

CHILD SUPPORT AGENCY CONFIDENTIAL INFORMATION FORM**FOR IV-D AGENCY USE ONLY – DO NOT FILE WITH A TRIBUNAL OR PROVIDE TO THE OTHER PARTY**

The information on the form may be disclosed only 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.

NOTE:

This form sent through EDE

Section I. Case Information:

Initiating jurisdiction name:	Responding jurisdiction name:
Initiating IV-D case identifier:	Responding IV-D case identifier:
Initiating tribunal number:	Responding tribunal number:

Section II. Parent/Caretaker Information:

Parent <input type="checkbox"/> Obligee or <input type="checkbox"/> Obligor		Parent <input type="checkbox"/> Obligee or <input type="checkbox"/> Obligor	
Legal name (first, middle, last, suffix):		Legal name (first, middle, last, suffix):	
Relationship to child(ren):		Relationship to child(ren):	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
Date of birth:	Place of birth: (city, county, state)	Date of birth:	Place of birth: (city, county, state)
SSN:	Home telephone:	SSN:	Home telephone:
Cell telephone:	Work telephone:	Cell telephone:	Work telephone:
Alias (e.g., maiden name, nickname):		Alias (e.g., maiden name, nickname):	
Home address (street, city, state, zip code):		Home address (street, city, state, zip code):	
Date address confirmed: _____		Date address confirmed: _____	
Mailing address (street, PO Box, city, state, zip code):		Mailing address (street, PO Box, city, state, zip code):	
Date address confirmed: _____		Date address confirmed: _____	
E-mail:		E-mail:	
Employer name:		Employer name:	
Date employer confirmed: _____		Date employer confirmed: _____	
Employer address (street, city, state, zip code):		Employer address (street, city, state, zip code):	
Employer FEIN:		Employer FEIN:	
Incarcerated? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, Inmate #: _____ and facility name: _____)		Incarcerated? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, Inmate #: _____ and facility name: _____)	

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Caretaker - Obligee (When obligee is not the child(ren)'s parent)	
Legal name (first, middle, last, suffix):	
Relationship to child(ren):	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
Date of birth:	
SSN:	Home telephone:
Cell telephone:	Work telephone:
Home address (street, city, state, zip code):	
Date address confirmed: _____	
Mailing address (street, PO Box, city, state, zip code):	
Date address confirmed: _____	
E-mail:	

Section III. Child(ren) Information:

Child #1 legal name (first, middle, last, suffix):	
Home address (street, city, state, zip code):	
SSN:	Date of birth:
Place of birth (city, county, state):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Nonmarital birth: <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, date of marriage: _____)	
If yes, complete the following:	
<input type="checkbox"/> Parentage established. Was this parentage establishment a paternity determination of fatherhood? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Parentage was established on _____ (date) in _____ (state).	
Parentage was established by:	
<input type="checkbox"/> Order	
<input type="checkbox"/> Acknowledgment of Parentage	
<input type="checkbox"/> Adoption	
<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Parentage was not established.	

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Section III. Child(ren) Information (Continued):

Child #2 legal name (first, middle, last, suffix):	
Home address (street, city, state, zip code):	
SSN:	Date of birth:
Place of birth (city, county, state):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Nonmarital birth: <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, date of marriage: _____)	
<p>If yes, complete the following:</p> <input type="checkbox"/> Parentage established. Was this parentage establishment a paternity determination of fatherhood? <input type="checkbox"/> Yes <input type="checkbox"/> No Parentage was established on _____ (date) in _____ (state). Parentage was established by: <input type="checkbox"/> Order <input type="checkbox"/> Acknowledgment of Parentage <input type="checkbox"/> Adoption <input type="checkbox"/> Other: _____ <input type="checkbox"/> Parentage was not established.	
Child #3 legal name (first, middle, last, suffix):	
Home address (street, city, state, zip code):	
SSN:	Date of birth:
Place of birth (city, county, state):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Nonmarital birth: <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, date of marriage: _____)	
<p>If yes, complete the following:</p> <input type="checkbox"/> Parentage established. Was this parentage establishment a paternity determination of fatherhood? <input type="checkbox"/> Yes <input type="checkbox"/> No Parentage was established on _____ (date) in _____ (state). Parentage was established by: <input type="checkbox"/> Order <input type="checkbox"/> Acknowledgment of Parentage <input type="checkbox"/> Adoption <input type="checkbox"/> Other: _____ <input type="checkbox"/> Parentage was not established.	

Additional Child(ren) Information Attached

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).