

TRANSMITTAL SHEET FOR
NOTICE OF INTENDED ACTION

Control 660 Department or Agency Human Resources
 Rule No. and Title 660-3-6 STATE AND FEDERAL INTERCEPT PROGRAMS
 New Amend Repeal Adopt by Reference

Would the absence of the proposed rule significantly harm or endanger the public health, welfare, or safety? N/A

Is there a reasonable relationship between the state's policed power and the protection of the public health, safety, or welfare? N/A

Is there another, less restrictive method of regulation available that could adequately protect the public? N/A

Does the proposed rule have the effect of directly or indirectly increasing the costs of any goods or services involved and, if so, to what degree? NO

Is the increase in cost, if any, more harmful to the public than the harm that it might result from the absence of the proposed rule? N/A

Are all facets of the rulemaking process designed solely for the purpose of, and so they have, as their primary effect, the protection of the public? YES

Does the proposed rule have an economic impact? NO

If the proposed rule has an economic impact, the proposed rule is required to be accompanied by a fiscal note prepared in accordance with subsection (f) of Section 41-22-23, Code of Alabama 1975.

Certification of Authorized Official

I certify that the attached proposed rule has been proposed in full compliance with the requirements of Chapter 22, Title 41, Code of Alabama 1975, and that it conforms to all applicable requirements of the Administrative Procedure Division of the Legislative Reference Service.

Signature of certifying officer:
Randy H. Guetner
 Date: 5-12-11

DATE FILED
(STAMP)

APA-2
11/96

NOTICE OF INTENDED ACTION

AGENCY NAME: Department of Human Resources

RULE NO. & TITLE: 660-3-6 STATE AND FEDERAL INTERCEPT PROGRAMS

INTENDED ACTION: Repeal the Application for Child Support Services (DHR-CSD -570, 1491) form which was attached to the chapter in error.

SUBSTANCE OF PROPOSED ACTION: To remove the Application for Child Support Services (DHR-CSD -570, 1491) form which was attached to the chapter in error.

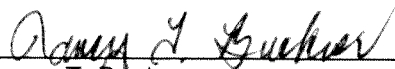
TIME, PLACE, MANNER OF PRESENTING VIEWS: All interested parties may submit data, views or arguments respecting the proposed amendment by mail or in person through close of business on July 5, 2011. Persons wishing to submit data, views or arguments orally should contact the Department's Administrative Procedures Secretary between the hours of 8:00 a.m. and 4:30 p.m., Monday through Friday, excluding State holidays, at (334) 242-1328 to set up an appointment for such oral/in-person presentations.

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE:

July 5, 2011

CONTACT PERSON AT AGENCY:

Mrs. Gail Grobe
State Department of Human Resources
Gordon Persons Building
50 Ripley Street
Montgomery, Alabama 36130-1801



Nancy T. Buckner
Commissioner

**STATE OF ALABAMA
DEPARTMENT OF HUMAN RESOURCES
CHILD SUPPORT ENFORCEMENT DIVISION**

APPLICATION FOR CHILD SUPPORT SERVICES

I, _____, hereby make application to the Alabama Department of Human Resources for the following child support services:

- Location of non-custodial parent(s)
- Full child support services including location of non-custodial parent(s), paternity and support establishment, collection service, establishment and enforcement of medical support, and enforcement services which include tax refund and administrative offset.

This application for the services checked above is made on behalf of myself and/or the following members of my family:

NAME	DATE OF BIRTH	RELATIONSHIP TO APPLICANT

ASSIGNMENT OF RIGHTS

For the purposes of collecting support, I hereby assign and transfer to the Department of Human Resources all the support rights (accrued, pending, and continuing) which I have against any person for the support of the above-named persons.

YES NO _____ (Initials of applicant)

ERRONEOUS PAYMENTS

I agree to immediately refund any payment erroneously made to me upon being notified of that error. In the event I am unable to make an immediate refund, the Department of Human Resources is hereby authorized to withhold amounts from future payments to which I may be entitled until the full amount of the erroneous payment is paid.

YES NO _____ (Initials of applicant)

I understand that if I do not consent to the Department of Human Resources withholding from future payments for any money received in error that it DOES NOT mean that I am not obligated to return the full amount of money received in error. The Department of Human Resources may use other collection methods which may include income tax offset, referral to a collection agency and/or through legal action.

MEDICAL SUPPORT ENFORCEMENT

In order to enforce medical support, I agree for the Department of Human Resources to release the following information: Non-custodial parent's name, home address, and social security number; the employer's name and address; the names and numbers of all health insurance policies, including names of all persons eligible to receive benefits; the name and social security number of each of my children; my social security number; and the case number assigned to me by the Department of Human Resources.

YES NO _____ (Initials of applicant)

TAX REFUND OFFSET CERTIFICATION

I understand that the Department will certify my case for income tax refund offset if eligibility criteria are met. These criteria include the following:

1. There is a valid court order for child support.
2. For Federal tax offset, the non-custodial parent must have a child support arrearage of at least \$150 for an FA or FCMP case; or an arrearage of at least \$500 for a non-TANF, Medicaid only, or ACFC case. For State tax offset the arrearage must be at least \$500 regardless of the type case.
3. The non-custodial parent's social security number has been verified.
4. A fee of \$10 will be deducted from the refund offset collection due me from each non-custodial parent.
5. There is no guarantee that monies will be collected on my behalf.
6. If an offset is made on my behalf, the State has the authority to hold the refund (if it involves a joint return) six months before sending the collection to me.
7. If the order for child support was not entered in this State, the State must have a copy of the order, any modifications, and a copy of the support payment record or a signed affidavit from me before the case can be submitted for offset.
8. I understand that if I have received Family Assistance in the past any child support debt owed to the State may be satisfied first, if Federal tax offset monies are received.
9. I understand that I am personally liable for the return of any amounts received by me which were paid erroneously, including any amounts which must be returned due to the filing of an amended return by the non-custodial parent's spouse.
10. I must keep the Child Support Division advised of my current address.

ADMINISTRATIVE OFFSET CERTIFICATION

I understand that the Department will certify my case for administrative offset of Federal payments such as salary, retirement and vendor payments if eligibility criteria are met. These criteria include the following:

1. There is a valid order for child support.
2. The non-custodial parent must have a child support arrearage of at least \$150 for an FA or FCMP case or at least \$500 for a non-TANF, Medicaid-only, or ACFC case. In addition, the arrears must equal 3 months' support.
3. The non-custodial parent's name, social security number, and arrearage has been verified.
4. A fee of at least \$10 will be deducted from each offset collection due me from each non-custodial parent, unless the case is Medicaid-only or is currently an FA case.
5. There is no guarantee that monies will be collected on my behalf.
6. If the order for child support was not entered in this State, the State must have a copy of the order, any modifications, and a copy of the support payment record or a signed affidavit from me before the case can be submitted for offset.

7. I understand that I am personally liable for the return of any amounts received by me which were paid erroneously.
8. The child for whom the arrearage is due does not have to be a minor for the case to be submitted for administrative offset.
9. I must keep the Child Support Division advised of my current address.

ANNUAL COLLECTION FEE

I understand that the Department of Human Resources will charge a \$25 annual fee for each case of an individual who has never received assistance under a State program funded under part A of the Social Security Act in which services are furnished where at least \$500 of support has been collected. The fee will be retained by the Department of Human Resources from the support collected, or paid by the individual applying for services. Other collection methods, such as income tax offset, may be used by the Department to collect any unpaid annual fees.

COOPERATION

I agree to cooperate fully with the Alabama Department of Human Resources in its efforts to provide the above services. Furthermore, I hereby authorize the Department of Human Resources to explore, pursue, or utilize all sources of information legally available to it or to me in support of any investigation it may conduct.

I agree to turn in to the Department of Human Resources all child support payments that I may receive directly from the non-custodial parent(s). Remittance of these payments within ten (10) days is essential for maintaining accurate balances and records that are used for enforcing support obligations.

PRIVACY ACT OF 1974 NOTICE

Disclosure of your social security number, and the social security numbers of your child(ren), is required by federal law [42 U.S.C. 666(a)(13)]. The Child Support Enforcement Division will use these social security numbers for the purpose of establishing paternity, establishing, modifying, and enforcing support obligations for you and your family.

CIVIL RIGHTS

All programs of the Department of Human Resources (DHR) are administered in accordance with the Civil Rights Act of 1964, the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, and all other federal and state civil rights laws. DHR does not discriminate on the basis of race, color, national origin, sex, age, religion, political beliefs, or disability. To file a complaint of discrimination write DHHS, Office for Civil Rights, Rm. 509F, 200 Independence Avenue, S.W., Washington, D.C. 20201.

STATEMENT OF INCOME FOR DETERMINATION OF NON-TANF APPLICATION FEE

The Department of Human Resources, pursuant to requirements of Title IV-D of the Social Security Act, charges an application fee for the providing of Non-TANF Child Support services. A sliding income scale, as shown below, is used to determine the fee.

<u>YEARLY NET INCOME</u>	<u>FEE</u>
\$ 0 - \$9,999	\$5.00
\$10,000 and over	\$25.00

I solemnly affirm that my yearly net income (after taxes) is \$ _____.

IMPORTANT LEGAL NOTICE

You are applying for child support services or for Family Assistance benefits from the Department of Human Resources (DHR). DHR has an agreement with the child support attorney under the Title IV-D Child Support Program. The IV-D attorney's duty is to pursue the legal steps necessary to enforce or establish child support obligations from non-custodial parents. This includes the determination of paternity where necessary.

The attorney represents the State of Alabama only. No attorney-client relationship will exist between you and the Title IV-D child support attorney, even if you receive Family Assistance (FA). The child support attorney does not represent you as an individual, but represents the State's interest in establishing paternity, having children adequately supported and in collecting back or overdue support. Your interests may coincide with those of the State. However, if they do not, you may want to hire a private attorney. The child support attorney can address matters of child support only. If a claim is filed relating to custody, visitation, or any matter other than child support, it will be necessary for you to seek private counsel to represent your interests in these issues.

Under federal regulations, the custodial or non-custodial parent may request a review of the court ordered amount of support and such a review must be conducted by the Department upon written request. If such a review indicates that an upward or downward adjustment of the child support order may be appropriate under the Child Support Guidelines (Rule 32 ARJA), the Department must take action as necessary to obtain an adjusted order from the court.

The Department will defend its interests in any appeal filed challenging a judgment favorable to the State's interest. This may be sufficient to protect your interest in the case. However, you may need to retain private counsel to represent you in an appeal if your individual interests conflict with those of the Department and/or if issues other than child support are addressed. Should the results of trial be unfavorable to the State's interest, the Director of Child Support Enforcement, in consultation with the Legal Office of the Department of Human Resources, will determine whether or not an appeal will be filed by the State. If the Department determines that it will not handle the appeal, it would be necessary for you to obtain your own private counsel if you wish to pursue an appeal. The Department of Human Resources will not appeal an order which the Department did not participate in establishing.

Under Alabama law, the party receiving child support is entitled to interest on any child support arrears. The State of Alabama reports interest that is collected and paid to the custodial parent to the Internal Revenue Service and to the Alabama Department of Revenue.

IF YOU ARE A CUSTODIAL PARENT:

If the investigation of your child support case reveals evidence that you have committed fraud in obtaining FA benefits, that information will be forwarded to the FA and fraud units for a determination of appropriate action.

Neither the child support attorney nor DHR can guarantee that your support obligation will in fact be paid. The potential for success depends upon the facts and circumstances of each case. You cannot be guaranteed that the amount of your current obligation will not be reduced or eliminated by the court, especially where the non-custodial parent has, since the last support order, suffered a reduction of income or loss of employment or has unprovable income.

IF YOU ARE A NON-CUSTODIAL PARENT:

The Department of Human Resources is required to provide the full array of services to all applicants in all IV-D cases. This means that if you apply for child support services, DHR will not only pursue establishment of paternity and/or obtain an order for child support, but will enforce that order through income withholding, income tax intercept, Credit Bureau reporting, judicial proceedings, and other appropriate enforcement methods. The Department will be responsible for collecting ordered support and any interest accrued on unpaid support. This will be true even if the non-custodial parent is the applicant and recipient of child support services.

If you have any questions concerning any of these matters, be sure to resolve them before continuing any further.

ACKNOWLEDGMENT

I have read or have had read and explained to me the Important Legal Notice and I understand the relationship which exists between the Department of Human Resources, the child support attorney, and me.

_____ (Initials of Applicant)

I further swear and affirm that the information provided in this form is true and correct to the best of my knowledge.

Date

Applicant for IV-D Services

Sworn and subscribed before me this _____ day of _____, _____.

Notary Public

MY COMMISSION EXPIRES: _____