

# TRANSMITTAL

## INTERNATIONAL FORM

Petitioner:

Respondent:

File Stamp

To:

Other Country Reference Number: \_\_\_\_\_

U.S. Reference Number: \_\_\_\_\_

From:

Telephone:

Fax:

Internet/E-mail:

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### PLEASE REFERENCE CASE NUMBERS ON EACH PAYMENT

Address to which payments should be sent (if different from above):

### Electronic Funds Transfers/Electronic Data Interchange Information (EFT/EDI)

☐ Transmitting Agency can receive EFT/EDI payments.

☐ Transmitting Agency can transmit EFT/EDI payments.

☐ Petitioner can receive EFT/EDI payments.

☐ Petitioner can transmit EFT/EDI payments.

To establish an EFT/EDI account contact: \_\_\_\_\_

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### 1. SERVICES REQUESTED: Check all actions that you are requesting jurisdiction to take:

☐ Establishment of Paternity

☐ Change of Payee

☐ Establishment of Order -- including medical support, if applicable -- for

☐ Change in Address to which Payment is sent

☐ Child Support

☐ Spousal Support

☐ Maintenance for a Prior Period

☐ Collection of Arrears

☐ Enforcement of the enclosed Existing Tribunal Order

☐ Locate (Person/Assets)

☐ Modification of the enclosed Existing Tribunal Order

Requested by: ☐ Obligor ☐ Oblige ☐ Agency

**2. OTHER ASSISTANCE REQUESTED:**

- [ ] Provide or Obtain
- [ ] certified copies of Order(s) [ ] payment records
- [ ] certified statement of arrears [ ] completed/signed form
- [ ] Provide Assistance with Service of process (see attached)
- [ ] Provide Assistance with Genetic Testing (see attached)
- [ ] Obtain Answers to Interrogatories (see attached)
- [ ] Provide Assistance with Teleconference for Hearing or Disposition (see attached)
- [ ] Obtain Party Signature on Attached Form
- [ ] Other: \_\_\_\_\_

**3. SUPPORTING DOCUMENTATION PROVIDED WITH THIS TRANSMITTAL:**

- |   |  |
|---|--|
| <input type="checkbox"/> Uniform Support Petition                               | <input type="checkbox"/> General Testimony   |
| <input type="checkbox"/> Registration Statement                                 | <input type="checkbox"/> Support Order(s)  |
| <input type="checkbox"/> Certificate of Enforceability                          | <input type="checkbox"/> Existing Order Information and<br>Sworn Arrears Statement/<br>Certified Payment History |
| <input type="checkbox"/> Genetic Test Results                                   | <input type="checkbox"/> Marriage Certificate  |
| <input type="checkbox"/> Affidavit of Direct Payments<br>and Possession         | <input type="checkbox"/> Divorce Decree  |
| <input type="checkbox"/> Acknowledgment of Parentage                            | <input type="checkbox"/> Affidavit in Support of Establishing Parentage  |
| <input type="checkbox"/> Locate Person/Assets Data                              | <input type="checkbox"/> Assignment of Rights  |
| <input type="checkbox"/> Birth Certificate(s)                                   | <input type="checkbox"/> Power of Attorney   |
| <input type="checkbox"/> Photograph(s)  |  |
| <input type="checkbox"/> Other Documents (e.g., provisional Order, if required) |  |

(Date)

Signature of Initiating Contact Person

(Telephone Number)

(Print or Type Name)

(Fax/Telecopier Number)

Internet/E-mail address

**RESPONDING JURISDICTION: PLEASE COMPLETE AND RETURN THE ACKNOWLEDGMENT PAGE**

# ACKNOWLEDGMENT PAGE

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Petitioner: Other Country Reference Number: \_\_\_\_\_

Respondent: U.S. Reference Number: \_\_\_\_\_

To:

From:

The undersigned official hereby acknowledges receipt of the above and foregoing request:

☐ Request Received and No Additional Information is Necessary

☐ Additional Information Needed: \_\_\_\_\_

☐ Remarks/Response

☐ Your Case has been Forwarded for Action, Future inquiries about this case should be directed to:

Tribunal/Agency Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Internet/E-mail address

## Electronic Funds Transfers/Electronic Data Interchange Information (EFT/EDI)

☐ Responding Agency/Tribunal can receive EFT/EDI payments.

☐ Responding Agency/Tribunal can transmit EFT/EDI payments.

☐ Respondent can receive EFT/EDI payments.

☐ Respondent can transmit EFT/EDI payments.

To establish an EFT/EDI account contact: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Responding State's Contact Person

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Print or Type Name

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Internet/E-mail Address