STATE REFERRAL: FEDERAL CRIMINAL PROSECUTION FOR NON-SUPPORT (18 U.S.C. §228)



Project Save Our Children

Survey Comments							
State of* County of	·						
				For OCSE PSOC Use			
IV-D Case Number*				Date Cas	Date Case Received		
11-D Case Mullivel				Month Da	y Year		
				PSOC Case Nun	nber		
SECTION I - PAYI	ER INFORMA	ΓΙΟΝ					
Name of Payer*			Social Security Number*	Date of Birth*	Date of Birth*		
Last	First	Middle		Month Day Year			
				Place of Birth_			
Last Known Address (Street	Name and Number)			Telephone Numbe	er(s)		
Oit.		Ctata 9 7in Cod			Was the address verified?		
City		State & Zip Cod	e				
Employer Name		Employer Address		If so, when Telephone Number	er		
/age and Income History*		Date Verified*		Source of Verification*			
Occupation		Professional Lic	ense	Auto & Driver's Lic	ense / State Issue		
Alias		Does the Paver	have any current warrants? If ye	es please indicate type a	and where issued		
, mac		2000 the rayor	nave any canonic warrance. If yo	so, prodos maisato typo t	and mioro locada.		
Brief Physical Description (R	ace, sex, height, weig	ht, eyes, hair color, tatto	o etc.)				
SECTION II - ORD	DER INFORMA	ATION					
Date Order was Entered*		Amount Or-	lorod				
When Was the Last Payment?		Amount Ord			rears to Date		
		Arrearage*	Arrears from Date	Arrears to Date			

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SECTION III – REFERRAL INFORMATION*

Name of Referring Agency				Referral Date					
State County									
State Contact Dames	Direct Phone Number			Mon _ Day \			n Day Y	r	
State Contact Person	Direct Phone Number			FAX 					
Address of Referring Agency (Street I	lame and Nu	ımber)		Email Address					
City State				Zip Code					
City	City State			2.19 0000					
CECTION IN CUCTOD	TAT DAT	TY NEAD		NT.					
SECTION IV – CUSTOD	IAL PAR	CIY INFOR	KMATION	.N					
Name of Custodial Party* Last First				Social Security Number*			Date of Birth*		
Last		Middle				N	Month Day Year		
							Place of Birth		
Our of Nove and Nove at							Place of Billi		
Street Name and Number*									
City* State*				Zip Code*			Zip Code*		
Home Phone Number	Busines	I s Phone Number	r		Spous	se's Pho	ne Number		
	-	-			٠-	-			
Does custodial party have any restrai	I ning/protectiv	ve orders against	payer?	No [ר Ye	es			
				_					
Has this party signed a non-disclosure	form? _	No Yes	S						
CECTION V CHILD IN	EODMA	TION							
SECTION V – CHILD IN	FUKMA	HON							
Name of Child*	Date of Birth*			Place of Birth			State of Residency		
Last First		Day Year	_						
Name of Child*	Date of Birth*			Place of Birth			State of Residency		
Last First	Last First Month Day Year								
Name of Child*	Date of Birth*			Place of Birth			State of Residency		
Last First									
			•						
SECTION VI – PROSEC	UTOR R	EVIEW*							
Has this case been reviewed by a procharges?	secutor for p	ossible state crim		yes, by w umber.)	/homí	? (List p	rosecutor's or	assistant's name and phone	
				umber.)	-	-			
No ☐ Yes ☐									
If yes, what was the outcome of the re	view? (crimi	inal warrant, case	e did not meet	t an eleme	ent of	f state la	w, etc.)		

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SECTION VII - OTHER ELEMENTS

1. List enforcement efforts to date showing which other remedies have been attempted. What systems were used and dates?*					
2. Describe information relevant to establishing that the obligor has traveled interstate or internationally for the purpose of evading child support. Append supporting documentation, including any tribunal order making such a finding.					
Please attach a separate sheet outlining this information, if available. (Indicators or history of willful non-payment, ability to make full or partial payment, obligor's knowledge of obligation or other circumstances.)					
SECTION VIII - REFERRAL*					
SIGNATURE OF AUTHORIZED OFFICIAL					
The mefermine IV December of fine					

The referring IV-D agency certifies:

- The case is believed to meet statutory criteria for federal prosecution under 18 U.S.C.§228.
- The state has exhausted all available and reasonable alternative enforcement remedies.

By	Date	
NAME		
TITLE		

* MANDATORY – SECTION MUST BE COMPLETED