

CALIFORNIA DEPARTMENT OF CHILD SUPPORT SERVICES

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



January 7, 2002

CSS LETTER: 02-01

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

SUBJECT: APPELLATE ADVISORY COMMITTEE PROCESS

The Department of Child Support Services (DCSS) has established an Appellate Advisory Committee. This Committee is comprised of attorney representatives from the Attorney General's Office, the Appellate Committee of the California Child Support Directors' Association (CSDA), and DCSS.

The purpose of the committee is to better coordinate the appellate practice of the child support program by reviewing all cases and issues that a local child support agency (LCSA) wants to appeal and providing advice to DCSS as to the appropriateness of the facts and/or legal issues for the appeal. The Committee will meet once each month either by telephone conference or in person.

To better coordinate our appellate practice, each LCSA must designate an attorney as an appellate coordinator and provide DCSS with the name, mailing address, direct telephone number, fax number, and e-mail address within 30 days of the date of this letter. Each LCSA also must complete the survey attached to this letter (see Attachment 1) of current appellate practice and return it to DCSS within 30 days of the date of this letter. The completed survey and designation of the appellate coordinator, as well as any changes or updates to this information, may be sent to the address on page 2 or by fax to (916) 464-5069.

Prior to filing a notice of appeal or immediately thereafter, the LCSA Appellate Coordinator and/or attorney responsible for the case shall complete the Appellate Case Review Form, version 10/01, (see Attachment 2) and submit a copy to the committee together with copies of the order or judgment being appealed, and if available, the hearing transcript and the designation of the record.

<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

DCSS-LG-2001-CSS-0012



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

This information should be submitted to the committee as soon as possible after the order or judgment is entered but no later than 10 days after the Notice of Appeal is filed with the court to the following address:

Department of Child Support Services
Office of Legal Services
Attn: Appellate Advisory Committee
P.O. Box 419064, M/S 70
Rancho Cordova, CA 95741-9064

The LCSA appellate coordinator must also send a copy of the completed form and all attachments to the Deputy Attorney General assigned to the county (see Attachment 3 for the list of assignments). Since the designation of record must be filed either at the same time or within 10 days of filing the Notice of Appeal, the Appellate Coordinator may want to contact the appropriate Deputy Attorney General immediately for assistance in designating the record. Some Courts of Appeal also require a docketing statement to be filed within 10 days of filing the appeal; therefore, the LCSA attorney must review the rules of the Court of Appeal immediately to determine what must be filed.

If time deadlines for the appeal will not allow the case to be reviewed by the Appellate Committee at the next scheduled meeting, the case will be reviewed by a subcommittee. Counties currently handling their own appeals must submit each appellate case to the Committee for review.

Additionally, each LCSA handling their own appeals shall prepare and submit to DCSS each month a summary of the status of new and pending appellate cases. (See Attachment 4.)

If you have any questions or concerns regarding this matter, please contact Antonia Agerbek in the Office of Legal Services at (916) 464-5181 or email at antonia.agerbek@dcss.ca.gov. Thank you.

Sincerely,

LEE MORHAR
Chief Counsel

Attachments

Survey of Current LCSA Appellate Practice

County _____

Question:		Yes	No
1.	Does your LCSA currently refer all appeals where you are the appellant to the Office of the Attorney General?		
2.	Does your LCSA refer all appeals where you are the respondent to the Office of the Attorney General?		
<i>If your answer to both questions above is yes, you do not need to complete the remainder of this survey.</i>			
3.	Does your LCSA handle all appeals where you are the appellant?		
4.	Does your LCSA handle all appeals where you are the respondent?		
5.	If your LCSA handles some appeals, specify what types of issues you handle (attach additional page if necessary):		
Question:		Appellant	Respondent
6.	If your LCSA handles any appeals, specify the number of each type you currently have active.		
7.	If your LCSA handles any appeals, specify the average number of briefs of each type you file in a year:		
8.	Do you anticipate any change to the current appellate practice in your LCSA? If so, specify what changes you anticipate.		

Appellate Coordinator

Name & Title _____
 Direct Telephone No. _____ Fax No. _____
 Email Address _____
 Complete Mailing Address _____

Appellate Case Review Form

Appellate Coordinator:	Direct Phone No.:
Case Title:	
Judicial Officer Name:	Court No.:
LCSA Attorney Name:	LCSA File No.:
Counsel Name, Bar No. and Phone No.:	Counsel's Mailing Address:
Counsel Name, Bar No. and Phone No.:	Counsel's Mailing Address:
Date of Hearing:	Date of Decision:
Date Order Filed:	Date Order Served:
Final Order Being Appealed:	
Date Notice of Appeal Filed:	Date Designation of Record Filed:
Brief Summary of Relevant Facts:	
Brief Summary of Factual Issues for Appeal:	
Brief Summary of Legal Issues for Appeal:	
Problems Identified (including equitable facts in favor of defendant/respondent):	
Was a statement of decision requested?	
Was a written/oral statement of decision given?	

Attach copy of written statement or provide summary of oral statement of decision:

Attach copies of the following, if available:
(Check all that are attached)

- Moving Papers
- Responding Papers
- Written Decision
- Clerk's Transcript
- Reporter's Transcript(s)
- Judgment/Order being appealed
- Notice of Appeal
- Designation of Record
- Substitution of Attorney
- Briefing Schedule

Office of the Attorney General	
Mary Tilton Dahlberg P.O. Box 944255 1300 I Street, Ninth Floor Sacramento, CA 94244-2550	Mary Roth 455 Golden Gate Avenue #11000 San Francisco, CA 94102
Phone: (916) 324-5163 Fax: (916) 322-2368	Phone: (415) 703-5537 Fax: (415) 703-5480
Mary.Dahlberg@doj.ca.gov	Mary.Roth@doj.ca.gov
Districts Served: Third and Fifth	Districts Served: First, Second, Fourth, and Sixth

Counties in Each District:	
First District	Alameda, Contra Costa, Del Norte, Humboldt, Lake, Marin, Mendocino, Napa, San Francisco, San Mateo, Solano, Sonoma
Second District	Los Angeles, Ventura, Santa Barbara, San Luis Obispo
Third District	Alpine, Amador, Butte, Calaveras, Colusa, El Dorado, Glenn, Lassen, Modoc, Mono, Nevada, Placer, Plumas, Sacramento, San Joaquin, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity, Yolo, Yuba
Fourth District	San Diego, Imperial, Orange, San Bernardino, Riverside, Inyo
Fifth District	Fresno, Kern, Kings, Madera, Mariposa, Merced, Stanislaus, Tulare, Tuolumne
Sixth District	Monterey, San Benito, Santa Clara, Santa Cruz

Summary of New and Pending Appeals

To: Department of Child Support Services, Appellate Advisory Committee

From (county):

Appellate Coordinator:

Direct Phone No.:

For Quarter/Year:

Open Appellate Cases:

Opened this Quarter:

Closed this Quarter:

Appellate Issues:

A. Paternity

G. Interjurisdictional

B. Guidelines/Current Support

H. Enforcement

C. Reimbursement

I. Bankruptcy

D. Accrued Arrears

J. Modification

E. Interest

K. Set Aside

F. Waiver of Support

L. Other Issues

Summary of Appeals Opened This Quarter:

Case Name and No.:

County of Origin of Appeal:

Specify issue(s) from list:

Summary of Appellate Issue(s):

Case Name and No.:

County of Origin of Appeal:

Specify issue(s) from list:

Summary of Appellate Issue(s):

Case Name and No.:

County of Origin of Appeal:

Specify issue(s) from list:

Summary of Appellate Issue(s):

Summary of Open Appeals: (attach additional pages as necessary)
Case Name and No.: County of Origin of Appeal: Specify issue(s) from list: Summary of Appellate Issue(s):
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