

[CURRENT_D

Recipient name
Recipient address (multiple lines)

CSE Case Number: [CSE_CASE_NUMBER]

Custodial Party:
[CP_PRIMARY_NAME]

Noncustodial Parent:
[NCP_PRIMARY_NAME]

Court Case Number: [COURT_CASE_NUMBER]

Dear [RECIPIENT_NAME]:

On [DCSS_0306] you signed the State License Release Agreement in which you agreed to send monthly payments of \$[DCSS_0306] in exchange to release a hold on your [DCSS_0306_LICEN] license.

The office has not received a payment from you since [SDU_RECEIVE_DATE].

Family Code Section 17520 does not require that the [OFFICE_NAME] wait until your license comes up for renewal before an action can be taken against it, including revocation. This office can now request that your license be revoked by the licensing agency.

Please send \$[DCSS_0306] no later than five days from the date of this letter and make the monthly payment of \$[TOT_MONT] as you agreed. Please send the payments to the address below:

[SDU_OFFICE_NAME]
[SDU_PAYMENT_MAILING_ADDRESS]

Failure to comply promptly with this notice will result in further action by this office involving possible revocation of your [DCSS_0306_LICEN] license.

Please call us at (866) 901-3212 with the above case number if you have any questions.

Sincerely,

[WORKER_NAME]
[WORKER_TITLE]