



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

ROBERT L. LAFER
CHIEF LEGAL COUNSEL

ATTENTION: CASE PARTICIPANT / ATTORNEY

GENERAL INFORMATION ABOUT LIEN RECORDINGS

- Lien recordings are initiated for all child support judgments.
- A “Notice of Involuntary Lien” is provided for all lien recordings.
- The lien recording does not report your account delinquent.
- **If you are planning to buy, sell, or refinance your home, immediately notify your escrow company that a lien has been recorded against you.**
 - The escrow company may contact our office to obtain a Satisfaction of Judgment.
 - Lien recordings must be cleared by our office with every escrow transaction.
 - Monthly billing statements and/or status letters do not satisfy Demand Requests from escrow/ title companies.
- If you are not involved with an escrow transaction and you wish to proceed with a request for Party Clearance of the Lien, please review the attached PARTY CLEARANCE REQUEST FORM. Fax the completed form and required information to Lien Services fax: 858-866-8940.
- If you have additional questions, please see contact information below:

**LIEN SERVICES
CONTACT INFORMATION**

Lien Services Information:	866-901-3212
Fax:	858-866-8940
Courier Pick-Up Address:	3666 Kearny Villa Rd. San Diego, CA 92123 (Call in advance)
Mailing Address:	Department of Child Support Services Attention: Lien Services P.O. Box 122031 San Diego, CA 92112-2031



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PARTY CLEARANCE REQUEST FORM (NON-ESCROW)

Lien Services will review your request for a Party Clearance under the following conditions:

Children are emancipated/deceased
or
your case is closed.

Please type or print legibly.

Fax your request to Lien Services 858-866-8940 or mail to the above mailing address.

I, _____, request the Department of Child Support Services review my case for a Party Clearance. I have provided the following required information and I am not currently involved with an escrow transaction.

Signature _____ **Date** _____

REQUIRED INFORMATION

Copies of all liens - Please provide legible copies. Include all pages with document numbers and recording dates (Copies may be obtained at the County Recorder's Office).

- DCSS (child support case) number _____
- Current Address: _____
- Mailing Address (if different from above) _____
- Home Telephone Number: _____
- Place of Employment: _____
- Work Telephone Number: _____
- Date of Birth: _____
- Social Security Number: _____
- Driver's License Number: _____
- Names of children and dates of birth:
