

# STATE REFERRAL FOR FEDERAL CRIMINAL PROSECUTION (18 U.S.C. §228) Project Save Our Children (PSOC)

State of \_\_\_ County of \_\_\_\_\_

IV-D Case Number \_\_\_\_\_

For PSOC Center Use Date Case Received  Month ____ Day ____ Yr ____
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PSOC Case Number: \_\_\_\_\_

## SECTION I - PAYER (NONCUSTODIAL PARENT) INFORMATION

Payer Name Last	First	MI	Social Security Number - -	Date of Birth Month ____ Day ____ Yr ____  Place of Birth _____
Street Name and Number (last known address)				Telephone Number(s) - - - -
City	State & Zip Code		Was the Address Verified? If So, When: _____	
Employer Name	Employer Address		Telephone Number - -	
Wage and Income History	Date Verified		Source of Verification	
Occupation	Professional License(s)		Driver's License / State Issued /	
Alias(es)	Does the Subject Have Outstanding Warrants? If Yes, Please Indicate Type and Where Issued			
Brief Physical Description (Race, sex, height, weight, eyes, hair color, tattoo etc.)				

## SECTION II - ORDER INFORMATION

Date of Order Entered	Amount Ordered _____ Frequency: Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/>
Court/Tribunal Location	Arrearages _____ Arrearages from Date _____ Arrearages to Date _____
Last Payment Received from Payer	<b>ATTACH PAYMENT HISTORY AND TRIBUNAL ORDER</b>

### SECTION III – REFERRAL INFORMATION

State __ County ____	Name of Referring Agency	Referral Date Mon __ Day __ Yr ____
State Contact Person	Direct Phone Number - -	FAX - -
Address of Referring Agency (Street Name and Number)		E-Mail Address
City	State	Zip Code

### SECTION IV – CUSTODIAL PARTY INFORMATION

Custodial Party Name Last First MI	Social Security Number - -	Date of Birth Month __ Day __ Yr ____ Place of Birth _____
Street Name and Number (last known address)		
City	State	Zip Code
Home/Cell Phone - -	Business Phone - -	Spouse Number - -
Does Custodial Parent Have any Restraining/Protective Orders Against Payer? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Has this Parent Signed a Non-Disclosure Form? <input type="checkbox"/> No <input type="checkbox"/> Yes		

### SECTION V – CHILD INFORMATION

Name of Child Last First	Date of Birth Month __ Day __ Yr ____	Place of Birth	State of Residency
Name of Child Last First	Date of Birth Month __ Day __ Yr ____	Place of Birth	State of Residency
Name of Child Last First	Date of Birth Month __ Day __ Yr ____	Place of Birth	State of Residency

### SECTION VI – PROSECUTOR REVIEW

Has This Case Been Reviewed By a Prosecutor for Possible State Criminal Charges? No <input type="checkbox"/> Yes <input type="checkbox"/>	If Yes, By Whom? (List prosecutor and/or assistant's name and phone number) - -
What Was the Outcome of the Review? (e.g., was a criminal warrant issued, did case not meet an element of state law, etc.)	

**SECTION VII – OTHER ELEMENTS**

1. What other enforcement efforts/remedies have been attempted? Please list below and include dates and systems you may have used.

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2. Provide information relevant to establishing that the obligor has traveled interstate or internationally for the purpose of evading child support. Append supporting documentation, including any tribunal order making such a finding.

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Please attach separate sheet outlining this information, if available (Indicators or history of willful non-payment, ability to make full or partial payment, obligor knows obligation exists or other circumstances)

**SECTION VIII - REFERRAL/GRANT OF AGENCY:  
SIGNATURE OF AUTHORIZED OFFICIAL**

The referring IV-D agency certifies:

- The case is believed to meet statutory criteria for federal prosecution under 18 U.S.C. §228;
- The State has exhausted all available and reasonable alternative enforcement remedies;
- A request to OCSE for W-2 data was submitted and any W-2 information received from OCSE has been independently verified;
- Only the W-2 employment data verified and provided by the child support agency is included with this referral.

The signatory below warrants and represents that by this referral, PSOC is granted a limited agency to act on behalf of the referring child support enforcement agency in the above-listed case, and solely for the purpose of investigation for potential federal prosecution under 18 U.S.C. §228.

By \_\_\_\_\_ Date \_\_\_\_\_

NAME: \_\_\_\_\_  
TITLE: \_\_\_\_\_  
IV-D AGENCY: \_\_\_\_\_  
CONTACT ADDRESS: \_\_\_\_\_  
CONTACT PHONE NUMBER: \_\_\_\_\_

**SECTION IX – CASE ASSIGNMENT INFORMATION**

<b>For PSOC Use Only:</b>	
State/County	Federal District
Investigative Agency	Agent Assigned
Date Sent to Agent	Agency Case Number

**ATTACH ANY LOCATE OR ADDITIONAL INFORMATION THAT WOULD ASSIST IN PROCESSING THE CASE**