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 sticicly prohibited. Child Support Agency Confidential Information Form must be attached. Petitioner: Legal Name (first, middle, last, suffx) IV-E Foster Care I Medicad Only I Former Assistance File Stamp Tribal Affiliation (if applicable) To: (Agency Name and Address) IV-D Case Identifier: From: (Agency Name and Address) IV-D Case Identifier: From: (Agency Name and Address) IVISION OF CHLD SUPPORT Initiating IV-D Case Identifier: From: (Agency Name and Address) IVISION OF CHLD SUPPORT Initiating IV-D Case Identifier: Send Payments To: (If different from above) WASHINGTON STATE SUPPORT REGISTRY PO BOX 45688 NOTE: I Nondiclosure Finding/Affidavit attached I This form sent through CDE I Statish and enforce order, and forward payment to the initiating jurisdiction should open an intergovernmental case with the initiating jurisdiction and provide all appropriate services, including: (Please return the acknowledgment from, I I Establish and enforce order, and forward payment to the initiating jurisdiction should open an intergovernmental case with the initiating jurisdiction and provide all appropriate services, including: reflease return the acknowledgment from, I I Establish parentage A. [] Take the following action on a support order of another I jurisdiction SDU: A. [] Establish and enforce C. [] Medid van e	CHILD SUPPORT ENFORCEMENT TRAI	NSMITTAL #1 - INITIAL REQUEST				
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Petitioner: Legal Name (tirst, middle, last, suffix)       IV-D Case:       [] TANF         Tribal Affiliation (if applicable)       [] Medicaid Only       [] Medicaid Only         Respondent: Legal Name (tirst, middle, last, suffix)       [] Merr Assistance       File Stamp         Tribal Affiliation (if applicable)       [] Never Assistance       File Stamp         Tribal Affiliation (if applicable)       [] Never Assistance       File Stamp         Tribal Affiliation (if applicable)       [] Never Assistance       File Stamp         Tribal Affiliation (if applicable)       [] Never Assistance       [] Never Assistance         Tribal Affiliation (if applicable)       [] Never Assistance       [] State         Tribal Affiliation (if applicable)       [] State       [] State         To State State       [] State       [] State       [] State         St		· · · · · · · · · · · · · · · · · · ·				
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Tribal Affiliation (if applicable)       [] Medicaid Only         Respondent: Legal Name (first, middle, last, suffix)       [] Never Assistance       File Stamp         Tribal Affiliation (if applicable)       [] Never Assistance       File Stamp         Tribal Affiliation (if applicable)       [] Never Assistance       File Stamp         Tribal Affiliation (if applicable)       [] Never Assistance       File Stamp         Tribal Affiliation (if applicable)       [] Never Assistance       File Stamp         Tribal Affiliation (if applicable)       [] Never Assistance       File Stamp         Tribal Affiliation (if applicable)       [] Never Assistance       File Stamp         Tribal Affiliation (if applicable)       [] Never Assistance       [] State         Tribal Affiliation (if applicable)       [] State       [] State       [] State         Po BOX 45520       Initiating IV-D Case Identifier: NACOMU WA 98411-5520       [] Thisting IV-D Case Identifier: NACOMU WA 98411-5520       [] Pagister File State       [] Pop BOX 45868         OLYMPIA WA 98504-5868       POP BOX 45868       [] This form sent through EDE       [] This form sent through EDE       [] This request or information sent through CSENet         Section I. Action: The responding jurisdiction should open an intergovernmental case with the initiating jurisdiction and provide all appropriate services, including: (Please return the achonelegment form.) <t< td=""><td>Petitioner: Legal Name (first, middle, last, suffix)</td><td></td><td></td></t<>	Petitioner: Legal Name (first, middle, last, suffix)					
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Responding Locator Code:	Tribal Affiliation (if applicable)					
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OLYMPIA WA 98504-5868         NOTE:         [] Nondisclosure Finding/Affidavit attached         [] This form sent through EDE         [] This form sent through EDE         [] This request or information sent through CSENet         Section I. Action: The responding jurisdiction should open an intergovernmental case with the initiating jurisdiction and provide all appropriate services, including: (Please return the acknowledgment form.)         1. [] Establish parentage       4. [] Take the following action on a support order of another jurisdiction's SDU for:         2. [] Establish and enforce order, and forward payment to the initiating jurisdiction's SDU for:       4. [] Take the following action and forward payment to the initiating jurisdiction's SDU:         A. [] Current child support       A. [] Register and enforce         B. [] Retroactive child support only       C. [] Register, modify, and enforce         C. [] Medical support only       D. [] Register and enforce earrears only         A. [] Enforce       5. [] Other         B. [] Modify and enforce       5. [] Other         C. [] Modify then close the intergovernmental IV-D case         D. [] Enforce arrears only       5. [] Other         E. [] Change person/entity entitled to receive funds and enforce         Section II. Case Summary: (Background of this matter: count/administrative actions)         Date of support order       State and county, tribe, or foreign count	WASHINGTON STATE SUPPORT REGISTRY	Payment Locator Code:	State			
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	♥ [ ] Current Support [ ] Arrears Only	*				

## CHILD SUPPORT ENFORCEMENT TRANSMITTAL #1 - INITIAL REQUEST, PAGE 2

Section II. Case Summary (Continued):						
Date of support order	State and county, tribe, or foreign country issuing order		Tribunal number			
Support amount/frequency	Date of last payment	Total amount of arrears	Period of computation			
\$		\$	thru			
[] Current Support [] Arrears Only						
[ ] Additional orders or information attached.						
Section III. Obligee Information: [] Parent [] Caretaker						
Obligee legal name (first, middle, last, suffix)						
If caretaker: relationship to child	nild(ren) [] Has legal custody/guardianship of the child(ren)					
Section IV. Obligor Information: Obligor legal name (first, middle, last, suffix)						
Section V. Dependent Child(ren) Information:						

Legal Name (first, middle, last, suffix)

## **VI.** Other Pertinent Information:

	[] Contin	ued or	attached sheet(s), incorporated by reference.
VII. Attachments:	(Supporting Documentation)		
[] Child Support Agency Confidenti	al Information Form for IV-D Use Only	[]	Uniform Support Petition
[] Declaration in Support of Establi	shing Parentage	[]	General Testimony
[] Personal Information Form for U	IFSA § 311	[]	Support order(s)
[] Letter of Transmittal Requesting	Registration	[]	Acknowledgment of parentage
[] Payment history		[]	Birth certificate/birth record
[] Arrears balance and/or accrued	interest (affidavit of arrears)	[]	Nondisclosure finding/affidavit
[] Arrears calculation (month by mor	nth)	[]	Other attachments

## **VIII. Contact Information:**

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).