

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
Tribal Affiliation (if applicable) Medicaid Only
 Former Assistance
Respondent: Legal Name (first, middle, last, suffix) Never Assistance

Tribal Affiliation (if applicable)

File Stamp

To: (Agency Name and Address) **Assisting Locator Code:** _____ State _____
Assisting Case Identifier: _____
Assisting Tribunal Number: _____

From: (Agency Name and Address) **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

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).

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

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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)

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)

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

ACKNOWLEDGMENT: To be Completed by Assisting Agency and Returned to Requesting Agency

- Request received and no additional information is necessary
- Additional information needed (See remarks.)
- Remarks/Response

Your request has been forwarded for action to:

Name of person (first, middle, last, suffix): _____

Agency name: _____

Address: _____

Locator code: _____

Direct telephone number and extension: _____

Fax: () _____ E-mail: _____

Date Person completing form (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 emails may be used if the encryption method is compliant with Federal Information Processing Standard (FIPS) Publication 140-2 (FIPS PUB 140-2).

File Stamp

INSTRUCTIONS FOR THE CHILD SUPPORT ENFORCEMENT TRANSMITTAL #3 REQUEST FOR ASSISTANCE/DISCOVERY AND ACKNOWLEDGMENT

PURPOSE OF THE FORM:

The CSE Transmittal #3 - Request for Assistance/Discovery is designed for use when a IV-D agency needs limited assistance from another IV-D agency, but does not want the other agency to open a IV-D case. Federal law and regulations require all IV-D agencies to cooperate with requests from another state agency for limited services and payment forwarding. Sections 316 and 318 of UIFSA contain specific provisions that allow a tribunal to receive evidence from another state and to obtain discovery through a tribunal of another state. Whenever possible, a CSE Transmittal #3 request should be sent electronically using the appropriate CSENet transaction.

Italicized text that appears within a "box" refers to policy or provides additional information.

45 CFR 303.7(a)(8) lists limited services the state IV-D agency must provide and authorizes a state to honor requests for other services at its option.

When a IV-D agency receives a CSE Transmittal #3 - Request for Assistance/Discovery from another IV-D agency, it should not open an intergovernmental IV-D case. It should only provide the limited assistance requested. By contrast, an initiating jurisdiction should use CSE Transmittal #1 - Initial Request when asking the responding jurisdiction to open an interstate IV-D case.

For an address outside the United States, be sure to include the foreign country and postal code.

Tribal IV-D programs may choose to use the federal Intergovernmental forms. However, they are not required to use or accept such forms. If you have any questions, contact the tribal IV-D agency directly using the contact information on the OCSE website.

If this is a tribal IV-D case, note that tribal locator codes uniquely identify tribal cases with "9" in the first position, 0 (zero) in the second position, and then a 3-character tribal code defined by the Bureau of Indian Affairs (BIA).

HEADING/CAPTION:

The agency requesting assistance/discovery determines the heading. Note that the heading appears on both the **Child Support Enforcement Transmittal #3** and on the **Acknowledgment** page.

- Check if a Child Support Agency Confidential Information Form is attached. The Child Support Agency Confidential Information Form will be needed for most actions being requested since most of the identifying information has been removed from the CSE Transmittal #3.
- Identify the **petitioner** and **respondent** by full legal name (first, middle, last, suffix) and, if applicable, include the name of the tribe with which the petitioner or respondent is affiliated.
- Check the appropriate box to identify the type of IV-D case: TANF, IV-E foster care, Medicaid only, former assistance, or never assistance.

TANF means the obligee's family is currently receiving IV-A cash payments. A Medicaid only case is a case in which the obligee's family receives Medicaid but does not receive TANF.

- In the space marked "To:", list the name and address (street, PO Box, city, state, and zip code) of the agency to which you are sending the CSE Transmittal #3.
- In the appropriate spaces, if applicable and if known, enter the assisting agency's locator code, state, case identifier, and tribunal number.

The assisting agency is the IV-D agency that is providing services at the request of the requesting agency. Under "case identifier", enter the number/identifier identical to the one submitted on the Federal Case Registry, which is a left-justified up to 15-character alphanumeric field, allowing all characters except asterisk and backslash, and with all characters in uppercase. Under "tribunal number", you may enter the docket number, cause number, or any other appropriate reference number that the assisting tribunal may use to identify the case, if known.

- In the space marked “From:”, list the requesting agency’s name and address (street, PO Box, city, state, zip code).
- In the appropriate spaces, enter the requesting agency’s locator code, state, IV-D case identifier, and, if applicable, tribunal number.

The requesting agency is the agency that is requesting services from the assisting agency. Under “case identifier,” enter the number/identifier identical to the one submitted on the Federal Case Registry, which is a left-justified up to 15-character alphanumeric field, allowing all characters except asterisk and backslash, and with all characters in uppercase. Under “tribunal number”, you may enter the docket number, cause number, or any other appropriate reference number that the requesting tribunal may use to identify the case, if known.

In the “NOTE:” section, check any of the following that apply:

- **Nondisclosure Finding/Affidavit attached** - If there is a finding prohibiting disclosure of a party’s or child(ren)’s address/identifying information or an affidavit alleging that disclosure of such information would result in risk of harm, check the box for “Nondisclosure Finding/Affidavit attached” and attach a copy of the finding/affidavit in accordance with section 312 of UIFSA. If there is a finding/affidavit prohibiting disclosure, the information must be sealed and may not be disclosed to the other party or the public. You may provide the address of the IV-D agency as a substitute address for the protected party.

UIFSA requires that the petition or accompanying documents include certain identifying information regarding the parties and child(ren) (e.g. residential address, social security number) unless a party alleges in an affidavit or a pleading under oath that the health, safety, or liberty of a party or child would be jeopardized by disclosure of such information. In that event, the information must be sealed.

If a jurisdiction has reason to believe that information should not be released because of safety concerns, it should ensure that there is a nondisclosure finding or an allegation in an affidavit or the pleading that disclosure of identifying information would result in a risk of harm, as provided under section 312 of UIFSA. In addition to identifying information included on this form, it may be appropriate to submit certain financial information under seal.

- **This form sent through EDE** - Check if this transmittal was sent through the Electronic Document Exchange (EDE).
- **This request or information sent through CSENet** - Check if this request for information was sent through CSENet.

The following options are available for making IV-D requests and sending information on IV-D cases:

1. *CSENet transactions are the recommended method for making requests or sending information to another state. If CSENet is not listed as an option on the form, then it cannot be used to convey any of the requests for information or IV-D requests provided on the form. Supporting documentation should be sent through EDE, whenever possible. If certified copies are needed, hard copies should also be sent by mail. Mail or fax may also be used for all documents when EDE is not available.*
2. *If CSENet transactions are not available in your state, EDE is the next preferred method for transmitting your request or information. Both your state and the receiving state must be using the EDE application to use this communication method.*
3. *If the EDE application is not available in your state or the receiving state, then mail or fax must be used to communicate your request.*

Dependent Child(ren) Information

- List all child(ren) for whom support is owed or being sought. For each child, provide the child’s full legal name (first, middle, last, suffix).

Section I. Action:

Check the appropriate box(es) to indicate which limited services are requested. Multiple services may be requested, as appropriate. To make a quick locate/locate only request, use CSENet, or, for states and tribes without CSENet, the Child Support Locate Request form. You may also make locate inquiries through the OCSE State Services Portal.

- Check **item 1** “Copy of” to request copies of “Support order(s)” and/or “Payment record(s)”. Check the applicable “Must be certified” box(es) if the copies must be certified.

- Check **item 2** “Assistance with service of process” if you want assistance with service of process. You may directly contact (via telephone, fax, or other means) the sheriff or other appropriate official in another agency to request personal service of process in the other jurisdiction. Send the request for assistance/discovery on the CSE Transmittal #3 only if such attempts have been unsuccessful. Attach such documentation as necessary for service of process.
- Check **item 3** “Assistance with genetic testing” if you want assistance with genetic testing. Include in section II, or attach, any necessary information or materials, including the names of genetic testing laboratories, protocols to be followed, and testing kits.
- Check **item 4** “Assistance with teleconference for hearing or deposition” if you want assistance in scheduling a teleconference for a hearing or deposition. Attach a copy of the hearing notice or deposition.
- Check **item 5** “Assistance with administrative review” if you want assistance with an administrative review. Use the CSE Transmittal #2 rather than this form if you need assistance from the order-issuing agency with an administrative review for a contested debt certification in the federal collection and enforcement program, you are the submitting state, and you have an intergovernmental case with the order-issuing agency.
- Check **item 6** “Assistance with discovery” if you want assistance with discovery.

If you are requesting that the tribunal in the other state compel a person over whom it has jurisdiction to respond to a discovery order issued by a tribunal of another state (in accordance with section 318 of UIFSA), attach a copy of the discovery order. Some states may require a certified copy.

- Check **item 7** “Assistance with AEI” if you want assistance through high-volume, automated administrative enforcement in interstate cases (AEI). Check the Intergovernmental Reference Guide (IRG) for state-specific requirements.
- Check **item 8** “Assistance with a lien” if you want assistance with a lien. Attach an arrears balance and/or provide other information in section II that the assisting agency may need. Prior to using the CSE Transmittal #3 for this purpose, contact the assisting state and determine if the CSE Transmittal #3 or CSE Transmittal #1 is needed. If the assisting state requires a “full” referral (case information and documentation), use the CSE Transmittal #1 instead.
- Check **item 9** “Financial data/proof of respondent’s income” if you want financial data or proof of the respondent’s income. Explain your request in section II or an attachment.
- Check **item 10** “Other” if the reason you want assistance or discovery is not listed above. On the blank line, indicate the assistance needed; be as specific as possible.
- Check **item 11** “Forward payments received by your agency’s SDU to the requesting agency’s SDU for disbursement” if the requesting agency needs this payment processing action. In the space marked “Send payments to:” list the name and address (street, PO Box, city, state, and zip code) of your agency’s state disbursement unit (SDU). In the appropriate spaces, enter the locator code and state where payments should be sent.

In the space provided, note the date that the response is needed.

Section II. Other Pertinent Information:

In this section provide additional information that may be useful in processing your request. Provide any necessary identifying information and background information about why the request is being made, including: (1) information on the nature of the pending action (e.g., parentage, support, modification, enforcement); and (2) the reason assistance from the other agency is needed. If the information is related to section 1, identify the item number.

Section III. Contact Information:

At the bottom of page 2, provide a specific contact person’s name, a direct telephone number (including extension if necessary), a fax number, and an e-mail address to expedite communication between jurisdictions.

ACKNOWLEDGMENT:

The requesting agency should always include the “Acknowledgment” page with the CSE Transmittal #3. The requesting agency completes the Heading/Caption on the acknowledgment page. The assisting state agency completes the rest of the acknowledgment and returns it to the requesting agency. If the assisting agency does not provide the requested limited service for a reason other than the need for more information, the assisting agency may use the “Remarks/Response” check box and explain in the provided space. An automated acknowledgment may be sent through CSENet.

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).

The Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 0.08 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.