CERTIFICATION OF ANNUAL SERVICE FEE EXEMPTION

DCSS 0678 (10/20/2019)

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, requires the Department of Child Support Services (DCSS) impose an Annual Service Fee of \$35 for cases that meet the following criteria: (1) DCSS is providing services to the custodial party on the case. (2) The custodial party on the case has never received public assistance under Title IV-A of the Social Security Act. (3) \$550 or more has been disbursed to the family on each case for the prior Federal Fiscal Year (October 1 - September 30). You may be exempt from being charged the Annual Service Fee if you meet one of the qualifying conditions in either Section II or III of this form.

Section I: Personal Infor	mation				
First Name		Middle Name	Last Nam	Last Name	
Return Mailing Address (number and street)		City	State		Zip Code
Participant Number Affected Case Number		mber(s)		Phone Number (include area code)	
Section II: Permanent Ex	xemption			I.	
I am a Foreign Obligee with a primary address or a U.S. Territory.		ess in either the United	Country	Country	
I receive(d) public assista	ince under one	of the following prog	rams:		
Aid to Families with Dependent Children (Cash AFDC)		State	Date Aid	Began	Date Aid Ended
Temporary Assistance for Needy Families (Cash TANF)		State	Date Aid	Began	Date Aid Ended
Tribal TANF Program		State	Date Aid	Began	Date Aid Ended
Section III: One-Time Ex	cemption	I			
I already paid the Annual Service Fee in another state.		State	Date Pai	Date Paid	
I did not receive the full \$ between October 1 and \$		ments			
Please Return the Comple	eted Form to t	he Address Below:			
California Department of Ch Operations Division PO Box 419064, MS-340 Rancho Cordova, CA 9574		rvices			
I certify under penalty of pe	rjury that the at	pove is true and corre	ect.		
Signature			Date		