CHILD SUPPORT ENFORCEMENT TRANSMITTAL #2 – SUBSEQUENT ACTIONS

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.

File Stamp

[ ] **Child Support Agency Confidential Information Form Attached**

Petitioner: Legal Name (first, middle, last, suffix)

Tribal Affiliation (if applicable)

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

Respondent: Legal Name (first, middle, last, suffix)

Tribal Affiliation (if applicable)

To: (Agency Name and Address)

Responding Locator Code: _____ State _____
Responding IV-D Case Identifier: _____
Responding Tribunal Number: _____

From: (Agency Name and Address)

Initiating Locator Code: _____ State _____
Initiating IV-D Case Identifier: _____
Initiating Tribunal Number: _____

Payment Locator Code: _____ State _____

NOTE:

[ ] **Nondisclosure Finding/Affidavit attached**

[ ] **This form sent through EDE**

[ ] **This request or information sent through CSENet**

Section I. Case Processing Actions: (Provide additional information in section III or as an attachment as appropriate.)

Providing:

1. [ ] Status update
2. [ ] Notice of hearing
3. [ ] Notice of case forwarding
4. [ ] Document filed
5. [ ] Order issued
6. [ ] Arrears calculation (month by month)
7. [ ] Payment history (provide details under section III)
8. [ ] Arrears balance and/or accrued interest (affidavit of arrears)
9. [ ] Notice of health care coverage change (see section III or attachment)
10. [ ] Notice of case receiving tax refund offset from federal collection and enforcement program
11. [ ] Nondisclosure finding/affidavit
12. [ ] Other

Requesting:

13. [ ] Status update
14. [ ] Arrears balance and/or accrued Interest (affidavit of arrears)
15. [ ] Payment history
16. [ ] Arrears calculation (month by month)
17. [ ] Administrative review for contested debt certification in the federal collection and enforcement program
18. [ ] Other (List and describe in section III.)

Please return the requested information.

Section II. Intergovernmental Closure Actions:

From Initiating Agency:

1. [ ] The initiating agency has closed its IV-D intergovernmental case because _____
_____
_____
_____
_____
_____. Proceed with closure of your responding IV-D intergovernmental case.
2. [ ] Close the responding agency's IV-D intergovernmental case and stop income withholding, if applicable. We are keeping our IV-D case open and your agency's intergovernmental services are no longer needed.

From Responding Agency:

3. [ ] The responding agency has closed its IV-D intergovernmental case at your request.
4. [ ] The responding agency intends to close its IV-D intergovernmental case on _____ (mm/dd/yyyy) because your agency failed to provide_____
_____
_____
_____.
5. [ ] The responding agency has closed its IV-D intergovernmental case because your agency failed to respond to the 60-day notice dated _____ (mm/dd/yyyy).

Section III. Other Pertinent 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
CHILD SUPPORT ENFORCEMENT TRANSMITTAL #2 - SUBSEQUENT ACTIONS

PURPOSE OF THE FORM:

Either the initiating or responding IV-D agency may use this transmittal form to request or provide additional information or services in previously-referred IV-D intergovernmental cases. **Do not use the CSE Transmittal #2 for making initial referrals**. Send the CSE Transmittal #2 to the local entity working the case, unless directed otherwise by the state's central registry or the local entity working the case is unknown. Also, when an obligor has contested debt certification in the federal collection and enforcement program and requested an administrative review in the order-issuing state, the submitting state that has an intergovernmental case with the order-issuing state should use this form to ask the order-issuing state to provide the arrears balance and explain in section III. To request administrative review in an order-issuing state where there is no open intergovernmental case, use CSE Transmittal #3.

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.

Tribal IV-D programs may choose to use the federal Intergovernmental forms. However, they are not required to use or accept such forms. If you have any questions, contact the tribal IV-D agency directly using the contact information on the OCSE website.

If this is a tribal IV-D case, note that tribal locator codes uniquely identify tribal cases with "9" in the first position, 0 (zero) in the second position, and then a 3-character tribal code defined by the Bureau of Indian Affairs (BIA).

HEADING/CAPTION:

- Check if a Child Support Agency Confidential Information Form is attached.
- Identify the **petitioner** and **respondent** by full legal name (first, middle, last, suffix), and, if applicable, include the name of the tribe with which the petitioner or respondent is affiliated.
- Check the appropriate box to identify the type of IV-D case: TANF, IV-E foster care, Medicaid only, former assistance, or never assistance.

TANF means the obligee's family is currently receiving IV-A cash payments. A Medicaid only case is a case in which the obligee's family receives Medicaid but does not receive TANF. A former assistance case might be a case for state arrears only or for a family that previously received TANF, but is not doing so at this time.

- 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 CSE Transmittal #2.
- In the appropriate spaces, enter the responding jurisdiction's locator code, state, IV-D case identifier, and, if applicable, tribunal number.

The responding jurisdiction is the jurisdiction that is working the case at the request of the initiating jurisdiction. 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. Under "tribunal number", you may enter the docket number, cause number, or any other appropriate reference number that the responding tribunal may use to identify the case, if known.

- In the space marked "From:", list the name and address (street, PO Box, city, state, and zip code) of the agency that is sending the CSE Transmittal #2.
- In the appropriate spaces, enter the initiating jurisdiction's locator code, state, IV-D case identifier, and, if applicable, tribunal number.

The initiating jurisdiction is the jurisdiction that referred the case to the responding jurisdiction for services. 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. Under "tribunal number", you may enter the docket number, cause number, or any other appropriate reference number that the initiating tribunal has assigned to the case.

- Enter the payment locator code and state to which payments should be sent.

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 or 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).
- **This request or information sent through CSENet** – Check if this request or information was sent through CSENet.

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 I. Case Processing Actions:

Check the appropriate box(es) to indicate what information is being provided or which actions are requested. Multiple boxes may be checked, as appropriate. Additional information is provide in section III or as an attachment as appropriate.

Providing:

- Check **item 1** "Status update" if you are providing an update of the case status. Provide the update in section III.
- Check **item 2** "Notice of hearing" if you are providing notice of an upcoming hearing. Provide the date, time, and other relevant information in section III.
- Check **item 3** "Notice of case forwarding" if you are providing notice that you have forwarded a case to the appropriate jurisdiction. Explain in section III.
- Check **item 4** "Document filed" if you are providing notice that a document has been filed. Explain in section III.
- Check **item 5** "Order issued" if you are providing a copy of the order issued in the case.
- Check **item 6** "Arrears calculation" if you are providing a month-by-month accounting of payments due and payments made.
- Check **item 7** "Payment history" if you are providing a history of payments received through the state disbursement unit (SDU). Provide details in section III.
- Check **item 8** "Arrears balance and/or accrued interest" if you are providing the total amount of arrears under the order and/or the interest that has accrued on the arrears. This is also known as an affidavit of arrears.

- Check **item 9** “Notice of health care coverage change” if you are providing notice that the health care coverage has changed. In section III, as appropriate, provide the health care provider’s name, address, telephone number, policy and ID number, effective date, the name of the party providing coverage, and the name(s) of the child(ren) covered.
- Check **item 10** “Notice of case receiving tax refund offset from federal collection and enforcement program” if you are providing notice that the case is receiving a tax refund offset from a federal collection and enforcement program. If checked, the initiating and responding agencies need to take appropriate measures to safeguard the information.
- Check **item 11** “Nondisclosure finding/affidavit” if you are providing a nondisclosure finding/affidavit that was not sent with the original referral (CSE Transmittal #1).
- Check **item 12 “**Other” if you are providing information other than the types listed. For example, this could include changes in contact details or an affidavit of direct payment amounts received. Describe the information in section III.

Requesting:

- Check **item 13** “Status update” if you are requesting an update of the case status.
- Check **item 14** “Arrears balance and/or accrued interest” if you are requesting an affidavit stating the total amount of arrears under the order and/or the interest that has accrued on the arrears.
- Check **item 15** “Payment history” if you are requesting a history of payments received through the state disbursement unit (SDU).
- Check **item 16** “Arrears calculation” if you are requesting a month-by-month accounting of payments due and payments made.
- Check **item 17** “Administrative review for contested debt certification in the federal collection and enforcement program” if you are requesting an administrative review for a contested debt certification in the federal collection and enforcement program. When you are the submitting state and have an intergovernmental case with the order-issuing state, and the obligor contests the submittal for offset and requests an administrative review in the order-issuing state, you should use this form to ask the order-issuing state to provide the arrears balance. Explain in section III.
- Check **item 18** “Other” for an action that is not listed and describe the action requested in section III.

Section II. Intergovernmental Closure Actions:

From Initiating Agency:

- Check **item 1** “The initiating agency has closed its IV-D intergovernmental case because _____.” to inform the responding agency you have closed the case. List the reason for the closure in the space provided. See 45 CFR 303.11(b) for a list of case closure criteria. The responding agency must close its intergovernmental case.
- Check **item 2** “Close the responding agency’s IV-D intergovernmental case and stop income withholding, if applicable. We are keeping our IV-D case open and your agency’s intergovernmental services are no longer needed.” if you want the responding agency to close its IV-D intergovernmental case and stop income withholding. Provide further instructions in section III.

From Responding Agency:

- Check **item 3** “The responding agency has closed its IV-D intergovernmental case at your request.” when the responding agency has closed its IV-D intergovernmental case upon notice from the initiating agency of the initiating state’s IV-D case closure or upon the initiating agency’s request.
- Check **item 4** “The responding agency intends to close its IV-D intergovernmental case on (mm/dd/yyyy) because your agency failed to provide _____.” if the initiating agency failed to provide requested information necessary to process the case. Since this is a 60-day notice, as required by federal regulations, the date you list must be at least 60 days in the future. Use the available space to identify the requested information or document(s) that the initiating agency failed to provide.
- Check **item 5** “The responding agency has closed its IV-D intergovernmental case because your agency failed to respond to the 60-day notice dated (mm/dd/yyyy).” if the initiating agency failed to respond to the 60-day notice. Provide the date the 60-day notice was sent; it must be at least 60 days in the past.

Section III. Other Pertinent Information:

In this section provide additional information that may be useful. If the information is related to a previous section, identify the section number and item number.

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 0.08 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.