

**EMPLOYER REFUND REQUEST**

DCSS 0682 (07/22/22)

**INSTRUCTIONS FOR EMPLOYER REFUND REQUEST**

Please complete this form and return online by selecting the submit button or faxing the completed form to the Department of Child Support Services (DCSS), Business Solutions Unit at (916) 636-2436. To submit this form via email, first download the form to your device, complete the form and then click "Submit". A separate form must be completed for each occurrence. An occurrence equals one payment regardless of the number of employees or errors within the payment.

If approved, and the funds are available, a refund will be issued no earlier than 15 business days from the date of your request. If a full refund is not available, you will be informed of the status of your request by phone within 3 to 5 business days. DCSS will also send a letter of determination by e-mail or U.S. mail. Independent of this error, and the pending response to your request, note that the employer is responsible for the continued withholding and forwarding of support as required by the assignment or wage withholding order (California Family Code (FC) Section 5235).

**SECTION I: EMPLOYER CONTACT INFORMATION**

Requestor Name and Title		Company Name	
Company Address		City, State and Zip Code	
Phone Number (include area code)	Fax Number (include area code)	E-mail Address	

**SECTION II: EMPLOYER SUPPORTING INFORMATION**

Total amount requested	Date payment was mailed	Check Number or EFT
Bank Routing Number		Bank Account Number
Name(s) of affected employees (if needed please attach list)		

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## SECTION III: EXPLANATION OF CIRCUMSTANCES

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Please explain why a refund should be processed and sent to your company. Provide essential details in support of your request.

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## SECTION IV: STATEMENT/SIGNATURE

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The burden to accurately process and comply with the order/notice to withhold income is the duty of the employer (FC Sections 5232-5247). If the erroneous payment was the result of an employer error, and DCSS no longer has control of the funds a refund will not be processed.

By submitting this request, you affirm that the facts set forth are true and complete.

\_\_\_\_\_  
Requestor Signature  
(Sign for fax, Print for electronic submission)

\_\_\_\_\_  
Date