



County of San Diego

JEFFREY GRISSOM
DIRECTOR

DEPARTMENT OF CHILD SUPPORT SERVICES
PO BOX 122301, SAN DIEGO, CA 92112
866-901-3212 www.sandiegochildsupport.org

ERIK WELTON
CHIEF ATTORNEY

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

Lien Services Information: 866-901-3212
Fax 619-731-3564

Courier Pick-Up Address: 401 Mile of Cars Way, 3rd Floor
Mailing and Liens Payment Address: National City, CA 91950
Department of Child Support Services
Attention: Lien Services
P.O. Box 122031 San Diego, CA 92112-2031

Payment Address: State Disbursement Unit, PO Box 989067, West Sacramento, CA 95798



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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:

Payment Address: State Disbursement Unit, PO Box 989067, West Sacramento, CA 95798