

**Cost Collections:
State Reimbursements for IV-D cases**

<u>Type of Court Action</u>	<u>Fee Amount charged to the State</u>
Filing new cases for IV-D office (petitions to est. paternity or to set support, or petitions to modify in old cases)	\$75.00*
Filing new show cause orders for IV-D office	\$35.00
Receipting child support cases for IV-D cases on TCSES (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)	\$1.30
Reporting a CP address change for a non IV-D case	\$1.55
Issuing a new income assignment and reporting the new employer	\$1.55
Filing out of state orders on interstate cases	\$3.00
Providing copies of orders for IV-D office	\$2.00 for 1st page, \$1.00 add'l pages

*You may not charge the State any state or county litigation taxes or any local fees.

To Submit Charges to the State:

You may bill the State monthly.

Submission should occur no later than the 15th of the month following the month in which the charges were incurred. (i.e., submit January's charges by Feb. 15th)

Fill out the Court Clerk Reimbursement Invoice (attached) with the pertinent information.

Mail the completed reimbursement invoice to:

Richard L. Paige
Fiscal Services
TN Dept. of Human Services
400 Deaderick St., 6th Floor
Nashville, TN 37248

STATE OF TENNESSEE
 DEPARTMENT OF HUMAN SERVICES
 COURT CLERK REIMBURSEMENT INVOICE

FOR THE Month _____

	Docket	NCP Name	TYPE OF COURT ACTION	FEE AMOUNT
1.				\$
2.				\$
3.				\$
4.				\$
5.				\$
6.				\$
7.				\$
8.				\$
9.				\$
10.				\$
11.				\$
12.				\$
13.				\$
14.				\$
15.				\$
16.				\$
17.				\$
18.				\$
19.				\$
20.				\$
21.				\$
22.				\$
23.				\$
24.				\$
TOTAL REIMBURSEMENT DUE:				\$

REMIT PAYMENT TO:

REQUESTING OFFICIAL:

 (COURT NAME)

 (SIGNATURE)

 (ADDRESS)

 (PLEASE PRINT NAME)

 (CITY, STATE, ZIP CODE)

 (TITLE)

 (DATE SUBMITTED)

(17)

