSN	NCP Social Security number
*DATE-OF-BIRTH	NCP date of birth
NCP LOCATE DATA BLOCK	
*RESIDENTIAL-ADDRESS-LINE1	NCP street address

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

EST R SRADJ – ESTABLISHMENT REQUEST FOR REVIEW AND ADJUSTMENT	
Description/Business Usage	
*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
PARTICIPANT DATA BLOCK (2)	
NAME-LAST	Participant last name
NAME-FIRST	Participant first name
DATE-OF-BIRTH	Fill as appropriate
*SSN	Participant's Social Security number
RELATIONSHIP	Fill as appropriate
PARTICIPANT-STATUS	=O (alpha)
*DEPENDENT-RELATION-CP	Fill as appropriate
*ORDER DATA BLOCK	
*ORDER-FIPS-STATE	FIPS code of state that issued order
*ORDER-FIPS-COUNTY	FIPS code of county that issued order
*ORDER-ID	The order ID
*ORDER-FILING-DATE	Date order was filed in your state
*ORDER-TYPE	Fill as appropriate
*DEBT-TYPE	Fill as appropriate
*ORDER-FREQ	Fill as appropriate
*ORDER-FREQ-AMOUNT	Dollar amount per frequency
*ORDER-EFFECTIVE-DATE	Date obligation starts to accrue
*MEDICAL-ORDERED	Y or N

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

EST R SRMOD – ESTABLISHMENT REQUEST FOR SUPPORT ORDER MODIFICATION	
Description/Business Usage	

Sent by Initiating State:

This transaction is used to electronically request a modification of a support order.

Used To:

Request initiation of a new interstate case or on established interstate cases.

Corresponds To:

Transmittal #1

4. [ ] Modification of Responding Tribunal Order

Automated Triggers:

Determine how the CSE system records that a modification is needed.

Action By Receiving State:

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.

Required data blocks and Elements (Data Block Record Layout)	Data Element Description
HEADER	
LOCAL-FIPS-STATE/COUNTY	Your state/county FIPS code
OTHER-FIPS-STATE/COUNTY	State/county FIPS code to which transaction is directed
CSENET-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
*OTHER-CASE-ID	Other case ID
ACTION-REASON	SRMOD
ATTACHMENTS-IND	=N
CASE-DATA-IND	=1
NCP-IDENTIFICATION-IND	=1
NCP-LOCATE-IND	=1
PARTICIPANT-DATA-IND	Fill as appropriate

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

EST R SRMOD – ESTABLISHMENT REQUEST FOR SUPPORT ORDER MODIFICATION	
Description/Business Usage	
*ORDER-DATA-IND	=1
COLLECTION-DATA-IND	=0 (numeric)
INFORMATION-IND	=0 (numeric)
OVERDUE-IND	=0 (numeric)
CASE DATA BLOCK	
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
*CONTACT-NAME-LAST	Your state contact last name
*CONTACT-NAME-FIRST	Your state contact first name
*CONTACT-ADDRESS-LINE-1	Contact address
*CONTACT-CITY	Contact city
*CONTACT-STATE	Contact state
*CONTACT-ZIP-1	Contact ZIP Code
*CONTACT-PHONE-NUM	Contact phone number
NCP IDENTIFICATION DATA BLOCK	
NAME-LAST	NCP last name
NAME-FIRST	NCP first name
SSN	NCP Social Security number
DATE-OF-BIRTH	NCP date of birth
NCP LOCATE DATA BLOCK	
*RESIDENTIAL-ADDRESS-LINE1	NCP street address
*RESIDENTIAL-CITY	NCP city
*RESIDENTIAL-STATE	NCP state
*RESIDENTIAL-ZIP-1	NCP ZIP Code

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

EST R SRMOD – ESTABLISHMENT REQUEST FOR SUPPORT ORDER MODIFICATION	
Description/Business Usage	
*RESIDENTIAL-ADDRESS-EFFECTIVE-DATE	Required if residential address entered
*RESIDENTIAL-ADDRESS-CONFIRMED-IND.	Fill as appropriate
PARTICIPANT DATA BLOCK (2)	
NAME-LAST	Participant last name
NAME-FIRST	Participant first name
DATE-OF-BIRTH	Fill as appropriate
*SSN	Participant's Social Security number
RELATIONSHIP	Fill as appropriate
PARTICIPANT-STATUS	=O (alpha)
*DEPENDENT-RELATION-CP	Fill as appropriate
*ORDER DATA BLOCK	
*ORDER-FIPS-STATE	FIPS code of state that issued order
*ORDER-FIPS-COUNTY	FIPS code of county that issued order
*ORDER-ID	The order ID
*ORDER-FILING-DATE	Date order was filed in your state
*ORDER-TYPE	Fill as appropriate
*DEBT-TYPE	Fill as appropriate
*ORDER-FREQ	Fill as appropriate
*ORDER-FREQ-AMOUNT	Dollar amount per frequency
*ORDER-EFFECTIVE-DATE	Date obligation starts to accrue
*MEDICAL-ORDERED	Y or N

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

EST R SROMC – ESTABLISHMENT REQUEST FOR MEDICAL SUPPORT ONLY	
Description/Business Usage	

Sent by Initiating State:

This transaction is used to electronically request establishment of medical support only.

Used To:

Request initiation of a new interstate case

Corresponds To:

Transmittal #1

C. [ ] Medical Support Only

Automated Triggers:

Determine how the CSE system records that establishment of medical support only is needed.

Action By Receiving State:

Process according to federal guidelines. Consider initial activities, such as building a case and initiating locate activities.

Required data blocks and Elements (Data Block Record Layout)	Data Element Description
HEADER	
LOCAL-FIPS-STATE/COUNTY	Your state/county FIPS code
OTHER-FIPS-STATE/COUNTY	State/county FIPS code to which transaction is directed
CSENET-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)

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

EST R SROMC – ESTABLISHMENT REQUEST FOR MEDICAL SUPPORT ONLY	
Description/Business Usage	
COLLECTION-DATA-IND	=0 (numeric)
INFORMATION-IND	=0 (numeric)
OVERDUE-IND	=0 (numeric)
CASE DATA BLOCK	
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
*CONTACT-NAME-LAST	Your state contact last name
*CONTACT-NAME-FIRST	Your state contact first name
*CONTACT-ADDRESS-LINE-1	Contact address
*CONTACT-CITY	Contact city
*CONTACT-STATE	Contact state
*CONTACT-ZIP-1	Contact ZIP Code
*CONTACT-PHONE-NUM	Contact phone number
NCP IDENTIFICATION DATA BLOCK	
NAME-LAST	NCP last name
NAME-FIRST	NCP first name
*SSN	NCP Social Security number
*DATE-OF-BIRTH	NCP date of birth
NCP LOCATE DATA BLOCK	
*RESIDENTIAL-ADDRESS-LINE1	NCP street address
*RESIDENTIAL-CITY	NCP city
*RESIDENTIAL-STATE	NCP state
*RESIDENTIAL-ZIP-1	NCP ZIP Code

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

EST R SROMC – ESTABLISHMENT REQUEST FOR MEDICAL SUPPORT ONLY	
Description/Business Usage	
*RESIDENTIAL-ADDRESS-EFFECTIVE-DATE	Required if residential address entered
*RESIDENTIAL-ADDRESS-CONFIRMED-IND.	Fill as appropriate
PARTICIPANT DATA BLOCK (2)	
NAME-LAST	Participant last name
NAME-FIRST	Participant first name
DATE-OF-BIRTH	Fill as appropriate
*SSN	Participant's Social Security number
RELATIONSHIP	Fill as appropriate
PARTICIPANT-STATUS	=O (alpha)
*DEPENDENT-RELATION-CP	Fill as appropriate

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

EST R SROPP – ESTABLISHMENT REQUEST FOR RETROACTIVE CHILD SUPPORT ONLY

Description/Business Usage

Sent by Initiating State:

This transaction is used to electronically request establishment of retroactive child support only.

Used To:

Request initiation of a new interstate case

Corresponds To:

Transmittal #1

B. [ ] Retroactive Child Support

Automated Triggers:

Determine how the CSE system records that establishment of retroactive child support is needed.

Action By Receiving State:

Process according to federal guidelines. Consider initial activities, such as building a case, and initiating locate activities.

Required data blocks and Elements (Data Block Record Layout)	Data Element Description
HEADER	
LOCAL-FIPS-STATE/COUNTY	Your state/county FIPS code
OTHER-FIPS-STATE/COUNTY	State/county FIPS code to which transaction is directed
CSENET-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	SROPP
ATTACHMENTS-IND	=N
CASE-DATA-IND	=1
NCP-IDENTIFICATION-IND	=1
NCP-LOCATE-IND	=1
PARTICIPANT-DATA-IND	Fill as appropriate

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

EST R SROPP – ESTABLISHMENT REQUEST FOR RETROACTIVE CHILD SUPPORT ONLY	
Description/Business Usage	
ORDER-DATA-IND	=0 (numeric)
COLLECTION-DATA-IND	=0 (numeric)
INFORMATION-IND	=0 (numeric)
OVERDUE-IND	=0 (numeric)
CASE DATA BLOCK	
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
*CONTACT-NAME-LAST	Your state contact last name
*CONTACT-NAME-FIRST	Your state contact first name
*CONTACT-ADDRESS-LINE-1	Contact address
*CONTACT-CITY	Contact city
*CONTACT-STATE	Contact state
*CONTACT-ZIP-1	Contact ZIP Code
*CONTACT-PHONE-NUM	Contact phone number
NCP IDENTIFICATION DATA BLOCK	
NAME-LAST	NCP last name
NAME-FIRST	NCP first name
*SSN	NCP Social Security number
*DATE-OF-BIRTH	NCP date of birth
NCP LOCATE DATA BLOCK	
*RESIDENTIAL-ADDRESS-LINE1	NCP street address
*RESIDENTIAL-CITY	NCP city
*RESIDENTIAL-STATE	NCP state
*RESIDENTIAL-ZIP-1	NCP ZIP Code

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

EST R SROPP – ESTABLISHMENT REQUEST FOR RETROACTIVE CHILD SUPPORT ONLY	
Description/Business Usage	
*RESIDENTIAL-ADDRESS-EFFECTIVE-DATE	Required if residential address entered
*RESIDENTIAL-ADDRESS-CONFIRMED-IND.	Fill as appropriate
PARTICIPANT DATA BLOCK (2)	
NAME-LAST	Participant last name
NAME-FIRST	Participant first name
DATE-OF-BIRTH	Fill as appropriate
*SSN	Participant's Social Security number
RELATIONSHIP	Fill as appropriate
PARTICIPANT-STATUS	=O (alpha)
*DEPENDENT-RELATION-CP	Fill as appropriate

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

EST R SRORD – ESTABLISHMENT REQUEST FOR ESTABLISHMENT OF CURRENT CHILD SUPPORT, INCLUDING MEDICAL SUPPORT

Description/Business Usage

Sent by Initiating State:

This transaction is used to electronically request establishment of current child support, including medical support.

Used To:

Request initiation of a new interstate case

Corresponds To:

Transmittal #1

2. [ ] Establishment of Order for:

A. [ ] Current Child Support, Including Medical Support

Automated Triggers:

Determine how the CSE system records that establishment of current child support and medical support is needed.

Action By Receiving State:

Process according to federal guidelines. Consider initial activities, such as building a case and initiating locate activities.

Required data blocks and Elements (Data Block Record Layout)	Data Element Description
HEADER	
LOCAL-FIPS-STATE/COUNTY	Your state/county FIPS code
OTHER-FIPS-STATE/COUNTY	State/county FIPS code to which transaction is directed
CSENET-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	SRORD
ATTACHMENTS-IND	=N
CASE-DATA-IND	=1
NCP-IDENTIFICATION-IND	=1
NCP-LOCATE-IND	=1

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

EST R SRORD – ESTABLISHMENT REQUEST FOR ESTABLISHMENT OF CURRENT CHILD SUPPORT, INCLUDING MEDICAL SUPPORT	
Description/Business Usage	
PARTICIPANT-DATA-IND	Fill as appropriate
ORDER-DATA-IND	=0 (numeric)
COLLECTION-DATA-IND	=0 (numeric)
INFORMATION-IND	=0 (numeric)
OVERDUE-IND	=0 (numeric)
CASE DATA BLOCK	
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
*CONTACT-NAME-LAST	Your state contact last name
*CONTACT-NAME-FIRST	Your state contact first name
*CONTACT-ADDRESS-LINE-1	Contact address
*CONTACT-CITY	Contact city
*CONTACT-STATE	Contact state
*CONTACT-ZIP-1	Contact ZIP Code
CONTACT-PHONE-NUM	Contact phone number
NCP IDENTIFICATION DATA BLOCK	
NAME-LAST	NCP last name
NAME-FIRST	NCP first name
*SSN	NCP Social Security number
*DATE-OF-BIRTH	NCP date of birth
NCP LOCATE DATA BLOCK	
*RESIDENTIAL-ADDRESS-LINE1	NCP street address
*RESIDENTIAL-CITY	NCP city
*RESIDENTIAL-STATE	NCP state

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

EST R SRORD – ESTABLISHMENT REQUEST FOR ESTABLISHMENT OF CURRENT CHILD SUPPORT, INCLUDING MEDICAL SUPPORT	
Description/Business Usage	
*RESIDENTIAL-ZIP-1	NCP ZIP Code
*RESIDENTIAL-ADDRESS-EFFECTIVE-DATE	Required if residential address entered
*RESIDENTIAL-ADDRESS-CONFIRMED-IND.	Fill as appropriate
PARTICIPANT DATA BLOCK (2)	
NAME-LAST	Participant last name
NAME-FIRST	Participant first name
DATE-OF-BIRTH	Fill as appropriate
*SSN	Participant's Social Security number
RELATIONSHIP	Fill as appropriate
PARTICIPANT-STATUS	=O (alpha)
*DEPENDENT-RELATION-CP	Fill as appropriate

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

[EST R SRPAT – ESTABLISHMENT REQUEST FOR ESTABLISHMENT OF CURRENT CHILD SUPPORT, REQUESTING THE ESTABLISHMENT OF PATERNITY AND SUPPORT]	
Description/Business Usage	

Sent by Initiating State:

This transaction is used to provide states the ability to send and receive a single transaction requesting the establishment of both paternity and support.

Used to:

Request the initiation of a new two-state interstate case. Include additional requests such as retroactive child support or costs and fees in the Information data block.

Corresponds to:

Transmittal #1

1. [ ] Establishment of Paternity and
2. [ ] Establishment of Order for:
A. [ ] Current Child Support, Including Medical Support

Automated Triggers:

Identify how the CSE system records that paternity and support establishment in another state is needed.

Action By Receiving State:

Process according to federal guidelines. Prior to automatically creating an alert that notifies workers that this transaction was received, determine whether the worker must take the required next step or if the CSE system can make decisions. Consider initial activities, such as building a case and initiating locate activities.

Required data blocks and Elements (Data Block Record Layout)	Data Element Description
HEADER	
LOCAL-FIPS-STATE/COUNTY	Your state/county FIPS code
OTHER-FIPS-STATE/COUNTY	State/county FIPS code to which transaction is directed
CSENET-VERSION-NUMBER	003
TRANSACTION-SERIAL-NUMBER	Fill as appropriate
ACTION-CODE	R
FUNCTIONAL-TYPE-CODE	PAT
TXN-DATE	Date transaction was created
CASE-ID	Your case ID
ACTION-REASON	SRPAT
ATTACHMENTS-IND	=N

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

[EST R SRPAT – ESTABLISHMENT REQUEST FOR ESTABLISHMENT OF CURRENT CHILD SUPPORT, REQUESTING THE ESTABLISHMENT OF PATERNITY AND SUPPORT]	
Description/Business Usage	
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)
CASE DATA BLOCK	
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
*CONTACT-NAME-LAST	Your state contact last name
*CONTACT-NAME-FIRST	Your state contact first name
*CONTACT-ADDRESS-LINE-1	Contact address
*CONTACT-CITY	Contact city
*CONTACT-STATE	Contact state
*CONTACT-ZIP-1	Contact ZIP Code
*CONTACT-PHONE-NUM	Contact phone number
NCP IDENTIFICATION DATA BLOCK	
NAME-LAST	NCP last name
NAME-FIRST	NCP first name
*SSN	NCP Social Security number
*DATE-OF-BIRTH	NCP date of birth
NCP LOCATE DATA BLOCK	
RESIDENTIAL-ADDRESS-LINE1	NCP street address

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

[EST R SRPAT – ESTABLISHMENT REQUEST FOR ESTABLISHMENT OF CURRENT CHILD SUPPORT, REQUESTING THE ESTABLISHMENT OF PATERNITY AND SUPPORT]

Description/Business Usage	
*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
PARTICIPANT DATA BLOCK (2)	
NAME-LAST	Participant last name
NAME-FIRST	Participant first name
*DATE-OF-BIRTH	Fill as appropriate
RELATIONSHIP	Fill as appropriate
PARTICIPANT-STATUS	=O (alpha)
*DEPENDENT-RELATION-CP	Fill as appropriate
*INFORMATION DATA BLOCK	
*STATUS-CHANGE-CODE	=O (alpha)
*INFORMATION-TEXT-LINE1	Fill as appropriate

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

VALID TRANSACTIONS EXCLUDED FROM THE TFM AND CORE SET OF TRANSACTIONS		
Functional Type/ Action/ Action Reason Code	**Description/Business Usage**	**Recommendations for Alternative Transaction Usage**
EST A Blank	Acknowledgment	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 GSARR	Notice of Arrearage Reconciliation/Determination of Sum-certain	MSC P GSPUD
EST P GSFIL	Document Filed	MSC P GSPUD
EST P SCDIS	Case Dismissed Without Prejudice	EST P SUEST
EST P SDCOS	Defendant/Respondent Ordered to Pay Other Costs	EST P SSEST
EST P SDPAR	Defendant/Respondent is Parent and Owes Duty	MSC P GSPUD
EST P SDPAY	Defendant/Respondent is Ordered to Pay	EST P SSEST
EST P SIANS	NCP Did Not Show for Support Order Hearing	MSC P GSPUD
EST P SICPS	Contempt Proceedings Started	MSC P GSPUD
EST P SSCON	Order Issued/Confirmed	MSC P GSPUD
EST P SUDEN	Support Order Request Denied	EST P SUEST
EST R SROOC	Request Support Order Establishment for Other Costs Only	N/A
EST R SROSS	Request Support Order for Spousal Support	N/A
EST U SRADJ	Request for Review and Adjustment	MSC P GSPUD

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

VALID TRANSACTIONS EXCLUDED FROM THE TFM AND CORE SET OF TRANSACTIONS		
Functional Type/ Action/ Action Reason Code	**Description/Business Usage**	**Recommendations for Alternative Transaction Usage**
EST U SRMOD	Request Support Order Modification	MSC P GSPUD
EST U SROMC	Request Support Order Establishment for Medical Coverage Only	MSC P GSPUD
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 SRORD	Request Support Order Establishment – All Available Support Types	MSC P GSPUD
EST U SROSS	Request Support Order for Spousal Support	N/A

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

D.11.1   Summary of Changes for Establishment (EST)

Chart D-2 lists the transaction that has been added to CSENet for the EST Functional Type code. Within the document, [opening and closing brackets] surrounding the transaction title signify a new transaction.

D-2: SUMMARY OF CHANGES TO APPENDIX D – TFM EST
Transaction
EST R SRPAT – Establishment Request for Establishment of Current Child Support, Requesting the Establishment of Paternity and Support

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.