

CALIFORNIA DEPARTMENT OF CHILD SUPPORT SERVICES

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



September 15, 2003

LCSA LETTER: 03-20

ALL IV-D DIRECTORS

SUBJECT: REVISION OF STATE HEARING COMPLIANCE REPORT FORM

The purpose of this letter is to inform local child support agencies (LCSAs) that the State Hearing Compliance Report Form, LCR 008, has been revised as of July 2003. As of the date of this letter, LCSAs are required to use the new form when submitting state hearing compliance reports per CSS Letter 02-22, dated November 18, 2002.

As a reminder, per California Code of Regulations, Section 120221, LCSAs are required to submit a compliance report within 30 calendar days of receiving an adopted decision that wholly or partially favors a complainant.

If you have any questions or concerns regarding this matter, please contact Jessica Monasterio of the Customer Services Analysis and Reporting Section at (916) 464-5242.

Sincerely,

DONNA S. HERSHKOWITZ
Deputy Director

cc: All LCSA Lead Ombudspersons

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



STATE HEARING COMPLIANCE REPORT FORM

SEND THIS FORM TO:

CALIFORNIA DEPARTMENT OF CHILD SUPPORT SERVICES
Attention: Customer and Community Services Branch
P.O. Box 419064 MS - 30
Rancho Cordova, CA 95741-9064

E-mail to: csart@dcss.ca.gov

COMPLAINANT INFORMATION:			
COMPLAINANT'S NAME		COMPLAINANT'S TELEPHONE NUMBER ()	
ADDRESS		COMPLAINT I.D. NUMBER: (AS LISTED ON CRTS)	
CITY	STATE	ZIP CODE	LCSA CASE NUMBER:

STATE HEARING INFORMATION:		
STATE HEARING DATE	COUNTY SUBJECT OF STATE HEARING	STATE HEARING CASE NUMBER:
ACTION ORDERED: <i>(ATTACH ADDITIONAL PAGES IF NEEDED)</i>		DATE FINAL DECISION SIGNED:
ACTION TAKEN: <i>(ATTACH ADDITIONAL PAGES IF NEEDED)</i>		DATE ACTION TAKEN:
ACTION STILL PENDING: <i>(ATTACH ADDITIONAL PAGES IF NEEDED)</i>		ACTION TO BE COMPLETED BY:

Rehearing Requested: YES NO

LCSA SIGNATURE		DATE SIGNED
PRINT NAME	LCSA TITLE	TELEPHONE NUMBER ()

DCSS USE ONLY:	
Compliance Plan Approved: YES <input type="checkbox"/> NO <input type="checkbox"/>	
Signature: _____	Date: _____