

Notice of Annual Fee for Support Enforcement Services

TO:

What changed:

Starting October 1, 2007, the Federal Deficit Reduction Act of 2005 (DRA) requires state child support agencies charge a \$25.00 annual fee on each case when:

- The custodian has never received Temporary Assistance for Needy Families (TANF), Tribal TANF, or Aid to Families With Dependent Children (AFDC) funds as a custodian of minor children, and
- The child support agency has paid \$500.00 in collections to the custodian on the case during the federal fiscal year. (The federal fiscal year starts October 1st and runs through September 30th, starting October 1, 2007.)

DCS believes your case may qualify for the annual fee.

Under Washington State law, the Division of Child Support (DCS) collects the fee from the custodian by keeping \$25.00 of the support collections made on the case after DCS sends the first \$500.00 to the family in that year. The paying parent receives full credit against the support obligation for the payment DCS keeps and applies to the fee.

DCS does not charge a fee to a case for any year that DCS does not pay to the custodian at least \$500.00 on the case.

When DCS takes a fee from a support payment, it will show on your DCS statement.

Your responsibilities:

If you received TANF, Tribal TANF, or AFDC for minor children from a tribe or another state, you must:

- Send DCS proof, such as a sworn statement from the public assistance agency or certified copy of the assistance records.
- Attach page 2 of this form to your proof to help DCS identify your documents.

If you do **not** send proof of TANF, Tribal TANF, or AFDC, DCS may charge the fee until DCS receives proof.

- If you receive TANF or Tribal TANF in the future, DCS will not refund any fees already retained.

If paying the \$25.00 fee creates a hardship for your family, you may request a Conference Board review to determine if DCS will waive the fee.

DATE

AUTHORIZED REPRESENTATIVE
DIVISION OF CHILD SUPPORT

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
DIVISION OF CHILD SUPPORT (DCS)

TANF, Tribal TANF, or AFDC Verification

(Attach this page to your proof documents and send them to DCS at the DCS address listed below.)

FROM:

BI NUMBER:

CASE NUMBER:

Check and complete all that apply:

I received TANF or AFDC from the state of _____

I received Tribal TANF from the _____ tribe in the state of _____

I am submitting the attached documents to prove that I received TANF, Tribal TANF, or AFDC. If DCS does not accept these documents as proof that I am a former recipient of TANF, Tribal TANF, or AFDC, please contact me to help resolve this issue.

Telephone Number: _____

E-mail address: _____

I declare under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

DATE

SIGNATURE

Return to:
DIVISION OF CHILD SUPPORT
PO BOX 11520
TACOMA WA 98411-5520

or if calling long distance

TTY/TDD services available for the speech or hearing impaired.

Visit our web site at: www.dshs.wa.gov/dcs

No person because of race, color, national origin, creed, religion, sex, age, or disability, shall be discriminated against in employment, services, or any aspect of the program's activities. This form is available in alternative formats upon request.