

CALIFORNIA DEPARTMENT OF CHILD SUPPORT SERVICES

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



December 5, 2008

CSS LETTER: 08-16

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

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

SUBJECT: GENETIC TESTING COST AND LEGAL FEE RECOVERY

The purpose of this letter is to provide Local Child Support Agencies (LCSAs) with a procedure for requesting reimbursement for genetic testing costs or legal fee recoveries recorded in the California Automated Support Enforcement System (CASES) or Automated Replacement System (ARS) and received by the State Disbursement Unit (SDU) prior to conversion to the Child Support Enforcement Version 2 (CSE) system.

Since implementation of the SDU, all collections are deposited into the State's Child Support Payment Trust Fund. This includes collections reported as fee recoveries on the CASES DAX660 and ARS NFB571-08 reports. The process below has been developed for LCSAs to request reimbursement of these fee recoveries.

COST AND FEE RECOVERY REIMBURSEMENT PROCESS

Reimbursement requests will be accepted by the Department of Child Support Services (DCSS) for genetic testing costs or legal fee recoveries that have not previously been reimbursed. LCSAs currently on CSE must submit their completed reimbursement request documents within 60 days from the date of this letter. All other LCSAs must submit their reimbursement request documents within 60 days of converting to CSE.

The following items must be provided to the DCSS Accounting Services Branch:

- Request for Reimbursement Form (see attached samples)
- DAX660 Report(s) (CASES counties only), with line items highlighted that are being requested for reimbursement
- NFB571-08 Report(s) (ARS counties only), with line items highlighted that are being requested for reimbursement
- Copies of corresponding Monthly Trust Fund Transition Report(s)

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Please contact Umlesh Kaur at (916) 464-3721 or by e-mail at Umlesh.Kaur@dcss.ca.gov to request a soft copy of the "Request for Reimbursement Form." The "Request for Reimbursement Form" must be signed by the IV-D Director or a designee authorized to sign the Administrative Expense Claim (AEC) CS356. The request will be processed after receipt of all the required documents by DCSS for the month(s) requested.

Please address the packet to:

California Department of Child Support Services
Accounting Services Branch MS-20
Attn: Systems Reconciliation Unit
PO Box 419064
Rancho Cordova, CA 95741-9064

LCSAs must report State reimbursed fee recoveries in accordance with AEC instructions on their AEC CS356. Genetic testing cost recoveries must be reported in Section VI, Line C, and legal fee recoveries must be reported in Section VII, Line B.

If you have any questions or comments about this letter, please contact Teresa Westervelt at (916) 464-3292 or by e-mail at Teresa.Westervelt@dcss.ca.gov

Sincerely,

/os/

MARK BECKLEY
Acting Deputy Director
Administrative Services Division

cc: David Oppenheim

CASES LCSA

**LCSA REQUEST FOR REIMBURSEMENT:
GENETIC TESTING/LEGAL FEES**

County:

Month/Year:

Report/ Worksheet #	Report/ Worksheet Description	Amount
DAX660	Legal Fees Paid: Cost & Fees for Genetic Testing/Attorney Fees, etc.	\$
Less:		\$
TF-01S V1.3	Pre-SDU A/R Recoveries posted to C&F accounts (highlight collections on DAX660 report)	\$
TF-01S V1.3	Pre-SDU Escheated Receipts posted to C&F accounts (highlight collections on DAX660 report)	\$
CLAIM FOR GENETIC TESTING/LEGAL FEES		\$

Prepared by	
Date Prepared	
Phone	
Email Address	
Approved by	Signature of IV-D Director or Authorized Designee
Date Approved	
Email Address	

REMIT PAYMENT TO LCSA:

Name	
Address	
City, State Zip	

INSTRUCTIONS:

*Attach copy of DAX660 report and corresponding Monthly Trust Fund Transition Report.
Highlight report for items that are genetic testing/legal fees.
Mail this form and DAX660 report with attachments to:*

California Department of Child Support Services
Accounting Services Branch MS-20
Attn: Systems Reconciliation Unit
PO Box 419064
Rancho Cordova, CA 95741-9064

ARS LCSA

**LCSA REQUEST FOR REIMBURSEMENT:
GENETIC TESTING/LEGAL FEES**

County:

Month/Year:

Report/ Worksheet #	Report/ Worksheet Description	Amount
NFB571-08	Legal Fees Paid: Cost & Fees for Genetic Testing/Attorney Fees, etc.	\$
Less:		\$
TF-01S V1.3	Pre-SDU A/R Recoveries posted to C&F accounts (highlight collections on NFB571-08 report)	\$
TF-01S V1.3	Pre-SDU Escheated Receipts posted to C&F accounts (highlight collections on NFB571-08 report)	\$
CLAIM FOR GENETIC TESTING/LEGAL FEES:		\$

Prepared by	
Date Prepared	
Phone	
Email Address	
Approved by	Signature of IV-D Director or Authorized Designee
Date Approved	
Email Address	

REMIT PAYMENT TO LCSA:

Name	
Address	
City, State Zip	

INSTRUCTIONS:

*Attach copy of NFB571-08 report and corresponding Monthly Trust Fund Transition Report.
Highlight report for items that are genetic testing/legal fees.
Mail this form and NFB571-08 report with attachments to:*

California Department of Child Support Services
Accounting Services Branch MS-20
Attn: Systems Reconciliation Unit
PO Box 419064
Rancho Cordova, CA 95741-9064