Linda Lea M. Viken
Viken, Viken, Pechota, Leach & Dewell, LLP
Atorneys at Law
1617 Sheridan Lake Road
Rapid City, South Dakota 57702
Telephone (605) 341-4400
Fax (605) 341-0716
E-mail: llmv@vvpld.com

Education
University of South Dakota, B.S. in Business Education, 1967, with honors
University of South Dakota School of Law, J. D., December 1977

Professional Activities
Partner in law firm, Viken, Viken, Pechota, Leach & Dewell since 1992
Board Certified in Family Law Trial Advocacy by the National Board of Trial Advocacy
Member, Family Law Committee of the State Bar of South Dakota
Chair, Federalization of Family Law Committee, American Academy of Matrimonial Lawyers
Member, Marguerite Rawalt Legal Defense Fund Board of Trustees, American Association of University Women
Past Chair and Member, South Dakota Commission on Child Support
Member, Unified Judicial System Visitation Task Force
Member, Board of Directors, South Dakota Coalition for Children
Served 8 years as a South Dakota State Representative

Law Related Publications, Academic Appointments and Honors
Author "Hearsay and the Child," Family Advocate, Summer 1987, Volume 10, Number 1
Speaker, South Dakota Bar Association Continuing Legal Education Programs:
Speaker, "The Use of Mediation and Investigation in Custody Cases," 1988 - Law Education Institute, Vail, Colorado
Speaker, "In The Spirit Of Professionalism - The Lawyer's Responsibility For Public Service," USD Law School, 1988
Speaker, "The Military Family," 1988 - Law Education Institute, Vail, Colorado
Speaker, “Federalism of Family Law,” AAML Annual Meeting, November 1997
Speaker, South Dakota Trial Lawyers Seminar, "Fee Agreements," 1984
Speaker, "Documentary Presentation of Evidence in a Contested Divorce Trial," South Dakota Trial Lawyers Court Trial Seminar 1991
Speaker, “Painless Discovery from a Plaintiff and Defense Viewpoint,” South Dakota Trial Lawyers Pre & Post Trial Essentials Seminar, October 1997
# TABLE OF CONTENTS

CHILD SUPPORT JURISDICTION ......................................................... 1

I. INTRODUCTION ........................................................................ 1

II. FULL FAITH AND CREDIT FOR CHILD SUPPORT ORDERS ACT OF 1994 ......................................................... 1

III. UNIFORM INTERSTATE FAMILY SUPPORT ACT ....................... 2
   Caveats .................................................................................. 3

IV. INITIAL ORDER JURISDICTION .............................................. 4

V. JURISDICTION FOR ENFORCEMENT ....................................... 5

VI. JURISDICTION FOR MODIFICATION ..................................... 8
   Malpractice Trap .................................................................... 11

VII. CONTROLLING ORDER DETERMINATION ............................. 11

VIII. CONCLUSION ...................................................................... 12

THE THEORY IN PRACTICE - A PRACTITIONER’S CHECKLIST ......... 13

I. INTRODUCTION ..................................................................... 13

II. ESTABLISHMENT OF THE INITIAL ORDER ......................... 13

III. SEEKING ENFORCEMENT OF THE ORDER IN ANOTHER STATE ...... 13

IV. MODIFICATION OF EXISTING ORDER ................................. 14

APPENDIX A

APPENDIX B

APPENDIX C
CHILD SUPPORT JURISDICTION

I. INTRODUCTION

Jurisdiction over support matters can in many instances differ from jurisdiction to grant the divorce or jurisdiction over child custody. This presentation focuses on two jurisdictional pieces of legislation dealing with establishing and modification of support: the Full Faith and Credit for Child Support Orders Act of 1994\(^1\) (FFCCSOA) and the Uniform Interstate Family Support Act (UIFSA).

II. FULL FAITH AND CREDIT FOR CHILD SUPPORT ORDERS ACT OF 1994


Because the full faith and credit clause of the United States Constitution does not automatically insure that one state’s judgment will be enforceable in another state, problems arose with retroactive modification of past due payments. To stop the hemorrhage of support orders caused by jurisdiction jumping, Congress enacted the Full Faith and Credit For Child Support Orders Act (FFCCSOA) in 1994. This Act requires that all courts of the United States and its territories accord full faith and credit to a child support order issued by a sister state which has properly exercised jurisdiction over the parties and the subject matter, subject to only limited defenses. This law contains jurisdictional proscriptions identical to UIFSA. The FFCCSOA prohibits a state from entering a new order or

\(^1\) 28 USC § 1738(B) Appendix A.
modifying an existing child support order from another state unless all the parties and the child have left the issuing state or the parties have filed a written consent in the court of the issuing state to have another state modify the order. Just as for custody orders under the Parental Kidnapping Prevention Act, the jurisdiction of the issuing state continues even after the parties and the child have left the state until such time as a new state of residence obtains jurisdiction to modify the order.\(^2\) Cases have held that even if all parties have left the state and a child or one of the parties returns thereto, the originating state’s jurisdiction is again exclusive if no intervening modification has occurred. See Porter v. Porter, 684 A2d 259 (RI 1996).

Under the FFCCSOA, as with UIFSA, the law of the forum state applies in any proceedings to establish or modify a support order, but the law of the issuing state is applied to interpret an existing support order including the length of the obligation. A court can apply the longer of the statute of limitations of the forum state or the state of the issuing court when enforcing arrears.\(^3\)

### III. UNIFORM INTERSTATE FAMILY SUPPORT ACT

The Uniform Interstate Family Support Act was the recommended replacement for the Uniform Reciprocal Enforcement of Support Act (URESA) which was first enacted in 1950 and later updated as RURESA. Notwithstanding this legislation, the states’ handling of URESA and RURESA was neither uniform nor reciprocal and many states had special rules and requirements that made timely and effective litigation impossible. Therefore in 1992 the National Conference of Commissioners

---

\(^2\) A trial court loses its exclusive jurisdiction to modify its order when all parties move from the state and a request is made to register the order in the state of residence of the obligor. In re Abplanalp, 7 P3d 1269 (KS App. 2000).

\(^3\) 28 USC §1738B(h) (1998).
on Uniform State Laws (NCCUSL) promulgated UIFSA as a replacement for the revised URESA. Further clarifying amendments were approved in 1996.

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) required that states have UIFSA in effect by January 1, 1998, including any amendments adopted by NCCUSL as of 1996. As of April 1, 1998, all states and territories and the District of Columbia had some form of UIFSA.

One of the main concerns of the drafters of UIFSA was that the orders entered thereunder existed independently of each other which resulted in conflicting and multiple orders governing the same parties and children. Thus the goal of UIFSA was to provide one order to control the current support obligation even though more than one state might enforce it. Under UIFSA while a state may have jurisdiction to enforce an order it does not necessarily acquire jurisdiction to modify the order.

Under UIFSA there is both a registration procedure for enforcement and a registration procedure for modification. A petitioner can seek enforcement in any state where the obligor derives income or owns property or assets.

Caveats

There are three jurisdictional idiosyncracies to remember about UIFSA:

1. UIFSA does not deal with visitation or custody matters. As noted in the official comments “the primary object of this prohibition is to preclude joining disputes over child custody and visitation with the establishment, enforcement or modification of child support. . . .”
2. The Act provides limited immunity to an out-of-state petitioner appearing in a UIFSA proceedings in a responding tribunal. Participation in a UIFSA hearing does not confer personal jurisdiction over the petitioner in another proceeding nor is the petitioner amenable to service of process.

3. Spousal support orders can be modified only by the original issuing jurisdiction. See Hibbits v. Hibbits, 749 A2d 975 (PA Super. Ct. 2000); State ex rel Kirby v. Jacoby, 975 P2d 939 (UT Ct. App. 1999); In re Erickson, 991 P2d 123 (WA Ct. App 2000). For an interesting discussion of the application of this principle of alimony jurisdiction versus child support jurisdiction, see Weekley v. Weekley, 604 NW2d 19 (SD 1999).

IV. INITIAL ORDER JURISDICTION

In Kulko v. Superior Court, 436 US 84, 98 S.Ct. 1690 (1978), the United States Supreme Court rejected a child-centered basis for establishing jurisdiction for child support over a non-resident. The UIFSA jurisdictional long arm provisions found at §201(1) contain a number of permissible basis for asserting jurisdiction over the out-of-state parent. These include the following:

1. Individuals personally served with a citation, summons or similar notice within the state;
2. The individual submits to the jurisdiction of the state by consent, by entering a general appearance, or by filing a responsive document with the effect of waiving any contest to personal jurisdiction;
3. The individual resided with the child in the state;

---

4 UIFSA §205 and 206(c); but see definition of “duty of support” and “support order” which include alimony. UIFSA §101(3) and (21).
4. The individual resided in the state and provided prenatal expenses or support for the child;
5. The child resides in the state as a result of the acts or directives of the individual;
6. The individual engaged in sexual intercourse in the state and the child may have been conceived by that act of intercourse;
7. The individual asserted parentage in the putative father registry maintained in the state by the appropriate agency; or
8. There is any other basis consistent with the constitutions of the state and the United States for the exercise of personal jurisdiction.

Of course, in lieu of using long arm jurisdiction under UIFSA, a parent may simply elect to file in the home state of the respondent. If competing actions are filed, UIFSA gives priority to the child’s home state rather than the state where the matter was first filed. The state of first filing is given priority only if no action is filed in the child’s home state. UIFSA also requires that if there is a subsequent petition it must be filed before the time for filing a responsive pleading in the first forum has elapsed and there must be a timely challenge to the jurisdiction in the first forum.

V. JURISDICTION FOR ENFORCEMENT

Under UIFSA a support order may be registered for enforcement purposes. This registration does not, however, confer jurisdiction to modify the order. For enforcement purposes “support” includes ongoing support, arrearages, health care reimbursement, interest, attorneys fees and related costs and fees.

_____________________________

5 UIFSA §204.
6 UIFSA §601-608.
7 UIFSA §101(21).
An order issued by a tribunal of another state can be registered for enforcement in a “responding state.” A petitioner can choose to file either with their local tribunal which will serve as the “initiating tribunal” or directly in the responding state, that is, the state of the obligor’s residence. The order then becomes enforceable in the same manner as if it were issued by the responding state, but it may not be modified. A pleading is usually not required unless the law of the responding state requires that the enforcement remedy be specifically plead. UIFSA however requires certain information be provided to the responding state:8

1. A transmittal letter requesting registration and enforcement.

2. Two copies including one certified copy of all orders to be registered, including any modification of an order.

3. Petitioner’s sworn statement, or a certified statement, by the custodian of records, showing the amount of any arrears.

4. The name and if known the Social Security number and address of the obligor.

5. The name and address of the obligor’s employer and any source of income.

6. A description and location of property subject to execution.

7. The name and address of the obligee and entity to whom payments should be sent.

The registering tribunal must file a support order as it would a foreign judgment and must also notify the non-registering party of the registration and include a copy of the registered order and any accompanying documents. If any income withholding order has been registered for enforcement, the registering tribunal must also notify the obligor’s employer pursuant to the income withholding

8 UIFSA §602. The Federal Office of Child Support Enforcement has developed UIFSA forms, see Appendix B.
law of that state. As a practical matter, it may be necessary for the practitioner to provide these documents to the tribunal for its use to ensure that this portion of the law is complied with. See Appendix C for sample forms to send to the clerk to ensure compliance.

A registering tribunal must schedule a hearing upon a timely request for hearing and give notice to the parties. The law of the forum state is applied at the hearing including the procedural and substantive law. If a party desires to contest registration for enforcement, a hearing must be requested within 20 days of the notice of registration. The non-registering party may seek to vacate the registration, to assert any defense to an allegation of noncompliance with the registered order, or contest the remedies being sought or the amount of arrearages alleged. A failure to timely object results in confirmation of the order by operation of law. UIFSA §313(b) provides that the tribunal must order the payment of costs and reasonable attorney’s fees if it is determined that a hearing was requested primarily for delay. Attorney’s fees are permissive otherwise.

The party who contests the validity or enforcement of the order, or seeks to vacate the registration must prove one or more of the following defenses:

1. The issuing tribunal lacked personal jurisdiction over the contesting party;
2. The order was obtained by fraud;
3. The order has been vacated, suspended, or modified by a later order;
4. The issuing tribunal has stayed the order pending appeal;
5. There is a defense under the law of the state to the remedy sought;
6. Full or partial payment has been made; or

---

9UIFSA §303; UIFSA’s short window of time to contest an order filed for enforcement has been upheld. Washington v. Thompson, 6 SW3d 82 (AK 1999).
10UIFSA §606.
7. The statute of limitation under Section 604 (Choice of Law) precludes enforcement of some or all of the arrearages.\textsuperscript{11}

VI. JURISDICTION FOR MODIFICATION

The goal of both UIFSA and FFCCSOA is “one order, one time, one place.” Under both UIFSA and FFCCSOA only one state can modify the existing order at any one time. As long as either of the individual parties or the child resides in the state that entered the original order, that state retains exclusive jurisdiction to modify the order upon the proper petition, both under UIFSA and FFCCSOA. When the parties and the child have left the state issuing the initial order or, if the parties agree in writing to allow the court of another state to have jurisdiction, UIFSA sets forth a method for registering the support order in another state for purposes of modification. But that modification, though it may be sought by either party, must be done in the jurisdiction of the opposing party.\textsuperscript{12} If the child support order was issued by a foreign nation, the tribunal in the obligor’s state of residence may decide whether modification is appropriate under its law.\textsuperscript{13}

Registration for modification requires a petition for registration and modification.\textsuperscript{14} The petition must allege the grounds for modification and be accompanied by two copies, one certified, of the support orders to be registered. The petitioner must submit a sworn statement containing the same information as required by registration for enforcement. While financial information is not required,

\textsuperscript{11}UIFSA §607.


\textsuperscript{13}UIFSA §611(a)(2).

\textsuperscript{14}See Appendix B for form.
the testimony forms that have been developed for UIFSA cases by the Federal Office of Child Support Enforcement include financial statements for both parties. Just as in registration for enforcement, the registering tribunal must provide the non-registering party with notice. The non-registering party has 20 days to contest registration or raise a defense to the modification request.

For the responding tribunal to have jurisdiction to modify the support order the following must be present:

1. The original issuing state must lack continuing exclusive jurisdiction either because no obligor, individual obligee, or child continues to reside there or both individual parties have agreed in writing that the registering state may exercise jurisdiction to modify.
2. The petitioner is a non-resident of the registering state and the registering tribunal has jurisdiction over the respondent.

OR

1. The original issuing state must lack continuing exclusive jurisdiction because no obligor, individual obligee, or child continues to reside there,
2. All of the individual parties reside in the same state, and
3. A party has registered the order in the state where the parties now reside.

Once a state determines it properly has jurisdiction for modification, and, after proper notice and hearing, the court then applies its own procedural and substantive law and the duty of support and amount payable will be determined in accordance with the law and support guidelines of that state.

---

15 See Appendix B for form.

16 §611. The courts have been clear that an action to modify support must be initiated in the state of the obligor’s residence unless the obligor consents to another state’s jurisdiction. See Phillips v. Fallen, 6 SW3d 862 (MO 1999).

17 UIFSA §613.
state.\textsuperscript{18} UIFSA outlines duties and powers of the responding tribunal. A tribunal may not modify any aspect of the child support order that could not be modified under the law of the issuing state such as whether post minority support is appropriate. A trial court must enforce the child support provisions of a foreign divorce decree rather than a subsequent order entered by a court of the forum state purporting to shorten the duration of the support applying the Full Faith and Credit For Child Support Order Act. \textit{State ex rel Harnes v. Lawrence}, No. 99-1254 (NC Ct. App. 12/5/00). Once an order modifying child support has been properly entered in a state, that state then becomes the tribunal having continuing exclusive jurisdiction.\textsuperscript{19} Therefore caution should be exercised by the practitioner as to when and where to seek modification as the responding state’s child support laws may result in a greater or lesser support award than the current order for support.

\textbf{Malpractice Trap}

The party obtaining a modification must file a certified copy of the modified order with the issuing tribunal which had continuing exclusive jurisdiction and in each tribunal where the earlier order had been registered. This filing must be within 30 days.\textsuperscript{20} Failure to file the notice subjects the petitioner to sanctions where the failure to file occurs, but does not affect the validity and enforceability of the other modified order.

\textsuperscript{18} UIFSA applies the child support guidelines of the state of residence of the obligor. \textit{Department of Human Services v. Frye}, No. Han-99-592 (Maine 6/30/00).

\textsuperscript{19} The modification of an original support order by a court having proper UIFSA jurisdiction operates to extinguish the originating state’s exclusive jurisdiction. \textit{Loden v. Loden}, No. 79A05-9911-CV525 (Ind. Ct. App. 10-25-00).

\textsuperscript{20} UIFSA §614.
VII. CONTROLLING ORDER DETERMINATION

UIFSA authorizes a proceeding, which is similar in nature to a declaratory judgment in which a tribunal may determine which of multiple support orders is controlling.\textsuperscript{21} Either the obligor or an obligee may make the request. There are three requirements. First, an individual party must reside in the forum state. (It is not necessary for the requesting party to be the party that resides in the forum state.) Second, the party requesting the determination must accompany a written request with a certified copy of every support order in effect. The Federal Case Registry (FCR) can be utilized to search for multiple support orders. The FCR contains information on individuals and all publicly enforced cases and private (non IV-D) orders that were entered or modified after October 1, 1998. In addition, CSENet is a small communication network between states used to transfer information on an order or case contained in one state case registry to another. These sources however are not normally available to the practitioner, but may be available in a given state through the local child support enforcement agency. Third, every party whose rights may be affected must be notified.

The order that determines the controlling order must list all orders considered and the basis upon which the determination was made. Within 30 days after a controlling order is issued the party obtaining the order must file a certified copy with each tribunal that issued or registered an earlier order of child support.\textsuperscript{22} Failure to do so subjects the party to sanctions.

Careful consideration should be given by the practitioner in determining when and where to request a ruling on a Controlling Order as the parties’ residence (particularly the obligor’s) at the time a decision is made may affect the ruling, as that state’s local rules will be applied including procedural and substantive law and the duty of support and amount payable will be determined in

\textsuperscript{21} UIFSA §307(c).

\textsuperscript{22} See Appendix B for form “Notice of Determination of Controlling Order.”
accordance with the law and support guidelines of that state.

**VIII. CONCLUSION**

Just as the Parental Kidnapping Prevention Act (PKPA) and the Uniform Child Custody Jurisdiction Act (UCCJA) or Uniform Child Custody Jurisdiction Enforcement Act (UCCJEA) work together for custody jurisdiction, the UIFSA and FFCCSOA work in tandem to address support issue jurisdiction.
THE THEORY IN PRACTICE
A PRACTITIONER’S CHECKLIST

I. INTRODUCTION

Having reviewed the two main pieces of legislation dealing with jurisdiction over child support orders, what are the questions then for a practitioner to answer when faced with the issue of establishment or modification of a support order?

II. ESTABLISHMENT OF THE INITIAL ORDER

1. Which court has the jurisdiction over the potential obligor?
   a. Does the state long arm jurisdiction apply?
   b. Does the state version of UIFSA apply?

III. SEEKING ENFORCEMENT OF THE ORDER IN ANOTHER STATE

1. Does the initial issuing tribunal still have continuing exclusive jurisdiction?
2. Does the state long arm jurisdiction bring the obligor under the authority of the court?
3. If not, is registration for enforcement available in the state of residence of the obligor?
   a. Check version of UIFSA adopted by the state of obligor’s residence.
   b. Check available remedies for enforcement.
4. Determine remedies to be requested including income withholding, contempt, marshaling of assets, etc.
5. Fill out and transmit the proper forms to the state or states where obligor resides and/or has property and assets.
6. Insure that proper notification is given by the responding court to the obligor.
7. Be familiar with the responding state’s rules of procedure (or refer your client to an AAML member residing therein).

IV. MODIFICATION OF EXISTING ORDER

1. What order or orders exist?
   a. Determine if assistance can be obtained from the local office of child support enforcement to access all the state records.
   b. Obtain certified copies of the order and verify that no subsequent orders have been issued in that tribunal.

2. Determine the applicability of FFCCSOA as to the following:
   a. Which order was entered first?
   b. At the time of the entry of that order was there jurisdiction over the parties pursuant to FFCCSOA and UIFSA?
   c. If there was a subsequent modification was there compliance with FFCCSOA?
      1. Had all parties left the state that had issued the order?
      2. Had another court properly assumed jurisdiction under UIFSA or had the parties consented to another state having jurisdiction?
   d. If there was a subsequent modification was there compliance with UIFSA?
      1. Was notice properly given?
      2. Was the law of the forum applied?
      3. Was notice of the modification properly given to all courts?

4. Which state now has jurisdiction under FFCCSOA to modify the order?
   a. Have the parties and the child moved from the state of the last order?
b. Is there any long arm jurisdiction available?

c. Where does the obligor reside?

5. Which state now has jurisdiction under UIFSA to modify the order?
   a. Do any states have constitutional long arm jurisdiction over him?
   b. Where does the obligor personally reside?

6. Should I request a Controlling Order Determination?
   a. Where do the parties currently reside?
   b. What state’s law will be utilized and how does that affect the outcome?
   c. If the Controlling Order is obtained, be sure proper notice is given to all parties.

7. File in accordance with the provisions of UIFSA requesting modification.

8. Be sure the obligor receives proper and timely notice of the proceedings.

9. Review and utilize the discovery method allowed under UIFSA.

10. Be sure that all states wherein the previous order or orders were obtained or registered for enforcement receive timely notice of the modified order.
# TABLE OF AUTHORITIES

## CASES

<table>
<thead>
<tr>
<th>Case</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cepukenas v. Cepukenas, 584 NW2d 227 (WI Ct. App. 1998)</td>
<td>8</td>
</tr>
<tr>
<td>Department of Human Services v. Frye, No. Han-99-592 (Maine 6/30/00)</td>
<td>10</td>
</tr>
<tr>
<td>Groseth v. Groseth, 257 NW2d 525 (NE1999)</td>
<td>8</td>
</tr>
<tr>
<td>In re Abplanalp, 7 P3d 1269 (KS App. 2000)</td>
<td>2</td>
</tr>
<tr>
<td>In re Erickson, 991 P2d 123 (WA Ct. App 2000)</td>
<td>4</td>
</tr>
<tr>
<td>Kelly v. Otte, 474 SE2d 131 (NC Ct. App. 1996)</td>
<td>1</td>
</tr>
<tr>
<td>Kulko v. Superior Court, 436 US 84, 98 S.Ct. 1690 (1978)</td>
<td>4</td>
</tr>
<tr>
<td>Loden v. Loden, No. 79A05-9911-CV525 (Ind. Ct. App. 10-25-00)</td>
<td>10</td>
</tr>
<tr>
<td>Phillips v. Fallen, 6 SW3d 862 (MO 1999)</td>
<td>9</td>
</tr>
<tr>
<td>Porter v. Porter, 684 A2d 259 (RI 1996)</td>
<td>2</td>
</tr>
<tr>
<td>State ex rel Harnes v. Lawrence, No. 99-1254 (NC Ct. App. 12/5/00)</td>
<td>10</td>
</tr>
<tr>
<td>State ex rel Kirby v. Jacoby, 975 P2d 939 (UT Ct. App. 1999)</td>
<td>4</td>
</tr>
<tr>
<td>State v. Skladanuk, 683 S2d 624 (FL Dist. Ct. App. 1996)</td>
<td>1</td>
</tr>
<tr>
<td>Washington v. Thompson, 6 SW3d 82 (AK 1999)</td>
<td>7</td>
</tr>
<tr>
<td>Weekley v. Weekley, 604 NW2d 19 (SD 1999)</td>
<td>4, 8</td>
</tr>
</tbody>
</table>
STATUES

28 USC §1738B ............................................................ 1
28 USC §1738B(h) ........................................................... 2

OTHER

Parental Kidnapping Prevention Act (PKPA) ........................................................... 2, 12
Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) ........................................................... 3
RURESA ....................................................................... 2
UIFSA §101(3) and (21) .......................................................... 4
UIFSA §101(21) ................................................................. 6
UIFSA §201(1) ................................................................. 4
UIFSA §204 .................................................................... 5
UIFSA §205 and 206(c) .......................................................... 4
UIFSA §303 .................................................................... 7
UIFSA §307(c) ................................................................. 11
UIFSA §313(b) ................................................................. 7
UIFSA §601-608 ................................................................. 5
UIFSA §602 .................................................................... 6
UIFSA §606 .................................................................... 7
UIFSA §607 .................................................................... 8
UIFSA §611 .................................................................... 9
UIFSA §611(a)(1)(ii)(iii) .......................................................... 8
UIFSA §611(a)(2) ................................................................. 8
UIFSA §613 ........................................................................... 10
UIFSA §614 ........................................................................... 11
Uniform Child Custody Jurisdiction Act (UCCJA) ......................................................... 12
Uniform Child Custody Jurisdiction Enforcement Act (UCCJEA) ................................. 12
Uniform Reciprocal Enforcement of Support Act (URESA) ............................................ 2, 3
APPENDIX A

28 USC 1738B. FULL FAITH AND CREDIT FOR CHILD SUPPORT ORDERS
28 USC 1738B. FULL FAITH AND CREDIT FOR CHILD SUPPORT ORDERS

(a) General Rule. The appropriate authorities of each State—

(1) shall enforce according to its terms a child support order made consistently with this section by a court of another State; and

(2) shall not seek or make a modification of such an order except in accordance with subsections (e), (f), and (i).

(b) Definitions. In this section:

“child” means—

(1) a court that makes the order, pursuant to the laws of the State in which the court is located and subsections (e), (f), and (i)—

(A) has subject matter jurisdiction to hear the matter and enter such an order; and

(B) has personal jurisdiction over the contestants; and

(2) reasonable notice and opportunity to be heard is given to the contestants.

(d) Continuing jurisdiction. A court of a State that has made a child support order consistently with this section has continuing, exclusive jurisdiction over the order if the State is the child’s State or the residence of any individual contestant unless the court of another State, acting in accordance with subsections (e) and (f), has made a modification of the order.

(e) Authority To Modify Orders. A court of a State may modify a child support order issued by a court of another State if—

(1) the court has jurisdiction to make such a child support order pursuant to subsection (i); and

(2) (A) the court of the other State no longer has continuing, exclusive jurisdiction of the child support order because that State no longer is the child’s State or the residence of any individual contestant; or

(B) each individual contestant has filed written consent with the State of continuing, exclusive jurisdiction for a court of another State to modify the order and assume continuing, exclusive jurisdiction over the order.

(f) Recognition of Child Support Orders. If 1 or more child support orders have been issued with regard to an obligor and a child, a court shall apply the following rules in determining which order to recognize for purposes of continuing, exclusive jurisdiction and enforcement:

(1) If only 1 court has issued a child support order, the order of that court must be recognized.

(2) If 2 or more courts have issued child support orders for the same obligor and child, and only 1 of the courts would have continuing, exclusive jurisdiction under this section, the order of that court must be recognized.

(3) If 2 or more courts have issued child support orders for the same obligor and child, and more than 1 of the courts would have continuing, exclusive jurisdiction under this section, an order issued by a court in the current home State of the child must be recognized, but if an order has not been issued in the current home State of the child, the order most recently issued must be recognized.

(4) If 2 or more courts have issued child support orders for the same obligor and child, and none of the courts would have continuing, exclusive jurisdiction under this section, a court having jurisdiction over the parties shall issue a child support order, which must be recognized.

(5) The court that has issued an order recognized under this subsection is the court having continuing, exclusive jurisdiction under subsection (d).

(g) Enforcement of Modified Orders. A court of a State that no longer has continuing, exclusive jurisdiction of a child support order may enforce the order with respect to nonmodifiable obligations and unsatisfied obligations that accrued before the date on which a modification of the order is made under subsections (e) and (f).

(h) Choice of Law.

(1) In general. In a proceeding to establish, modify, or enforce a child support order, the forum State’s law shall apply except as provided in paragraphs (2) and (3).

(2) Law of State of issuance of order. In interpreting a child support order including the duration of current payments and other obligations of support, a court shall apply the law of the State of the court that issued the order.

(3) Period of limitation, in an action to enforce arrears under a child support order, a court shall apply the statute of limitation of the forum State or the State of the court that issued the order, whichever statute provides the longer period of limitation.

(i) Registration for Modification. If there is no individual contestant or child residing in the issuing State, the party or support enforcement agency seeking to modify, or to modify and enforce, a child support order issued in another State shall register that order in a State with jurisdiction over the nonmovant for the purpose of modification.
APPENDIX B

UIFSA FORMS

11. CSE Transmittal #1 - Initial Request (3 pages)
12. CSE Transmittal #2 - Subsequent Actions (2 pages)
13. CSE Transmittal #3 - Request for Assistance/Discovery (2 pages)
14. General Testimony (10 pages)
15. Locate Data Sheet (1 page)
16. Uniform Support Petition (2 pages)
17. Registration Statement (1 page)
18. Affidavit in Support of Establishing Paternity (3 pages)
19. Notice of Determination of Controlling Order (1 page)

These forms can be found at: www.acf.dhhs.gov/programs/cse/forms/
CHILD SUPPORT ENFORCEMENT TRANSMITTAL #1 - INITIAL REQUEST

Petitioner

[ ] IV-D Non Public Assistance
[ ] IV-D Non PA Medicaid
[ ] Full Services

Respondent

[ ] IV-D Medical Services Only
[ ] Medical Services Only
[ ] IV-D Public Assistance
[ ] IV-E Foster Care (IV-D Case)
[ ] Non-IV-D

To: (Agency Name and Address)

Responding FIPS Code ________________ State _________________________

Responding IV-D Case No. _____________________________________________

Responding Docket No. ________________________________________________

From: (Contact Person, Agency, Address, Phone, Fax, Internet)

Initiating FIPS Code __________________ State __________________________

Initiating IV-D Case No. ________________________________________________

Initiating Docket No. ___________________________________________________

Send Payments To: (if different from above)

Payment FIPS Code ________________ State _________________________

Bank Account ________________________ Routing Code _________________

Initiating Jurisdiction [ ] URESA [ ] UIFSA State with Continuing Exclusive Jurisdiction (CEJ) _____________________________

I. Action. The Responding Jurisdiction Should Provide All Appropriate Services Including:

1. [ ] Establishment of Paternity

2. [ ] Establishment of Order for:
   A. [ ] Child Support
   B. [ ] Spousal Support
   C. [ ] Support for a Prior Period
   D. [ ] Medical Coverage
   E. [ ] Other Costs (Use Sec. VII)

3. [ ] Enforcement of Responding Tribunal Order

4. [ ] Modification of Responding Tribunal Order

5. [ ] Change of Payee/Redirection of Payment

6. [ ] Registration of Foreign Support Order:
   A. [ ] For Enforcement Only
   B. [ ] For Modification and Enforcement
   Requested by: [ ] Obligor [ ] Obligee [ ] State Agency
   (Requires Sworn Statement of Arrears)

7. [ ] Collection of Arrears

8. [ ] Income Withholding

9. [ ] Administrative Review for Federal Tax Offset

10. [ ] Other __________________________________

II. Case Summary (Background of this Matter: Court/Administrative Actions)

Date of Support Order State & County Issuing Order Tribunal Case No.

Support Amount/Frequency Date of Last Payment Amount of Arrears Period of Computation $ $ __________ __________

[ ] Presumed Controlling Order [ ] Determined Controlling Order

Date of Support Order State & County Issuing Order Tribunal Case No.

Support Amount/Frequency Date of Last Payment Amount of Arrears Period of Computation $ $ __________ __________

[ ] Presumed Controlling Order [ ] Determined Controlling Order

Date of Support Order State & County Issuing Order Tribunal Case No.

Support Amount/Frequency Date of Last Payment Amount of Arrears Period of Computation $ $ __________ __________

[ ] Presumed Controlling Order [ ] Determined Controlling Order

Date of Support Order State & County Issuing Order Tribunal Case No.
III. Mother Information

<table>
<thead>
<tr>
<th>[ ] Obligor</th>
<th>[ ] Obligee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Name and Aliases</td>
<td>Address (Street, City, State, Zip)</td>
</tr>
</tbody>
</table>

| Home Phone ( ) | [ ] Address Confirmed [ ] Employer Confirmed |
| Work Phone ( ) | Date | Date |
| Date/Place of Birth | Social Security No. |

IV. Father Information

<table>
<thead>
<tr>
<th>[ ] Obligor</th>
<th>[ ] Obligee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Name and Aliases</td>
<td>Address (Street, City, State, Zip)</td>
</tr>
</tbody>
</table>

| Home Phone ( ) | [ ] Address Confirmed [ ] Employer Confirmed |
| Work Phone ( ) | Date | Date |
| Date/Place of Birth | Social Security No. |

V. Caretaker (If Not a Parent)

<table>
<thead>
<tr>
<th>Relationship to Child(ren)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Name and Aliases</td>
</tr>
</tbody>
</table>

| Home Phone ( ) | [ ] Address Confirmed [ ] Employer Confirmed |
| Work Phone ( ) | Date | Date |
| Date/Place of Birth | Social Security No. |

VI. Dependent Children Information

<table>
<thead>
<tr>
<th>State of Residence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Name (First, Middle, Last)</td>
</tr>
</tbody>
</table>

VII. Additional Case Information

| Nondisclosure Finding Attached |

VIII. Attachments (Supporting Documentation)

[ ] Arrears Statement/Payment History
[ ] Support Order(s)
[ ] Uniform Support Petition (3 Copies)
[ ] Divorce Decree
[ ] General Testimony/Affidavit
[ ] Assignment of Rights
[ ] Affidavit in Support of Establishing Paternity
[ ] Description of Real/Personal Property
[ ] Acknowledgment of Parentage
[ ] Photograph of Respondent
[ ] Other Documents Relating to Paternity
[ ] Other Attachments

<table>
<thead>
<tr>
<th>Date</th>
<th>Initiating Contact Person (Print or Type)</th>
<th>Telephone Number &amp; Extension</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>( ) ________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Fax Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>( ) ________</td>
</tr>
</tbody>
</table>
**CHILD SUPPORT ENFORCEMENT TRANSMITTAL #1 - INITIAL REQUEST**

**Petitioner**
- [ ] IV-D Non Public Assistance
- [ ] IV-D Non PA Medicaid
- [ ] Full Services

**Respondent**
- [ ] Medical Services Only
- [ ] IV-D Public Assistance
- [ ] IV-E Foster Care (IV-D Case)
- [ ] Non-IV-D

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

Responding FIPS Code ________________ State _________________________

Responding IV-D Case No. _____________________________________________

Responding Docket No. ________________________________________________

**From:** (Contact Person, Agency, Address, Phone, Fax, Internet)

Initiating FIPS Code __________________ State __________________________

Initiating IV-D Case No. _______________________________________________

Initiating Docket No. ___________________________________________________

**Send Payments To:** (if different from above)

Payment FIPS Code ________________ State _________________________

Bank Account ________________________ Routing Code __________________

**Initiating Jurisdiction**
- [ ] URESA
- [ ] UIFSA

State with Continuing Exclusive Jurisdiction (CEJ) _________________________

**ACKNOWLEDGMENTS**

Return This Form to Initiating State

- [ ] Request Received and No Additional Information is Necessary

- [ ] Additional Information Needed
  - [ ] Arrears Statement/Payment History
  - [ ] Uniform Support Petition
  - [ ] General Testimony/Affidavit
  - [ ] Affidavit in Support of Establishing Paternity
  - [ ] Acknowledgment of Parentage
  - [ ] Other Documents Relating to Paternity
  - [ ] Support Order(s)
  - [ ] Divorce Decree
  - [ ] Assignment of Rights
  - [ ] Description of Real/Personal Property
  - [ ] Photograph of Respondent
  - [ ] Other (See Remarks)

- [ ] Remarks/Response

**Your Case has been Forwarded for Action to:**

____________________________________________________________________

Name of Worker

____________________________________________________________________

Agency Name

____________________________________________________________________

Address, FIPS Code

____________________________________________________________________

Phone & Extension

____________________________________________________________________

Fax

____________________________________________________________________

Date

____________________________________________________________________

Person Completing Form (Print or Type)

____________________________________________________________________

Telephone Number & Extension

____________________________________________________________________

Fax Number
**CHILD SUPPORT ENFORCEMENT TRANSMITTAL #2 - SUBSEQUENT ACTIONS**

**Petitioner**
- [ ] IV-D Non Public Assistance
- [ ] IV-D Non PA Medicaid
  - [ ] Full Services
  - [ ] Medical Services Only

**Respondent**
- [ ] IV-D Public Assistance
- [ ] IV-E Foster Care (IV-D Case)
- [ ] Non-IV-D

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

<table>
<thead>
<tr>
<th>Responding FIPS Code</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Responding IV-D Case No.</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Responding Docket No.</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**From:** (Contact Person, Agency, Address, Phone, Fax, Internet)

<table>
<thead>
<tr>
<th>Initiating FIPS Code</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Initiating IV-D Case No.</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Initiating Docket No.</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Send Payments To:** (if different from above)

<table>
<thead>
<tr>
<th>Payment FIPS Code</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Bank Account</th>
<th>Routing Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Initiating Jurisdiction**
- [ ] URESA
- [ ] UIFSA

State with Continuing Exclusive Jurisdiction (CEJ)

**I. Action**

1. [ ] Status Request
2. [ ] Status Update
3. [ ] Notice of Hearing
4. [ ] Notice of Case Forwarding
5. [ ] Document Filed
6. [ ] Order Issued/Confirmed
7. [ ] Notice of Arrearage Reconciliation/Determination of Sum-Certain
8. [ ] Change of Payee/Redirection of Payment
9. [ ] Other

---

[ ] Please Return the Acknowledgment Attached (2 of 2)

**II. Additional Information**

---

Date: ____________________
Initiating Contact Person (Print or Type): ________________
Telephone Number & Extension: ____________________________
Fax Number: ____________________
Petitioner

[ ] IV-D Non Public Assistance
[ ] IV-D Non PA Medicaid

[ ] Full Services

Respondent

[ ] IV-D Public Assistance
[ ] IV-E Foster Care (IV-D Case)

[ ] Medical Services Only
[ ] Non-IV-D

To: (Agency Name and Address)

Responding FIPS Code __________________ State _________________________
Responding IV-D Case No. _____________________________________________
Responding Docket No. ________________________________________________

From: (Contact Person, Agency, Address, Phone, Fax, Internet)

Initiating FIPS Code __________________ State __________________________
Initiating IV-D Case No. _____________________________________________
Initiating Docket No. ________________________________________________

Send Payments To: (if different from above)

Payment FIPS Code __________________ State _________________________
Bank Account __________________ Routing Code ______________________

Initiating Jurisdiction [ ] URESA [ ] UIFSA ____________________________
State with Continuing Exclusive Jurisdiction (CEJ) ________________________

ACKNOWLEDGMENTS Return This Form to Initiating State

[ ] Request Received and No Additional Information is Necessary
[ ] Additional Information Needed (See Remarks)
[ ] Remarks/Response

[ ] Your Case has been Forwarded for Action to:

Name of Worker

Agency Name

Address, FIPS Code

Phone & Extension

Fax

Date Person Completing Form (Print or Type) Telephone Number & Extension

(_______) ________________________________ Fax Number

_________________________ ________________________________
I. Action

1. [ ] Provide/Obtain Copies of Documentation
   [ ] Certified Copies of Orders [ ] Financial Statement
   [ ] Payment Records [ ] Other ____________________________________________

2. [ ] Provide Assistance with Service of Process (See Attached)

3. [ ] Provide Assistance with Genetic Testing (See Attached)

4. [ ] Obtain Answers for Interrogatories (See Attached)

5. [ ] Provide Assistance with Teleconference for Hearing or Deposition (See Attached)

6. [ ] Obtain Financial Data/Proof of Respondent’s Income (See Section II and/or Attached)

7. [ ] Obtain Party Signature on Attached Form (See Attached)

8. [ ] Other: __________________________________________________________________

Please Return the Acknowledgment Attached (2 of 2)

II. Additional Information

_________________________________________  ________________________________  ____________________________
Date  Initiating Contact Person (Print or Type)  Telephone Number & Extension

(_______) __________________________________ Fax Number
**CHILD SUPPORT ENFORCEMENT TRANSMITTAL #3 - REQUEST FOR ASSISTANCE/DISCOVERY**

<table>
<thead>
<tr>
<th>Petitioner</th>
<th>Respondent</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] IV-D Non Public Assistance</td>
<td>[ ] Medical Services Only</td>
</tr>
<tr>
<td>[ ] IV-D Non PA Medicaid</td>
<td>[ ] Full Services</td>
</tr>
<tr>
<td>[ ] IV-D Public Assistance</td>
<td>[ ] IV-E Foster Care (IV-D Case)</td>
</tr>
<tr>
<td>[ ] Non-IV-D</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Responding FIPS Code</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td>____________________</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Responding IV-D Case No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Responding Docket No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>______________________</td>
</tr>
</tbody>
</table>

**From:** (Contact Person, Agency, Address, Phone, Fax, Internet)

<table>
<thead>
<tr>
<th>Initiating FIPS Code</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td>____________________</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Initiating IV-D Case No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Initiating Docket No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>______________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Initiating Jurisdiction</th>
<th>[ ] URESA [ ] UIFSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>State with CEJ</td>
<td>____________________</td>
</tr>
</tbody>
</table>

**ACKNOWLEDGMENTS**

To be Completed by Responding Agency and Returned to Initiating Agency

- [ ] Request Received and No Additional Information is Necessary
- [ ] Additional Information Needed (See Remarks)
- [ ] Remarks/Response

[ ] Your Case has been Forwarded for Action to:

<table>
<thead>
<tr>
<th>Name of Worker</th>
<th>Agency Name</th>
<th>Address, FIPS Code</th>
<th>Phone &amp; Extension</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Fax</th>
<th>Date</th>
<th>Person Completing Form (Print or Type)</th>
<th>Telephone Number &amp; Extension</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(_______)____________________________ (_______)____________________________
I. Personal Information About Child(ren)'s Mother [ ] See Section X

A.1. Mother is: [ ] Oblige [ ] Obligor

2. [ ] Nondisclosure Finding Attached

3. Full Name (First, Mid, Last; include nickname, alias)

4. Home Address [ ] Confirmed__________ (date)

5. Social Security Number

6. Date of Birth

7. Home Phone ( )

8. Work Phone ( )

9. Employer Name & Address [ ] Confirmed__________ (date)

10(a). Occupation, Trade or Profession

10(b). Highest Level Of Education Attained

11. Estimated Gross Monthly Earnings $ 

12. Other Monthly Income (& source) $ 

13. Real or Personal Property (type & location)

B. Physical Description of Child(ren)'s Mother (Optional: Attach photo if available.)

1. Race

2. Height

3. Weight

4. Hair Color

5. Eye Color

C. Present Marital Status of Child(ren)'s Mother

1. [ ] Married

2. [ ] Single

3. [ ] Living with Non-Marital Partner

4. [ ] Divorced

5. [ ] Legally Separated

6. [ ] Separated

7. [ ] Unknown

Name (First, Middle, Last)

being duly sworn, under penalties of perjury, testifies as follows:
D. Information about Current Spouse or Partner of Child(ren)'s Mother

<table>
<thead>
<tr>
<th>1. Name of New Spouse or Non-Marital Partner (First, Mid, Last)</th>
<th>2. Is Current Spouse/Partner Employed?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>[ ] Yes [ ] No [ ] Unknown</td>
</tr>
</tbody>
</table>

3. Name and Address of Spouse's/Partner's Employer

4. Spouse's/Partner's Estimated Gross Monthly Earnings

E. Is the child(ren)'s mother responsible for dependents other than those listed in Section V (pages 4 & 5)?

[ ] Yes [ ] No [ ] Unknown (If yes, provide information below.)

1.  
   a. Full Name (First, Mid, Last)  
   b. Date of Birth  
   c. Relationship  
   d. Living With:  
   e. Source of Support/Income  
   f. Monthly Amount; Gross: Net:

2.  
   a. Full Name (First, Mid, Last)  
   b. Date of Birth  
   c. Relationship  
   d. Living With:  
   e. Source of Support/Income  
   f. Monthly Amount; Gross: Net:

3.  
   a. Full Name (First, Mid, Last)  
   b. Date of Birth  
   c. Relationship  
   d. Living With:  
   e. Source of Support/Income  
   f. Monthly Amount; Gross: Net:

II. Personal Information About Child(ren)'s Father [ ] See Section X

<table>
<thead>
<tr>
<th>A.1. Father is: [ ] Obligee [ ] Obligor</th>
<th>2. [ ] Nondisclosure Finding Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Full Name (First, Mid, Last; include nickname, alias)</td>
<td></td>
</tr>
<tr>
<td>4. Home Address [ ] Confirmed___________(date)</td>
<td>5. Social Security Number</td>
</tr>
<tr>
<td></td>
<td>6. Date of Birth</td>
</tr>
<tr>
<td></td>
<td>7. Home Phone ( )</td>
</tr>
<tr>
<td></td>
<td>8. Work Phone ( )</td>
</tr>
<tr>
<td>9. Employer Name &amp; Address [ ] Confirmed_______(date)</td>
<td>10(a). Occupation, Trade or Profession</td>
</tr>
<tr>
<td></td>
<td>10(b). Highest Level Of Education Attained</td>
</tr>
<tr>
<td>13. Real or Personal Property (type &amp; location)</td>
<td></td>
</tr>
</tbody>
</table>

B. Physical Description of Child(ren)'s Father (Optional: Attach photo if available.)

## C. Present Marital Status of Child(ren)’s Father

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Married</td>
<td>2.</td>
</tr>
<tr>
<td>7.</td>
<td>Unknown</td>
<td></td>
</tr>
</tbody>
</table>

## D. Information about Current Spouse or Partner of Child(ren)’s Father

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Name of New Spouse or Non-Marital Partner (First, Mid, Last)</td>
<td>2. Is Current Spouse/Partner Employed?</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes</td>
</tr>
</tbody>
</table>

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Name and Address of Spouse's/Partner's Employer</td>
<td>4. Spouse's/Partner's Estimated Gross Monthly Earnings $</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## E. Is the child(ren)’s father responsible for dependents other than those listed in Section V (pages 4 & 5)?

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Yes</td>
<td>[ ] No</td>
<td>Unknown</td>
</tr>
</tbody>
</table>

If yes, provide information below.

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>a. Full Name (First, Mid, Last)</td>
<td>b. Date of Birth</td>
</tr>
<tr>
<td>c. Relationship</td>
<td>d. Living With:</td>
<td></td>
</tr>
<tr>
<td>e. Source of Support/Income</td>
<td>f. Monthly Amount; Gross:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Net:</td>
<td></td>
</tr>
</tbody>
</table>

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2.</td>
<td>a. Full Name (First, Mid, Last)</td>
<td>b. Date of Birth</td>
</tr>
<tr>
<td>c. Relationship</td>
<td>d. Living With:</td>
<td></td>
</tr>
<tr>
<td>e. Source of Support/Income</td>
<td>f. Monthly Amount; Gross:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Net:</td>
<td></td>
</tr>
</tbody>
</table>

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3.</td>
<td>a. Full Name (First, Mid, Last)</td>
<td>b. Date of Birth</td>
</tr>
<tr>
<td>c. Relationship</td>
<td>d. Living With:</td>
<td></td>
</tr>
<tr>
<td>e. Source of Support/Income</td>
<td>f. Monthly Amount; Gross:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Net:</td>
<td></td>
</tr>
</tbody>
</table>

## III. Personal Information About Caretaker Other than Parent

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>[ ] See Section X</td>
</tr>
</tbody>
</table>

### 1. Caretaker's Relation to Child is:

### 2. [ ] Nondisclosure Finding Attached

### 3. Full Name (First, Mid, Last; include nickname, alias)

### 4. Home Address [ ] Confirmed___________(date)

### 5. Social Security Number

### 6. Date of Birth

### 7. Sex

### 8. Home Phone ( )

### 9. Work Phone ( )

### 10. Employer Name & Address [ ] Confirmed_______(date)

### 11(a). Occupation, Trade or Profession

### 11(b). Highest Level Of Education Attained

### 12. Estimated Gross Monthly Earnings $  

### 13. Other Monthly Income (& source) $  

### 14. Date Child(ren) Began Residing With Caretaker
### IV. Legal Relationship of Parents

1. [ ] Never married to each other
2. [ ] Married on ______________ in __________________________
   Date County/State
3. [ ] Married by common law for the period ______________ in __________________________
   Dates County/State
4. [ ] Separated on ______________ in __________________________
   Date County/State
5. [ ] Divorced on ______________ in __________________________
   Date County/State
6. [ ] Legally separated on ______________ in __________________________
   Date County/State
7. [ ] Divorce pending in __________________________
   County/State
8. [ ] Support Order Entered on ______________
   Date
9. [ ] No support order
10. [ ] Other ______________________________________________________

11. Tribunal & Location (Divorce, Legal Separation, Support Order):

### V. Dependent Child(ren) in this Action

A. List obligor's (named on page 1 of this form) child(ren) only.

<table>
<thead>
<tr>
<th></th>
<th>f. Paternity Established?</th>
<th>g. Support Order Established?</th>
<th>h. Living with Petitioner?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>[ ] Yes [ ] No</td>
<td>[ ] Yes [ ] No</td>
<td>[ ] Yes [ ] No</td>
</tr>
<tr>
<td>1. a. Full Name (First, Mid, Last)</td>
<td>b. Address</td>
<td>c. Social Security Number</td>
<td>d. Sex e. Date of Birth</td>
</tr>
<tr>
<td>2. a. Full Name (First, Mid, Last)</td>
<td>b. Address</td>
<td>c. Social Security Number</td>
<td>d. Sex e. Date of Birth</td>
</tr>
<tr>
<td>3. a. Full Name (First, Mid, Last)</td>
<td>b. Address</td>
<td>c. Social Security Number</td>
<td>d. Sex e. Date of Birth</td>
</tr>
</tbody>
</table>

[ ] Nondisclosure Finding Attached
4. a. Full Name (First, Mid, Last)  

b. Address  
c. Social Security Number  
d. Sex  
e. Date of Birth  
f. Paternity Established?  
[ ] Yes [ ] No  
g. Support Order Established?  
[ ] Yes [ ] No  
h. Living with Petitioner?  
[ ] Yes [ ] No  

B. The child(ren) began residing in ___________________________ on _____________________________.

VI. Medical Insurance [ ] See Section X

1. Is obligor required by a child support order to provide medical insurance for the child(ren)?  
[ ] Yes [ ] No  

2. Is obligor required by a child support order to provide medical insurance for the obligee?  
[ ] Yes [ ] No  

3. Medical coverage for dependent child(ren) listed in Section V and/or the obligee is provided by:

<table>
<thead>
<tr>
<th>For dependent child(ren)</th>
<th>For obligee</th>
<th>Obligee's Insurance Company</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obligee</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Obligor</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>State Medicaid</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Obligee's Employer</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Obligee's Employer</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Other ________________</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Unknown</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>No Coverage</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

4. The monthly cost paid by the obligee for medical insurance for the obligor's child(ren) only is: $____________________
   (If medical insurance is provided by the obligee or obligee's employer, skip to number 6).

5. Obligee can purchase needed medical insurance at a monthly cost of: $____________________

6. Were the children ever covered by medical insurance provided by the obligor/obligee, or his/her current employer?  
[ ] Yes [ ] No [ ] Unknown  

7. Do any of the obligor's children have special needs or extraordinary medical expenses not covered by insurance?  
[ ] Yes [ ] No  
   (If "Yes", please indicate the child involved and the type of special needs/extraordinary medical expenses and the related costs. Attach proof.)
VII. Support Order and Payment Information  [ ] See Section X

1. Does a support order exist? (If "No", skip to page 7.)  [ ] Yes  [ ] No

2. Did child(ren) reside with the obligor at anytime during the period for which support is sought, except during periods of visitation specified by a tribunal's order? [ ] Yes  [ ] No  If "Yes", Identify Period of Residency:
   From: __________________________ Thru: __________________________

3. If a modification is being requested, indicate the basis for the request below:
   [ ] The earnings of the obligor have substantially increased or decreased.
   [ ] The earnings of the obligee have substantially increased or decreased.
   [ ] The needs of a party or of the child(ren) have substantially increased or decreased.
   [ ] Other, Explain ____________________________________________________________________________

4. Describe all current support orders (include all pertinent orders and modifications).  NOTE: if more than three (3) orders exist, attach complete description as below for each.

<table>
<thead>
<tr>
<th>Date of Order</th>
<th>Current Amount $</th>
<th>Per Month/Week/etc.</th>
<th>Toward Arrears $</th>
<th>Per Month/Week/etc.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unpaid Interest $ as of (date)</td>
<td>Total Arrears $ as of (date)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tribunal's Name &amp; Address</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Order</th>
<th>Current Amount $</th>
<th>Per Month/Week/etc.</th>
<th>Toward Arrears $</th>
<th>Per Month/Week/etc.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unpaid Interest $ as of (date)</td>
<td>Total Arrears $ as of (date)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tribunal's Name &amp; Address</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Order</th>
<th>Current Amount $</th>
<th>Per Month/Week/etc.</th>
<th>Toward Arrears $</th>
<th>Per Month/Week/etc.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unpaid Interest $ as of (date)</td>
<td>Total Arrears $ as of (date)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tribunal's Name &amp; Address</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5. Unpaid Medical Cost Reimbursement $____________________ as of ______________________
   (attach documentation)
   Date: __________________________

6. Other Unpaid Costs and Fees $____________________ as of ______________________
   Date: __________________________
   Explain: __________________________________________________________________________

7. Direct Payments to Obligee: [ ] Affidavit from Obligee Attached  [ ] No Direct Payments Received

8. Obligor's support payment history:
   [ ] Certified copy of tribunal/agency payment attached.  (Skip to page 7).
   [ ] Payment history provided on page 6a.  [ ] N.A.; responding State does not require.  (Skip to page 7).

From (Year) to (Year):_________________________ Agency Which Prepared Audit/Payment History:
**Initiating IV-D Case No.**

<table>
<thead>
<tr>
<th>Obligor's Payment History</th>
<th>Adjudicated Arrears $____________________ as of ____________________</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Year:</strong></td>
<td><strong>Year:</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Year:</strong></td>
</tr>
<tr>
<td><strong>Amount Due</strong></td>
<td><strong>Amount Due</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Amount Due</strong></td>
</tr>
<tr>
<td><strong>Amount Paid</strong></td>
<td><strong>Amount Paid</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Amount Paid</strong></td>
</tr>
<tr>
<td><strong>Balance</strong></td>
<td><strong>Balance</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Balance</strong></td>
</tr>
<tr>
<td>Jan</td>
<td></td>
</tr>
<tr>
<td>Feb</td>
<td></td>
</tr>
<tr>
<td>Mar</td>
<td></td>
</tr>
<tr>
<td>Apr</td>
<td></td>
</tr>
<tr>
<td>May</td>
<td></td>
</tr>
<tr>
<td>Jun</td>
<td></td>
</tr>
<tr>
<td>Jul</td>
<td></td>
</tr>
<tr>
<td>Aug</td>
<td></td>
</tr>
<tr>
<td>Sep</td>
<td></td>
</tr>
<tr>
<td>Oct</td>
<td></td>
</tr>
<tr>
<td>Nov</td>
<td></td>
</tr>
<tr>
<td>Dec</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Year:</strong></td>
<td><strong>Year:</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Year:</strong></td>
</tr>
<tr>
<td><strong>Amount Due</strong></td>
<td><strong>Amount Due</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Amount Due</strong></td>
</tr>
<tr>
<td><strong>Amount Paid</strong></td>
<td><strong>Amount Paid</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Amount Paid</strong></td>
</tr>
<tr>
<td><strong>Balance</strong></td>
<td><strong>Balance</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Balance</strong></td>
</tr>
<tr>
<td>Jan</td>
<td></td>
</tr>
<tr>
<td>Feb</td>
<td></td>
</tr>
<tr>
<td>Mar</td>
<td></td>
</tr>
<tr>
<td>Apr</td>
<td></td>
</tr>
<tr>
<td>May</td>
<td></td>
</tr>
<tr>
<td>Jun</td>
<td></td>
</tr>
<tr>
<td>Jul</td>
<td></td>
</tr>
<tr>
<td>Aug</td>
<td></td>
</tr>
<tr>
<td>Sep</td>
<td></td>
</tr>
<tr>
<td>Oct</td>
<td></td>
</tr>
<tr>
<td>Nov</td>
<td></td>
</tr>
<tr>
<td>Dec</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total of Adjudicated and Accrued Arrears $_____________________ as of ___________________________**

Date

__________________________________________________________

Name/Title, Agency or Tribunal

__________________________________________________________

Signature

__________________________________________________________

Notary Public, Tribunal/Agency Official and Title

__________________________________________________________

Commission Expires

Sworn to and Signed before me this Date, County, State

__________________________________________________________

Date

Page 6a of 10
VIII. Obligee's Public Assistance Status  [ ] See Section X

[If no public assistance was paid, skip to Section IX.]

1. Period during which public assistance was paid:
   
   From: _______________/ __________  To: _______________/ __________  by: ____________________________
   First month             year                        Last month           year                                   State

2. Total amount of public assistance paid: $ ____________________ as of __________________________ Date

3. Medical assistance related to prenatal, postnatal, or general expenses was paid in the amount of $ ______________
   by:  _______________________________________________________________________________.

IX. Financial Information  [ ] See Section X

Information required varies based on responding State's guidelines. Updates may be required.

A. Monthly Income from All Sources:

1. Is the petitioner employed?  [ ] Yes; occupation: ____________________________  [ ] No; income source: ____________________________

2. Gross Monthly Income Amounts: 
   
   Petitioner  Current Spouse/Partner  Obligor's Dependent(s)
   a) Public Assistance
      i) SSI $ ______________ $ ______________ $ ______________
      ii) Family Assistance $ ______________ $ ______________ $ ______________
      iii) Other $ ______________ $ ______________ $ ______________
   b) Base pay salary, wages $ ______________ $ ______________ $ ______________
   c) Overtime, commissions, tips, bonuses, parttime $ ______________ $ ______________ $ ______________
   d) Unemployment compensation $ ______________ $ ______________ $ ______________
   e) Worker's compensation $ ______________ $ ______________ $ ______________
   f) Social Security Disability $ ______________ $ ______________ $ ______________
   g) Social Security Retirement $ ______________ $ ______________ $ ______________
   h) Dividends and interest $ ______________ $ ______________ $ ______________
   i) Trust/Annuity Income $ ______________ $ ______________ $ ______________
   j) Pensions, retirement $ ______________ $ ______________ $ ______________

      k) Child support $ ______________ $ ______________ $ ______________
      l) Spousal support/alimony $ ______________ $ ______________ $ ______________
      m) All other sources $ ______________ $ ______________ $ ______________

   Explain "other sources": ____________________________

3. Total Gross Monthly $ ______________ $ ______________ $ ______________
   (lines "2a" through "2m")

4. Deductions From Gross
   a) Federal Income Tax $ ______________ $ ______________ $ ______________
   b) State Income Tax $ ______________ $ ______________ $ ______________
   c) Local Tax $ ______________ $ ______________ $ ______________
   d) F.I.C.A. $ ______________ $ ______________ $ ______________
### 5. Adjusted Net Monthly

<table>
<thead>
<tr>
<th>Adjusted Net Monthly</th>
<th>Petitioner</th>
<th>Current Spouse/Partner</th>
<th>Obligor's Dependent(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$___________</td>
<td>$_____________</td>
<td>$_____________</td>
</tr>
</tbody>
</table>

(lines "3" minus lines "4a through 4d")

### 6. Other Deductions

- **a) Savings**
  - Petitioner: $___________
  - Current Spouse/Partner: $_____________
  - Obligor's Dependent(s): $_____________
- **b) Loan Repayment**
  - Petitioner: $___________
  - Current Spouse/Partner: $_____________
  - Obligor's Dependent(s): $_____________
- **c) Mandatory Retirement**
  - Petitioner: $___________
  - Current Spouse/Partner: $_____________
  - Obligor's Dependent(s): $_____________
- **d) Non-mandatory Retirement**
  - Petitioner: $___________
  - Current Spouse/Partner: $_____________
  - Obligor's Dependent(s): $_____________
- **e) Medical Insurance**
  - Petitioner: $___________
  - Current Spouse/Partner: $_____________
  - Obligor's Dependent(s): $_____________
- **f) Union Dues**
  - Petitioner: $___________
  - Current Spouse/Partner: $_____________
  - Obligor's Dependent(s): $_____________
- **g) Other (specify)**
  - Petitioner: $___________
  - Current Spouse/Partner: $_____________
  - Obligor's Dependent(s): $_____________

### 7. Net Monthly Income

<table>
<thead>
<tr>
<th>Net Monthly Income</th>
<th>Petitioner</th>
<th>Current Spouse/Partner</th>
<th>Obligor's Dependent(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$___________</td>
<td>$_____________</td>
<td>$_____________</td>
</tr>
</tbody>
</table>

(line 5 minus lines "6a through 6g")

### 8. Gross Income Prior Year

<table>
<thead>
<tr>
<th>Gross Income Prior Year</th>
<th>Petitioner</th>
<th>Current Spouse/Partner</th>
<th>Obligor's Dependent(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$___________</td>
<td>$_____________</td>
<td>$_____________</td>
</tr>
</tbody>
</table>

Attach three most recent paystubs from each current employer for all parties shown.

### B. Monthly Expenses:

<table>
<thead>
<tr>
<th>Monthly Expenses</th>
<th>Petitioner</th>
<th>Obligor's Dependent(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Rent/Mortgage</td>
<td>$___________</td>
<td>$_____________</td>
</tr>
<tr>
<td>2) Homeowners/Renters Insurance</td>
<td>$___________</td>
<td>$_____________</td>
</tr>
<tr>
<td>3) Home Maintenance &amp; Repair</td>
<td>$___________</td>
<td>$_____________</td>
</tr>
<tr>
<td>4) Heat</td>
<td>$___________</td>
<td>$_____________</td>
</tr>
<tr>
<td>5) Electricity/Gas</td>
<td>$___________</td>
<td>$_____________</td>
</tr>
<tr>
<td>6) Telephone</td>
<td>$___________</td>
<td>$_____________</td>
</tr>
<tr>
<td>7) Water/Sewer</td>
<td>$___________</td>
<td>$_____________</td>
</tr>
<tr>
<td>8) Food</td>
<td>$___________</td>
<td>$_____________</td>
</tr>
<tr>
<td>9) Laundry/Cleaning</td>
<td>$___________</td>
<td>$_____________</td>
</tr>
<tr>
<td>10) Clothing</td>
<td>$___________</td>
<td>$_____________</td>
</tr>
<tr>
<td>11) Life Insurance</td>
<td>$___________</td>
<td>$_____________</td>
</tr>
<tr>
<td>12) Medical Insurance</td>
<td>$___________</td>
<td>$_____________</td>
</tr>
<tr>
<td>13) Uninsured Extraordinary Medical (attach documentation)</td>
<td>$___________</td>
<td>$_____________</td>
</tr>
<tr>
<td>14) Other Uninsured Health-Related Expenses</td>
<td>$___________</td>
<td>$_____________</td>
</tr>
<tr>
<td>15) Auto Payment</td>
<td>$___________</td>
<td>$_____________</td>
</tr>
<tr>
<td>16) Auto Insurance</td>
<td>$___________</td>
<td>$_____________</td>
</tr>
<tr>
<td>17) Auto Expenses</td>
<td>$___________</td>
<td>$_____________</td>
</tr>
<tr>
<td>18) Other Transportation</td>
<td>$___________</td>
<td>$_____________</td>
</tr>
<tr>
<td>19) Child Care</td>
<td>$___________</td>
<td>$_____________</td>
</tr>
<tr>
<td>Provider: ________________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frequency: ________________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20) Support Payments, actual amount paid</td>
<td>$___________</td>
<td>$_____________</td>
</tr>
<tr>
<td>21) Other; Explain: ________________________</td>
<td>$___________</td>
<td>$_____________</td>
</tr>
</tbody>
</table>

**Total Monthly Expenses** (lines 1 through 21) $___________ $_____________
C. Assets:

1) Real Estate

Address

Owner(s)

Title

$__________________________ minus $_________________________ = $_________________

2) IRA, Keogh, Pension, Profit Sharing, Other Retirement Plans

Institution or Plan Name and Account No.

$_________________

Institution or Plan Name and Account No.

$_________________

3) Tax Deferred Annuity Plan(s)

$_________________

4) Life Insurance: Present Cash Value

$_________________

5) Savings & Checking Accounts, Money Market Accounts, & CDs

Institution Name and Account Number

$_________________

Institution Name and Account Number

$_________________

6) Automobiles/Vehicles

Make                     Model                   Year            Estimated Value                   Loan Balance

$_________________ minus $_________________ = $_________________

Make                     Model                   Year            Estimated Value                   Loan Balance

$_________________ minus $_________________ = $_________________

Make                     Model                   Year            Estimated Value                   Loan Balance

$_________________ minus $_________________ = $_________________

7) Other (e.g., Personal Property, Securities, etc). Describe:

$_________________

$_________________

**Total Assets** (lines 1 through 7) $_________________
X. Other Pertinent Information  (Attach additional sheets if necessary).

XI. Verification

[ ] Attached are the required number of copies of all support orders for the case.

Also attached and incorporated by reference are:

[ ] Copy of the certified child support payment records.
[ ] Copies of three most recent paystubs from current employer.
[ ] Copies of bills for prenatal, postnatal and general health care of mother and child.
[ ] Assignment or subrogation of support rights.
[ ] "Affidavit in Support of Establishing Paternity" for each child whose paternity is at issue.
[ ] Copy of child(ren)'s birth certificate(s).
[ ] Acknowledgment of parentage.
[ ] Other:_________________________________________________________________________________________________

All of the information and facts contained in this General Testimony are true and correct to my/our best knowledge and belief.

________________________________________     ________________     ________________________________________
Date                                          Date                                           Signature

________________________________________     ________________________________________
Petitioner (Name/Title)                       Agency Representative (Name/Title)               Signature

________________________________________     ________________________________________
Sworn to and Signed Before me                 Notary Public, Tribunal/Agency                   Commission Expires
This Date                                      Official and Title
County/State
**LOCATE DATA SHEET**

**Petitioner**
- IV-D Non Public Assistance
- IV-D Non PA Medicaid
  - Full Services
  - Medical Services Only
- IV-D Public Assistance
- IV-E Foster Care (IV-D Case)
- Non-IV-D

**Respondent**
- Medical Services Only
- IV-D Public Assistance
- IV-E Foster Care (IV-D Case)
- Non-IV-D

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

Responding FIPS Code ________________  State _________________________
Responding IV-D Case No. ________________________________
Responding Docket No. ________________________________

**From:** (Contact Person, Agency, Address, Phone, Fax, Internet)

Initiating FIPS Code ________________  State __________________________
Initiating IV-D Case No. ________________________________
Initiating Docket No. ________________________________
Initiating Jurisdiction [ ] URESA [ ] UIFSA

**Non Custodial Parent Information**
- Full Name (First, Mid, Last)
- Social Security Number(s)

**Custodial Parent Information**
- Alias
- Maiden Name
- Mother’s Maiden or Father’s Name
- Current Spouse’s Name (Fst, M, Lst)

**Possibly Dangerous**
- Date of Birth (or approximate year)
- Place of Birth (City, State, County)

**Sex** | **Race** | **Hair** | **Eyes** | **Height** | **Weight** | **Distinguishing Marks, Scars, Tattoos, Glasses, Etc.**
--- | --- | --- | --- | --- | --- | ---

**Last Known Address**
- Residence
- Mailing

**Confirmed**
- Date________________

**Telephone:** (________)_________________

**Usual Occupation/Professional Licenses**

**Last Known Employer** (Name, Full Address, Federal EIN)

**Confirmed**
- Date________________

**Telephone:** (________)_________________

**Other Information, Including Assets, Education, Police Record, Public Assistance History**

**Employment**
- Wage Qtr ________________
- Wage Year ________________

**Wage Amount ________________**

**Attachments:**
- Photograph
- Other Items, e.g. Fingerprints

**Wage Amount ________________**

**Date**

**Initiating Contact Person (Print or Type)**

**Telephone Number and Extension**

**Fax Number**
UNIFORM SUPPORT PETITION

Petitioner
[ ] IV-D Non Public Assistance
[ ] IV-D Non PA Medicaid
  [ ] Full Services
  [ ] Medical Services Only

Respondent
[ ] IV-D Public Assistance
[ ] IV-E Foster Care (IV-D Case)
[ ] Non IV-D

Responding IV-D Case No. __________________________           Initiating IV-D Case No. __________________________

Responding Docket No. _____________________________           Initiating Docket No. _____________________________

I. Action
The Respondent and/or the Respondent’s property is subject to the jurisdiction of the responding tribunal.
The Respondent owes a duty of support to the following children:
Full Name (First, Middle, Last)              Date of Birth
Social Security No.

The Petitioner files this Petition to request:

[ ] Establishment of a Paternity

[ ] Establishment of Order for:
  [ ] Child Support     [ ] Medical Coverage
  [ ] Spousal Support   [ ] Reasonable Attorney Fees, Other Fees and Costs
  [ ] Support for a Prior Period; From: ____________________ To: ____________________
  [ ] Paternity Testing Costs in the Amount of $ ____________________

[ ] Modification of a Support Order

[ ] Other Remedy Sought: _____________________________

II. Grounds Supporting the Remedy Sought in Section I (when applicable)

[ ] Respondent is the noncustodial parent of the children named in this Petition.
[ ] A modification is appropriate due to a change in circumstances.
[ ] Grounds for other remedy sought: _____________________________
  ____________________________________________________________
  ____________________________________________________________

Uniform Support Petition  Page 2 of 2
III. Additional Supporting Information

The following documents are attached to, and incorporated in, this Petition. These documents contain the required additional information.

- [ ] Petitioner’s General Testimony
- [ ] Affidavit in Support of Establishing Paternity
- [ ] Acknowledgment of Paternity
- [ ] Birth Certificate of the Child
- [ ] Other: ____________________________________________________________

IV. Verification

[ ] Under penalties of perjury, all information and facts stated in this Petition are true to the best of my knowledge and belief.

_________________________________________  ________________________________
Date  [ ] Signature of Petitioner  [ ] IV-D Representative/Title

_________________________________________
Commission Expires

_________________________________________
Date  Signature of Petitioner’s Attorney / Bar Number (if applicable)
REGISTRATION STATEMENT

Responding IV-D Case No. ____________________________
Initiating IV-D Case No. ____________________________

Responding Docket No. ____________________________
Initiating Docket No. ____________________________

I. Case Summary  (Background of this Matter: Court / Administrative Actions)

Date of Support Order  State and County Issuing Order  Tribunal Case No.

Support Amount/Frequency  Date of Last Payment  Amount of Arrears  Period of Computation

$ ____________________________  ____________________________  ____________________________  ____________________________

II. Mother Information

[ ] Obligor  [ ] Obligee

Full Name and Aliases
(First, Middle, Last)

Address (Street, City, State, Zip)

Employer (Name, Street, City, State, Zip)

SSN:

III. Father Information

[ ] Obligor  [ ] Obligee

Full Name and Aliases
(First, Middle, Last)

Address (Street, City, State, Zip)

Employer (Name, Street, City, State, Zip)

SSN:

IV. Caretaker (If Not a Parent)

Relationship to Child(ren) ____________________________

Full Name and Aliases
(First, Middle, Last)

Address (Street, City, State, Zip)

SSN:

V. Additional Case Information

This order is registered in the following states:

Description and location of any property not exempt from execution:

Other:

VI. Verification / Certification

Under penalties of perjury, all information and facts concerning the arrearage accrued under this order are true to the best of my knowledge and belief.

__________________________  ____________________________  ____________________________  ____________________________

[ ] Party seeking Registration  [ ] Records Custodian

__________________________  ____________________________  ____________________________  ____________________________

Sworn to and Signed Before Me This Date, County/State  Notary Public, Court/Agency Official and Title  Commission Expires

Registration Statement  OMB No. 0970 - 0085  Page 1 of 1
AFFIDAVIT IN SUPPORT OF ESTABLISHING PATERNITY

Petitioner

[ ] IV-D Non Public Assistance
[ ] IV-D Non PA Medicaid
[ ] Full Services
[ ] Medical Services Only

Respondent

[ ] IV-D Public Assistance
[ ] IV-E Foster Care (IV-D Case)
[ ] Non IV-D

Responding IV-D Case No. _________________________________ Initiating IV-D Case No. _________________________________

Responding Docket No. _________________________________ Initiating Docket No. _________________________________

A Separate Affidavit is Required for Each Child Needing Paternity Established.

SECTION I

I, ___________________________________________, on oath, under penalty of perjury depose and allege:

1. I am the [ ] natural mother of the child named below:
   [ ] natural father

<table>
<thead>
<tr>
<th>Child's Full Name (First, Middle, Last)</th>
<th>Child's Date of Birth (Month, Date, Year)</th>
<th>Place of Birth (City, County, State)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Mother Got Pregnant (Month, Date, Year)</td>
<td>Full Term Pregnancy [ ] Yes [ ] No (If No, explain)</td>
<td>Where Mother Got Pregnant (City, County, State)</td>
</tr>
</tbody>
</table>

2. The child was conceived as a result of sexual intercourse between ___________________________________________ and me during the time stated above. Name (First, Middle, Last)

3. a. A man is named as the father on the child's birth certificate. [ ] Yes (Attach copy) [ ] No
   If Yes, the man's name and address are:

b. A man was married to the natural mother, and the child's birth occurred within a year of the end of the marriage. [ ] Yes [ ] No
   If Yes, the man's name and address are:

c. A man signed an acknowledgment of paternity. [ ] Yes (Attach copy) [ ] No
   If Yes, the man's name and address are:

d. A man acted as and presented himself to be the child's father. [ ] Yes [ ] No
   If Yes, the man's name and address are:

e. Genetic tests were completed to determine the father of the child. [ ] Yes [ ] No
   If Yes, attach results.
SECTION II (TO BE COMPLETED BY MOTHER ONLY)

1. I had sexual intercourse with another man (other than the man I am naming as the child's natural father) during the time 30 days before or 30 days after the child was conceived. [ ] Yes [ ] No. (If Yes, complete the following).
   a. The name(s) and address(es) of the other man/men:
   b. The other man/men are biologically related to the man I am naming as the child's natural father. [ ] Yes [ ] No. If Yes, explain the biological relationship (e.g., brother, cousin, uncle, etc.):
   c. I do not believe the other man/men is/are the father because:

2. I was married at the time of this child's birth. [ ] Yes [ ] No. (If Yes, complete the following).
   a. Husband's name (first, middle, last) and last known address:
   b. Explain why the husband is not the father of this child and attach all appropriate documents, including divorce decree, blood test results and prior findings of nonpaternity, if any:

3. ______________________________ is the father of this child. The following facts support my allegations of paternity:
   a. We lived together. [ ] Yes [ ] No Dates:_________To_________ Location________________________
   b. I have told welfare officials that he is the father of this child. [ ] Yes [ ] No
   c. I told him that he was the father of the child. [ ] Yes [ ] No
   d. He is named as the father on the birth certificate. [ ] Yes [ ] No [ ] Certified Copy Attached
   e. He admitted being the father of the child. [ ] Yes [ ] No
   f. He signed an acknowledgment of paternity. [ ] Yes [ ] No [ ] Certified Copy Attached
   g. He sent cards/letters regarding the pregnancy and/or about the child. [ ] Yes [ ] No [ ] Copies Attached
   h. He was present at the birth of the child. [ ] Yes [ ] No
   i. He visited the child at the hospital following birth. [ ] Yes [ ] No
   j. He offered to pay for an abortion/medical expenses. [ ] Yes [ ] No
   k. He paid for birth related expenses. [ ] Yes [ ] No
   l. He claimed the child on tax returns. [ ] Yes [ ] No [ ] Don't Know
   m. He has provided food, clothing, gifts or financial support for the child. [ ] Yes [ ] No If Yes, explain in Section IV
   n. He lived with the child. [ ] Yes [ ] No If Yes, explain in Section IV
   o. He visited the child. [ ] Yes [ ] No If Yes, explain in Section IV
   p. The child resembles him. [ ] Photo attached [ ] Yes [ ] No If Yes, explain in Section IV
   q. There are witnesses to my relationship with him. [ ] Yes [ ] No (If Yes, list names and addresses and briefly describe relevant facts known by each under Section IV)
SECTION III (TO BE COMPLETED BY FATHER ONLY)

The following facts support my belief and statements that I am the father of this child:

- a. The mother and I lived together. [ ] Yes [ ] No  Dates: _______ To _______
  Location ____________________________

- b. The mother told me that I am the father of the child. [ ] Yes [ ] No

- c. I am named as the father on the birth certificate. [ ] Yes [ ] No  [ ] Certified Copy Attached

- d. I signed an acknowledgment of paternity. [ ] Yes [ ] No  [ ] Certified Copy Attached

- e. I was present at the birth of the child. [ ] Yes [ ] No

- f. I visited the child at the hospital following birth. [ ] Yes [ ] No

- g. I offered to pay for an abortion/medical expenses. [ ] Yes [ ] No

- h. I paid for birth related expenses. [ ] Yes [ ] No

- i. I claimed the child on tax returns. [ ] Yes [ ] No

- j. I have provided food, clothing, gifts or financial support for the child. [ ] Yes [ ] No  If Yes, explain in Section IV

- k. I lived with the child. [ ] Yes [ ] No  If Yes, explain in Section IV

- l. I visited the child. [ ] Yes [ ] No  If Yes, explain in Section IV

- m. The child resembles me. [ ] Yes [ ] No  Photo attached  If Yes, explain in Section IV

- n. There are witnesses to my relationship with the child's mother. [ ] Yes [ ] No  (If Yes, list names and addresses and briefly describe relevant facts known by each under Section IV)

SECTION IV -- OTHER PERTINENT INFORMATION (including detailed explanations for "Yes" responses in Section II or Section III above)

[ ] Continued On Attached Sheet(s), incorporated by reference.

All of the information and facts contained in this AFFIDAVIT IN SUPPORT OF ESTABLISHING PATERNITY are true and correct to my best knowledge and belief. I agree to submit myself and, if I am the custodian, my child to genetic testing as may be necessary to establish paternity.

__________________________  ________________________________
Date                                                                 Signature

__________________________  ________________________________
Sworn to and Signed before me  Notary Public/Official and Title
this Date, County and State

__________________________  ________________________________
Commission Expires
NOTICE OF DETERMINATION OF CONTROLLING ORDER

Date [ ]

Obligor (First, Mid, Last) [ ]

Obligee (First, Mid, Last) [ ]

To: (Agency Name and Address)

FIPS Code ________________________   State __________________________

IV-D Case No. ______________________________________________________

Docket No. _________________________________________________________

From: (Contact Person, Agency, Address, Phone, Fax, Internet)

FIPS Code _________________________   State _________________________

IV-D Case No. ______________________________________________________

Docket No. _________________________________________________________

1. On [Date], (Tribunal Name; County, State) determined which order to recognize for prospective enforcement. The following orders were considered:

<table>
<thead>
<tr>
<th>#</th>
<th>County</th>
<th>State</th>
<th>Date of Order</th>
<th>IV-D Case Number</th>
<th>Docket Number</th>
<th>Order Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

[ ] Additional orders listed on attached sheet.

2. The tribunal determined that order number ______ listed above in the table is the controlling order for prospective enforcement.

3. [ ] A copy of a modified order is attached.

[ ] The tribunal determined that none of the existing orders is the controlling order. Therefore, a new order was entered; a copy is attached.

4. $_____________ per __________________________ (Frequency) is the current charging amount.

5. The tribunal calculated arrears to be $_____________ as of ______________________________ (Date).

[ ] Attached is a copy of the worksheet(s) showing the arrears calculation.

6. A copy of this notice (and any new or modified order) was also sent to:

_______________________________________________________________________________________________

Enti ty  Name; State

_______________________________________________________________________________________________

Enti ty  Name; State

[ ] Obligor     [ ] Obligee     [ ] Additional Entities Listed on Attached Sheet
APPENDIX C

1. Letter to Clerk of Courts
2. Notice of Registration
3. Registration Information Sheet
4. Affidavit of Arrearages
Dear Clerk:

Enclosed please find a foreign child support order with supporting documents which we are asking that your office register pursuant to the provisions of SDCL 25-9B-602.

Please notify the non-registering party of this registration as required by SDCL 25-9B-605 which requires certified or registered mail. I enclose a form for your use. Please be sure a copy of the registered form is sent.

Once registered, would you please send our office two certified copies of the registered order.

If you have any questions, please contact our office. Thank you for your assistance and cooperation.

Sincerely yours,
STATE OF SOUTH DAKOTA ) IN CIRCUIT COURT
SS. ) JUDICIAL CIRCUIT
COUNTY OF ________________ ) ______________ JUDICIAL CIRCUIT

Plaintiff,

v.

Defendant.

NOTICE OF REGISTRATION

TO: ______________________

Please take notice of the following:

1. The attached Child Support Order has been registered and is enforceable as of the date of registration in the same manner as an Order issued by this Court.

2. The arrearage alleged as of __________ (date) is $________ plus interest thereon.

3. A hearing to contest the validity of enforcement of this Order must be requested within 20 days from the date of mailing of this Notice.

4. Failure to contest will result in confirmation and enforcement of the Order and arrearage and precludes a later contest on any issues that could be raised on the validity or enforcement of this Order.

Dated this ______ day of ______________, 200__.

____________________________________
Clerk of Courts

____________________________________
Deputy

(SEAL)
REGISTRATION INFORMATION SHEET
(Or use the OCSE form in Appendix B)

FROM: Attorney
Address
City, State, Zip

TO: Clerk of Courts Office
Address
City, State, Zip

1. OBLIGEE:
   NAME:
   MAILING ADDRESS:
   HOME:
   WORK:

   AGENCY OR PERSON TO WHOM SUPPORT PAYMENTS ARE TO BE MADE:

2. OBLIGOR:
   NAME:
   SSN:
   MAILING ADDRESS:
   RESIDENCE ADDRESS:
   EMPLOYER:
   OTHER INCOME:

3. NAME OF STATE, TITLE OF COURT AND DATE OF THE FOREIGN ORDERS TO BE REGISTERED:

4. LEGAL DESCRIPTION OF REAL PROPERTY AND LOCATION OF THE PROPERTY OF THE OBLIGOR AVAILABLE FOR EXECUTION:

5. AFFIDAVIT OF ARREARS:
STATE OF SOUTH DAKOTA ) IN CIRCUIT COURT

SS. ) ______________ JUDICIAL CIRCUIT

COUNTY OF ________________ )

Plaintiff,

v. )

AFFIDAVIT OF ARREARAGES

Defendant.

______________, being duly sworn on oath, deposes and states as follows:

I.

That he is the Plaintiff in the above entitled matter and that he makes this Affidavit of
Arrearages in support of his registration request.

II.

By an Order entered ________________, 2000__, _________________ was ordered to pay
me $________ per month for support of ______________ retroactive to ________________, 200__.
In addition, ____________________ was ordered to pay one-half of college expenses, tuition, books
and room and board.

III.

From and after the entry of the above Order, ________________ paid only ______ $____
payments to me. Under the laws of the State of ______________, child support continues until age
____ if the child is enrolled in school. Our son was enrolled in college until ________________,
200__. Therefore, ________________ owes $________ in child support ($____________ minus
$____________).

IV.

I have expended the following amounts on our son ________________ for his college education
prior to ________________, 200__:
For books, $________; for tuition, $________; or a total of
$_________. Therefore, ________________ owes me $_________ (one-half of $_________).

V.

I further request pre-judgment and/or judgment interest on all amounts due and owing.

Dated this _______ day of _________________, 200__.

________________________________

Subscribed and sworn to before me this ______ day of _________________, 200__.

________________________________

Notary Public

My Commission Expires:

(SEAL)