Minnesota FIDM

Financial Institution Data Match Program Handbook for Financial Institutions

MINNESOTA
Financial Institution Data Match

Minnesota Department of **Human Services**
Child Support Enforcement Division

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Executive Summary

Introduction

Minnesota is implementing the Financial Institution Data Match program in 2001.

Federal welfare reform enacted in 1996 changed public assistance to promote self-sufficiency. To aid in the success of welfare reform, additional child support enforcement tools were mandated. One of these important tools is the Financial Institution Data Match (FIDM).

FIDM is an enforcement tool which allows child support offices to match noncustodial parents who owe delinquent child support with financial assets they own.

Minnesota families will benefit from FIDM. In Minnesota there are more than 77,000 noncustodial parents who meet the statutory criteria for the Financial Institution Data Match (FIDM) program. These noncustodial parents owe $900 million in uncollected support that could benefit as many as 107,000 children. Our goal is to improve the lives of these children by collecting this money and paying it to families.

Purpose

The purpose of FIDM is to identify assets belonging to noncustodial parents who are delinquent in their child support obligations. Once identified, if all criteria under Minnesota Statutes, sections 552.04 and 552.06 are met, the account assets may be seized and applied to the child support arrears.

Financial Institution Steps for FIDM Implementation

1. Decide if data match will be done **by in-house data processing staff or a service provider**. Many financial institutions contract with reporting agents (also known as service agents, service providers, or transmitters) for Internal Revenue Service Form 1099 reporting. Since the specifications for FIDM are similar to the Form 1099 format, these reporting agents/transmitters may also be used to report data match information.

2. Decide which **data match methodology** to use (all accounts or matched accounts). The data matches are done by either of the two methods using data specifications approved by the U. S. Department of Management and Budget. Under Method One (all accounts method) the financial institution submits a file containing all open accounts. This file is matched against records of delinquent obligors. Under Method Two the financial institution receives a file containing records of delinquent obligors, matches the files against all open accounts, and submits a file of matched records to the:

   Minnesota Financial Institution Data Match Program
   P. O. Box 64915
   St. Paul, MN 55164-0915

3. Select the **media** for sending and receiving data to and from the FIDM Data Match Program. See page 11.

4. Identify a ***contact person****(s)* who will be responsible for the FIDM program within the financial institution. Child Support Enforcement Division (CSED) needs to know who will be responsible for the technical aspects of the data match process, the legal aspects of the levy on assets, and overall coordination of the FIDM program. Share a copy of this program guide for financial institutions with each contact person. Information about technical aspects begins on page 6 , and information about the levy process is on page 12. The technical contact person will also need a copy of the *Office of Child Support Enforcement (OSCE) Financial Data Match Specification Handbook* available from OCSE's web site at: http://www.acf.dhhs.gov/programs/cse/ fct/fidm/index.htm. Click on "Data Specs" and an Adobe Acrobat version of the Handbook will be displayed. The Data Specifications are also included as an Appendix to this document.

5. Complete the ***FIDM Agreement,*** including signature(s) of officers or executives of the financial institution, and return the signed form as directed.

6. ***Start match process*** according to your financial institution's selected Match Method and designated week as selected in the FIDM Agreement.

Historical Background & Program Summary

Federal welfare reform was designed to ensure that noncustodial parents take a fair share of the responsibility for the financial support of their children. Federal law, Public Law 104-193, the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA), includes numerous enforcement tools intended to increase child support collections.

Federal law, 42 United States Code section 666 (a)(17)(A), requires each state, in cooperation with the financial institutions operating in that state, to develop and operate a data match program. Each financial institution doing business in the state will provide quarterly the name, record address, social security number, and other identifying information for each noncustodial parent who maintains an account at such institution and who owes past-due child support. The financial institution is required to encumber or surrender the assets of the delinquent obligor held by the institution in response to a notice of lien or levy issued by the child support agency.

Federal law, 42 United States Code section 666 (a)(17)(A)(i), modified PRWORA permits financial institutions operating in two or more states to elect to conduct the match through OCSE's Federal Parent Locator Service (FPLS). OCSE will conduct the data-matching program for multi-state financial institutions based on delinquent parent files submitted by state child support enforcement agencies. OCSE will turn the matches over to the appropriate state agency.

The 2000 Minnesota Legislature passed the law that defines Minnesota's requirements for FIDM. Under Minnesota Statutes, section 13B.06, the Minnesota Department of Human Services Child Support Enforcement Division (CSED), in coordination with representatives of the financial industry in Minnesota, is required to operate a quarterly financial institution data match program using automated data exchanges on the name, address, and social security number of each account holder to the maximum extent feasible. On a quarterly basis, CSED matches a list of child support obligors who are not in compliance with an order for support against the records of account holders at financial institutions to locate assets. CSED initiated a contract with Policy Studies Inc. (PSI) to manage the day-to-day operations of the FIDM program, the quarterly data exchange between the in-state financial institutions' files and CSED's files, and provide customer service and outreach services to financial institutions regarding the FIDM program.

When a matched record is received, CSED may issue a notice of levy to the financial institution if the statutory criteria of Minnesota Statutes, section 552.06, subd.1 are met.

Upon receipt of the levy, the financial institution places a hold on all the obligor's accounts, up to the amount of the child support levy, for 45 days. CSED notifies the obligor of the levy within three business days, at which time the obligor may file a contest motion of the levy. This contest motion must be filed within 30 days. In the event of a levy appeal, CSED will issue a notice to the financial institution to continue to hold the funds until the contest is resolved. The court must schedule the hearing to be heard within 10 days of the obligor's request. CSED will issue a notice to the financial institution regarding the hearing results. The financial institution will either release the accounts or remit the funds to CSED after 45 days.

General Provisions

Authority

- 42 United States Code section 666 (a)(17)
- Minnesota Statutes, section 13B.06
- Minnesota Statutes, sections 552.04 and 552.06

Definitions Under Minnesota Statutes, section 13B.06 and Minnesota Statutes, section 518.54

"Account" means a demand deposit account, checking or negotiable withdrawal order account, savings account, time deposit account, or money market mutual fund.

"Account information" means the type of account, the account number, whether the account is singly or jointly owned and in the case of jointly owned accounts the name and address of the nonobligor account owner is required if available.

"Financial institution" means any of the following that do business within the state:

- federal or state commercial banks, including savings and loan associations and cooperative banks
- federal and state chartered credit unions
- benefit associations
- life insurance companies
- safe deposit companies
- money market mutual funds

"Public Authority" means the public authority responsible for child support enforcement.

"Obligor" means an individual who is in arrears in court-ordered child support or maintenance payments, or both, in an amount equal to or greater than five times the obligor's total monthly support and maintenance payments.

"Support" means all payments or other obligations due and owing to the obligee pursuant to a support order, and may include but is not limited to, child support, medical insurance or other health care premiums, child care obligations, support alimony payments, and other obligations.

"Support order" means an order for the payment of support issued by a Minnesota court or by a court or administrative agency of another state.

Protection for Financial Institutions

Federal law, 42 United States Code section 666 (a)(17)(C), establishes that a financial institution shall not be liable under any federal or state law to any person for any disclosure of information to the State IV-D Agency for providing the required information covered in section 666 (a)(17)(A)(i). Similarly, financial institutions shall not be liable under federal or state law for encumbering or surrendering any assets they hold in response to a notice of lien or levy issued by the IV-D agency. In addition, financial institutions will not be held liable for any other action taken in good faith to comply with the requirements of section 666 (a)(17)(A).

Fees

- **Data match process.** The State child support agency may pay a reasonable fee to financial institutions conducting the financial institution data match, not to exceed the actual costs incurred by the institution. *Please refer to page 13, Reimbursement of Financial Institutions for an explanation of the fee.*

- **Levying account.** The financial institution may assess a fee not to exceed $15 for each levied account. If the financial institution assesses a fee, the institution must deduct it from the account before surrendering the levied funds to CSED.

Penalties

Minnesota Statute, section 13B.06 address penalties for noncompliance as follows:

13B.06 Subd. 8. Failure to respond to request for information. The public authority shall send by certified mail a written notice of noncompliance to a financial institution that fails to respond to a first written request for information under this section. The notice of noncompliance must explain the requirements of this section and advise the financial institution of the penalty for noncompliance. A financial institution that receives a second notice of noncompliance is subject to a civil penalty of $1,000 for its failure to comply. A financial institution that continues to fail to comply with this section is subject to a civil penalty of $5,000 for the third and each subsequent failure to comply. These penalties may be imposed and collected by the public authority.

A financial institution that has been served with a notice of noncompliance and incurs a second or subsequent notice of noncompliance has the right to a contested case hearing under chapter 14. A financial institution has 20 days from the date of the service of the notice of noncompliance to file a request for a contested case hearing with the Minnesota Department of Human Services. The order of the administrative law judge constitutes the final decision in the case.

Access to Data

Minnesota Statute, section 13B.06 addresses access to data as follows:

13B.06. Subd. 6. Access to data. (a) With regard to account information on all account holders provided by a financial institution under subdivision 4, clause (1), the commissioner of human services shall retain the reported information only until the account information is compared against the public authority's obligor database. Notwithstanding section 138.17, all account information that does not pertain to an obligor listed in the public authority's database must be immediately discarded, and no retention or publication may be made of that data by the public authority. All account information that does pertain to an obligor listed in the public authority's database must be incorporated into the public authority's database. Access to that data is governed by chapter 13. Notwithstanding section 16D.06, data collected pursuant to this chapter is available for the collection of child support debt only and is not available for other debt collection activities undertaken by the state under chapter 16D.

(b) With regard to data on obligors provided by the public authority to a financial institution under subdivision 4, clause (2), the financial institution shall retain the reported information only until the financial institution's database is compared against the public authority's database. Data that does not pertain to an account holder at the financial institution must be immediately discarded, and no retention or publication may be made of that data by the financial institution.

The data supplied by financial institutions using *Method 1: All Accounts* will only be retained until the account information is matched against CSED's database of delinquent obligors. All unmatched account information will be deleted and/or destroyed after the match process is complete. Unmatched account information will not be retained or published or in any way made available to the public. CSED will incorporate only the matched information into its database and use it to collect child support debt. Access to this matched information is governed by the Minnesota Data Practices Act and specifically, Minnesota Statues, section § 13.46.

Further, with regard to the file of delinquent obligors that is provided to financial institutions selecting *Method 2: Matched Accounts*, the financial institution shall retain the reported information only until the financial institution's database is compared against the file of delinquent obligors. Data that does not pertain to an account holder at the financial institution must be immediately discarded, and no retention or publication may be made of that data by the financial institution. The original media file that is sent to the financial institution to conduct the match must be returned to PSI when the matched accounts file is submitted for the quarterly data match processing.

Financial Institution Data Match Procedure

Use of Standardized Specifications and Reporting Methods

Data matches are done by either of the following two methods using data specifications approved by the U. S. Department of Management and Budget (OMB Control Number 0970-0196) also known as *Financial Data Match Specification Handbook*. A copy of the file layouts are included as part of this document as Appendix A. The *Financial Data Match Specification Handbook* can also be downloaded from the OCSE web site at:

http://www.acf.dhhs.gov/programs/cse/fct/fidm/index.htm

Click on "Data Specs" and an Adobe Acrobat version of the Handbook will be displayed.

Under Method One (all accounts method) the financial institution submits a file containing all open accounts. The file is matched against records of delinquent obligors.

Under Method Two (matched accounts method) the financial institution receives a file containing records of delinquent obligors, matches the files against all open accounts, and submits a file of matched records.

Multistate Financial Institution(MSFI) Program

Multistate financial institutions must conduct data matches against their account records with each state in which they do business. MSFIs have the option to conduct their matches through OCSE or with individual states in which they do business. OCSE has distributed an Election Form that allows MSFIs to select the means of data transmission, reporting periods, and service providers if appropriate. The Election Form also allows MSFIs to opt out of the OCSE process in favor of participating with the individual states. For information on the Election Form and data match time lines, refer to OCSE's FIDM web site:

http://www.acf.dhhs.gov/programs/cse/fct/fidm/index.htm

In-State Financial Institution Program

CSED is required to enter into agreements with financial institutions doing business in Minnesota to conduct a quarterly data match. This includes MSFIs who opt out of the OCSE process in favor of participating in the Minnesota FIDM process. A copy of the Agreement form is included with this document.

Method One

Financial institutions submit files listing all account holders to State FIDM vendor, PSI.

↓

PSI matches delinquent obligor records against account records sent by the financial solutions.

↓

PSI sends matched account records to CSED daily.

↓

CSED verifies that the child support arrears are still owed.

↓

CSED issues levies on accounts to financial institutions and to account holders owing child support.

↓

Financial institutions freeze funds in accounts up to the amount of the child support arrears and forward to CSED.

Method Two

CSED sends file of delinquent obligors to state FIDM vendor, PSI.

↓

PSI sends file of delinquent obligors to financial institutions on their requested media type.

↓

Financial institutions match the file from CSED against their account holder files.

↓

Financial institutions send the files of all matched accounts (i.e. account holders who owe child support arrears) to PSI.

↓

PSI sends matched account records to CSED daily.

↓

CSED verifies that the child support arrears are still owed.

↓

CSED issues levies on accounts to financial institutions and to account holders owing child support.

↓

Financial institutions freeze funds in accounts up to the amount of the child support arrears and forward to CSED.

Shaded items indicate after data match is completed

Data Match Calendar

The Data Match calendar provides additional explanations about submitting files in either Method One or Method Two and the dates for submitting data files for quarterly matching in calendar years 2001, 2002 and 2003.

Method One - All Accounts

For Financial Institutions selecting Method One, institutions need to select a week of the quarter for submitting files to the Minnesota FIDM program for processing. The dates listed are the dates when the file needs to be **received** by the Minnesota FIDM program.

Quarterly Data exchange schedule for remainder of calendar year 2001

Week	4th Quarter 2001
1st	October 1-5
2nd	October 8-12
3rd	October 15-19
4th	October 22-26
5th	October 29-November 2
6th	November 5 - November 9
7th	November 12-16
8th	November 19-23
9th	November 26-30
10th	December 3-7
11th	December 10-14
12th	December 17-21
13th	December 24-28

Method Two - Matched Accounts

For Financial Institutions selecting Method Two, institutions can select the first half of the quarter or the second half of the quarter to conduct their quarterly matching. The dates listed are when the child support file will be sent to your institution and the dates when the matched accounts file should be received by the Minnesota FIDM program for processing.

2001	Child Support File will be sent to Financial Institutions the week of:	Matched Accounts file sent to FIDM no later than the week of:	Child Support File will be sent to Financial Institutions the week of:	Matched Accounts file sent to FIDM no later than the week of:
4th Quarter	October 15-19	November 12-16	November 12-16	December 17-21

Method One - All Accounts

For Financial Institutions selecting Method One, institutions need to select a week of the quarter for submitting files to the Minnesota FIDM program for processing. The dates listed are the dates when the file needs to be **received** by the Minnesota FIDM program.

Quarterly Data exchange schedule for the calendar year of 2002

Week	1st Quarter 2002	2nd Quarter 2002	3rd Quarter 2002	4th Quarter 2002
1st	Dec. 31-Jan. 4	March 31-April 5	July 1-5	Sept. 30-Oct. 4
2nd	January 7-11	April 8-12	July 8-12	October 7-11
3rd	January 14-18	April 15-19	July 15-19	October 14-18
4th	January 21-25	April 22-26	July 22-26	October 21-25
5th	January 28- Feb. 1	April 29-May 3	July 29-August 2	Oct. 28-Nov. 1
6th	February 4-8	May 6-10	August 5-9	November 4-8
7th	February 11-15	May 13-17	August 12-16	November 11-15
8th	February 18-22	May 20-24	August 19-23	November 18-22
9th	Feb. 25-March 1	May 27-31	August 26-30	November 25-29
10th	March 4-8	June 3-7	September 2-6	December 2-6
11th	March 11-15	June 10-14	September 9-13	December 9-13
12th	March 18-22	June 17-21	September 16-20	December 16-20
13th	March 25-29	June 24-28	September 23-27	December 23-27

Method Two - Matched Accounts

For Financial Institutions selecting Method Two, institutions can select the first half of the quarter or the second half of the quarter to conduct their quarterly matching. The dates listed are when the child support file will be sent to your institution and the dates when the matched accounts file should be received by the Minnesota FIDM program for processing.

2002	Child Support File will be sent to Financial Institutions the week of:	Matched Accounts file sent to FIDM no later than the week of:	Child Support File will be sent to Financial Institutions the week of:	Matched Accounts file sent to FIDM no later than the week of:
1st Quarter	January 14-18	February 18-22	February 18-22	March 25-29
2nd Quarter	April 15-19	May 20-24	May 20-24	June 24-28
3rd Quarter	July 15-19	August 19-23	August 19-23	September 23-27
4th Quarter	October 14-18	November 18-22	November 18-22	December 23-27

Method One - All Accounts

For Financial Institutions selecting Method One, institutions need to select a week of the quarter for submitting files to the Minnesota FIDM program for processing. The dates listed are the dates when the file needs to be **received** by the Minnesota FIDM program.

Quarterly Data exchange schedule for the calendar year of 2003

Week	1st Quarter 2003	2nd Quarter 2003	3rd Quarter 2003	4th Quarter 2003
1st	Dec. 30-Jan. 3	March 31-April 4	June 30-July 4	Sept. 29-Oct. 3
2nd	January 6-10	April 7-11	July 7-11	October 6-10
3rd	January 13-17	April 14-18	July 14-18	October 13-17
4th	January 20-24	April 21-25	July 21-25	October 20-24
5th	January 27-31	April 28-May 2	July 28-August 1	October 27-31
6th	February 3-7	May 5-9	August 4-8	November 3-7
7th	February 10-14	May 12-16	August 11-15	November 10-14
8th	February 17-21	May 19-23	August 18-22	November 17-21
9th	February 24-28	May 26-30	August 25-29	November 24-28
10th	March 3-7	June 2-6	September 1-5	December 1-5
11th	March 10-14	June 9-13	September 8-12	December 8-12
12th	March 17-21	June 16-20	September 15-19	December 15-19
13th	March 24-28	June 23-27	September 22-26	December 22-26

Method Two - Matched Accounts

For Financial Institutions selecting Method Two, institutions can select the first half of the quarter or the second half of the quarter to conduct their quarterly matching. The dates listed are when the child support file will be sent to your institution and the dates when the matched accounts file should be received by the Minnesota FIDM program for processing.

2003	Child Support File will be sent to Financial Institutions the week of:	Matched Accounts file sent to FIDM no later than the week of:	Child Support File will be sent to Financial Institutions the week of:	Matched Accounts file sent to FIDM no later than the week of:
1st Quarter	January 13-17	February 17-21	February 17-21	March 24-28
2nd Quarter	April 14-18	May 19-23	May 19-23	June 23-27
3rd Quarter	July 14-18	August 18-22	August 18-22	September 22-26
4th Quarter	October 13-17	November 17-21	November 17-21	December 22-26

Media Types

Financial institutions may use any of the following media to submit their data files:

- 1.44MB 3.5" diskettes (ASCII)
- CD ROM (ASCII)
- 3480/3490 Cartridge (EBCDIC or ASCII)
- 9-track Round Reel (EBCDIC or ASCII)
- High density disks such as ZipDisks or SuperDisks
- 4 mm DDS4 tapes
- Paper lists

Minnesota FIDM Program Contacts

Financial institutions may contact the FIDM operations vendor, Policy Studies Inc., for more information about submitting their files and media types:

Minnesota Financial Institution
Data Match Program   Phone: 651-293-1499
PO Box 64915   Toll-free: 1-866-879-0200
St. Paul, MN 55164-0915   Fax: 651-222-4599

Contacts:
Dawn Gelle   Jim Moench
Program Manager   Outreach Coordinator
Phone: (651) 293-1499 ext. 100   Phone: (651) 293-1499 ext. 200
Toll-free: 1-(866) 879-0200 ext. 100   Toll-free: 1-(866) 879-0200 ext. 200
Email: dgelle@policy-studies.com   Email: jmoench@policy-studies.com

Changes in Reporting Methods, Service Providers or Types of Media

In-state financial institutions and MSFIs who opt out of the OCSE process may record changes in reporting methods, service providers, or types of media by completing CSED's Change Form included in this document as Appendix B. Only one method change per year will be allowed.

Financial Institution Levy Procedure

Authority

- Minnesota Statutes, section 13B.06
- Minnesota Statutes, sections 552.04 and 552.06

Levy of Assets in Financial Institutions For Collection of Support

CSED is authorized to issue a Notice of Levy for accounts maintained by an obligor in financial institutions to collect past-due support in cases where a child support arrearage equals or exceeds five times the monthly support obligation, the obligor has failed to make full payments required by a previously executed payment agreement, and where the arrearages have already been submitted for offset against federal or state tax refunds.

Property Subject to the Levy

Any accounts maintained by an obligor in a financial institution are subject to the levy.

Levying on Joint Accounts

Joint accounts are subject to levy.

Required Action by the Financial Institution

Upon receipt of the Notice of Levy, the financial institution must:

1. Immediately freeze funds in all accounts in which the obligor has an interest, up to the amount of the past-due support indicated in the *Notice of Levy Action* (Appendix C, page 36); and

2. Hold the encumbered funds for 45 calendar days from the date of receipt of the levy. The institution must suspend any and all activity with respect to, and payments from, any and all accounts of the obligor up to the amount levied. The suspension (holding period) must continue for 45 days. Additional deposits may be made into the account(s) during the 45 day holding period. These funds are excluded from the levy action and may be withdrawn even if the account balance at date of the receipt of the levy was less than the amount requested in the levy.

3. Surrender the encumbered funds to CSED after 45 days unless otherwise notified by CSED.

CSED will pay the financial institution $15 for each levied account the month following issuance of the *Notice of Levy Action*. CSED will send one check to each financial institution regardless of how many levy requests were made to that financial institution in the previous month.

Notice to the Obligor

CSED will notify the obligor that a levy has occurred within three business days after the *Notice of Levy Action* is sent to the financial institution. This notice will include information regarding how to claim exemptions, contest the levy, and prevent future levies.

The obligor must file an exemption claim within 20 days or file a contest motion in court within 30 days. If contested, a hearing must be held within 10 days of obligor's request.

CSED will immediately notify the financial institution if a contest motion is filed. The financial institution will continue to hold the funds until notified of the results of the hearing (even if after 45 days).

Upon issuance of an order, CSED will immediately notify the financial institution of results. The financial institution will release accounts designated as exempt and/or release funds to CSED after 45 days expires.

Reimbursement of Financial Institutions

In accordance with federal law, 42 United States Code section 666 (a)(17)(B) and Minnesota Statutes, section 13B.06, subdivision 7, a financial institution may charge and collect a fee from the public authority for providing account information to the public authority. The Department of Human Services may pay a financial institution up to $150.00 each quarter if the Department and the financial institution have entered into a signed agreement that complies with federal law.

Payment of the fee is limited by the amount of the appropriation for this purpose. If the appropriation is insufficient, or if fund availability in the fourth quarter would allow payments for actual costs in excess of $150.00 per quarter, the Department will prorate the available funds among the financial institutions that have submitted claims for the fee.

Procedure for Requesting Reimbursement

As per the statute, the amount the Department of Human Services may pay a financial institution per quarter is $150.00. Financial institutions must submit an invoice for their quarterly data matching within 15 days from the end of each calendar quarter. The financial institution will be reimbursed for their actual costs of performing the data match for the Department of Human Services. If a financial institution's actual costs incurred are less than $150.00, the financial institution must submit an invoice for the actual cost of performing the data match.

The pages that follow are sample pages for reference that provide copies of the Agreement, Invoice and Information for the 2002 Legislative Report.

Exhibit 1 is the Financial Institution Data Match Agreement. An agreement between the State of Minnesota, Department of Human Services, Child Support Enforcement Division and each financial institution must be signed and effective before any exchange of data files can occur. A copy of the agreement is included with this Handbook. On the agreement, first indicate your method choice and your selected week or half of the quarter for submitting your financial institution's data file. *(Please refer to page 8 for a data match and method choice schedule.)* Second, either sign the agreement or have a representative from your financial institution sign the agreement. Last, return the agreement to the:

Minnesota Financial Institution Data Match Program
P.O. 64915
Saint Paul, MN 55164-0915

Exhibit 2 is the Invoice. Please use this invoice form each quarter when submitting requests for reimbursement. A copy of this invoice is included with the Agreement. Please fill in the following items on the invoice form: date submitted, quarter ended, name of service bureau and fee amount if your institution uses a service bureau or salary and fringe and non-salary expenditures if your institution processes these requests internally, and the total quarterly match/extract costs. *Refer to Exhibit 3, item 2 for a Data Matching/Extract cost formula.* Invoices for reimbursement should be sent to:

FIDM Invoice Clerk
DHS --CSED
444 Lafayette Road
St. Paul, MN 55155-3846

Exhibit 3 is the Information for 2002 Legislative Report. Please use this form to document start-up costs and the quarterly data match costs. This information will be provided to the Minnesota State Legislature in the next session. On this form, please fill in the following items: date submitted, quarter ended, the quarter the start-up costs were incurred-- if any, the start-up cost items, a dollar amount of those costs, and last, all items requested under item 2, Data Matching/Extract Costs. Please return this document to:

FIDM Invoice Clerk
DHS --CSED
444 Lafayette Road
St. Paul, MN 55155-3846

Exhibit 1

Minnesota Department of Human Services
Child Support Enforcement Division
FINANCIAL INSTITUTION DATA MATCH AGREEMENT

Financial Institution:
Payment address:
City, State, zip   Federal Tax I.D. No.:
Contact person: Minn. Tax I.D. No.:
Phone number:
Fax number:

(Name of Financial Institution) agrees to cooperate on a quarterly basis with the Financial Institution Data Match (FIDM) Program as provided by federal law and Minn. Stat. §13B.06.

The Financial Institution may be reimbursed for its actual costs of complying with this section. The maximum allowable quarterly reimbursement shall be based upon the lesser of the verified actual cost, or $150.00. Expenditure reports must be submitted with a FIDM invoice within fifteen days of the end of each calendar quarter.

Payment of the reimbursement is limited by the amount appropriated by the Minnesota State Legislature for this purpose. If the appropriation is insufficient, or if fund availability in the fourth quarter would allow payments for actual costs in excess of $150.00, the Commissioner of Human Services shall prorate the available funds among the Financial Institutions that have submitted a claim for reimbursement.

In the event the Minnesota State Legislature has not made funds available, or, if those funds have been expended in a prior quarter, the Financial Institution will be notified. This document will become public record upon execution.

Method of Reporting
Method 1 (All Accounts)_____   Selected week_____

Method 2 (Matched Accounts)____   Select first ½ of the quarter____   or second ½ of the quarter____

_____   _____
Authorized Signature, Financial Institution   Wayland Campbell

_____   Division Director
Title:

_____   _____
Date: Date:

Return both completed agreement forms to:
Minnesota FIDM Program
P.O. Box 64915
St. Paul, MN 55164-0915

Exhibit 2

Name of FI   Date Submitted: _____

Address 1

Address   Quarter Ended: _____

City, State ZIP

INVOICE

Minnesota Department of Human Services
Child Support Enforcement Division
FINANCIAL INSTITUTION DATA MATCH AGREEMENT

<u>Quarterly Matching Expense</u>

If your institution uses a Service Bureau, please complete the following:

a.   Name of Service Bureau_____

b.   Service Bureau fee for FIDM processing $_____

If your institution does not use a Service Bureau, please complete the following:

a.   Salary and Fringe $_____

b.   Non-salary Expenditures $_____

Total Quarterly Match/Extract Costs $ _____

Financial Institutions are responsible for maintaining detail schedules supporting these expenditure claims for twenty-seven (27) months.

Invoices should be sent to:

FIDM Invoice Clerk
DHS-CSED
444 Lafayette Road
St. Paul, MN 55155-3846

<u>DHS - CSED Accounting Information:</u>

	Amount: _____
Agency:_____	Doc. ID# _____
FY: _____	Pay. #: _____
Fund #: _____	Date:_____
Org.#:_____	

Exhibit 3

Name of FI   Date submitted:_____

Address 1

Address 2   Quarter ended:_____

City, State Zip

The quarter start-up costs were incurred:_____

INFORMATION FOR
2002 LEGISLATIVE REPORT

Minnesota Department of Human Services
Child Support Enforcement Division
FINANCIAL INSTITUTION DATA MATCH AGREEMENT

The Department of Human Services is required to submit a report to the Minnesota Legislature regarding the adequacy of the funds available for compensating financial institutions for the actual costs of performing child support data matches (See Special Session Laws 2001, Chapter 9, Article 12, Section 1). The data you provide below will assist the Department in preparing the report.

1. **Start-Up Costs:** If you incurred start-up costs in this quarter, please detail them here:

Description	Cost
_____	$_____
_____	$_____
_____	$_____
_____	$_____
Total Start-up Costs	**$_____**

2. **Data Matching/Extract Costs:**
   a. Labor time to process match/extract: _____ (hour/minutes)
   b. Hourly labor rate, including fringe benefits $_____
       Total labor cost to process match/extract $_____

   c. Computer processing costs $_____
   d. Postage, mailing, and other supplies $_____
       Total computer and supplies cost   **$_____**

Upon completion, please send this document to:

    FIDM Invoice Clerk

    DHS-CSED

    444 Lafayette Road

    St. Paul, MN 55155-3846

DHS - CSED Accounting Information: Amount:_____

Agency:_____   Doc. ID#_____

FY:_____   Pay. #:_____

Fund #: _____   Date:_____

Org.#:_____

Appendix A
Financial Data Match Specification Handbook

Financial Data Match Specifications Handbook

(As of August 1, 2001)

Background

The **Personal Responsibility and Work Opportunity Reconciliation Act of 1996** (PRWORA) makes it more important than ever that children and their custodial parents receive the child support to which they are entitled, as the Act places time limits on the receipt of welfare assistance. To assist in this effort, the child support enforcement requirements of PRWORA mandate that each State implement a quarterly matching of delinquent non-custodial parents to the accounts maintained at financial institutions. This Handbook establishes the Specifications to be used to conduct this matching.

Introduction

All Data Match filers are to use these Specifications for the reports filed in calendar year 1998. For a general explanation of the institutions and financial assets subject to Data Match reporting, please refer to the Federal Office of Child Support (OCSE) Action Transmittal 98-07, and the Data Match law of the State(s) in which you do business.

"State" is defined below as the State Data Match Reporting Site(s) to which your institution will file reports.

Participation

Check with your State for available reporting options. Many States offer two reporting methods. In those States, each financial institution subject to the Data Match laws must notify the State as to which of the two reporting methods will be used to report Data Match information. The description of each method follows.

Method One (All Accounts Method)
Institutions may elect to submit to the State a file identifying all open accounts by April 30, and quarterly thereafter. Certain States may require only one All Account tape to be filed in the first quarter of the year, followed by quarterly updates of accounts opened and closed. Please check with your State for this information.

Institutions electing Method One may also elect to treat their required Form 1099 filing as part of their obligation under the Data Match Program, making modifications in their 1099 filing to meet Data Match requirements. These institutions are then required to submit a supplemental report containing account information not included in the 1099 file.

Method Two (Matched Accounts Method)
Institutions may elect to match a file supplied by the State, not more than quarterly, against all accounts maintained at that institution. The file will be submitted to the person designated by the institution. It is to be returned with the Match File or No Match report after processing. Institutions electing this option must report information required by the Department on all accounts at the institution maintained by persons on the State's Inquiry File. These reports must be submitted within 30--45 days of receiving the Inquiry File.

Reporting Agents

Many financial institutions contract with Reporting Agents (also known as Service Agents, Service Providers, or Transmitters) for Internal Revenue Service Form 1099 reporting. As these Specifications are similar to the Form 1099 format, these Reporting Agents may be used to report Data Match information. An institution electing Method Two that designates a Reporting Agent to receive, process and report Data Match information on its behalf must inform the State of this designation. This is to ensure the confidentiality of the information on the State Inquiry File.

Anytime an institution wishes the State to send the Inquiry File to a recipient whose Tax Identification Number (TIN) is different from the institution, the State must be notified.

Exchanging Data Match Information

Electronic Data Transmission is highly a desirable method of sharing Data Match information, yet there are few States or institutions currently capable of utilizing this method of exchanging data. Please check with your State for the availability of electronic filing.

These specifications are for magnetic 9-track tape, and 18-track IBM 3480 and 3490 cartridges. These are the current financial industry standards used to report large amounts of tax data on Form 1099. The general specifications for these media (parity, density, etc.) are to be found in IRS Publication 1220, *Specifications for Filing Forms 1098, 1099, 5498 and W-2G Electronically or on Magnetic Media.* Please consult with your State for any other acceptable forms of magnetic media.

These specifications apply specifically to the files and reports named below. These will hereafter be called:

- **Account Tapes.** Files submitted to the State listing all accounts of the financial institution under the option provided by Method One, the All Accounts Method. This includes the supplemental file from institutions that have elected to include their annual Form 1099 filing as part of their Data Match reporting. (For further information, please refer to *Combined 1099 Data Match Filing* in this Handbook.)
- **Account Update Files.** Files submitted to the State reporting new, changed, or recently closed accounts which supplement or update information previously filed under Method One, the All Accounts Method.
- **Inquiry File.** Files sent by the State to financial institutions electing to report under Method Two, the Matched Accounts Method. This file contains a list of persons which the institution will match against its records.
- **Match Tapes.** The files submitted to the State of accounts matched under Method Two, where the State has supplied the institution with an Inquiry File.

All Magnetic Media files submitted to the State under the Data Match Program will contain only three types of records, which are similar in character to those on 1099 files.

"A"	Financial Institution Record
"B "	Account Owner Record
"T"	Total Record

These records are defined in this publication. Many of the field definitions match those used by the IRS in the 1997 Publication 1220 for Form 1099INT/DIV reporting.

These Specifications have been written to allow institutions to copy and modify existing Form 1099 programs, rather than create an entirely new layout. To minimize programming, certain Form 1099 fields are permitted in these Specifications, and are designated as "Optional."

Caution: Institutions copying existing 1099 programs to begin programming Data Match files must be sure to copy from the Tax Year 1997 IRS Publication 1220 for Form 1099 reporting. Beginning in Tax Year 1998, Publication 1220 underwent extensive changes and cannot be copied directly to produce a Data Match reporting layout.

These record layouts are used for all accounts which the financial institution must report under the Data Match Program, including those not reportable to the IRS under the 1099 program.

In consideration of Year 2000 concerns, these Specifications follow the format of the Federal Information Processing Standard (FIPS) Publication 4-1, *Representation for Calendar Date and Ordinal Date for Information Exchange* issued by the National Institute of Standards and Technology, and the latest Year 2000 Reporting Standards of the U.S. Treasury Department.

Publication 4-1 may be obtained from the Federal Department of Commerce, National Institute of Standards and Technology, Computer Systems Laboratory, Gaithersburg, MD 20899, telephone (301) 975-3058.

"A" Record: Financial Institution Information

The "A" Record will be used by all filers regardless of the reporting method chosen. Separate "B" Record layouts for each reporting method follow.

"A" Record	Size	Description	Comments/Format
001	1	Record Type	Constant "A"
002-003	2	Blanks	
004-006	3	Tape Reel Seq. Number	(Optional)
007-015	9	Institution TIN	
016-019	4	Institution Name Control	(Optional)
020-025	6	Year and Month	CCYYMM. For Method One, enter the date the file is created. For Method Two, enter the date from positions 002-007 of the "D" Record from the Inquiry File.
026-031	6	Blanks	
032	1	Test/Corr Indicator	(Optional)
033	1	Service Bureau Indicator	(Optional)
034-041	8	Blanks	(Optional)
042-043	2	Mag Tape Indicator	(Optional)
044-048	5	Blanks	
049	1	Foreign Corporation Indicator	(Optional)
050-089	40	Institution Name	Institution name for levy service
090-129	40	Second Institution Name (or Transfer Agent)	(Optional)
130	1	Transfer Agent Indicator	(Optional)
131-170	40	Institution Street Address	Address to which a levy should be mailed
171-199	29	Institution City	Address to which a levy should be mailed
200-201	2	Institution State	Address to which a levy should be mailed
202-210	9	Institution Zip Code	Address to which a levy should be mailed
211-219	9	Reporting Agent/Transmitter TIN	
220-290	71	Reporting Agent/Transmitter Name	
291-330	40	Transmitter Street Address	
331-359	29	Transmitter City	
360-361	2	Transmitter State	
362-370	9	Transmitter Zip Code	
371	1	Data Match File Indicator	
372-420	49	Blanks	

"A" Position	Size	Description	
004-006	3	Tape Reel Sequence Number	(Optional)

This field is for the convenience of institutions filing multiple tapes. Enter the reel sequence number incremented by 1 for each tape or diskette on the file starting with 001. This field is not relevant to Data Match, and may be left blank.

007-015	9	Institution TIN	

Must be the valid nine-digit Taxpayer Identification Number assigned to the payer. Do not enter blanks, hyphens, or alpha characters.

016-019	4	Institution Name Control	(Optional)

The Payer Name Control can be obtained only from the mail label on the Package 1099 that is mailed to most payers each December. If a Package 1099 has not been received or the Payer Name Control is unknown, this field must be blank filled.

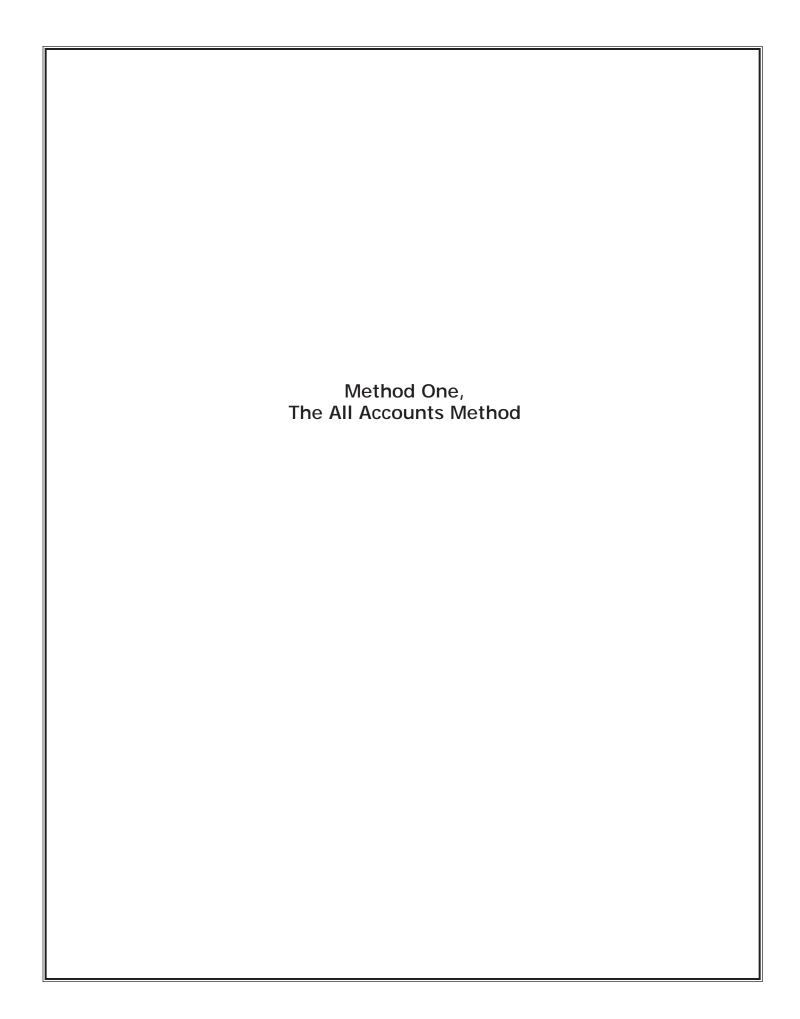|			
020-025	6	Year and Month	

For Method One, enter the year and month (in the century format) the file is generated. For Method Two, enter in the century format, the date the Inquiry File was generated from the "D" Record. For example, April, 1998 would be entered as: "199804"

032   1   Test/Corr Indicator   (Optional)

Where allowed, enter a "T" if this is a test file, otherwise, enter blank.

033   1   Service Bureau Indicator   (Optional)

Filers should enter a "1" if they used a person or organization to prepare and/or submit Data Match information. A parent company submitting data for a subsidiary is not considered a Service Agent.

042-043   2   Magnetic Tape Indicator   (Optional)

Enter the letters "LS" if you are filing a magnetic tape or cartridge, otherwise, leave blank.

049   1   Foreign Corporation Indicator   (Optional)

Enter a "1" if the financial institution is a foreign corporation. If not, enter a blank. A Foreign corporation is any corporation organized or created other than in or under the laws of the Unites States, any of its States, the District of Columbia, or territories.

050-089   40   Institution Name

Enter the name of the institution whose TIN appears in positions 007-015 of this "A" Record. Enter the name to be used by the State for proper levy processing. This is especially important for mutual funds.

090-129   40   Second Institution Name (or Transfer Agent) (Optional)

If the Transfer Agent Indicator in position 130 contains a "0" (zero) signifying there is no Transfer Agent, this field may be used to continue the Institution Name above. If the Indicator in Position 130 contains a "1," this field may contain the name of the Transfer Agent. Transfer Agents are not relevant to Data Match, but this information will be accepted from institutions that modify their Form 1099 programming for Data Match reporting. Fill unused positions with blanks.

130   1   Transfer Agent Indicator   (Optional)

Enter a "1" if the entity in 090-129 is the Transfer Agent. A Transfer Agent is used by institutions to pay certain taxes. Transfer Agents are not relevant to Data Match, but this information will be accepted from institutions that modify their Form 1099 programming for Data Match reporting. Fill unused positions with blanks.

131-170   4   Institution Street Address (Address for Levy Service)

This address may be different from that entered in these positions for Internal Revenue Service 1099 reporting, particularly for larger institutions. Please verify and enter the address that is authorized to receive a State levy served upon your institution.

211-219   9   Reporting Agent/Transmitter TIN.

This must be the valid nine-digit Taxpayer Identification Number assigned to the Reporting Agent/Transmitter filing the report. This is for both Method One and Method Two Reporting Agents/Transmitters. For Method Two filers, this TIN would belong to the agent designated to receive the Data Match Inquiry Tape on an institution's behalf.

This TIN must be the one entered on the State Magnetic Media Transmitter Report. Do not enter hyphens or alpha characters. If the Institution TIN (positions 007-015) and the Reporting Agent/Transmitter TIN are the same, enter blanks.

220-290   71   Reporting Agent/Transmitter Name.

This is not required if the Institution Name (positions 050-089) and Reporting Agent/Transmitter Name are the same.

371   1   Data Match File Indicator

M = The file submitted is a match tape (M); the institution has elected Method Two, has matched its accounts to a State Inquiry File and is remitting a list of those accounts owned by persons on that Inquiry File.

A = The file submitted is an account tape (A); the institution has elected Method One and is submitting the tape quarterly for the State to use in its internal data matching system.

U = The file submitted is a quarterly Account Update File (U); in States where permitted, an institution that has elected Method One may have the option to submit a quarterly tape to update the first quarter account tape, identifying those accounts opened_and closed in the prior quarter.

372-420	49	Blanks

Method One filers should continue to the next section, the *Method One "B" Record.* Method Two filers should skip to the section entitled *Method Two, The Matched Accounts Method.*

Method One,
The All Accounts Method

Method One, The All Accounts Method
Method One "B" Record

This record layout is for filers electing Method One, the All Accounts Method of reporting Data Match information.

"B" Record	Size	Description	Comments/Format
001	1	Record Type	Constant "B"
002-007	6	Year and Month	CCYYMM From "A" Record position 020-025
008-011	4	Payee Last Name Control	First 4 letters or non-blank characters
012-014	3	Blanks	
015-023	9	Payee SSN	
024-043	20	Payee's Account Number	
044-060	17	Blanks	
061-160	100	Account Full Legal Title	(Optional)
161	1	Payee Foreign Country Indicator	"1" = foreign (Optional)
162-201	40	1st Payee Name	
202-241	40	2nd Payee Name	
242-281	40	1st Payee Street Address	
282-310	29	1st Payee City	
311-312	2	1st Payee State	
313-321	9	1st Payee Zip Code	
322-350	29	Blanks	
351-357	7	Account Balance	Numeric, whole dollars, sign trailing. Zeroes are required if position 361 = 0
358	1	Blank	
359	1	Trust Fund Indicator	Possible values: 0 = Not a trust account 1 = UTMA/UGMA account 2 = IOLTA account 3 = Mortgage escrow account 4 = Security deposits (incl. Real Estate) 5 = Other trust/escrow 6 = Information not available
360	1	Closed Account Indicator	Possible values: 0 = Open Account 1 = Closed Account
361	1	Account Balance Indicator	Possible values: 0 = Not provided 1 = Average balance (whether daily, monthly, etc.) 2 = Current balance
362	1	Account Update File Indicator	Account Update Files only. Possible values: 0 = delete (closed account) 1 = add (new account since last match) 2 = change (either name/address change)
363-370	8	Date of Birth	CCYYMMDD Default: blanks if not available
371-380	10	Blanks	
381-382	2	Account Type	00 = Not Applicable 01 = Savings Account 04 = Checking/Demand Deposit Account 05 = Term Deposit Certificate 11 = Money Market Account 12 = IRA/KEOGH 14 = ERISA Plan Account

16 = Cash Balances
                                                        17 = Compound Account
                                                        18 = Other

| 383-410 | 28 | Blanks |
| 411-419 | 9 | 2nd Payee SSN |

| 420 | 1 | Blank |

"B" Position	Size	Description
002-007	6	Month and Year

Enter the year and month (century format) the file is generated. For example, April, 1998 would be entered as: "199804. "

| 015-023 | 9 | Payee SSN |

Enter the Social Security Number of the primary owner of the account.

| 061-160 | 100 | Account Full Legal Title (Optional) |

Report the full account title of the account reported. Some institutions may find this helpful to report trust accounts, or other titles (i.e. Law Office of")

| 161 | 1 | Payee Foreign Country Indicator |

If the address of the payee is in a foreign country, enter a "1" (one) in this field; otherwise enter blank

| 162-201 | 40 | 1 st Payee Name |

Enter the name of the primary owner of the account (preferably surname first) whose Social Security Number (SSN) was provided in positions 15-23 of the "B" Record.

| 202-241 | 40 | 2nd Payee Name |

If there are multiple payees, (e.g., joint owners, partners or spouses), use this field for those names not associated with the SSN provided in positions 12-20 of the "B" Record. If none, enter blanks.

| 242-321 | 80 | 1 st Payee Name Address, City, State, Zip Code |

Enter the address of the person whose SSN has been entered in positions 0 15-023. If this does not exist, enter the address of the second account owner.

| 322-350 | 29 | Blanks |
| 351-357 | 7 | Account Balance |

The account balance is necessary to prevent financial institutions from receiving large numbers of State levies for accounts with insufficient funds. Show the account balance or value in whole dollars only with the sign trailing (positive/negative). For brokerage firms reporting margin accounts, the balance or value is the account holders equity position, or the value of the account less any borrowed amount. For closed accounts, or where the information is unavailable, fill with zeroes. For accounts with balances greater than 9,999,999, enter 9,999,999.

| 359 | 1 | Trust Fund Indicator |

The Trust Fund Indicator is necessary for effective State levy service. Enter a single digit (0-6) to indicate whether the account registration indicates it is a trust or escrow account. For closed accounts, a zero may be entered but not a blank.

        0 = Not a Trust Account or Closed Account   4 = Security Deposits (incl. Real Estate)
        1 = UTMA/UGMA Account   5 = Other Trust/Escrow
        2 = IOLTA Account   6 = Information Not Available
        3 = Mortgage Escrow Account

| 360 | 1 | Closed Account Indicator |

Enter "0" if the account is open.
Enter "1" if the account is closed.

| 361 | 1 | Account Balance Indicator |

Enter "0" if the Account Balance to be entered in positions 351-357 has not been provided.
Enter "1" if an average balance is reported.
Enter "2" if a current balance (as of the day the report is created) is provided.

362   1   Account Update File Indicator

For Account Update files only. Those filing Account Tapes will leave this blank.

Enter "0" if this account has been closed.

Enter "1" if this is a new account, opened since the last report filed by the financial institution.

Enter "2" if there is revised account information from the last report filed by the financial institution (changes in address, ownership, etc.).

___

363-370   8   Date of Birth

Report the date of birth of the account owner in CCYYMMDD format. If not available, enter blanks. Example: August 1, 1970 = 19700801.

371-380   10   Blanks

381-382   2   Account Type

Enter two digits for the code which identifies the type of account. If an IRA or ERISA Plan contains any of the others, identify the account only as an IRA or ERISA Plan. A Compound Account is an investment account where portions of the balance are in differing funds - stock, money market, bonds etc..

00 = Not Applicable   12 = IRA/Keogh Account

01 = Savings Account   14 = ERISA Plan Accounts

04 = Checking/Demand Deposit Account   16 = Cash Balances

05 = Term Deposit Certificate   17 = Compound Account

11 = Money Market Account   18 = Other

411-419   9   2nd Payee SSN

Enter the SSN of the second owner of the account. If none, enter blanks.

Method One Totals Record

"T" Record	Size	Description	Comments/Format
001	1	Record Type	Constant "T"
002-010	9	Total Number of Accounts Reported	Numeric, sign trailing
011-019	9	Number of Closed Accounts Reported Account Update Files Only	Numeric, sign trailing;
020-028	9	Constant zero	Numeric, sign trailing
029-037	9	Number of Trust Accounts Reported (All Types)	Numeric, sign trailing
038-046 Only	9	Number of New Accounts Reported Numeric, sign trailing	Account Update Files
047-055	9	Blanks	
056-064 Only	9	Number of Address/Owner Changes Reported Numeric, sign trailing	Account Update Files
065-073	9	Blanks	
074-082	9	Constant zero	Numeric, sign trailing
083-091	9	Total Dollar Amount Reported	Numeric, sign trailing
092-100	9	Total Number of IRAs Reported	Numeric, sign trailing
101-420	320	Filler	

Method One filers should skip to the *Combined 1099/Data Match Filing* section.

Method Two
Matched Accounts Method

Method Two, The Matched Accounts Method

The Inquiry File: Specifications for Files to be Given to Financial Institutions for Data Matching

Financial Institutions (or their Reporting Agents) electing to perform the matching under Method Two, the Matched Accounts Method, will receive from the State a magnetic media "Inquiry File" containing a list of persons to be matched.

Files submitted by the State to institutions for matching purposes must be matched against all open accounts maintained by the institution and all account owners, including secondary owners. Note that institutions must match this file against accounts not normally considered for 1099 reporting, including non-interest bearing accounts and accounts earning less than $10.00 in interest or dividends.

Files sent out by the State will likely be those most frequently used for 1099 reporting: IBM 3480 and 3490 tape cartridges or 9-track magnetic tape. Please consult with State for tape parity and density.
Inquiry Files will contain only 3 kinds of records:

"D"	A record identifying the year and month the file was created by the State.
"I"	The basic inquiry record, identifying the person to be matched.
"T"	The total record showing the number of inquiry records on this file.

All records will have a length of 99 characters and the records will be blocked in groups of 100 records. These records are further defined below:

"D" Record	Size	Description Comments/Format	
001	1	Record Type Constant "D"	
002-007	6	Year and Month File Generated	CCYYMM
008	1	Data Match File Indicator	Constant "M"
009-099	91	Blanks	

"I" Record	Size	Description	Comments/Format
001	1	Record Type	Constant "I"
002-010	9	Inquiry Social Security Number	
011-020	10	State Pass-Back Information	
021-040	20	Inquiry Last Name	
041-056	16	Inquiry First Name	
057-071	15	Case Pass-Back Information	
072-076	5	FIPS Code Pass-Back Information	
077-099	23	Additional State Pass-Back Information	

"I" Position	Size	Description
002-010	9	Inquiry Social Security Number (SSN)

This is the SSN of the person to be matched. A match is to be reported by the financial institution anytime an account with the SSN indicated on the Inquiry File is found. It is possible that a single SSN will appear more than once on the inquiry tape. These multiple entries will be differentiated by entries in the Case Pass-Back Information (057-071). If a match is found, matches should be reported for each account with each SSN and Case Pass-Back Information.

011-020	10	State Pass-Back Information

This field is a 10-digit alphanumeric (may be blank) entry which has significance to the State in its administration of the Data Match System. This information must be passed back to the State if a match is found. (If this field is blank, a blank is passed back.)

| 021-040 | 20 | Inquiry Last Name |

This alphanumeric field will be left-justified and filled with blanks. If the name to be recorded in this field exceeds 20 characters, it will be continued in positions 041-056. Matches identified by a corresponding SSN should be reported by the financial institution even if the name does not match the inquiry record.

| 041-056 | 16 | Inquiry First Name. |

Left-justified and filled with blanks.

| 057-071 | 15 | Case Pass-Back Information |

This 18-digit alphanumeric field (may be blank) has significance to the State for its Child Support case administration. This field must be passed back to the State if a match is found. (If the ID Suffix is a blank, a blank is passed back.)

| 072-076 | 5 | FIPS Code Pass-Back Information |

This field is a 5-digit alphanumeric field which contains the FIPS code of the State inquiring of the SSN. This information must be passed back to State if a match is found. Financial institutions will use this code to determine which State will receive the account information for the match.

"T" Record	Size	Description Comment/Format	
001	1	Record Type Constant "T"	
002-011	10	Number of Inquiry Records on this file	Numeric, sign trailing
012-099	88	Blanks	

The Inquiry File contains highly confidential data. Therefore all Method Two filers are to return the Inquiry File with their Data Match File.

The Match File: Specifications for Files to be Given to State by Financial Institutions

Method Two "A" Record

"A" Record	Size	Description Comments/Format

The character "M" (Match Tape) must be entered in position 371. Otherwise, The Matched Accounts "A" Record is nearly identical to the "A" Record found earlier in this specifications document. Please refer to it for filing instructions.

Method Two "B" Record

Once having matched an Inquiry SSN to an account, the financial institution will report account information on the following "B" Record. Be sure to read the note regarding Primary and Secondary SSN reporting at the end of the record description.

"B" Record	Size	Description	Comments/Format
001	1	Record Type Constant "B"	
002-007	6	Year and Month	CCYYMM Inquiry File data (passed back from "A" Record, positions 020-025)
008-011	4	Payee Last Name Control	First four characters of last name
012-014	3	Blanks	
015-023	9	Matched SSN	
024-043	20	Payee's Account Number	
044-060	17	Blanks	
061-160	100	Account Full Legal Title	(Optional)
161	1	Matched Name Foreign Country Indicator	"1" = Foreign
162-201	40	Matched Name	
202-241	40	2nd Payee Name	
242-281	40	Matched Name Street Address	
282-310	29	Matched Name City	
311-312	2	Matched Name State	
313-321	9	Matched Name Zip Code	
322-326	5	FIPS Code Pass-Back Information	FIPS Code Pass-Back Info from "I" Record, positions 072-076
327-349	23	Additional State Pass-Back Information	Pass-Back from "I" Record, positions 077-099
350	1	Blank	
351-357	7	Account Balance	Numeric, whole dollars, sign trailing. If position 361 = 0, then zeroes are required.
358	1	Match Flag	The FIN will compare SSN and first four characters of last name. Possible values: 0 = unwilling/unable to complete comparison 1 = did comparison & name/SSN matched 2 = did comparison & name did not match
359	1	Trust Fund Indicator	Possible values: 0 = Not a trust account 1 = UTMA/UGMA account 2 = IOLTA account 3 = Mortgage escrow account 4 = Security deposits (incl. Real Estate) 5 = Other trust/escrow 6 = Information not available
360	1	Closed Account Indicator	Possible values: 0 = open 1 = closed
361	1	Account Balance Indicator	Possible values: 0 = not provided

			1 = average balance (whether daily, monthly, etc.) 2 = current balance
362	1	Blank	
363-370	8	Date of Birth	CCYYMMDD Default: zero if not
available			
371-380	10	State Pass-Back Information	
381-382	2	Account Type	00 = Not applicable 01 = Savings account 04 = Checking/demand deposit account 05 = Term deposit certificate 11= Money market account 12 = IRA/KEOGH 14 = ERISA Plan Account 16 = Cash Balances 17 = Compound Account 18 = Other
383-397	15	Case Pass-Back	Case Pass-Back Information from "I" Record, positions 057-071
398-400	3	Blanks	
401	1	Payee Indicator	Possible values: 0 = if match is primary and sole account holder 1 = if match is secondary holder 2 = if match is primary, but not sole account holder
402-410	9	Primary SSN	
411-419	9	2nd Payee SSN	
420	1	**Blank**	

"B" Position	Size	Description
002-007	6	Year and Month

Enter the year and month (century format) the file is generated. For example, April, 1998 will be entered as "199804. "

015-023	9	Matched SSN

Enter the social security number matched from the State Inquiry File (see note below)

061-160	100	Account Full Legal Title (Optional)

Report the full account title of the account matched. Some institutions may find this helpful to report trust accounts, or other titles (i.e. Law Office of...")

161	1	Matched Name Foreign Country Indicator

If the address of the payee is in a foreign country, enter a "1" (one) in this field; otherwise, enter blank

162-201	40	Matched Name

Enter the name matched from the State Inquiry File. Be sure to enter both the first and last name. (See note below).

202-241	40	2nd Payee Name

Method Two filers having matched an account to the name entered in positions 162-201, will enter the name of any other owner of the account. If none exists, leave blank. (See note below). If the secondary owner has been entered in position 162-201, enter the primary owner name.

242-321	80	Matched Name Address, City, State, Zip Code.

Enter the address of the Matched Name whose S SN has been entered in positions 0 15-023. If this does not exist, enter the address of the second account owner.

322-326	5	FIPS Code Pass-Back Information

The FIPS Code Pass-Back Information field supplied by the State on the Inquiry File for matching purposes must be returned along with the account information. If the State file includes multiple records matching the account, submit the account information once for each time the individual appears on the State Inquiry File.

327-349	23	Additional State Pass-Back Information

The Additional State Pass-Back Information field supplied by the State on the Inquiry File for matching purposes must be returned along with the account information. If the State file includes multiple records matching the account, submit the account information once for each time the individual appears on the State file.

351-357	7	Account Balance

The Account Balance is necessary to prevent financial institutions from receiving large numbers of State levies for accounts with insufficient funds. Show the account balance or value in whole dollars only with the sign trailing (positive/negative). For brokerage firms reporting margin accounts, the balance or value is the account holders equity position, or the value of the account less any borrowed amount. For closed accounts, or where the information is unavailable, fill with zeroes. For accounts with balances greater than 9,999,999, enter 9,999,999.

358	1	Match Flag

All SSN matches identified by a corresponding SSN should be reported by the institution. An additional comparison of the matched last name to the last name on the Inquiry File may prevent the financial institution from receiving incorrect levies.

Enter "0" if the institution is unable to match the last name.
Enter "1 " if the first four letters of the matched last name, and that of the Inquiry File last name are the same.
Enter "2" if the first four letters of the matched last name, and that of the Inquiry File last name are not the same.

359	1	Trust Fund Indicator

Enter a single digit (0-6) to indicate whether the account registration indicates it is a trust or escrow account. Enter a zero (0) if the account is not registered as a trust or escrow. For closed accounts, a zero may be entered but not a blank.

0 = Not a Trust Account	4 = Security Deposits (incl. Real Estate)
1 = UTMA/UGMA Account	5 = Other Trust/Escrow
2 = IOLTA Account	6 = Information Not Available
3 = Mortgage Escrow Account	

360	1	Closed Account Indicator

Enter "0" if account is open.
Enter "1" if account is closed.

361	1	Account Balance Indicator

Enter "0" if the Account Balance to be entered in positions 351-357 has not been provided.
Enter "1" if an average balance is reported.
Enter "2" if a current balance (as of the day the report is created) is provided.

363-370	8	Date of Birth

Report the date of birth of the matched account owner, if known, in CCYYMMDD format, otherwise, enter zeros (0).
Example: August 1, 1970 = 19700801.

| 371-380 | 10 | State Pass-Back Field |

The State Pass-Back field supplied on the Inquiry File must be returned along with the account information. If the State file includes multiple records matching the account, submit the account information once for each time the individual appears on the State file.

| 381-382 | 2 | Account Type |

Enter two digits for the code which identifies the type of account. If an IRA or ERISA Plan contains any of the others, identify the account only as an IRA or ERISA Plan. A Compound Account is an investment account where portions of the balance are in differing funds - stock, money market, bonds etc.

00 = Not Applicable	12 = IRA/Keogh Account
01 = Savings Account	14 = ERISA plan
Accounts	
04 = Checking/Demand Deposit Account	16 = Cash Balances
05 = Term Deposit Certificate	17 = Compound Account
11 = Money Market Account	18 = Other

| 383-397 | 15 | Case Pass-Back Information |

The Case Pass-Back field supplied by the State on the Inquiry File must be returned along with the account information. If the State file includes multiple records matching the account, submit the account information once for each time the individual SSN appears on the State file.

| 401 | 1 | Payee Indicator |

Enter "0" if the matched account owner is the sole owner of the account.
Enter "1" if a match is generated against a secondary owner's SSN.
Enter "2" if the matched account is to the primary owner, and there are secondary owners to the same account.

| 402-410 | 9 | Primary SSN |

If the SSN matched to an account is a secondary owner (and a "1" has been entered in position 401), enter the account's primary-owner SSN (see note below).

| 411-419 | 9 | 2nd Payee SSN |

Enter the SSN of the second owner of the account (see note below).

Note for Method Two Filers Regarding Primary and Secondary SSN Matching.

Generally, if there are multiple owners of an account, the Primary Owner is the SSN designated for tax reporting. A Secondary Owner would be any other(s). The following are instructions to clarify the Primary and Secondary owners reporting. All other fields not specified below are to be filled as instructed in the "B" Record layout above.

If an SSN matched from the State Inquiry File is found to be the *Primary Owner* of an account, follow these instructions:

- the Matched SSN is entered in the Matched SSN field in positions 0 15-023
- the Matched Name is entered in the Matched Name field in positions 162-201
- the Secondary Owner's name will be entered in the 2nd Payee Name field in positions 202-241
- if the account owner is the sole owner of the account, enter "0" in the Payee Indicator field in position 401; enter "2" in position 401 if more than one owner exists.
- the Secondary Owner's SSN will be entered in the 2nd Payee SSN in positions 411-419.
- All other fields are to be filled as instructed in the "B" Record layout.

If an SSN from the State Inquiry File is found to be a *Secondary Owner* of an account, follow these instructions:

- the Matched S SN is entered in the Matched S SN field in positions 0 15-023
- the Matched Name is entered in the Matched Name field in positions 162-201
- the Primary Owner's name will be entered in the 2nd Payee Name field in positions 202-241
- a "1" is entered in the Payee Indicator field in position 401
- the Primary Owner's SSN will be entered in the Primary SSN field in positions 402-410
- All other fields are to be filled as instructed in the "B" Record layout

"T" Record	Size	Description	Comments/Format
001	1	Record Type	Constant "T"
002-010	9	Total Number of Accounts Reported	Numeric, sign trailing
011-019	9	Constant zero	Numeric, sign trailing
020-028	9	Number of Accounts with Match Flags	Numeric, sign trailing
029-037	9	Number of Trust Accounts Reported (All Types)	Numeric, sign trailing
038-046	9	Constant zero	Numeric, sign trailing
047-055	9	Blanks	
056-064	9	Constant zero	Numeric, sign trailing
065-073	9	Blanks	
074-082	9	Total Number of Accounts Compared Against State File	Numeric, sign trailing
083-091	9	Total Dollar Amount Reported	Numeric, sign trailing
092-100	9	Total Number of IRAs Reported	Numeric, sign trailing
101-420	320	Blanks	

"T" Position	Size	Description
002-010	9	Total Number of Accounts Reported

Enter the total number of accounts matched to the SSNs on the Inquiry File.

020-028	9	Number of Accounts with Match Flags

Enter the total number of matches identified by SSN and the first four letters of the last name which are reported by the institution (where "B" Record position 358 = 1). This comparison of the matched last name to the last name on the Inquiry File may prevent financial institutions from receiving incorrect levies.

How to Report No Matches Found

Those filing under Method Two may have no matches to report after comparing their accounts against the State Inquiry File. Reporting Agents, and institutions that process Data Match Method Two in-house each have separate No Match directions.

For a Reporting Agent filing reports for more than one institution, follow these instructions:

a) If the Agent finds **no matches for any institution,** it may file a report by entering "No Matches" on a completed Magnetic Media Transmitter Report. Attach a list containing every institution name, TIN and the total number of accounts compared against the Inquiry File for each.

b) Agents **reporting both matches and no matches,** must include a **complete "A" and "T" Record** on the Match Tape for every institution it compares against the Inquiry File. Do not omit those institutions with no matches, but enter zeroes

in the appropriate positions of the "T" Record. An institution that has been omitted may find itself in violation of Data Match filing requirements.

c) Agents reporting for a single institution may follow the single institution instructions below.

A financial institution that files a Method Two report for itself, and finds no matches after comparing its accounts to the Inquiry File, may file a No Match Report by entering "No Matches" on a completed transmittal report. Include the total number of accounts compared against the Inquiry File.

Combined 1099/Data Match Under Method One Filing

Where permitted, institutions making the election to report under Method One and include Data Match account information with their annual Form 1099 filing must modify their 1099 "A & "B" Records. Because Form 1099 specifications can vary
from state to state, the format below may not be suitable for your institution. You must contact your State for further information on this filing option.

"A" Record	Size	Description	Comments/Format

The character "A" (Account Tape) must be entered in position 371. Otherwise, positions 1-750 are to be filled as required in IRS Publication 1220 for Form 1099.

"B" Record	Size	Description	Comments/Format
001	1	Record Type	Constant "B"
002-005	4	Year	(CCYY)

Positions 6-662 are to be filled as required in IRS Publication 1220. However, the following additional fields must be added to the "B" Record in the positions 663-684, where the IRS permits States to add "Special Data Entries." With the exception of the Account Status Indicator defined below, these fields and their description are found in the complete Method One "B" Record layout, however their location (position numbers) will be different.

663	1	Account Status Indicator	
664-671	8	Account Balance	Whole Dollars Only, Numeric, sign trailing
672	1	Trust Fund Indicator	
673-674	2	Account Type	
675-683	9	2nd Payee SSN	
684	1	Account Balance Indicator	
685-722	38	Blank	

350	1	Account Status Indicator	

Enter "0" if the account is still open.
Enter "1" if the account has been closed.

"T" Record	Size	Description

There are no modifications to be made to the Form 1099 "T" Record.

After filing combined information by the February 28 due date, a Data Match supplemental report will be due April 30. This will include all accounts not included on the 1099 file (i.e. non-interest bearing accounts), and all accounts opened and closed since January 1. An institution may file a complete All Accounts file in place of this supplementary report.

Common Data Match Errors

The State encourages filers to verify the content of their Data Match files to ensure the accuracy of the data. This may eliminate the need for State to return your file for correction. This is especially important to those who have their reports prepared by a Reporting Agent.

Rejected files will be returned to the filing institution with an explanation for the rejection. The institution is to make the appropriate corrections and resubmit the file as soon as possible.

The following were frequently encountered problems experienced by the Massachusetts Department of Revenue in the first year of its Bank Match operation.

- **Form 1099 reports submitted in place of Method One Data Match reports.**
Although the magnetic media specifications for 1099 and Data Match reporting are similar, a 1099 report cannot be filed in place of a Data Match report as there are important differences. An institution may elect to combine 1099 and Data Match filing, but only after electing to do so on the BMRS-I, Data Match Election Form. Even so, *the 1099 file must be modified* as instructed in this Handbook.

- **Non-interest bearing accounts omitted or excluded.**
Although such accounts may be exempt from IRS 1099 reporting, these accounts are not excludable under the laws governing Data Match reporting.

- **Transmittal Report not included with Data Match tape.**
This slows the processing of your tape.

- **Transmitter TINXID omitted on Transmittal.**

- **"A" Record: The institution or money market fund TIN/FID is omitted, positions 007-015.**
Only numerals are to be entered in these positions. Hyphens and blanks between digits are also common errors.

- **Levy service mailing address is incorrect or omitted, positions 131-210.**
The levy service address may be different from that entered on the IRS 1099 report or the general street address.

- **"B" Record: Account Balance is omitted, positions 351-357**

Appendix B
Change Form

Minnesota Financial Institution Data Match Change Form

Name of Financial Institution_____ FEIN/TIN: _____

Change of Media:

We will receive files from the FIDM program on: We will send files to the FIDM program on:

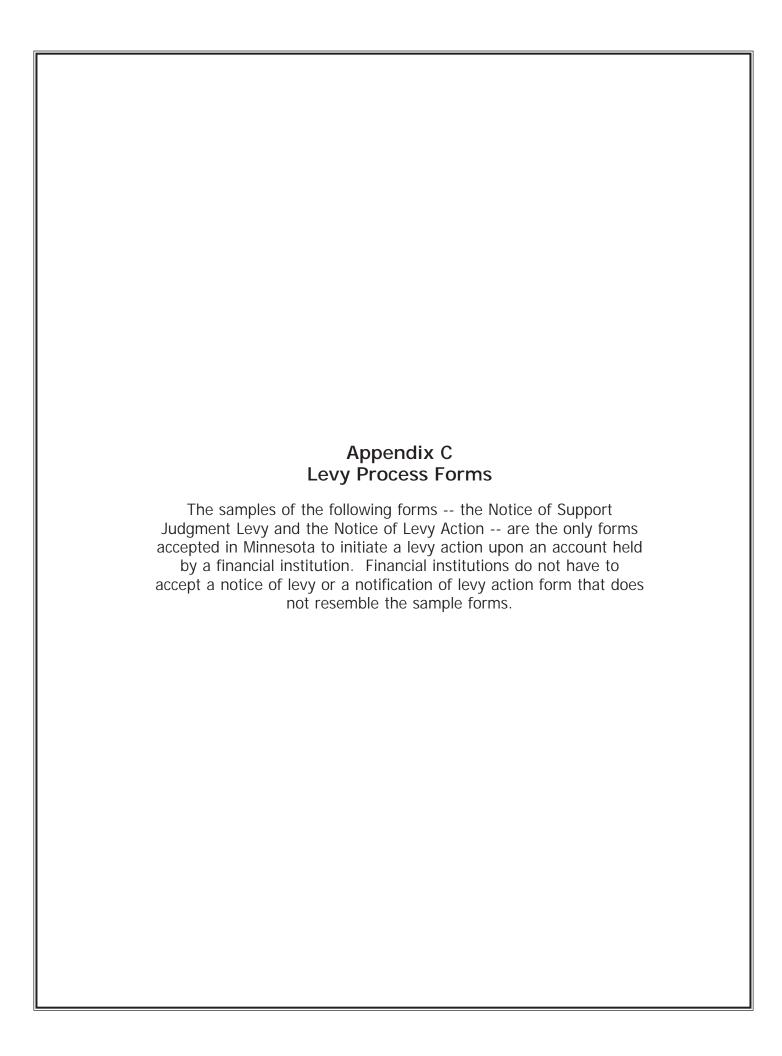|	
__ 3480 cartridge	__ 3480 cartridge
__ 3490 cartridge	__ 3490 cartridge
__ 1.44MB 3.5" diskettes (ASCII)	__ 1.44MB 3.5" diskettes (ASCII)
__ 9-Track Round Reel	__ 9-Track Round Reel
__ CD ROM (ASCII)	__ CD ROM (ASCII)
__ High Density Diskette (ASCII)	__ High Density Diskette (ASCII)
__ 4 mm DDS4 tapes	__ 4 mm DDS4 tapes
__ Other	__ Other

Change of Reporting Method:

__ Method One   __ Method Two

Change of Institution Contact Information:

Contact Person: _____

Title: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Delivery Address (if different): _____

City: _____ State: _____ Zip: _____

Telephone: (_____) _____ Fax: (_____) _____

E-mail Address: _____

Change of Service Provider Contact Information:

Service Provider: _____

FEIN: _____

Contact Person: _____

Title: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Delivery Address (if different): _____

City: _____ State: _____ Zip: _____

Telephone: (_____) _____ Fax: (_____) _____

E-mail Address: _____

All changes are effective 7 days after receipt of written notification by the State of Minnesota FIDM Program. Send this change form, or any other written communication to:

Minnesota Financial Institution
Data Match Program
PO Box 64915
St. Paul, MN 55164-0915

_____   _____   _____

          Signature   Title   Date

Comments: _____

_____

_____

Appendix C
Levy Process Forms

The samples of the following forms -- the Notice of Support Judgment Levy and the Notice of Levy Action -- are the only forms accepted in Minnesota to initiate a levy action upon an account held by a financial institution. Financial institutions do not have to accept a notice of levy or a notification of levy action form that does not resemble the sample forms.

Doc ID:

OFC_NAME_BUS
OFC_ADDR_STREET1
OFC_ADDR_STREET2
OFC_ADDR_CSZ

Telephone: OFC_ADDR_BUS_PHONE1_OFC Extn: OFC_ADDR_BUS_PHONE1_EXT_OFC

REC_NAME_FULL
REC_NAME_COF
REC_ADDR_STREET1
REC_ADDR_STREET2
REC_ADDR_CSZ

RE: NCP_NAME_FULL
SSN: NCP_SSN_PERSON
Case: CAS_ID_CASE

Notice of Levy Action

This information is available in other forms to people with disabilities by contacting us at 651-215-1714, or contact us toll free at 1-800-657-3945, or through the Minnesota Relay Service at 1-800-627-3529 (TTY) or 1-877-627-3848 (speech-to-speech).

Purpose
This notice tells you
* We took action to seize your financial account(s) at <Financial Institution>
* How to contest (challenge) this action
* How you can prevent future levy actions.

Notice
You are at least five times past due in paying your total court-ordered child support, or maintenance payments, or both. You have not obeyed a written payment agreement to pay your monthly support or maintenance payments, or both. Under Minnesota Statute, Chapters 518 and 552, you have met the criteria to have your account seized.

The levy (amount we intend to collect from your account) is $<Total arrears from FILD>

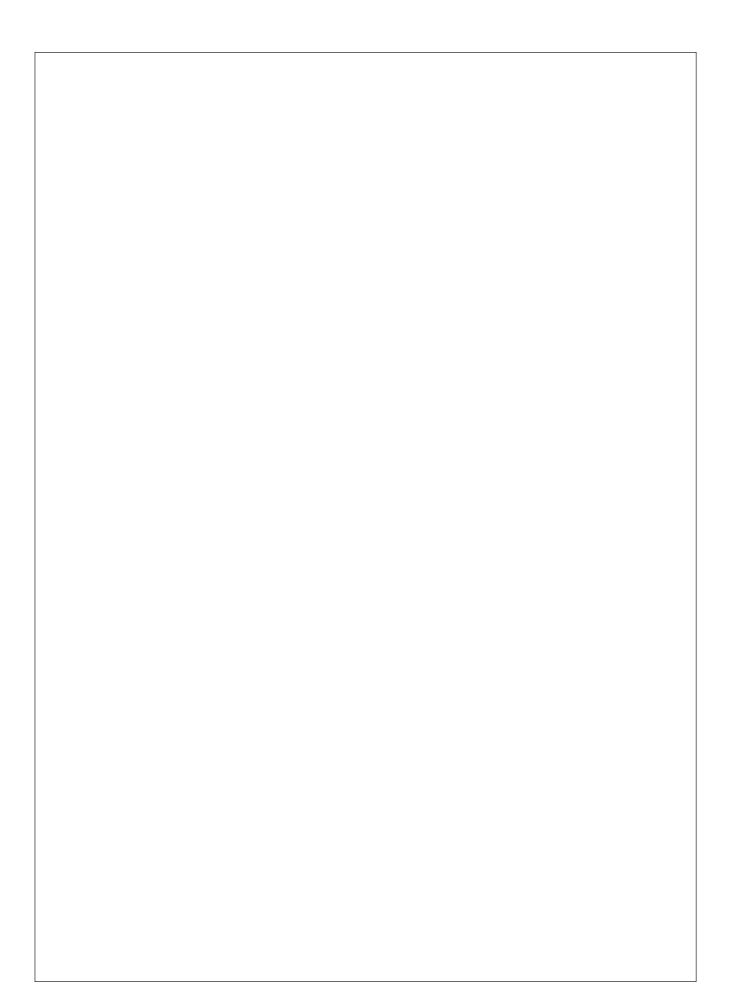## Exemptions
You must complete and personally serve <county that requested the levy> with the Claim of Exemption form no later than 20 calendar days from the date this notice was postmarked. All or a portion of the funds in your account may be exempt (excused) from a support judgment levy if:

* You are receiving relief based upon need. This includes: Minnesota Family Investment Program (MFIP), Emergency Assistance (EA), General Assistance (GA), General Assistance Medical Care (GAMC), Emergency General Assistance (EGA), Work Readiness, Minnesota Supplemental Aid (MSA), MSA Emergency Assistance (MSA-EA), and Supplemental Security Income (SSI) or

* The earnings are your minor child's.

NOTE: Funds are not exempt solely because they are held in a joint account with a spouse or other person.

NOTE: Filing of exemption will not extend the contest deadline.

How to Contest this Action
If you want to contest the action, you must take all of the following steps within 30 calendar days from the date of this notice:

- File a motion with the court administrator, including in the motion the supposed mistake of fact or the basis for any claim that the funds are exempted from the levy.

- Get a hearing date from the court administrator.

- Personally serve or fax us with a copy of the notice of motion and motion no later than two business days after obtaining a hearing date.

How to Prevent Future Levies
- Pay your child support arrears in *full.*

- Make and comply with a written payment agreement with your county child support agency. The child support agency will consider an agreement only if it will result in both.

  - Up-to-date payments on current support obligations, and
  - Substantial and regular payments on past-due support.

Charges
<Financial institution> will forward your account balance up to the entire the amount you owe listed on the first page. A $15.00 fee may be added to your child support case as an allowable cost under Minnesota Statute 552.06, subd 2h. A copy of the Notice of Support Judgment Levy that was served upon your financial institution is enclosed.

OFC_NAME_FULL_CWK
OFC_TBL_CWK_TITLE
OFC_PHONE_CWK
TDD: OFC_TDD_PHONE
Fax: OFC_FAX_PHONE

Claim of Exemption

To: <Public Authority> <Case Number>
<address>
<city, state, zip>

If You Claim an Exemption, Complete the Following
Amount of Exemption Claim

❒ I claim *all* the funds being held are exempt.

❒ I claim *some* of the funds being held are exempt.

     The exempt amount that I claim $_____

Basis for Exemption
The source of the exempt funds is the following:
_____
___

_____
___

If the source is a type of relief based on need, list the case number and county:

Case Number:_____

County: _____

Authorization
I authorize any agency that has distributed relief to me to disclose to the public authority or its attorney whether or not I am or have been a recipient of relief based on need within the last six months.

_____
_____   OBLIGOR
      DATE

Sworn/affirmed before me this _____
day of _____, _____

_____
Notary Public

Doc ID:

OFC_NAME_BUS
OFC_ADDR_STREET1
OFC_ADDR_STREET2
OFC_ADDR_CSZ

Telephone: OFC_ADDR_BUS_PHONE1_OFC Extn: OFC_ADDR_BUS_PHONE1_EXT_OFC

REC_NAME_FULL
REC_NAME_COF
REC_ADDR_STREET1
REC_ADDR_STREET2
REC_ADDR_CSZ

Date:
RE: NCP_NAME_FULL
SSN: NCP_SSN_PERSON
Case: CAS_ID_CASE

Notice of Support Judgment Levy

This information is available in other forms to people with disabilities by calling 651-215-1714 or contact us through the Minnesota Relay Service at 1-800-627-3529.

Dear Sir or Madam:

This office is notifying you that NCP_ NAME_FULL is NOT in compliance with a court order for child support and has arrears that are at least five times the amount of the monthly support obligation. The amount of this levy request is: $<Total Arrears from FILD >.

Based on Minnesota Statutes, Chapters 518 and 552, we request you take immediate action to place a freeze on all accounts up to this amount. Pursuant to Minnesota Statute, you must hold these funds for forty-five (45) days after receiving this notice. If you do not receive further notice informing you to take other actions, you must release the funds to the MINNESOTA CHILD SUPPORT PAYMENT CENTER along with the remittance stub below.

==

Financial Institution Data Match Payment (FIN)

<EMPLOYER ID from EMDE>
Return Payment to: Obligor: NCP_NAME_FULL
MN Child Support Payment Center   MCI: <NCP MCI>
PO BOX 64978   Arrears Amount: Arrears>
St. Paul, MN 55164

Amount Enclosed   I   I   I   I   I   .   I

STATE OF MINNESOTA   DISTRICT COURT
COUNTY OF <COUNTY>   COURT FILE <#>

Vs.

<NCP FULL NAME>
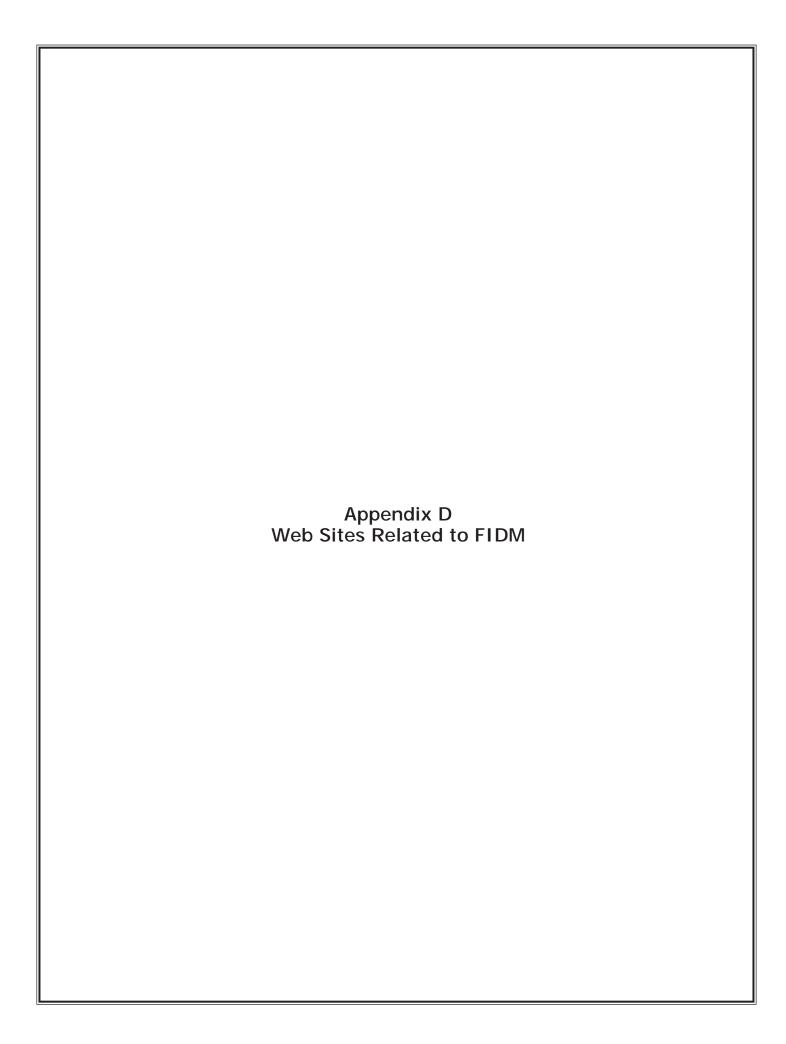and,
<Financial Institution>

Notice of Support Judgment Levy and Disclosure

       PLEASE TAKE NOTICE that pursuant to Minnesota Statutes, Chapters 518 and 552, the undersigned, as representative of the public authority responsible for child support enforcement, makes demand and levies execution upon all money due and owing by you to the judgment debtor for the amount of the judgment specified below. A copy of the notice of support judgment levy is enclosed. The unpaid judgment balance is <$Total Arrears from FILD>
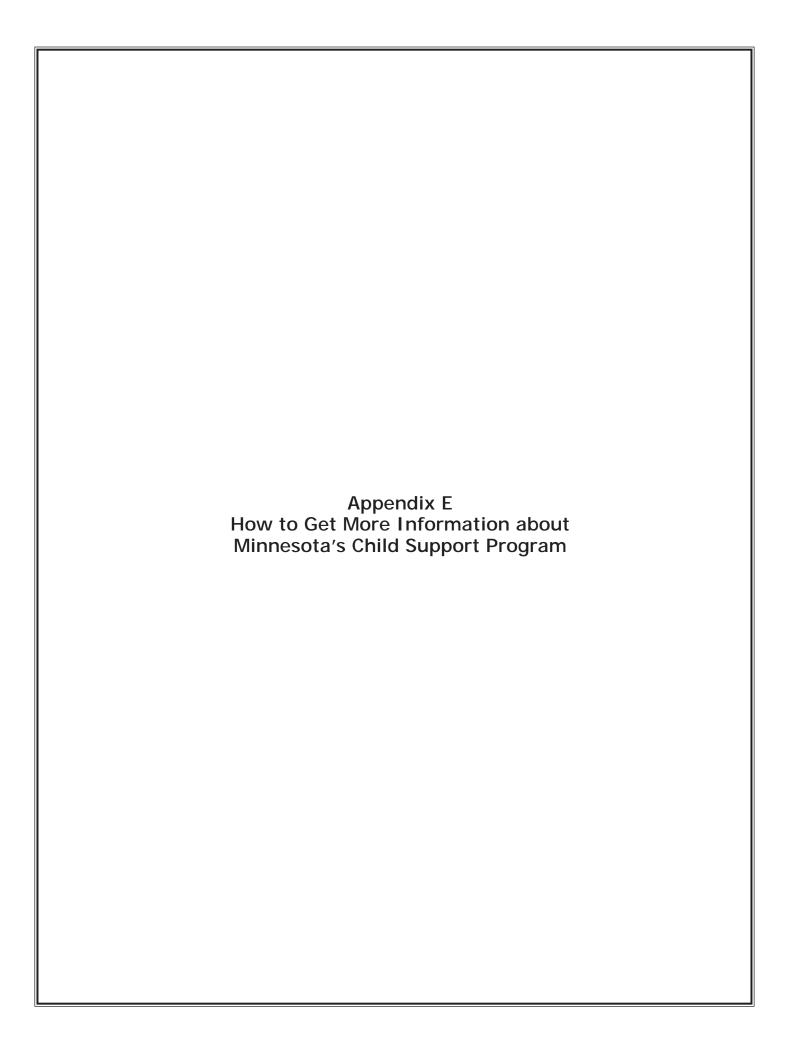
       In responding to this levy, you are to complete the attached disclosure form and mail it to the public authority, together with your check payable to the public authority, for the nonexempt amount owed by you to the judgment debtor or for the which you are obligated to the judgment debtor, within the time limits in Chapter 552.

                    <CHILD SUPPORT OFFICER>
                    <Address>
                    <Phone Number>

DISTRICT COURT
COURT FILE <#>

<County>
vs.
<NCP FULL NAME>   FINANCIAL INSTITUTIONS
and   EXECUTION DISCLOSURE
<Financial Institution from FILD>

On the _____ day of _____, _____, the time of service of the execution levy herein, there was due and owing the judgment debtor from the third party the following:

(1) Money. Enter on the line below any amounts due and owing the judgment debtor, except earnings, from the third party.

_____

(2) Setoff. Enter on the line below the amount of any setoff, defense, lien, or claim which the third party claims against the amount set forth on line (1). State the facts by which the setoff, defense, lien, or claim is claimed. (Any indebtedness to you incurred by the judgment debtor within ten days prior to the receipt of the first execution levy on a debt may not be claimed as setoff, defense, lien, or claim against the amount set forth on line (1)).

_____

(3) Exemption. Financial institutions shall not complete this line. Enter on the line below any amounts of property claimed by the judgment debtor to be exempt from execution.

_____

(4)   Adverse Interest. Enter on the line below any amounts claimed by other persons by reason of ownership or interest in the judgment debtor's property.

_____

(5) Enter on the line below the total of lines (2), (3), and (4).

_____

(6) Enter on the line below the difference obtained (never less than zero when line (5) is subtracted from the amount on line (1)).

_____

(7) Enter on the line below 100 percent of the amount of the public authority's claim which remains unpaid.

_____

(8) Enter on the line below the lesser of line (6) and line (7). You are instructed to remit this amount only if it is $10.00 or more.

_____

Appendix D
Web Sites Related to FIDM

You will need to have Adobe Acrobat Reader installed on your computer to read several of the documents that are available at these web sites.

FIDM web site:
http://www.MN-childsupport-datamatch.org

This is Minnesota's Financial Institution Data Match program's web site.

OCSE's FIDM web site:
http://www.acf.dhhs.gov/programs/cse/fct/fidm/index.htm

This is the federal Office of Child Support Enforcement's FIDM web site. It contains a variety of documents including the Financial Institution Data Match Handbook and the Multistate Election Form.

Appendix E
How to Get More Information about
Minnesota's Child Support Program

General Information:

(651) 296-2542 (metro) or (800) 657-3954

or

Visit the Minnesota Department of Human Services web site at
www.dhs.state.mn.us/ecs/program/csed