

CALIFORNIA DEPARTMENT OF CHILD SUPPORT SERVICES

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



March 29, 2002

LCSA LETTER: 02-08

ALL IV-D DIRECTORS

SUBJECT: REVISED STATE LICENSING MATCH SYSTEM (SLMS) REVOCATION
TRANSMITTAL FORM

Attached is a copy of the revised SLMS Revocation Transmittal Form. Effective immediately, please reproduce the document and distribute to all affected employees. Be sure to discard any previously used transmittal forms you have on file, as our key date entry unit will only acknowledge and process them until April 30, 2002.

In order to expedite processing, all forms should be completed in their entirety, and typed or printed to ensure legibility. The social security number, county assigned account/member identification number, and full address of the non-custodial parent must be provided. Transmittals which are submitted on old forms or are not properly completed will be returned. In addition, documents must be mailed to the address noted on the form, as fax transmissions are not acceptable.

If you have any questions or concerns regarding this matter, please contact Kimberly Ponder at (916) 464-5520.

Sincerely,

ROBERT SILVEY, CHIEF
Child Support Intercept Branch

cc: County SLMS Coordinators

DCSS-SY-2002-CTY-0209

<u>Reason for this Transmittal</u>
<input type="checkbox"/> State Law or Regulation Change
<input type="checkbox"/> Federal Law or Regulation Change
<input type="checkbox"/> Court Order or Settlement Change
<input type="checkbox"/> Clarification requested by One or More Counties
<input checked="" type="checkbox"/> Initiated by DCSS



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

STATE LICENSING MATCH SYSTEM REVOCATION TRANSMITTAL

This form is to be **mailed** to: California Department of Child Support Services
P. O. Box 419064
Rancho Cordova, CA 95741-5337

COUNTY NAME:	COUNTY NUMBER:	CURRENT DATE:
SUBMITTED BY:		DIRECT PHONE NUMBER:
NUMBER OF ACCOUNTS SUBMITTED:	NOTE: If submitting several pages, this top portion only needs to be completed for the top page.	

SOCIAL SECURITY #:	COUNTY #:	ACCOUNT #	DATE REVOCATION REQUESTED (mm/dd/yyyy)
LAST NAME:		FIRST NAME:	MI
STREET ADDRESS:			
CITY:	STATE:	ZIP CODE:	

SOCIAL SECURITY #:	COUNTY #:	ACCOUNT #	DATE REVOCATION REQUESTED (mm/dd/yyyy)
LAST NAME:		FIRST NAME:	MI
STREET ADDRESS:			
CITY:	STATE:	ZIP CODE:	