

FOR NON-SUPPORT (18 U.S.C. §228)



IV-D Case Number* _____

Month _____ Day _____ Year _____

SECTION I - PAYER INFORMATION

SECTION II - ORDER INFORMATION

ATTACH PAYMENT HISTORY & ORDER

Attach any locate or additional information that would assist in processing the case.

**STATE REFERRAL: FEDERAL CRIMINAL PROSECUTION
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SECTION III – REFERRAL INFORMATION*

| | | |
|--|----------------------------|--|
| State ____ County ____ | Name of Referring Agency | Referral Date Mon ____ Day ____ Yr ____ |
| State Contact Person | Direct Phone Number - - | FAX - - |
| Address of Referring Agency (Street Name and Number) | | Email Address |
| City | State | Zip Code |

SECTION IV – CUSTODIAL PARTY INFORMATION

| | | |
|---|--------------------------------|---|
| Name of Custodial Party* Last First Middle | Social Security Number* - - | Date of Birth* Month ____ Day ____ Year ____ Place of Birth _____ |
| Street Name and Number* | | |
| City* | State* | Zip Code* |
| Home Phone Number - - | Business Phone Number - - | Spouse's Phone Number - - |
| Does custodial party have any restraining/protective orders against payer? <input type="checkbox"/> No <input type="checkbox"/> Yes | | |
| Has this party signed a non-disclosure form? <input type="checkbox"/> No <input type="checkbox"/> Yes | | |

SECTION V – CHILD INFORMATION

| | | | |
|------------------------------|---|----------------|--------------------|
| Name of Child* Last First | Date of Birth* Month ____ Day ____ Year ____ | Place of Birth | State of Residency |
| Name of Child* Last First | Date of Birth* Month ____ Day ____ Year ____ | Place of Birth | State of Residency |
| Name of Child* Last First | Date of Birth* Month ____ Day ____ Year ____ | Place of Birth | State of Residency |

SECTION VI – PROSECUTOR REVIEW*

| | |
|--|---|
| Has this case been reviewed by a prosecutor for possible state criminal charges? No <input type="checkbox"/> Yes <input type="checkbox"/> | If yes, by whom? (List prosecutor's or assistant's name and phone number.) - - |
| If yes, what was the outcome of the review? (criminal warrant, case did not meet an element of state law, 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 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**