

**CALIFORNIA DEPARTMENT OF CHILD SUPPORT SERVICES**

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



June 29, 2004

CSS LETTER: 04-15

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

SUBJECT: ALASKA PERMANENT FUND DIVIDEND MATCH

The Department of Child Support Services (DCSS) is again participating in an offset of the Permanent Fund Dividend (PFD) payments distributed to non-custodial parents who are qualified Alaskan residents.

This letter is to explain what the Alaska PFD is and what actions will be required of the Local Child Support Agencies (LCSAs) in implementing this offset. The PFD, previously known as the Pipeline Fund, was established by the State of Alaska to disburse excess oil revenues generated by the creation of the Alaska oil pipeline. Under this program, every resident of Alaska is entitled to an annual dividend payment between October and November of each year. The size of each year's dividend is calculated using a formula that takes into account the fund's performance over the previous five years. Since 1996 the individual resident dividends have exceeded \$1,000 per year.

The criteria for a resident of Alaska to receive the 2004 dividend are as follows:

- a. Must have been a resident of Alaska since December 31, 2002;
- b. Must apply before March 31, 2004;
- c. Cannot have been out of Alaska for 90 days or more during 2003, unless the absence was for one of the acceptable reasons such as military service;
- d. If the absence was for an acceptable reason, must have been in Alaska for 72 consecutive hours during 2002 or 2003; and
- e. Must be a U.S. citizen.

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

DCSS has submitted a file to the State of Alaska to be matched against its 2004 PFD database. The file was created from the Integrated Database (IDB) which contains all California NCPs owing arrears. Alaska will match California child support cases against its PFD database and return a file that contains any matches between IDB and the PFD database. The 800,000 IDB records will be matched against the 600,000 records contained in the Alaska PFD database. DCSS will provide each local child support agency (LCSA) with a list of NCPs that match the PFD file. In order to pursue an offset, the LCSA must initiate a Uniform Interstate Family Support Act (UIFSA) petition, if one has not already been established, or request Alaska to open a Permanent Fund Dividend Only (PFDO) case. Note: Alaska has mandated a minimum offset amount of \$50.00. Alaska must receive the LCSA UIFSA petitions or PFDO requests by **August 20, 2004**. One of the following actions will be required:

A. If California has submitted a UIFSA petition to Alaska requesting enforcement action against the NCP and Alaska is enforcing, there is no need to resubmit the request. Alaska will automatically match all existing UIFSA cases it is enforcing against the 2004 PFD fund and make an offset when a match occurs.

B. If California has never submitted a UIFSA petition to Alaska requesting enforcement action against the NCP and the LCSA desires to only offset the PFD, the LCSA must initiate a UIFSA petition and, in Section I of the Child Support Enforcement Transmittal #1 – Initial Request, check Box #10 and insert “PFD Only.” Once Alaska has established the UIFSA case, it will only offset the PFD and close the UIFSA case. This action is necessary because Alaska cannot offset the PFD without an active UIFSA case.

C. If California previously submitted the NCP for offset of the PFD only and the LCSA again desires to submit the NCP for offset of the PFD only, a PFD Only (PFDO) action may be requested by completing the Child Support Enforcement Transmittal #1 – Initial Request and, in Section I, checking Box #10 and inserting “PFD Only.” PFDO cases are closed after each annual PFD has been collected, and the LCSA is required to provide a new form each year that the PFDO offset is requested.

We have enclosed an information packet provided by the State of Alaska for requesting a PFDO offset on new cases or existing closed cases. **Please note that in Section II of the Child Support Enforcement Transmittal #1 – Initial Request, the amount of arrears must be separated into principal and interest.**

Alaska will not check the matches against its caseload to verify whether or not there is an existing UIFSA case. It will be the responsibility of each LCSA to edit its own case match file and determine if a UIFSA action is necessary.

CSS Letter: 04-15

June 29, 2004

Page 2

We look forward to working with the LCSAs to increase financial support to the children of California through this annual program.

If you have any questions or concerns regarding this matter, please contact Jadine Takeuchi at (916) 464-5376 or Melanie Henderson at (916) 464-5519.

Sincerely,

A handwritten signature in black ink that reads "Joan M. Obert". The signature is written in a cursive, flowing style.

JOAN M. OBERT  
Deputy Director  
Technology Services Division

Enclosures

.

# 2004 PFD INTERCEPT

## (Instructions for Requesting Interception of the Alaska Permanent Fund Dividend)

### 1) Required Documents or Information:

- Child Support Enforcement Transmittal #1 with the appropriate areas completed (**Shaded**) (see attached example)
- A copy of the signed order or judgment
- The direct phone number of the child support worker in your state

**Note:** The signed transmittal with all the appropriate sections completed (see example), a copy of the signed order or judgment, and the direct phone number of the child support worker are all that is required. You will only be required to provide certified month by month debt calculation if an obligor disputes the arrears. Should a dispute arise, you will be contacted at that time by Alaska child support. Be sure to fill in the amount of debt and the period of computation.

### 2) Other Important Information:

- **DO NOT** send a PFDO transmittal if Alaska is already enforcing a case for you. These cases are intercepted automatically;
- If your state is active with Alaska on CSENET, you must send a CSENET transaction PRIOR to sending the required documents (failure to send a C transaction will result in an the inability of Alaska to collect the PFD for your state);
- Many times states will have cases they want to fully enforce but they think that sending a Transmittal 1 (for the PFD) first, then follow it up with a transmittal requesting FULL enforcement will give them an advantage. Although this is admirable, this will not speed up the process, it will only delay it. **DO NOT** send a PFDO transmittal followed by a transmittal requesting FULL enforcement (these requests cause delays and a backlog of cases awaiting processing). If you need full enforcement, send us one transmittal requesting full enforcement.
- PFDO cases will automatically be closed after the PFD has been intercepted and forwarded to your state. There is no need to send a closure request unless you are a CSENET state.
- States who in previous years have requested PFDO case (currently a closed case) are required to send the same information as states requesting PFDO for the 1<sup>st</sup> time.

### 3) TIMELINES:

- We anticipate sending you the PFD tape (match list) by the 1<sup>st</sup> or 2<sup>nd</sup> week of June. After you run the tape, if you match any cases requiring a PFDO transmittal (cases NOT currently being enforced by Alaska), you may begin sending your requests to Alaska immediately.
- To ensure we have sufficient time to set up a case, all requests from your state **MUST** be received by Alaska no later August 20<sup>th</sup>, 2004.

4) **CONTACTS:**

Send Transmittals to:

**Child Support Enforcement Division  
Attn: Dorothy Louderback  
550 West 7<sup>th</sup> Ave., Ste; 310  
Anchorage, AK. 99501-6699**

Transmittal EMAIL Contact:

**dorothy\_louderback@revenue.state.ak.us  
PHONE: 907.269.6975  
FAX: 907.787.3208**

Procedure questions:

**Melanie Henderson: (916) 464-5519  
Jadine Takeuchi: (916) 464-5376**

**CHILD SUPPORT ENFORCEMENT TRANSMITTAL #1 - INITIAL REQUEST**

**Petitioner** IV-D Case  TANF  
 IV-E FOSTER CARE  
 MEDICAID ONLY  
**Respondent**  FORMER ASSISTANCE  
 NEVER ASSISTANCE  
Non-IV-D Case

File Stamp

**To:** (Agency Name and Address)

[Redacted Agency Address]

Responding FIPS Code \_\_\_\_\_ State \_\_\_\_\_

Responding IV-D Case No. \_\_\_\_\_

Responding Tribunal No. \_\_\_\_\_

**From:** (Contact Person, Agency, Address, Phone, Fax, E-mail)

Initiating FIPS Code \_\_\_\_\_ State \_\_\_\_\_

Initiating IV-D Case No. \_\_\_\_\_

Initiating Tribunal No. \_\_\_\_\_

**Send Payments To:** (if different from above)

Payment FIPS Code \_\_\_\_\_ State \_\_\_\_\_

Bank Account \_\_\_\_\_ Routing Code \_\_\_\_\_

State with Continuing Exclusive Jurisdiction (CEJ) \_\_\_\_\_

**I. Action.** The Responding Jurisdiction Should Provide All Appropriate Services Including: **(Please Return the Acknowledgment Attached)**

- 1.  Establishment of Paternity
- 2.  Establishment of Order for:
  - A.  Child Support
  - B.  Spousal Support
  - C.  Support for a Prior Period
  - D.  Medical Coverage
  - E.  Other Costs (Use Sec. VII)
- 3.  Enforcement of Responding Tribunal Order
- 4.  Modification of Responding Tribunal Order
- 5.  Change of Payee/Redirection of Payment
- 6.  Registration of Foreign Support Order:
  - A.  For Enforcement Only
  - B.  For Modification and Enforcement
  - C.  For Modification
- 7.  Collection of Arrears
- 8.  Income Withholding
- 9.  Administrative Review for Federal Tax Offset withholding
- 10.  Other \_\_\_\_\_

Requested by:  Obligor  Obligee  State Agency  
(Requires Sworn Statement of Arrears)

**II. Case Summary** (Background of this Matter: Court/Administrative Actions)

**Date of Support Order** \_\_\_\_\_ **State & County Issuing Order** \_\_\_\_\_ **Tribunal Case No.** \_\_\_\_\_

Support Amount/Frequency \$ \_\_\_\_\_ Date of Last Payment \_\_\_\_\_ Amount of Arrears \$ \_\_\_\_\_ Period of Computation \_\_\_\_\_ thru \_\_\_\_\_

Presumed Controlling Order \_\_\_\_\_  Determined Controlling Order \_\_\_\_\_  
Date of Support Order \_\_\_\_\_ State & County Issuing Order \_\_\_\_\_ Tribunal Case No. \_\_\_\_\_

Support Amount/Frequency \$ \_\_\_\_\_ Date of Last Payment \_\_\_\_\_ Amount of Arrears \$ \_\_\_\_\_ Period of Computation \_\_\_\_\_ thru \_\_\_\_\_

Presumed Controlling Order \_\_\_\_\_  Determined Controlling Order \_\_\_\_\_  
Date of Support Order \_\_\_\_\_ State & County Issuing Order \_\_\_\_\_ Tribunal Case No. \_\_\_\_\_

Support Amount/Frequency \$ \_\_\_\_\_ Date of Last Payment \_\_\_\_\_ Amount of Arrears \$ \_\_\_\_\_ Period of Computation \_\_\_\_\_ thru \_\_\_\_\_

Presumed Controlling Order \_\_\_\_\_  Determined Controlling Order \_\_\_\_\_

III. Mother Information

[ ] Obligor [ ] Obligee

Full Name and Aliases (First, Middle, Last) Address (Street, City, State, Zip) Employer/Address (Name, Street, City, State, Zip)

Home Phone ( ) Work Phone ( ) Date/Place of Birth Date Place Social Security No. [ ] Address Confirmed Date [ ] Employer Confirmed Date

IV. Father Information

[ ] Obligor [ ] Obligee

Full Name and Aliases (First, Middle, Last) Address (Street, City, State, Zip) Employer/Address (Name, Street, City, State, Zip)

Home Phone ( ) Work Phone ( ) Date/Place of Birth Date Place Social Security No. [ ] Address Confirmed Date [ ] Employer Confirmed Date

V. Caretaker

Relationship to Child(ren)

Full Name and Aliases (First, Middle, Last) Address (Street, City, State, Zip) Employer/Address (Name, Street, City, State, Zip)

Home Phone ( ) Work Phone ( ) Date/Place of Birth Date Place Sex M/F Social Security No. [ ] Address Confirmed Date [ ] Employer Confirmed Date

VI. Dependent Children Information

Full Name (First, Middle, Last) Date of Birth Sex Social Security No. State of Residence for months.

VII. Additional Case Information

[ ] Nondisclosure Finding Attached

VIII. Attachments (Supporting Documentation)

- [ ] Arrears Statement/Payment History [ ] Support Order(s)
[ ] Uniform Support Petition (3 Copies) [ ] Divorce Decree
[ ] General Testimony/Affidavit [ ] Assignment of Rights
[ ] Affidavit in Support of Establishing Paternity [ ] Description of Real/Personal Property
[ ] Acknowledgment of Parentage [ ] Photograph of Respondent
[ ] Other Documents Relating to Paternity [ ] Other Attachments

Date Initiating Contact Person (Print or Type) Telephone Number & Extension FAX: ( ) E-mail

Petitioner

- IV-D Case:  TANF  
 IV-E FOSTER CARE  
 MEDICAID ONLY  
 FORMER ASSISTANCE  
 NEVER ASSISTANCE
- Non-IV-D Case:

Respondent

File Stamp

To: (Agency Name and Address)

Responding FIPS Code \_\_\_\_\_ State \_\_\_\_\_

Responding IV-D Case No. \_\_\_\_\_

Responding Tribunal No. \_\_\_\_\_

From: (Contact Person, Agency, Address, Phone, Fax, E-mail)

Initiating FIPS Code \_\_\_\_\_ State \_\_\_\_\_

Initiating IV-D Case No. \_\_\_\_\_

Initiating Tribunal No. \_\_\_\_\_

**ACKNOWLEDGMENTS**

Return This Form to Initiating State

- Request Received and No Additional Information is Necessary
- Additional Information Needed
- |   |  |
|---|--|
| <input type="checkbox"/> Arrears Statement/Payment History              | <input type="checkbox"/> Support Order(s)                      |
| <input type="checkbox"/> Uniform Support Petition                       | <input type="checkbox"/> Divorce Decree                        |
| <input type="checkbox"/> General Testimony/Affidavit                    | <input type="checkbox"/> Assignment of Rights                  |
| <input type="checkbox"/> Affidavit in Support of Establishing Paternity | <input type="checkbox"/> Description of Real/Personal Property |
| <input type="checkbox"/> Acknowledgment of Parentage                    | <input type="checkbox"/> Photograph of Respondent              |
| <input type="checkbox"/> Other Documents Relating to Paternity          | <input type="checkbox"/> Other (See Remarks)                   |

Remarks/Response

Your Case has been Forwarded for Action to:

\_\_\_\_\_  
Name of Worker

\_\_\_\_\_  
Agency Name

\_\_\_\_\_  
Address, FIPS Code

\_\_\_\_\_  
Phone & Extension

Fax

\_\_\_\_\_  
Date

\_\_\_\_\_  
Person Completing Form (Print or Type)

(\_\_\_\_\_) \_\_\_\_\_  
Telephone Number & Extension

FAX: \_\_\_\_\_

E-mail \_\_\_\_\_

OMB No. 0970 - 0085