

**CHILD SUPPORT ENFORCEMENT TRANSMITTAL #3 – REQUEST FOR ASSISTANCE/DISCOVERY**

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 Attached

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

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

**Tribal Affiliation** (if applicable)

File Stamp

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

**Tribal Affiliation** (if applicable)

**To:** (Agency Name and Address)

**Assisting Locator Code:** \_\_\_\_\_ State \_\_\_\_\_  
**Assisting Case Identifier:** \_\_\_\_\_  
**Assisting Tribunal Number:** \_\_\_\_\_

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

**Requesting Locator Code:** \_\_\_\_\_ State \_\_\_\_\_  
**Requesting IV-D Case Identifier:** \_\_\_\_\_  
**Requesting Tribunal Number:** \_\_\_\_\_

**NOTE:**

- Nondisclosure Finding/Affidavit attached  
 This form sent through EDE  
 This request or information sent through CSENet

**Dependent Child(ren) Information:**

Legal name(s) (first, middle, last, suffix):

**Section I. Action:**

The requesting agency asks for the following required limited service(s):

1.  Copy of:
  - Support order(s)
    - Must be certified
  - Payment record(s)
    - Must be certified
2.  Assistance with service of process
3.  Assistance with genetic testing
4.  Assistance with teleconference for hearing or deposition
5.  Assistance with administrative review
6.  Assistance with discovery
7.  Assistance with AEI

The requesting agency asks for the following limited service(s), which may be provided at state option:

8.  Assistance with a lien
9.  Financial data/proof of respondent's income
10.  Other: \_\_\_\_\_

The requesting agency asks for the following payment processing action:

11.  Forward payments received by your agency's SDU to the requesting agency's SDU for disbursement.  
 Send payments to: (SDU Name and Address): \_\_\_\_\_

Payment Locator Code: \_\_\_\_\_ State \_\_\_\_\_

Response needed by \_\_\_\_\_ (Date).

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**Section II. Other Pertinent Information:**

**Please Return the Acknowledgment**

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**Section III. Contact Information:**

Date	Requesting 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).

