

Connecticut IV-D Child Support Program

Reference: OMB No. 0970-0085

April 26, 2021

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The Connecticut IV-D – Judicial Branch - Support Enforcement Services unit (SES) formally submits the following comment for consideration. Connecticut appreciates the desire to renew the federal forms without changes; however, we believe the requested change is simple, will be supported by a majority of States, and will have an immediate and significant impact on IV-D child support programs and operations.

Comment/Suggestion

Modify UIFSA Transmittal #2 Section I. Case Processing Actions – Providing: Item #10 FROM:

- Notice of case receiving tax refund offset from federal collection and enforcement program

TO:

- Notice of case receiving direct collection or receipt of child support payment

Explanation/ Justification for the Comment/Suggestion

- The current language on the Transmittal 2 (*tax refund offset from a federal collection program*) and any specific payment amount included on the Transmittal 2 meets the definition of Federal Tax Information (FTI).
- Both the sending state and the receiving state are required to properly safeguard any Transmittal #2 with #10 checked as FTI, including labeling the document, labeling any paper or electronic file that may contains the document, and logging the document and/or its destruction.
- In addition, the corresponding entry or action resulting from the Transmittal 2 in any federally certified state child support system also qualifies as FTI and the various safeguarding requirements (e.g. if the receiving state updates the case with a *federal tax refund offset* adjustment, then that adjustment is also FTI and all IV-D activity or documentation surrounding that adjustment is FTI and subject to IRS audit).
- In two-state UIFSA actions it is common for IV-D cases to have single state collections from a variety of sources: federal tax offset refund, state tax refund offset, FIDM collection, real/Personal property liens, direct income withholding receipts, direct payments to the custodial parent, administrative offset program, and any cash, credit card, or personal check payments made by the obligated parent directly to the initiating state.

- The Transmittal 2 does not have an efficient way to communicate a direct receipt, other than a federal tax refund offset.
- The Transmittal 2, in its current format, gives the IV-D worker the impression that communicating the federal tax offset (FTI) is acceptable absent further instructions on the Transmittal 2.
- Currently, States are required to use Number 12. "Other", to provide information about the direct collection receipt.
- Providing notice to the other state of any direct collection receipt is required so that the appropriate credit can be noted in the other state's records. Providing prompt notice of any direct payment, significantly reduces the probability of balance discrepancies between the two states. The underlying source of the direct payment is secondary, and not materially relevant to the proper crediting of the case.
- Connecticut is not aware of any requirement or of any benefit to single out one (1) type of direct collection receipt.
- By modifying Section I. Number 10. to a more generic *Direct payment/collection*, states will be able to efficiently communicate a direct collection of any type, including state and federal offsets. Additionally, the federal IV-D program and will reduce both the volume of FTI produced (by the Transmittal 2) and the responsibilities of all states to properly safeguard the FTI that is produced.

CHILD SUPPORT ENFORCEMENT TRANSMITTAL #2 – SUBSEQUENT ACTIONS	
The information on this form may be disclosed as authorized by law.	
If you are not the intended recipient, you are hereby notified that any use, disclosure, distribution, or copying of this form or its contents is strictly prohibited.	
☐ Child Support Agency Confidential Information Form Attached	
Petitioner: Legal Name (first, middle, last, suffix)	IV-D Case: ☐ TANF
Tribal Affiliation (if applicable)	☐ IV-E Foster Care
Respondent: Legal Name (first, middle, last, suffix)	☐ Medicaid Only
Tribal Affiliation (if applicable)	☐ Former Assistance
To: (Agency Name and Address)	☐ Never Assistance
From: (Agency Name and Address)	Responding Locator Code: _____ State _____
	Responding IV-D Case Identifier: _____
	Responding Tribunal Number: _____
	Initiating Locator Code: _____ State _____
	Initiating IV-D Case Identifier: _____
	Initiating Tribunal Number: _____
	Payment Locator Code: _____ State _____
NOTE:	
☐ Nondisclosure Finding/Affidavit attached	
☐ This form sent through EDE	
☐ This request or information sent through CSENet	
Section I. Case Processing Actions: (Provide additional information in section III or as an attachment as appropriate.)	
Providing:	
1. ☐ Status update	8. ☐ Arrears balance and/or accrued interest (affidavit of arrears)
2. ☐ Notice of hearing	9. ☐ Notice of health care coverage change (see section III or attachment)
3. ☐ Notice of case forwarding	10. ☐ Notice of case receiving tax refund offset from federal collection and enforcement program
4. ☐ Document filed	11. ☐ Nondisclosure finding/affidavit
5. ☐ Order issued	12. ☐ Other
6. ☐ Arrears calculation (month by month)	
7. ☐ Payment history (provide details under section III)	
Requesting:	
13. ☐ Status update	
14. ☐ Arrears balance and/or accrued interest (affidavit of arrears)	
15. ☐ Payment history	
16. ☐ Arrears calculation (month by month)	
17. ☐ Administrative review for contested debt certification in the federal collection and enforcement program	
18. ☐ Modification of the order in an open intergovernmental case. Please advise what pleading or documents are needed.	
19. ☐ Other (List and describe in section III.)	
Please return the requested information.	
File Stamp	