CHILD SUPPORT ENFORCEMENT TRANSMITTAL #2 – SUBSEQUENT ACTIONS

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

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[ ] Child Support Agency Confidential Information Form Attached

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

Tribal Affiliation (if applicable)

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

Tribal Affiliation (if applicable)

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

File Stamp

To: (Agency Name and Address)

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

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

From: (Agency Name and Address)
DIVISION OF CHILD SUPPORT
PO BOX 11520
TACOMA WA 98411-5520

Payment Locator Code: _____ State _____

NOTE:
[ ] Nondisclosure Finding/Affidavit attached
[ ] This form sent through EDE
[ ] This request or information sent through CSENet

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

Providing:

1. [ ] Status update
2. [ ] Notice of hearing
3. [ ] Notice of case forwarding
4. [ ] Document filed
5. [ ] Order issued
6. [ ] Arrears calculation (month by month)
7. [ ] Payment history (provide details under section III)

8. [ ] Arrears balance and/or accrued interest (affidavit of arrears)
9. [ ] Notice of health care coverage change (see section III or attachment)
10. [ ] Notice of case receiving tax refund offset from federal collection and enforcement program
11. [ ] Nondisclosure finding/affidavit
12. [ ] Other

Requesting:

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

Please return the requested information.

Section II.   Intergovernmental Closure Actions:

From Initiating Agency:

1. [ ] The initiating agency has closed its IV-D intergovernmental case because

Proceed with closure of your responding IV-D intergovernmental case.

2. [ ] Close the responding agency's IV-D intergovernmental case and stop income withholding, if applicable. We are keeping our IV-D case open and your agency's intergovernmental services are no longer needed.

From Responding Agency:

3. [ ] The responding agency has closed its IV-D intergovernmental case at your request.

4. [ ] The responding agency intends to close its IV-D intergovernmental case on _____ (mm/dd/yyyy) because your agency failed to provide

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

Section III. Other Pertinent Information:

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

Fax: _____   E-mail: _____

Encryption Requirements:

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