

**CALIFORNIA DEPARTMENT OF CHILD SUPPORT SERVICES**

P.O. Box 419064, Rancho Cordova, CA 95741-9064



March 19, 2001

CSS LETTER NO. 01-08

TO: ALL IV-D DIRECTORS  
 ALL DISTRICT ATTORNEYS  
 ALL COUNTY ADMINISTRATIVE OFFICERS  
 ALL BOARD OF SUPERVISORS

SUBJECT: DCSS UNDISTRIBUTED COLLECTIONS INITIATIVE AND ADDITION TO FORM CS 820 (CHILD/FAMILY/SPOUSAL AND MEDICAL SUPPORT COLLECTIONS AND NON-ASSISTANCE DISTRIBUTIONS AND DISBURSEMENT FORM)

Reason for this Transmittal

- State Law or Regulation Change  
 Federal Law or Regulation Change  
 Court Order or Settlement Change  
 Clarification requested by One or More Counties  
 Initiated by DCSS

The Department of Child Support Services (DCSS), Local Child Support Agencies (LCSAs) and advocates for children and families have been concerned about an increase in the amount of reported undistributed collections. We have the mutual goal of timely collection and distribution of all money due to parents caring for their children. We also know that this issue has become a major concern not only for California but for the nation. The federal Office of Child Support Enforcement (OCSE) has joined efforts to seek solutions. Last year, DCSS began a special initiative to identify the accurate amount of undistributed collections in order to provide accurate data on child support collections and distribution performance and insure that all money due families was distributed to families as quickly as possible.

As a result of research by DCSS, our reported undistributed collection data do not reflect the state's true undistributed collections. In particular, our research has identified the problem area to be in Form Child Support 820, Line A.9, *Net amount of increasing and decreasing adjustments*. Line A.9 has often not been used appropriately. This letter requests that each LCSA provide data on adjustments to Line A.9 and an itemization of its undistributed collections. This is the first step in the process of identifying and distributing previously undistributed child support collections.

Line A.9 should be used as a correction to prior months collections where collections were returned to the originator or additional collections were received but no adjustment was made on the CS 820. In an effort to correct this problem, Form CS 820, Attachment A (*Attachment 1 to this letter*), has been developed as a supplemental form for the CS 820 to accurately reflect the true collections. Therefore, for the March, 2001 CS 820 and all subsequent CS 820 reports, you are required to complete, to the best of your ability, and



All IV-D Directors, et al.

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attach the enclosed Form CS 820 Attachment A with your monthly CS 820 report. This form will reflect the type of collection by category, adjust for any increases or decreases from a prior reporting period and show a total net amount of adjustments. The grand total, line 11, is to be entered on CS 820, Section A, Line 9.

In addition to the CS 820 Attachment A, it is imperative that all undistributed collections be identified and categorized, so that the DCSS can develop an accurate undistributed collection total. The *Undistributed Collections Itemization (Attachment 2)* will establish a consistent statewide process to identify the true undistributed collections totals for each LCSA and to itemize those totals into discrete categories. The Undistributed Collections Itemization lists 10 specific categories that will be used to itemize undistributed collections. Any distribution that cannot be categorized into the specific categories should be inserted in the "Other" category (Line 11). When federal approval is obtained, the total will be California's net undistributed collections reported on line 9b of the OCSE Form 34A.

We have provided specific copies of the *Undistributed Collections Itemization*, for the following months: **February 28, 2001, if available (Attachment 2a)**. It is **mandatory** that this information be provided for **March 31, 2001 (Attachment 2b)**, and **April 5, 2001 (Attachment 2c)**. **This information must be submitted no later than April 17, 2001.** Reports are due for all subsequent months, no later than the **15<sup>th</sup>** of the following month. Please send Undistributed Collection Itemization reports to:

By fax: (916) 464-5065  
By e-mail: douglas.rose@dcss.ca.gov  
By mail: Department of Child Support Services  
Attention: Douglas Rose  
P.O. Box 419064, M.S. 50  
Rancho Cordova, CA 95741-9064

We appreciate your cooperation in providing this required information and working with us on this important Undistributed Collections Initiative. As part of the Initiative, we anticipate revisiting the CS 800 and CS 820 forms shortly and ensuring the entire process is automated.

If you have any questions or need further assistance, please contact Douglas Rose at (916) 464-5038 or email: douglas.rose@dcss.ca.gov.

Sincerely,

CURTIS L. CHILD  
Director

Enclosures

# ATTACHMENT 1

## Form CS 820 ATTACHMENT A

### CHILD/FAMILY/SPOUSAL AND MEDICAL SUPPORT COLLECTIONS AND NON-ASSISTANCE DISTRIBUTIONS AND DISBURSEMENT

County \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

**Instructions:**

Form CS 820 Attachment A will separate collections previously combined together under Form CS 820, Section A.9, *Net amount of increasing and decreasing adjustments*. Enter all available adjustments by category for increases or decreases not previously reported on the CS 820. Enter the total net amount (lines 1 through 10) on line 11 and report on Form CS 820, Section A.9.

Please Note: Collections not categorized in lines 1 through 9 should be entered on Line 10.

Item A.9: Net Amounts of Increasing and Decreasing Adjustments

	Category	Adjustments
1	Adjustments to collections made by the reporting county through IRS tax offset (Federal tax refunds/administration)	
2	Adjustments to collections made by the reporting county through FTB tax offset (refund)	
3	Adjustments to collections made by the reporting county through UIB offset	
4	Adjustments to collections made by the reporting county through wage withholdings	
5	Adjustments to collections made by the reporting county through liens (real and personal property)	
6	Adjustments to collections made by the reporting county through workers' compensation	
7	Adjustments to collections made by the reporting county through DIB offset	
8	Adjustments to actual collections received from other state IV-D agencies	
9	Adjustments to collections received from other California counties	
10	Adjustments to collections made by the reporting county through other payment sources	
11	<b>Total net amount of adjustments to collections (sum of lines 1 through 10)*</b>	

\* Enter line 11 on Form CS 820, Section A.9.

## ATTACHMENT 2

### UNDISTRIBUTED COLLECTIONS ITEMIZATION

**Instructions:** Complete this point in time itemization for all undistributed collections as of the date listed below. Any undistributed collections that cannot be categorized on Lines 1 - 10 should be included on Line 11. Add Lines 1 – 11 and report the total on Line 12.

County: \_\_\_\_\_

The ending balance as of \_\_\_\_\_ after all child support disbursements have been distributed is:

Undistributed Collection Category	Amount
1) Child support payments processed and not yet certified for check issuance	\$
2) Child support payments processed but not yet transferred to TANF or Foster Care agency	\$
3) Collections for custodial parents which are unable to be dispersed	\$
4) Federal tax refund offset held due to joint return	\$
5) State tax refund offset held due to joint return	\$
6) Refunds of overpayments to noncustodial parents	\$
7) Refunds of overpayments to employers and other income providers	\$
8) Unidentified payments	\$
9) Future child support payments	\$
10) Payments to be returned to noncustodial parent (after six months hold)	\$
11) Other	\$
<b>12) Total</b>	<b>\$</b>
<p><b>I HEREBY CERTIFY</b>, under penalty of perjury, that I am the official responsible for the collection of support payments under the Title IV-D Program in and for aforesaid county; that I have not violated any of the provisions of Section 1090 and 1096, inclusive, of the Government Code; that to the best of my ability the allocation of the undistributed collections reflected herein have been made in accordance with all provisions of the Family Code and Welfare and Institutions Code and the rules and regulations of the California Department of Child Support Services.</p>	<p><b>I HEREBY CERTIFY</b>, under penalty of perjury, that I am the officer in aforesaid county responsible for the examination and settlement of accounts; that I have not violated any of the provisions of Section 1090 and 1096, inclusive, of the Government Code; that to the best of my ability the amounts reflected herein are in accordance with authorizations for the Child Support Enforcement Program made by the county in accordance with the rules and regulations of the California Department of Child Support Services.</p>
Name of local IV-D Director	Name of County Auditor or Controller
Signature of local IV-D Director	Signature of County Auditor or Controller
Date	Date

**Return completed information no later than the 15<sup>th</sup> day of the following month to Douglas Rose at:**

**Email:** [douglas.rose@dcss.ca.gov](mailto:douglas.rose@dcss.ca.gov)

**Phone:** (916) 464 – 5038

**Fax:** (916) 464 – 5065

**ATTACHMENT 2a**  
**UNDISTRIBUTED COLLECTIONS ITEMIZATION**  
**OPTIONAL REPORT**

**Instructions:** Complete this point in time itemization for all undistributed collections as of the date listed below. Any undistributed collections that cannot be categorized on Lines 1 - 10 should be included on Line 11. Add Lines 1 – 11 and report the total on Line 12.

County: \_\_\_\_\_

The ending balance as of **February 28, 2001**, after all child support disbursements have been distributed is:

Undistributed Collection Category	Amount
1. Child support payments processed and not yet certified for check issuance	\$
2. Child support payments processed but not yet transferred to TANF or Foster Care agency	\$
3. Collections for custodial parents which are unable to be dispersed	\$
4. Federal tax refund offset held due to joint return	\$
5. State tax refund offset held due to joint return	\$
6. Refunds of overpayments to noncustodial parents	\$
7. Refunds of overpayments to employers and other income providers	\$
8. Unidentified payments	\$
9. Future child support payments	\$
10. Payments to be returned to noncustodial parent (after six months hold)	\$
11. Other	\$
<b>12. Total</b>	<b>\$</b>
<b>I HEREBY CERTIFY</b> , under penalty of perjury, that I am the official responsible for the collection of support payments under the Title IV-D Program in and for aforesaid county; that I have not violated any of the provisions of Section 1090 and 1096, inclusive, of the Government Code; that to the best of my ability the allocation of the undistributed collections reflected herein have been made in accordance with all provisions of the Family Code and Welfare and Institutions Code and the rules and regulations of the California Department of Child Support Services.	<b>I HEREBY CERTIFY</b> , under penalty of perjury, that I am the officer in aforesaid county responsible for the examination and settlement of accounts; that I have not violated any of the provisions of Section 1090 and 1096, inclusive, of the Government Code; that to the best of my ability the amounts reflected herein are in accordance with authorizations for the Child Support Enforcement Program made by the county in accordance with the rules and regulations of the California Department of Child Support Services.
Name of local IV-D Director	Name of County Auditor or Controller
Signature of local IV-D Director	Signature of County Auditor or Controller
Date	Date

**Return completed information no later than April 17, 2001 to Douglas Rose at:**

**Email:** [douglas.rose@dcss.ca.gov](mailto:douglas.rose@dcss.ca.gov)

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## ATTACHMENT 2b

### UNDISTRIBUTED COLLECTIONS ITEMIZATION

**Instructions:** Complete this point in time itemization for all undistributed collections as of the date listed below. Any undistributed collections that cannot be categorized on Lines 1 - 10 should be included on Line 11. Add Lines 1 – 11 and report the total on Line 12.

County: \_\_\_\_\_

The ending balance as of **March 31, 2001** after all child support disbursements have been distributed is:

Undistributed Collection Category	Amount
1. Child support payments processed and not yet certified for check issuance	\$
2. Child support payments processed but not yet transferred to TANF or Foster Care agency	\$
3. Collections for custodial parents which are unable to be dispersed	\$
4. Federal tax refund offset held due to joint return	\$
5. State tax refund offset held due to joint return	\$
6. Refunds of overpayments to noncustodial parents	\$
7. Refunds of overpayments to employers and other income providers	\$
8. Unidentified payments	\$
9. Future child support payments	\$
10. Payments to be returned to noncustodial parent (after six months hold)	\$
11. Other	\$
<b>12. Total</b>	<b>\$</b>
<p><b>I HEREBY CERTIFY</b>, under penalty of perjury, that I am the official responsible for the collection of support payments under the Title IV-D Program in and for aforesaid county; that I have not violated any of the provisions of Section 1090 and 1096, inclusive, of the Government Code; that to the best of my ability the allocation of the undistributed collections reflected herein have been made in accordance with all provisions of the Family Code and Welfare and Institutions Code and the rules and regulations of the California Department of Child Support Services.</p>	<p><b>I HEREBY CERTIFY</b>, under penalty of perjury, that I am the officer in aforesaid county responsible for the examination and settlement of accounts; that I have not violated any of the provisions of Section 1090 and 1096, inclusive, of the Government Code; that to the best of my ability the amounts reflected herein are in accordance with authorizations for the Child Support Enforcement Program made by the county in accordance with the rules and regulations of the California Department of Child Support Services.</p>
Name of local IV-D Director	Name of County Auditor or Controller
Signature of local IV-D Director	Signature of County Auditor or Controller
Date	Date

**Return completed information no later than April 17, 2001 to Douglas Rose at:**

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## ATTACHMENT 2c

### UNDISTRIBUTED COLLECTIONS ITEMIZATION

**Instructions:** Complete this point in time itemization for all undistributed collections as of the date listed below. Any undistributed collections that cannot be categorized on Lines 1 - 10 should be included on Line 11. Add Lines 1 – 11 and report the total on Line 12.

County: \_\_\_\_\_

The ending balance as of **April 5, 2001** after all child support disbursements have been distributed is:

Undistributed Collection Category	Amount
1. Child support payments processed and not yet certified for check issuance	\$
2. Child support payments processed but not yet transferred to TANF or Foster Care agency	\$
3. Collections for custodial parents which are unable to be dispersed	\$
4. Federal tax refund offset held due to joint return	\$
5. State tax refund offset held due to joint return	\$
6. Refunds of overpayments to noncustodial parents	\$
7. Refunds of overpayments to employers and other income providers	\$
8. Unidentified payments	\$
9. Future child support payments	\$
10. Payments to be returned to noncustodial parent (after six months hold)	\$
11. Other	\$
<b>12. Total</b>	<b>\$</b>
<p><b>I HEREBY CERTIFY</b>, under penalty of perjury, that I am the official responsible for the collection of support payments under the Title IV-D Program in and for aforesaid county; that I have not violated any of the provisions of Section 1090 and 1096, inclusive, of the Government Code; that to the best of my ability the allocation of the undistributed collections reflected herein have been made in accordance with all provisions of the Family Code and Welfare and Institutions Code and the rules and regulations of the California Department of Child Support Services.</p>	<p><b>I HEREBY CERTIFY</b>, under penalty of perjury, that I am the officer in aforesaid county responsible for the examination and settlement of accounts; that I have not violated any of the provisions of Section 1090 and 1096, inclusive, of the Government Code; that to the best of my ability the amounts reflected herein are in accordance with authorizations for the Child Support Enforcement Program made by the county in accordance with the rules and regulations of the California Department of Child Support Services.</p>
Name of local IV-D Director	Name of County Auditor or Controller
Signature of local IV-D Director	Signature of County Auditor or Controller
Date	Date

**Return completed information no later than April 17, 2001 to Douglas Rose at:**

**Email:** [douglas.rose@dcss.ca.gov](mailto:douglas.rose@dcss.ca.gov)

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