

Use State Letterhead

Date:

Office of Child Support Enforcement
Department of Health and Human Services
Special Collections
370 L'Enfant Promenade, S.W., 2nd Floor
Washington, D.C. 20447

From: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_
State IV-D Director Title Jurisdiction

Subject: Request for Collection of Delinquent Child and/or Spousal Support by Financial Management Service (FMS) through the Federal Tax Refund Offset process and/or the Federal Administrative Offset process and Request for Denial of Passport Applications

I certify that every request for collection meets the following requirements:

- 1. (A) For Federal Tax Refund Offset assistance cases, the amount of the delinquency under a court or administrative order for child and/or spousal support is not less than \$150, has been delinquent for three (3) months or longer, and has been assigned to the State.
(B) For Federal Tax Refund Offset non-assistance cases, the amount of the delinquency under a court or administrative order for child support is not less than \$500, the child is a "qualified child" under section 464 of the Social Security Act (the Act) and the State is enforcing the order under section 454(4)(A)(ii) of the Act.
(C) For Administrative Offset cases, the amount of the delinquency under a court or administrative order for support (for a child and the parent with whom the child is living) is not less than \$25 and there has been an assignment of the support rights to the State or the State is enforcing the order under section 454(4)(A)(ii) of the Act.
2. This agency has verified the accuracy of the arrears, has a copy of the order and any modifications, has a copy of the payment record or an affidavit signed by the custodial parent attesting to the amount of support owed and has, in non-assistance cases, the custodial parent's current address.
3. We request that OCSE mail Pre-Offset Notices to the obligors. \_\_\_\_ Yes \_\_\_\_ No

\_\_\_\_\_ Mail notices on all cases \_\_\_\_\_ Mail notices only on new cases

The Paperwork Reduction Act of 1995
An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless it displays a currently valid OMB control number. This information collection is expected to take .4 hours per response. OMB control number: 0970-0161, Expiration date 4/30/2004.

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4. The Pre-Offset Notice that we will issue to the obligor meets the requirements set forth in the regulations, or the address information provided for the non-custodial parent for the notice that OCSE will issue has been verified.

I certify that every request for passport denial meets the following requirements:

1. The amount of the arrearage of child support owed by the individual exceeds \$5000.
2. This agency has verified the accuracy of the arrears, has a copy of the order and any modifications, and has a copy of the payment record or an affidavit signed by the custodial parent attesting to the amount of support owed.
3. This agency certifies that the notice we will issue the obligor meets the requirements set forth in section 454(31) of the Act, or that the address information provided for the non-custodial parent for the notice that OCSE will issue has been verified.

Information for Pre-Offset and/or Offset Notice:

OCSE Issues Pre-Offset Notice:

State Return Address/ State Contact Address to be used: \_\_\_\_\_ Yes \_\_\_\_\_ No  
Local Return Address/ Local Contact Address to be used: \_\_\_\_\_ Yes \_\_\_\_\_ No  
State Return Address/ Local Contact Address to be used: \_\_\_\_\_ Yes \_\_\_\_\_ No

Offset Notice address for all States:

State Contact Address to be used: \_\_\_\_\_ Yes \_\_\_\_\_ No  
Local Contact Addresses to be used: \_\_\_\_\_ Yes \_\_\_\_\_ No

State IV-D Address:

All States must provide a State address, whether or not Local addresses are used.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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How long does your State want OCSE to hold new cases from the Pre-Offset Notice date before OCSE forwards the new cases to the Treasury Financial Management Services?

Choose one of the following:

30 days from the Pre-Offset Notice date: \_\_\_\_\_

45 days from the Pre-Offset Notice date: \_\_\_\_\_

60 days from the Pre-Offset Notice date: \_\_\_\_\_

90 days from the Pre-Offset Notice date: \_\_\_\_\_

Signature of IV-D Director or Designee \_\_\_\_\_

Agency Contact \_\_\_\_\_

Agency Contact's Phone Number \_\_\_\_\_

Agency Contact's E-Mail Address \_\_\_\_\_

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