

CALIFORNIA DEPARTMENT OF CHILD SUPPORT SERVICES

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



June 30, 2006

CSS LETTER: 06-27

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 (NCPs) 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. The amount of the payment has ranged from a high of over \$1,963.86 in 2000 to a low of \$331.40 in 1984. The PFD payment in 2005 was \$845.76.

The criteria for a resident of Alaska to receive the 2006 dividend are as follows:

- a. Must have been a resident of Alaska since December 31, 2004;
- b. Must apply for the PFD no later than midnight March 31, 2006;
- c. Cannot have been out of Alaska for more than 90 days during 2004, 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 2004 or 2005; 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 2006 PFD database. The file was created from the Intercept 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 25, 2006**. 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 2006 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. Additionally, please provide the Alaska case number from the prior PFDO case on the transmittal.

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.**

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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.

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) 845-3182 or Melanie Henderson at (916) 845-3641.

Sincerely,

/s/ Ron Dotta

RON DOTTA
Acting Deputy Director
Operations Division

Enclosures

2006 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. **Be sure to fill in the amount of debt (broken down by principle and interest) and the period of computation.** You are only required to provide certified month by month debt calculation if an obligor disputes the debt. Should a dispute arise, you will be contacted by Alaska and asked to provide a certified month by month debt calculation.

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 CSENet transaction means that Alaska will not be able 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 and then following 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 waiting 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. However, you will need to send a CseNet closure if your state sent a CseNet open.
- States who have previously requested a PFDO collection case be set up (currently a closed Alaska case) are required to send the same information as states requesting a PFDO case for the 1st time. **If your state has requested a PFDO case previously, be sure to provide the Alaska case number from the prior PFDO case on the transmittal.**

3) **TIMELINES:**

- We anticipate the PFD match list will be available by the first week of July.
- 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.
- Alaska MUST receive all requests no later August 25th, 2006, to ensure set up and collection of the PFD.

4) **CONTACTS:**

Send Transmittals to:

**Child Support Enforcement Division
Attn: Dorothy Louderback
550 West 7th 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) 845-3641
Jadine Takeuchi: (916) 845-3182**

CHILD SUPPORT ENFORCEMENT TRANSMITTAL #1 - INITIAL REQUEST

EXAMPLE ONLY

Petitioner Jane Jane DOE
Respondent John John DOE
IV-D Case: [] TANF, [] IV-E Foster Care, [] Medicaid Only, [] Former Assistance, [] Never Assistance
Non-IV-D Case: []

File Stamp

To: (Agency Name and Address)
ALASKA CSSD
550 W 7TH AVE STE 310
ANCHORAGE AK 99501
PHONE: (907) 269-6900
FAX : (907) 269-6974

Responding FIPS Code 02020 State ALASKA
Responding IV-D Case No.
Responding Tribunal No.

From: (Contact Person, Agency, Address, Phone, Fax, E-mail)
DIV OF CHILD SUPPORT
ATTN: Joe Go
PO BOX 9008
OLYMPIA WA 98507-9008

Initiating Code FIPS 5300000 State WA
Initiating IV-D Case No. 2390012
Payment Code FIPS 5300001 State WA

Send Payments To: (if different from above)

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 Prior Child
3. Enforcement of Responding Jurisdiction
4. Modification of Responding Jurisdiction
5. Change of Payee/Redirection of Payment

- 6. Registration of Foreign Support Order:
A. For Enforcement Only
B. For Modification
C. For Modification
Requested by:
(Requires Sworn Affidavit of Arrears)
7. Collection of Arrears
8. Income Withholding
9. Administrative Review for Federal Tax Offset withholding
10. 4 Other: PFD ONLY

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

Date of Support Order 06/05/95 State & County Issuing Order WASHINGTON, KING COUNTY Tribunal Case No. 95-00023
Support Amount/Frequency / Date of Last Payment Amount of Arrears \$2,000 Period of Computation 06/05/1998 thru 06/05/2001

4 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
[] Determined Controlling Order

[] Presumed Controlling Order

CHILD SUPPORT ENFORCEMENT TRANSMITTAL #1- INITIAL REQUEST

Initiating IV-D Case No. [CASEID]

III. Mother Information

Obligor 4 Obligees

Full Name and Aliases
(First, Middle, Last)

Address (Street, City, State, Zip)

Employer/Address (Name, Street, City, State, Zip)

Jane Jane DOE

123 Jane Lane
Janesville WA 99999

Jane's Industries
P.O. Box 1234
Janesville WA 99999

Home Phone (123) 456-7890

[] Address Confirmed [DATE]
Date

[] Employer Confirmed [DATE]
Date

Work Phone [MOTHER
PHONE]

Date/Place of Birth

MOTHER DOB Mother's BIRTHPLACE
Date 01/01/71 Place Janesville WA

Social Security No. 111-00-0001

IV. Father Information

4 Obligor Obligees

Full Name and Aliases
(First, Middle, Last)

Address (Street, City, State, Zip)

Employer/Address (Name, Street, City, State, Zip)

John John DOE

456 DOE RD
Johnsville AK 12465

JON-JON'S PARTS
P. O. Box 6789
Johnsville AK 12465

Home Phone (907) 269-1000

4 Address Confirmed 01/01/2004
Date

[] Employer Confirmed [DATE]
Date

Work Phone [FATHER PHONE]

Date/Place of Birth

[FATHER DOB] [FATHER BIRTH PLACE]
Date 02/01/68 Place

Social Security No. 211-00-0002

V. Caretaker

Relationship to Child(ren)

Full Name and Alias
(First, Middle, Last)

Address (Street, City, State, Zip)

Employer/Address (Name, Street, City, State, Zip)

[CTFULLNAME]
[CTALIAS]

[CTADDR1]
[CTADDR2]
[CTADDR3]
[CTADDR4]

[CTEMPNAME]
[CTEMPADDR1]
[CTEMPADDR2]
[CTEMPADDR3]
[CTEMPADDR4]

Home Phone [CTHPHONE]

[] Employer Confirmed [DATE]
Date

Work Phone [CTWPHONE]

Date/Place of Birth [DOB]
Date

[CTBIRTHPLACE]
Place

Sex: [SEX] Social Security No. [CT SSN]

USE ONLY IF APPLICABLE

VI. Dependent Children Information

Full Name (First, Middle, Last)

Date of Birth

Sex

Social Security No.

State of Residence

Gail Jane DOE

01/02/94

F

666-76-6666

WASHINGTON

VII. Additional Case Information

Nondisclosure Finding Attached

VIII. Attachments (Supporting Documentation)

- Arrears Statement/Payment History
- Uniform Support Petition (3 Copies)
- General Testimony/Affidavit
- Affidavit in Support of Establishing Paternity
- Acknowledgment of Parentage
- Other Documents Relating to Paternity

- 4 Support Order(s)
- Divorce Decree
- Assignment of Rights
- Description of Real/Personal Property
- Photograph of Respondent
- Other Attachments

July 7, 2006

JOE GO

(541) 277-7777

Date

Initiating Contact Person (Print or Type)

Telephone Number and Extension

(541) 277-1234

Fax Number

E-mail

Signature is required

CHILD SUPPORT ENFORCEMENT TRANSMITTAL #1 - INITIAL REQUEST

EXAMPLE ONLY

Petitioner
Jane Jane DOE

IV-D Case: TANF
 IV-E Foster Care
 Medicaid Only
 Former Assistance
 Never Assistance

Respondent
John John DOE

Non-IV-D Case:

File Stamp

To: (Agency Name and Address)

DIV OF CHILD SUPPORT
ATTN: Joe Go
PO BOX 9008
OLYMPIA WA 98507-9008

Responding FIPS Code

02020

State
Alaska

Responding IV-D Case No.

Responding Tribunal No.

From: (Contact Person, Agency, Address, Phone, Fax, E-mail)
ALASKA CSED
550 W 7TH AVE STE 310
ANCHORAGE AK 99501
PHONE: (907) 269-6900
FAX : (907) 269-6974

Initiating FIPS Code

5300000

State WA

Initiating IV-D Case No. [CASEID]

Initiating Tribunal No.

ACKNOWLEDGMENTS

Return This Form to Initiating State

- Request Received and No Additional Information is Necessary
- Additional Information Needed
 - Arrears Statement/Payment History
 - Uniform Support Petition
 - General Testimony/Affidavit
 - Affidavit in Support of Establishing Paternity
 - Acknowledgment of Parentage
 - Other Documents Relating to Paternity
 - Support Order(s)
 - Divorce Decree
 - Assignment of Rights
 - Description of Real/Personal Property
 - Photograph of Respondent
 - 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: _____