



# 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: 619-731-3564.
- If you have additional questions, please see contact information below:

**LIEN SERVICES  
CONTACT INFORMATION**

<b>Lien Services Information:</b>	<b>866-901-3212</b>
<b>Fax:</b>	<b>619-731-3564</b>
<b>Courier Pick-Up Address:</b>	<b>401 Mile of Cars Way, 3rd Floor National City, CA 91950</b>
<b>Mailing and Liens Payment Address:</b>	<b>Department of Child Support Services Attention: Lien Services P.O. Box 122031 San Diego, CA 92112-2031</b>



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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 619-731-3564 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:

\_\_\_\_\_

\_\_\_\_\_

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