

CALIFORNIA DEPARTMENT OF CHILD SUPPORT SERVICES

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



August 13, 2003

LCSA LETTER: 03-17

ALL IV-D DIRECTORS

**SUBJECT: AUTHORIZED SIGNATURES FOR STATE LICENSING MATCH
SYSTEM RELEASES**

The Department of Child Support Services (DCSS) is updating the list of individuals from LCSAs authorized to submit forms for releases of non-custodial parents (NCP) licenses to SLMS boards and is requesting your response. The enclosed State Licensing Match System (SLMS) signature form must be completed by those local child support agency (LCSA) employees authorized to release suspended or revoked licenses of NCPs.

In situations where an NCP has his/her license suspended by one of the participating SLMS boards, that NCP is required to negotiate a payment plan with the LCSA(s). Once the LCSA(s) and NCP have successfully negotiated a payment plan for current support and/or arrears, the LCSA must submit a release signed by an authorized LCSA employee to the appropriate SLMS board to release the license to the NCP. Although not all boards require a list of authorized signatures, DCSS is updating and maintaining the list for those that do.

The form consists of two pages:

- A cover sheet for identifying the LCSA submitting the signature form. This cover sheet also includes space for the information and signatures of three authorized LCSA workers
- A sheet with room for information and signatures for five authorized LCSA workers

DCSS-SY-2003-CTY-0100

<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

LCSA Letter: 03-17

August 13, 2003

Page 2

Please complete the following fields on the cover sheet: LCSA name, county number, primary LCSA contact for SLMS, and the date the form is being submitted. The full name, phone number, and title for each individual authorized to sign releases should be printed in the subsequent boxes along with their original signature. A copy of the form is included.

The completed forms should be submitted no later than September 15, 2003. Please mail forms with original signatures to:

California Department of Child Support Services
Technology Services Division/CSI M.S. 40
P.O. Box 419064
Rancho Cordova, CA 05741-5337
Attention: Wes Higashi

In addition, if individuals are added to an LCSA's list of authorized signatures, a form with new information and signatures must be sent to DCSS. If you have any questions or concerns regarding this matter, please contact Wesley Higashi at (916) 464-5364 or Jadine Takeuchi at (916) 464-5376.

Sincerely,

JOAN OBERT
Deputy Director
Technology Services Division

Attachment

STATE LICENSING MATCH SYSTEM AUTHORIZED SIGNATURE FORM

This form is to be **mailed** with original signatures to:

California Department of Child Support Services
Technology Services Division/CSI M.S. 40
P. O. Box 419064
Rancho Cordova, CA 95741-5337

Attention: Wesley Higashi

COUNTY NAME:	COUNTY NUMBER:	CURRENT DATE:
PRIMARY CONTACT:	PRIMARY CONTACT PHONE NUMBER:	

NOTE: If submitting several pages, this top portion only needs to be completed for the top page.

FULL NAME (please print):	PHONE NUMBER:
TITLE:	
SIGNATURE:	

FULL NAME (please print):	PHONE NUMBER:
TITLE:	
SIGNATURE:	

FULL NAME (please print):	PHONE NUMBER:
TITLE:	
SIGNATURE:	

FULL NAME (please print):	PHONE NUMBER:
TITLE:	
SIGNATURE:	

FULL NAME (please print):	PHONE NUMBER:
TITLE:	
SIGNATURE:	

FULL NAME (please print):	PHONE NUMBER:
TITLE:	
SIGNATURE:	

FULL NAME (please print):	PHONE NUMBER:
TITLE:	
SIGNATURE:	

FULL NAME (please print):	PHONE NUMBER:
TITLE:	
SIGNATURE:	