

[CURRENT\_DATE]

Recipient Name  
Recipient Address (multiple lines)

CSE Case Number:  
[CSE\_CASE\_NUM]  
Custodial Party:  
[CP\_PRIMARY\_NAME]  
Noncustodial Parent:  
[NCP\_PRIMARY\_NAME]  
CP Participant ID Number:  
[CP\_PARTICIPANT\_NUMBER]

Dear [RECIPIENT\_NAME]:

***This is not a bill. Please do not send payment.***

Our records indicate that you have received [ASF\_AMOUNT\_RECEIVED] or more in payments from [ASF\_BEGINNING\_MONTH] to [ASF\_ENDING\_MONTH] for the prior Federal Fiscal Year [ASF\_FEDERAL\_FISCAL\_YEAR]. Those payments were disbursed to you as a result of services provided for the above mentioned case. Beginning October 1, 2020, in accordance with 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 has identified your case as meeting the criteria for assessment of a [ASF\_FEE\_AMT] Annual Service Fee.

You will receive a separate notice for each case that has been assessed a fee. The fee will be automatically deducted from the next payment(s) issued to you in accordance with Family Code Section 17208 until fully recovered.

If the above case is closed, the Department of Child Support Services will not attempt to collect the fee from you. In the event that the above case is re-opened, the fee will be automatically deducted from the next payment(s) issued to you on any case. Please do not send a payment.

If you have any questions, please visit Customer Connect at, [www.childsupport.ca.gov/customer-connect](http://www.childsupport.ca.gov/customer-connect) for assistance on-line or call Customer Connect at (866) 901-3212. Persons with hearing or speech impairments, please call the TTY number at (866) 399-4096.

Sincerely,

Department of Child Support Services