



OFFICE OF  
**CHILD SUPPORT ENFORCEMENT**  
 Administration for Children & Families

**STATE REFERRAL: FEDERAL CRIMINAL PROSECUTION  
 FOR NON-SUPPORT (18 U.S.C. §228)**

**Project Save Our Children**

State of \* \_\_\_\_\_ County of \_\_\_\_\_  
 IV-D Case Number \* \_\_\_\_\_

<b>For OCSE PSOC Use</b> Date Case Received (mm/dd/yyyy)
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PSOC Case Number

**SECTION 1 – PAYER INFORMATION**

Name of Payer* Last First Middle		Social Security Number*	Date of Birth* (mm/dd/yyyy)
			Place of Birth
Last Known Address (Street Name and Number)			Telephone Number(s)
City	State & Zip Code		Was the address verified? If so, when (mm/dd/yyyy)
Employer Name	Employer Address		Telephone Number
Wage and Income History*	Date Verified* (mm/dd/yyyy)		Source of Verification*
Occupation	Professional License		Auto & Driver's License / State Issued
Alias	Does the Payer have any current warrants? If yes, please indicate type and where issued.		
Brief Physical Description (Race, sex, height, weight, eyes, hair color, tattoo etc.)			

**SECTION 2 – ORDER INFORMATION**

Date Order was Entered*	Amount Ordered
When Was the Last Payment?	Arrearage*      Arrears from Date (mm/dd/yyyy)      Arrears to Date (mm/dd/yyyy)
<b>ATTACH PAYMENT HISTORY &amp; ORDER</b> Attach any locate or additional information that would assist in processing the case.	

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**SECTION 3 – REFERRAL INFORMATION\*** (This section must be filled out completely.)

State	County	Name of Referring Agency	Referral Date (mm/dd/yyyy)
State Contact Person		Direct Phone Number	FAX
Address of Referring Agency (Street Name and Number)			Email Address
City	State	Zip Code	

**SECTION 4 – CUSTODIAL PARTY INFORMATION**

Name of Custodial Party* Last	First	Middle	Social Security Number*	Date of Birth* (mm/dd/yyyy)	Place of Birth
Street Name and Number*					
City*		State*		Zip Code*	
Home Phone Number		Business Phone Number		Spouse's Phone Number	
Does custodial party have any restraining/protective orders against payer? <input type="checkbox"/> No <input type="checkbox"/> Yes					
Has this party signed a non-disclosure form? <input type="checkbox"/> No <input type="checkbox"/> Yes					

**SECTION 5 – CHILD INFORMATION**

Name of Child * Last	First	Date of Birth* (mm/dd/yyyy)	Place of Birth	State of Residency
Name of Child * Last	First	Date of Birth* (mm/dd/yyyy)	Place of Birth	State of Residency
Name of Child * Last	First	Date of Birth* (mm/dd/yyyy)	Place of Birth	State of Residency

**SECTION 6 – PROSECUTOR REVIEW\*** (This section must be filled out completely.)

Has this case been reviewed by a prosecutor for possible state criminal charges? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, by whom? (List prosecutor's or assistant's name and phone number.)
If yes, what was the outcome of the review? (criminal warrant, case did not meet an element of state law, etc.)	

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**SECTION 7 – OTHER ELEMENTS**

List enforcement efforts to date showing which other remedies have been attempted. What systems were used and dates? \*

Describe 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.

**Please attach a separate sheet outlining this information, if available. (Indicators or history of willful non-payment, ability to make full or partial payment, obligor’s knowledge of obligation or other circumstances.)**

**SECTION 8 – REFERRAL\* (This section must be filled out completely.)**

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.

By \_\_\_\_\_ Date \_\_\_\_\_ (mm/dd/yyyy)

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

Mail the referral via **secured mail service** (such as FedEx) to the following:

**Lynnetta Thompson, OCSE PSOC Locate Coordinator  
Office of Child Support Enforcement  
330 C Street, SW,  
5th Floor  
Washington, DC 20201**

Or

**Fax: (202) 401-5553**

Please be sure to provide a return fax number in your referral form.

Or

**Using an encrypted email function, email to [PSOC@acf.hhs.gov](mailto:PSOC@acf.hhs.gov).**

**DO NOT include Instructions**

**\* MANDATORY – SECTION MUST BE COMPLETED**

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**Instructions**

Before referring a case for federal criminal prosecution for non-support, the IV-D agency must:

- Determine that the case meets the statutory criteria for federal prosecution under 18 U.S.C. §228, including that the referral is part of an investigation for an interstate child support case.
- Exhaust all available and reasonable alternative enforcement remedies.

Upon receipt of the referral, the OCSE PSOC Coordinator will log the referral, issue a notice of receipt to the referring agency and immediately forward it to the appropriate Office of Inspector General (OIG) regional office for investigation and pursuit of prosecution. The referring state will receive updates from the OCSE PSOC Coordinator as they are received from the OIG and/or the US Attorney. In some instances, the OIG and/or the US Attorney will contact the referring state agency directly for additional information or to provide status and case disposition.

This template and instructions will assist you in filling out the PSOC referral quickly and easily. You may still choose to print this form and handwrite the referral if you wish. If you handwrite, please print legibly.

This referral is in a template form. Please refrain from altering the form. The areas marked with an asterisk (\*) are required fields.

**TOP SECTION – STATE REFERRAL FOR FEDERAL CRIMINAL PROSECUTION FOR NON-SUPPORT**

State:\* Enter the abbreviation for the state that is submitting the referral.  
County: If the referral originated from a county, enter the name of the county.  
IV-D Case Number:\* Enter the state IV-D case number.

**SECTION 1 – PAYER INFORMATION**

Name of Payer:\* Enter the last name, enter the first name, then enter the middle initial.  
Social Security Number:\* Enter the SSN in the format of 000-00-0000.  
Date of Birth:\* Enter the month, day and year in MM/DD/YYYY format.  
(Example: March 14, 1957 should be 03/14/1957.)  
Place of Birth: Enter the name of the city and state where the payer was born, if known.  
Last Known Address: Enter the last known address for the payer. Enter the street address and apartment number.  
Telephone Number: Enter the last known telephone number of the payer. Format 000-000-0000.  
City: Enter the last known city of residence.  
State and Zip Code: Enter the state's abbreviation and zip code of the last known address of the payer.  
Was the address verified? If address was verified through mail coverings, post office verifications, etc., enter the verification date. Format MM/DD/YYYY.  
Employer Name: Enter the payer's last known employer or company name.  
Employer Address: Enter the employer's address to include city, state and zip code, if known.  
Telephone Number: Enter the employer's telephone number, if known.  
Wage/Income History:\* Enter income/wage history (verified).  
Date Verified:\* Enter the date annual wage information was verified.  
Source of Verification \* Enter the source(s) of verification.  
Occupation: Enter the payer occupation (e.g., construction, sales.)

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Professional License: Enter the type of license that the payer may have such as doctor, nurse, contractor, etc.

Auto & Driver's License/State: Enter the driver's license information of the payer if known. (If only the state is known, please enter it.)

Alias: Enter the aliases that the payer may have used or is currently using.

Does the Payer have any current warrants? Enter the type of warrant and the state or jurisdiction that issued the warrant, if known.

Physical Description: Describe the payer (race, sex, height, weight, eyes, hair color, tattoo etc)

**SECTION 2 – ORDER INFORMATION**

Date Order was Entered: Enter the date the order was issued. Format MM/DD/YYYY.

Amount Ordered: Enter the amount that was ordered. You just need to enter the numbers and cents (Format 0000.00). This field will automatically show it in common currency amounts.

Arrearage: Enter the amount that the payer is in arrears.

Arrears from Date: Enter the date that the arrears started from. Format MM/DD/YYYY.

Arrears to Date: Enter the date that the arrears were last certified. Format MM/DD/YYYY.

When was the Last Payment?: Enter the date of the last payment received from the payer. Format MM/DD/YYYY.

Payment History & Order: These documents must be attached to the referral.

**SECTION 3 – REFERRAL INFORMATION\* (This section must be filled out completely.)**

State / County: Enter the abbreviation for the state that is submitting the referral. If the referral originated from a county, enter the name of the county.

Name of Referring Agency: Enter the name of the referring agency. (e.g., state CSE, AUSA, OIG)

Referral Date: Date that the referral is sent to PSOC Coordinator.

State Contact Person: Enter the name of a person that can be contacted if the coordinator has questions concerning the referral.

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

FAX: Enter the fax number for the contact person.

Address of Referring Agency: Enter the mailing street address of the contact person that will receive the case after the case has been processed.

Email address: Enter the contact person's email address.

City: Enter the city of the contact person.

State: Enter the state of the contact person.

Zip Code: Enter the mailing zip code of the contact person.

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**SECTION 4 – CUSTODIAL INFORMATION**

Name of Custodial Party: *	Enter last name, first name and middle initial of the custodial party.
Social Security Number:*	Enter the SSN of the custodial party. Format 000-00-0000.
Date of Birth: *	Enter the date of birth for the custodial party. Format MM/DD/YYYY.
Place of Birth:	(Not required.) Enter the place of birth (city/state) for the custodial party if known.
Street Name and Number:*	Enter the street number and name of the mailing address of the custodial party
City:*	Enter the city where the custodial party resides.
State:*	Enter the state abbreviation of where the custodial party resides.
Zip Code:*	Enter the mailing zip code of the custodial party.
Home Phone Number:	Enter the home phone number of the custodial party.
Business Phone Number:	Enter the business phone number of the custodial party if it applies.
Spouse's Phone Number:	Enter a phone number that can be used to reach the spouse of the custodial party if it applies.
Does custodial party have any restraining orders against the payer? *	Check the appropriate box with an "X" if there are any orders of protection against the payer for the custodial party.
Has this party signed a non-disclosure form?	Check the appropriate box with an "X."

**SECTION 5 – CHILD INFORMATION**

Name of Child: *	Enter the name of the child starting with the last name first then the first name.
Date of Birth: *	Enter the birth date of the child. Format MM/DD/YYYY.
Place of Birth:	Enter the city and state the child was born in.
State of Residency:	Enter the state where the child has residency.

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 children in the space provided in Section VII.

**SECTION 6 – PROSECUTOR REVIEW \* (This section must be filled out completely.)**

Has this case been reviewed by a prosecutor for possible state criminal charges?	Check the appropriate box with a "X" if a state or federal prosecutor has reviewed the case
If yes, by whom?:	Enter the name of the prosecutor that reviewed the case with the jurisdiction where that prosecutor has jurisdiction. (Example: John Doe, Fulton County DA's Office).
If yes, what was the outcome?	If a prosecutor has looked at the case and indicated that the case could not be prosecuted at the state level or the federal level, please describe the reason here.

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**SECTION 7 – OTHER ELEMENTS**

This section is used to summarize the efforts of the local/state CSE agency. The referring agency must describe the enforcement efforts against payer. It also requires a description of 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.

This section can also be used to add additional information that was not requested previously but the referral source wants to bring to the attention of the analyst.

**SECTION 8 – REFERRAL\* (This section must be filled out completely.)**

**SIGNATURE OF AUTHORIZED OFFICIAL**

This section certifies that the case is referred for the limited purpose of investigation and prosecution under the federal criminal nonsupport statute. In this section, the agency certifies that the prerequisites set forth above have been met before the case is referred.

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

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Office of Child Support Enforcement  
330 C Street, SW,  
5th Floor  
Washington, DC 20201**

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