

State Referral for Federal Criminal Prosecution Template Instructions

PSOC acts as an agent of the referring State IV-D agency solely for completion of investigation and locate services on cases referred for federal criminal prosecution. As a reminder, prior to referring a case for Federal criminal prosecution, the IV-D agency must:

- determine the case meets the statutory criteria for federal prosecution under 18 U.S.C. §228,
- exhaust all available and reasonable alternative enforcement remedies, and
- submit a request to OCSE for W-2 data and independently verify the information received from OCSE.

Only W-2 employment data verified and provided by the child support agency may be included in the PSOC referral.

These instructions are to assist you in filling out the PSOC referral form quickly and easily. You may still choose to print this form and handwrite the referral if you wish. If you do handwrite the referral please print the information in a legible fashion with black ink.

This referral is in a template form. Please do not alter the form. To move from one shadowed area to the next press the tab button. These areas are set so that you do not need to use capital letters and / or spacing. Some areas automatically change to bold face or change to all caps when entered. This is to assist the PSOC analyst in entering the information into the different databases.

TOP PORTION – STATE REFERRAL FOR FEDERAL CRIMINAL PROSECUTION

State: Enter the abbreviation for the State that is submitting the referral.

County: Enter the name of the referring county.

IV-D Case Number: Enter the State IV-D case number.

SECTION I – PAYER (NONCUSTODIAL PARENT) INFORMATION

Payer Name: Enter last and first name and middle initial of the payer (or noncustodial parent). The last name will change to bold and appear in all caps.

Social Security Number: Enter the SSN using the xxx-xx-xxxx format.

Date of Birth: Enter the month day and year in number format. For example, enter 03 14 57 for March 14, 1957.

Place of Birth: Enter the city and state (or country if outside US) of birth.

Street Name and Number: Enter the last known street name and number.

City: Enter the last known city of residence.

State and Zip Code: Enter the last known state abbreviation and zip code.

Was the Address Verified?: If the address was verified through mail, postmaster verification, etc., enter the verification date using the mm/dd/yyyy format.

Telephone Number(s): Enter the last known telephone number(s) using the 000-000-0000 format.

Employer Name: Enter the payer's last known employer or company name.

Employer Address: Enter the employer's address including city, state, and zip code if known.

Telephone Number: Enter the employer's telephone number if known.

Wage and Income History: Enter verified income/wage history (must be verified before entering).

Date Verified: Enter the date Annual Wage Report (AWR) information was verified.

Source of Verification: Enter the source(s) of verification.

Occupation: Enter the payer's occupation (i.e., construction, sales).

Professional License: Enter the type of license that the payer may have (i.e., medical license, contractor's license, pilot's license).

Driver's License/State Issued: Enter the driver's license information of the payer if known. If only the State issued is known, please provide.

Alias(es): Enter the additional name(s) that the payer may have used previously or is currently using.

Does the Subject Have Outstanding Warrants?: If yes, enter the type of warrant and the State or jurisdiction that issued the warrant.

Brief Physical Description: Type a brief description into the shadowed box. Make sure to describe the height, weight, hair color, eye color, and tattoos or other distinctive features.

SECTION II – ORDER INFORMATION

Date of Order Entered: Enter the date the order was entered by the tribunal using the mm/dd/yyyy format.

Court/Tribunal Location: Enter the court or tribunal location where the order was entered.

Amount Ordered: Enter the obligation amount ordered by the tribunal using xxxx.xx. The field will display in formatted dollar amounts. Select the frequency of payment as directed by the order (i.e., weekly, monthly, yearly) entering an "X" in the box that matches.

Arrearage: Enter the current arrearage amount owed in xxx.xx format.

Arrearages from Date: Enter the date in which the payer began accumulating arrears using the mm/dd/yyyy format.

Arrearages to Date: Enter the current certified arrears date. This should be the date that was used to determine the arrearage amount entered.

Last Payment Received: Enter the date of the last payment received from the payer.

Payment History and Tribunal Order Attach payment history and order to this referral.

SECTION III – REFERRAL INFORMATION

State/County: Enter the State abbreviation and name of the referring county.

Name of Referring Agency: Enter the name of the referring State IV-D Agency.

Referral Date: Enter the date that the referral was submitted to PSOC.

State Contact Person: Enter the first and last name of the State contact person for this referral should the PSOC analyst have questions.

Direct Phone Number: Enter the direct telephone number for the contact person.

FAX: Enter the fax number.

Address of Referring Agency: Enter the street name and number.

E-Mail Address: Enter the e-mail address.

City: Enter the city.

State: Enter the State.

Zip Code: Enter the zip code.

SECTION IV – CUSTODIAL PARTY INFORMATION

Custodial Party Name: Enter last and first name and middle initial of custodial party.

Social Security Number: Enter the SSN using the xxx-xx-xxxx format.

Date of Birth: Enter the month, day and year in number format. For example, enter 03 14 57 for March 14, 1957.

Place of Birth: Enter the name of the city and state (or country if outside of US) of birth.

Street Name and Number: Enter the last known street name and number.

City: Enter the last known city of residence.

State: Enter the state abbreviation of last known residence.

Zip Code: Enter the mailing zip code.

Home/Cell Phone: Enter the home phone and/or cell phone number.

Business Phone: Enter the business phone number if applicable.

Spouse Number: Enter a phone number that can be used to reach the spouse if applicable.

Does Parent Have Restraining/Protective Orders Against Payer?: Check the appropriate box with an "X" if there are orders of protection against the payer for the custodial party.

Has Parent Signed a Non-Disclosure Form?: Check the Appropriate box with an "X".

SECTION V – CHILD INFORMATION

Name of Child: Enter the last and first name of the child.

Date of Birth: Enter the month day and year in number format. For example, enter 03 14 57 for March 14, 1957.

Place of Birth: Enter the name of the city and State (or country if outside of US) of birth.

State of Residency: Enter the State where the child currently resides.

If there is more than one child involved, continue to enter the remaining children's information in the blocks provided. If there are more than three children, enter the remaining information in an attachment to the referral.

SECTION VI – PROSECUTOR REVIEW

Has This Case Been Reviewed By a Prosecutor?: Check the appropriate box with an "X" if a state prosecutor reviewed the case.

If Yes, By Whom?: Enter the prosecutor's name and jurisdiction that reviewed the case (e.g., John Doe, Fulton County DA's Office).

What Was the Outcome?: Enter details of the results of the prosecutor's review (i.e., did the prosecutor determine the case could not be prosecuted at either the State level or the Federal level).

SECTION VII – OTHER ELEMENTS

This section is used to summarize the efforts of the local/State CSE. The referring agency must describe the other enforcement efforts it took against the payer. It also requires a description of information relevant to establishing that the obligor has traveled interstate or internationally for the purpose of evading his/her child support obligation. Append supporting documentation, including any tribunal order making such a finding.

This section can also be used to include additional information not requested above but which may be helpful to the PSOC analyst.

SECTION VIII – REFERRAL/GRANT OF AGENCY

PSOC may only act as an agent on behalf of the referring State IV-D agency. In this section, the agency certifies that all State and FPLS locate efforts have been exhausted and that the locate request is made for an authorized purpose and by an authorized person under Title IV-D of the Social Security Act. This section also defines the limits of the agency.

The State IV-D Director must designate the person(s) authorized to sign the referral form and provide the regional PSOC office responsible for the State with the names and titles of those individuals.

The State official making the referral must sign; the referral will be made by the State PSOC contact office.

SECTION IX – CASE ASSIGNMENT INFORMATION

This block is reserved for PSOC analyst use only.