

CERTIFICATION

Date:

Office of Child Support Enforcement
Special Collections Unit
Department of Health and Human Services
370 L'Enfant Promenade, SW.
Washington, D.C. 20447

From: _____, _____, _____
State IV-D Director Title Jurisdiction

Subject: Request for Collection of Delinquent Child and/or Spousal Support by Financial Management Service (FMS) through the Federal Tax Refund Offset and/or the Federal Administrative Offset process and Request for Denial of Passport Applications

I certify that every request for collection meets the following requirements:

1. (A) For Federal Tax Refund Offset assistance cases, the amount of the delinquency under a court or administrative order for child and/or spousal support is not less than \$150, has been delinquent for three (3) months or longer, and has been assigned to the State.

(B) For Federal Tax Refund Offset non-assistance cases, the amount of the delinquency under a court or administrative order for child support is not less than \$500, the child is a "qualified child" under section 464 of the Social Security Act (the Act) and the State is enforcing the order under section 454(4)(A)(ii) of the Act.

(C) For Administrative Offset cases, the amount of the delinquency under a court or administrative order for support (for a child and the parent with whom the child is living) is not less than \$25 and there has been an assignment of the support rights to the State or the State is enforcing the order under section 454(4)(A)(ii) of the Act.
2. This agency has verified the accuracy of the arrears, has a copy of the order and any modifications, has a copy of the payment record or an affidavit signed by the custodial parent attesting to the amount of support owed and has, in non-assistance cases, the custodial parent's current address.
3. The Pre-Offset Notice that we will issue the obligor meets the requirements set forth in the regulations, or the address information provided for the non-custodial parent for the notice that OCSE will issue has been verified.

I certify that every request for passport denial meets the following requirements:

1. The amount of the arrearage of child support owed by the individual exceeds \$5000.
2. This agency has verified the accuracy of the arrears, has a copy of the order and any modifications, and has a copy of the payment record or an affidavit signed by the custodial parent attesting to the amount of support owed.
3. This agency certifies that the notice we will issue the obligor meets the requirements set forth in section 454(31) of the Act, or that the address information provided for the non-custodial parent for the notice that OCSE will issue has been verified.

Information for Pre-Offset and/or Offset Notices:

1. We request that OCSE mail Pre-Offset Notices to the obligors. ____ Yes ____ No

If Yes;

_____ Mail notices on all cases _____ Mail notices only on new cases

Select one of the following address options to be used on Pre-Offset Notices:

- _____ State Return Address/ State Contact Address
_____ Local Return Address/ Local Contact Address
_____ State Return Address/ Local Contact Address

2. For all States, select one of the following options to be used on FMS Offset Notices:

- _____ State Contact Address
_____ Local Contact Addresses

3. For all States, the State address must be provided, whether or not only local addresses are used on Pre-Offset/Offset Notices:

Telephone Number: (_____) _____ - _____

4. How long does your State want OCSE to hold new or recertified cases from the Pre-Offset Notice date before forwarding them to the Financial Management Service?

Select one of the following holding periods:

- _____ 30 days from the Pre-Offset Notice date
_____ 45 days from the Pre-Offset Notice date
_____ 60 days from the Pre-Offset Notice date
_____ 90 days from the Pre-Offset Notice date

Signature of IV-D Director or Designee _____

Agency Contact _____

Agency Contact's Phone Number _____

Agency Contact's E-Mail Address _____