



NOTICE OF IV-D CASE

Case No. _____
Court _____
County _____
IV-D # _____

PETITIONER

VS

RESPONDENT

Pursuant to Title IV-D of the Social Security Act (42 U.S.C. secs. 651-669), the undersigned authorized representative of the Cabinet for Health and Family Services (CHFS), hereby certifies and gives notice of the following:

(1) CHFS will provide child support services for the following child(ren):

(2) A Notice to Void IV-D Case Status (AOC Form # 236) will be filed if it comes to the attention of this office that the case is no longer eligible under statutory authority for IV-D case status.

Signature

Title

Date

Instruction to CHFS/Child Support Contracting Official: File this form once upon opening of an IV-D eligible case or when an existing case become IV-D eligible.