

APPLICATION FOR CHILD SUPPORT COMPROMISE OF ARREARS PROGRAM - ARREARS ONLY CASES

DCSS 0110 (02/04) (Revised)

INSTRUCTIONS: This Application must be completed to apply for a compromise (reduction) of child support arrears. The arrears must be paid with a single, lump sum payment. **You can only qualify to have your arrears compromised if all of your cases are in the same Local Child Support Agency office.** Please complete all three pages of this application, attaching additional pages if necessary.

PART I: INFORMATION ABOUT THE NON-CUSTODIAL PARENT

NAME OF NON-CUSTODIAL PARENT	DATE OF BIRTH	SOCIAL SECURITY NUMBER
ADDRESS		COUNTY WHERE YOU LIVE NOW
CITY	STATE	ZIP CODE
HOME TELEPHONE NUMBER ()	E-MAIL ADDRESS	

<p><i>LIST ALL OF YOUR CHILD SUPPORT CASES IN CALIFORNIA.</i></p> <p><i>IF YOU NEED MORE SPACE PLEASE ATTACH AN ADDITIONAL SHEET.</i></p>	CASE NUMBER 1	CASE NUMBER 2	CASE NUMBER 3
	COUNTY	COUNTY	COUNTY
	SACRAMENTO		
LOCAL CHILD SUPPORT AGENCY (LCSA) CASE NUMBER	LOCAL CHILD SUPPORT AGENCY (LCSA) CASE NUMBER	LOCAL CHILD SUPPORT AGENCY (LCSA) CASE NUMBER	LOCAL CHILD SUPPORT AGENCY (LCSA) CASE NUMBER

PART II: NON-CUSTODIAL PARENT'S INCOME AND EXPENSES

1. EMPLOYMENT *Fill out the information below on your current job, or if you are unemployed, your most recent job.*

EMPLOYER'S NAME	EMPLOYER'S PHONE NUMBER	DATE JOB STARTED
EMPLOYER'S ADDRESS		ARE YOU CURRENTLY EMPLOYED WITH THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "NO" WHAT DATE DID YOU STOP WORKING FOR THIS EMPLOYER? _____
YOUR OCCUPATION		

I work about _____ hours per week.

2. TAX INFORMATION What year did you last file taxes? _____ (Year) What state did you file tax returns in? _____

3. INCOME *(Check all sources that you have received income from for the last 12 months)*

	Last month	Average mo. (total last 12 months & divided by 12)
a. Salary or wages, including overtime (gross, before taxes)	\$ _____	_____
b. Commissions or bonuses.	\$ _____	_____
c. Spousal support	\$ _____	_____
d. Pension/retirement fund payments.	\$ _____	_____
e. Social security retirement (not SSI).	\$ _____	_____
f. Dividends or Interest Income	\$ _____	_____
g. Trust Income.	\$ _____	_____
h. Disability <input type="checkbox"/> social security (not SSI) <input type="checkbox"/> state disability (SDI) <input type="checkbox"/> private insurance.	\$ _____	_____
i. Unemployment compensation.	\$ _____	_____
j. Workers' compensation.	\$ _____	_____
k. Other (military basic allowance for quarters (BAQ), royalty payments, etc.) (specify):	\$ _____	_____

4. DESCRIBE WHY YOU WERE UNABLE TO PAY YOUR CHILD SUPPORT IN THE PAST. (Include any important dates in your description.)

PART III: NON-CUSTODIAL PARENTS ASSETS (If you need more room you may attach extra pages)

1. DO YOU OWN A CAR, BOAT, MOTORCYCLE, TRAILER, ETC.? YES NO If YES, complete the following:

VEHICLE TYPE	VEHICLE #1	VEHICLE #2	VEHICLE #3	VEHICLE #4
MAKE				
MODEL / YEAR				
LICENSE NO./STATE				
VALUE OF VEHICLE	\$	\$	\$	\$
HOW MUCH DO YOU OWE FOR THE VEHICLE?	\$	\$	\$	\$

2. DO YOU OWN ANY REAL ESTATE? YES NO If YES, complete the following:

ARE YOU THE SOLE OWNER?	PROPERTY #1 <input type="checkbox"/> YES <input type="checkbox"/> NO	PROPERTY #2 <input type="checkbox"/> YES <input type="checkbox"/> NO
DO YOU SHARE OWNERSHIP WITH ANOTHER PERSON(S), COMPANY, OR BUSINESS?	<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHAT % DO YOU OWN? _____ %	<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHAT % DO YOU OWN? _____ %
HOW IS TITLE OF PROPERTY HELD?		
IS THIS WHERE YOU LIVE ALL THE TIME? (Your Primary Residence)	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS: (Street, Apt. or Unit No.) (City, State, Zip Code)		
TYPE (Residential, Commercial, etc.)		
DOES THIS PROPERTY PRODUCE INCOME FOR YOU?	<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, HOW MUCH A MONTH? \$	<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, HOW MUCH A MONTH? \$
VALUE OF PROPERTY	\$	\$
WHAT DO YOU OWE?	\$	\$

3. DO YOU HAVE ANY BANK ACCOUNTS? YES NO If YES, complete the following:

BANK/CREDIT UNION	BANK ACCOUNT #1	BANK ACCOUNT #2	BANK ACCOUNT #3	BANK ACCOUNT #4
BRANCH				
ADDRESS				
ACCOUNT NO.				
BALANCE	\$	\$	\$	\$
TYPE OF ACCOUNT	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS

4. DO YOU HAVE ANY CASH, MUTUAL FUNDS, SECURED NOTES, STOCKS, OR BONDS? YES NO If YES, complete the following:

LOCATION	FINANCIAL ASSET #1	FINANCIAL ASSET #2	FINANCIAL ASSET #3	FINANCIAL ASSET #4
TYPE				
VALUE OF ASSET	\$	\$	\$	\$

5. DO YOU HAVE ANY LIFE INSURANCE POLICIES WITH A CASH SURRENDER OR LOAN VALUE? YES NO If YES, complete the following:

LOCATION	LIFE INSURANCE POLICY #1	LIFE INSURANCE POLICY #2	LIFE INSURANCE POLICY #3	LIFE INSURANCE POLICY #4
TYPE				
CASH VALUE	\$	\$	\$	\$

6. DOES ANYONE OWE YOU MONEY? YES NO If YES, complete the following:

AMOUNT OWED TO YOU	Loan #1	Loan #2	Loan #3	Loan #4
HOW OFTEN DO YOU GET A PAYMENT Example: Weekly, Monthly, etc.				
HOW MUCH IS EACH PAYMENT?	\$	\$	\$	\$
WHEN WILL LOAN BE PAID OFF?				

PART III: LIST OF NON-CUSTODIAL PARENT'S ASSETS, Continued ...

7. ARE YOU INVOLVED IN ANY BUSINESS PARTNERSHIP OR OTHER BUSINESS INTEREST? YES NO If YES, complete the following:

DOES THIS PROVIDE AN INCOME FOR YOU?	BUSINESS INTEREST #1 <input type="checkbox"/> YES <input type="checkbox"/> NO	BUSINESS INTEREST #2 <input type="checkbox"/> YES <input type="checkbox"/> NO	BUSINESS INTEREST #3 <input type="checkbox"/> YES <input type="checkbox"/> NO	BUSINESS INTEREST #4 <input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, HOW MUCH MONEY DO YOU GET PER MONTH NOT ALREADY LISTED?	\$	\$	\$	\$
NAME OF BUSINESS				
VALUE OF BUSINESS	\$	\$	\$	\$
WHAT PERCENT OF THE BUSINESS DO YOU OWN?	%	%	%	%

8. DO YOU HAVE ANY OTHER ASSETS NOT ASKED ABOUT ABOVE THAT ARE WORTH \$2,500 OR MORE? YES NO If YES, complete the following:

	1	2	3	4
LOCATION				
TYPE OF ASSET				
VALUE OF ASSET	\$	\$	\$	\$

PART IV: YOUR OFFER FOR A COMPROMISE OF ARREARS

Please indicate the exact amount of your offer.

AMOUNT \$

How will you get the money to assist you in payment of your compromise? Check the type of assistance you will be getting (it can be more than one). GIFT LOAN OTHER (Explain) _____

PART V: ATTACHMENTS REQUIRED

IMPORTANT!	<p>You must attach copies of the items listed here to this application or the application will not be complete.</p> <ul style="list-style-type: none"> ● Your Tax Returns for the last year ● Your Wage Stubs for the last 12 months ● Your Bank Statements for the last 12 months
-------------------	--

PART VI: REQUEST FOR COMPROMISE

I am requesting a compromise of arrears for my case. I acknowledge and agree that if my compromise is approved, the compromise agreement may be revoked if I concealed, falsified, or misrepresented any information in this application.

DECLARATION	
<i>I declare under penalty of perjury under the laws of the State of California that the foregoing and the attached information are true and correct.</i>	
Signature: _____	Date: _____
Print Name: _____	