

CERTIFICATION OF ANNUAL SERVICE FEE EXEMPTION

DCSS 0678 (10/01/2022)

Beginning October 1, 2020, pursuant to the Bipartisan Budget Act of 2018, section 53117 of Public Law 115-123 which amended the provisions of the Federal Deficit Reduction Act of 2005, the Department of Child Support Services (DCSS) is required to impose an Annual Service Fee of \$35 for cases that meet certain criteria:

You may not be required to pay this fee!

Please answer the following questions:

- (1) Is DCSS providing services on this open case? Yes No
- (2) Have you ever received public assistance (cash aid) from:
- Aid to families with Dependent Children (AFDC) Yes No
 - Temporary Assistance for Needy Families (Cash TANF) Yes No
 - Tribal TANF Yes No
- (3) In the last Federal Fiscal Year (October 1 - September 30), did you receive less than \$550 on each case? Yes No

If you answered yes to any of the questions above, complete this form.

Section I: Who is requesting this Annual Service Fee Relief?

First Name		Middle Name	Last Name	
Mailing Address (number and street)		City	State	Zip Code
Participant Number	Affected Case Number(s)		Phone Number (include area code)	

Section II: Complete this section to request a PERMANENT exemption from the Annual Service Fee

<input type="checkbox"/> I am a Foreign Obligee with a primary address in either the United States or a U.S. Territory.	Country		
I receive(d) public assistance under one of the following programs:			
<input type="checkbox"/> Aid to Families with Dependent Children (Cash AFDC)	State	Date Aid Began	Date Aid Ended
<input type="checkbox"/> Temporary Assistance for Needy Families (Cash TANF)	State	Date Aid Began	Date Aid Ended
<input type="checkbox"/> Tribal TANF Program	State	Date Aid Began	Date Aid Ended

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Section III: Complete this section to request a ONE-TIME exemption from the Annual Service Fee

<input type="checkbox"/> I already paid the Annual Service Fee in another state.	State	Date Paid
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I did not receive the full \$550 in support payments between October 1 and September 30th of the previous year.

Please Return the Completed Form to the Address Below:

California Department of Child Support Services
Operations Division
PO Box 419064, MS-340
Rancho Cordova, CA 95741-9064

I certify under penalty of perjury that the above is true and correct.

Signature

Date