

CALIFORNIA DEPARTMENT OF CHILD SUPPORT SERVICES

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



July 8, 2005

CSS LETTER: 05-22

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. Since 1996 the individual resident dividends have exceeded \$1,000 per year.

The criteria for a resident of Alaska to receive the 2005 dividend are as follows:

- a. Must have been a resident of Alaska since December 31, 2003;
- b. Must apply before March 31, 2005;
- 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 2003 or 2004; 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 2005 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 26, 2005**. 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 2005 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.**

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: 05-22

July 8, 2005

Page 3

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 Elizabeth Swearinger at (916) 464-5306 or Melanie Henderson at (916) 464-5519.

Sincerely,

/s/ Joan Obert

JOAN OBERT
Deputy Director
Technology Services Division

Enclosures

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 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. _____

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 ()

[] Address Confirmed Date

[] Employer Confirmed Date

Date/Place of Birth Date Place

Social Security No.

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 ()

[] Address Confirmed Date

[] Employer Confirmed Date

Date/Place of Birth Date Place

Social Security No.

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 ()

[] Address Confirmed Date

[] Employer Confirmed Date

Date/Place of Birth Date Place

Sex M/F Social Security No.

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
[] Uniform Support Petition (3 Copies)
[] 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 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:

File Stamp

Respondent

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
 - 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 _____

OMB No. 0970 - 0085