

CALIFORNIA DEPARTMENT OF CHILD SUPPORT SERVICES

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

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

December 13, 2002

CSS LETTER: 02-26

ALL IV-D DIRECTORS
 ALL COUNTY ADMINISTRATIVE OFFICERS
 ALL BOARDS OF SUPERVISORS

SUBJECT: CALIFORNIA INSURANCE INTERCEPT PROJECT (CIIP)
 IMPLEMENTATION

On July 23, 2002, the Department of Child Support Services (DCSS) distributed CSS Letter 02-16 to describe the implementation of a new child support intercept, known as the California Insurance Intercept Project (CIIP). CIIP creates a new interface between DCSS and the Rhode Island Child Support Lien Network (CSLN) to intercept insurance settlements awarded to delinquent non-custodial parents (NCPs). DCSS has worked with the Consortia Managers and CSLN to implement this new program, with initial processing by Local Child Support Agencies (LCSAs) targeted to begin the week of December 16, 2002. This letter is intended to inform LCSAs of processing procedures and expectations.

CIIP has the potential to significantly increase collections by intercepting third party insurance claims and Workers Compensation Benefits across all participating states and insurance companies. A consistent 3% match rate is being realized by states that are currently participating in this program with an average collection rate of \$3,500 per settlement. **Due to the expected increased collections, CIIP is a high priority workload and must be implemented as quickly as possible.**

PROCESS OVERVIEW

DCSS will submit NCP data from the Integrated Database (IDB) to match against the CSLN claims database. The IDB submission is identical to the existing IDB submission process for the intercept programs already in place.

DCSS-SY-2002-CTY-0472



DO YOUR PART TO HELP CALIFORNIA SAVE ENERGY
 For energy saving tips, visit the DCSS website at
www.childsup.cahwnet.gov

The following information will be contained in the CIIP submission file transmitted to CSLN by DCSS for each NCP:

- Social Security Number
- First and last name
- Last known address
- Date of birth

The first CIIP submission to CSLN will run against the claims submitted by the participating insurance companies for the last 12 months. This will help jump-start the program, by gathering some matches on cases that could be near settlement. Thereafter, every time a new NCP is submitted, CSLN will run that NCP against the claims submitted for the last 12 months.

When CSLN receives California's monthly submission, they will update their database with California's cases. On a daily basis, participating insurance companies will update CSLN with new claims. CSLN will match its list of cases against these claims and provide a daily list of matches to DCSS.

MATCH INFORMATION PROCESSING

Matches received by DCSS will be provided to LCSAs in a report that includes both locate and claim information. The locate data will contain address and other contact information whereby the claimant (the NCP) will receive claim updates and settlement disbursements. Since it will be in the best interest of the NCP to keep their locate data as current as possible, the address information is presumed to be viable. This up-to-date locate data will be provided to DCSS for distribution to the LCSAs. The claim data from CSLN will contain information regarding the insurance claim, the insurance company handling the claim, and contact information for the claims adjuster. The LCSA will contact the insurance company to determine if a court action has been filed.

For matches on open claims in which the obligor has not filed an action in court, the LCSAs will generate a Order/Notice to Withhold (ONtW) specifically tailored for the CIIP intercept (Form CIIPWAgainst (12/02)). The LCSA will send the ONtW directly to the insurance company. Participating insurance companies are familiar with the procedures in complying with the ONtW. The ONtW allows for intercept of the claim settlement for up to 50% of the settlement or the total of the NCP's arrearage amount, whichever is less. LCSA should be aware that an ONtW is enforceable for one year from the date that money becomes payable. If a personal injury claim will not be paid in full within one year of the date that the money becomes payable, LCSAs must submit another ONtW to ensure that all allowable payments are collected. In the cover letter that will accompany each ONtW, the insurance claims adjuster will be instructed to contact the LCSA at the time of settlement for an updated arrearage amount and to receive any special disbursement instructions. The LCSA will then generate a CIIP

Demand Request with the accurate arrearage amount to the insurance company for interception.

If a lawsuit has been filed, the LCSA must file a lien in the pending action as specified in Code of Civil Procedures Section 708.410 – 708.480 in order to recover up to 100% of the judgment. If an action based upon the claim has been filed in a California court, the LCSA will file a lien in the pending action using the Judicial Council Notice of Lien (Form EJ 185). If an action has been filed in another state's court, the LCSA should request the other state's Title IV-D agency to file a lien in the pending action.

DCSS will process the locate and claim data received from CSLN on a daily basis by leveraging the Federal Case Registry (FCR) response processing procedures already in place. The LCSA(s) which owns the NCP's case(s) will be determined for each match. The FCR will forward the locate and claim data to each LCSA with an indicator that the match was generated by CIIP.

PHASED IMPLEMENTATION

CIIP will be implemented in two phases.

- Phase one will require caseworker generation of the CIIP Order/Notice to Withhold (ONTW). ONTW package includes the following forms:
 1. Cover Letter to the Insurance Company
 2. Order/Notice to Withhold Income for Child Support (CIIP)
 3. Request for Hearing Regarding Wage And Earnings Assignment

To help control the volume of matches returned from the initial submission against the historical (12 month) CSLN file, in phase one DCSS will only submit cases to CSLN with an aggregate delinquency balance of \$23,500 or more.

- Phase two will automate the generation of the ONTW package by the consortia systems.

During phase two, DCSS will eliminate the \$23,500 threshold. All cases submitted to the IDB with an aggregate delinquency balance of more than \$500 will be automatically submitted to CSLN. This process will be similar to the process currently in place whereby an ONTW is sent to employers in response to matches generated from the National Directory of New Hires (NDNH).

NOTE: In both phases, the ONTW package will be sent for all matches. If the LCSA subsequently discovers the case has been filed with the court, the LCSA must file a lien with the court and rescind the ONTW.

MULTIPLE LCSA MATCHES

For an NCP match with cases in multiple LCSAs, DCSS will report the match to each LCSA. Each LCSA will still be responsible for submitting an ONtW to the insurance company. The insurance companies will distribute payments to each LCSA in proportion to the debt amount submitted by each LCSA. The following example demonstrates the distribution process that will be used:

<u>Example</u>	LCSA 1	LCSA 2
<i>Settlement is \$2000, ONtW attaches 50%. Total disbursement realized is \$1000.</i>		
IDB submission (debt)	\$500	\$1500
Percentage of debt drives percentage of collection	25%	75%
Disbursement to LCSAs	\$250	\$750

This same distribution methodology will be used in cases where multiple states file an action against the same NCP settlement.

IMPLEMENTATION TIMEFRAMES

Phase one will begin to flow information to the LCSA via the CIIP Match Report the week of December 16, 2002. Using the \$23,500 threshold, approximately 240,000 cases have been submitted to CSLN for matching.

Phase two of the CIIP implementation is targeted to begin no later than the start of the second quarter of 2003.

REPORTING

DCSS is required to track collections obtained through CIIP and report CIIP-specific revenues to the Legislature as part of its budget process. The CS 35 report will be modified to allow each LCSA to report all CIIP collections to DCSS using the monthly reporting process. Payment instructions are provided in the ONtW cover letter and on the ONtW itself, to clearly identify payments resulting from CIIP matches. The insurance company is instructed to place the NCP's social security number (SSN) or case number and "CIIP Offset" in the memo field of the check. The CS 35 report will be modified by the end of the first quarter of 2003 to include CIIP collections. Until the CS 35 report is modified, LCSA must track CIIP collections manually.

WORKER'S COMPENSATION MATCHES

CIIP will also report matches to the LCSAs for Workers' Compensation Benefits. LCSAs already receive some information on California's Workers' Compensation Benefits received by NCPs through the IDB interface with the Department of Health Services (DHS). Additionally, some LCSAs may also be receiving Workers' Compensation information through independent contracts with Electronic Data Exchange Express (EDEX). For Worker's Compensation matches, CIIP will include a Worker's Compensation Flag on the Match Report. This will alert the LCSAs to research the respective case histories prior to submitting an ONtW or a lien to verify that enforcement actions have not already been taken against the specific Workers' Compensation Benefits. Because of the potential for duplication of enforcement actions on Workers' Compensation claims, the consortia systems will not auto-generate the ONtW for these matches.

REFUNDS

DCSS will pay CSLN \$40 for each positive match on an insurance or workers' compensation claim returned from CSLN. However, when a match is not "good" or doesn't provide new information about the NCP, it will be important to submit refund requests to DCSS. The following situations will result in the need to request a refund:

- The LCSA has previously identified the claim and is working it.
- The LCSA determines the match is not the correct NCP.

DCSS has developed a single page fax form that can be sent to DCSS when a case is identified as a potential candidate for refund. The form and sending instructions will be released to the LCSAs the week of December 9, 2002.

ATTACHMENTS

Several attachments are included with this letter to help prepare LCSA for the CIIP workload.

1. Sample CIIP Match Summary Report to LCSAs. This report is an example of the match information that will be transmitted to each LCSA based on its caseload submission to the IDB. The report will have two components; a match summary report of total matches and a separate detail report for each match. The report will be in PDF format.
2. Order/Notice to Withhold Income for Child Support (CIIP). DCSS has adopted a modified ONtW specifically for CIIP intercept. A sample form (CIIPWAgainst (12/02) and instructions for completion are included. The form and instructions have been designed to clearly identify the information required to complete the ONtW appropriately for CIIP.

3. Sample ONtW Cover Letter to Insurance Company (CIIPCOVER (12/02)). This cover letter is to be sent to the insurance company with the ONtW.
4. Request for Hearing (1299.28 (July 1, 1999)). This is the current Request for Hearing that must accompany the ONtW.
5. CIIP Demand Request (CIIPDEMAND (12/02)). This is a sample of the Demand Request letter that is sent to the insurance company at the time of settlement.
6. "CIIP Frequently Asked Questions" and their answers. This attachment is intended for distribution to caseworkers who will be processing and monitoring CIIP cases.

If you have any questions or concerns regarding this matter, please contact Robert Silvey at (916) 464-5369, email: robert.silvey@dcss.ca.gov or Jadine Takeuchi at (916) 464-5376, email: jadine.takeuchi@dcss.ca.gov.

Sincerely,

CURTIS L. CHILD
Director

Attachments:

1. Sample CIIP Match Summary Report to LCSAs
2. Order/Notice to Withhold Income for Child Support (CIIP)
3. Sample ONtW Cover Letter to Insurance Company
4. Request for Hearing
5. CIIP Demand Request
6. CIIP Frequently Asked Questions

SAMPLE CIIP MATCH SUMMARY REPORT TO LCSAs

CIIP Match Summary Report - VENTURA

Match Score 4 of 4

Match By SSN, DOB, Name, Address:	9
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Match Score 3 of 4

Match By SSN, Name, DOB:	5
Match By SSN, Name, Address:	11
Match By Name, DOB, Address:	1
Match By SSN, DOB, Address:	0
Total:	17

Match Score 2 of 4

Match By Name and DOB:	1
Match By Name and Address:	15
Match By SSN and Name:	0
Match By SSN and Address:	0
Match By DOB and Address:	0
Match By SSN and DOB:	0
Total:	16

Match Score 1 of 4

Match By SSN Only:	12
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Total Worker's Comp Matches: 16

Total Matches: <u>54</u>

SAMPLE CIIP MATCH DETAIL REPORT TO LCSAs

CIIP Match Detail Report - VENTURA

CLAIMANT: GERALD C CALDWELL **SUBMITTED SSN:** 001-34-0907 **DOB:** / /
ADDRESS: 2971 LETITIA AVE **CSLN SSN:** 001-34-0907 **DRIVERS LICENSE #:** **STATE:**
 6770 W HIGHWAY 89A **TIN:** - - **OCCUPATION:** DRIVER
 PLACERVILLE, CA. 956670000 **SEX:** M **PROFESSIONAL LICENSE:**
COUNTRY:

Match Criteria	
<input checked="" type="checkbox"/> SSN	<input checked="" type="checkbox"/> DOB
<input checked="" type="checkbox"/> Name	<input checked="" type="checkbox"/> Address

HOME PHONE: **CELL PHONE:**
WORK PHONE: **PAGER:** **PAGER PIN:**

CLAIM NUMBER: TEST525AVG6239	MATCH ID: 0000035584	MATCH DATE: 2002/11/12
WORKERS COMP: No		DATE OF LOSS: 2000/04/01
<i>Insurer</i>		<i>Contact</i>
COMPANY: TRAVELERS INDEMNITY COM	OFFICE: MORRIS PLAINS CL - 525	
ADDRESS: 9020 Overlook Blvd	CONTACT: REGINA T DOWD	
	TITLE:	
Brentwood, TN. 37027	ADDRESS: PO BOX 530	
PHONE: (877) 828-4110	MORRIS PLAINS CL - 525	
FAX: (860) 954-6936	MORRIS PLAINS, NJ. 079500530	
EMAIL:	PHONE: (800) 842-2475	
URL: www.travelspc.com	FAX: (877) 786-5568	
DOING BUSINESS IN CA: No	EMAIL:	

ORDER/NOTICE TO WITHHOLD INCOME FOR CHILD SUPPORT (CIIP)

Original Amended Termination

State: **CALIFORNIA**

Co./City/Dist. **1.**

Tribunal/Case Number: **2.**

Employer's/Withholder's Name: **3.**

Employer's/Withholder's Address:

SAMPLE ONLY -

Not to be filed

The numbers in the spaces correspond to the numbers on the instruction sheet.

Employer/Withholder's Federal EIN Number (if known) **4.**

RE: Employee's/Obligor's Name (Last, First, MI):

7.

Employee's/Obligor's Social Security Number:

8.

Employee's/Obligor's Case Identifier:

9.

Obligee Name (Last, First, MI):

10.

Child(ren)'s Name(s):

5.

DOB

6.

11. If checked, you are required to enroll the child(ren) identified above in any health insurance coverage available to the employee's/obligor's through his/her employment.

ORDER INFORMATION: This Order/Notice is based upon an order for support from **12.**

You are required by law to deduct these amounts from the employee's/obligor's income until further notice.

\$ **13.** per MONTH current support for support due on or after **13.**

\$ **N/A 14.** per MONTH past-due child support - Arrears 12 weeks or greater? yes no

\$ **N/A 15.** per MONTH current medical support

\$ **N/A 16.** per MONTH past-due medical support

\$ **N/A 17.** per MONTH spousal support

\$ **18.** due immediately for support arrears due thru **19.**

for a total of \$ **20.** due immediately up to 50% of judgment/settlement to be forwarded to the payee below.

You do not have to vary your pay cycle to be in compliance with the support order. If your pay cycle does not match the ordered payment cycle, withhold one of the following amounts:

\$ **N/A 21.** per weekly pay period. \$ **N/A 22.** per semimonthly pay period (twice a month).

\$ **N/A 23.** per biweekly pay period (every two weeks). \$ **N/A 24.** per monthly pay period.

REMITTANCE INFORMATION: When remitting payment, provide the pay date/date of withholding and the case identifier. If the employee's/obligor's principal place of employment is California, begin withholding no later than the first pay period occurring 10 days after the date of **25.** Send payment within 7 working days of the pay date/date of withholding. The total withheld amount, including your fee, cannot exceed 50 % of the gross proceeds due the obligor.

If the employee's/obligor's principal place of employment is not California, for limitations on withholding, applicable time requirements, and any allowable employer fees, follow the laws and procedures of the employee's/obligor's principal place of employment (see #4 and #10, ADDITIONAL INFORMATION TO EMPLOYERS AND OTHER WITHHOLDERS).

If remitting payment by EFT/EDI, call _____ before first submission. Use this FIPS code: _____

Bank routing code: _____ Bank account number: _____

Make check payable to: **26.**

Case identifier: **27.**

Send check to: **28.**

Handling Instructions: Please indicate "CIIP OFFSET" and the Case Identifier on the memo portion of the check.

Authorized by: **29.** Date: **30.**

Print Name and Title **31.**

Of Authorized Official(s):

IMPORTANT: The person completing this form is advised that the information on this form may be shared with the obligor.

ADDITIONAL INFORMATION TO EMPLOYERS AND OTHER WITHHOLDERS

If checked, you are required to provide a copy of this form to your employee, along with a blank *Request for Hearing Regarding Wage and Earnings Assignment* (form 1299.28) within 10 days. If your employee works in a state that is different from the state that issued this order, a copy must be provided to your employee even if the box is not checked.

1. We appreciate the voluntary compliance of Federally recognized Indian tribes, tribally-owned businesses, and Indian-owned business located on a reservation that choose to withhold in accordance with this notice.
2. **Priority:** Withholding under this *Order/Notice* has priority over any other legal process under State law against the same income. Federal tax levies in effect before receipt of this order have priority. If there are Federal tax levies in effect, please contact the State Child Support Enforcement Agency or party listed in number 12 below.
3. **Combining Payments:** You can combine withheld amounts from more than one employee's/obligor's income in a single payment to each agency/party requesting withholding. You must, however, separately identify the portion of the single payment that is attributable to each employee/obligor.
4. **Reporting the Paydate/Date of Withholding:** You must report the paydate/date of withholding when sending the payment. The paydate/date of withholding is the date on which amount was withheld from the employee's wages. You must comply with the law of the state of employee's/obligor's principal place of employment with respect to the time periods within which you must implement the withholding order and forward the support payments.
5. **Employee/Obligor with Multiple Support Withholdings:** If there is more than one *Order/Notice to Withhold Income for Child Support* against this employee/obligor and you are unable to honor all support *Order/Notices* due to Federal or State withholding limits, you must follow the law of the state of the employee's/obligor's principal place of employment. You must honor all *Order/Notices* to the greatest extent possible. (see #10 below)
6. **Termination Notification:** You must promptly notify the Child Support Enforcement Agency or payee when the employee/obligor no longer works for you. Please provide the information requested and return a complete copy of this *Order/Notice* to the Child Support Enforcement Agency or payee.

EMPLOYEE'S/OBLIGOR'S NAME:

CASE IDENTIFIER:

DATE OF SEPARATION FROM EMPLOYMENT: _____

LAST KNOWN HOME ADDRESS:

NEW EMPLOYER'S ADDRESS:

7. **Lump Sum Payments:** You may be required to report and withhold from lump sum payments such as bonuses, commissions, or severance pay. If you have any questions about lump sum payments, contact the person or authority
8. **Liability:** If you have any doubts about the validity of the *Order/Notice*, contact the agency or person listed below. If you fail to withhold income as the *Order/Notice* directs, you are liable for both the accumulated amount you should have withheld from the employee's/obligor's income and any other penalties set by State law.
- 9.* **Anti-discrimination:** You are subject to a fine determined under State law for discharging an employee/obligor from employment, refusing to employ, or taking disciplinary action against any employee/obligor because of a child support withholding.
10. **Withholding Limits:** You may not withhold more than the lesser of : 1) the amounts allowed by the Federal Consumer Credit Protection Act (15 U.S.C. § 1673(b)); or 2) the amounts allowed by the State of the employee's/obligor's principal place of employment. The Federal limit applies to the aggregate disposable weekly earnings (ADWE). ADWE is the net income left after making mandatory deductions such as: State, Federal, local taxes; Social Security taxes; and Medicare taxes; along with disability insurance and payments to public employees' retirement systems. After the Obligor's disposable earnings are known, withhold the amount required by the *Order/Notice*, **but never withhold more than 50 percent of the disposable earnings unless the court order specifies a higher percentage.** Federal law prohibits withholding more than 65 percent of disposable earnings of an employee in any case.
11. **To the Employee/Obligor:** If you did not receive a blank *Request for Hearing Regarding Wage and Earnings Assignment* (form 1299.28), you may get one from the court clerk, the local child support agency, or the family law facilitator.
12. **Issuing Agency or Court:**
13. If you or your employee/obligor have any questions, contact:
by telephone at () - or by FAX at () - or by Internet
14. **Earnings for purposes of this Order/Notice include:** 1) wages, salary, bonuses, vacation pay, retirement pay, and commissions paid by an employer; 2) payments for services of independent contractors; 3) dividends, interest, rents, royalties, and residuals; 4) patent rights, and mineral or other natural resource rights; 5) any payments due as a result of written or oral contracts for services or sales, regardless of title; 6) payments due for workers' compensation temporary benefits, or payments from a disability or health insurance policy or program; and 7) any other payments or credits due regardless of source.

FILLING OUT THE Order Notice to Withhold (ONtW)

This form is comparable to the Federal Order/Notice to Withhold Income for Child Support that is regularly used for wage withholding and should be completed similarly except where noted in the following instructions. The numbers refer to the blanks on the sample form.

1. Co./City/Dist.

Enter the name of the LCSA on this line.

2. Tribunal/Case Number

Enter the court order number on this line.

3. Employer's/Withholder's Name and Address

From the matching information you receive, enter the name and address of the Insurance Carrier (the institution that may be paying a settlement to the non-custodial parent [NCP]) in these lines.

4. Employer/Withholder's Federal EIN Number

If the insurance carrier that has been listed above has a FEIN listed, enter that number on this line.

5. Child(ren)'s Name(s)

Enter the NCP's child(ren)'s name(s) on this line.

6. DOB

Enter the NCP's child(ren)'s date(s) of birth on this line.

7. Employee's/Obligor's Name (Last, First, MI):

Enter the NCP's full name on this line.

8. Employee's/Obligor's Social Security Number:

Enter the NCP's Social Security Number on this line.

9. Employee's/Obligor's Case Identifier:

Enter the NCP's case number(s) as known to the LCSA's system on this line.

FILLING OUT THE Order Notice to Withhold (ONTW)

10. Obligee Name (Last, First MI):

Enter the custodial parent's (CP) name(s) on this line.

11. Check Box For Health Insurance Coverage

This box is not applicable to CIIP. Leave it blank.

12. ORDER INFORMATION: This Order/Notice is based upon an order for support from _____.

Enter the name of the state that issued the order on this line.

13. \$ _____ per _____ MONTH Current support for support due on or after _____

Enter the dollar amount for the monthly support amount due on the first blank and the date of the month following this notice on the second blank. For example, if the notice is produced September 15th, the date listed here would be October 1, CCYY

14. \$ _____ N/A _____ per _____ MONTH Past-due child support

15. \$ _____ N/A _____ per _____ MONTH Current medical support

16. \$ _____ N/A _____ per _____ MONTH Past-due-medical support

17. \$ _____ N/A _____ per _____ MONTH Spousal support

The four above lines are not applicable to CIIP. There is nothing to add, change, or delete.

18. \$ _____ due immediately

Enter the amount of arrears due at the time of filing this notice and the date the notice is being generated on this line. The arrears total includes all arrears and interest due.

Please note: you will not be restricted to only the arrears listed on this form. At the time that the insurance company has settled with the NCP, the applicable arrearage amount may be higher than the amount listed. The insurance carrier is instructed to request current balances from the LCSA at the time of settlement in the cover letter that will accompany this ONtW.

FILLING OUT THE Order Notice to Withhold (ONtW)**19. for support arrears due thru _____.**

Enter the current date.

20. For a total of \$ _____ due immediately up to 50% of judgment/settlement to be forwarded to the payee below.

Enter the same amount as field 18 above. Current support amount will not be included in this line item.

21. \$ N/A per weekly pay period**22. \$ N/A per semimonthly pay period****23. \$ N/A per biweekly pay period****24. \$ N/A per monthly pay period**

The four above lines are not applicable to CIIP. There is nothing to add, change, or delete.

25. Remittance Information

Enter the same date as field 19 above – current date.

For the EFT/EDI section of the form, there are no specific instructions as there are few LCSAs that are equipped for EFT. For those who are, please obtain specific instructions locally.

26. Make check payable to:

Enter your LCSA's name on this line.

27. Case Identifier:

Enter the same case number as field 9 above.

28. Send check to:

Enter the address where your LCSA receives payments.

29. Authorized by:

The individual issuing this form will sign on this line.

FILLING OUT THE Order Notice to Withhold (ONtW)

30. Date:

Enter the date the form is signed on this line.

31. Print Name and Title Of Authorized Official(s):

Enter the name and working title of the individual signing this form on this line.

Date:

LCSA Case No.:

Re: Order/Notice to Withhold

Obligor Name:

Social Security Number:

Claim Number:

Enclosed with this letter is an "Order/Notice to Withhold Income for Child Support," which we have issued for the purpose of collecting child support from the above-named individual. California law gives us the authority to withhold child support payments from the obligor's earnings. Earnings are defined to include any payments or credits due or becoming due to an obligor regardless of the source. This "Order/Notice to Withhold Income for Child Support" creates a lien on any payments that you owe to the child support obligor and the lien remains in effect until one year from the date that the payments become payable to him or her.

An extra copy of the "Order/Notice to Withhold Income for Child Support" and a blank "Request for Hearing Regarding Wage and Earnings Assignment" is also enclosed. California law requires that you provide notice to the claimant by sending these documents within 10 days of the date that you receive them.

Please withhold the amounts specified for current support and child support arrears from any payment due to the above-named individual. The amount you withhold may not exceed 50 percent of the gross proceeds due to the obligor. Gross proceeds is the amount due before the amounts for other liens and expenses are deducted. If the payment to the obligor is made more than one month after you receive this notice, please call our office at the number below and request an updated demand for the amount that is due.

Finally, we request that all payments paid in the settlement in response to the "Order/Notice to Withhold Income for Child Support" contain the obligor's name and case identifier, and be marked in the memo field with the identifier: "CIIP Offset".

Thank you in advance for your cooperation. Our ultimate goal is to make sure that children receive the support that is owed to them by their parents.

If you have any questions regarding this order please contact
at () -

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, state bar number, and address</i>): TELEPHONE NO.: () - FAX NO.: () - ATTORNEY FOR (<i>Name</i>):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE BRANCH NAME	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT OTHER PARENT:	
REQUEST FOR HEARING REGARDING WAGE AND EARNINGS ASSIGNMENT (Family Law - Governmental - UIFSA)	CASE NUMBER:

Use this form to request a hearing if you object to the *Notice of Wage and Earnings Assignment* (form 1299.25), the *Wage and Earnings Assignment Order* (form 1285.70), or an *Interstate Order/Notice to Withhold Income for Child Support*.

NOTICE OF HEARING

1. A hearing on this application will be held as follows (*see instructions on page three for information on how to get a hearing*)

a. Date: Time: <input type="checkbox"/> Dept.: <input type="checkbox"/> Div.: <input type="checkbox"/> Room:

b. The address of the court: same as noted above other (*specify*):

2. I request that service of the earnings assignment or *Interstate Order/Notice to Withhold Income for Child Support* be quashed (set aside) because:

a. I am not the Obligor named in the earnings assignment.

b. There is good cause to recall the earnings assignment because ALL of the following conditions exist:

(1) Recalling the earnings assignment would be in the best interests of the children for whom I am ordered to pay support (*state reasons*):

(2) I have paid court-ordered support fully and on time for the last 12 months without either a wage assignment or other mandatory collection process.

(3) I do not owe any arrearage (back support).

(4) Service of the earnings assignment would cause extraordinary hardship on me as follows (*state reasons; you must prove these reasons at any hearing on this application by clear and convincing evidence*):

c. The other parent and I have a written agreement that allows the support order to be paid by an alternative method. A copy of the agreement is attached. (*Note: This agreement must be signed by the district attorney if the support obligation is paid to the district attorney.*)

(Continued on reverse)

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT OTHER PARENT:	CASE
----------------------------------------------------------------	------

3. I request that the earnings assignment be modified because
- a. the total arrearage claimed as owing is incorrect. *(Check one or more of the following reasons):*
- (1) I did not receive credit for all of the payments I have made. *(Check one or more of the following):*
- (a) I have attached my statement of the arrearage, which includes a monthly breakdown of amounts ordered and amounts paid.
- (b) I made the the following payments which were not credited *(for each payment specify the date, amount, and the name of the person or agency paid):*
- (2) Child support terminated *(specify name of the child, child's date of birth, and date and reason support terminated):*
- (3) Other *(specify):*
- b. The monthly payment specified in the earnings assignment is more than one-half of my total net income each month from all sources.
- c. The monthly arrearage payment stated in the earnings assignment creates an undue hardship because *(describe the hardship and state the amount you are able to pay on your arrearage):*

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____

(TYPE OR PRINT NAME OF PERSON REQUESTING HEARING)

(SIGNATURE OF PERSON REQUESTING HEARING)

CLERK'S CERTIFICATE OF MAILING

I certify that I am not a party to this action and that a true copy of the *Request for Hearing Regarding Wage and Earnings Assignment* was mailed, postage fully prepaid, in a sealed envelope addressed as shown below, and that the request was mailed at *(place)*: _____ on *(date)*: _____

Date: _____ Clerk, by _____, Deputy

(Instructions on page three)

**INFORMATION SHEET FOR REQUEST FOR HEARING
REGARDING WAGE AND EARNINGS ASSIGNMENT
(California Rules of Court, rules 1285.70 and 1299.28)**

(Do NOT deliver this information Sheet to the court clerk.)

Please follow these instructions to complete the *Request for Hearing Regarding Wage and Earnings Assignment* (form 1299.28) if you do not have an attorney representing you. Your attorney, if you have one, should complete this form. You must file the completed *Request for Hearing* form and its attachments with the court clerk within 10 days after the date your employer gave you a copy of a *Wage and Earnings Assignment* or an *Interstate Order/Notice to Withhold Income for Child Support*. The address of the court clerk is the same as the one shown for the superior court on the *Wage and Earnings Assignment*. You may have to pay a filing fee. If you cannot afford to pay the filing fee, the court may waive it, but you will have to fill out some forms first. For more information about the filing fee and waiver of the filing fee, contact the court clerk.

INSTRUCTIONS FOR COMPLETING THE REQUEST FOR HEARING REGARDING WAGE AND EARNINGS ASSIGNMENT FORM (TYPE OR PRINT IN INK)

Front page, first box, top of form, left side: Print your name, address and telephone number in this box if it is not already

Item 1: a.-b You must contact the court clerk's office and ask that a hearing date be set for this motion. The court clerk will give you the information you need to complete this section.

Item 2: Check this box if you want the court to stop the district attorney or the other parent from collecting any support from your wages or earnings. You must check the box for either a., b., or c. below if you check this box.

- a. Check this box if you are not the person required to pay support in the *Wage and Earnings Assignment*.
- b. Check this box if you believe that there is "good cause" to recall the earnings assignment. NOTE: The court must find ALL of the conditions listed in this paragraph exist in order for good cause to apply.
- c. Check this box if you and the other parent have a written agreement that allows you to pay the support another way. **You must attach a copy of the agreement**, which must be signed by the other parent and a representative of the district attorney if payments are made to a county office.

Item 3: Check this box if you want to change the *Wage and Earnings Assignment*. You must check the box for either a., b., or c. below if you check this box.

- a. Check this box if the total arrearage listed in item 9 on the *Wage and Earnings Assignment* is wrong. If you check this box, you must check one or more boxes for (1), (2), or (3). You must attach the original of your statement of arrearages. Keep one copy for yourself.

(1) Check this box if you believe that the amount of arrearage listed in the *Wage and Earnings Assignment* does not give you credit for all the payments you have made. If you check this box, you must check either or both of the boxes underneath it:

- (a) Check this box if you are attaching your own statement of arrearage. This statement must include a monthly listing of what you were ordered to pay and what you actually paid.
- (b) Check this box if you wish to list any payments that you believe were not included in the arrearage amount. For each payment you must list the date you paid it, the amount paid, and the person or agency (such as the district attorney) to whom you made the payment. Bring proof of any payment in dispute to the hearing.

(2) Check this box if the child support for any of the children in the case has terminated (ended). If you check this box, you must list the following information for each child:

- The name and date of birth of each child.
- The date the child support order terminated.
- The reason child support terminated.

(3) Check this box if there is another reason you believe the arrearage is incorrect. You must explain the reasons in detail.

- b. Check this box if the total monthly payment shown in item 1 of the *Wage and Earnings Assignment* is more than one-half of your monthly net income.

- c. Check this box if the total monthly payment shown in item 1 of the *Wage and Earnings Assignment* causes you a serious hardship. You must write in the reasons for the hardship in this space.

You must date the *Request for Hearing* form, print your name, and sign the form under penalty of perjury. When you sign the *Request for Hearing* form, you are stating that the information you have provided is true and correct. After you file the request, the court clerk will notify you of the date, time, and location of the hearing by mail.

You must file your request within 10 days of receiving the *Wage and Earnings Assignment* or *Interstate Order/Notice to Withhold Income for Child Support* from your employer. You may file your request in person at the clerk's office or mail it to the clerk. In either event, it must be received by the clerk within the 10-day period.

If you need additional assistance with this form, contact an attorney or the Family Law Facilitator in your county.

Date:

Phone No.: () -

LCSA Case No.:

Obligor Name:
Social Security Number:
Claim Number:

Demand Request:

- 1. We make no demand. Your client is current in payments.
- 2. Our demand is \$ which includes all principal, interest, costs, and fees (if applicable) as of . An additional \$ will become due on .

Please make the check payable and mail to the following address. Please include the above case number and obligor's name on the check, as well as the identifier, "CIIP Offset" in the memo field of the check.

If for any reason the above amount will not be paid to this office, or if you have any questions regarding this demand, please contact at () -

CIIP FREQUENTLY ASKED QUESTIONS

Q1. What is CIIP?

A1. The California Insurance Intercept Program (CIIP) is an electronic interface that provides data matching processes and reports that states can use to intercept personal injury and workers compensation claims for child support obligations. Electronic matching that occurs between DCSS' Integrated Database (IDB) and the insurance companies that access the database via the Rhode Island sponsored Child Support Lien Network (CSLN), will result in matches that will be reported to the Local Child Support Agencies, Department of Child Support Services, and the involved insurance companies.

Q2. What is the Child Support Lien Network (CSLN)?

A2. The State of Rhode Island established the Child Support Lien Network (CSLN) in 1999. CSLN matches delinquent child support obligors against insurance records to determine if there is a claim pending with any of the participating insurance providers. The purpose of this program is to intercept insurance settlements and workers' comp claims owed to delinquent child support obligors. There are currently 13 other states and over 200 insurance companies participating in the program. The current list of other participating states is as follows: Rhode Island, Connecticut, Maine, Vermont, South Dakota, Alaska, Arkansas, New Hampshire, Tennessee, New Jersey, Texas, Florida, and Georgia.

Q3. When will the system go live?

A3. DCSS is implementing this program in two phases. Phase one will begin mid-December 2002 and will include receiving data matches that will be released electronically and in a PDF report.

Phase two is targeted to be implemented no later than the start of the second quarter of 2003 and will include automated ONtW generation for cases that are not flagged as Worker's Compensation cases. Phase two will be implemented as each consortia automates there generation ONtWs in response to the matches.

Q4. How often does an insurance company update their caseload information on CSLN?

A4. Matches will be received from CSLN on a daily basis and forwarded along with the Federal Case Registry (FCR) data.

Q5. What is the penalty if an insurance company does not comply?

A5. Currently there is no penalty for non-compliance. Participation is voluntary.

CIIP FREQUENTLY ASKED QUESTIONS

Q6. How often will the state send data to CSLN?

A6. DCSS will send a file to CSLN each month using data submitted to the IDB from the LCSA.

Q7. How old is the data received from CSLN?

A7. CSLN goes back 12 months when a new member is submitted to CSLN for the first time. From that point forward it is on a month-to-month basis.

Q8. What happens after CSLN receives a match?

A8. CSLN will send a match file to DCSS which identifies locate data and claim data. DCSS in turn will send each LCSA a report of the matches on their cases in phase one. In phase two, consortia systems will be modified to auto-generate the ONtW based on the match information returned from CSLN.

Q9. Once the LCSA receives the report, what type of action is required?

A9. In phase one, LCSAs will respond to matches and file the ONtW individually for each match using standardized forms.

In phase two, the consortia systems will be modified to auto-generate the ONtW in response to the matches.

NOTE: In both phases, the ONtW package will be sent for all matches. If the LCSA subsequently discovers the case has been filed with the court, the LCSA must file a lien with the court and rescind the ONtW.

LCSA should be aware that an ONtW is enforceable for one year from the date that money becomes payable. If a personal injury claim will not be paid in full within one year of the date that the money becomes payable, LCSAs must submit another ONtW to ensure that all allowable payments are collected.

CIIP FREQUENTLY ASKED QUESTIONS**Q10. How will the LCSAs receive the electronic file?**

A10. The locate and claim data will be sent with the daily or weekly FCR NDNH file that the LCSAs are currently receiving. The LCSAs that receive their NDNH files in the shorter NER format, will receive the CSLN data in a separate file. The CSLN records first two bytes start with 'CI' the as opposed the standard FCR records that start the first two bytes with 'FN', 'FD', 'FS', etc. This will allow the LCSAs to separate the CSLN records from the FCR NDNH records before kick off their FCR processing. Due to the size limit of 920 bytes for FCR, two records were used to pass on all the necessary CSLN match data back to the LCSA.

Q11. How will I know if it is a personal injury or workers compensation case?

A11. Workers compensation cases will be flagged and the report will indicate it as such.

Q12. How are workers compensation cases handled.

A12. LCSAs already receive information on Workers' Compensation Benefits received by NCPs through the IDB interface with the Department of Health Services (DHS). Additionally, some LCSAs may also be receiving this information through independent contracts with Electronic Data Exchange Express (EDEX). For Workers' Compensation matches, CIIP will report a Worker's Compensation Flag on the match. This will alert the LCSAs to research the respective case histories to verify that enforcement actions have not already been taken against those specific Workers' Compensation Benefits prior to submitting an ONtW or a lien. If the Workers' Compensation information is new, the LCSA should process according to the standard operating procedures for Workers' Compensation claims.

Q13. What if the CIIP report reflects a duplicate case that the LCSA has already identified?

A13. If the LCSA has already identified the case and is working it, then DCSS needs to be notified so a refund can be submitted to CSLN. DCSS is charged \$40 per match, so it is important to inform DCSS when the match information is not usable. This includes previously "known" information. Those cases where the LCSA was previously aware of a workers' compensation claim must also be submitted for refund. DCSS is developing a process for reporting refund information that will be available in January 2003.

CIIP FREQUENTLY ASKED QUESTIONS

Q14. How is the Order/Notice to Withhold to be filled out for this type of action?

A14. A sample form and instructions are attached to the CIIP Implementation Policy Letter **CSS # (11/2002)** and were distributed to all IV-D Directors, the Consortia Managers and LCSA Offset Coordinators.

Q15. What if the case exists in more than one county? Are there special processing considerations AND who gets the money?

A15. Each LCSA will still be responsible for submitting an ONtW to the insurance company for its specific case. The insurance companies will distribute payments to each LCSA in proportion to the debt amount submitted by each LCSA.

<i>Example: Settlement is \$2000, ONtW attaches 50%. Total disbursement realized is \$1000.</i>	LCSA 1	LCSA 2
IDB submission (debt)	\$500	\$1500
Percentage of debt drives percentage of collection	25%	75%
Disbursement to LCSAs	\$250	\$750

This same distribution methodology will also be used in cases where multiple states file an action against the same NCP settlement.

Q16. What will the LCSA receive for each of its matches?

A16. For each match, the LCSA will receive locate and claim data on open claims. This will occur whether the case is multi-county, multi-state or not.

Q17. How much will the typical settlement amount be?

A17. The average settlement amount is \$3,500. The Order/Notice to Withhold can attach 50% of the settlement or the full amount of the arrearage (whichever is less).

Q18. Can I file a Writ to attach 100% of the settlement?

A18. If a lawsuit has been filed, the LCSA should file a lien in the pending action as specified in CCP Section 708.410 – 708.480 in order to recover up to 100% of the judgment. If a lawsuit has not been filed, the LCSA will send an Order/Notice to Withhold to the insurance company that will instruct the insurance company to withhold 50% of the gross settlement proceeds.

CIIP FREQUENTLY ASKED QUESTIONS

Q19. What is the priority of this workload?

A19. This workload is a very high priority of the California Child Support Program. CIIP is expected to generate millions of dollars of new child support collection revenue based on this new intercept program. Consortia Managers are treating the Phase II changes as their number one priority enhancement. In phase one, case workers are expected to work the match report lists as a high priority as well.

Q20. How long does it take for payout once the ONtW has been filed?

A20. This can vary from cases to case. Settlement of a claim can range from 90 to 120 days after the ONtW is filed. In phase one, this timeframe may be much shorter since the matches will occur against cases that may have been open for up to 12 months.

LCSA should be aware that an ONtW is enforceable for one year from the date that money becomes payable. If a personal injury claim will not be paid in full within one year of the date that the money becomes payable, LCSAs must submit another ONtW to ensure that all allowable payments are collected.

Q21. What does all of the matching information mean? What is the difference between the different types of matches?

A21. The matches will be based on four pieces of information: NCP Name, NCP Date of Birth, NCP Social Security Number, and NCP Address. When you receive the Match Detail Report, a box with the Match Criteria will be listed with the four matching fields. The best matches will be the ones where all four pieces of information matched up, while the poorest matches will be the ones with only one piece of information matching. Note: If the address box is not checked, this could indicate a newer address.

Q22. When I contact the insurance company, who do I speak with? How do I identify the case to them?

A22. Listed on each Match Detail report, will be a company contact for the insurance company. Please contact the individual listed under **Contact**. Any correspondence should also be sent to the designated contact person's address or fax number. The **Insurer** information also listed in that box is **not** valid contact information. When speaking to the designated contact person, you will be able to identify the case to them by providing the Claim Number and Date of Loss. Both are also listed on the Match Detail Report.

CIIP FREQUENTLY ASKED QUESTIONS

Q23. What percentage of the cases will settle? How long do the cases take to settle?

A23. Roughly 70% of all claims will settle, making timing critical to successfully intercept the money. There is no specific average for how long it takes a case to settle. For cases involving minor injuries and smaller amounts of money, the settlement time will be of relatively shorter term. For cases involving major injuries and larger amounts of money, the settlement time will be of relatively longer term.

Q24. How frequently should a I check on the status of a case?

A24. As a general rule, you check the status of the case every 60-90 days.

Q25. When I check for updates, who do I speak with at the insurance company?

A25. Listed on each Match Detail report, will be a company contact for the insurance company. Please contact the individual listed under **Contact** for any updates regarding the case status.

Q26. What is the best way to obtain information regarding the claim?

A26. When speaking with the designated contact person at the insurance company, ask to speak directly with the adjuster assigned to the case.

Q27. When should LCSAs submit Credit Transmittals for refunds on matches that are not good leads?

A27. All submissions of Credit Transmittals for refunds should be received by DCSS no later than the 20th of the month in which they are sent.

Q28. How are collections handled in multi-state matches?

A28. When money is intercepted and more than one state is has a case open, the State of Rhode Island will receive the entire amount. Rhode Island will distribute the money to the states involved based upon the proportionate amounts of arrears those states submitted.