



rhode island



INDICATOR NAME: Family Violence Indicator

SETTING CRITERIA: IV-D
Good Cause request or status (TANF -- Family violence basis)

IV-D (Non-TANF) & Non IV-D
Self-report (Written)

ELIGIBLE PEOPLE: People Directly Protected --
Victims

Others Protected --
All children involved in the victim's RI child support cases or orders with abuser (Automatic)

IMPACT: Overall--
Sends FV Indicator to the FCR

IV-D
Results in referral to county attorney for additional protection and safety planning (includes motion to seal court file(s))
Prompts greater care by agency
Will delete addresses from agency documents, including court filings (future)
Will make victim's data available only to responsible staff (future)
Will prompt screen warnings (future)

DURATION: Indefinite

REMOVAL CRITERIA: Victim request

OVERRIDE: Preliminary procedure in place/draft available

The policy statement that appears below explains how to set the Family Violence Indicator in Rhode Island. Also, the pages that follow set out the attachments referenced in the policy statement. (On screen samples, the family violence data element appears in **bold**.)

SPECIFICATIONS FOR CSE WELFARE REFORM CHANGE ORDER

Add a Family Violence Indicator to the IV-D Case

To accommodate the Federal Case Registry (FCR) requirement that . . . family violence be indicated on each person added to the FCR for whom it is appropriate, it is proposed to add such an indicator to the IV-D system. This indicator would be used in addition to good cause and would be especially useful on bookkeeping cases and for those cases without good cause where there is a perceived or real threat to the client and/or the children.

SETTING THE FAMILY VIOLENCE INDICATOR

APPD/E mode:

A new field for entry of the family violence indicator will be added to the NCAS screen. Valid values will be “Y” or “N” only. This field may not be left blank. Note: A family violence field has already been added to the CSS-1. See Attachment A.

BGBH Interface:

The family violence indicator will be automatically set to “Y” when [the] good cause basis is one of the following values regardless of whether determination is “D” (denied):

- A Physical harm to the child
- B Emotional harm to the child
- C Physical harm to the parent which reduces his/her capacity to adequately care for the child
- D Emotional harm to the parent which reduces his/her capacity to adequately care for the child
- E Anticipated physical harm to the parent or child without corroborative evidence
- F The child was conceived as a result of incest or of forcible rape
- I Family violence (future value)[.]

The family violence indicator will be automatically set to “N” when [the] good cause basis is one of the following values:

- G Legal proceedings for adoption are pending before a court of competent jurisdiction
- H Parent receiving pre-adoption services
- Space No basis is claimed[.]

Setting of this new indicator will in no way affect the current logic surrounding the setting of the service level to and from “G” (good cause).

APPD/CASE:

A new field for entry and display of the family violence indicator will be added to the case screen. Valid values will be “Y” or “N” only. This field cannot be changed to a blank. If good cause basis is “A” - “F” or “I” and this field is changed to “N” a warning will be displayed: “WARNING: CLIENT MAY STILL HAVE A THREAT OF PHYSICAL/EMOTIONAL HARM”. See Attachment B.

DISPLAYING THE FAMILY VIOLENCE INDICATOR

The family violence indicator will be available for display on the following panels:

APPD/CHLD -- Attachment C
APPD/CLNT -- Attachment D
COMM -- Attachment E
ACAS -- Attachment F
CCAS -- Attachment G[.]

TRACKING CHANGES TO THE FAMILY VIOLENCE INDICATOR

As with other indicators and flags, changes to the family violence indicator will be tracked. The change will include who made the change, change from and to values and will be available in TRAC/Contacts and Comments. See Attachment H.

USE OF THE FAMILY VIOLENCE INDICATOR WITHIN THE SYSTEM**FORM:**

Access to the FORM function will be allowed for cases with the family violence indicator equal to "Y". However, a warning will be displayed: "WARNING: CASE IS FLAGGED FOR FAMILY VIOLENCE". See Attachment I.

FCR INTERFACE:

This field will be the basis for setting the family violence indicator on an add or change person transaction sent to the FCR. If the value of the indicator on the case is "Y", the family violence field for the client and all the children will be set to "Y".

Legal Unit Form:

If the family violence indicator is "Y", the text "*FAMILY VIOLENCE*" will print next to the title "CLIENT DATA". If the family violence indicator is "N", the above text will not print. See Attachment J.

CSENet Quick Locate Provides:

If a person for whom a quick locate has been received is found on the InRhodes database and is also found as a client or child on at least one IV-D case where the family violence indicator is "Y", the system will provide a response of "LUALL" (no information found).

CONVERSION:

Each case will be processed. For closed and responding cases[,] the family violence indicator will be set to "N". For all other cases, the last STAT/ABSP panel will be examined. If the good cause basis on this panel is "A" - "F" or "I" (regardless of the value of good cause determination), the family violence indicator will be set to "Y". If the good cause basis is "G" - "H" or space or no STAT/ABSP panel is found, the indicator will be set to "N". A report of all cases in which the indicator is set to "Y" and the service level is not "G" will be produced.

If this indicator is put in place following the initial load of cases to the FCR, the conversion will also need to create change person trigger records for those cases on which the service level is not "G", but the family violence indicator is now a "Y".

DRAFT SPECIFICATIONS -- FAMILY VIOLENCE INDICATOR

Attachment A

AP ON FILE - ENTER CLIENT DATE OR CANC
 xx/xx/xx xx:xx NEW CASE DATA xxxx xxxxxxxx
 xxxxxxxx NCAS xxxx xxxxxxxx

SERVICE FAMILY DATE APPLICATION
 TYPE LEVEL VIOLENCE REQUESTED SENT RECEIVED
 - - - - F - - - - - - - - - -

BIRTH DATE
 SSN LAST FIRST M MOD MM DD YYYY S ETH
 ABSENT PARENT: xxx xx xxxxDOE JOHN Q xx xx xxxx M --
 CLIENT: xxx xx xxxxDOE JANE Q xx xx xxxx F --

OTHER ABSENT PARENT CASES

CASE NO CASE TYPE CLIENT SSN CLIENT NAME
 **** NO CASES ****

RL: XX XX ABSP: XXX XX XXXX CMD:
 FNX: APPD E CLIENT: PNL:

Attachment B

xx/xx/xx xx:xx CASE STATUS DATA xxxx xxxxxxxx
 xxxxxxxx CASE . 01 xxxx xxxxxxxx

CASE STATUS INITIATION CLOSE AP ACTION CASE ACTION
 STATUS TYPE DATE DATE REASON CODE EFF DATE CODE EFF DATE
 ACOR N UR xx xx xxxx xx xx xxxx -- IC xx xx xxxx -- xx xx xxxx

CLOSURE DATE: _____ SUSPEND TEMP
 UNIT CSS WRKR BILLING DISTRIBUTION DISBURSEMENT IRS OFFSET IRS OFFSET CSRA
 XXX XX XXXX A B Y

WORKER ID: WORKER NAME:
 ADDRESS INSUFF ADJ REFERRAL: APPROVED: DAYS
 MATCH FUNDS APPOINTMENT INTERVIEWER CL/AP DATE TIME LEFT
 -380

WAGE REVIEW FEE SERVICE BILL AP/CL DATE LOCATION
 GARN CODE PAID LEVEL CD MARRIAGE: NUMBER
 C Y B 01 DIVORCE:

TRANSFER CASE RIGHTS ASSIGNED SEPARATED:
 ALT CL:

** FAMILY VIOLENCE ** _____ GOOD CAUSE NEXT
 COOPERATION BASIS DETERMINATION ENFORCEMENT CLAIM DATE CSE REVIEW

RL: XX XX XX ABSP: XXX XX XXXX DOE JOHN CMD:
 FNX: APPD C CLIENT: XXX XX XXXX DOE JANE PNL:

Attachment C

```

xx/xx/xx      xx:xx      CHILD DATA      xxxx  xxxxxxxx
xxxxxxx      CHLD . 01      xxxx  xxxxxxxx

      CHILD NAME      DHS PROGRAMS
      LAST      FIRST      I MOD      SSN      V S      FIP FS MA GPA IVF
DOE      MICHAEL      xxx-xx-xxxx      M
      BENEFITS FROM ABSENT PARENT      BIRTH PLACE      BIRTH DATE
      XX XX XXXX

** FAMILY VIOLENCE ** Y
RELATIONSHIP PATERNITY      MED I      CHILD      INCLUDED IN SUPPORT ORDER
OF: AP CLIENT      STATUS DATE      ORDR      (Y/N)      AMOUNT      FREQ      ORDER DATE
  1  1      PDS XX XX XXXX
ETH 1  CIT Y      ED XX      STATUS

      FIP ELEGIBILITY
      DPRV      CURRENT      STD-      CSE REMOVAL
START DATE      CODE      BENEFIT      FIP      REASON      EFF DATE
      XX XX XX XXXX

ADDRESS OF CHILD IF NOT LIVING WITH CLIENT
ADDRESS1      ADDRESS2
CITY      STATE      ZIP      CTRY      SRC OF VERIFICATION
RL: XX XX XX ABSP: XXX XX XXXX      DOE JOHN      CMD:
FNX: APPD C CLIENT: XXX XX XXXX      DOE JANE      PNL:
    
```

Attachment D

```

xx/xx/xx      xx:xx      CLIENT DATA      xxxx  xxxxxxxx
xxxxxxx      CLNT . 01      xxxx  xxxxxxxx

      CLIENT NAME      PRES      DHS PROGRAMS
      LAST      FIRST      I MOD      SSN      V S      MS AFDC FS MA GPA IVF PR
DOE      JANE      xxx-xx-xxxx Y F      A      A      A PTH
      MAIDEN NAME      REL TO AP      ETH      CITED      LANGUAGE      OCCUPATION      BIRTH DATE
      M      2      Y 13      XX XX XXXX

OTHER NAME:      ALTERNATE PAYEE      ALTERNATE CLIENT
** FAMILY VIOLENCE ** Y      MAILING ADDRESS
      STREET      P.O. BOX / FLOOR / ROUTE      CITY      ST      ZIP
123 MAIN STREET      PROVIDENCE      RI      XXXXX
COUNTRY CD:      ADDR STATUS: V      BY: XXXX      DT: XX XX XXXX      MA NUMBER: XXXXXXXX
      RESIDENCE ADDRESS IS DIFFERENT THAN MAILING ADDRESS
      STREET      P.O. BOX / FLOOR / ROUTE      CITY      ST      ZIP

COUNTRY CD:      ADDR STATUS:      BY:      DT:      TOWN CD:
      WORK TELEPHONE      HOME TELEPHONE
AREA NUMBER      EXT      NOTE      AREA NUMBER      EXT      NOTE
( )      ( )
EMPLOYER ID:      EMP NAME:
RL: XX XX XX ABSP: XXX XX XXXX      DOE JOHN      CMD:
FNX: APPD C CLIENT: XXX XX XXXX      DOE JANE      PNL:
    
```

Attachment E

```

xx/xx/xx      xx:xx      COMMON CASE DATA      xxxx  xxxxxxxx
xxxxxxx      COMM . 01      xxxx  xxxxxxxx
CODE MM DD YYYY RHODE ISLAND OUT OF STATE CASE STATUS
AP ACTION IC XX XX XXXX DOCKET DOCKET STATUS TYPE EFF DATE
CASE ACTION          XXXXXXXX          ACOR N UR xx xx xxxx
          ABSENT PARENT          EMPLOYER
          NAME: DOE, JOHN          ACME WIDGET CO
          STREET:          EMP ID: XXXXXXXXXXXX
          PO BOX:          ROUTE: APT:
          CITY, ST, ZIP: PROVIDENCE RI XXXXX CTY: ADDR STAT: V
          PHONE:          TOWN: INTERSTATE WG CR:
LOC SRC: DOC VER SRC: DOC BY: DOC DT: XX XX XXXX
CURRENT SUPPORT ORDER LAST PAID ARREARAGES SERVLVL: B
XX XX XXXX 200.00 A XX XX XXXX A: -9000.00 N: 13308.81 O:
          CLIENT
          NAME: DOE, JANE
          STREET: 123 MAIN STREET          ** FAMILY VIOLENCE ** Y
          PO BOX:
          CITY, ST, ZIP: PROVIDENCE RI XXXXX CTY:
          PHONE:
          CHECK CAT: LAST CHECK: AMT:
          RL: XX XX XX ABSP: XXX XX XXXX DOE JOHN CMD:
          FNX: COMM D CLIENT: XXX XX XXXX DOE JANE PNL:

```

Attachment F

```

xx/xx/xx      xx:xx      ABSENT PARENT CASES      xxxx  xxxxxxxx
xxxxxxx      ACAS . 01      xxxx  xxxxxxxx
          ABSENT PARENT NAME          HOME ADDRESS
LAST FIRST I MOD STREETMAX ACI
DOE JOHN          P.O. BOX RTE APT
          CITY PROVIDENCE ST RI ZIP xxxxx CTY
          TELEPHONES          MAIL ADDRESS
          AREA NUMBEREXT NOTE STREET
HOME:          P.O. BOX
WORK:          CITY ST ZIP CTY
          CLIENT CLIENT NAME          FAMILY SSN CLS RSN
          X OF X DOE JANE          VIOLENCE: Y xxx xx xxxx
ORDER DOCKET SUPP ORDER FREQ A ARRS N ARRS OTHER LAST PMT
XX xxxxxxxx 200.00 A -9000.00 13308.81 xx xx xxxx
OFFSETS: FIP:          NON-FIP: OTHER:
          CHILD NAME
DOE          MICHAEL          CHILD NAME

RL: XX XX XX ABSP: XXX XX XXXX DOE JOHN CMD:
FNX: ACAS D CLIENT: XXX XX XXXX DOE JANE PNL:

```

Attachment G

```

xx/xx/xx      xx:xx      CLIENT CASES      xxxx  xxxxxxxx
xxxxxxx      CCAS . 01      xxxxx  xxxxxxxx
      CLIENT NAME
LAST          FIRST      I MOD      STREET  123 MAIN STREET
DOE          JANE
      P.O. BOX
CITY PROVIDENCE  ST RI      ZIP xxxxx  CTY
ALTERNATE CLIENT:
      CLIENT HOME ADDRESS
TEL:  AREA NUMBER      EXT  NOTE  STREET
HOME:      P.O. BOX
WORK:      CITY          ST          ZIP      CTY
  AP  ABSENT PARENT NAME      FAMILY      SSN      CLS RSN
X OF X  DOE          JOHN      VIOLENCE: Y      xxx xx xxxx
ORDER DOCKET      SUPP ORDER  FREQ  A ARRS N ARRS OTHER      LAST PMT
  XX  xxxxxxxx  200.00      A  -9000.00 13308.81      xx xx xxxx
OFFSETS:      FIP:      NON-FIP:      OTHER:
DOE          CHILD NAME      CHILD NAME
          MICHAEL

RL: XX XX XX ABSP: XXX XX XXXX      DOE  JOHN      CMD:
FNX: ACAS D CLIENT: XXX XX XXXX      DOE  JANE      PNL:

```

Attachment H

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xx/xx/xx      xx:xx      CASE TRACKING      xxxx  xxxxxxxx
xxxxxxx      CCAS . 01      CASE HISTORY      xxxxx  xxxxxxxx
STARTING DATE      XX XX XXXX
SELECTION  CONTACTS & COMMENTS

XX/XX/XX [CASEWORKER NAME] [ID] ENTERED COMMENT _____
FAMILY VIOLENCE INDICATOR CHANGED FROM 'N' TO 'Y' _____
FROM CASE DATA PANEL _____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

RL: XX XX XX ABSP: XXX XX XXXX      DOE  JOHN      CMD: _____
FNX: ACAS D CLIENT: XXX XX XXXX      DOE  JANE      PNL:

```

Attachment I

WARNING: CASE IS FLAGGED FOR FAMILY VIOLENCE

XX/XX/XX XX:XX SELECT FUNCTION XXXX XXXXXX
 XXXXXXXX XXXX IV-D XXXX XXXXXXXX

FUNCTION		MODE	FUNCTION		MODE
-----		-----	-----		-----
ACAS	ABSENT PARENT CASES	D	ADDS	ACCESS DATA DICTIONARY	C D
AFIX	CASE SEPARATION	C	APPD	APPLICATION	E C D
BGBH	CASE INTERFACE	C	CALC	CALCULATE ADJUSTMENT	C D
CCAS	CLIENT PARENT CASES	D	CNET	CSENET	D
CODE	CODE TABLES	C D	COMM	COMMON CASE	D
CONT	CONTACT	C D	CORT	COURT FUNCTIONS	C D
CSRS	CASE RESOLUTION	C	CS10	OLD IV-D DATA	D
DAIL	DAILY REPORTS	C	DELE	DELETE CASE	C
DIST	MONTHLY DISTRIBUTION	D	FORM	FORMS	C
FIXX	SPECIAL CORRECTIONS C		FSUM	FINANCIAL SUMMARY	D
GUID	GUIDELINE CALCULATION	C D	INTR	INTERFACES	C D
IV-A	IV-A DATA	D	IV-F	PATHWAYS (AFDC)	D
-----		-----	-----		-----
	FUNCTION	MODE		CASE ID	MONTH
	XXXX	X		XXX XX XXXX X	XX XX

Attachment J

LEGAL UNIT FORM

CASE ID	ABSENT PARENT NAME		DOCKET	CNTY	CLDR	CLDR	MA	
XXXXXXXXXX	LAST	FIRST	I	NUMBER	CD	TYPE	DATE	NBR
XXXXXXXXXX	DOE	JOHN						XXXXXXX

ALL MEMBERS OF THE CASE

NL	LAST	FIRST	I	REASON	AFIC	FS	MA	GPA	SSN
CL	DOE	JANE			A		A		XXX XX XXXX
AP	DOE	JOHN							XXX XX XXXX
CH	DOE	MICHAEL			A		A	XXX XX XXXX	

CLIENT DATA

** FAMILY VIOLENCE **

DOE	JANE				PROVIDENCE	RI	XXXXX
123 MAIN STREET							

PHONE NUMBER	START DATE	STD EEN	ETH	EIUCA
	XX XX XXXX		X	XX

CHILD DATA

PAT STATUS	SUPP ORDER	AMT	FREQ	REL TO: AP CLNT	AFDC START	CURR EEN	SEX	BIRTH DATE
DOE	MICHAEL	0.00	X X	XX XX XXXX			M	XX XX XXXX

ALL CHILDREN IN GRANT

LAST	FIRST	I

ABSENT PARENT DATA

PHONE

DOE	JOHN				PROVIDENCE	RI	XXXXX
111 NORTH							

VERIFICATION SRC	BY	DATE	MARITAL STATUS	WAGE DATE	EMPLOYER
CL	XXXXXXX	XX XX XXXX			

Materials

People involved in child support cases or orders in Rhode Island may inform the child support agency or the court of their concerns about safety. The State has revised the data collection form -- the "Child Support Information and Payment Form" -- to permit the court to gather this information. That form appears on the next page, with the relevant check-off box highlighted. Appropriate sections of the form's instructions appear immediately after the form. Also included is the administrative order that mandates completion of the form.

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

RHODE ISLAND FAMILY COURT
ONE DORRANCE PLAZA
PROVIDENCE, RI 02903

CHILD SUPPORT INFORMATION AND PAYMENT FORM

SECTION A (COMPLETE THIS SECTION IN FULL FOR ALL NEW OR MODIFIED CHILD SUPPORT ORDERS)

Form section A containing fields for OBLIGATOR NAME, OBLIGEE NAME, COUNTY, ADDRESS, CITY/STATE, ZIP, DOB, SSN, SEX, DRIVER'S LICENSE #, EMPLOYER NAME, DEFENDENTS (ATTACH ADDITIONAL SHEET IF MORE THAN FOUR CHILDREN), NAME, SEX, DOB, SSN.

SECTION B (COMPLETE THIS SECTION ONLY WHEN NEW OR MODIFIED CHILD SUPPORT PAYMENTS ARE TO BE PAID THROUGH FAMILY COURT)

Form section B containing fields for ORDER INFORMATION, NEW/MODIFIED ORDER, PAYMENTS ARE HEREBY SUSPENDED, EFFECTIVE DATE, MERGED WITH RECIPROCAL?, WAGE ASSIGNMENT ORDERED?, CHILD SUPPORT AMOUNT, FREQUENCY, ARREARAGE ORDER AMOUNT, MEDICAL REIMBURSEMENT AMOUNT, DATE FIRST PAYMENT DUE, HEARING DATE, JUDGE/MAGISTRATE, FIXED AMOUNT OF ARREARAGE, STATE, CLIENT, INTEREST ON ARREARS?, MEDICAL SUPPORT ORDERED?, OBLIGOR ATTORNEY NAME, PHONE NO., RI BAR NO., OBLIGEE ATTORNEY NAME, PHONE NO., RI BAR NO.

SECTION C (PAYMENTS RECEIVED BY FAMILY COURT CANNOT BE DISBURSED TO THE OBLIGEE UNLESS THIS SECTION OF THE FORM IS COMPLETED)

Form section C containing fields for APPLICATION FOR COLLECTION SERVICES, UPON MY SIGNATURE TO THIS FORM, I AUTHORIZE THE RHODE ISLAND FAMILY COURT, THROUGH ITS COOPERATIVE AGREEMENT WITH THE DIVISION OF TAXATION -- CHILD SUPPORT ENFORCEMENT, TO COLLECT MY CHILD SUPPORT AND FORWARD THE SAME TO ME. I DESIRE THE FOLLOWING SERVICES: [] BOOKKEEPING SERVICES ONLY (SEE INSTRUCTIONS) [] FULL SERVICES (\$20 FEE ATTACHED -- SEE INSTRUCTIONS), DATE, OBLIGEE SIGNATURE.

CSS-1 (REV. 11/98)

INSTRUCTIONS TO COMPLETE A CHILD SUPPORT INFORMATION AND PAYMENT FORM (CSS-1)

Both parties are responsible to provide complete and accurate information to complete the Child Support Information and Payment Form (CSS-1). The obligee or the obligee’s attorney must complete and file the form immediately after the hearing and before leaving court.

SECTION A --THIS SECTION MUST BE COMPLETED IN FULL FOR ALL CASES IN WHICH THERE IS A NEW OR MODIFIED CHILD SUPPORT ORDER, REGARDLESS OF WHETHER OR NOT THE CHILD SUPPORT AGENCY IS INVOLVED IN THE ACTION. PLEASE PRINT OR TYPE ALL INFORMATION.

1. DEFINITIONS:

- Obligor -- The individual who has responsibility to pay the child support order.
- Obligee -- The individual to whom the child support order is owed.
- Domestic Violence -- Pursuant to Section 40-5.1-46 of the Rhode Island General Laws, a history of domestic violence means that an individual has been subjected to:
 - (i) Physical acts that resulted in, or threatened to result in physical injury to the individual;
 - (ii) Sexual abuse;
 - (iii) Sexual activity involving a dependent child;
 - (iv) Being forced as the caretaker relative of a dependent child to engage in nonconsensual sexual acts or activities;
 - (v) Threats of, or attempts at, physical or sexual abuse;
 - (vi) Mental abuse; or
 - (vii) Neglect or deprivation of medical care.

2. DATA ELEMENTS:

* * *

PROTECT ADDRESS DUE TO DOMESTIC VIOLENCE --

Certain information contained on this form, including the domestic violence indicator, will be provided to the Federal Case Registry (FCR), for possible further dissemination pursuant to federal law. **Check this box if you believe there is a history of domestic violence as defined above and indicate whether you are referring to the obligee/child(ren) and/or the obligor.** This will prevent the FCR from releasing the address information to anyone without a court order. **IN ORDER TO PROTECT THE CONFIDENTIALITY OF THE ADDRESS OF THE OBLIGOR AND OR OBLIGEE/CHILD(REN) CONTAINED IN THE COURT FILE, YOU MUST FILE A MOTION FOR NONDISCLOSURE OR A MOTION TO SEAL THE FILE AT FAMILY COURT AND SEEK COURT APPROVAL. OTHERWISE, THE FILE SHALL REMAIN OPEN AS A PUBLIC RECORD AND, IF THE ADDRESS IS CONTAINED IN THE COURT FILE, IT MAY BE AVAILABLE FOR PUBLIC INSPECTION. IF YOU LEAVE THE DOMESTIC VIOLENCE BOX UNCHECKED IT WILL BE ASSUMED THAT YOU DO NOT WISH TO PROTECT INFORMATION ABOUT THE WHEREABOUTS OF THE OBLIGOR OR OBLIGEE.**

* * *

**RHODE ISLAND FAMILY COURT
ADMINISTRATIVE ORDER 98-8**

RE: STATE CASE REGISTRY FOR CHILD SUPPORT ORDERS

In accordance with P.L. 1997, ch. 170, Section 1 amending Rhode Island General Laws Section 15-5-16.2(h), all child support orders (including temporary orders) established or modified in Rhode Island on or after October 1, 1998, shall be recorded with the Rhode Island Family Court/Department of Administration, Division of Taxation -- Child Support Enforcement System which maintains the official State Case Registry of child support orders issued by the Rhode Island Family Court. The child support order shall be recorded whether or not services are being provided under the IV-D State plan and whether or not payments are being made through the Family Court. The information provided to the State Case Registry will be furnished to the Federal Case Registry of child support orders.

To effectuate the aforementioned law, each party to a child support or paternity proceeding (Domestic Relations and Reciprocal cases) shall provide complete and accurate information to the obligee's attorney or obligee, if pro se, in order to complete a Child Support Information and Payment Form (CSS-1, as revised; see attached). The obligee's attorney or obligee, if pro se, shall complete and file with the Family Court the CSS-1 form immediately after the court hearing and before leaving the court. Instructions to execute the CSS-1 form are attached hereto and shall be followed.

Therefore, each party is required within 10 days to file an amended CSS-1 form whenever any of the information contained in the original form has changed in any way.

Failure to file the CSS-1 form may result in sanctions being assessed.

Date 10/1/98

_____/s/
Jeremiah S. Jeremiah, Jr.
Chief Judge

Materials

Rhode Island's child support staff and its court have begun working together to develop the State-specific components of the override process. The pages that follow include documents developed in connection with this process. Work to finalize the process continues.



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Administration
DIVISION OF TAXATION -- CHILD SUPPORT ENFORCEMENT
OFFICE OF LEGAL COUNSEL
77 Dorrance Street, 3rd Floor
Providence, RI 02903

February 4, 1999

Magistrate George DiMuro
Court Administrator
Rhode Island Family Court
One Dorrance Plaza
Providence, Rhode Island 02903

Re: Domestic Violence Indicator Override Procedure

Dear Magistrate DiMuro:

Pursuant to our meeting of January 14, 1999 I have drafted the following forms for your review.

- 1. Request for information
2. Notice to Non-requesting party
3. Denial of Requested Information
4. Release of Requested Information
5. Motion for Release of Information
6. Order for Release of Information
7. Cover letter to Federal Parent Locator Service

The procedure will be that outlined in the federal action transmittal.

- Requestor requests the information from the State CSE on the form provided.
CSE will notify the non-requesting party.
The information will be provided if there is no (family) domestic violence indicator and the other requirements are met.
If there is an indicator as determined by OCSE, the requestor will be notified on the form provided and a sample motion will be provided.
A hearing will be assigned by the Clerk's Office.
During the hearing, the court must determine whether the disclosure to any other person of that information could be harmful to the parent or the child.
If the court determines the information may be released, the order (form attached) is sent to the CSE.
CSE then sends the cover letter to the OCSE with the order by federal express.
If the information is released to CSE, the information will be delivered to the court in a sealed envelope. If the request is disapproved or incomplete, this will also be conveyed to the court.

Perhaps we should schedule another meeting to discuss these forms.

Very truly yours,

SHARON A. SANTILLI
CHIEF LEGAL COUNSEL
CHILD SUPPORT ENFORCEMENT

SAS:1p
Enclosures

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
DEPARTMENT OF ADMINISTRATION / DIVISION OF TAXATION
CHILD SUPPORT ENFORCEMENT

77 DORRANCE STREET
PROVIDENCE, RHODE ISLAND 02903
(401) 222-2847

REQUEST FOR INFORMATION

I swear that the statements contained on this form are true.

I am an authorized person to receive information under Federal law because I am:

A resident parent requesting information about the other parent of our child(ren).

- The child(ren)'s usual place of residence is with me.
- The child(ren) are not receiving assistance in the form of FIP or TANF payments from the state.
- I am not under a court order to pay current, on-going support for the child(ren).

The guardian of the child(ren) as shown in the attached written documentation.

The agent of the child(ren) as shown in the attached written documentation.

The attorney of the child(ren) as shown in the attached written documentation.

Child(ren)'s names: _____

I am requesting information about:

Name: _____

Information Requested (please be specific):

Provide the following information **about the subject of the request**, if known: (45 CFE [sic] 303.70)

Social Security Number: _____

Has the subject served in branch of the armed forces?: _____

If yes, Branch: _____

Is the subject receiving federal benefits?

I am requesting this information **solely** for the purpose of:

- Establishing, enforcing or modifying an order for child support.
- Establishing, enforcing or modifying an order for visitation.
- Establishing, enforcing or modifying an order for custody.
- Establishing paternity.

I certify under penalty of perjury and pursuant to the laws of the State of Rhode Island that the preceding is true and correct.

SIGNATURE OF REQUESTER

DATE OF SIGNATURE

Request for Information, page 3

The person about whom you are requesting information will be notified of your request. A copy of page 1 and 2 will be sent with the notice. The law allows a 30 day time period for a response. We will notify you after 30 days whether your request for information is granted or denied.

Fill out the following about **yourself**. This information is for identification and communication with you. It will not be used for any other purposes. This page **will not** be sent with the notice to the person about whom you are requesting information.

Name _____

Street Address _____

City _____ State _____ ZIP Code _____

Telephone Number
(Home) _____

(Business) _____

Social Security Number or CSE No. _____

Return this completed form to:

Division of Taxation
Child Support Enforcement
77 Dorrance Street
Providence, RI 02903

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
DEPARTMENT OF ADMINISTRATION / DIVISION OF TAXATION
CHILD SUPPORT ENFORCEMENT

77 DORRANCE STREET
PROVIDENCE, RHODE ISLAND 02903
(401) 222 - 2847

NOTICE TO NON-REQUESTING PARTY
OF REQUEST FOR DISCLOSURE OF INFORMATION

Date: _____

NAME _____
ADDRESS 1 _____
ADDRESS 2 _____
CITYSTATEZIP _____

The Child Support Enforcement agency has received a request for information concerning: _____

The reason stated for this is for the purpose of: _____

This information may include the following: _____

If you have questions concerning this notice, please call Child Support Enforcement at 1-800-638-5437 (1-800-RI-CHILD) or (401) 222-2847.

Please send any relevant documentation **within 20 days of the date of this notice.**

Division of Taxation
Child Support Enforcement
77 Dorrance Street
Providence, RI 02903

**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
DEPARTMENT OF ADMINISTRATION / DIVISION OF TAXATION
CHILD SUPPORT ENFORCEMENT**

**77 DORRANCE STREET
PROVIDENCE, RHODE ISLAND 02903
(401) 222-2847**

DENIAL OF REQUESTED INFORMATION

Date: _____

NAME _____
ADDRESS 1 _____
ADDRESS 2 _____
CITYSTATEZIP _____

You requested information about [REQ NAME], the information cannot be released to you because [OTHER REASON] . This decision is based on Section 453(b)(2) of the Social Security Act.

If you have any questions, please contact Child Support Enforcement at 1-800-638-5437 (1-800-RI-CHILD) or (401) 222-2847.

If you disagree with this denial of your request for information, you may file a motion with the Rhode Island Family Court using the form motion enclosed for your convenience.

Division of Taxation
Child Support Enforcement
77 Dorrance Street
Providence, RI 02903

**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
DEPARTMENT OF ADMINISTRATION / DIVISION OF TAXATION
CHILD SUPPORT ENFORCEMENT**

**77 DORRANCE STREET
PROVIDENCE, RHODE ISLAND 02903
(401) 222-2847**

RELEASE OF REQUESTED INFORMATION

Date: _____

NAME _____
ADDRESS 1 _____
ADDRESS 2 _____
CITYSTATEZIP _____

You requested the following information as an authorized person pursuant to Section 463(a)(2) of the Social Security Act. You stated that the information is requested solely for the purpose of:

Requested Information:

INFO NAME

INFO SSN

If you have any questions, please contact Child Support Enforcement at 1-800-638-5437 (1-800-RI-CHILD) or (401) 222-28547.

Division of Taxation
CHILD Support Enforcement
77 Dorrance Street
Providence, RI 02903

STATE OR RHODE ISLAND
SC.

FAMILY COURT

FAMILY COURT NO.

vs.

MOTION FOR RELEASE OF INFORMATION

Now comes the _____ in the above-captioned mat[t]er and moves this honorable court to release information about the _____ contained on the family court / child support enforcement system pursuant to Section 453(b)(2)(B) of the Social Security Act. In support of said motion the movant alleges as follows:

1. I am an authorized person to receive information as defined by sections 453(c) and 463(a)(2) of the Act because I am:

- _____ A resident parent requesting information about the other parent of our child(ren).
 - ◇ The child(ren)[’s] usual place of residence is with me.
 - ◇ The child(ren) are not receiving assistance in the form of FIP payments from the State.
 - ◇ I am not under a court order to pay.
- _____ The guardian of the child(ren) as shown in the attached documentation.
- _____ The agent of the child(ren).
- _____ The attorney of the child(ren).

- 2. The information is being sought for an authorized purpose.
- 3. The release of the information requested will not be harmful to the parent or child(ren).
- 4. That [sic] this court has proper jurisdiction in this case pursuant to Section 453(c)(2).

WHEREFORE, the _____ respectfully requests an order be issued to release the information sought and for further relief as the court deems fair and just under the circumstances.

REQUESTOR’S NAME
ADDRESS
SOCIAL SECURITY NO.

To: Division of Taxation -- Child Support Enforcement
77 Dorrance Street
Providence, Rhode Island

NOTICE

Please take notice that the above-captioned matter will be called for hearing in courtroom 5c at the J. Joseph Garrahy Judicial Complex, One Dorrance Plaza, Providence, RI on _____.

STATE OR RHODE ISLAND
SC.

FAMILY COURT

FAMILY COURT NO.

vs.

ORDERED, ADJUDGED AND DECREED

The _____ motion for release of information is:

_____ Denied in that the release of the information could be harmful to the parent/child(ren).

_____ Granted in that the release of the information would not be harmful to the parent/child.
The following information shall be released to the court directly for the purpose of _____

_____:

_____ Address of non-requestor

_____ Phone number of non-requestor

_____ Child's date of birth

_____ Child's social security number

ORDERED:

ENTERED:

_____ J.

_____ Clerk

_____ Date

_____ Date

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
DEPARTMENT OF ADMINISTRATION / DIVISION OF TAXATION
CHILD SUPPORT ENFORCEMENT

77 DORRANCE STREET
PROVIDENCE, RHODE ISLAND 02903
(401) 222-2847

FCR FAMILY VIOLENCE INDICATOR
OVERRIDE PROCESS

* * *

[DATE]

Office of Child Support Enforcement
Attn: OCSE Designated Representative
Federal Parent Locator
370 L'Enfant Promenade
4th Floor
Washington, DC 20447

Dear [NAME]:

This office has submitted a locate request to the Federal Parent Locator Service (FPLS) for the subject(s) listed below. Access to the requested information was prohibited because of a disclosure prohibited (DP) code.

Attached is a court order or request from [COURT NAME] requiring this office to commence the FV indicator override process. Accordingly, accept this letter as a formal request for override.

To assist OCSE in processing this override request, this office provides the following information:

Name of Requester: _____

SSN of Requester (if an individual): _____

Relationship of Requester to Subject: _____

Basis for State Finding that

- 1) Requester is an authorized person; and
- 2) Request is made for a permissible purpose:

Name(s) of Subject(s): _____

SSN(s) of Subject(s): _____

Member ID(s) (if applicable): _____

Specify Requested Locate Sources:

- All available locate sources
- DOD and OPM
- FBI employment files
- IRS (non-1099)
- SSA
- DVA
- NDNH
- FCR

Specify Locate Request Type

- Adoption or foster care purposes
- IV-D Purposes
- Custody and visitation establishment or enforcement purposes
- Parental Kidnapping
- Name of SPLS Representative
- Street Address of SPLS Representative
- Direct Dial Phone Number of SPLS Representative

Sincerely,

[NAME]

[TITLE]