



**STATE OF HAWAII
DEPARTMENT OF THE ATTORNEY GENERAL
CHILD SUPPORT ENFORCEMENT AGENCY**

Kakuhihewa Building
601 Kamokila Boulevard, Suite 251
Kapolei, Hawaii 96707-2021
Oahu: (808) 692-8265 All others: 1-888-317-9081

DATA MATCH PARTICIPATION AGREEMENT

This agreement establishes requirements to be met by the State of Hawaii, Child Support Enforcement Agency (CSEA) and Financial Institution, pursuant to Hawaii Revised Section 576D-15 and Section 466(a)17 of the Social Security Act. Each financial institution is required to provide to CSEA on a quarterly basis, the name, record address, social security number or other taxpayers identification number, and other identifying information for each non-custodial parent who maintains an "account" (as defined in section 576D-15(g) at such institution and who owes past due support, as identified by CSEA by name and social security number or other taxpayer identification number. The purpose of this law is to improve enforcement against delinquent child support obligors.

CSEA has developed and instituted a "Data Match System" to implement Section 576D-15. The Data Match System establishes a process to facilitate the exchange of information required to be provided by and between the Financial Institution and CSEA. We have identified your institution as one covered by Section 576D-15, and thus required to comply with its requirements. (Guidelines regarding the Data Match are attached). The Financial Institution Data Match (FIDM) was initiated for all financial institutions on September 1, 1999 (beginning the third quarter July 1-September 30, 1999). The Financial Institution shall submit a file within thirty days of receiving an inquiry file from CSEA.

The Financial Institution elects to transmit the required information to the CSEA by one of the following methods:

Method I (All Accounts Method)

Financial Institution shall submit quarterly to CSEA a file identifying all open accounts.

Method II (Matched Accounts Method)

Financial Institution shall match a file supplied by the CSEA not more than quarterly against all open accounts maintained at that institution.

Magnetic Media requested to receive State inquiry File under Method 2:

3.5 inch floppy diskette 3480 cartridge

Magnetic Media requested to report matched information under Method 2:

3.5 inch floppy diskette 3480 cartridge

Signing this form acknowledges your institution's agreement to participate in the exchange of data as required by Hawaii law. Mail this executed form back to CSEA at the following address:

Department of the Attorney General
Child Support Enforcement Agency
Attn: Kaleialoha Vierra
601 Kamokila Boulevard, Suite 207
Kapolei, Hawaii 96707

Questions may be directed to Kaleialoha Vierra Telephone Number (808) 692-7147.

Financial Institution's Name Federal Identification Number

Address

City State Zip Code

Authorized Contact Person Title Telephone Number

Authorized Representative Date

Name

Title