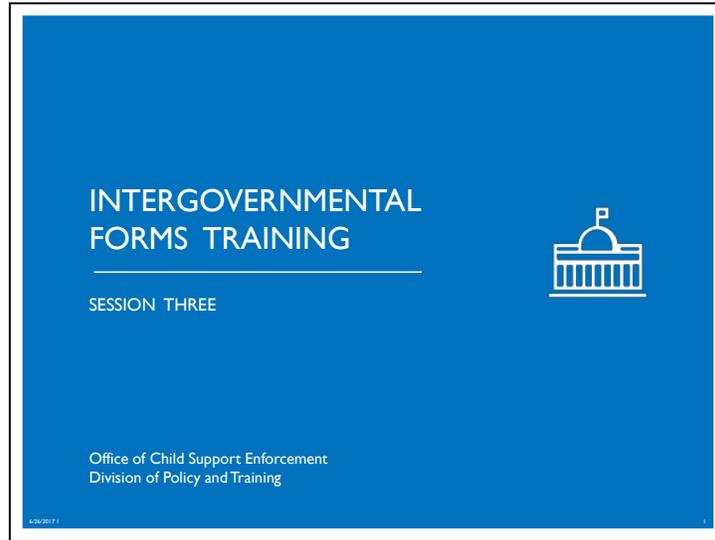


Slide 1



Notes:

Welcome to the intergovernmental forms training.

AGENDA FOR THE FOUR-PART INTERGOVERNMENTAL TRAINING COURSE:

- Session 1:
 - Objective
 - Background
 - General Changes
 - Child Support Agency Confidential Information Form
 - Personal Information Form For UIFSA § 311
 - Transmittal #1
 - Transmittal #1 Acknowledgment
- Session 2:
 - Transmittal #2
 - Transmittal #3
 - Letter of Transmittal Requesting Registration
 - Uniform Support Petition



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Notes:

This is the federal Office of Child Support Enforcement’s third training session on the new intergovernmental forms. Let’s review what we have covered so far:

On March 28, 2017, we covered:

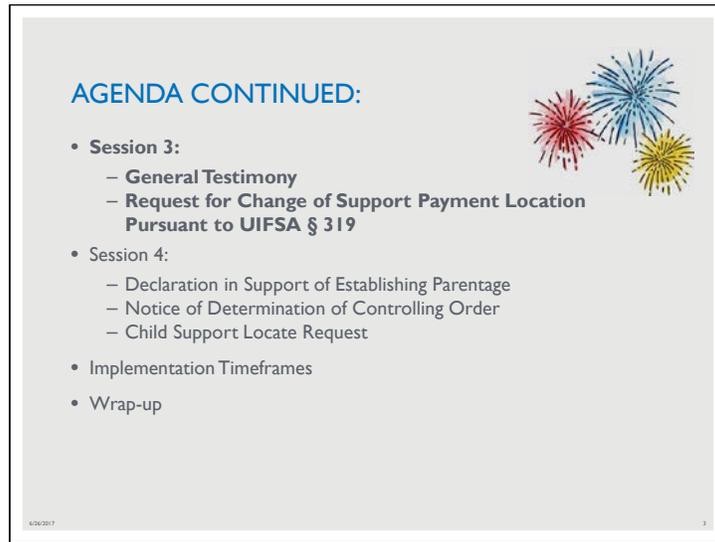
- The objective of the training course;
- Background;
- The general changes that were made across forms; and
- The first four individual forms:
 - Child Support Agency Confidential Information Form;
 - Personal Information Form For UIFSA § 311;
 - Transmittal #1 – Initial Request; and
 - Transmittal #1 – Initial Request Acknowledgment.

We also covered Implementation Timeframes.

Please note, “UIFSA” stands for the Uniform Interstate Family Support Act.

On April 25, 2017, we covered the following forms:

- Transmittal #2 – Subsequent Actions;
- Transmittal #3 – Request for Assistance/Discovery;
- Letter of Transmittal Requesting Registration; and
- Uniform Support Petition.



AGENDA CONTINUED:

- **Session 3:**
 - **General Testimony**
 - **Request for Change of Support Payment Location Pursuant to UIFSA § 319**
- **Session 4:**
 - Declaration in Support of Establishing Parentage
 - Notice of Determination of Controlling Order
 - Child Support Locate Request
- Implementation Timeframes
- Wrap-up

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Notes:

Today for Session 3 we will cover two additional forms:

- General Testimony; and
- Request for Change of Support Payment Location Pursuant to UIFSA §319.

In Session 4, on June 27, 2017, we will cover the rest of the individual forms:

- Declaration in Support of Establishing Parentage;
- Notice of Determination of Controlling Order; and
- Child Support Locate Request.

The training will also discuss implementation timeframes and training wrap-up.

Slide 4



Notes:

Let's get started.

GENERAL TESTIMONY – SLIDE I

GENERAL TESTIMONY
(Instructions should be provided to the petitioner as part of the form.)
THIS FORM CONTAINS SENSITIVE INFORMATION – DO NOT FILE THIS FORM IN A PUBLIC ACCESS FILE

The information on this form may be filed with the petition or pleading, 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.

Personal Information Form for UIF SA § 311 must be attached. File Name: _____

Petitioner: Legal Name (first, middle, last, suffix) _____ **IV-D Case:** TANF
 Obligor Obligor F-E Foster Care
Tribal Affiliation (if applicable) _____ Medicaid Only
 Former Assistance
 Never Assistance

Respondent: Legal Name (first, middle, last, suffix) _____ **Non-IV-D Case:**

Obligor Obligor **Responding IV-D Case Identifier:** _____
Tribal Affiliation (if applicable) _____ **Responding Tribunal Number:** _____

NOTE: Nondisclosure Finding/Affidavit attached **Initiating IV-D Case Identifier:** _____
 This form sent through EDE **Initiating Tribunal Number:** _____

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Notes:

The General Testimony provides a framework for providing the detailed information and evidence necessary to support the action requested in the Uniform Support Petition and should be included with all requests to establish or modify support.

It may be used in child support agency IV-D, as well as non-IV-D, cases. Some sections of the form may not apply to all cases.

Before completing the form, carefully consider what information you should provide to the responding jurisdiction to ensure successful completion of the actions requested.

Note the use of “jurisdiction” rather than “state.” In general, the forms use the broader term “jurisdiction” to allow the forms to be used by nonstate agencies, such as tribes, foreign countries, and even private attorneys, where appropriate.

During the intergovernmental forms review process, OCSE and the National Intergovernmental Workgroup had lengthy discussions about what to include in and what to remove from the General Testimony. The goal was to provide the information that would be needed in the majority of cases and remove information that was rarely, if ever, needed. For unusual cases where information is required that is not on the form, you can provide extra information in Section IX or as an additional document.

While the General Testimony is used by the petitioner to provide detailed information to support the UIFSA petition, there will also be cases where a respondent living outside the forum state is permitted by the tribunal to provide testimony using this form.

Given the complexity and volume of information requested in the General Testimony, and the fact that the client is often the one filling out the form, OCSE added a note at the top of both the form and the General Testimony instructions directing that the state must provide the General Testimony

instructions to the petitioner. The revised form along with the instructions enable the user to provide all the complex information needed for a legal action.

The form heading “This form contains sensitive information – Do not file this form in a public access file” highlights the sensitive information contained in the form. Ultimately, state law and tribunal rules control how UIFSA forms will be filed with, and held by, the tribunal.

As noted in the heading, the information in the form will be filed in the responding tribunal with a pleading or petition and provided to the respondent unless a nondisclosure finding or affidavit is attached. If the nondisclosure claim is contested, the tribunal must decide, in accordance with UIFSA § 312, what, if any, information may be released to the respondent.

As we have discussed in previous training sessions, you must include the new Personal Information Form for UIFSA § 311 any time you send a General Testimony to another jurisdiction. These two forms serve different purposes but share some of the same data. The Personal Information Form for UIFSA § 311 must always accompany a General Testimony because it includes the information required under UIFSA § 311 in any action to establish a support order, determine parentage, or register and modify a child support order. As you may recall, you must also attach the other PII form, the Child Support Agency Confidential Information Form, if you are sending the General Testimony as part of an initial request, using the Transmittal #1, for a responding agency to open an intergovernmental case. The confidential information form contains all the PII that the responding agency needs to “build” the responding case on their system.

The General Testimony cannot be sent via Child Support Enforcement Network (CSENet), but is one of the documents that can be provided through the Electronic Data Exchange (EDE).

In the area where the names of the parties are listed, you will see we have used “petitioner” and “respondent.” The designation of petitioner or respondent is a state system or state pleading issue. The workgroup added checkboxes to the heading to indicate if the petitioner and respondent are the obligee or obligor and to align the General Testimony terminology with that on the Uniform Support Petition.

GENERAL TESTIMONY – SLIDE 2

I, _____, declare under penalty of perjury:

Legal name (first, middle, last, suffix)

I. Personal Information About Obligor: (obligor caretaker complete section I.E only) See section IX

A. Obligor parent information

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

2. Gender: Male Female Other _____

3. a. Occupation, trade, or profession: _____
 b. Highest level of education attained: _____

4. Current tax filing status: Single Head of household Married filing jointly Married filing separately
 Qualifying widow/widower with dependent children Unknown

B. Physical description of the obligor parent: (attach a recent photo if available.)

1. Race: _____ 2. Height: _____ 3. Weight: _____ 4. Hair color: _____

5. Eye color: _____

C. Is the obligor parent financially responsible for dependent children other than those of this action (listed in section IV)?
 Yes No Unknown (if yes, provide information below if known.)

1. a. Legal name (first, middle, last, suffix): _____ b. Year of birth: _____
 c. Relationship: _____ d. Living with: _____

D. Does the obligor parent have an order to pay support for any child listed in C above? Yes No Unknown (if yes, attach information below, if known, and attach a copy of the order and payment record/proof of payment, if available.)

1. a. Child(ren) name(s): _____
 b. Amount: _____ c. Frequency: _____
 d. State and county/tribe/country: _____ e. Tribunal number: _____

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Notes:

As we mentioned, much of the PII has been removed from the forms. The personal information that remains on the revised General Testimony might be needed by the tribunal during the course of the action.

We realize that, in many cases, states' systems will fill in much of the form. It is very important, then, to ensure that the petitioner completes the necessary sections and that you proofread the form before you provide it to the other state. These simple steps can avoid confusion and ensure that the responding tribunal has the necessary information to proceed.

With UIFSA 2008, an affidavit or a document incorporated by reference in a federally required form now requires the form be given under penalty of perjury instead of being duly sworn before a notary public. We will cover this in more detail at the end of the General Testimony.

Section I provides personal information about the obligor. Remember that the petitioner may be either the obligor or obligee.

Section I parts A through D asks questions about the obligor parent.

Part A addresses the obligor parent information, such as name, gender, and occupation. The information about tax filing status was added to provide the tribunal with information needed in determining the party's income.

Part B addresses the obligor's physical description, such as race, height, and weight. This is most often used by the process server to ensure the correct person is served.

Part C provides information regarding whether or not the obligee parent is responsible for dependents **other than** the child(ren) of this action. (The children of this action are listed in Section IV.) If that information is not known, check “unknown.”

Part D provides information regarding whether the obligee parent has an existing support order for the other dependent children listed in part C (not the children in the current action) and information about the order. Again, if that information is not known, check “unknown.” This section requests you provide a copy of the order. We understand that the petitioner may be the obligor and may have a difficult time obtaining a copy of an order to which they are not a party. The IV-D agency may need to assist in obtaining the order.

In both parts C and D, there is room on the form to provide information for three children. We are only showing the first child on this slide; the same information is required for each child listed. If there are more than three children involved, provide information about the other dependents in section IX (Other Pertinent Information).

GENERAL TESTIMONY – SLIDE 3

I. Personal Information About Oblige (Continued):

E. Oblige Caretaker information: (Provide any relevant non-parent information, including financial information, in section IX.)

1. Caretaker legal name (first, middle, last, suffix): _____

2. Caretaker relationship to child is: _____ Has legal custody/guardianship of child

3. Date child(ren) began residing with caretaker: _____

II. Personal Information About Obligor: See section IX

A. Obligor information:

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

2. Gender: Male Female Other

3. a. Occupation, trade or profession: _____
 b. Highest level of education attained: _____

4. Current tax filing status: Single Head of household Married filing jointly Married filing separately
 Qualifying widow/widower with dependent children Unknown

B. Physical description of the obligor: (attach a recent photo if available.)

1. Race: _____ 2. Height: _____ 3. Weight: _____ 4. Hair color: _____

5. Eye color: _____

C. Is the obligor financially responsible for dependent children other than those of this action (listed in section IV)?
 Yes No Unknown (if yes, provide information below if known.)

1. a. Legal name (first, middle, last, suffix): _____ b. Year of birth: _____
 c. Relationship: _____ d. Living with: _____

... Space to enter 2 additional children

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Notes:

Continuing on, Section I part E provides information about the obligee caretaker (that is not a parent).

If the obligee caretaker is filling out the form, the caretaker may provide any other relevant information in Section IX Other Pertinent Information, such as out-of-pocket expenses the caretaker has incurred.

Section II contains personal information about the obligor. The obligor may be an individual who owes or is alleged to owe the child(ren) support or a person who is alleged, but has not been adjudicated, to be a parent of the child(ren). Section II parts A through D request the same information as Section I did for the obligee. Because a caretaker would never be an obligor, there is no space for caretaker information in Section II.

GENERAL TESTIMONY – SLIDE 4

II. Personal Information About Obligor (Continued):
 D. Does the obligor have an order to pay support for any child listed in C above? Yes No Unknown
 (If yes, fill out information below, if known, and attach a copy of the order and payment record/proof of payment, if available.)

1. a. Children name(s):	c. Frequency:
b. Amount: \$	d. State and county/tribe/country:
d. State and county/tribe/country:	e. Tribunal number:

... Space to enter 2 additional children

III. Legal Relationship of Parents of Children Listed in Section IV: See section IX

A. Never married to each other

B. Married on _____ in _____
(Date) (State and county/tribe/country)

C. Married by common law for the period _____ in _____
(Date) (State and county/tribe/country)

D. Legally separated on _____ in _____
(Date) (State and county/tribe/country)

E. Divorce pending in _____
(State and county/tribe/country)

F. Divorced on _____ in _____
(Date) (State and county/tribe/country)

G. Other _____

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Notes:

Part D at the top of this slide requests the same information as Section I did for the obligee.

Section III Legal Relationship of Parents of Children Listed in Section IV identifies the relationship between the parents of the dependent children for whom parentage or child support is at issue in this action. If more information is needed than will fit in the space provided, check “See Section IX” and enter the information in Section IX Other Pertinent Information.

The information in Section III is critical for the tribunal to take the appropriate action. It provides information the tribunal needs to ensure parentage has been, or will be, established. More than one checkbox may apply, so be sure to provide all applicable information.

This section is much the same as it was on the old version of the form. We removed the option for “separated” from the revised form, as it has no legal implications. Rather the option for “legally separated” is included on the form.

GENERAL TESTIMONY – SLIDE 5

IV. Dependent Child(ren) in This Action: See section IX

1. Legal name (first, middle, last, suffix):		2. Parentage established? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Child care expense per month \$ _____	4. Support order established? <input type="checkbox"/> Yes <input type="checkbox"/> No	5. Living with petitioner? <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Does the child receive benefits from Social Security, VA, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, complete the information below.) Benefit from: _____ \$ _____ per month Based on claim of _____ (Name) Relationship to child _____		
7. Tribal Affiliation <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, basis of tribal affiliation: _____)		

* * * Space to enter 2 additional children

V. Health Care Coverage See section IX

A. Health Care Coverage for Child(ren): For each child listed in section IV, complete the information below:

1. a	Child's name: _____ Does this child have health care coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (If no or unknown, skip to 1.c.)
b	Health care coverage is provided by (check all that apply): <input type="checkbox"/> Medicaid (Skip to 1.c.) <input type="checkbox"/> CHIP (Skip to 1.c.) <input type="checkbox"/> TRICARE (Skip to 1.c.) <input type="checkbox"/> Indian Health Service (Skip to 1.c.) <input type="checkbox"/> Petitioner through an individual policy (Continue to 1.c. below.) <input type="checkbox"/> Petitioner through his/her employer (Continue to 1.c. below.) <input type="checkbox"/> Respondent through an individual policy (Continue to 1.c. below.) <input type="checkbox"/> Respondent through his/her employer (Continue to 1.c. below.) <input type="checkbox"/> Other person _____ Relationship to child: _____ (Complete 1.c. below.)

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Notes:

Section IV Dependent Child(ren) in This Action lists all the children of this action for whom parentage or support is to be established and for whom support is to be modified. These should be the same children listed in Section I of the Uniform Support Petition. List only those children of the obligor named in this action. Provide complete information for each child.

Each child's date of birth and Social Security number are on the Personal Information Form for UIFSA § 311 so they are not included on this form.

If parentage has not been established, be sure to attach a separate Declaration in Support of Establishing Parentage for each child whose parentage is at issue.

Under item A.3, provide the amount of child care paid for each child, as many states' guidelines factor child care expenses into the support obligation. Some children of the order may require child care, while others may be old enough that this is not applicable.

The form also requests information regarding whether a support order has been established; whether the child resides with the petitioner; any financial benefits the child receives, such as Social Security; and tribal affiliation. If the child does receive benefits of this type, it is very important to indicate whose claim the child's benefit is based on and that person's relationship to the child so that the tribunal knows whether to consider this information. For example, if the child receives Social Security disability under the obligor's claim, many states consider these benefits in setting the support amount or offset the support due by the amount the child receives.

As we have done in this training on other forms, we are only showing the form information for the first child on this slide; the same information is required for each child listed in the action. If there are more than three children involved, information about the other dependents can be provided in Section IX Other Pertinent Information or on an additional document.

GENERAL TESTIMONY – SLIDE 6

IV. Dependent Child(ren) in This Action: [] See section IX

1. Legal name (first, middle, last, suffix): _____		2. Parentage established? [] Yes [] No	
3. Child care expense per month \$ _____	4. Support order established? [] Yes [] No	5. Living with petitioner? [] Yes [] No	
6. Does the child receive benefits from Social Security, VA, etc.? [] Yes [] No (If yes, complete the information below.) Benefit(s) \$ _____ per month			
Based on claim of _____ Relationship to child _____ (name)			
7. Tribal Affiliation [] Yes [] No (If yes, basis of tribal affiliation: _____)			

* * * Space to enter 2 additional children

V. Health Care Coverage [] See section IX

A. Health Care Coverage for Child(ren): For each child listed in section IV, complete the information below.

1. a.	Child's name: _____
	Does this child have health care coverage? [] Yes [] No [] Unknown (If no or unknown, skip to 1.b.)
b.	Health care coverage is provided by (check all that apply): <input type="checkbox"/> Medicaid (skip to 1.a.) [] CHIP (skip to 1.a.) [] TRICARE (skip to 1.a.) <input type="checkbox"/> Indian Health Service (skip to 1.a.) <input type="checkbox"/> Petitioner through an individual policy (Continue to 1.c. below.) <input type="checkbox"/> Petitioner through his/her employer (Continue to 1.c. below.) <input type="checkbox"/> Respondent through an individual policy (Continue to 1.c. below.) <input type="checkbox"/> Respondent through his/her employer (Continue to 1.c. below.) <input type="checkbox"/> Other person: _____ Relationship to child: _____ (Complete 1.c. below.)

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Notes:

Section V Health Care Coverage is used to determine if health care coverage is currently being provided for the dependents. The information also provides a basis for adding health care coverage to new or existing orders. This section contains substantial changes from the old version of the form, reflecting new information required by the Affordable Care Act and IV-D medical support requirements.

Health care coverage may include, but is not limited to, Medicaid, TRICARE, Indian Health Service, employer coverage, an individual policy, a state or federal health insurance exchange/marketplace policy, and cash medical.

Part A Health Care Coverage for Children requires information for each child named in Section IV. Items 1.a and 1.b request the name of the child, and the type of coverage, if any, and provide directions as to what additional items to complete in this part of the form, which we will describe on this next slide.

GENERAL TESTIMONY – SLIDE 7

V. Health Care Coverage (Continued):

c. Health care coverage provider name: _____
 Address: _____
 Policy ID number: _____ Group number: _____

d. Is this a child only policy? Yes No (If yes, what is the monthly premium for this child only? \$ _____)

e. Who claims a dependency exemption for the child for federal tax purposes? Obligor Obligor Other
 If other, identify the person: _____ Relationship to child: _____
(Attach a copy of any order addressing the dependency exemption.)

f. Does the individual entitled to claim the dependency exemption change from year to year?
 Yes No (If yes, explain) _____

*** Space to enter 2 additional children

B. Health Care Coverage for Petitioner. Does the petitioner have health care coverage? Yes No (If no, skip to B 4.)

1. Petitioner's health care coverage is provided by: Medicaid (Skip to B 4.) TRICARE (Skip to C.)
 Indian Health Service (Skip to C.)
 Self through his/her employer (Continue to B 2 below.)
 Self through an individual policy (Continue to B 2 below.)
 Other person: _____ Relationship to petitioner: _____ (Complete B 2 below.)

2. Health care coverage provider name: _____
 Address: _____
 Policy ID number: _____ Group number: _____
 Monthly premium \$ _____ Portion for the child(ren) listed in section IV: \$ _____

3. Other than children of this action (listed in section IV, are other adults and/or child(ren) included in this plan? Yes No
(If yes, provide information below.)
 Total number of adults: _____ Total number of children: _____

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Notes:

Provide detailed health care policy information in item I.c, along with the premium, and note if this is a “child only” policy under item I.d.

Items I.e and I.f relate to who claims the child for federal tax purposes, which may affect who is ordered to provide health care coverage. For example, if the father is the obligor and is the person who claims the child for tax purposes, the tribunal might order him to provide health care coverage.

Remember to provide the same information separately for each child listed in this action.

Under part B Health Care Coverage for Petitioner, items 1 through 3 ask some similar questions about health care coverage in which the petitioner is enrolled or could enroll in, whether coverage is available for the child, and the cost of any employer-provided policy. Note that the form itself provides some instruction as to which items to complete, based on the petitioner’s responses.

Under item 2, calculating the monthly premium and premium amount for the child can be somewhat confusing. Many state guidelines take into account only the portion of the premium that is paid for the child(ren) of this action. The form’s instructions include details on how to calculate this amount, if needed.

GENERAL TESTIMONY – SLIDE 8

V. Health Care Coverage (Continued):

4. If the petitioner does not have health care coverage or the coverage is through Medicaid, is employer-sponsored coverage available for:

a. Self Yes No

b. Children listed in section IV Yes No (if no, skip to C.)

5. Based on the residence of the child(ren), is the petitioner's employer-sponsored coverage accessible to the child(ren) in section IV? Yes No Unknown (if no, skip to C.)

6. How much would the premiums be for an insurance plan offered by the petitioner's employer?

a. For self: \$ _____ per _____ (weekly, bi-weekly, semi-monthly, monthly, quarterly, yearly)

b. To add child(ren) in section IV: \$ _____ per _____ (weekly, bi-weekly, semi-monthly, monthly, quarterly, yearly)

C. **Health Care Coverage for Respondent:** Does the respondent have health care coverage? Yes No (if no, skip to C.4.) Unknown (if unknown, skip to D.)

1. Respondent's health care coverage is provided by: Medicaid (skip to C.4.) TRICARE (skip to D.) Indian Health Service (skip to C.) Unknown (skip to D.) Self through his/her employer (Continue to C.2 below.) Self through an individual policy (Continue to C.2 below.) Other person: _____ Relationship to respondent: _____ (Complete C.2 below.)

2. Health care coverage provider name: _____

Address: _____

Policy ID number: _____ Group number: _____

Monthly premium \$ _____ Portion for the child(ren) in section IV \$ _____

3. Other than children listed in section IV, are other adults and/or child(ren) included in this plan? Yes No (if yes, provide information below.)

Total number of adults: _____ Total number of children: _____

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Notes:

Now we are continuing with health care coverage for the petitioner. Complete items 4, 5, and 6 if the petitioner does not have health care coverage. The tribunal would use this information to determine the best option for ordering health care coverage for the child(ren). For example, in reviewing the responses to these questions for both the petitioner and respondent, both parties might have employer-sponsored coverage available, but the respondent's coverage would not cover the children as it is not available in their geographic area. The tribunal might then order the petitioner to provide the health care coverage.

Part C Health Care Coverage for Respondent asks the same questions about health care coverage available to the respondent. In many cases, the petitioner may not have this information available.

GENERAL TESTIMONY – SLIDE 9

V. Health Care Coverage (Continued):

4. If the respondent does not have health care coverage or the coverage is through Medicaid, is employer-sponsored coverage available for:

a. Self? Yes No Unknown (If no or unknown, skip to question D.)

b. Children listed in section IV? Yes No Unknown (If no or unknown, skip to question D.)

5. Based on the residence of the child(ren), is the respondent's employer-sponsored coverage accessible to the child(ren) in section IV? Yes No Unknown (If no, skip to question D.)

6. How much would the premiums be for an insurance plan offered by the respondent's employer?

a. For self: \$ _____ per _____ (weekly, bi-weekly, semi-monthly, monthly, quarterly, yearly)

b. To add child(ren) in section IV: \$ _____ per _____ (weekly, bi-weekly, semi-monthly, monthly, quarterly, yearly)

D. Do any of the children listed in section IV have special needs or extraordinary medical expenses not covered by insurance? Yes No Unknown (If yes, provide additional information about the child(ren) involved, the type of needs/medical expenses, and the related costs in section IX.)

E. Is the petitioner asking to be reimbursed for medical expenses paid? Yes No (If yes, provide information below.)
Balance: \$ _____ as of _____ (date) (Provide date, type of expense, and cost in section IX.)

F. Is the petitioner asking to be compensated for ongoing medical expenses? Yes No (If yes, provide information below.)
Type of expense: _____ Amount: \$ _____ per _____ (frequency)
(Provide additional information about the child(ren) involved, the need for ongoing expenses, and the expenses in section IX.)

Notes:

The upper section on the screen shows the continuation of Part C Health Care Coverage for Respondent, which asks the same questions about health care coverage available to the petitioner. Again, in many cases, the respondent may not have this information available.

Continuing with the highlighted Section V Health Care Coverage, parts D, E and F include questions related to the children's special needs or medical expenses, reimbursement for medical expenses paid, and compensation for ongoing medical expenses.

Remember that when establishing a support order, the law of the responding jurisdiction determines whether and how past and ongoing medical expenses are included in the support order. For example, some states consider only expenses above a threshold amount or those costs that are for specific ongoing costs. The expenses in parts D through F may not be reimbursable or allowed in all jurisdictions.

Part D asks whether a dependent child in this action has special needs or extraordinary medical expenses not covered by insurance. This includes special medical needs and medical equipment. The form provides space for details about the child(ren) involved. Enter the type of need or expense and related costs in Section IX. Also, provide documentation of the special need or expense, such as a doctor's statement or receipt. The form instructions direct the petitioner to detail any agreement between the petitioner and respondent to cover these costs, including agreements that are verbal, written, or part of any court or administrative order.

As the petitioner may be the parent who does not have physical custody of the child or children, you may check "unknown."

Since this information is provided by one of the parties, including this type of information on the General Testimony is not a violation of the Health Insurance Portability and Accountability Act (HIPAA).

Part E asks whether the petitioner is requesting reimbursement from the respondent for any medical expenses paid. If “Yes,” enter the balance and the date accrued. Provide the date; type of expense, such as doctor’s visits or prescriptions; and cost in Section IX Other Pertinent Information.

Finally in this section, part F asks whether the petitioner is requesting the responding tribunal to order the respondent to share the cost of any ongoing medical expenses being paid by the petitioner and not covered by insurance, such as dental service co-payments and allergy shots. If “Yes,” enter the type of medical expense and the amount and frequency of the cost. Provide additional information in Section IX Other Pertinent Information about the child(ren) involved and attach supporting documentation.

Note that these forms are used by IV-D agencies as well as private attorneys.

GENERAL TESTIMONY – SLIDE 10

VI. Additional Information for Child Support Calculation: See section IX

A. Establishment (If no child support order exists, complete the following section.)

1. Does a custody/parenting time order exist? Yes No (If yes, complete the information below and attach a copy of the order.)
 Issuing tribunal number: _____ Date of order: _____

2. If an order does not exist, is there a written custody/parenting time agreement? Yes No (If yes, attach a copy.)

3. In the past 12 months or since separation (whichever is shorter), how many overnights has the child(ren) stayed with obligee _____ obligor _____?

4. Is child support sought for a period of time prior to the date of the petition for support (Uniform Support Petition)?
 Yes No (If yes, complete the following questions and section VIII for the period of time.)

a. Support is sought from the following date: _____	
b. During the period of time for which retroactive support is being sought, did the child(ren) reside with the obligor, other than the time specified under an existing custody/parenting time order? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, describe) _____	
c. During the period of time for which retroactive support is being sought, did the obligor make direct payments to the obligee? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, attach an affidavit of payments.)	
d. Was public assistance paid for any of the children listed in section IV? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, check the appropriate box and provide the period of benefit and the state.)	
<input type="checkbox"/> TANF	First month / _____ year To Last month / _____ year By _____ State
<input type="checkbox"/> Medicaid	First month / _____ year To Last month / _____ year By _____ State
<input type="checkbox"/> Foster Care	First month / _____ year To Last month / _____ year By _____ State

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Notes:

Finally, we move on to Section VI Additional Information for Child Support Calculation. This section contains information relevant for child support calculations in many states when establishing a support order or modifying an existing one. Because state child support guidelines vary, the information the responding tribunal will use for the calculation will vary.

This section consolidates information that was in various other sections on the prior version of the General Testimony. This section breaks out information into two parts: Part A Establishment and Part B Modification.

Part A contains questions related to establishment of an order when there is no existing support order.

Some state child support guideline calculations consider the amount of time the child or children spends with the obligor. Generally, states use the number of overnights the child or children spends with the obligated parent to calculate any applicable adjustment or deviation. It may be difficult for the petitioner to provide the exact number of overnights. If so, provide an estimate.

If there is a court order or binding separation agreement indicating custody and parenting time terms, attach it to the form.

Complete item 4 if child support is being sought for a period prior to the date the Uniform Support Petition was signed.

State law controls whether the tribunal has the authority to grant support for a prior period and the time period allowed. When seeking retroactive support, item 4.c requires disclosure of all support received directly from the obligor during that time period. Finally, the period of time the family received public assistance benefits may be relevant in setting an award for a prior period. Provide this

information in item 4.d. Where the petitioner's public assistance benefits had multiple on/off periods, provide that information in Section IX Other Pertinent Information.

During the revision process, we received suggestions to add the amount of public assistance benefits expended to this section. However, since the tribunal is required to follow the guidelines calculations based on the parties' income, the amount of past public assistance expended is not relevant to the amount of prior support ordered.

GENERAL TESTIMONY – SLIDE 11

VI. Additional Information for Child Support Calculation (Continued):

B. Modification (If a child support order exists that the petitioner seeks to modify, complete the following section.)

1. Indicate the basis for the modification petition (check all that apply):

- a. The earnings of the obligor have:
 substantially increased
 substantially decreased
- b. The earnings of the obligee have:
 substantially increased
 substantially decreased
- c. The needs of the child(ren) have:
 substantially increased
 substantially decreased
- d. The current support order was most recently established or modified at least 3 years ago or such lesser time as permitted by the laws of the responding jurisdiction.
 Other; explain: _____

2. Does a custody/parenting time order exist? Yes No (if yes, attach a copy of the order)
Issuing tribunal number: _____ Date of order: _____

3. If a custody/parenting time order does not exist, is there a written custody/parenting time agreement? Yes No (if yes, attach a copy of the agreement)

4. In the past 12 months or since separation (whichever is shorter), how many overnights has the child(ren) stayed with the obligee _____ obligor _____?

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Notes:

Continuing with Section VI Additional Information for Child Support Calculation, part B has questions related to the modification of an existing support order.

The section begins with the legal basis for modifying the support order. Examples include a substantial change in income of either parent or the needs of the child, or having at least 36 months pass since the order was established or since the most recent review of the order. Note that some states have a shorter time requirement than the federal 36-month regulation.

Items 2 through 4 are similar to the questions we saw in the establishment section and provide information about any custody or parenting order and the number of overnights the child or children have had with the obligee and obligor over the last 12 months.

GENERAL TESTIMONY – SLIDE 12

VII. Support Order and Payment: [] See section IX

A. Is there an order for divorce or legal separation involving the children in this action?
[] Yes [] No (If yes, provide a copy of the order.)

B. Does a current support order exist? [] Yes [] No (If yes, attach obligor's support payment history.)

C. Does the support order require the obligor to pay amounts to anyone other than to the State Disbursement Unit (SDU) (e.g., directly to the obligee, child care provider, or health care provider)?
[] Yes [] No (If yes, complete D.)

D. Has the obligor made any direct payments under the order noted in C?
[] Yes [] No (If yes, attach an affidavit of payments.)

E. If a support order does not exist, has the obligor made any voluntary support payments?
[] Yes [] No (If yes, attach an affidavit of payments.)

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Notes:

Section VII Support Order and Payment supports any claim of arrears (past due support) included in the petition. It focuses on support payments, including whether the support order requires the obligor to pay support to anyone other than the State Disbursement Unit (SDU). For example, the support order might direct the obligor to pay the child care expense directly to the provider. This section also addresses direct payments to the obligee, either pursuant to an order or written agreement or voluntarily made, before a support order was entered. You must include an affidavit supporting such payments. After considerable discussion, OCSE and the workgroup agreed that any such affidavit is best done on a state-specific form. Accordingly, we have removed the payment record in the old General Testimony form.

If a support order does exist, attach a copy of the order (usually a certified copy) and the payment record. Also, attach an affidavit of any direct payments or voluntary payments (made before the issuance of an order).

GENERAL TESTIMONY – SLIDE 13

VIII. Financial Information: See section IX
Information required varies based on responding jurisdiction's support guidelines. Petitioner includes an obligee caretaker with legal custody of the children.

Monthly income from all sources:

1. Is the petitioner employed? Yes, occupation: petitioner No, income source: _____

2. Gross monthly income amounts:

a) Public Assistance	\$ _____
i) Supplemental Security Income (SSI)	\$ _____
ii) TANF	\$ _____
iii) Other	\$ _____
b) Base pay/salary/wages	\$ _____
c) Overtime, commission, tips, bonuses, part time	\$ _____
d) Unemployment compensation	\$ _____
e) Worker's compensation	\$ _____
f) Social Security Disability (not SSI)	\$ _____
g) Social Security Retirement	\$ _____
h) Dividends and interest	\$ _____
i) Trust/annuity income	\$ _____
j) Pensions, retirement	\$ _____
k) Child support	\$ _____
l) Spousal support/alimony	\$ _____
m) Income-producing assets	\$ _____
n) All other sources (specify)	\$ _____

3. Deductions from gross pay:

a) Federal income tax	\$ _____
b) State income tax	\$ _____
c) Local tax	\$ _____
d) FICA	\$ _____

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Notes:

Section VIII Financial Information is used to obtain the petitioner’s financial information needed for the responding jurisdiction to apply its child support guidelines. A few states continue to use only the obligor’s income, but the overwhelming majority of states consider both parents’ income when setting a new or modified child support order. In addition, because states vary in how they define gross and net income, we removed “total gross income” and “total net income” to avoid confusion. There is still a line requesting total gross income from prior year.

We removed income information for the petitioner’s current spouse or partner. Since that person does not have a financial responsibility to provide for the children of this action, his or her financial information is not relevant.

Because child support guidelines focus on income, the section no longer includes information about monthly expenses or assets. If such information is relevant, the petitioner can provide it in Section IX.

It is important to disclose all pertinent information. Failure to disclose information may seriously affect the legal proceedings in the responding jurisdiction and may unnecessarily delay the resolution of the support issue.

GENERAL TESTIMONY – SLIDE 14

VIII. Financial Information (Continued):

4. Other deductions:

a) Mandatory retirement	\$ _____
b) Nonmandatory retirement	\$ _____
c) Medical insurance	\$ _____
d) Union dues	\$ _____
e) Other (specify)	\$ _____

5. Gross income prior year: \$ _____

IX. Other Pertinent Information:

[] Continued on attached sheet(s), incorporated by reference.

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Notes:

Continuing with Section VIII Financial Information, item 4 provides information on other deductions that may be considered by the responding tribunal.

“Mandatory retirement” means amounts that are required by law to be withheld or paid directly from a party’s income and deposited in a retirement account or fund.

“Nonmandatory retirement” means amounts that are voluntarily withheld or paid directly from a party’s income and deposited in a retirement account or fund, such as a 401(k).

During the forms revision process, we received a suggestion to add a checkbox to indicate the person to whom the information belongs. We disagreed with this because the petitioner by definition is the person or entity requesting the tribunal to take certain action. The revisions to the header information clearly identify whether the petitioner is the obligee or obligor.

Section IX Other Pertinent Information allows the petitioner to provide other relevant information that may be useful to the responding jurisdiction. As discussed, it is also the place to put “carry over” information from other sections where there was insufficient space to provide a detailed response. If the additional information is related to a previous section, identify the section, part, and item number as appropriate. Check “Continued on attached sheet(s), incorporated by reference,” if you have more information than will fit into the space provided.

GENERAL TESTIMONY – SLIDE 15

X. Attached and Incorporated by Reference:

- Required number of copies of all support orders for the case
- Certified child support payment records
- Arrear's balance and/or accrued interest (if/when)
- Payment history
- Copies of three most recent pay stubs from current employer(s)
- Copies of unreimbursed medical bills for the child(ren) in this action
- Copy of most recent federal tax return
- Declaration in Support of Establishing Parentage for each child whose parentage is at issue
- Copy of child(ren)'s birth certificate(s)/record(s)
- Acknowledgment of parentage
- Documentation of legal custody/guardianship of child(ren)
- Documentation of child care expenses
- Documentation of ongoing medical expenses for the child(ren) in this action
- Documentation in support of request for modification
- Copy of order for divorce or legal separation involving the child(ren) in this action
- Other: _____

Additional attached document(s), incorporated by reference.

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Notes:

Section X Attached and Incorporated by Reference provides a check list of documents you may provide to support the General Testimony. If a support order was not issued by the responding jurisdiction, you will generally need to attach one certified copy and one copy. If the order was issued by the responding jurisdiction, you may not need to include a copy of the order, but it can be helpful to the responding jurisdiction.

Check “Additional attached document(s), incorporated by reference” when including documents other than those listed.

GENERAL TESTIMONY – SLIDE 16

XI. Declaration:

Under penalty of perjury, all information and facts stated in this General Testimony are true to the best of my knowledge and belief.

Date	Petitioner (Name)	Signature
Date	Name/Title, Agency or Tribunal Representative	Signature

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Notes:

Section XI Declaration has a new title that reflects the fact that UIFSA 2008 no longer requires verification. Because UIFSA § 316 requires only that an affidavit or a document incorporated by reference in a federally required form be given under penalty of perjury, the form no longer references a notary public.

The person or people providing the testimony – the individual petitioner, the agency representative, or both – must sign under penalty of perjury and date the General Testimony at the bottom of the page. By this signature, the person or people are confirming that the information and facts provided in the testimony and all attached documents are true to the best of his or her knowledge and belief.

Slide 21



Notes:

Let's move on to the Child Support Agency Request for Change of Support Payment Location Pursuant To UIFSA § 319.

UIFSA §319 REQUEST FOR CHANGE OF SUPPORT PAYMENT LOCATION – OVERVIEW

- UIFSA §319 is a payment “redirection” option for state agencies
- Available only when:
 - Everyone has left order-issuing state and
 - Obligee is receiving services in new state
- If requested, UIFSA §319 imposes limited duty on order-issuing state to “direct” new payment location to the SDU in requesting/obligee state
 - Can be judicial or administrative order
 - Can be IWO or administrative change of payee

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Notes:

Before we look at the form, we want to go over the basics of UIFSA § 319 because it is new to many states that went from UIFSA 1996 to UIFSA 2008. UIFSA § 319(b) allows a state agency providing services to an obligee to request a redirection of support payments to its SDU. It is available only when neither of the parties nor the child reside in the state that issued the support order, and only if the obligee is receiving IV-D services in a new state.

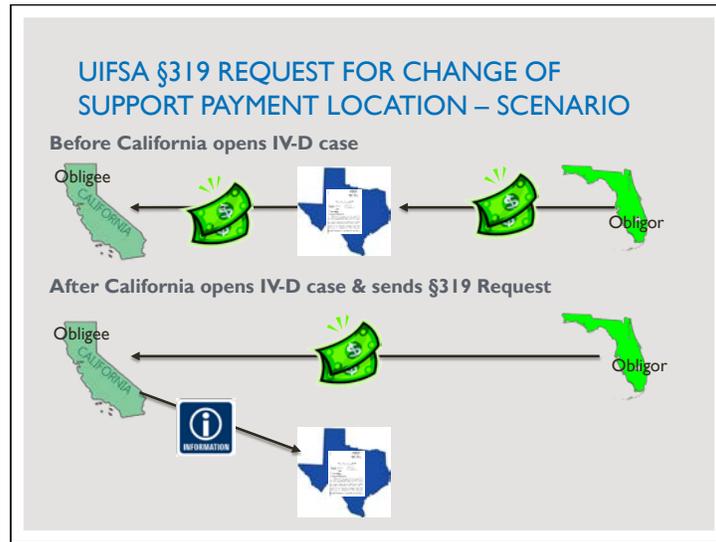
After redirection, UIFSA § 319(c) requires the state now receiving the payments to provide the order-issuing state, upon request, a certified statement of the amounts and dates of all payments received.

Even when redirection is available, there is no UIFSA or federal requirement that a IV-D agency providing services to an obligee make a redirection request. Other options, such as payment forwarding and initiating a two-state case may be preferable, depending on the facts and involvement of the order-issuing state. However, if a state agency does make a UIFSA § 319 request, it must be honored by the order state.

So how does redirection work? As you know, payments generally flow through the order state’s SDU to the obligee even after everyone has left that state. When there is a request under UIFSA § 319 to the state that issued the order by the state providing services to the obligee, the first step is for the order state to direct a new payment flow to the SDU in the state providing services to the obligee. Depending on state law, the IV-D agency may be able to accomplish this by either administrative or judicial order. The second step is to provide notice of the new payment location to the employer. UIFSA § 319 gives IV-D agencies flexibility in notifying the employer of the new payment location by either sending an income withholding order or an administrative notice of change of payee. It is also a best practice to send a copy to the obligor, so that if he or she changes employers or sends in direct payments, they will go to the correct SDU.

Just a few additional notes about redirection. UIFSA is state law and provides clear legal authority for the agency or tribunal to act when a proper UIFSA § 319 request is received. The order remains that of the order-issuing state; all issuing state terms remain in place, including interest charged. UIFSA § 319 does not grant any modification authority to the requesting jurisdiction; its authority extends only to the collection and distribution of payments received.

UIFSA § 319(b)(1) requires the order-issuing IV-D agency or tribunal to direct **ALL** payments, whether from employer or non-employer sources, to the requesting state SDU.



Notes:

Let's look at a hypothetical case. As illustrated by the diagrams, a support order was entered in Texas designating the Texas SDU as the payment location, the obligor now lives in Florida, and the obligee and child now live in California.

The first set of diagrams shows the payment flow before redirection. The obligor in Florida is sending payments to the Texas SDU, but the Texas IV-D agency does not have an open case. The obligee has not yet applied for services in California, so the Texas SDU is sending the payments directly to the family in California.

The second set of diagrams shows the payment flow after the UIFSA § 319 change in payment location, or redirection. Once the obligee applies for services, the California IV-D agency must look at all the facts of the case including whether the IV-D agencies in Texas or Florida have open IV-D cases. OCSE strongly recommends that the requesting agency contact the order-issuing state and check federal resources prior to sending a redirection request. Federal resources include QUICK (Query Interstate Cases for Kids) and the response data from the Federal Case Registry or FCR. The requesting IV-D agency must ensure the limited grounds for UIFSA § 319(b) are met and that a change of payment location is not only permissible but also the most appropriate option.

If California determines that redirection is the most appropriate service for the family given the facts here, it may send a redirection request to Texas on the form that we will discuss next. The Texas IV-D agency will facilitate the redirection of payments from its SDU to California's SDU, again, either by judicial or administrative order. The Texas IV-D agency also will send a new income withholding order or administrative notice of change of payee to the employer in Florida. As you can see, after redirection, the payments will go from the employer in Florida

directly to California's SDU, bypassing the SDU in Texas altogether. If Texas needs information on those payments, UIFSA § 319 requires California to provide a certified statement of the amount and dates of all payments received upon request from Texas.

When revising the intergovernmental forms, the workgroup decided the most effective way to facilitate 319 requests was on a new standalone form, which we will describe next.

But first we want to pause to recognize that UIFSA § 319 is complicated and has been the cause of confusion among states. We don't have time to discuss this provision at greater length today, since the purpose of the forms training is to introduce you to all 13 of the revised intergovernmental forms. However, OCSE is working on policy guidance to assist states in the complex area of interstate payment processing including UIFSA § 319.

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

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:
 Non-disclosure Finding/Affidavit attached
 This form sent through EDE

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Notes:

Now that we have covered the basics of UIFSA § 319, or redirection, let’s move on to the form that facilitates use of this provision by both the requesting agency and order-issuing tribunal or agency.

The Child Support Agency Request for Change of Support Payment Location Pursuant to UIFSA § 319 (referred to going forward as the “319 form”) is the last of the four new intergovernmental forms we have covered in these trainings. This form may be used by a IV-D agency providing services to an obligee to make a § 319 request to the state that issued the support order to change the payment location of the order. This form may also be used by a IV-D agency responding to a § 319 request. Only IV-D agencies can request redirection.

When drafting this form, the workgroup identified the necessary data elements for states to make and respond to a UIFSA § 319(b) change of payment location request. The form sets out the statutory requirements and identifies the issuing state’s order, the parties, and the children for whom support is provided.

A state only makes a UIFSA § 319 request when it does not have an intergovernmental IV-D case open with the order-issuing state. (If two states already have an open IV-D case, payments would already be flowing between states and redirection would not be necessary.) Therefore, the header on the form uses “requesting” and “order-issuing” to identify the agencies involved in this request, in lieu of the terms “initiating” and “responding.” The form header also informs the requesting agency that it also must attach a completed Child Support Agency Confidential Information Form, which records the PII for the case. The UIFSA § 319 form is a standalone request; no additional transmittal form is needed. A Transmittal # 1 should not be submitted with this form, as this is not a request to open an intergovernmental case.

There is currently no CSENet transaction for UIFSA § 319. Accordingly, the CSENet checkbox does not appear in the NOTE section of the form header.

CHILD SUPPORT AGENCY REQUEST FOR CHANGE OF SUPPORT PAYMENT LOCATION PURSUANT TO UIFSA § 319 – SLIDE 2

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.

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Notes:

Just under the header, the form lists the statutory requirements for requesting a change of payment location under UIFSA § 319 (b). A IV-D agency cannot request redirection unless all of these requirements are met. These requirements are:

- The obligee must be receiving IV-D services from the requesting agency;
- The tribunal in the requested state must have issued the support order; and
- Neither the obligor, obligee or the child(ren) are residing in the order state.

Redirection can only be requested by a IV-D agency.

As noted under Section I Action, the requesting agency sending this form is asking the order-issuing state agency or tribunal to do the following:

- Direct that the support payment be made to the requesting agency's SDU;
- 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.

When an order-issuing state receives a request that meets the requirements, UIFSA § 319(b) sets forth a limited legal duty on the order-issuing state to re-designate the payment location on the support order to the requesting state's SDU and issue a compliant income withholding order or an administrative notice of change of payee.

The form contains an option where the requesting agency may request a certified arrears calculation or payment record as of the date the payment location was changed. The requesting IV-D agency can use

this information to accurately set up its SDU account in preparation for receiving payment from the obligor or the obligor's employer.

Section II Case Information provides space for details about the order. The requesting IV-D agency must provide the following information about the order (if known):

- Date of the Support Order;
- State and County Issuing the Order;
- Tribunal Number; and
- Support Amount and Frequency of the ordered payments.

Check if a copy of the existing support order is attached. Attaching a copy may expedite the request, especially when the case is non-IV-D in the order-issuing state. The IV-D agency in the order-issuing state can use the copy to request the change of payment location from the appropriate tribunal.

CHILD SUPPORT AGENCY REQUEST FOR CHANGE OF SUPPORT PAYMENT LOCATION PURSUANT TO UIFSA § 319 – SLIDE 3

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)

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

Notes:

Section III Obligee Information provides basic information about the obligee to whom the requesting agency is providing IV-D services.

As we have seen on the other forms, most PII information is provided on the Child Support Agency Confidential Information form. Therefore, only the obligee’s name and any additional caretaker information is needed on the actual 319 form. This personal information is necessary to assist the order-issuing state’s agency in identifying the correct order.

Similarly, Section IV Obligor Information asks only for the obligor’s name.

Section V Dependent Child(ren) Information lists all children for whom the obligor owes support under the order.

In Section VI Other Pertinent Information the requesting state should provide any additional information that may be useful to the order-issuing state agency or tribunal, for example, the Federal Employer Identification Number (FEIN) of the obligor’s employer, if known.

If the information is related to a previous section, identify the section and item number. If you need additional space, check “Additional case information attached.”

**CHILD SUPPORT AGENCY REQUEST FOR
CHANGE OF SUPPORT PAYMENT LOCATION
PURSUANT TO UIFSA § 319 – SLIDE 4**

Section VII. Contact Information:

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

Fax: () _____ E-mail: _____

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Notes:

Section VII Contact Information contains the date of the request and the contact information for the requesting IV-D worker, including email, direct phone number, and fax number. Providing more detailed contact information, if permitted under state procedures, will expedite communication between jurisdictions.

CHILD SUPPORT AGENCY REQUEST FOR CHANGE OF SUPPORT PAYMENT LOCATION PURSUANT TO UIFSA § 319 – SLIDE 5

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

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Notes:

The Response section of the 319 form is used by the IV-D agency in the order-issuing state to respond to the request.

The requesting state agency should always include the “Response” page with the 319 form and complete the header information, entering the requesting state agency’s information in the “To” section and the order-issuing state’s information in the “From” section. The order-issuing state agency completes Sections I through III of the Response form and returns it to the requesting state agency.

**CHILD SUPPORT AGENCY REQUEST FOR
CHANGE OF SUPPORT PAYMENT LOCATION
PURSUANT TO UIFSA § 319 – SLIDE 6**

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: _____

Notes:

In Section I Response, the state IV-D agency in the order-issuing state checks the appropriate response(s).

If you are responding to the 319 request, check item 1 if you are providing a copy of the tribunal order or administrative notice to change the payment location of your state's support order to the requesting agency's SDU.

Check item 2 if you are providing a copy of the conforming income withholding order or administrative notice reflecting the redirected payments that was sent to the employer and identify the employer. If the employer is not known, check the box "Employer is unknown." Remember that the 319 request redirects all payments, so an obligor may be making payments.

Check item 3 if you are providing a certified arrears calculation or a payment record.

Check item 4 if the limited grounds for UIFSA § 319(b) are not met. Provide the specific reason in Section II Other Pertinent Information.

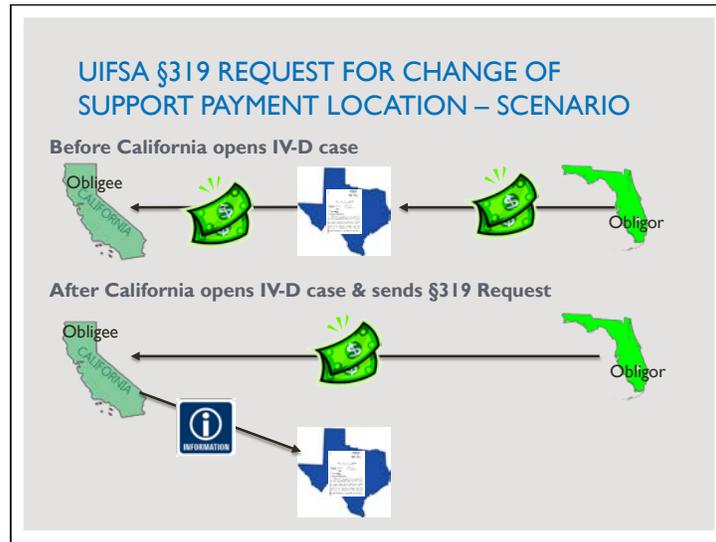
Check item 5 to provide a different response than those listed above and explain in Response Section II Other Pertinent Information.

Response Section II Other Pertinent Information is for other attachments and information not listed above. If the request cannot be processed, and you have checked Section I items 4 or 5, provide an explanation. If additional space is needed, check "Additional case information attached" and provide that information.

Section III Contact Information contains a date and the contact information for the order-issuing state's IV-D worker including email, direct phone number, and fax number. As noted earlier, providing more

detailed contact information, if permitted under state procedures, may expedite communication between jurisdictions.

Remember that it is extremely important for the two agencies to communicate with each other and work together on these requests.



Notes:

Scenario: To help us understand how to use the form, let's go back to the scenario in the introductory slide:

In the upper part of the scenario, the obligor in Florida is making payments to the Texas SDU, as Texas issued the order. Texas is sending the payments directly to the obligee in California, as no other IV-D agency is involved in the case.

In the lower part of the scenario, the obligee is now receiving IV-D services in California and the order was issued by Texas. Since none of the parties live in Texas and neither Texas or Florida have an open IV-D case, California determines that the best course of action is to request a § 319 redirect of the order. The California IV-D agency sends a request to the Texas IV-D agency to change the payment location to the California SDU using this form. On the form, California first completes the heading information. It's particularly important that California includes the payment locator code and remittance identifier so Texas, as the order state, will be able to properly direct the payments in any new IWO or administrative notice. Then California completes the order information under case summary, the obligee information in Section 3, obligor information in Section 4, and information about the child or children in Section 5. If California has a copy of the support order, it should attach it to the form. Finally, if California would like Texas to send it payment or balance information, it should check the box in Section I.

The agency or tribunal in Texas (depending on Texas law) will direct all payments to the California SDU, either by judicial or administrative order. Texas would check number 1 on the response section of the form and provide a copy of the tribunal order or administrative notice to change the payment location.

Texas also will issue either the income withholding order or the administrative change of payee (again, depending on Texas law), and send a copy to the employer, the California IV-D agency, and the obligor.

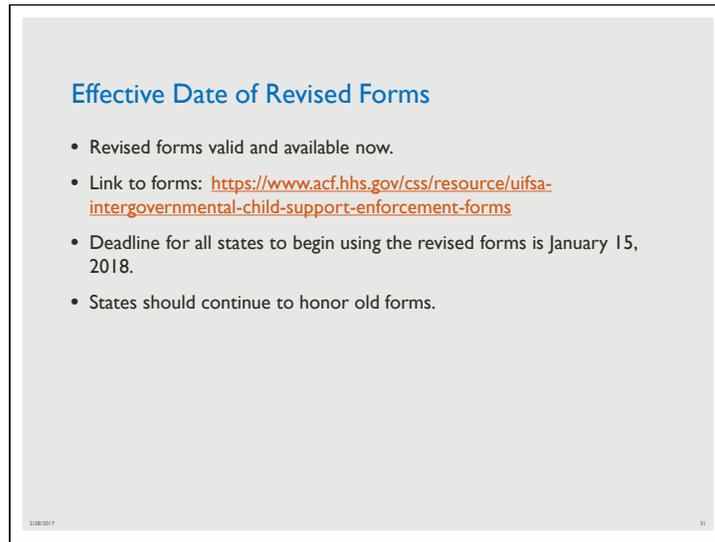
Texas would mark number 2 on the response section of the form, since the order or notice has been sent to the employer.

Texas checks number 3 on the response form if it is providing a certified arrears calculation or information on payments received through its SDU.

Again this is worth repeating – UIFSA is state law. States must follow state law and procedures in meeting the requirements under UIFSA § 319(b)(1).

Federal law requires the SDU to be the designated payment location and requesting states will be required to provide the SDU address as the new payment location.

Also, a state providing services to the obligee is never obligated to send a UIFSA § 319 request. In many cases, especially where the order-issuing state has an open IV-D case and is currently enforcing its order, initiating a two-state case or requesting payment forwarding may be the more appropriate option. Finally, OCSE strongly recommends that the requesting agency contact the order-issuing state and check federal resources (e.g., QUICK or FCR) prior to sending this form to ensure the limited grounds for UIFSA § 319(b) are met and that a change of payment location is not only permissible but the most appropriate option.

A slide with a light gray background and a black border. The title "Effective Date of Revised Forms" is in blue. Below it is a bulleted list with four items. The second item is a URL. At the bottom left is the date "1/28/2017" and at the bottom right is the number "31".

Effective Date of Revised Forms

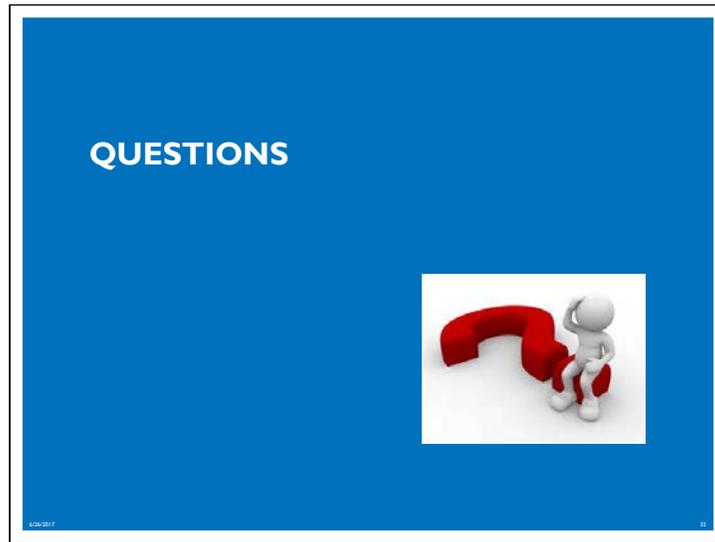
- Revised forms valid and available now.
- Link to forms: <https://www.acf.hhs.gov/css/resource/uifsa-intergovernmental-child-support-enforcement-forms>
- Deadline for all states to begin using the revised forms is January 15, 2018.
- States should continue to honor old forms.

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Notes:

You may be wondering when you must use these revised forms and when you might start receiving them. We know that some states have begun programming for the revised forms, so you might receive revised forms at any point, if you haven't already. They are valid now. The deadline for all states to begin using the revised forms is January 15, 2018. The delayed date is to give states time to program these changes. Until then, the old forms are still valid and should be honored.

Slide 32



Notes:

Any questions?



OCSE Division of Policy and Training
E mail: ocse.dpt@acf.hhs.gov
Training: [https://www.acf.hhs.gov/css/resource/intergovernmental forms training](https://www.acf.hhs.gov/css/resource/intergovernmental%20forms%20training)
Forms: [https://www.acf.hhs.gov/css/resource/omb approved standard intergovernmental cse forms december 2016](https://www.acf.hhs.gov/css/resource/omb%20approved%20standard%20intergovernmental%20cse%20forms%20december%202016)

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Notes:

Please use the email address on this slide to submit any additional questions and remember that these slides and notes will be available soon on the OCSE website.

Thanks to all of you for attending and for the great work that you do!