

**CALIFORNIA DEPARTMENT OF CHILD SUPPORT SERVICES**

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



December 3, 2002

CSS LETTER: 02-24

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

SUBJECT: ADOPTION OF EMERGENCY REGULATIONS - COMPROMISE OF  
 ASSIGNED ARREARAGES

**Emergency Regulations**

The Department of Child Support Services (DCSS) has adopted new regulations implementing AB 1449, Chapter 463, Statutes of 2001. This bill requires the DCSS, in consultation with the Department of Social Services (DSS), to establish and promulgate regulations by which the local child support agency (LCSA) may compromise assigned arrearages and interest owed for reimbursement of certain public assistance payments paid for a child placed in foster care, or with a relative caretaker or guardian. The regulations will allow the LCSAs to compromise arrearages in cases where separation or desertion of a parent results in aid being granted to the child and subsequently, the child is returned to the parent. These regulations are located in Chapter 9, of Division 13 of Title 22 of the California Code of Regulations and were adopted on an emergency basis pursuant to rulemaking R-18-02E.

The new regulations are effective November 26, 2002. Any request for compromise received by an LCSA after this date shall be processed in accordance with these regulations.

The new regulations will not be added to the Manual of Policies and Procedures (MPP) as the Child Support Division of the MPP is being phased out and moved to Title 22. Division 13 of Title 22 of the California Code of Regulations may be viewed at the DCSS public website at <http://www.childsup.cahwnet.gov/>.

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



### **Compromise Of Assigned Arrearages Implementation**

Keeping in mind that the intent of AB 1449 is to remove the financial impediment that payments on arrearages and interest may present to low-income households defined under these statutes, the Department has made every effort in the development of these regulations to attain that objective. The legislation specifically requires the Department to use an income test of 250% of the current federal poverty level, so there is no discretion in setting the net income limits in determining eligibility for a compromise. To assist the obligor parent who is applying for a compromise and the LCSA in making a preliminary determination of eligibility, the regulations have a provision in the initial review process that, if the obligor parent meets specific requirements and has a gross income less than 300 percent of the federal poverty level guidelines, the LCSA is required to suspend collection and enforcement during the remainder of the application verification process. The 250% federal poverty level is used to determine final eligibility, once an application has been accepted and all verifications are completed. A copy of the income limits at 250% of the Federal Poverty level and at 300% of the Federal Poverty level is attached (see attachment A). The Department has some flexibility in establishing allowable expenditures to be used in computing net disposable income. If an obligor parent has other arrearages that do not qualify for compromise, there will be no suspension of enforcement and collection activities for those amounts.

The majority of LCSAs will be required to make the necessary adjustments to arrearage accounts manually, since local county automated systems may not have the ability to accommodate such changes. Since the volume of cases that qualify for a compromise is anticipated to be low in most local agencies, the Department does not foresee any operational problems nor an increase in administrative costs associated with implementing this requirement.

### **Required Forms**

The LCSAs are required to use the following forms for the compromise application process:

CS 4476	Compromise of Arrearages Information Sheet
CS 4477	Application For Compromise
CS 4478	Notice of Eligibility For Compromise of Arrearages
CS 4479	Notice of Denial Of Application for Compromise
CS 4480	Notice of Temporary Suspension of Child Support Collection and Enforcement
CS 4481	Notice of Incomplete Application For Compromise

In addition to the above forms, LCSAs shall use any appropriate court forms as required by law or regulations. Once an applicant has been sent a Notice of Eligibility For Compromise of Arrearages, CS 4478, the LCSA will also be required to send a stipulation on the appropriate required court form with the notice. Each stipulation must be completed in accordance with the facts of the individual case and in accordance with the requirements in the regulations. The new forms associated with a compromise of arrearages have been attached in a forms packet (see attachment B.)

### **Reporting Requirements**

The DCSS and DSS are required to submit reports to the Governor and Legislature, on the results of the provisions of this bill, on or before October 1, 2003. The DCSS report must include, but is not limited to, the number of cases in which child support debt is compromised and the amount of debt that was incurred as a result of: a) AFDC-FC payments; b) CalWORKs payments; and c) KinGAP payments.

Form CS 4482 shall be submitted by the LCSA to the Department quarterly, no later than the 15<sup>th</sup> day of the month following the reporting period (January 15, April 15, July 15, 2003). The report, CS 4482, is attached (see Attachment C). This report will only be used through the June 30, 2003, reporting period. **The report must be sent, even if no applications for compromise were received in the report period.**

Please note that for data reliability purposes, the data field "Applications Received" should equal the total of fields: "Applications Pending," "Applications Denied," and "Applications Approved."

The field "Amount of Arrears Compromised" is the amount of child support arrears being reduced or reduced to zero as a result of this process and should be a total of the subsets of "Foster Care," "CalWORKs," and "KinGAP." These should be an exact monetary (dollar) amount. Also note that for any cases that fit into an "Other" category, an explanation must be added for clarification purposes.

Questions regarding correct reporting procedures on form CS 4482 (see Attachment C) should be directed to Rick Stewart at (916) 464-5266 or e-mail at [Rick.Stewart@dcss.ca.gov](mailto:Rick.Stewart@dcss.ca.gov).

### **Notice**

LCSAs must provide notice of the provisions of AB 1449, Chapter 463, Statutes of 2001. LCSAs must send an initial notice within 60 days of receipt of this letter. This may be accomplished by including form CS 4476 as a stuffer in the monthly billing notice. For ongoing notification, the information on compromise will be added to the next update to the Department's Child Support Handbook. LCSAs must, at a minimum,

use the language on the attached notice and may add additional information if they feel it is necessary or beneficial.

**DCSS Contacts**

Questions regarding Jet Form templates or forms should be directed to Rita Carroll, Customer and Community Services Branch, at (916) 464-5219 or email at [Rita.Carroll@dcss.ca.gov](mailto:Rita.Carroll@dcss.ca.gov). Policy questions regarding the compromise of arrearages process should be directed to Michael Fishel at (916) 464-5234 or e-mail at [Mike.Fishel@dcss.ca.gov](mailto:Mike.Fishel@dcss.ca.gov) or Tonya Crawford-Comage at (916) 464-5055 or e-mail at [Tonya.Crawford-Comage@dcss.ca.gov](mailto:Tonya.Crawford-Comage@dcss.ca.gov).

Sincerely,

PATRIC B. ASHBY  
Deputy Director  
Child Support Services

Attachments

**250% and 300 % of the Federal Poverty Level**

<b>%</b>	<b>Family of 2</b>	<b>Family of 3</b>	<b>Family of 4</b>	<b>Family of 5</b>	<b>Family of 6</b>	<b>Family of 7</b>	<b>Family of 8</b> *
250	29,850	37,550	45,250	52,950	60,650	68,350	76,050

<b>%</b>	<b>Family of 2</b>	<b>Family of 3</b>	<b>Family of 4</b>	<b>Family of 5</b>	<b>Family of 6</b>	<b>Family of 7</b>	<b>Family of 8</b> *
300	35,820	45,060	54,300	63,540	72,780	82,020	91,260

(Federal Poverty Level Published in the Federal Register, Vol. 67, No. 31, February 14, 2002, pp. 6931-6933)

\* For each additional person, add \$3,080.

**Compromise Of Arrearages Forms Packet**

**New DCSS forms related to Compromise Of Arrearages Applications**

CS 4476 - COMPROMISE OF ARREARAGES INFORMATION SHEET

CS 4477 - APPLICATION FOR COMPROMISE

CS 4478 - NOTICE OF ELIGIBILITY FOR COMPROMISE

CS 4479 - NOTICE OF DENIAL OF APPLICATION FOR COMPROMISE

CS 4480 - NOTICE OF TEMPORARY SUSPENSION OF CHILD SUPPORT  
COLLECTION AND ENFORCEMENT

CS 4481 - NOTICE OF INCOMPLETE APPLICATION FOR COMPROMISE

# COMPROMISE

## You Could Qualify To Have The Amount Of Your Child Support Debt Lowered

### Who Qualifies?

You may qualify if you meet all of the following:

- You are the parent of a child and you owe a public assistance debt because your child received aid from one of the following while your child was not living with either parent:
  - Aid to Families with Dependent Children-Foster Care (AFDC-FC)
  - California Work Opportunity and Responsibility of Kids (CalWORKs) , or
  - Kinship Guardianship Assistance Payment Program (KinGAP)
- The public assistance debt accrued when your child was not living in your house.
- Your child is living with you now.
- Your net income is less than 250% of the federal poverty level.

### How Much Of My Past Due Support Debt Can Be Reduced?

- The amount is determined by the local child support services agency based on the facts of your case.
- Can be up to 100%.

### What Do I Do?

- You must ask for a Compromise Application Packet from your local child support services agency.
- You must fill out and return a Compromise Application Packet to the local child support services agency.

### When Will I Hear Back?

- The local child support agency will send you a letter within 10 business days after receipt of a complete Compromise Application Packet on the status of your application.

***If you have any questions or you would like more information please contact your local child support agency at the telephone number listed on the back of this form.***

## HOW TO MAKE A COMPLAINT ABOUT YOUR APPLICATION FOR COMPROMISE

### RIGHT TO COMPLAINT RESOLUTION:

If you think a mistake has been made in the way your application was handled or the amount of support the Local Child Support Agency (LCSA) has arrived at for your compromise, the LCSA has a complaint resolution process. To start the complaint resolution process you should call your LCSA at ( ) - or write your LCSA at the address below:

Local Child Support Agency

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**IMPORTANT: Your request for complaint resolution must be made within 90 days from the date you knew, or should have known, about the mistake you feel was made.**

The LCSA has 30 days from the date it receives your complaint to provide you with a written resolution of your complaint, unless the LCSA determines more information or time is needed to resolve your complaint. The LCSA will contact you if it needs more information or time to resolve your complaint.

### RIGHT TO A STATE HEARING

If the LCSA **does not** respond to you within 30 days from receiving your complaint, you have the right to request a state hearing before an Administrative Law Judge.

**IMPORTANT: If the LCSA did not respond to you in 30 days, and you decided to request a state hearing, your request for a state hearing must be made within 90 days after you made your complaint with the LCSA.**

If the LCSA **does** respond to you within 30 days of making your complaint, and you are not satisfied with the LCSA's complaint resolution, you have the right to request a state hearing before an Administrative Law Judge.

**IMPORTANT: If you are not satisfied with the LCSA's complaint resolution or response, and you decide to request a state hearing, your request for a state hearing must be made within 90 days after you received the LCSA's written response. You will receive instructions on how to file for a state hearing when you file a complaint with the LCSA.**



# APPLICATION FOR COMPROMISE

## PART I: INFORMATION ABOUT THE OBLIGOR PARENT AND CHILD

1. NAME OF OBLIGOR PARENT		3. TELEPHONE NUMBER OF OBLIGOR PARENT (     )
2. ADDRESS OF OBLIGOR PARENT		4. SOCIAL SECURITY NUMBER OF OBLIGOR PARENT
CITY	STATE	ZIP CODE
		5. LCSA CASE NUMBER

6. NAME OF THE CHILD(REN) FOR WHOM THE ARREARAGES ACCRUED:	7.(A.) - CHILD'S SOCIAL SECURITY NUMBER
A.	
B.	7.(B.) - CHILD'S SOCIAL SECURITY NUMBER
C.	7.(C.) - CHILD'S SOCIAL SECURITY NUMBER
D.	7.(D.) - CHILD'S SOCIAL SECURITY NUMBER

8. YOUR RELATIONSHIP TO THE CHILD: (PLEASE CHECK ONE)

Natural Mother       Adoptive Mother       Natural Father       Adoptive Father

9. PERIOD WHEN THE CHILD WAS OUT OF THE HOME

From:     /     /     To:     /     /                      From:     /     /     To:     /     /

From:     /     /     To:     /     /                      From:     /     /     To:     /     /

10. CHECK BELOW WHERE YOUR CHILD(REN) WAS LIVING DURING THE TIME YOUR CHILD(REN) WAS OUT OF YOUR HOME.

A. Foster Care:     YES     NO    If "YES", was the child(ren) placed in Foster Care by the juvenile court (Welfare and Institutions Code Section 300)?     YES     NO

B. With a guardian or relative caregiver who got CalWORKS for the child?.....  YES     NO  
If YES, with who? \_\_\_\_\_ Relationship to child: \_\_\_\_\_

C. With a guardian or relative caregiver who got KinGap for the child .....  YES     NO  
If YES, with who? \_\_\_\_\_ Relationship to child: \_\_\_\_\_

11. Is the child currently living with you on a full time basis?.....  YES     NO

12. Did the child live with you on a full time basis before being placed in Foster Care or with the guardian or relative caregiver?.....  YES     NO

## PART II: INCOME AND EXPENSES

1. Are you providing for the full support of your child?.....  YES     NO

2. You must complete the enclosed court form(s) which provide information about your income and expenses

3. Do you have any other extra expenses that were not identified on the enclosed income and expense forms?.....  YES     NO  
If "YES" please explain: \_\_\_\_\_

## PART III: HARDSHIP

1. Do you believe the compromise of arrearages being requested is necessary for you to be able to support your child(ren) named in this application?.....  YES     NO

**DECLARATION:**  
I declare under penalty of perjury under the laws of the State of California that the foregoing and the attached information are true and correct.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

LOCAL CHILD SUPPORT AGENCY NAME:

LOCAL CHILD SUPPORT AGENCY (LCSA) CASE NUMBER:

**NOTICE OF ELIGIBILITY FOR COMPROMISE OF ARREARAGES**

The Application for Compromise you sent us was received on \_\_\_\_\_ and has been reviewed.

The local child support agency has determined that you are eligible for a compromise of your assigned arrearages. The determination was based on the local child support agency finding that your net disposable income was \$ \_\_\_\_\_. It has been determined that you qualify for a compromise of \$ \_\_\_\_\_ in your assigned arrearages. This amount will be subtracted from the total arrearages you owe at this time. The total arrearage you now owe for past due support is \$ \_\_\_\_\_.

We are enclosing a Stipulation that you must sign and return before your compromise is final. **You have 20 business days from the date of this notice to sign and return the Stipulation. If you do not return the Stipulation within 20 business days from the date of this notice, your compromise will be denied.**

The local child support agency will submit the signed stipulation agreement to the court. That agreement will show the amount of arrearages to be erased. Once the court has approved the agreement, your support arrearage account will be lowered to show the amount of arrearages that you still owe for your child(ren). A copy of the final stipulation approved by the court will be sent to you.

If you have any questions about this notice, please contact your Local Child Support Agency representative.

Local Child Support Agency Case Worker Name :

## HOW TO MAKE A COMPLAINT ABOUT YOUR APPLICATION FOR COMPROMISE

### RIGHT TO COMPLAINT RESOLUTION:

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**Local Child Support Agency**

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**IMPORTANT: Your request for complaint resolution must be made within 90 days from the date you knew, or should have known, about the mistake you feel was made.**

The LCSA has 30 days from the date it receives your complaint to provide you with a written resolution of your complaint, unless the LCSA determines more information or time is needed to resolve your complaint. The LCSA will contact you if it needs more information or time to resolve your complaint.

### RIGHT TO A STATE HEARING

If the LCSA **does not** respond to you within 30 days from receiving your complaint, you have the right to request a state hearing before an Administrative Law Judge.

**IMPORTANT: If the LCSA did not respond to you in 30 days, and you decided to request a state hearing, your request for a state hearing must be made within 90 days after you made your complaint with the LCSA.**

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LOCAL CHILD SUPPORT AGENCY NAME:

LOCAL CHILD SUPPORT AGENCY (LCSA) CASE NUMBER:

**NOTICE OF DENIAL OF APPLICATION FOR COMPROMISE**

A. From your application, we determined you **do not meet the minimum requirements for eligibility for a compromise** because:

Your child is not currently living with you.

Your net income is \$ \_\_\_\_\_, which for a household of \_\_\_\_\_ is too high to qualify for a compromise.

Your child did not receive Foster Care, CalWORKs, or KinGAP benefits during the period your child was out of your home.

Your gross income is \$ \_\_\_\_\_, which for a household of \_\_\_\_\_ is too high to qualify for a compromise.

Other:

B. Your application is denied because we sent you a Stipulation and you did not sign and return it within the required 20 business days.

**Since your application has been denied, this agency will continue to collect the child support payments you owe for your child(ren). If you feel that a change in your case may make you eligible for a compromise, you may reapply.**

If you have any questions about this notice, please contact your Local Child Support Agency representative.

Local Child Support Agency Case Worker Name :

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LOCAL CHILD SUPPORT AGENCY NAME:

LOCAL CHILD SUPPORT AGENCY (LCSA) CASE NUMBER:

**NOTICE OF TEMPORARY SUSPENSION OF CHILD SUPPORT  
COLLECTION AND ENFORCEMENT**

The Application for Compromise you sent us was received on and has been reviewed.

From your application, we determined you qualify for temporary suspension of collection and enforcement actions on the assigned arrearages you owe for the period of time when your child was not living in your house. You may qualify for a compromise of those assigned child support arrearages. We are required to check the information on your application before we can make a final decision. As soon as the final review is complete, we will send you written notice.

**We will not collect on your assigned child support arrearage payments that are under review for compromise. We will continue to collect all other child support owed.**

If you have any questions about this notice, please contact your Local Child Support Agency representative.

Local Child Support Agency Case Worker Name :

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LOCAL CHILD SUPPORT AGENCY NAME:

LOCAL CHILD SUPPORT AGENCY (LCSA) CASE NUMBER:

**NOTICE OF INCOMPLETE APPLICATION FOR COMPROMISE**

The Application for Compromise you sent was received on and has been reviewed.

A. Your application is not complete because:

You did not return your Application for Compromise, form CS 4477.

You did not sign the Application.

You did not complete all lines on the Application.

You did not return the court forms on your income and expenses.

You did not complete all lines on the income and expense form(s).

Other:

When we receive the requested information, this agency will notify you within 10 business days if you are eligible for review of a compromise.

If you have any questions about this notice, please contact your Local Child Support Agency representative.

Local Child Support Agency Case Worker Name :



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# ATTACHMENT C

TATE OF CALIFORNIA – HEALTH AND HUMAN SERVICES

DEPARTMENT OF CHILD SUPPORT SERVICES

## COMPROMISE OF ARREARAGES REPORT

This Ad-Hoc report is mandated by Family Code Sections 17415, 17550, 17552  
(statutes based on AB 1449 filed 10/3/2001)

County	REPORT PERIOD:
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	Foster Care	Kinship	CaWORKs
Total Applications Received this report period:			
Total Applications Pending this report period:			
Total Applications Incomplete–(not returned)			
Total Applications Denied this report period:			
Child Not in Home			
Due to Income			
Child Didn't Receive Aid			
Child Didn't Live with Parent			
Applicant Refused to Sign the Stipulation			
Other (*provide detail below)			
Total Applications Approved this report period			
Total Amount of Arrears Compromised			

\*Explanation:

**Please note that for data reliability purposes, data field “Applications Received” should equal the total of fields: “Applications Pending,” “Applications Denied,” and “Applications Approved.”**

Send this form by the 15<sup>th</sup> day of the month following the end of the quarter to:

Via email to [Heather.honey@dcss.ca.gov](mailto:Heather.honey@dcss.ca.gov) or via fax to: (916) 464-5065  
 Data and Performance Analysis Branch  
 P.O. Box 419064, MS 30  
 Rancho Cordova, CA 95741-9064

I certify that the information reported is correct.

SIGNATURE OF REPORT PREPARER	PRINT NAME	PHONE
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SIGNATURE OF LCSA ADMINISTRATOR	PRINT NAME	DATE
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