CHILD SUPPORT ENFORCEMENT TRANSMITTAL #3 – REQUEST FOR ASSISTANCE/DISCOVERY

Petitioner: Name (first, middle, last)
Social Security Number
Tribal Affiliation/Country (if applicable)

IV-D Case:
[ ] TANF
[ ] IV-E Foster Care
[ ] Medicaid Only
[ ] Former Assistance
[ ] Never Assistance

File Stamp

Respondent: Name (first, middle, last)
Social Security Number
Tribal Affiliation/Country (if applicable)

Non-IV-D Case: [ ]

To: (Agency Name and Address)

Responding FIPS Code _____ State _____
Responding IV-D Case Identifier _____
Responding Tribunal Number _____

From: (Contact Person, Agency, Address, Phone, FAX, E-mail)

Initiating FIPS Code _____ State _____
Initiating IV-D Case Identifier _____
Initiating Tribunal Number _____

Send Payments To: (if different from above)

Children's Legal Names (first, middle, last)

Response Needed by _____ (Date)

I. Action

1. [ ] Provide/Obtain Copies of Documentation
   [ ] Certified Copies of Orders [ ] Financial Statement
   [ ] Payment Records [ ] Other _____
2. [ ] Provide Assistance with Service of Process (See Attached)
3. [ ] Provide Assistance with Genetic Testing (See Section II and/or Attached)
4. [ ] Obtain Answers for Interrogatories (See Attached)
5. [ ] Provide Assistance with Teleconference for Hearing or Deposition (See Attached)
6. [ ] Obtain Financial Data/Proof of Respondent's Income (See Section II and/or Attached)
7. [ ] Obtain Party Signature on Attached Form (See Attached)
8. [ ] Provide Assistance with a Lien
9. [ ] File a Notice of Determination of Controlling Order with An Order-Issuing Tribunal (See Attached)
10. [ ] Other: _____

Please Return the Acknowledgment Attached

II. Additional Information

[ ] Nondisclosure Finding Attached [ ] Verified Address of Employer:

_____ Date
_____ Initiating Contact Person (first, middle, last)
( ) _____ Telephone Number & Extension

FAX: ( ) _____ E-mail _____

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_____ _____

Initiating FIPS Code _____ State _____

Initiating IV-D Case Identifier _____

Send Payments To: (if different from above)

Initiating Tribunal Number _____

ACKNOWLEDGEMENTS

To be Completed by Responding Agency and Returned to Initiating Agency

[ ] Request Received and No Additional Information is Necessary
[ ] Additional Information Needed (See Remarks)
[ ] Remarks/Response

[ ] Your Case has been Forwarded for Action to:

Name of Worker (first, middle, last) _____

Agency Name _____

Address, FIPS code _____

Phone & Extension _____

FAX _____

Date	Person Completing Form (first, middle, last)	Telephone Number & Extension

FAX: ( ) _____ E-mail _____

INSTRUCTIONS FOR CHILD SUPPORT ENFORCEMENT TRANSMITTAL #3
REQUEST FOR ASSISTANCE/DISCOVERY

PURPOSE OF THE FORM:

The CSE Transmittal #3-Request for Assistance/Discovery is designed for use when the requesting jurisdiction is working its case locally (e.g., by long-arm jurisdiction) and needs limited assistance from another jurisdiction, but does not want the other jurisdiction to open a IV-D case. Sections 316 and 318 of the model version of UIFSA contain specific provisions that allow a tribunal to receive evidence from another State and to obtain discovery through a tribunal of another State. The form may be sent electronically using the appropriate CSENet transaction.

When a jurisdiction receives a CSE Transmittal #3-Request for Assistance/Discovery from another jurisdiction, it should not open a IV-D case; it should only provide the limited assistance requested. By contrast, the CSE Transmittal # 1-Initial Request is designed for use when the initiating State is requesting the responding State to open a IV-D case.

Italicized text that appears within a "box" refers to policy or provides additional information.

HEADING/CAPTION (Pages 1 & 2):

The jurisdiction requesting assistance/discovery determines the heading. Note that the heading appears on both page 1 of the **Child Support Enforcement Transmittal #3** and on page 2, the **Acknowledgment** page.

- Identify the **petitioner** and **respondent** by name (first, middle, last), Social Security Number, and, if applicable, include the name of the tribe or country in which the petitioner or respondent is associated.
- Check the appropriate space to identify the type of case: TANF; IV-E Foster Care, Medicaid only; former assistance, never assistance, or Non-IV-D.

TANF means the obligee's family receives IV-A cash payments. A Medicaid only case is a case where the obligee's family receives Medicaid but does not receive TANF (IV-A cash payments).

- In the space marked "To:", list the name and address (street, city, State, and zip code) of the court or agency where you are sending the CSE Transmittal #3.
- In the appropriate spaces, if applicable and if known, enter the Responding jurisdiction's FIPS code, State, IV-D case identifier, and Tribunal number.

Under "IV-D case identifier", enter the number/identifier identical to the one submitted on the Federal Case Registry, which is a left-justified 15-character alphanumeric field, allowing all characters except asterisk and backslash, and with all characters in uppercase. Under "tribunal number", you may enter the docket number, cause number, or any other appropriate reference number that the responding State may use to identify the case, if known. The Responding jurisdiction is the jurisdiction that is working the case at the request of the initiating jurisdiction.

- In the space marked "From:", list a contact person, agency name, address (street, city, State, zip code), phone number (including extension), FAX number, and E-Mail address.
- In the appropriate spaces, enter the Initiating jurisdiction's FIPS code, State, and IV-D case identifier, and tribunal number.

Under "IV-D case identifier", enter the number/identifier identical to the one submitted on the Federal Case Registry, which is a left-justified 15-character alphanumeric field, allowing all characters except asterisk and backslash, and with all characters in uppercase. Under "tribunal number", you may enter the docket number, cause number, or any other appropriate reference number which the initiating tribunal or agency has assigned to the case. The initiating jurisdiction is the jurisdiction that referred the case to the responding jurisdiction for services.

- In the space marked "Send Payments To:" enter the address to which payments should be sent, if the address is different from the agency address provided on the form in the space above.
- Enter the children's legal names to assist the responding State in discussing the request with the non-custodial parent.

- In the space marked “Response Needed by” enter the date by which a response is needed.

SECTION I, ACTION:

Check the appropriate box(es) to indicate which actions are requested. Multiple actions may be requested, as appropriate.

- Check **item 1** “Provide/Obtain Copies of Documentation” to request copies of documentation. Check appropriate box(es) to indicate the type of documentation: certified copies of orders, payment records, financial statement, or other (describe on blank line). In Section II “Additional Information”, describe your request and provide background information necessary to identify the requested documents.
- Check **item 2** “Provide Assistance with Service of Process” if you are requesting assistance with service of process. You may directly contact (via phone, FAX, or other means) the sheriff, or other appropriate official, in another jurisdiction to request personal service of process. Send the Request for Assistance/Discovery only if such attempts have been unsuccessful. Attach such documentation as necessary for service of process.
- Check **item 3** “Provide Assistance with Genetic Testing” if you are requesting assistance with genetic testing. Include in section II or attach any necessary information or materials, including names of genetic testing laboratories, protocols to be followed, testing kits, etc.
- Check **item 4** “Obtain Answers for Interrogatories” if you are requesting completion of interrogatories. Attach the interrogatories.
- Check **item 5** “Provide Assistance with Teleconference for Hearing or Deposition” if you are requesting assistance in scheduling a teleconference for a hearing or deposition. Attach copy of hearing notice or deposition.
- Check **item 6** “Obtain Financial Data/Proof of Respondent’s Income” if you are requesting financial data or proof of the respondent’s income. Explain your request in Section II or an attachment.
- Check **item 7** “Obtain Party Signature on Attached Form” if you are requesting assistance in obtaining a signature. Attach forms which require signatures. Request assistance with obtaining a signature only after you have attempted and failed to obtain the signature yourself.
- Check **item 8** “Provide Assistance with a Lien” if you are requesting help with a lien/levy action. Prior to using Transmittal #3 for this purpose, contact the assisting State and provide all additional information and documents needed. If the assisting State requires “full” case information or documentation, use Transmittal # instead.
- Check **item 9** “File a Notice of Determination of Controlling Order with An Order-Issuing Tribunal” if the requesting State issued an order that contributed to a determination process. Attach a copy of the Notice of Determination of Controlling Order and a certified copy of the determination itself and any arrears reconciliation order.
- Check **item 10** “Other” if the reason you are requesting assistance or discovery is not listed above. On the blank line, indicate the assistance needed; be as specific as possible.

If you are requesting only “quick locate”, do not use this form. Instead, use the Locate Data Sheet, or CSENet if you are using an electronic format.

If you are requesting that the tribunal in the other State compel a person over whom it has jurisdiction to respond to a discovery order issued by a tribunal of another State (in accordance with section 318 of the model version of UIFSA), attach certified copies of the discovery order.

SECTION II, ADDITIONAL INFORMATION:

In a narrative format, indicate any other information that will be useful in processing your request. Provide any necessary identifying information and background information about why the request is being made, including: (1) information on the nature of the pending action (e.g., paternity, support, modification, enforcement, etc.) and (2) the reason assistance from the other jurisdiction is needed. If you have a verified employer address, include it in Section II.

If there is an order preventing disclosure of a party’s or child’s address/identifying information, check the box for “Nondisclosure Finding Attached” and attach a copy of the finding. In accordance with the finding, do not provide the address/identifying information; you may provide a substitute address.

A nondisclosure finding means a finding that the health, safety, or liberty of a party or child would be unreasonably put at risk by disclosure of identifying information (e.g., residential address). UIFSA provides that interstate petitions must include certain identifying information regarding the parties and child(ren) unless a tribunal (court or agency) makes a nondisclosure finding by ordering that the address or identifying information not be disclosed. The procedures for obtaining a nondisclosure finding vary from State to State.

At the bottom of page 1, provide a specific worker's name, a direct telephone number (with extension if necessary) FAX number and E-Mail address to expedite communications between jurisdictions.

PAGE 2, ACKNOWLEDGMENT:

The jurisdiction requesting assistance/discovery completes the Heading/Caption on this page. Upon receiving a request for assistance on a Transmittal #3, the receiving State completes the rest of the acknowledgment. The acknowledgment can be used to provide information in response to a request received via the Transmittal #3, or to indicate when (how many days or on what date) the requested information/action will be provided. The jurisdiction sending the acknowledgment should indicate where the case has been referred for action, and the name, telephone, FAX number and E-Mail address of a contact person.

The Paperwork Reduction Act of 1995

This information collection is conducted in accordance with 42 U.S.C. 651 et seq. and 45 CFR 303.7 of the child support enforcement program. Standard forms are designed to provide uniformity and standardization for interstate case processing. Public reporting burden for this collection of information is estimated to average under half an hour per response. The responses to this collection are mandatory in accordance with the above statute and regulation. This information is subject to State and Federal confidentiality requirements; however, the information will be filed with the tribunal and/or agency in the responding State and may, depending on State law, be disclosed to other parties. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.