

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 edits 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.*

<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

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

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:_____
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COUNTY NAME	COUNTY NUMBER (01-58)	CURRENT DATE
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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 compilation 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.