

NOTICE OF DETERMINATION OF CONTROLLING ORDER

Date: IV-D Case: [] TANF
[] IV-E Foster Care
Obligor (First, Mid, Last) SSN: [] Medicaid Only
[] Former Assistance
Obligee (First, Mid, Last) SSN: [] Never Assistance
Non-IV-D Case: []

File Stamp

To: (Agency Name and Address):

FIPS Code _____ State _____

IV-D Case No. _____

Tribunal No. _____

From: (Contact Person, Agency, Address, Phone, Fax, E-mail)

FIPS Code _____ State _____

IV-D Case No. _____

Tribunal No. _____

1. On _____ (Date), _____ (Tribunal Name; County, State)

determined which order to recognize for prospective enforcement. The following orders were considered:

#	County	State	Date Of Order	IV-D Case Number	Docket Number	Order Type
1						Administrative
2						Administrative
3						Administrative
4						Administrative
5						Administrative

[] Additional orders listed on attached sheet.

2. [] The tribunal determined that order number _____ listed above is the controlling order for prospective support.

3. [] The tribunal determined that none of the existing orders is the controlling order for prospective support. A new controlling order was entered; a certified copy is attached.

4. \$ _____ per _____ (frequency) is the current charging amount.

5. [] A reconciliation of arrears was completed: [] Yes [] No

6. The tribunal calculated arrears to be \$ _____ as of _____ (Date).

A certified copy of the arrears reconciliation order is attached.

7. A copy of this notice (and certified copies of the controlling order determination and any arrears reconciliation order) was also sent to:

Entity Name; State

Entity Name; State

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