

CALIFORNIA DEPARTMENT OF CHILD SUPPORT SERVICES

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

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

June 17, 2009

LCSA LETTER: 09-11

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) between July 20 - August 14, 2009, 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 \$2,069.00 in 2008 to a low of \$331.40 in 1984.

The criteria for a resident of Alaska to receive the 2009 dividend are as follows:

- a. Must have been a resident of Alaska since December 31, 2007.
- b. Must apply for the PFD no later than midnight March 31, 2009.
- c. Cannot have been out of Alaska for more than 180 days during 2008 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 2007 or 2008.
- e. Must be a U.S. citizen.

DCSS has submitted to Alaska a file created from the Intercept Database (IDB) which contains all California NCPs owing arrears. Alaska will match approximately 800,000 California child support cases against approximately 600,000 records in its PFD database and return a file that contains any matches. DCSS will provide each LCSA with a list of NCPs owing arrears that match the PFD database by **July 20, 2009**. This list can be accessed from the LCSA Secure Website under Intercept Database (IDB) Match Reports.

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, to request Alaska to either enforce a support order or open a Permanent Fund Dividend Only (PFDO) case. Alaska must receive the UIFSA petitions or PFDO requests by **August 14, 2009**. Please note: Alaska has mandated a minimum offset amount of \$50.00.

If the LCSA has previously submitted a UIFSA petition to Alaska requesting full 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 2009 PFD fund and make an offset when a match occurs. Alaska will not check any matches against its caseload to verify whether or not there is an existing UIFSA case. Therefore, each LCSA shall be responsible to audit its own case match file and determine if a UIFSA action is necessary.

If Alaska is not currently enforcing against an NCP under a UIFSA petition and the LCSA desires only to offset the PFD, the LCSA must request one of the following UIFSA actions:

- A. If the LCSA has never previously submitted the NCP to Alaska and desires to only offset the PFD, the LCSA must initiate a UIFSA petition. In Section I of the Child Support Enforcement Transmittal #1 – Initial Request, check Box #11 [Other] 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.
- B. If the LCSA previously submitted the NCP for offset of the PFD only and again desires to submit the NCP for offset of the PFD only, the LCSA must again initiate a UIFSA petition and, in Section I of the Child Support Enforcement Transmittal #1 – Initial Request, check Box #11 [Other] and insert “PFD Only.” Additionally, indicate the previous Alaska PFDO case number from the prior PFDO in the Responding IV-D Case Number field. Alaska will only offset the PFD and close the UIFSA case. A new form is required each year that the PFDO offset is requested. Alaska suggests LCSAs consider initiating full enforcement for specific obligor cases you typically submit as PDFO every year. By doing so, the case would automatically be submitted for PFD.

LCSA Letter:
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Please send completed transmittals to:

Child Support Services Division
Attn: Alaska PFD Program: MS-20
550 West 7th Avenue, Suite 310
Anchorage, AK 99501-6699

We look forward to working with each LCSA 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 Marianna Rosales at (916) 464-6854 or Joni Hamblin at (916) 464-7103.

Sincerely,

/S/

ROBERT JONES
Deputy Director
Operations Division

Enclosures

2009 PERMANENT FUND DIVIDEND (PFD) INTERCEPT

Instructions for Requesting Interception of the Alaska PFD

1) Required Documents or Information:

- Child Support Enforcement Transmittal #1 with the appropriate areas completed. (See attached example).
- A copy of the **signed** order or judgment.
- The **direct phone number** of the child support worker.

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. 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. All cases must have an arrears balance of at least \$50 to qualify for this garnishment. Any requests below \$50 will be returned.

2) Other Important Information:

- **DO NOT** send a PFD Only (PFDO) transmittal if Alaska is already enforcing a case for you. These cases are intercepted automatically, provided the obligor applied and qualified for a PFD.
- **DO NOT** send a PFDO request followed by a request for 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 paper closure request.
- States that 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 first time. If your state has requested a PFDO case previously, be sure to provide the previous Alaska PFDO case number on the transmittal. Additionally, if you typically submit specific obligors every year, you may want to consider initiating those cases for full enforcement. By doing so, the case would automatically be submitted for PFD.

3) Timelines:

- We anticipate the PFD match list will be available by the second week of July. Once received, the Alaska PFD Match Report will be posted on the LCSA Secure Website under Intercept Database (IDB) Reports.
- 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 Friday, August 14th, 2009, to ensure set up and collection of the PFD.

4) **Contacts:**

Send Transmittals to:

**Child Support Services Division
Attn: Alaska PFD / MS 20
550 West 7th Ave., Ste 310
Anchorage, AK 99501-6699**

Procedure questions:

**DCSS Operations Division
Operations Support and Intercept**

**Marianna Rosales: (916) 464-6854
Joni Hamblin: (916) 464-7103**

CHILD SUPPORT ENFORCEMENT TRANSMITTAL #1 - INITIAL REQUEST

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: []

EXAMPLE ONLY

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.

Prior PFDO Case#

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 Judgment
3. Enforcement of Response
4. Modification of Responding
5. Change of Payee/Redirection of Payment
6. Redirection of Payment
7. Registration of Foreign Support Order:
A. For Enforcement Only
B. For Modification
C. For Modification and Enforcement
8. Collection of Arrears
9. Income Withholding
10. Administrative Review for Federal Tax Offset withholding
11. 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

X 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 Obligee

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

Obligor Obligee

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]

[CTADDR1]

[CTEMPNAME]

[CTALIAS]

[CTADDR2]

[CTEMPADDR1]

[CTADDR3]

[CTEMPADDR2]

[CTADDR4]

[CTEMPADDR3]

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]

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

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

July 27, 2009

JOE GO

(541) 277-7777 ext 123

Date

Initiating Contact Person (Print or Type)

Telephone Number and Extension

(541) 277-1234

Joe.Go@Alaska

Signature is required

Fax Number

E-mail

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CHILD SUPPORT ENFORCEMENT TRANSMITTAL #1 - INITIAL REQUEST

EXAMPLE ONLY
File Stamp

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:

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: _____