

**CALIFORNIA DEPARTMENT OF CHILD SUPPORT SERVICES**

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



March 24, 2008

CSS LETTER: 07-13      **ERRATA**

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

<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

SUBJECT: STATEWIDE DOCUMENT IMAGING STANDARDS

This letter is to inform all local child support agencies (LCSAs) that there are inaccuracies on the Local Child Support Agency Imaging Route Slip, which was attached to CSS Letter 07-13, issued December 26, 2007. In addition to form name and number corrections one form has been added as it was overlooked during completion of the Route Slip, and another form has been deleted because an image of this form is maintained in CSE and is not a document that is returned to the LCSAs. The attached Route Slip contains revisions outlined as follows:

- **Form Name Clarifications:**
  - DCSS 0066 Application for Support Services
  - DCSS 0095 Confidential Paternity Questionnaire (Parts I, II, III)
  - FL-155 Financial Statement (Simplified)
  - FL-605 Notice of Acknowledgement of Receipt (Governmental)
  - 9010 Application for Support Services – (Welfare)
  - DCSS 0349 Mistaken Identity Confirmation Statement
  - FL-500 Uniform Support Petition (UIFSA)
  - FL-500a Uniform Support Petition (UIFSA Initiating)
  - DCSS 0143 Declaration Regarding Diligence to Effect Personal Service
  - FL-415 Findings and Order Regarding Contempt (Family Law-Domestic Violence Prevention Uniform Parentage-Governmental)
  - FL-625 Stipulation and Order (Governmental)
  - FL-630 Judgment Regarding Parental Obligations (Governmental)
- **Form Number Corrections:**
  - DCSS 0001 Request for Complaint Resolution (was DCSS 0100)
  - DCSS 0072 CP/NCP Inquiry Response (was DCSS 0098)
  - 9042 Birth Certificate (was 9040)
  - 9043 Photo – ID (was 9040)

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- **Form Added**  
9020 Letter from CP
- **Form Removed**  
DCSS 0196 Free Form Correspondence

If you have any questions or concerns regarding this matter, please contact Michelle Tedrow with the Department of Child Support Services Program Policy Branch at (916) 464-5883.

Sincerely,

/os/

WILFRID OTTERBECK  
Acting Deputy Director

Attachments

# DEPARTMENT OF CHILD SUPPORT SERVICES

## LOCAL CHILD SUPPORT AGENCY IMAGING ROUTE SLIP

DCSS 0620 (03/10/08)

RESERVED FOR  
INTRA-OFFICE  
ROUTINGREMOVE  
ALL  
STAPLES

This route slip contains the minimum mandatory forms, or their equivalent, that shall be imaged.  
Do not use this route slip if form contains a CSE barcode.

Date: \_\_\_\_\_ Routed by: \_\_\_\_\_

Case Number: \_\_\_\_\_ Court Order Number: \_\_\_\_\_

Non-Custodial Parent Name: \_\_\_\_\_

Document Comment: \_\_\_\_\_

Document Title: (if not found on the list below) \_\_\_\_\_

### INTAKE & ESTABLISHMENT

Form Number	Form Name	Form Number	Form Name
<input checked="" type="checkbox"/> DCSS 0061 <input checked="" type="checkbox"/> DA-246	Address Information Request	<input checked="" type="checkbox"/> DCSS 0063 <input type="checkbox"/> DA-223 <input checked="" type="checkbox"/> 2514	Attestation Statement
<input checked="" type="checkbox"/> DCSS 0066 <input checked="" type="checkbox"/> DA-110 <input checked="" type="checkbox"/> 2400, 2404	Application for Support Services	<input checked="" type="checkbox"/> DCSS 0095 <input checked="" type="checkbox"/> 2531	Confidential Paternity Questionnaire (Parts I, II, III)
<input checked="" type="checkbox"/> DCSS 0373 <input checked="" type="checkbox"/> DA-110 <input checked="" type="checkbox"/> 2400, 2404	Simplified Application for Child Support Services	<input checked="" type="checkbox"/> FL-150 <input checked="" type="checkbox"/> 9792 / 9793	Income & Expense Declaration
<input checked="" type="checkbox"/> FL-155 <input checked="" type="checkbox"/> 9369	Financial Statement (Simplified)	<input checked="" type="checkbox"/> FL-605 <input checked="" type="checkbox"/> 3642	Notice of Acknowledgement of Receipt (Governmental)
<input checked="" type="checkbox"/> FL-610 <input checked="" type="checkbox"/> 9381	Answer to Complaint or Supplemental Complaint Regarding Parental Obligations	<input type="checkbox"/> 9010 <input checked="" type="checkbox"/> 2.1/371 <input checked="" type="checkbox"/> 2410	Application for Support Services - (Welfare)
<input checked="" type="checkbox"/> DCSS 0289 <input checked="" type="checkbox"/> 6791	Attachment to Judgment Regarding Parental Obligation	<input checked="" type="checkbox"/> FL-632	Notice Regarding Payment of Support (Substitution of Payee)

### FINANCIAL MANAGEMENT

Form Number	Form Name	Form Number	Form Name
<input checked="" type="checkbox"/> DCSS 0023 <input checked="" type="checkbox"/> 3475	Notice to Court of Compromise of Arrears	<input checked="" type="checkbox"/> DCSS 0035 <input checked="" type="checkbox"/> 3494	COAP Agreement
<input checked="" type="checkbox"/> DCSS 0262	Direct Payment	<input checked="" type="checkbox"/> DCSS 0569 <input type="checkbox"/> CSS-2109	Declaration of Support Payment History
<input checked="" type="checkbox"/> EJ-100 <input checked="" type="checkbox"/> 7573 / 7576	Acknowledgment of Satisfaction of Judgment	<input type="checkbox"/> 9030	Total Aid Paid Calculation
<input type="checkbox"/> 9031 <input checked="" type="checkbox"/> 3418	Duplicate Case Transfer (DCT)	<input type="checkbox"/> 9032 <input checked="" type="checkbox"/> 2561	Interest Calculation

**LEGEND:**

- DCSS/CSE   
  - State Developed Forms   
  - JC forms   
  - CASES   
  - ARS   
  - Misc. Incoming Forms

## DEPARTMENT OF CHILD SUPPORT SERVICES LOCAL CHILD SUPPORT AGENCY IMAGING ROUTE SLIP

DCSS 0620 (03/10/08)

### ENFORCEMENT

Form Number	Form Name	Form Number	Form Name
<input checked="" type="checkbox"/> DCSS 0048 <input type="checkbox"/> CSS 2142 <input checked="" type="checkbox"/> 2548, 2549	Family Violence Questionnaire	<input checked="" type="checkbox"/> DCSS 0349 <input checked="" type="checkbox"/> DA-077	Mistaken Identity Confirmation Statement
<input type="radio"/> 9020	Letter from CP	<input type="radio"/> 9021	Letter from CP Attorney
<input type="radio"/> 9022	Letter from NP	<input type="radio"/> 9023	Letter from NP Attorney
<input type="radio"/> 9024	Letter from Other Attorney	<input type="radio"/> 9025	Death Certificate
<input type="radio"/> 9026	Pre Order Earnings Information	<input type="radio"/> 9027	Employer Information
<input type="radio"/> 9028	School Records	<input type="radio"/> 9029	Pay Stub

### INTERSTATE

Form Number	Form Name	Form Number	Form Name
<input checked="" type="checkbox"/> FL-500	Uniform Support Petition - (UIFSA)	<input checked="" type="checkbox"/> FL-500a	Uniform Support Petition - (UIFSA Initiating)
<input checked="" type="checkbox"/> FL-505	Child Support Enforcement Transmittal #1 - Initial Request	<input checked="" type="checkbox"/> FL-520	Response to Uniform Support Petition (UIFSA)
<input checked="" type="checkbox"/> FL-526 <input checked="" type="checkbox"/> 6600	General Testimony	<input checked="" type="checkbox"/> FL-530	Judgment Regarding Parental Obligation (UIFSA)
<input checked="" type="checkbox"/> FL-557 <input checked="" type="checkbox"/> 6600	Child Support Enforcement Transmittal #2 - Subsequent Actions	<input checked="" type="checkbox"/> FL-559	Child Support Enforcement Transmittal #3 - Request for Assistance/Discovery
<input checked="" type="checkbox"/> FL-560 <input checked="" type="checkbox"/> 9700	Ex Parte Application for Transfer and Order (UIFSA)	<input checked="" type="checkbox"/> FL-570 <input checked="" type="checkbox"/> 6547	Notice of Registration of Out-of-State Support Order
<input type="radio"/> 9045 <input checked="" type="radio"/> 6600	UIFSA Initiating	<input type="radio"/> 9046 <input checked="" type="radio"/> 6601	UIFSA Responding

**LEGEND:**
 - DCSS/CSE     - State Developed Forms     - JC forms     - CASES     - ARS     - Misc. Incoming Forms

## DEPARTMENT OF CHILD SUPPORT SERVICES LOCAL CHILD SUPPORT AGENCY IMAGING ROUTE SLIP

DCSS 0620 (03/10/08)

### LEGAL

Form Number	Form Name	Form Number	Form Name
<input type="radio"/> CSD 3010	Proof of Service	<input checked="" type="checkbox"/> DCSS 0098 <input checked="" type="checkbox"/> DA-4419	Stipulation for Genetic Testing
<input checked="" type="checkbox"/> DCSS 0100 <input checked="" type="checkbox"/> DA-4420	Administrative Order for Genetic (Parentage) Testing	<input checked="" type="checkbox"/> DCSS 0143	Declaration Regarding Diligence to Effect Personal Service
<input checked="" type="checkbox"/> DCSS 0156	Proof of Service and Service of Amended Proposed Judgment	<input checked="" type="checkbox"/> FL-115	Proof of Service of Summons (Family Law-Uniform Parentage Custody and Support)
<input checked="" type="checkbox"/> FL-290	Order After Hearing on Motion to Set Aside Voluntary Declaration of Paternity	<input checked="" type="checkbox"/> FL-330 <input checked="" type="checkbox"/> 8727	Proof of Personal Service
<input checked="" type="checkbox"/> FL-335 <input checked="" type="checkbox"/> 8727	Proof of Service by Mail	<input checked="" type="checkbox"/> FL-415 <input checked="" type="checkbox"/> 7561	Findings and Order Regarding Contempt (Family Law - Domestic Violence - Prevention Uniform Parentage Governmental)
<input checked="" type="checkbox"/> FL-600 <input checked="" type="checkbox"/> 6720	Summons and Complaint	<input checked="" type="checkbox"/> FL-615 <input checked="" type="checkbox"/> 6700	Stipulation for Judgment/Supplemental Judgment Regarding Parental Obligations and Judgment
<input checked="" type="checkbox"/> FL-625 <input checked="" type="checkbox"/> 6794	Stipulation and Order (Governmental)	<input checked="" type="checkbox"/> FL-627	Order for Genetic (Parentage) Testing
<input checked="" type="checkbox"/> FL-630	Judgment Regarding Parental Obligations (Governmental)	<input checked="" type="checkbox"/> FL-687	Order after Hearing (Governmental)
<input checked="" type="checkbox"/> FL-690	Stipulation and Order with Advisement (Pre 7/1/97)	<input checked="" type="checkbox"/> POS-10	Proof of Service of Summons

### MISCELLANEOUS INCOMING DOCUMENTS

Form Number	Form Name	Form Number	Form Name
<input checked="" type="checkbox"/> DCSS 0001 <input checked="" type="checkbox"/> LCR 001	Request for Complaint Resolution	<input checked="" type="checkbox"/> DCSS 0072 <input checked="" type="checkbox"/> DA-015	CP/NCP Inquiry Response
<input type="radio"/> 9040	Letter from Attorney	<input type="radio"/> 9042	Birth Certificate
<input type="radio"/> 9043	Photo - ID	<input type="radio"/> 9044 <input checked="" type="checkbox"/> 2506	Photo - Other
<input type="radio"/> 9047 <input checked="" type="checkbox"/> 2512, 2435	Closing Letters / Verification	<input type="radio"/> 9999	Miscellaneous

**LEGEND:**
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