

**CHILD SUPPORT ENFORCEMENT PROGRAM
QUARTERLY REPORT OF COLLECTIONS**

State:	Quarter Ended:	Mark Box:
		Initial Report <input type="checkbox"/> Revised Report <input type="checkbox"/>

SECTION A. AVAILABLE COLLECTIONS

1. Balance Remaining Undistributed at End of Last Quarter (Carried from Line 9b of Previous Form OCSE-34A).....		\$					
2. Collections Received During the Quarter		\$					
2a. From Offset of Federal Tax Refund.....		\$					
2b. From Offset of State Tax Refund.....		\$					
2c. From Offset of Unemployment Comp..		\$					
2d. Through Administrative Enforcement.....		\$					
2e. From IV-D & Non-IV-D Income Withholding.....		\$					
2f. From Other States.....		\$					
2g. From Other Sources.....		\$					
3. Net Amount of Increasing and (Decreasing) Adjustments.....		\$					
4. Collections Forwarded To Non-IV-D Cases.....		\$					
	(A) Current IV-A Assistance	(B) Current IV-E Assistance	(C) Former IV-A Assistance	(D) Former IV-E Assistance	(E) Medicaid Never Assistance	(F) Other Never Assistance	(G) Total
5. Collect Sent to Other States.....	\$	\$	\$	\$	\$	\$	\$
6. Collections Available for Distribution.....							\$

SECTION B. DISTRIBUTED / UNDISTRIBUTED COLLECTIONS

7a. Dist As Assist Reimburse.....	\$	\$	\$	\$			\$
7b. Dist As Med Support	\$	\$	\$	\$	\$	\$	\$
7c. Dist To Family or FC	\$	\$	\$	\$	\$	\$	\$
8. Total Collect Distributed.....	\$	\$	\$	\$	\$	\$	\$
9. Gross Undistributed Collections.....							\$
9a. Undistributed Collections Determined Undistributable and Abandoned.....							\$
9b. Net Undistributed Collections.....							\$
>> 9c Net Undistributed Collections Pending Distribution.....							\$
>> 9d Net Undistributed Collections Unresolved							\$

SECTION C. FEDERAL SHARE / INCENTIVE PAYMENTS / FEES

10a. Fed Share of IV-E Collect.	\$	\$	\$	\$	\$	\$
10b. Fed Share of IV-A Collect.	\$	\$	\$	\$	\$	\$
11. Estimated Incentive Payments.....						\$
12. Quarterly Grant Adjustment.....						\$
13. Fees Retained By Other States.....						\$

This certifies that the information on this form is accurate and true to the best of my knowledge and belief.

Signature, IV-D Agency Director	Signature, Approving State Official
Date:	Date:
Typed Name, Title, Agency	Typed Name, Title, Agency