

CALIFORNIA DEPARTMENT OF CHILD SUPPORT SERVICES

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



April 5, 2002

CSSIN LETTER: 02-07

ALL IV-D DIRECTORS
 ALL DISTRICT ATTORNEYS
 ALL COUNTY ADMINISTRATIVE OFFICERS

SUBJECT: INTEGRATED DATABASE CASE TRANSFER PROCESS FROM
 LOCAL CHILD SUPPORT AGENCY (LCSA) TO LCSA

This is to inform LCSAs of a recent change in the process of transferring an integrated Database (IDB) case from one LCSA to another LCSA.

Currently, whenever LCSAs want to transfer an obligor case that has been submitted for inclusion on the IDB, the process requires completion of Form CS 911 by both the originating county and the receiving county. This process is both time consuming and largely unsuccessful in meeting the strict limits of the IDB system programming.

The new process requires the original LCSA of record to **delete** their IDB case either by inclusion in the regular monthly, biweekly or weekly submission to IDB or by manual submission to IDB using Forms CS 872 and CS 871. The new LCSA of record will **add** the obligor case to IDB by inclusion in the regular monthly, biweekly or weekly submission or by manual submission to IDB using Forms CS 872 and CS 871. This process will necessitate coordination and cooperation between the LCSAs to ensure the child support arrearages are certified in total by the receiving LCSA and that there is no gap period that might miss any potential child support intercepts.

This process change will take effect on April 15th. Please destroy any remaining stock of Form CS 911. A copy of the recently revised Forms CS 872 (Rev. 6/01) and 871 (Rev. 11/01) are attached for your use. *Form 872 must accompany Form 871.*

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-SY-2002-CTY-0194



DO YOUR PART TO HELP CALIFORNIA SAVE ENERGY
 For energy saving tips, visit the DCSS website at
www.childsup.cahwnet.gov

CSSIN Letter: 02-07

April 5, 2002

Page 2

Jet form templates are available for the forms. Questions regarding the templates or forms distribution should be directed to Kristy Johnson, Customer and Community Services Branch, at Kristy.Johnson@dcss.ca.gov or (916) 464-5219.

If you have any questions or concerns regarding this case transfer process, please contact Tanya Morales at Tanya.Morales@dcss.ca.gov or (916) 464-5261.

Sincerely,

JOAN OBERT
Assistant Deputy Director
Technology Services Division

Attachments

cc: All Intercept Coordinators

Obsolete

CHILD SUPPORT INTERCEPT - COUNTY TRANSACTION DOCUMENT

COUNTY CODE (01-58)	LOCAL CODE	PROCESS YEAR	INVESTIGATOR ID	RECORD TYPE	<input type="checkbox"/> 1 = ADD <input type="checkbox"/> 4 = TRANSFER <input type="checkbox"/> 2 = CHANGE/DELETE <input type="checkbox"/> 5 = REFUND
------------------------	------------	--------------	-----------------	-------------	--

1. SSN		2. CASE ID		3. FED. FIPS CODE (NOT CALIF.)	
4. LAST NAME		5. FIRST NAME		6. MI	
7. SECONDARY ADDRESS LINE (Do Not use as delivery address - additional address information only, see Item #8)					
8. DELIVERY ADDRESS					
9. CITY		10. STATE OR COUNTRY	11. ZIP CODE	12. FOREIGN ADDRESS <input type="checkbox"/> YES	

13	IRS/ADM TANF ARREARAGE	
14	IRS/ADM Non-TANF ARREARAGE	
15	FTB TANF ARREARAGE	
16	FTB Non-TANF ARREARAGE	
17	EDD ARREARAGE	
18	EDD INTERCEPT %	
19	EDD CASE TYPE	A <input type="checkbox"/> 1 N <input type="checkbox"/> 2
20	ASM AMOUNT	
21	CURRENT SUPPORT OBLIGATION	
22	FEDERAL EXCLUSION CODES <input type="checkbox"/> *** = RESET/NO EXCLUSIONS or <input type="checkbox"/> ADM = INCLUDES RET/VEN/SAL <input type="checkbox"/> RET - Retirement <input type="checkbox"/> SAL - Salary <input type="checkbox"/> TAX - IRS Tax <input type="checkbox"/> VEN - Vendor <input type="checkbox"/> FIN - Financial	
23	NCP BIRTH DATE (CCYYMMDD)	
24	COUNTY TRAN DATE (CCYYMMDD)	

1. SSN		2. CASE ID		3. FED. FIPS CODE (NOT CALIF.)	
4. LAST NAME		5. FIRST NAME		6. MI	
7. SECONDARY ADDRESS LINE (Do Not use as delivery address - additional address information only, see Item #8)					
8. DELIVERY ADDRESS					
9. CITY		10. STATE OR COUNTRY	11. ZIP CODE	12. FOREIGN ADDRESS <input type="checkbox"/> YES	

13	IRS/ADM TANF ARREARAGE	
14	IRS/ADM Non-TANF ARREARAGE	
15	FTB TANF ARREARAGE	
16	FTB Non-TANF ARREARAGE	
17	EDD ARREARAGE	
18	EDD INTERCEPT %	
19	EDD CASE TYPE	A <input type="checkbox"/> 1 N <input type="checkbox"/> 2
20	ASM AMOUNT	
21	CURRENT SUPPORT OBLIGATION	
22	FEDERAL EXCLUSION CODES <input type="checkbox"/> *** = RESET/NO EXCLUSIONS or <input type="checkbox"/> ADM = INCLUDES RET/VEN/SAL <input type="checkbox"/> RET - Retirement <input type="checkbox"/> SAL - Salary <input type="checkbox"/> TAX - IRS Tax <input type="checkbox"/> VEN - Vendor <input type="checkbox"/> FIN - Financial	
23	NCP BIRTH DATE (CCYYMMDD)	
24	COUNTY TRAN DATE (CCYYMMDD)	

CHILD SUPPORT INTERCEPT SYSTEM CERTIFICATION/TRANSMITTAL

TO: DEPARTMENT OF CHILD SUPPORT SERVICES PRODUCTION CONTROLS, MS 40 P.O. BOX 419064 RANCHO CORDOVA, CA 95741-9064	KEY ENTRY & DATA GUIDANCE USE ONLY 30201/_____ 30203/_____ 30207/_____ E_____ V_____ BP.CSD100.CO_____. D_____. T_____ TAPE COUNTY DSH: VOLSER:_____
--	--

COUNTY NAME	COUNTY NUMBER (01-58)	CURRENT DATE
-------------	--------------------------	--------------

CERTIFICATION

I certify that every request for collection and upward modification included with this transmittal meets the following requirement:

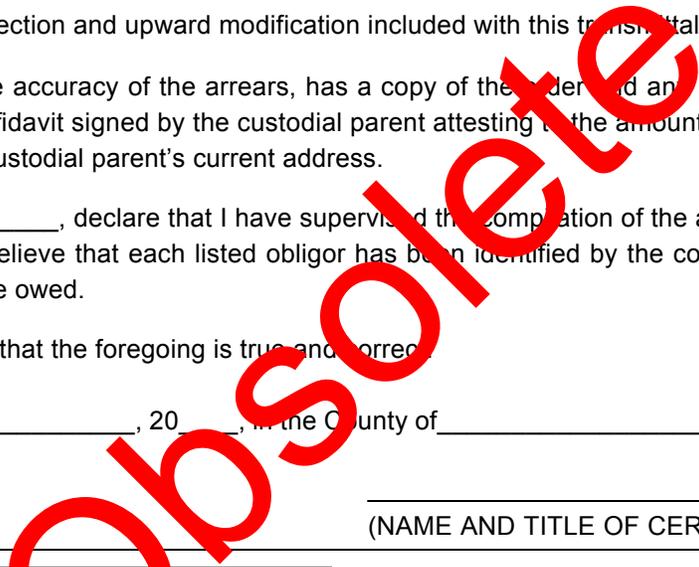
This agency has verified the accuracy of the arrears, has a copy of the order and any modifications, has a copy of the payment record or an affidavit signed by the custodial parent attesting to the amount of support owed and has in non-assistance cases, the custodial parent's current address.

I, _____, declare that I have supervised the completion of the attached list of arrearages of child support and I am informed and believe that each listed obligor has been identified by the correct Social Security Number and the correct child support arrearage owed.

I declare under penalty of perjury that the foregoing is true and correct.

Dated this _____ day of _____, 20____, in the County of _____, California

(NAME AND TITLE OF CERTIFYING OFFICER)



MANUAL DOCUMENT INPUT		
TRANSACTION TYPE (DO NOT MIX TRANSACTION TYPES)	CASES PER BATCH	
	MAXIMUM ALLOWED	NUMBER SUBMITTED
ADD	30	
CHANGE	30	
TRANSFER (IRS ONLY)	75	
REFUND (IRS ONLY)	75	
COUNTY ADDRESS	20	
STATE CASE TRANSFER	20	

ELECTRONIC INPUT	
DSN AND MEDIA NUMBER	
NUMBER OF RECORDS	

CONTACT PERSON
PHONE NUMBER
(DIRECT DESK NUMBER)

PLEASE NOTE: DO NOT MIX THE DIFFERENT TRANSACTION TYPES ON THE SAME TRANSMITTAL SHEET.