

CALIFORNIA DEPARTMENT OF CHILD SUPPORT SERVICES

P.O. Box 419064, Rancho Cordova, CA 95741-9064



December 26, 2007

CSS LETTER: 07-13

ALL IV-D DIRECTORS
 ALL COUNTY ADMINISTRATIVE OFFICERS
 ALL BOARDS OF SUPERVISORS

<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

SUBJECT: STATEWIDE DOCUMENT IMAGING STANDARDS

The purpose of this letter is to inform Local Child Support Agencies (LCSAs) of the statewide standard to be applied for scanning case file documents. All documents (or their equivalent) listed on the attached Local Child Support Agency Imaging Route Slip (DCSS 0620) shall be scanned. Without this standard, the documents imaged for case files will vary widely depending on the managing LCSA's local practice.

One objective of the California Child Support Automation System (CCSAS) project is to move toward electronic case files where case documents are available for viewing by caseworkers statewide. The Child Support Enforcement System (CSE) provides the capability to store and retrieve images of hard copy documents for case files, such as court orders, applications for services, attestations, verifications, and paternity acknowledgements. This CSS letter establishes the groundwork necessary to achieve this objective.

California Code of Regulations (CCR) Section 111420 states that: Each local child support agency shall maintain records necessary for the administration of the Title IV-D program, and the date of each, including the following:

- (a) Applications for child support services.
- (b) Actions to locate noncustodial parents, to establish paternity and to obtain, modify, and enforce support orders, including medical support, and the costs incurred in such actions. This includes any relevant facts and actions taken by the local child support agency and the results of such action.
- (c) The amounts and sources of support collections and the distribution of these collections.
- (d) Any fees charged or paid for support enforcement services, or any other administrative costs.
- (e) Any statistical, fiscal, and other records necessary for reporting and accountability pursuant to 45 Code of Federal Regulations, Section 302.15 (a) (7).

- (f) All records pertaining to complaint resolution specified in Chapter 10.
- (g) Any other information and documents not required by subsections (a) through (f) pertaining to the case.

LCSAs already transitioned to the CCSAS CSE system shall submit case file documents to the Central Scan Facility to be imaged into CSE. LCSAs that have not yet transitioned to the CCSAS CSE system will continue to image case file documents via COSTARS.

Effective with the publication of this CSS Letter, all LCSAs shall image case file documents according to the following:

- Documents (or their equivalent) listed on the attached Department of Child Support Services, Local Child Support Agency Imaging Route Slip must be scanned.
- It is not necessary to complete the Department of Child Support Services Local Child Support Agency Imaging Route Slip if the document contains a CSE barcode.
- The following documents shall not be imaged:
 - Informational notices and brochures generated by the system.
 - Reference materials such as regulations, statutes, or procedure manuals.
 - Federal Tax Information as described in CSS Letter 05-02.
- It is DCSS' intent for LCSAs to image documents into the system that support the case record within 30 days of receipt. However, this time frame will be temporarily extended to 60 days during a transitional period. DCSS anticipates providing further instructions on this issue in the future and at such time will communicate a final determination.

Documents will be stored in a view-only pdf format that may be accessed and printed as a static document. Upon verification of successful imaging, Central Scan Facility staff will destroy all original documents in a manner that complies with the records disposal requirements specified in CCR Section 111460. All document images will be retained for 4 years and 4 months after the case is closed, according to the records maintenance and retention requirements specified in CCR Sections 111420 and 111450.

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If you have any questions or concerns regarding this matter, please contact Michelle Tedrow at (916) 464-5883.

Sincerely,

/os/ by Debra Sanchez for Wilfrid Otterbeck

WILFRID OTTERBECK
Acting Deputy Director

Attachment

DEPARTMENT OF CHILD SUPPORT SERVICES

LOCAL CHILD SUPPORT AGENCY IMAGING ROUTE SLIP

DCSS 0620 (11/09/07)

RESERVED FOR
INTRA-OFFICE
ROUTINGREMOVE
ALL
STAPLES

This route slip contains the minimum mandatory forms, or their equivalent, that shall be imaged.
Do not use this route slip if form contains a CSE barcode.

Date: _____ Routed by: _____

Case Number: _____ Court Order Number: _____

Non-Custodial Parent Name: _____

Document Comment: _____

Document Title: (if not found on the list below) _____

INTAKE & ESTABLISHMENT

Form Number	Form Name	Form Number	Form Name
<input checked="" type="checkbox"/> DCSS 0061 <input checked="" type="checkbox"/> DA-246	Address Information Request	<input checked="" type="checkbox"/> DCSS 0063 <input type="checkbox"/> DA-223 <input checked="" type="checkbox"/> 2514	Attestation Statement
<input checked="" type="checkbox"/> DCSS 0066 <input checked="" type="checkbox"/> DA-110 <input checked="" type="checkbox"/> 2400, 2404	Application for Services	<input checked="" type="checkbox"/> DCSS 0095 <input checked="" type="checkbox"/> 2531	Confidential Paternity Questionnaire
<input checked="" type="checkbox"/> DCSS 0373 <input checked="" type="checkbox"/> DA-110 <input checked="" type="checkbox"/> 2400, 2404	Simplified Application for Child Support Services	<input checked="" type="checkbox"/> FL-150 <input checked="" type="checkbox"/> 9792 / 9793	Income & Expense Declaration
<input checked="" type="checkbox"/> FL-155 <input checked="" type="checkbox"/> 9369	Financial Statement Simplified	<input checked="" type="checkbox"/> FL-605 <input checked="" type="checkbox"/> 3642	Notice of Acknowledgement of Receipt
<input checked="" type="checkbox"/> FL-610 <input checked="" type="checkbox"/> 9381	Answer to Complaint or Supplemental Complaint Regarding Parental Obligations	<input type="checkbox"/> 9010 <input checked="" type="checkbox"/> 2.1/371 <input checked="" type="checkbox"/> 2410	2.1/371 (Application for Support Services - Welfare)
<input checked="" type="checkbox"/> DCSS 0289 <input checked="" type="checkbox"/> 6791	Attachment to Judgment Regarding Parental Obligation	<input checked="" type="checkbox"/> FL-632	Notice Regarding Payment of Support (Substitution of Payee)

FINANCIAL MANAGEMENT

Form Number	Form Name	Form Number	Form Name
<input checked="" type="checkbox"/> DCSS 0023 <input checked="" type="checkbox"/> 3475	Notice to Court of Compromise of Arrears	<input checked="" type="checkbox"/> DCSS 0035 <input checked="" type="checkbox"/> 3494	COAP Agreement
<input checked="" type="checkbox"/> DCSS 0262	Direct Payment	<input checked="" type="checkbox"/> DCSS 0569 <input type="checkbox"/> CSS-2109	Declaration of Support Payment History
<input checked="" type="checkbox"/> EJ-100 <input checked="" type="checkbox"/> 7573 / 7576	Acknowledgment of Satisfaction of Judgment	<input type="checkbox"/> 9030	Total Aid Paid Calculation
<input type="checkbox"/> 9031 <input checked="" type="checkbox"/> 3418	Duplicate Case Transfer (DCT)	<input type="checkbox"/> 9032 <input checked="" type="checkbox"/> 2561	Interest Calculation

LEGEND:

- DCSS/CSE
 - State Developed Forms
 - JC forms
 - CASES
 - ARS
 - Misc. Incoming Forms

DEPARTMENT OF CHILD SUPPORT SERVICES LOCAL CHILD SUPPORT AGENCY IMAGING ROUTE SLIP

DCSS 0620 (11/09/07)

ENFORCEMENT

	Form Number	Form Name		Form Number	Form Name
	<input checked="" type="checkbox"/> DCSS 0048 <input type="checkbox"/> CSS 2142 <input checked="" type="checkbox"/> 2548, 2549	Family Violence Questionnaire		<input checked="" type="checkbox"/> DCSS 0196 <input checked="" type="checkbox"/> 3634	Free Form Correspondence
	<input checked="" type="checkbox"/> DCSS 0349 <input checked="" type="checkbox"/> DA-077	Mistaken Identity Confirmation		<input type="radio"/> 9021	Letter from CP Attorney
	<input type="radio"/> 9022	Letter from NP		<input type="radio"/> 9023	Letter from NP Attorney
	<input type="radio"/> 9024	Letter from Other Attorney		<input type="radio"/> 9025	Death Certificate
	<input type="radio"/> 9026	Pre Order Earnings Information		<input type="radio"/> 9027	Employer Information
	<input type="radio"/> 9028	School Records		<input type="radio"/> 9029	Pay Stub

INTERSTATE

	Form Number	Form Name		Form Number	Form Name
	<input checked="" type="checkbox"/> FL-500	USP-UIFSA		<input checked="" type="checkbox"/> FL-500a	USP-UIFSA Initiating
	<input checked="" type="checkbox"/> FL-505	Child Support Enforcement Transmittal #1 - Initial Request		<input checked="" type="checkbox"/> FL-520	Response to Uniform Support Petition (UIFSA)
	<input checked="" type="checkbox"/> FL-526 <input checked="" type="checkbox"/> 6600	General Testimony		<input checked="" type="checkbox"/> FL-530	Judgment Regarding Parental Obligation (UIFSA)
	<input checked="" type="checkbox"/> FL-557 <input checked="" type="checkbox"/> 6600	Child Support Enforcement Transmittal #2 - Subsequent Actions		<input checked="" type="checkbox"/> FL-559	Child Support Enforcement Transmittal #3 - Request for Assistance/Discovery
	<input checked="" type="checkbox"/> FL-560 <input checked="" type="checkbox"/> 9700	Ex Parte Application for Transfer and Order (UIFSA)		<input checked="" type="checkbox"/> FL-570 <input checked="" type="checkbox"/> 6547	Notice of Registration of Out-of-State Support Order
	<input type="radio"/> 9045 <input checked="" type="radio"/> 6600	UIFSA Initiating		<input type="radio"/> 9046 <input checked="" type="radio"/> 6601	UIFSA Responding

LEGEND:
 - DCSS/CSE - State Developed Forms - JC forms - CASES - ARS - Misc. Incoming Forms

DEPARTMENT OF CHILD SUPPORT SERVICES LOCAL CHILD SUPPORT AGENCY IMAGING ROUTE SLIP

DCSS 0620 (11/09/07)

LEGAL

Form Number	Form Name	Form Number	Form Name
<input type="radio"/> CSD 3010	Proof of Service	<input checked="" type="checkbox"/> DCSS 0098 <input checked="" type="checkbox"/> DA-4419	Stipulation for Genetic Testing
<input checked="" type="checkbox"/> DCSS 0100 <input checked="" type="checkbox"/> DA-4420	Administrative Order for Genetic (Parentage) Testing	<input checked="" type="checkbox"/> DCSS 0143	Declaration Regarding Diligence
<input checked="" type="checkbox"/> DCSS 0156	Proof of Service and Service of Amended Proposed Judgment	<input checked="" type="checkbox"/> FL-115	Proof of Service of Summons (Family Law-Uniform Parentage Custody and Support)
<input checked="" type="checkbox"/> FL-290	Order After Hearing on Motion to Set Aside Voluntary Declaration of Paternity	<input checked="" type="checkbox"/> FL-330 <input checked="" type="checkbox"/> 8727	Proof of Personal Service
<input checked="" type="checkbox"/> FL-335 <input checked="" type="checkbox"/> 8727	Proof of Service by Mail	<input checked="" type="checkbox"/> FL-415 <input checked="" type="checkbox"/> 7561	Findings and Order Regarding Contempt
<input checked="" type="checkbox"/> FL-600 <input checked="" type="checkbox"/> 6720	Summons and Complaint	<input checked="" type="checkbox"/> FL-615 <input checked="" type="checkbox"/> 6700	Stipulation for Judgment/Supplemental Judgment Regarding Parental Obligations and Judgment
<input checked="" type="checkbox"/> FL-625 <input checked="" type="checkbox"/> 6794	Stipulation and Order	<input checked="" type="checkbox"/> FL-627	Order for Genetic (Parentage) Testing
<input checked="" type="checkbox"/> FL-630	Judgment Regarding Parental Obligations	<input checked="" type="checkbox"/> FL-687	Order after Hearing (Governmental)
<input checked="" type="checkbox"/> FL-690	Stipulation and Order with Advisement (Pre 7/1/97)	<input checked="" type="checkbox"/> POS-10	Proof of Service of Summons

MISCELLANEOUS INCOMING DOCUMENTS

Form Number	Form Name	Form Number	Form Name
<input checked="" type="checkbox"/> DCSS 0100 <input checked="" type="checkbox"/> LCR 001	Request for Complaint Resolution	<input checked="" type="checkbox"/> DCSS 0098 <input checked="" type="checkbox"/> DA-015	CP/NCP Inquiry Response
<input type="radio"/> 9040	Letter from Attorney	<input type="radio"/> 9040	Birth Certificate
<input type="radio"/> 9040	Photo - ID	<input type="radio"/> 9044 <input checked="" type="checkbox"/> 2506	Photo - Other
<input type="radio"/> 9047 <input checked="" type="checkbox"/> 2512, 2435	Closing Letters / Verification	<input type="radio"/> 9999	Miscellaneous

LEGEND:
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