CERTIFICATION OF ANNUAL SERVICE FEE EXEMPTION

DCSS 0678 (08/23/11)

The Federal Deficit Reduction Act of 2005 (Public Law 109-171) requires that all state child support agencies impose an Annual Service Fee for cases that meet the following criteria: (1) The Department of Child Support Services 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) $500 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.

Section I: Personal Information

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

Section II: Permanent Exemption

☐ 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:

	State	Date Aid Began	Date Aid Ended
☐ 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 Exemption

☐ I already paid the Annual Service Fee in another state.	State	Date Paid
☐ I did not receive the full $500 in support payments between October 1 and September 30.		

Please Return the Completed Form to the Address Below:

California Department of Child Support Services
Office of Payment Management & Intergovernmental Services
PO Box 419064, MS-161
Rancho Cordova, CA 95741-9064

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

_____   _____
Signature   Date