Court Clerk's Guide to Child Support

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Tennessee Department of Human Services

Division/Program

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I. PURPOSE

The purpose of this Guide is to provide information to the Tennessee Clerks of the Court pertaining to the child support requirements in accordance to Tennessee Codes Annotated. The Department of Human Services recognizes the need for supplying the information in this guide and providing continued support to the Clerks of the Court.

II. DEFINITIONS

Term	Definition
Child	Child includes the plural "children" and "children" includes the singular "child", where the context requires. For guideline purposes "child" means: A person, not otherwise emancipated, who is less than eighteen (18) years of age or a person who reaches eighteen (18) years while in high school until the person graduates from high school or until the class of which the person is a member when the person attains eighteen (18) years of age graduates, whichever occurs last; or A person who is disabled pursuant to ***T.C. A. § 36-5-101(k).***
Custodial Parent	The person who has primary care, custody, and control of the child(ren). Also referred to as Primary Residential Parent.
Department (TDHS)	Tennessee Department of Human Services
Family Violence Indicator (FVI)	The Family Violence indicator designation resides in the Federal Case Registry (FCR) placed on a participant in a case or order by a state that indicates a person is associated with child abuse or domestic violence. The designation prevents disclosure of the location of a party and/or child believed by the state to be at risk of family violence.
Federal Case Registry (FCR)	A national database of information on individuals in all IV-D cases, and all non-IV-D orders entered or modified on or after October 1, 1998. The FCR receives this case information daily from the SCR located in every state, and proactively matches it with previous submissions to the FCR and with employment information contained in the National Directory of New Hires (NDNH). The FCR and the NDNH are both part of the expanded FPLS, which is maintained by OCSE.

Federal Parent Locator Service (FPLS)	A computerized national location network operated by the Federal Office of Child Support Enforcement (OCSE). FPLS obtains address and employer information, data on child support cases in every state, compares the data and returns matches to the appropriate states. This helps state and local child support agencies locate non-custodial parents and putative fathers for the purposes of establishing custody and visitation rights, establishing and enforcing child support obligations, investigating parental kidnapping, and processing adoption or foster care cases. The expanded FPLS includes the FCR and the NDNH.
Intergovernmental Case	An Intergovernmental case, previously known as an Interstate case, is a case which involves more than one state, country, or a tribal entity. Federal law requires Child Support Enforcement Agencies to assist each other when establishment and/or enforcement services are necessary on Intergovernmental cases.
Locate	Process by which a party or putative father is found for the purpose of establishing paternity, establishing and or enforcing a child support obligation, establishing custody and visitation rights, processing adoption or foster care cases, and investigating parental kidnapping.
National Directory of New Hires (NDNH)	A national database containing New Hire and quarterly wage data from every State Directory of New Hires (SDNH) and Federal agency and Unemployment Insurance (UI) data from State Workforce agencies. OCSE maintains the NDNH as part of the expanded FPLS.
Non-custodial Parent	The parent who does not have primary care, custody, or control of the child and who may have an obligation to pay child support.
Non-IV-D Child Support Case	A case that is created in TCSES SCR when child support is addressed in a court order and neither party has applied for services through TDHS Child Support Program or the TDHS TANF Program.
Non-V-D Demographic Information and Update Worksheet	Non-IV-D Demographic Information and Update Worksheet - The worksheet is basically designed to allow court clerks opting-out of TCSES with a means to provide the data required by the SCR on non-IV-D orders.
Non-disclosure Finding	A finding that the health, safety, or liberty of a party or child would be unreasonably put at risk by the disclosure of information. Interstate petitions must include certain identifying information regarding the

	parties and children unless a tribunal (see definition below) makes a non-disclosure finding by ordering that the address or identifying information not be disclosed. In such cases the finding would be identified by a Family Violence Indicator (FVI).
Office of Child Support Services (OCSS)	The Federal agency responsible for the administration of the Child Support Services program.
Obligee	The parent or caretaker that receives payment of the child support obligation from the obligor. The obligee can be either the custodial parent, the non-custodial parent, or the non-parent caretaker of the child(ren).
Obligor	The parent that is responsible for payment of the child support obligation to the obligee. The obligor can be either the custodial parent, or non-custodial parent of the child(ren), but **not** a non-parent caretaker.
Public Assistance	Benefits granted from state or federal programs to aid eligible recipients. Applicants for certain types of public assistance such as, Temporary Assistance to Needy Families (TANF), are required to be referred to Child Support agencies for the purposes of locating the non-custodial parent, establishing paternity, obtaining child support payments, and ordering health insurance to be provided.
State Case Registry (SCR)	A database maintained by each state that contains information on individuals in child support cases. Information submitted to the SCR is transmitted to the Federal Case Registry, where it is compared to cases submitted to the FCR by other states, as well as the employment data in the NDNH. Matches are returned to states for processing. TN SCR is known to users as TCSES.
State Directory of New Hires (SDNH)	SDNH is a state database containing information about individuals submitted by their employer within twenty (20) days of the hire date. Data are submitted to the NDNH, where the data is compared to the employment data from other states as well as child support data in the FCR. Matches are returned to states for processing.
State Disbursement Unit (SDU)	The SDU is the central collection point for child support collections. The SDU receives child support collections and distributes and disburses those payments.

State Parent Locator Service (SPLS)	A service provided by the state child support agency to locate parents in order to establish and enforce child support obligations, visitation, and custody orders or establish paternity.
Support Order	An order in which there is a judgment, decree, or order whether temporary or final, or subject to modification, which is issued by a court of competent jurisdiction or an administrative agency of competent jurisdiction, for the support and maintenance of a child, including a child who has attained the age of majority under the law of the State which issued the order and which order, judgment, or decree provides for monetary support, health care, arrearages, or reimbursement, and which may include related costs and fees, interest, penalties, income withholding, attorney fees, and other relief (T.C.A 36-5-115(a))
Temporary Assistance to Needy Families (TANF)	Time-limited public assistance payments made to families meeting title IV-A of the Social Security Act requirements. TANF is known as Families First in Tennessee.
Tribunal	A judicial or administrative body or agency granted legal authority to determine disputed issues within its jurisdiction including, but not limited to, the establishment, modification, or enforcement of child support and paternity issues.
FCR	Federal Case Registry
FVI	Family Violence Indicator
FPLS	Federal Parent Locator System
NDNH	National Directory New Hires
OCSS	Office of Child Support Services
SCR	State Case Registry
SDU	State Disbursement Unit
SDNH	State Directory New Hires
SPLS	State Parent Locator System
TANF	Temporary Assistance to Needy Families

III. NON-IV-D CHILD SUPPORT CASE

A. NON-IV-D REQURIEMENT

1. Under Section 453 (h) of Title IV-D of the Social Security Act (42 U.S.C. 653), the child support program is required to provide specific case information to the Federal Case Registry, which is a national information resource for use in intergovernmental establishment and enforcement of child support. In order for the State to meet this requirement, Clerks of Court must provide to the Tennessee Department of Human Services (TDHS) child support program certain information from Non- IV-D court cases on a daily basis. The Clerk of Court's reporting responsibilities are codified at TCA § 36-5-115.

2. Effective October 1, 1998, all non-IV-D orders established or modified **must** be entered into the Tennessee Child Support Enforcement System (TCSES)for submittal to the Federal Case Registry (FCR).

3. Non-IV-D orders are cases where child support is established and maintained privately, such as following a divorce.

4. A non-IV-D case is entered in the TCSES when child support is addressed in a court order and neither party has applied for services through the Tennessee Department of Human Services' (TDHS) Child Support Program or the Department's Families First (TANF) Program.

B. NON-IV-D DEMOGRAPHIC INFORMATION

1. Court clerks are required to provide certain information from non-IV-D court orders to the IV-D Child Support Program daily. Court clerks must provide the required information by use of the Non-IV-D Demographic Information and Update Worksheet (Demographic Worksheet). See Appendix items A and B.

2. The court orders and/or Income Withholding Orders (IWOs) **should not** be sent to the TDHS Child Support Central Registry Unit who is responsible for the SCR.

3. When a court has ordered termination of support with no arrears balance, the court clerk **must** issue a Termination of Income Withholding AND submit the Demographic

   Worksheet to the TDHS Child Support Central Registry Unit. The non-IV-D case will be closed by the TDHS Child Support Central Registry Unit upon receipt. A current address for the obligor is needed to allow for refund of any overpayment after the case is closed.

4. Demographic Worksheets can be transmitted by:

   a. Fax to (615) 524-3102 or
   b. By sending an encrypted e-mail to NonIV-D.DHS@tn.gov. In order to encrypt an e-mail message to protect Personall Identified Information (PII), the sender **must**

type in the subject line: [secure email]. Senders must never include a social security number in the subject line of an email.

C. MONITORING NON-IV-D CHILD SUPPORT CASE OBLIGATIONS

1. The specific amount of the child support obligation and/or judgment for the non IV-D case is not entered in the TCSES. A voluntary order with a zero obligation is entered when payments are ordered to process through the State Disbursement Unit (SDU). The payment amount received is documented and disbursed to the receiving parent or guardian.

2. Enforcement services are not provided by child support staff for non-IV-D cases.

3. For a non-IV-D child support case to receive services through the Department's IV-D Child Support Program, an application for services must be filed with the child support program or the Department's Families First (TANF) Program. An application for services is not required for payments to process. See Appendix item C.

D. STATE AND FEDERAL REPORTING

1. The State Case Registry (SCR) includes all Tennessee child support cases including non IV-D.

2. Information from the SCR is provided to the Federal Case Registry (FCR).

3. Federal law requires each state to provide specific case information to the FCR. For the state to meet this requirement, Tennessee law requires court clerks to provide information regarding non IV-D cases for which an order was established or modified in their court to TDHS Central Registry Unit.

4. The FCR provides information to the Federal Parent Locator Service (FPLS).

E. INCOME WITHHOLDING ORDERS (IWOS) FOR NON-IV-D CASES

1. In accordance with TCA § 36-5-501, **ONLY** the clerk of the court or TDHS (or its contractors) can issue Income Withholding Orders (IWOs) . Private attorneys are not authorized to send IWOs to employers.
2. Tennessee court clerks use the most up-to-date version of the federal IWO form (OMB 0970-0154), provided on the Office of Child Support Services (OCSS) website, for issuing initial, modified, and termination IWOs to employers. See Appendix item D.

3. For proper processing of payments received in the SDU from employers, the IWO must contain the **9-digit TCSES case number** and state that payments must be remitted to the SDU at P.O. Box 305200, Nashville, TN 37229.

4. If a IV-D case becomes a non-IV-D case, the IWO **will not** be terminated by the IV-D child support program provided a court order is still in place allowing payments to flow through the SDU.

5. It is the responsibility of the court clerk's office to send a Termination of IWO, when applicable, on all non-IV-D cases. This includes prior IV-D cases where the IV-D office issued the active IWO. Non-IV-D or "X" type cases on the Child Support System are not enforced by local child support staff nor receive the same services as IV-D cases.

F. MEDICAL SUPPORT NOTICE

1. The National Medical Support Notice serves as legal notice to the employer that the employee identified is obligated by a court or administrative child support order to provide health care coverage for the child(ren) identified on the notice. See Appendix items E and F.

2. The Notice has two parts:
    a. Part A (OMB 0970-0222) – Notice to Withhold for Health Care Coverage for the employer to withhold any employee contributions required by the group health plan(s) in which the child(ren) is/are enrolled; and
    b. Part B (OMB 1210-1113) – Medical Support Notice to the Plan Administrator which must be forwarded to the administrator of each group health plan identified by the employer to enroll the eligible child(ren) or completed by the employer if the employer serves as the health plan administrator

G. CASE TYPE CHANGE

1. Either party can apply for IV-D child support services at any time. The applicant of services can request case closure during the duration of the order, if there are no assigned arrears owed to the state.
2. When a case changes from IV-D to Non-IV-D, it is the clerk's responsibility to issue a Termination of Income Withholding Order, as applicable, according to local civil procedures.

H. SPOUSAL SUPPORT

1. Federal law requires that if a spousal support obligation is included as part of a child support order for a spouse or former spouse who is living with the child(ren), it must be enforced along with the IV-D child support obligation.
2. Tennessee law also provides for the enforcement of spousal support under the Uniform Interstate Family Support Act (UIFSA); however, it is not a IV-D function to pursue spousal support only cases nor is it a IV-D function to pursue modification of a spousal support obligation.

IV. PARENTAGE

A. VITAL RECORDS

1. Clerks of Court must provide to the registrar of the Tennessee Office of Vital Records, or the Vital Records in the child's state of birth, a certified court order and accompanying Exhibit A or PH-3343 form. The Clerk of Court's reporting responsibilities are codified at TCA 36-2-311.
   The following information **MUST be included on the Exhibit A or PH-3343 form:
   a. Name of Child Prior to Court Order; Date of Birth; State of Birth
   b. Name of Child as Determined by Court (first, middle, last, suffix).
   c. Father's Full Name as entered in court order
   d. Father's Date of Birth
   e. Father's Birthplace (State or Foreign Country), if known. **In some circumstance (i.e. default orders), the father birthplace is not known. **DO NOT LEAVE THIS FIELD BLANK.** You may write "Unknown" in the father's birthplace for these orders.*

2. The order and Exhibit A or PH-3343 must be sent to Vital Records with or without the statutory fee. The Clerk is to forward the fee to Vital Records (along with the order and Exhibit A/PH-3343), if applicable. The registrar shall not be required to issue a new certificate of birth until the fee is paid.

3. Exhibit A (provided by the child support office) or the PH-3343 (Office of Vital Records' form *Notification of Order of Parentage and Application for New Birth*) must be included with the orders and include the father's date of birth and place of birth.

4. The local health department cannot make changes to a birth certificate based on court orders. All amendments/changes to Vital Records documents are made in Nashville at Vital Records or the Vital Records office in which the child was born.

5. Court clerks should only send orders that tells Vital Records to make a change to a Vital Record document. Such orders include Parentage Orders, Orders that Disestablish Parentage, Name Change Orders, Final Decrees of Divorce, and Legitimation Orders.

6. Contact information for the Office of Vital Records:
   TN Department of Health
   Special Services Unit/Vital Records
   Andrew Johnson Tower, 1st Floor
   710 James Robertson Parkway
   Nashville, TN 37243
   (615) 741-1763 (Office of Vital Records)

B. ORDER REJECTED BY VITAL RECORDS

1. Orders sent without the father's information completed on the Exhibit A or PH-3343 will be returned to the court clerk. See Appendix item G.

2. Orders of Protection, orders for children born in another state and child support only orders should not be sent to the Office of Vital Records.

C. BIRTH CERTIFICATE FEE

1. The fee is $15 for the processing fee to amend a birth certificate and an additional $15 for a certified copy of the amended birth certificate. The clerk is to send a certified copy of all parentage orders immediately to the Office of Vital Records upon logging in the minutes book with or with the fee with the Exhibit A form or the completed PH-3343 form. The Tennessee Office of Vital Records will return orders that are not submitted with the required Exhibit A or PH-3343 form.

2. Upon receipt of the certified parentage order and Exhibit A or PH-3343, Vital Records will process all accurate orders and amend the birth certificate in accordance with the court order.

3. Court clerks are not responsible for collecting fees after the certified order has been sent to Vital Records. Instead, the court clerk should provide the parent(s) the TDHS Paternity Program's handout INSTRUCTIONS FOR PARENTS: Process to Get a Certified Copy of the Voluntary Acknowledgment of Paternity and Birth Certificate. The parent(s) will be responsible for sending payments for the processing and amended fees to the Tennessee Office of Vital Records.

V. CONFIDENTIALITY OF RECORDS

1. Disclosure of information concerning recipients of child support services is limited to purposes directly connected with the administration of the plan or program under Title IV-D or other related programs.

2. Such information shall be disclosed only to the extent permitted by such federal or state laws or regulations, or only for the purpose of and to the extent necessary for the establishment, enforcement, and modification of child support obligations by the department, its contractors, subcontractors, or agents or by any federal, state, territorial, or foreign child support enforcement agency or their contractors or agents. Such disclosure is codified in T.C.A 71-1-131.

VI. NONDISCLOSURE OF INFORMATION

1. Section 453(b)(2) of the Social Security Act and T.C.A 36-5-2312 prohibit disclosure of identifying information which a participant alleges under oath may jeopardize the health, safety, or liberty of a participant or child. The personal identifying information must be sealed and not disclosed to the other participant or the public. This information can only be

released by a tribunal. A tribunal has the authority to disclose the information after a hearing is held in which the health, safety, or liberty of the participant or child are considered.

2. The Statement for Potential Harm (SPH) is available on the internet to allow participants of the child support program the opportunity to disclose any domestic violence concerns. The SPH can be submitted directly to the local office or emailed to childsupport.fvi.dhs@tn.gov.

3. The person who poses a threat is **anyone** who can access public records – not just another participant.

4. When legal action is taken on a case with family violence noted, documents containing personal identifying information (PII) of the participant and/or their children, if applicable, must be submitted to the court in a sealed envelope labeled "Disclosure is prohibited in accordance with T.C.A 36-5-2312." Such documentation includes, but not limited to, Exhibit A and the Personal Information Form for UIFSA § 311.

VII. ELECTRONIC TESTIMONY

1. For intergovernmental cases, telephonic testimony is required for an out-of-state party or witness, if requested.

2. In accordance with T.C.A. 36-5-2316, the physical presence of a nonresident party who is an individual in a tribunal of this state is not required for the establishment, enforcement, or modification of a support order or the rentdition of a judgment determining parent of a child. A tribunal of this state shall permit a party or witness residing outside this state to be deposed or to testify under penalty of perjury by telephone, audiovisual means, or other electronic means at a designated tribunal or other location. A tribunal of this state shall cooperate with other tribunals in designating an appropriate location for the deposition or testimony.

3. An affidavit, a document substantially complying with federally mandated forms, or a document incorporated by reference in any of them, which would not be excluded under the hearsay rule if given in person, is admissible in evidence if given under penalty of perjury by a party or witness residing outside this state.

4. A copy of the record of child support payments certified as a true copy of the original by the custodian of the record may be forwarded to a responding tribunal. The copy is evidence of facts asserted in it, and is admissible to show whether payments were made.

VIII. INVOICES

Clerks of court should submit an invoice timely to the Department of Finance and Administration at CSVendor.Invoices.DHS@tn.gov for costs assessed to the child support program as identified in T.C.A. 8-21-401. See Appendix items H, I and J.

IX. APPENDIX

A. **Non-IV-D Demographic Worksheet**

B. **Non-IV-D Demographic Worksheet Instructions**

C. **Non-IV-D and IV-D Flyer**

D. **Income Withholding for Support**

E. **National Medical Support Notice – Part A**

F. **National Medical Support Notice – Part B**

G. **PH-3343 Notification or Order of Parentage**

H. **Instructions for Parents – VAoP and Birth Certificate**

I. **Clerk Fees**

J. **Clerk Invoice**

K. **Clerk Invoice Template with Instructions**

APPENDIX A

TN Department of Human Services

DATE: _____

Please check one*
- ☐ Original Order
- ☐ Modified Order
- ☐ Terminated Order/Termination of IWO issued
- ☐ Updated Information

Please check one*
- ☐ Worksheet for State Case Registry purpose only
- ☐ Payments ordered through SDU (formerly CCSRU)

COMPLETE AND FAX <u>WORKSHEET ONLY</u> TO: (615) 524-3102 or (888)701-3073
Or email to NonIV-D.DHS.gov

<u>NON-IV-D DEMOGRAPHIC INFORMATON AND UPDATE WORKSHEET</u>
(PLEASE PRINT LEGIBLY)

DOCKET ID * _____ **ORIGINAL ORDER DATE *** _____
COURT CODE * _____ **FAMILY VIOLENCE CODE *** YES ☐ OR NO ☐

OBLIGEE'S INFORMATON (party to receive payments):

LAST NAME * **FIRST NAME ***_____ **MIDDLE**_____

SEX _____**SSN ***_____-_____-_____ **DATE OF BIRTH ***_____ **RELATIONSHIP TO CHILD ***_____

MAILING ADDRESS * _____

CITY ***_____ **STATE ***_____ **ZIP * _____ **TELEPHONE#** _____

OBLIGOR'S INFORMATION (party to make payments):

LAST NAME * _____ **FIRST NAME ***_____ **MIDDLE** _____

SEX _____ **SSN *** _____ **DATE OF BIRTH ***_____ **RELATIONSHIP TO CHILD ***_____

MAILING ADDRESS _____

CITY ***_____ **STATE ***_____ **ZIP ***_____ **TELEPHONE# _____

EMPLOYER _____

EMPLOYER ADDRESS _____

CITY NAME _____ **STATE** _____ **ZIP** _____ **COUNTRY** _____

DEPENDENT INFORMATION:

CHILD#1: LAST NAME ***_____ **FIRST NAME ***_____ **MIDDLE _____

SEX _____ **SSN ***_____ **DATE OF BIRTH *** _____

CHILD#2: LAST NAME ***_____ **FIRST NAME ***_____ **MIDDLE _____

SEX _____**SSN ***_____ **DATE OF BIRTH *** _____

COURT CLERK'S FAX NUMBER OR EMAIL ADDRESS: _____

TCSES CASE NUMBER: _____

***FIELDS REQUIRED**

NOTES: Additional dependents can be entered on a separate page and faxed. Docket numbers and court code must be re-entered for additional dependents. Parties' information need not be re-entered.

APPENDIX B

TN Department of Human Services

1 DATE: _____

Please check one*

2
- ☐ Original Order
- ☐ Modified Order
- ☐ Terminated Order/Termination of IWO issued
- ☐ Updated Information

3 **Please check one***
- ☐ Worksheet for State Case Registry purpose only
- ☐ Payments ordered through SDU (formerly CCSRU)

COMPLETE AND FAX WORKSHEET ONLY TO: (615) 524-3102

NON-IV-D DEMOGRAPHIC INFORMATON AND UPDATE WORKSHEET
(PLEASE PRINT LEGIBLY)

4 **DOCKET ID *** _____ 6 **ORDER DATE *** _____

5 **COURT CODE *** _____ 7 **FAMILY VIOLENCE CODE *** YES ☐ OR NO ☐

8 **OBLIGEE'S INFORMATON (party to receive payments):**

LAST NAME * _____ **FIRST NAME *** _____ **MIDDLE** _____

SEX _____ **SSN *** _____-_____-_____ **DATE OF BIRTH *** _____ **RELATIONSHIP TO CHILD *** _____

MAILING ADDRESS * _____

CITY * _____ **STATE *** _____ **ZIP *** _____ **TELEPHONE#** _____

9 **OBLIGOR'S INFORMATION (party to make payments):**

LAST NAME * _____ **FIRST NAME *** _____ **MIDDLE** _____

SEX _____ **SSN *** _____ **DATE OF BIRTH *** _____ **RELATIONSHIP TO CHILD *** _____

MAILING ADDRESS _____

CITY * _____ **STATE *** _____ **ZIP *** _____ **TELEPHONE#** _____

EMPLOYER _____

EMPLOYER ADDRESS _____

CITY NAME _____ **STATE** _____ **ZIP** _____ **COUNTRY** _____

10 **DEPENDENT INFORMATION:**

CHILD#1: LAST NAME * _____ **FIRST NAME *** _____ **MIDDLE** _____

SEX _____ **SSN *** _____ **DATE OF BIRTH *** _____

CHILD#2: LAST NAME * _____ **FIRST NAME *** _____ **MIDDLE** _____

SEX _____ **SSN *** _____ **DATE OF BIRTH *** _____

11 ***COURT CLERK'S FAX NUMBER (required when TCSES # is needed):** _____

12 **TCSES CASE NUMBER**: _____

***FIELDS REQUIRED**

NOTES:

- Additional dependents can be entered on a separate page and faxed. Docket numbers and court code must be re-entered for additional dependents. Parties' information need not be re-entered.
- TCSES Case Number needs to be included on IWO for payments to apply.

TN Department of Human Services

1. Enter the current date.

2. Select the appropriate order type:
    a. Original order - No prior order addressing child support
    b. Modified Order - Order modifies the child support language from a prior order
    c. Terminated Order/Termination of IWO issued – Order terminated current support with no arrears and, if IWO is paying, a Termination of IWO has been sent to employer
    d. Updated Information – Any updates provided for the required data elements or pertaining to the Non IV-D classification.

3. Select the applicable Non IV-D classification(s):
    a. Worksheet for State Case Registry purpose only – Payments are not ordered to be paid through the State Disbursement Unit (SDU) **formerly Centralized Child Support Receipting Unit, CCSRU,* however, Worksheet is required for federal reporting purposes.
    b. Payments ordered through SDU (formerly CCSRU) – Payments are ordered to be paid through the SDU.

4. Docket ID – The docket number assigned by the court.

5. Court Code – The seven-digit FIPS code identifying the court. Example: 4714945 identifies Tennessee (47) Rutherford County (149) Juvenile Court (45)

6. Order Date – The date which the court entered the original, modified or terminated order as applicable based upon the selection in step 2.

7. Section 453(b)(2) of the Social Security Act and T.C.A 36-5-2312 prohibit disclosure of identifying information which a party alleges under oath may jeopardize the health, safety, or liberty of a party or child. If Family Violence exists, the appropriate indicator must be checked to prevent the release of information.

8. Obligee's Information - Complete the data elements for the person ordered to receive support.

9. Obligor's Information – Complete the data elements for the person ordered to pay support.

10. Dependent Information – Complete the data elements for each child listed in the court order for which payments are being made. Additional dependents along with the document number and court code can be entered on a separate page.

11. Court Clerk's Fax Number – If a TCSES number has not previously been assigned or unknown, provide your fax number to receive the TCSES number.

12. If a TCSES number has previously been assigned and known, enter the number here. Otherwise, complete line 11 and the form will be returned to provide you with the TCSES number. TCSES number is needed on IWO for payments to process in the SDU.

APPENDIX C

Department of Human Services

Non IV-D and IV-D Child Support Cases

Title IV-D of the Social Security Act, requires all states to have a child support program. The Child Support Program is sometimes referred to as the IV-D program for this reason. The program promotes parental responsibility to meet the financial needs of children and their families.

Do You Know The Difference Between a Non IV-D and a IV-D Child Support Case?

Non IV-D child support cases are established and maintained privately; such as following a divorce. Payments may be ordered to be paid through the Child Support Program's State Disbursement Unit (SDU), however, this is not a referral to the child support program for services. The Child Support Program will only process and disburse child support payments through the SDU to meet federal reporting requirements. No additional services are provided to Non IV-D cases.

IV-D child support cases are established when a parent or caretaker of a child applies for child support services. You do not have to be a recipient of Families First/TANF to receive services. You may apply by submitting an online application or by downloading and printing an Application for Child Support Services and mailing, faxing or visiting your local Child Support Office. When services are provided by the local child support office, your case becomes a IV-D case. Child support services include, but are not limited, to those shown below.

Non IV-D and IV-D Difference at a Glance:	Non IV-D	IV-D
Process and disburse payments through the SDU. No balance maintained.	✓	
Establish and enforce child support orders including medical support.		✓
Modify child support orders for both custodial and non-custodial parents.		✓
Enforce spousal support orders if child support is also involved.		✓
Use administrative enforcement tools to collect past due child support. Involve court if ineffective.		✓
Seek enforcement assistance from another state if a parent resides out-of-state.		✓
Automatic issuance of Income Withholding Orders to new employers as needed.		✓
Process and disburse payments through the SDU and maintain a balance of the child support obligation on the statewide system.		✓

As you can see, there are many benefits in having a IV-D child support case. If you feel the Child Support Program would be beneficial to you, we hope you will complete the application process.

Please visit the Department of Human Services website at: https://www.tn.gov/humanservices/for-families/child-support-services.html to obtain an application and see a full description of services.

Note: The Child Support Program cannot help with civil matters such as divorce petitions, custody, or parenting time/visitation, nor can they provide legal advice on these issues. Contact the court mediator in your judicial district to discuss how these matters can be addressed by the court.

Frequently Asked Questions

Who can apply for child support services?

Any custodial parent, non-custodial parent or caretaker of a child who needs the services offered by the Child Support Program may apply for services regardless of their income.

How do I apply for child support services? I want my case to be a IV-D case.

If you are a recipient of Families First/TANF benefits the Department of Human Services will automatically refer your case to your local child support office.

If you are not a recipient of state benefits, you may apply for services by submitting an online application or by downloading and printing an Application for Child Support Services and mailing, faxing or visiting your local Child Support Office. Applications are available online at: https://www.tn.gov/humanservices/for-families/child-support-services/child-support-applying-for-services.html.

Information required for IV-D Services is kept confidential and only disclosed to the extent permitted by federal or state laws or regulations.

I think the child support obligation needs adjusting. How can I get it changed?

Both parents have the right to request a review and possible modification of the child support order at any time. A significant variance is required for modification of an existing order. Current income information for both parties will be reviewed to determine if an adjustment is appropriate based on the Tennessee Child Support Guidelines. For assistance, contact your local child support office,

How do I obtain the child support balance?

For IV-D cases, contact your local child support office to request the balance on your case. If you do not agree with the amount stated, you may request a manual calculation be completed based upon your court order.

I have a child support order, but the non-custodial parent doesn't pay. How can I get my order enforced?

One of the principal goals of the Child Support Program is to ensure families receive the child support they need and deserve in accordance with the child support order. Most enforcement tools utilized to collect past due support are administrative and do not require the involvement of the court. When administrative mechanisms do not prove effective, court involvement may be necessary. For assistance in enforcing your child support order, contact your local child support office.

Have Questions?

Web: https://www.tn.gov/humanservices/for-families/child-support-services.html
Email: Childsupport.Customerservice.dhs@tn.gov
Child Support Information Line: (833) 772-TDHS (8347)
Child Support Disbursement Unit: (833) 772-TDHS (8347)

DHS Mission

Strengthen Tennessee by strengthening Tennesseans.

APPENDIX D

OMB 0970-0154
Expiration Date: 08/31/2026

INCOME WITHHOLDING FOR SUPPORT

I. Sender Information: (Completed by the Sender)

Date: _____

☐ **INCOME WITHHOLDING ORDER/NOTICE FOR SUPPORT (IWO)** ☐ **AMENDED IWO**

☐ **ONE-TIME ORDER/NOTICE FOR LUMP SUM PAYMENT** ☐ **TERMINATION OF IWO**

☐ Child Support Agency (CSA) ☐ Court ☐ Attorney ☐ Private Individual/Entity (Check One)

NOTE: This IWO must be regular on its face. Under certain circumstances, you must reject this IWO and return it to the sender (see IWO instructions www.acf.hhs.gov/css/resource/income-withholding-for-support-instructions). If you receive this document from someone other than a state or tribal CSA or a court, a copy of the underlying support order must be attached.

State/Tribe/Territory _____
City/County/Dist./Tribe _____
Private Individual Entity _____

Remittance ID (include w/payment) _____
Order ID _____
Case ID _____

II. Employer and Case Information: (Completed by the Sender)

_____
Employer/Income Withholder's Name

_____
Employer/Income Withholder's Address

_____

_____

Employer/Income Withholder's FEIN _____

RE: _____
Employee/Obligor's Name (Last, First, Middle)

_____
Employee/Obligor's Social Security Number

_____
Employee/Obligor's Date of Birth

_____
Custodial Party/Obligee's Name (Last, First, Middle)

Child(ren)'s Name(s) (Last, First, Middle) | Child(ren)'s Birth Date(s)

_____ | _____
_____ | _____
_____ | _____
_____ | _____
_____ | _____
_____ | _____

III. Order Information: (Completed by the Sender)

This document is based on the support order from _____ (State/Tribe).
You are required by law to deduct these amounts from the employee/obligor's income until further notice.

$_____ Per _____ current child support
$_____ Per _____ past-due child support - Arrears greater than 12 weeks? ☐ Yes ☐ No
$_____ Per _____ current cash medical support
$_____ Per _____ past-due cash medical support
$_____ Per _____ current spousal support
$_____ Per _____ past-due spousal support
$_____ Per _____ other (must specify) _____

for a **Total Amount to Withhold** of **$** _____ per _____ .

IV. Amounts to Withhold: (Completed by the Sender)

You do not have to vary your pay cycle to be in compliance with the *Order Information*. If your pay cycle does not match the ordered payment cycle, withhold one of the following amounts:

$ _____ per weekly pay period
$ _____ per biweekly pay period (every two weeks)
$ _____ per semimonthly pay period (twice a month)
$ _____ per monthly pay period
$ _____ **Lump Sum Payment:** Do not stop any existing IWO unless you receive a termination order.

Employer/Income Withholder's Name: _____ Employer/Income Withholder's FEIN: _____

Employee/Obligor's Name: _____ SSN: _____

Case ID: _____ Order ID: _____

V. Remittance Information: (Completed by the Sender, except for the "Return to Sender" check box.)

If the employee/obligor's principal place of employment is _____ (State/Tribe), you must begin withholding no later than the first pay period that occurs ____ days after the date of _____ of the order/notice. Send payment within _____ business days of the pay date. If you cannot withhold the full amount of support for any or all orders for this employee/obligor, withhold _____ % of disposable income for all orders. If the employee/obligor's principal place of employment is not _____ (State/Tribe), obtain withholding limitations, time requirements, the appropriate method to allocate among multiple child support cases/orders, and any allowable employer fees from the jurisdiction of the employee/obligor's principal place of employment.

State-specific withholding limit information is available at www.acf.hhs.gov/css/resource/state-income-withholding-contacts-and-program-requirements. For tribe-specific contacts, payment addresses, and withholding limitations, please contact the tribe at www.acf.hhs.gov/sites/default/files/programs/css/tribal_agency_contacts_printable_pdf.pdf or www.bia.gov/tribalmap/DataDotGovSamples/tld_map.html.

You may not withhold more than the lesser of: 1) the amounts allowed by the Federal Consumer Credit Protection Act (CCPA) [15 USC §1673 (b)]; or 2) the amounts allowed by the law of the state of the employee/obligor's principal place of employment if the place of employment is in a state; or the tribal law of the employee/obligor's principal place of employment if the place of employment is under tribal jurisdiction. The CCPA is available at https://www.dol.gov/agencies/whd/fact-sheets/30-cppa. If the Order Information section does not indicate that the arrears are greater than 12 weeks, then the employer should calculate the CCPA limit using the lower percentage.

If there is more than one IWO against this employee/obligor and you are unable to fully honor all IWOs due to federal, state, or tribal withholding limits, you must honor all IWOs to the greatest extent possible, giving priority to current support before payment of any past-due support.

If the obligor is a nonemployee, obtain withholding limits from the **Supplemental Information** section in this IWO. This information is also available at www.acf.hhs.gov/css/resource/state-income-withholding-contacts-and-program-requirements.

Remit payment to _____ (SDU/Tribal Order Payee)
at _____ (SDU/Tribal Payee Address)

Include the Remittance ID with the payment and if necessary this locator code of the SDU/**Tribal order payee** _____ on the payment.

To set up electronic payments or to learn state requirements for checks, contact the State Disbursement Unit (SDU). Contacts and information are found at www.acf.hhs.gov/css/resource/sdu-eft-contacts-and-program-requirements.

☐ **Return to Sender (Completed by Employer/Income Withholder).** Payment must be directed to an SDU in accordance with sections 466(b)(5) and (6) of the Social Security Act or Tribal Payee (see Payments in Section VI). If payment is not directed to an SDU/Tribal Payee or this IWO is not regular on its face, you must check this box and return the IWO to the sender.

If Required by State or Tribal Law:
Signature of Judge/Issuing Official: _____
Print Name of Judge/Issuing Official: _____
Title of Judge/Issuing Official: _____
Date of Signature: _____

If the employee/obligor works in a state or for a tribe that is different from the state or tribe that issued this order, a copy of this IWO must be provided to the employee/obligor.

☐ If checked, the employer/income withholder must provide a copy of this form to the employee/obligor.

Employer/Income Withholder's Name: _____ Employer/Income Withholder's FEIN: _____

Employee/Obligor's Name: _____ SSN: _____

Case ID: _____ Order ID: _____

VI. Additional Information for Employers/Income Withholders: (Completed by the Sender)

Priority: Withholding for support has priority over any other legal process under state law against the same income (section 466(b)(7) of the Social Security Act). If a federal tax levy is in effect, please notify the sender.

Payments: You must send child support payments payable by income withholding to the appropriate SDU or to a tribal CSA within 7 business days, or fewer if required by state law, after the date the income would have been paid to the employee/obligor and include the date you withheld the support from his or her income. You may combine withheld amounts from more than one employee/obligor's income in a single payment as long as you separately identify each employee/obligor's portion of the payment. Child support payments may not be made through the federal Office of Child Support Services (OCSS) Child Support Portal.

Lump Sum Payments: You may be required to notify a state or tribal CSA of upcoming lump sum payments, such as bonuses, commissions, or severance pay, to this employee/obligor. Contact the sender to determine if you are required to report and/or withhold lump sum payments. Employers/income withholders may use the OCSS Child Support Portal (ocsp.acf.hhs.gov/csp/) to provide information about employees who are eligible to receive lump sum payments and to provide contacts, addresses, and other information about their companies. Child support payments may not be made through the OCSS Child Support Portal.

Liability: If you have any doubts about the validity of this IWO, contact the sender. If you fail to withhold income from the employee/obligor's income as the IWO directs, you are liable for both the accumulated amount you should have withheld and any penalties set by state or tribal law/procedure. _____

_____

_____

_____

_____

Anti-Discrimination: You are subject to a fine determined under state or tribal law for discharging an employee/obligor from employment, refusing to employ, or taking disciplinary action against an employee/obligor because of this IWO.

_____

_____

_____

_____

Supplemental Information: _____

_____

_____

_____

_____

_____

_____

Employer/Income Withholder's Name: _____ Employer/Income Withholder's FEIN: _____

Employee/Obligor's Name: _____ SSN: _____

Case ID: _____ Order ID: _____

VII. Notification of Employment Termination or Income Status: (Completed by the Employer/Income Withholder)

If this employee/obligor never worked for you or you are no longer withholding income for this employee/obligor, you must promptly notify the CSA and/or the sender by returning this form to the address listed in the **Contact Information** section below or by using the OCSS Child Support Portal (ocsp.acf.hhs.gov/csp/). Please report the new employer or income withholder, if known.

☐ This person has never worked for this employer nor received periodic income.

☐ This person no longer works for this employer nor receives periodic income.

Please provide the following information for the employee/obligor:

Termination date: _____ Last known telephone number: _____

Last known address: _____

_____

Final payment date to SDU/Tribal Payee: _____ Final payment amount: _____

New employer's or income withholder's name: _____

New employer's or income withholder's address: _____

_____

VIII. Contact Information: (Completed by the Sender)

To Employer/Income Withholder: If you have questions, contact _____ (sender name) by telephone: _____ , by fax: _____ , by email, or website: _____.

Send termination/income status notice and other correspondence to _____

_____ (sender address).

To Employee/Obligor: If the employee/obligor has questions, contact _____ (sender name) by telephone: _____, by fax: _____, by email or website: _____ .

IMPORTANT: The person completing this form is advised that the information may be shared with the employee/obligor.

Encryption Requirements:
When communicating this form through electronic transmission, precautions must be taken to ensure the security of the data. Child support agencies are encouraged to use the electronic applications provided by the federal Office of Child Support Services. Other electronic means, such as encrypted attachments to emails, may be used if the encryption method is compliant with Federal Information Processing Standard (FIPS) Publication 140-2 (FIPS PUB 140-2).

APPENDIX E

NATIONAL MEDICAL SUPPORT NOTICE PART-A
NOTICE TO WITHHOLD FOR HEALTH CARE COVERAGE

This Notice is issued under section 466(a)(19) of the Social Security Act, section 609(a)(5)(C) of the Employee Retirement Income Security Act of 1974 (ERISA), and for State and local government and church plans, sections 401(e) and (f) of the Child Support Performance and Incentive Act of 1998. Receipt of this Notice from the Issuing Agency constitutes receipt of a Medical Child Support Order under applicable law. **The information on the Custodial Parent and Child(ren) contained on this page is confidential and should not be shared or disclosed with the employee.** NOTE: For purposes of this form, the Custodial Parent may also be the employee when the State opts to have policies to enforce against custodial parents.

☐ **National Medical Support Order/Notice (NMSN)** ☐ **Termination Order/Notice – if checked, see page 2**

Notice Date:	Court or Administrative Authority:
Issuing Agency:	Order Date:
Address:	Order Identifier:
Case Identifier:	Document Tracking Identifier:
Telephone Number:	Employer website:
Email Address:	See NMSN Instructions: https://www.acf.hhs.gov/sites/default/files/documents/ocse/omb_0970-0222_a_instructions.pdf
FAX Number:	

RE:

Employer/Withholder's Federal EIN Number

Employer/Withholder's Name

Employer/Withholder's Address

Custodial Parent's Name (Last, First, MI)

Custodial Parent's Mailing Address

Child(ren)'s Mailing Address (if different from Custodial Parent's)

Name and Telephone of a Representative of the Child(ren)

Employee's Name (Last, First, MI)

Employee's Social Security Number

Employee's Mailing Address

Substituted Official/Agency Name

Substituted Official/Agency Address
(Required if Custodial Parent's mailing address is left blank)

Mailing Address of a Representative of the Child(ren)

Child(ren)'s Name(s)	Gender	DOB	SSN	Child(ren)'s Name(s)	Gender	DOB	SSN

The order requires the child(ren) to be enrolled in ☐ all health coverages available; or only the following coverage(s):
☐ Medical ☐ Dental ☐ Vision ☐ Prescription drug ☐ Mental health ☐ Other (specify): _____

THE PAPERWORK REDUCTION ACT OF 1995 (P.L. 104-13) Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. **OMB control number: 0970-0222. OMB Expiration Date: 11/30/2025.**

LIMITATIONS ON WITHHOLDING

The total amount withheld for both cash and medical support cannot exceed _____% of the employee's aggregate disposable weekly earnings. The employer may not withhold more under this National Medical Support Notice than the lesser of:

1. The amounts allowed by the Federal Consumer Credit Protection Act (15 U.S.C., section 1673(b));
2. The amounts allowed by the State of the employee's principal place of employment; or
3. The amounts allowed for health insurance premiums by the child support order, as indicated here: _____ .

PRIORITY OF WITHHOLDING

In addition to the limitations on withholding that determine the maximum amount of earnings the employer may withhold for paying support, each state has policy or law that prioritizes the kinds of support to be paid. **If the employee does not earn enough to pay all ordered support, then the employer should consult the state's priority of withholding to determine the order of importance between all orders for current support, medical support, support arrears, and interest on the support arrears.** The employer must consider all support orders received for each employee.

For more information about specific state and territory limitations and priority of withholding, see the OCSE Medical Support Matrix at **https://www.acf.hhs.gov/css/contact-information/state-medical-support-contacts-and-requirements**.

Additional Information for Termination Order/Notice

Unless the employee has indicated that they want to continue coverage voluntarily, you are required to terminate health care coverage for the child(ren) identified in this NMSN order/ notice if the Termination Order/Notice checkbox is checked on page 1.

1. Effective date of medical support order/notice termination: _____
2. Reason for termination of order/notice: _____
3. Child(ren) for whom the order/notice is terminated:

Last, First, Middle Name of Child(ren):	DOB:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

EMPLOYER RESPONSE

Section 1 – No Enrollment Possible

The employer knows that the plan administrator cannot enroll dependents in employer-provided health care coverage for the employee named on page 1 because: (select all that apply)

☐ 1. The employee named in this Notice has never been employed by this employer.

☐ 2. We, the employer, do not offer our employees the option of purchasing dependent or family health care coverage as a benefit of their employment.

☐ 3. The employee is among a class of employees (for example, part-time or non-union) that are not eligible for family health care coverage under any group health care plan maintained by the employer or to which the employer contributes. **If the employee is only temporarily ineligible for health care coverage, do not check this box, and advance to Section 2**.

☐ 4. Health care coverage is not available because employee is not employed by employer:

Effective date of separation: _____

Reason for separation: _____

Last known telephone number: _____

Last known address:

Address line 1: _____

Address line 2: _____

Address line 3: _____

City: _____ State: _____ ZIP Code: _____ ZIP Code Ext: _____

(If new employment information is known, add at #6).

☐ 5. State or Federal withholding limitations and/or prioritization prevent the withholding from the employee's income of the amount required to obtain coverage under the terms of the plan. (See page 2 for description and instructions.)

☐ 6. Other (new job information for employee, child adequately covered by third party, other reason for no coverage):

New employer (if known): _____ New employer telephone number: _____

New Employer Address:

Address line 1: _____

Address line 2: _____

Address line 3: _____

City: _____ State: _____ ZIP Code: _____ ZIP Code Ext: _____

Section 2 – Dependent Enrollment Not Yet Available

☐ 7. The participant is subject to a waiting period that expires _____ *(more than 90 days from the date of receipt of this Notice*), or has not completed a waiting period, which is determined by some measure other than the passage of time, such as the completion of a certain number of hours worked (describe here: _____). At the completion of the waiting period, the Plan Administrator will process the enrollment.

☐ 8. Employee is on an unpaid leave of absence. Expected date of return: _____

Section 3 – Dependent Coverage Available

☐ 9. Employer forwarded Part B - Medical Support Notice to Plan Administrator on this date: _____

COMPLETED BY:

Employer Company Name: _____

Employer Representative Details:

First Name: _____ Last Name: _____

Middle Name or MI: _____ Suffix Name: _____

Title: _____

Email: _____

Telephone Number: _____ Fax Number: _____

FEIN: _____

Plan Administrator Name: _____

Contact Person Details:

First Name: _____ Last Name: _____

Middle Name or MI: _____ Suffix Name: _____

Title: _____

Email: _____

Telephone Number: _____ Fax Number: _____

FEIN: _____

NOTICE AND GENERAL INSTRUCTIONS TO EMPLOYER

This document serves as legal notice that the employee identified on this National Medical Support Notice is obligated by a court or administrative child support order to provide health care coverage for the child(ren) identified on this Notice. This National Medical Support Notice replaces any Medical Support Notice that the Issuing Agency has previously served on you with respect to the employee and the children listed on this Notice.

The document consists of

1. **Part A - Notice to Withhold for Health Care Coverage** for the employer to withhold any employee contributions required by the group health care plan(s) in which the child(ren) is/are enrolled; and
2. **Part B - Medical Support Notice to Plan Administrator**, which **must** be forwarded to the Administrator of each group health care plan identified by the employer to enroll the eligible child(ren) or completed by the employer if the employer serves as the health care Plan Administrator.

An employer receiving this legal Notice is required to complete and return Part A – Employer Response. If group health care coverage is not available to the employee named herein, or the employee was never or is no longer employed, the employer is required to complete Part A – Employer Response and return it to the Issuing Agency with the appropriate response checked.

If you, the employer, provide the health care benefits to the employee, forward Part B – Medical Support Notice to Plan Administrator – Plan Administrator Response to the health care Plan Administrator of your organization. If the employee's health care benefits are administered through another organization, including a labor union, forward Part B – Medical Support Notice to Plan Administrator to the labor union or other organization acting as the Plan Administrator for completion. **If the employee has already enrolled the child(ren) in health care coverage, the employer must forward Part B – Medical Support Notice to Plan Administrator to the Plan Administrator for completion and submittal to the Issuing Agency.**

Keep a copy of **Part A - Notice to Withhold for Health Care Coverage** to notify the Issuing Agency if the employee separates from service for any reason, including retirement or termination. You may also use Part A to notify the Issuing Agency of any changes or lapses in health care coverage.

For step-by-step supplemental instructions, see https://www.acf.hhs.gov/sites/default/files/documents/ocse/omb_0970-0222_a_instructions.pdf.

EMPLOYER RESPONSIBILITIES

1. If dependent health care coverage is available for which the child(ren) identified above may be eligible, you are required to:

   a. Transfer not later than 20 business days after the date of this Notice a copy of **Part B - Medical Support Notice to Plan Administrator** to the Administrator of each appropriate group health care plan for which the child(ren) maybe eligible, complete Section 3, item 9, and

   b. Upon notification from the Plan Administrator(s) whether the child(ren) is/are enrolled or cannot be enrolled, either

      1) Withhold from the employee's income any employee contributions required under each group health care plan, in accordance with the applicable law of the employee's principal place of employment and transfer employee contributions to the appropriate plan(s), or

      2) Complete Section 1, item 5, of the Employer Response to notify the Issuing Agency that enrollment cannot be completed because of prioritization or limitations on withholding.

   c. If the Plan Administrator notifies you that the employee is subject to a waiting period that expires more than 90 days from the date of its receipt of **Part B - Medical Support Notice to Plan Administrator**, or whose duration is determined by a measure other than the passage of time (for example, the completion of a certain number of hours worked), complete Section 2, item 7, of the Employer Response to notify the Issuing Agency of the enrollment timeframe and notify the Plan Administrator when the employee is eligible to enroll in the plan and that this Notice requires the enrollment of the child(ren) named in the Notice in the plan.

2. If the Termination Order/Notice checkbox is checked, you are required to terminate the NMSN/Qualified Medical Child Support Order (QMCSO) and health care coverage for the child(ren) identified in the order **unless the employee has indicated that they want to continue coverage voluntarily.** If this employee is also under a wage withholding order for payment of child support, release of this health care insurance order may result in an increase in the amount of earnings available to remit to the state disbursement unit as child support. Release of this health care insurance order does not negate your obligation to comply with wage withholding and/or other health care insurance orders for this employee.

DURATION OF WITHHOLDING

The child(ren) shall be treated as dependents under the terms of the plan. Coverage of a child as a dependent will end when conditions for eligibility for coverage under terms of the plan no longer apply. However, the continuation coverage provisions of ERISA may entitle the child to continuation coverage under the plan. **The employer must continue to withhold employee contributions and may not disenroll (or eliminate coverage for) the child(ren) unless:**

1. The employer is provided satisfactory written evidence that:
    a. The court or administrative child support order referred to in this Notice is no longer in effect; or
    b. The child(ren) is or will be enrolled in comparable coverage that will take effect no later than the effective date of disenrollment from the plan; or
2. The employer eliminates family health care coverage for all its employees; or
3. Any available continuation coverage is not elected, or the period of such coverage expires.

POSSIBLE SANCTIONS

An employer may be subject to sanctions or penalties imposed under State law and/or ERISA for discharging an employee from employment, refusing to employ, or taking disciplinary action against any employee because of medical child support withholding, or for failing to withhold income or transmit such withheld amounts to the applicable plan(s) as the Notice directs. Sanctions or penalties may be imposed under State law against an employer for failure to respond and/or for non-compliance with this Notice.

NOTICE OF TERMINATION OF EMPLOYMENT

In any case in which the above employee's employment terminates, the employer must promptly notify the Issuing Agency listed above of such termination. This requirement may be satisfied by sending to the Issuing Agency a copy of **Part A - Notice to Withhold for Health Care Coverage**, with Section 1, item 4, checked or any notice the employer is required to provide under the continuation coverage provisions of ERISA or the Health Insurance Portability and Accountability Act.

EMPLOYEE LIABILITY FOR CONTRIBUTION TO PLAN

The employee is liable for any employee contributions that are required under the plan(s) for enrollment of the child(ren) and is subject to appropriate enforcement. The employee may contest the withholding under this Notice based on a mistake of fact (such as the identity of the obligor). Should an employee contest the withholding under this Notice, the employer must proceed to comply with the employer responsibilities in this Notice until notified by the Issuing Agency to discontinue withholding. **To contest the withholding under this Notice, the employee should contact the Issuing Agency at the address, telephone number, or email listed on page 1 of this Notice**. With respect to plans subject to ERISA, it is the view of the Department of Labor that Federal Courts have jurisdiction if the employee challenges a determination that the Notice constitutes a Qualified Medical Child Support Order.

CONTACT FOR QUESTIONS

If you have any questions regarding this Notice, you may contact the Issuing Agency at the address, telephone number, or email listed on page 1 of this Notice.

For Frequently Asked Questions (FAQs) about the NMSN, see Resource Library | The Administration for Children and Families (hhs.gov)**.**

APPENDIX F

NATIONAL MEDICAL SUPPORT NOTICE PART-B
MEDICAL SUPPORT NOTICE TO PLAN ADMINISTRATOR

This Notice is issued under section 466(a)(19) of the Social Security Act, section 609(a)(5)(C) of the Employee Retirement Income Security Act of 1974 (ERISA), and for State and local government and church plans, sections 401(e) and (f) of the Child Support Performance and Incentive Act of 1998 (CSPIA). Receipt of this Notice from the Issuing Agency constitutes receipt of a Medical Child Support Order under applicable law. The rights of the parties and the duties of the plan administrator under this Notice are in addition to the existing rights and duties established under such law. **The information on the Custodial Parent and Child(ren) contained on this page is confidential and should not be shared or disclosed with the employee**. NOTE: For purposes of this form, the Custodial Parent may also be the employee when the State opts to have policies to enforce against the custodial parent.

Notice Date:	Court or Administrative Authority:
Issuing Agency:	Order Date:
Address:	Order Identifier:
Case Identifier:	Document Tracking Identifier:
Telephone Number:	Employer website:
Email Address:	See NMSN Instructions: https://www.acf.hhs.gov/sites/default/files/documents/ocse/omb_0970-0222_a_instructions.pdf
FAX Number:	

Employer/Withholder's Federal EIN Number

Employer/Withholder's Name

Employer/Withholder's Address

Custodial Parent's Name (Last, First, MI)

Custodial Parent's Mailing Address

Child(ren)'s Mailing Address (if different from Custodial Parent's)

Name and Telephone of a Representative of the Child(ren)

RE:

Employee's Name (Last, First, MI)

Employee's Social Security Number

Employee's Mailing Address

Substituted Official/Agency Name

Substituted Official/Agency Address
(Required if Custodial Parent's mailing address is left blank)

Mailing Address of a Representative of the Child(ren)

Child(ren)'s Name(s)	Gender	DOB	SSN	Child(ren)'s Name(s)	Gender	DOB	SSN

The order requires the child(ren) to be enrolled in ☐ all health coverages available; or only the following coverage(s):
☐ Medical ☐ Dental ☐ Vision ☐ Prescription drug ☐ Mental health ☐ Other (specify): _____

THE PAPERWORK REDUCTION ACT OF 1995 (P.L. 104-13) No persons are required to respond to a collection of information unless it displays a valid OMB control number. The time required to complete this information collection is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete the review of the information collection. **OMB Control Number: 1210-0113. OMB Expiration Date: 11/30/2025.**

PLAN ADMINISTRATOR RESPONSE

(To be completed and returned to the Issuing Agency within 40 business days after the date of the Notice or sooner if reasonable)

Case # _____ (to be completed by the issuing agency)

This Notice was received by the plan administrator on this date: _____.

☐ 1. This Notice was determined to be a "qualified medical child support order" on this date: _____. Complete **Response 2 or 3, and 4**, if applicable.

☐ 2. The participant (employee) and alternate recipient(s) (child(ren)) are to be enrolled in the following family coverage:

- ○ a. The child(ren) is/are currently enrolled in the plan as a dependent of the participant.
- ○ b. There is only one type of coverage provided under the plan. The child(ren) is/are included as dependents of the participant under the plan.
- ○ c. The participant is enrolled in an option that is providing dependent coverage and the child(ren) will be enrolled in the same option.
- ○ d. The participant is enrolled in an option that permits dependent coverage that has not been elected; dependent coverage will be provided.

Coverage is effective as of _____ (includes waiting period of less than 90 days from date of receipt of this Notice). The child(ren) has/have been enrolled in the following option: _____ (if plan is insured, provider, policy and group numbers, and addresses for submitting claims, are provided in Addendum Section 1). Any necessary withholding should commence if the employer determines that it is permitted under State and Federal withholding and/or prioritization limitations.

☐ 3. There is more than one option available under the plan and the participant is not enrolled. The Issuing Agency must select from the available options. Each child is to be included as a dependent under one of the available options that provide family coverage. If the Issuing Agency does not reply within 20 business days of the date this Response is returned, the child(ren), and the participant if necessary, will be enrolled in the plan's default option, if any: _____ (if plan is insured, see Addendum Section 1).

☐ 4. The participant is subject to a waiting period that expires _____ (more than 90 days from the date of receipt of this Notice), or has not completed a waiting period which is determined by some measure other than the passage of time, such as the completion of a certain number of hours worked (describe here: _____). At the completion of the waiting period, the plan administrator will process the enrollment.

☐ 5. This Notice does not constitute a "qualified medical child support order" because:

- ○ The name of the child(ren) or participant is unavailable.
- ○ The mailing address of the child(ren) (or a substituted official) or participant is unavailable.
- ○ The child(ren) identified in the Addendum Section 2 is/are at or above the age at which dependents are no longer eligible for coverage under the plan.

Plan Administrator or Representative:

First Name: _____ Last Name: _____

Middle Name or MI: _____ Suffix Name: _____

Title: _____ Date: _____

Telephone Number: _____ Email: _____

Address Line 1: _____

Address Line 2: _____

Address Line 3: _____

City: _____ State: _____ ZIP Code: _____ ZIP Ext: _____

INSTRUCTIONS TO PLAN ADMINISTRATOR

This Notice has been forwarded from the employer identified above to you as the plan administrator of a group health plan maintained by the employer (or a group health plan to which the employer contributes) and in which the noncustodial parent/participant identified above is enrolled or is eligible for enrollment.

This Notice serves to inform you that the noncustodial parent/participant is obligated by an order issued by the court or agency identified above to provide health care coverage for the child(ren) under the group health plan(s) as described on **Part B**.

(A) If the participant and child(ren) and their mailing addresses (or that of a Substituted Official or Agency) are identified above, and if coverage for the child(ren) is or will become available, this Notice constitutes a "qualified medical child support order" (QMCSO) under ERISA or CSPIA, as applicable. (If any mailing address is not present, but it is reasonably accessible, this Notice will not fail to be a QMCSO on that basis.) You must, within 40 business days of the date of this Notice, or sooner if reasonable:

(1) Complete Part B - Plan Administrator Response - and send it to the Issuing Agency:

(a) if you checked Response 2, complete Addendum Section 1 and:

(i) notify the noncustodial parent/participant named above, each named child, and the custodial parent that coverage of the child(ren) is or will become available (notification of the custodial parent will be deemed notification of the child(ren) if they reside at the same address); and

(ii) furnish the custodial parent a description of the coverage available and the effective date of the coverage, including, if not already provided, a summary plan description and any forms, documents, or information necessary to effectuate such coverage, as well as information necessary to submit claims for benefits.

(b) if you checked Response 3:

(i) if you have not already done so, provide to the Issuing Agency copies of applicable summary plan descriptions or other documents that describe available coverage, including the additional participant contribution necessary to obtain coverage for the child(ren) under each option and whether there is a limited service area for any option;

(ii) if the plan has a default option, you are to enroll the child(ren) in the default option if you have not received an election from the Issuing Agency within 20 business days of the date you returned the Response. If the plan does not have a default option, you are to enroll the child(ren) in the option selected by the Issuing Agency. You must complete Addendum Section I.

(c) if the participant is subject to a waiting period that expires more than 90 days from the date of receipt of this Notice, or has not completed a waiting period whose duration is determined by a measure other than the passage of time (for example, the completion of a certain number of hours worked), complete Response 4 on the Plan Administrator Response and return to the employer and the Issuing Agency, and notify the participant and the custodial parent; and upon satisfaction of the period or requirement, complete enrollment under Response 2 or 3; and

(d) upon completion of the enrollment, transfer the applicable information on Part B - Plan Administrator Response to the employer for a determination that the necessary employee contributions are available. Inform the employer that the enrollment is pursuant to a National Medical Support Notice.

(B) If within 40 business days of the date of this Notice, or sooner if reasonable, you determine that this Notice does not constitute a QMCSO, you must complete Response 5 of Part B - Plan Administrator Response and send it to the Issuing Agency, and inform the noncustodial parent/participant, custodial parent, and child(ren) of the specific reasons for your determination. Identify child(ren) at or above the age at which dependents are no longer eligible for coverage under the plan in Addendum Section 2.

(C) Any required notification of the custodial parent, child(ren), and/or participant may be satisfied by sending the party a copy of the Plan Administrator Response, if appropriate. You may choose to furnish these notifications electronically in accordance with the requirements of the Department of Labor's electronic disclosure regulation codified at 29 C.F.R. 2520.104b-1(c).

UNLAWFUL REFUSAL TO ENROLL

Enrollment of a child may not be denied on the ground that: (1) the child was born out of wedlock; (2) the child is not claimed as a dependent on the participant's Federal income tax return; (3) the child does not reside with the participant or in the plan's service area; or (4) because the child is receiving benefits or is eligible to receive benefits under the State Medicaid plan. If the plan requires that the participant be enrolled in order for the child(ren) to be enrolled, and the participant is not currently enrolled, you must enroll both the participant and the child(ren) regardless of whether the participant has applied for enrollment in the plan. All enrollments are to be made without regard to open season restrictions.

PAYMENT OF CLAIMS

A child covered by a QMCSO, or the child's custodial parent, legal guardian, or the provider of services to the child, or a State agency to the extent assigned the child's rights, may file claims, and the plan shall make payment for covered benefits or reimbursement directly to such party.

PERIOD OF COVERAGE

The alternate recipient(s) shall be treated as dependents under the terms of the plan. Coverage of an alternate recipient as a dependent will end when similarly situated dependents are no longer eligible for coverage under the terms of the plan. However, the continuation coverage provisions of ERISA or other applicable law may entitle the alternate recipient to continue coverage under the plan. Once a child is enrolled in the plan as directed above, the alternate recipient may not be dis-enrolled unless:

(1) The plan administrator is provided satisfactory written evidence that either:
   (a) the court or administrative child support order referred to above is no longer in effect, or
   (b) the alternate recipient is or will be enrolled in comparable coverage which will take effect no later than the effective date of disenrollment from the plan;

(2) The employer eliminates family health coverage for all of its employees; or

(3) Any available continuation coverage is not elected, or the period of such coverage expires.

CONTACT FOR QUESTIONS

If you have any questions regarding this Notice, you may contact the Issuing Agency at the address and telephone number listed above (Part B, Page 1).

For more information, including Medical Support - FAQs for answers to employers' common questions, *see* https://www.acf.hhs.gov/css/form/national-medical-support-notice-forms-instructions. See also Medical Support Enforcement Policy Clarifications, https://www.acf.hhs.gov/css/policy-guidance/medical-support-enforcement-policy-clarifications.

NATIONAL MEDICAL SUPPORT NOTICE – ADDENDUM TO PART-B

Notice Date:	Court or Administrative Authority:
Issuing Agency:	Order Date:
Address:	Order Identifier:
Case Identifier:	Document Tracking Identifier:
Telephone Number:	Employer website:
Email Address:	See NMSN Instructions: https://www.acf.hhs.gov/sites/default/files/documents/ocse/omb_0970-0222_a_instructions.pdf
FAX Number:	

SECTION 1: HEALTH INSURANCE DETAILS

Use sections 1-1 through 1-6 to provide the information on the plans in which child(ren) is/are enrolled. Complete all of the following information for each type of health care coverage that the child(ren) is receiving (enrolled in) and attach this document to the completed PLAN ADMINISTRATOR RESPONSE.

SECTION 1-1: MEDICAL INSURANCE **Effective Date of Coverage:** _____

Insurance Provider Name | Group Number | Policy Number

Insurance Provider Claims Address Line 1 | Insurance Provider Claim Address Line 2

Insurance Provider Claims City | State | ZIP Code | ZIP Code Ext | Phone Number for Claims

Medical Insurance Coverage Also Includes: (Check all that apply)

☐ Dental ☐ Vision ☐ Prescription Drug ☐ Mental Health ☐ Other (Specify): _____

SECTION 1-2: DENTAL INSURANCE **Effective Date of Coverage:** _____

Insurance Provider Name | Group Number | Policy Number

Insurance Provider Claims Address Line 1 | Insurance Provider Claim Address Line 2

Insurance Provider Claims City | State | ZIP Code | ZIP Code Ext | Phone Number for Claims

SECTION 1-3: VISION INSURANCE **Effective Date of Coverage:** _____

Insurance Provider Name | Group Number | Policy Number

Insurance Provider Claims Address Line 1 | Insurance Provider Claim Address Line 2

Insurance Provider Claims City | State | ZIP Code | ZIP Code Ext | Phone Number for Claims

SECTION 1-4: PRESCRIPTION DRUG INSURANCE Effective Date of Coverage: _____

Insurance Provider Name | Group Number | Policy Number

Insurance Provider Claims Address Line 1 | Insurance Provider Claim Address Line 2

Insurance Provider Claims City | State | ZIP Code | ZIP Code Ext | Phone Number for Claims

SECTION 1-5: MENTAL HEALTH INSURANCE Effective Date of Coverage: _____

Insurance Provider Name | Group Number | Policy Number

Insurance Provider Claims Address Line 1 | Insurance Provider Claim Address Line 2

Insurance Provider Claims City | State | ZIP Code | ZIP Code Ext | Phone Number for Claims

SECTION 1-6: OTHER INSURANCE Effective Date of Coverage: _____

Insurance Provider Name | Group Number | Policy Number

Insurance Provider Claims Address Line 1 | Insurance Provider Claim Address Line 2

Insurance Provider Claims City | State | ZIP Code | ZIP Code Ext | Phone Number for Claims

SECTION 2: NO LONGER ELIGIBLE CHILDREN DETAILS

Use the below section to list child(ren) who are at or above the age at which dependents are no longer eligible for coverage under the plan.

Name (Last, First, Middle)	Gender	Date of Birth	Social Security Number

APPENDIX G

Check which parent the certified birth certificate should be mailed to:

( ) Father ( ) Mother

TENNESSEE DEPARTMENT OF HEALTH
OFFICE OF VITAL RECORDS
NOTIFICATION OF ORDER OF PARENTAGE AND APPLICATION FOR A NEW BIRTH CERTIFICATE
Tennessee Code Annotated Sections 36-2-313 and 68-3-310

Name of Court _____ Today's Date _____

County of _____ City of _____ State of _____

Docket Number _____ Date of Decree _____

SECTION I INFORMATION CONCERNING CHILD

Name of Child Prior to Court Order _____

Social Security Number _____ Date of Birth _____

Place of Birth _____ Sex _____
CITY COUNTY STATE

SECTION II INFORMATION FOR NEW CERTIFICATE OF BIRTH

Name of Child _____ _____ _____
As Determined by Court First Middle Last

FATHER OF CHILD

Full Name _____

Date of Birth _____

Birthplace _____
STATE OR FOREIGN COUNTRY

Residential Address _____

_____
City State Zip Code

Mailing Address (if different) _____

Home Telephone Number _____

Social Security Number _____

Driver's License Number _____

Employer _____

Employer's Address _____

Employer's Telephone Number _____

Health Insurance _____

Policy Number _____

MOTHER OF CHILD

Full Legal Name _____

Full Maiden Name _____

Date of Birth _____

Residential Address _____

_____
City State Zip Code

Mailing Address (if different) _____

Home Telephone Number _____

Social Security Number _____

Driver's License Number _____

Employer _____

Employer's Address _____

Employer's Telephone Number _____

Health Insurance _____

Policy Number _____

INSTRUCTIONS

1. A new certificate of birth will be prepared in accordance with the law upon the completion and submission of this form and a certified copy of the court's order of parentage.
2. Enclose the $30.00 fee required for preparation and issuance of a new birth certificate. Make check payable to Tennessee Vital Records.
3. Mail to: **Tennessee Vital Records**
   Andrew Johnson Tower, 1st Floor
   710 James Robertson Parkway
   Nashville, TN 37243

APPENDIX H

INSTRUCTIONS FOR PARENTS

Process to Get a Certified Copy of the *Voluntary Acknowledgment of Paternity* and Birth Certificate

After the *Voluntary Acknowledgment of Paternity (VAoP)* has been completed, signed, and notarized, the agency completing the form will send it to the Tennessee Office of Vital Records. Vital Records will amend the birth record to include the father's name and, if you changed the child's name when completing the *VAoP*, the child's name change will be made on the birth record.

Current processing times for the Tennessee Office of Vital Records can be found at:
https://www.tn.gov/health/health-program-areas/vital-records/howlong.html

In order to receive a certified copy of the *VAoP* and amended birth certificate, contact the Health Department or Child Support Office where you signed the VAoP form. They will verify that your child's birth certificate has been amended with the father's information and if applicable, the child's name change. Once the amendment has been processed, you will be able to purchase the certified VAoP and amended birth certificate at any Tennessee Health Department.

FEES

If a VAoP is processed when the child is under six (6) months of age

- **There is no amendment fee for a VAoP that is received by the Office of Vital Records for a child under six (6) months old.**
- **$15.00** for a certified birth certificate – which is an exact copy of the amended birth certificate.

If the child is six (6) months or older

- **$15.00 one-time amendment fee** to add the father's name and other information
- **$15.00 amendment fee plus $15.00** (for a certified birth certificate) for a total of **$30.00**

Any age child

- To change your child's name on their Social Security card, the Social Security Administration (SSA) may need to see a certified copy of the birth certificate **and** the *VAoP.* Contact your local SSA office to find out if they will require you to have the certified *VAoP*.
- If you are a male Uniformed Service member of the military and want to add your child to the Defense Enrollment Eligibility Reporting System (DEERS), you will need a certified copy of the amended birth certificate **and** the *VAoP*.
- When requesting a certified copy of the *VAoP*, a birth certificate must also be purchased. A certified copy of the *VAoP* is **$5.00** plus **$15.00** for a certified birth certificate for a total of **$20.00**.
- If you have questions regarding the amendment of the birth certificate, you can contact the Office of Vital Records at **1-615-741-1763.**

APPENDIX I

FLAT FEE CLERKS

A(7)N

The clerk shall notify the office of the comptroller of the treasury and the county executive of the clerk's election to charge a flat fee in lieu of itemizing fees. The election to charge a flat fee shall apply to all cases set out in the previous item. Elections become effective on July 1, after notice, and shall remain effective indefinitely unless the clerk gives notice to the office of the comptroller of the treasury and to the county executive of a change in the election.

Service	**Fee**	**TN Code Selection**
For proceedings in adoption and legitimation cases, change of name, registration of citizenship cases, (plus any litigation tax, if applicable)	$75.00	a(7)I
In the following cases the clerk may, at the clerk's option, charge a flat fee instead of itemizing the fees set out in subsection (a):		
(i) The Clerk's fee in contempt cases shall be	$35.00	a(7)M(i)
(ii) The Clerk's fee for cases involving child support enforcement shall be the clerk's fee for foreign order	$35.00	a(7)M(ii)
(iii) The clerk's fee for cases involving default judgments shall be, for each case	$75.00	a(7)M(iii)
For petitions to enter a foreign judgment (from other states)	$75.00	a(7)Q
For making copies as requested, other than for an original filing and other than when preparing a record upon appeal, the fee shall be fifty cents (.50) per page	$0.50	(i)(4)

Additional Reimbursable Items for All Court Clerks	
Enter State Case Registry Information	$1.55
Enter Non-IV-D Income Assignment Order	$1.55
Enter Order on Modifications, Address Updates, Etc.	$1.55
Receipting child support payments for IV-D and Non-IV-D cases on TCSES (only in cases where an NCP is between employers or order has just started or new employer mails it to you, or when receipting a cash bond or purge payment in a IV-D case). This rate is not available for regular recurring payment as those must be sent to the State Disbursement Unit.	$.348

TITLE IV-D CLERK FEES ALLOWED PER T.C.A. §8-21-401
Issued 1-15-09
FOR CLERKS WHO ITEMIZE

IV-D Billing Code	Service	Fee	TN Code Section
A	issue summons per defendant	$5.00	(a)(1)(A)
B	issue order of publication	$5.00	(a)(1)(A)
C	issue attachment for witness or property	$5.00	(a)(1)(A)
D	issue injunction	$5.00	(a)(1)(A)
E	issue any notice required by law	$5.00	(a)(1)(A)
F	issue capias	$5.00	(a)(1)(A)
G	issue writ	$5.00	(a)(1)(A)
H	issue subpoena for paper or record	$2.00	(a)(1)(B)
I	issue subpoena for witness	$2.00	(a)(1)(B)
J	issuing each add'l name on state/civil warrant	$1.00	(a)(1)(E)
K	prepare & issue garnishment to officer	$2.00	(a)(1)(H)
L	issuing each copy of above process when required by law	$1.50	(a)(1)(I)
M	issuing each recognizance	$2.00	(a)(1)(J)
N	issuing each bond	$2.00	(a)(1)(J)
O	issuing each mittimus	$2.00	(a)(1)(J)
P	filing each bond	$2.00	(a)(2)
Q	filing each complaint	$2.00	(a)(2)
R	filing each motion or other pleading	$2.00	(a)(2)
S	filing each document	$2.00	(a)(2)
T	filing each exhibit	$2.00	(a)(2)
U	filing each article	$2.00	(a)(2)
V	filing each affidavit	$2.00	(a)(2)
W	filing each record or paper	$2.00	(a)(2)
X	qualify each surety on a bond	$2.00	(a)(3)(A)
Y	take an affidavit	$2.00	(a)(3)(A)
Z	affix the seal on any legal instrument	$2.00	(a)(3)(B)
AA	enter order upon rule, trial or execution docket	$2.00	(a)(4)(A)
BB	enter complaint upon rule, trial or execution docket	$2.00	(a)(4)(A)
CC	enter motion or other pleading upon rule, trial or execution docket	$2.00	(a)(4)(A)
DD	enter document upon rule, trial or execution docket	$2.00	(a)(4)(A)
EE	enter exhibit upon rule, trial or execution docket	$2.00	(a)(4)(A)
FF	enter article upon rule, trial or execution docket	$2.00	(a)(4)(A)

GG	enter affidavit upon rule, trial or execution docket	$2.00	(a)(4)(A)
HH	enter record or paper upon rule, trial or execution docket	$2.00	(a)(4)(A)
II	enter return of process upon rule, trial or execution docket	$2.00	(a)(4)(A)
JJ	enter judgment upon rule, trial or execution docket	$3.00	(a)(4)(C)
KK	enter order of appeal to any appellate court upon rule, trial or execution docket	$3.00	(a)(4)(E)
LL	bill of costs taxed to state	$2.00	(a)(4)(G)
MM	enter minutes or transcript of record or copies of pleadings, papers and procedures in a cause, per 100 words, 4 figures to count as word	$1.00	(a)(5)(A)
NN	certified copy of sentence furnished to superintendent of jail or workhouse	$3.50	(a)(5)(C)
OO	minute entry or copy of certificate not included in some other service	$2.00	(a)(5)(E)
PP	preparing and mailing correspondence notifying defendants and attorneys of record of setting civil case on docket	$2.00	(a)(7)(H)
QQ	legitimation cases, including change of name, plus any litigation tax if applicable	$75.00	(a)(7)(I)
RR	petition to enter foreign judgment	$75.00	(a)(7)(Q)
SS	in each new case filed, data entry fee	$2.00	(d)
TT	entering each continuance	$5.00	(e)
UU	For making copies as requested, other than for an original filing and other than when preparing a record upon appeal, the fee shall be fifty cents (50¢) per page	$0.50	(i)(4)

The Department of Finance and Administration has a preferred excel template for court clerk invoices. An instruction sheet is provided to assist with labeling the invoice. All elements are needed for proper payment.

Invoice should be emailed monthly to CSVendor.Invoices.DHS@tn.gov.

Please call 615-313-4880, option 4 for questions about invoicing.

APPENDIX J

State of Tennessee
Department of Human Services
Child Support Division
Court Clerk Reimbursement Invoice

Month: XXX 2017 **Court ID#: XXXXX**

	A	B	C
1	**Docket #**	**NCP Name**	**TN Approved Code**
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14	MONTH:		

Requesting Official:
XXXXXX XXXXX,
CLERK MASTER
123-XXX-XXXX Date:
00/00/0000

Court

State of Tennessee
Department of Human Services
Child Support Division
Court Clerk Reimbursement Invoice

Month: XXX 2017 **Court ID#: XXXXX**

	D	E
1	**TN Fee Code**	**Fee**
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14	**TOTAL:**	$0.00

Requesting Official:
XXXXXX XXXXX,
CLERK MASTER
123-XXX-XXXX Date:
00/00/0000

Court

APPENDIX K

Directions for use of the template by the courts are as follows—

Once the Child Support invoice template is opened:

1. Click on the "Page Layout" tab (located on the very top row of tabs—2nd to right from "Home"
    a) Click on "Print Titles"
    b) Click on "Header/Footer" tab to Customize the Header. Click on "Custom Header" bar
        1) Left section: Change Month to reflect service month
        2) Right section: Fill in billing court's ID# to replace XXXXXs
        3) Click OK
    c) Click on "Custom Footer" bar to Customize Footer
        1) Left section: Enter three lines for address, to include billing court. Example—
        (County) Chancery
        PO Box 1234
        City, TN Zip code
        2) Right section: Enter Requesting county, official, title, phone #, date of invoice. Example—
        Requesting Official:
        Name R. Last name
        Clerk & Master
        123 xxx-xxxx Date:
        3) Click OK
        4) NOTE: ON THE HEADER/FOOTER TAB, THERE IS AN OPTION TO "PRINT PREVIEW" AND SEE WHAT YOUR INVOICE LOOKS LIKE.
2. Fill in: Information on main sheet:

Docket # NCP Name TN Approved Code TN Fee Code Fee

Save excel file within the format: **COURTS NAME** **MOYR** $DOLLAR AMT OF INVOICE
Invoice file name Example—NASHVILLE JUV JAN07 $270.15
MOYR is an abbreviation for MONTH YEAR
Send attached to email. Please feel free to call with any questions."

COURTS NAME = THE NAME OF COUNTY AND COURT FOR THE INVOICE
MOYR = THE MONTH AND YEAR OF THE SERVICE PERIOD