



County of San Diego

JEFFREY GRISSOM
DIRECTOR

DEPARTMENT OF CHILD SUPPORT SERVICES
PO BOX 122031, SAN DIEGO, CA 92112
866-901-3212 | www.sandiegochildsupport.org

ERIK WELTON
CHIEF ATTORNEY

Date:

Participant ID #:

RE: Child Support Account Balance Review
DCSS #:
ACCOUNT #:

Dear :

If you believe that there is a discrepancy in your balance, you must provide our office with your own accounting records as explained in the attached **Account Balance Dispute Form**. Please place a checkmark by the box on that form that addresses your concerns. The attached **Affidavit of Arrears** form must be used if you submit your own payment record. You must also complete the **Address of Record** form. Please fill out the forms completely, and return them to our office using the enclosed envelope.

Once your information is received, it will be reviewed and compared to our records. We may contact you for additional information. Within ninety days after all necessary information is received, this office will send you a letter reporting our findings and detailing any adjustments that have been made to your account as a result of the review.

Sincerely,

ERIK WELTON
Chief Attorney
Department of Child Support Services

By: _____
DCSS Representative

ACCOUNT BALANCE DISPUTE FORM (REQUIRED)

Please check the box that applies to the area of your balance dispute and return it with the required proof and a completed affidavit of arrears.

_____ PAYMENTS

If you believe you deserve credit for additional payments, you must provide adequate proof of any alleged payments. To receive credit for payments in question, you must provide copies of checks (front and back) or money orders. Please note that we will only give credit for support payments. If you are providing proof of payments made by your employer pursuant to a wage assignment, you should provide a statement from the employer containing the following information: the amount and date of the payment, the name of the payee, and the address where the payment was sent. You may also provide proof of an agreement signed by the custodial parent that he or she received certain payments. Please do not provide proof of any payments that have already been credited to your account.

_____ CUSTODY

Under some very limited circumstances, you may be entitled to credit for extended periods of time that you had custody of your child(ren). Such circumstances may include time periods when you had physical custody of the child that was not considered or anticipated when your child support order was made. Such time periods must be for continuous periods in excess of thirty days before it will be considered by our office. It is unusual to receive this type of credit because the usual recourse for this situation is to seek a modification of the court order at the time you obtain custody. California law prohibits retroactive modification of child support orders. Types of proof or evidence you should provide include a notarized statement from the other parent agreeing that you had full physical custody for a specific time period. You may also provide copies of school records, declarations from day care providers and other people with personal knowledge that you had custody during a specific time period, and court orders giving you physical custody of the child(ren).

_____ EMANCIPATION

If you believe your account was charged ongoing support after the child has emancipated, please provide proof of the child's emancipation. This may include proof of high school graduation, proof of marriage or proof that the child is over 18 years old and is no longer a high school student. Please note that under California law child support may continue up until age 19 if the child is a full time high school student.

_____ CHARGES

If you believe that this office has incorrectly charged the amount of monthly ongoing child support in your case, please provide proof substantiating your position. Such proof may include a copy of a court order showing a different ongoing child support amount or a judgment establishing the total amount of arrears.

_____ OTHER

If you feel there is a discrepancy in your account that does not fall into one of the above categories, please include a full description of the issue and provide any proof that supports your position.

_____ TOTAL BALANCE WITH INTEREST

If you are requesting that your entire account be audited rather than disputing specific payments or charges, please check this box. In order to receive an audit showing your total balance of arrears including interest, you **must** complete and sign the enclosed affidavit of arrears. This office will conduct a full audit of your account and interest will be charged to your account. Your account balance may be substantially higher after interest is calculated and added to your account. This new, higher balance will be reported to credit agencies, the IRS and the Franchise Tax Board. If such an audit is performed, please be aware that this office may file a renewal of judgment for the total arrears amount, thereby compounding the interest into the principal amount of arrears.

Note: Pursuant to California Code of Civil Procedure section 685.010, interest accrues at the legal rate on all money judgments. Therefore, interest accrues on your child and /or spousal support judgment as a matter of law, and may be charged to your account at any time. Prior to your account being considered paid in full, all interest must be calculated and paid in full. The current legal rate of interest is 10 percent per year.

ADDRESS OF RECORD

The following information must be provided if you are requesting a review of your child support account. If it is not provided, your account will not be reviewed. You must complete the section below, and sign this form. This address may be used as a valid address for serving you with future court documents.

Street

City

State

Zip Code

Telephone

Signature

Date

[B] AFFIDAVIT OF ARREARS

AFFIANT'S NAME: _____ DCSS #: _____

YEAR: _____

Month	Amount Due Per Court Order	Amount Paid	Comments	Total Balance
January				
February				
March				
April				
May				
June				
July				
August				
September				
October				
November				
December				

YEAR: _____

Month	Amount Due Per Court Order	Amount Paid	Comments	Total Balance
Balance from previous year →				
January				
February				
March				
April				
May				
June				
July				
August				
September				
October				
November				
December				

Note: Please make additional copies of this form if your order covers a time period longer than the space provided.

[B] AFFIDAVIT OF ARREARS

AFFIANT'S NAME: _____ DCSS #: _____

YEAR: _____

Month	Amount Due Per Court Order	Amount Paid	Comments	Total Balance
Balance from previous year →				
January				
February				
March				
April				
May				
June				
July				
August				
September				
October				
November				
December				

YEAR: _____

Month	Amount Due Per Court Order	Amount Paid	Comments	Total Balance
Balance from previous year →				
January				
February				
March				
April				
May				
June				
July				
August				
September				
October				
November				
December				

[B] AFFIDAVIT OF ARREARS

AFFIANT'S NAME: _____ DCSS #: _____

YEAR: _____

Month	Amount Due Per Court Order	Amount Paid	Comments	Total Balance
Balance from previous year →				
January				
February				
March				
April				
May				
June				
July				
August				
September				
October				
November				
December				

YEAR: _____

Month	Amount Due Per Court Order	Amount Paid	Comments	Total Balance
Balance from previous year →				
January				
February				
March				
April				
May				
June				
July				
August				
September				
October				
November				
December				

[B] AFFIDAVIT OF ARREARS

AFFIANT'S NAME: _____ DCSS #: _____

YEAR: _____

Month	Amount Due Per Court Order	Amount Paid	Comments	Total Balance
Balance from previous year →				
January				
February				
March				
April				
May				
June				
July				
August				
September				
October				
November				
December				

YEAR: _____

Month	Amount Due Per Court Order	Amount Paid	Comments	Total Balance
Balance from previous year →				
January				
February				
March				
April				
May				
June				
July				
August				
September				
October				
November				
December				

INSTRUCTIONS FOR COMPLETING AFFIDAVIT OF ARREARS

You must thoroughly complete this Affidavit of Arrears, including the signature page. Please be advised that when you are filling out this document you are declaring these facts to be true and you are signing this document under penalty of perjury. The person filling out this form is the “Affiant.”

1. Amount Due Per Court Order

In this column, please enter the monthly amount of the child/spousal ordered by the court. The first box completed should be for the month that the court first ordered support to be paid. It does not matter if the effective date of the order is on a date other than the 1st day of the month. Anytime a court order changes the amount of monthly child/spousal support, the amount in this column should be changed to match the court order. This column is for ongoing child/spousal support only, and should not include monthly payments towards arrears set by the court.

If there is some reason supported by the law that the amount due should be different from the court ordered amount, please indicate the reason in the “Comments” column.

2. Amount Paid

In this column, please list payments that were made pursuant to the court order. Only payments made to the custodial parent or to another organization listed on the court order (e.g. District Attorney’s office, Revenue and Recovery) should be listed in this column. Only payments that were intended for child/spousal support should be listed in this column. If there were multiple payments made within a particular month, list the total amount paid for the month in this column. You may separately list the payments and their respective dates in the “Comments” column.

3. Comments

This column is intended to provide a space for explanatory notes regarding court orders, charges, payments or other important information. This space may be used to identify when there was a change of custody or when a child emancipated. If more space is needed for a particular issue, please attach a separate declaration explaining the issue.

4. Total Balance

This column tracks the total amount of child/spousal support owed. This column must be completed with the Affidavit of Arrears. To complete this column, add the amount of unpaid support for a given month to the previous month’s total balance. If the amount paid for a particular month is more than the amount due, then subtract the overpayment from the previous month’s balance to complete this column. When starting a section for a new year, please place the total balance from the previous year (the December “Total Balance” entry) onto the first line of this column.

[B] AFFIDAVIT OF ARREARS (SAMPLE)

AFFIANT'S NAME: _____ DCSS #: _____

YEAR: 1998

Month	Amount Due Per Court Order	Amount Paid	Comments	Total Balance
January				
February				
March				
April	200			200
May	200	100		300
June	200	100		400
July	200	50		550
August	200	200		550
September	400	400	New court order increased child support	550
October	400	400		550
November	400			950
December	400			1350

YEAR: 1999

Month	Amount Due Per Court Order	Amount Paid	Comments	Total Balance
Balance from previous year →				1350
January	400	400		1350
February	400	200		1550
March	400	200		1750
April	400	400	4-5-99 \$200 money order 4-10-99 \$200 cash	1750
May	400			2150
June	400	300		2250
July	400	400		2250
August				
September				
October				
November				
December				