CHILD SUPPORT AGENCY REQUEST FOR CHANGE OF SUPPORT PAYMENT LOCATION PURSUANT TO UIFSA § 319

The information on this form may be disclosed as authorized by law.

If you are not the intended recipient, you are hereby notified that any use, disclosure, distribution, or copying of this form or its contents is strictly prohibited.

Child Support Agency Confidential Information Form must be attached.

File Stamp

To: (Agency Name and Address)

Order-Issuing Locator Code: _____ State _____

Order-Issuing Case Identifier: _____

Order-Issuing Tribunal Number: _____

From: (Agency Name and Address)

Requesting Locator Code: _____ State _____

Requesting IV-D Case Identifier: _____

Send Payments To: (If different from above)

Payment Locator Code: _____ State _____

Remittance Identifier: _____

NOTE:

[ ] Nondisclosure Finding/Affidavit attached

[ ] This form sent through EDE

The following facts exist to permit this request under UIFSA § 319(b):

- The obligee receives IV-D services from the requesting agency;
- A tribunal in the requested state issued the support order; and
- Neither the obligor, the individual obligee, nor the child(ren) reside in the order-issuing state.

Section I. Action:

The requesting agency requests the support enforcement agency or tribunal in the order-issuing state to:

- direct that the support payment be made to the requesting agency's state disbursement unit,
- issue and send to the obligor's employer a conforming income withholding order or an administrative notice of change of payee, reflecting the redirected payments, and
- forward to the requesting agency a copy of the tribunal order or administrative notice redirecting support payments, and the conforming income withholding order or administrative notice of change of payee.

[ ] The requesting agency also requests a certified arrears calculation (if available) or a payment record as of the date of the redirection order or administrative notice.

Section II. Case Summary:

Date of Support Order	State and County Issuing Order	Tribunal Number	Support Amount/Frequency

[ ] A copy of the issuing tribunal's support order is attached.

Section III. Obligee Information: [ ] Parent [ ] Caretaker

Legal name (first, middle, last, suffix): _____

If caretaker: Relationship to child(ren): _____ [ ] Has legal custody/guardianship of child(ren)

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Section IV. Obligor Information:

Legal name (first, middle, last, suffix): _____

Section V. Dependent Child(ren) Information:

Legal name(s) (first, middle, last, suffix):

Section VI. Other Pertinent Information:

[ ] Additional case information attached

Section VII. Contact Information:

Date	Contact person (first, middle, last, suffix)	Direct telephone number and extension

Fax: ( ) _____ E-mail: _____

Encryption Requirements:

When communicating this form through electronic transmission, precautions must be taken to ensure the security of the data. Child support agencies are encouraged to use the electronic applications provided by the federal Office of Child Support Enforcement. Other electronic means, such as encrypted attachments to e-mails may be used if the encryption method is compliant with Federal Information Processing Standard (FIPS) Publication 140-2 (FIPS PUB 140-2).

RESPONSE TO THE CHILD SUPPORT AGENCY REQUEST FOR CHANGE OF SUPPORT PAYMENT LOCATION PURSUANT TO UIFSA § 319

If you are not the intended recipient, you are hereby notified that any use, disclosure, distribution, or copying of this form or its contents is strictly prohibited.

File Stamp

To: (Agency Name and Address)

Order-Issuing Locator Code: _____ State _____

Order-Issuing Case Identifier: _____

Order-Issuing Tribunal Number: _____

From: (Agency Name and Address)

Requesting Locator Code: _____ State _____

Requesting IV-D Case Identifier: _____

NOTE:

[ ] Nondisclosure Finding/Affidavit attached

[ ] This form sent through EDE

The following facts exist to permit this request under UIFSA § 319(b):

- The obligee receives IV-D services from the requesting agency;
- A tribunal in the requested state issued the support order; and
- Neither the obligor, the individual obligee, nor the child(ren) reside in the order-issuing state.

Section I. Response:

The state IV-D agency in the order-issuing state:

1. [ ] Provides a copy of the tribunal order or administrative notice changing the payment location of the support order to the requesting agency's state disbursement unit.
2. [ ] Provides a copy of the conforming income withholding order or administrative notice reflecting the redirected payments:
   [ ] Attached income withholding order or administrative notice was sent to the following known employer:
   _____
   [ ] Employer is unknown.
3. [ ] Provides a certified arrears calculation (if available) or payment record as of the date of the redirection order or notice.
4. [ ] The limited grounds for UIFSA § 319(b) are not met. (See information provided in section II.)
5. [ ] Other (Explain in section II.)

Section II. Other Pertinent Information:

[ ] Additional case information attached

Section III. Contact Information:

_____ Date

_____ Contact person (first, middle, last, suffix)

_____ Direct telephone number and extension

Fax: ( ) _____

E-mail: _____

Encryption Requirements:

When communicating this form through electronic transmission, precautions must be taken to ensure the security of the data. Child support agencies are encouraged to use the electronic applications provided by the federal Office of Child Support Enforcement. Other electronic means, such as encrypted attachments to e-mails may be used if the encryption method is compliant with Federal Information Processing Standard (FIPS) Publication 140-2 (FIPS PUB 140-2).

INSTRUCTIONS FOR THE CHILD SUPPORT AGENCY REQUEST FOR CHANGE OF SUPPORT PAYMENT LOCATION PURSUANT TO UIFSA § 319 AND RESPONSE

PURPOSE OF THE FORM:

This form may be used by a IV-D agency, which is providing services to an obligee, to make a request to the state that issued the support order to change the payment location of the order. UIFSA section 319(b) authorizes the request only under limited circumstances, detailed on the form and in these instructions. This form may also be used by a IV-D agency responding to a request under section 319(b) of UIFSA.

The information on this form may be filed with a tribunal and may be disclosed to the parties in the case, unless accompanied by a nondisclosure finding/affidavit.

If you are not the intended recipient, you are hereby notified that any use, disclosure, distribution, or copying of this form or its contents is strictly prohibited.

A CSE Transmittal #1 does not need to be submitted with this form.

The Child Support Agency Confidential Information Form must be attached. For purposes of this action, the order-issuing state will need the state of residence of the obligor, the obligee, and the child. Employer-related information is also on the Child Support Agency Confidential Information form.

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

For an address outside the United States, be sure to include the foreign country and postal code.

HEADING/CAPTION:

- The requesting state determines and completes the headings for both the **Child Support Agency Request for Change of Support Payment Location Pursuant to UIFSA § 319 form** and the **Response** page.
- In the space marked "To:", list the name and address (street, PO Box, city, state, and zip code) of the agency to which you are sending the request for change of support payment location pursuant to section 319(b) of UIFSA.
- In the appropriate spaces enter the order-issuing state's case identifier and tribunal number. The case may be IV-D or non-IV-D in the order-issuing state.

The order-issuing state is the state that issued the order and is responding to a request of the requesting state. Under "case identifier," enter the number/identifier identical to the one submitted on the Federal Case Registry, which is a left-justified up to 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 issuing tribunal has assigned to the case.

- In the space marked "From:", list your agency's name and address (street, PO Box, city, state, and zip code).
- In the appropriate spaces, enter the requesting state's locator code, state, and IV-D case identifier.

The requesting state is the state that is requesting assistance from the order-issuing state. Under "IV-D case identifier," enter the number/identifier identical to the one submitted on the Federal Case Registry, which is a left-justified up to 15-character alphanumeric field, allowing all characters except asterisk and backslash, and with all characters in uppercase.

- In the space marked "Send Payments To:", list the name and address (street, PO Box, city, state, and zip code) of your agency's state disbursement unit (SDU) if it is not the same information as listed in "To:" above.
- In the appropriate spaces, enter the SDU locator code and state where payments should be sent. Provide the requesting agency's remittance identifier as needed, to be included on the order-issuing state's conforming income withholding order or administrative notice of change of payee.

In the "**NOTE:**" section, check any of the following that apply**:**

- **Nondisclosure Finding/Affidavit attached -** If there is a finding prohibiting disclosure of a party's or child(ren)'s address/identifying information or an affidavit alleging that disclosure of such information would result in risk of harm, check the box for "Nondisclosure Finding/Affidavit attached" and attach a copy of the finding/affidavit in accordance with section 312 of UIFSA. If there is a finding/affidavit prohibiting disclosure, the information must be sealed and may not be disclosed to the other party or the public. You may provide the address of the IV-D agency as a substitute address for the protected party.

UIFSA requires that the petition or accompanying documents include certain identifying information regarding the parties and child(ren) (e.g., residential address, social security number) unless a party alleges in an affidavit or a pleading under oath that the health, safety, or liberty of a party or child would be jeopardized by disclosure of such information. In that event, the information must be sealed.

If a jurisdiction has reason to believe that information should not be released because of safety concerns, it should ensure that there is a nondisclosure finding or an allegation in an affidavit or the pleading that disclosure of identifying information would result in a risk of harm, as provided under section 312 of UIFSA. In addition to identifying information included on this form, it may be appropriate to submit certain financial information under seal.

- **This form sent through EDE** – Check if this form was sent through the Electronic Document Exchange (EDE).

The following options are available for making IV-D requests and sending information on IV-D cases:

1. *CSENet transactions are the recommended method for making requests or sending information to another state. If CSENet is not listed as an option on the form, then it cannot be used to convey any of the requests for information or IV-D requests provided on the form. Supporting documentation should be sent through EDE, whenever possible. If certified copies are needed, hard copies should also be sent by mail. Mail or fax may also be used for all documents when EDE is not available.*
2. *If CSENet transactions are not available in your state, EDE is the next preferred method for transmitting your request or information. Both your state and the receiving state must be using the EDE application to use this communication method.*
3. *If the EDE application is not available in your state or the receiving state, then mail or fax must be used to communicate your request.*

Section 1. Action:

The following facts exist for this request:

- *The obligee receives IV-D services from the requesting agency;*
- *A tribunal in the requested state issued the support order; and*
- *Neither the obligor, the individual obligee, nor the child(ren) reside in the order-issuing state.*

NOTE: The requesting agency should contact the order-issuing state and check federal resources (e.g., QUICK, the Federal Case Registry) prior to sending this form to ensure the limited grounds for UIFSA section 319(b) are met.

Pursuant to section 319(b) of UIFSA, the requesting agency asks that the support enforcement agency or tribunal in the order-issuing state change the payment location of its order to the requesting state's state disbursement unit (SDU); and issue and send to the obligor's employer either a conforming income withholding order or an administrative notice of change of payee, reflecting the redirected payments. The order-issuing state's laws will determine the appropriate authority and procedure. The requesting agency also requests a copy of the tribunal order or administrative notice redirecting the support payments to the SDU in the requesting state, and a copy of the conforming income withholding order or administrative notice of change of payee.

- Check if the requesting agency seeks a certified arrears calculation (if available) or a payment record at the same time the order-issuing state agency returns a copy of the tribunal order or administrative notice redirecting the support payments and the conforming income withholding order or administrative notice of change of payee. If you are requesting an arrears calculation from the order-issuing state, you need to provide documentation of any payment that the custodial party received that did not go through the order-issuing state's SDU.

Section II. Case Summary:

The requesting IV-D agency must provide the following information about the order (if known):

- Date of Support Order
- State and County Issuing Order
- Tribunal Number
- Support Amount/Frequency

Check if a copy of the existing support order is attached. Attaching a copy may expedite the request where the case is non-IV-D in the order-issuing state.

Section III. Obligee Information:

This section provides basic information about the obligee, to whom the requesting agency is providing IV-D services. Check the appropriate box to indicate if the obligee is the parent or caretaker. Provide the obligee's full legal name (first, middle, last, suffix). If the obligee is the caretaker, indicate the caretaker's relationship to the child(ren) (e.g., grandmother, cousin). Check "Has legal custody/guardianship of child(ren)" if the caretaker has legal custody/guardianship of the child(ren). This information is necessary to assist the order-issuing state's agency identify the order for which the requesting IV-D agency seeks a change of payment location.

Section IV. Obligor Information:

This section provides basic information about the obligor. Provide the obligor's full legal name (first, middle, last, suffix). This information is necessary to assist the order-issuing state's agency in identifying the order for which the requesting IV-D agency seeks a change of payment location.

Section V. Dependent Child(ren) Information:

List all children for whom the obligor owes support under the order for which the requesting IV-D agency seeks a change of payment location. For each child, provide the child's full legal name (first, middle, last, suffix).

Section VI. Other Pertinent Information:

In this section provide any additional information that may be useful to the order-issuing state agency or tribunal. If the information is related to a previous section, identify the section and item number. If additional space is needed, check "Additional case information attached."

Section VII. Contact Information:

At the bottom of the form, provide a specific contact person's name, a direct telephone number (including extension if necessary), a fax number, and an e-mail address to expedite communication between jurisdictions.

RESPONSE TO THE CHILD SUPPORT AGENCY REQUEST FOR CHANGE OF SUPPORT PAYMENT LOCATION PURSUANT TO UIFSA § 319:

The requesting state agency should always include the "Response" page with the Child Support Agency Request for Change of Support Payment Location Pursuant to UIFSA § 319 form and complete the header information. The order-issuing state agency completes sections I through III of the Response form and returns it to the requesting state agency.

Section I. Response:

The state IV-D agency in the order-issuing state should select the appropriate response(s) below. If the request cannot be processed, provide an explanation in section II Other Pertinent Information.

- Check **item 1** "Provides a copy of the tribunal order or administrative notice changing the payment location of the support order to the requesting agency's state disbursement unit" if it is providing a copy of the tribunal order or administrative notice to change the payment location of its support order to the requesting agency's state disbursement unit.
- Check **item 2** "Provides a copy of the conforming income withholding order or administrative notice reflecting the redirected payments" if it is providing a copy of the conforming income withholding order or administrative notice reflecting the redirected payments. Identify the employer to which the conforming income withholding order or administrative notice was sent. If the employer is not known, check the box "Employer is unknown."
- Check **item 3** "Provides a certified arrears calculation (if available) or payment record as of the date of the redirection order/notice" if it is providing a certified arrears calculation or a payment record as of the date of the redirection order or notice.
- Check **item 4** "The limited grounds for UIFSA § 319(b) are not met" if the grounds for UIFSA section 319(b) are not met. Provide the specific reason in section II Other Pertinent Information.
- Check **item 5** "Other" to provide a different response than those listed above and explain in section II Other Pertinent Information.

Section II. Other Pertinent Information:

If there are other attachments not listed above, identify them in this section. If the request cannot be processed, provide an explanation. If additional space is needed, check "Additional case information attached."

Section III. Contact Information:

At the bottom of the form, provide a specific contact person's name, a direct telephone number (including extension if necessary), a fax number, and an e-mail address to expedite communication between jurisdictions.

Encryption Requirements:

When communicating this form through electronic transmission, precautions must be taken to ensure the security of the data. Child support agencies are encouraged to use the electronic applications provided by the federal Office of Child Support Enforcement. Other electronic means, such as encrypted attachments to e-mails may be used if the encryption method is compliant with Federal Information Processing Standard (FIPS) Publication 140-2 (FIPS PUB 140-2).

THE PAPERWORK REDUCTION ACT OF 1995

Public reporting burden for this collection of information is estimated to average 0.05 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information.

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.