

Date:

Custodial Party's Name:

CSE Case Number:

Dear

You may qualify to reduce your child support arrears (past due support) owed to the government. The Compromise of Arrears Program (COAP) is a program designed to help non-custodial parents, such as you, reduce your child support debt. Child support arrears owed to the government may be reduced if your child support case meets certain criteria. Any reduction in your arrears will be based on your income, assets and expenses.

In order to be eligible for COAP, you must meet the following criteria:

1. You must complete the necessary application forms.
2. You must owe the government at least \$501.00 in child support arrears.
3. You have not stopped paying child support in anticipation of this program.
4. You do not conceal or misrepresent your income and/or assets.
5. You do not have the ability to pay all the child support arrears and interest you owe within the next three years without a compromise.
6. You have the ability to pay a reduced arrears amount, plus any support and arrears owed to the custodial party within three years.
7. If you owe current child support, you must pay the current support.
8. You have not been convicted, or had a contempt finding for failure to pay child support in the last six months.
9. You have not had an agreement denied in the last year.
10. You have not had an agreement rescinded in the last two years.

Attached is an Information Sheet (DCSS 0019) for this program. Also attached is the Income and Expense Declaration (FL-150), the Attachment to Income and Expense Declaration (DCSS 0576), and the COAP Documentation Checklist (DCSS 0208) for your convenience when applying for a compromise.

If you have any questions regarding this program, please contact

at this

telephone number:

Sincerely

LCSA Representative

Attachments

CHILD SUPPORT COMPROMISE OF ARREARS INFORMATION SHEET

DCSS 0019 (08/04/08)

INSTRUCTIONS: This is an information sheet for people interested in the Child Support Compromise of Arrears Program. Please read the following information.

YOU MAY HAVE YOUR PAST DUE CHILD SUPPORT DEBT LOWERED IF YOU MEET ALL OF THE FOLLOWING:

- You owe past due child support to the government because your child(ren) is receiving or has received public assistance.
- You agree to pay all the past due child support owed to the family.
- The past due child support you owe to the government is \$501.00 or more.
- You are able to pay some of the past due child support owed to the government.
- You have not been found in contempt, or convicted of, failing to pay your child support in the last six months.
- You have not had a Compromise Agreement denied in the last year.
- You have not had a Compromise Agreement rescinded in the last two years.

HOW MUCH CAN THE DEBT BE LOWERED?

The amount your past due child support debt can be lowered is determined by a formula based on your ability to pay and the facts of your case.

WHAT DO I HAVE TO DO?

To get your past due child support lowered, you must do the following:

- Begin paying the current support obligation, if any. If you are paying now don't stop or you will not be eligible to participate.
- Ask for an Application for Compromise of Arrears package from your local child support agency, which includes the Income and Expense Declaration (FL-150), the Attachment to Income and Expense Declaration (DCSS 0576), and the Documentation Checklist (DCSS 0208).
- Fill out and return the Application for Compromise of Arrears to your local child support agency listed on page 3 of this form.

CHILD SUPPORT COMPROMISE OF ARREARS INFORMATION SHEET

DCSS 0019 (08/04/08)

RESPONSIBILITIES FOR PARTICIPATING IN THE COMPROMISE PROGRAM

You must do the following:

- Pay your current child support as ordered by the court.
- Pay all past due child support owed to the custodial party, or have it waived by the custodial party.
- Pay the reduced past due child support owed to the government in one lump sum, or within three (3) years.
- Give the local child support agency accurate information about all your income and assets. Income information includes, but is not limited to, pay check stubs, tax returns and bank statements. Asset information includes, but is not limited to, information about your home and other real estate, cars, boats, cash, stocks and other valuable personal property.

WHAT HAPPENS IF YOU SIGN A COMPROMISE AGREEMENT?

If you sign a compromise agreement, the local child support agency will continue to enforce your support order in full until past due support is paid or compromised.

This Agreement requires that you pay the custodial party and the State the amount specified in the Agreement. Additionally, the law requires that you pay the unassigned during assistance arrears (UDAA) to the custodial party. UDAA is the amount of unpaid child support arrears that is greater than the total amount of assistance paid to the custodial party. If such arrears have built up, you will still be responsible to pay these at the end of the Agreement, but you do not have to make a lump sum payment.

If you stay current on your payments within the compromise Agreement, you will receive the agreed upon compromise.

WHEN CAN YOUR AGREEMENT BE RESCINDED?

Any agreements between you and the local child support agency will be rescinded, and the past due support that would have been compromised will be reestablished immediately if you do any of the following:

- You fail to pay all of your current child support obligation at any time during the Agreement period, unless you have made contact with the LCSA requesting a modification.
- You did not provide the local child support agency with all of your income, assets, or other property information, or you purposely withheld any income, assets, or other property information that you knew you were going to receive at a future date.
- You purposely withheld, destroyed, mutilated, or falsified any information, document, or record, or purposely made false statements related to your financial condition.

CHILD SUPPORT COMPROMISE OF ARREARS INFORMATION SHEET

DCSS 0019 (08/04/08)

WHAT TO DO IF YOU HAVE QUESTIONS OR WANT MORE INFORMATION:

If you have any questions or you would like more information, please contact your local child support agency at the telephone number and address listed below. For legal help, contact your county court's Family Law Facilitator's Office, legal aid office, or an attorney.

Local Child Support Agency Address:

Local Child Support Agency Phone No.:

Local Child Support Agency Website:

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, State Bar number, and address):</i> TELEPHONE NO.: E-MAIL ADDRESS <i>(Optional)</i> : ATTORNEY FOR <i>(Name)</i> :	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	
INCOME AND EXPENSE DECLARATION	CASE NUMBER:

1. Employment *(Give information on your current job or, if you're unemployed, your most recent job.)*

Attach copies of your pay stubs for last two months (black out social security numbers).

- a. Employer:
- b. Employer's address:
- c. Employer's phone number:
- d. Occupation:
- e. Date job started:
- f. If unemployed, date job ended:
- g. I work about _____ hours per week.
- h. I get paid \$ _____ gross (before taxes) per month per week per hour.

(If you have more than one job, attach an 8½-by-11-inch sheet of paper and list the same information as above for your other jobs. Write "Question 1—Other Jobs" at the top.)

2. Age and education

- a. My age is *(specify)*:
- b. I have completed high school or the equivalent: Yes No If no, highest grade completed *(specify)*:
- c. Number of years of college completed *(specify)*: Degree(s) obtained *(specify)*:
- d. Number of years of graduate school completed *(specify)*: Degree(s) obtained *(specify)*:
- e. I have: professional/occupational license(s) *(specify)*:
 vocational training *(specify)*:

3. Tax information

- a. I last filed taxes for tax year *(specify year)*:
- b. My tax filing status is single head of household married, filing separately
 married, filing jointly with *(specify name)*:
- c. I file state tax returns in California other *(specify state)*:
- d. I claim the following number of exemptions (including myself) on my taxes *(specify)*:

4. Other party's income. I estimate the gross monthly income (before taxes) of the other party in this case at *(specify)*: \$ _____
This estimate is based on *(explain)*:

(If you need more space to answer any questions on this form, attach an 8½-by-11-inch sheet of paper and write the question number before your answer.) Number of pages attached: _____

I declare under penalty of perjury under the laws of the State of California that the information contained on all pages of this form and any attachments is true and correct.

Date:

_____ _____

(TYPE OR PRINT NAME) (SIGNATURE OF DECLARANT)

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	CASE NUMBER:
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Attach copies of your pay stubs for the last two months and proof of any other income. Take a copy of your latest federal tax return to the court hearing. (Black out your social security number on the pay stub and tax return.)

5. **Income** (For average monthly, add up all the income you received in each category in the last 12 months and divide the total by 12.)

	Last month	Average monthly
a. Salary or wages (gross, before taxes)	\$ _____	_____
b. Overtime (gross, before taxes)	\$ _____	_____
c. Commissions or bonuses	\$ _____	_____
d. Public assistance (for example: TANF, SSI, GA/GR) or bonuses <input type="checkbox"/> currently receiving	\$ _____	_____
e. Spousal support <input type="checkbox"/> from this marriage <input type="checkbox"/> from a different marriage	\$ _____	_____
f. Partner support <input type="checkbox"/> from this domestic partnership <input type="checkbox"/> from a different domestic partnership	\$ _____	_____
g. Pension/retirement fund payments	\$ _____	_____
h. Social security retirement (not SSI)	\$ _____	_____
i. Disability: <input type="checkbox"/> Social security (not SSI) <input type="checkbox"/> State disability (SDI) <input type="checkbox"/> Private insurance	\$ _____	_____
j. Unemployment compensation	\$ _____	_____
k. Workers' compensation	\$ _____	_____
l. Other (military BAQ, royalty payments, etc.) (specify):	\$ _____	_____

6. **Investment income** (Attach a schedule showing gross receipts less cash expenses for each piece of property.)

a. Dividends/interest	\$ _____	
b. Rental property income	\$ _____	
c. Trust income	\$ _____	
d. Other (specify):	\$ _____	

7. **Income from self-employment, after business expenses for all businesses** \$ _____

I am the owner/sole proprietor business partner other (specify): _____

Number of years in this business (specify): _____

Name of business (specify): _____

Type of business (specify): _____

Attach a profit and loss statement for the last two years or a Schedule C from your last federal tax return. Black out your social security number. If you have more than one business, provide the information above for each of your businesses.

8. **Additional income.** I received one-time money (lottery winnings, inheritance, etc.) in the last 12 months (specify source and amount): _____

9. **Change in income.** My financial situation has changed significantly over the last 12 months because (specify): _____

10. **Deductions** Last month

a. Required union dues	\$ _____	
b. Required retirement payments (not social security, FICA, 401(k), or IRA)	\$ _____	
c. Medical, hospital, dental, and other health insurance premiums (total monthly amount)	\$ _____	
d. Child support that I pay for children from other relationships	\$ _____	
e. Spousal support that I pay by court order from a different marriage	\$ _____	
f. Partner support that I pay by court order from a different domestic partnership	\$ _____	
g. Necessary job-related expenses not reimbursed by my employer (attach explanation labeled "Question 10g")	\$ _____	

11. **Assets** Total

a. Cash and checking accounts, savings, credit union, money market, and other deposit accounts	\$ _____	
b. Stocks, bonds, and other assets I could easily sell	\$ _____	
c. All other property, <input type="checkbox"/> real and <input type="checkbox"/> personal (estimate fair market value minus the debts you owe)	\$ _____	

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	CASE NUMBER:
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12. The following people live with me:

Name	Age	How the person is related to me? (ex: son)	That person's gross monthly income	Pays some of the household expenses?
a.				<input type="checkbox"/> Yes <input type="checkbox"/> No
b.				<input type="checkbox"/> Yes <input type="checkbox"/> No
c.				<input type="checkbox"/> Yes <input type="checkbox"/> No
d.				<input type="checkbox"/> Yes <input type="checkbox"/> No
e.				<input type="checkbox"/> Yes <input type="checkbox"/> No

13. Average monthly expenses Estimated expenses Actual expenses Proposed needs

- | | |
|---|---|
| <p>a. Home:</p> <p>(1) <input type="checkbox"/> Rent or <input type="checkbox"/> mortgage . . . \$ _____</p> <p style="margin-left: 20px;">If mortgage:</p> <p style="margin-left: 40px;">(a) average principal: \$ _____</p> <p style="margin-left: 40px;">(b) average interest: \$ _____</p> <p>(2) Real property taxes \$ _____</p> <p>(3) Homeowner's or renter's insurance (if not included above) \$ _____</p> <p>(4) Maintenance and repair \$ _____</p> <p>b. Health-care costs not paid by insurance. . . \$ _____</p> <p>c. Child care \$ _____</p> <p>d. Groceries and household supplies. \$ _____</p> <p>e. Eating out. \$ _____</p> <p>f. Utilities (gas, electric, water, trash) \$ _____</p> <p>g. Telephone, cell phone, and e-mail \$ _____</p> | <p>h. Laundry and cleaning \$ _____</p> <p>i. Clothes \$ _____</p> <p>j. Education. \$ _____</p> <p>k. Entertainment, gifts, and vacation. \$ _____</p> <p>l. Auto expenses and transportation (insurance, gas, repairs, bus, etc.) \$ _____</p> <p>m. Insurance (life, accident, etc.; do not include auto, home, or health insurance) \$ _____</p> <p>n. Savings and investments. \$ _____</p> <p>o. Charitable contributions. \$ _____</p> <p>p. Monthly payments listed in item 14 (itemize below in 14 and insert total here) . . \$ _____</p> <p>q. Other (specify): \$ _____</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>r. TOTAL EXPENSES (a-q) (do not add in the amounts in a(1)(a) and (b)) \$ _____</p> </div> <p>s. Amount of expenses paid by others \$ _____</p> |
|---|---|

14. Installment payments and debts not listed above

Paid to	For	Amount	Balance	Date of last payment
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

15. Attorney fees (This is required if either party is requesting attorney fees.):

- a. To date, I have paid my attorney this amount for fees and costs (specify): \$
- b. The source of this money was (specify):
- c. I still owe the following fees and costs to my attorney (specify total owed): \$
- d. My attorney's hourly rate is (specify): \$

I confirm this fee arrangement.

Date:

_____ ▶ _____

(TYPE OR PRINT NAME OF ATTORNEY)

(SIGNATURE OF ATTORNEY)

PETITIONER/PLAINTIFF: _____ RESPONDENT/DEFENDANT: _____ OTHER PARENT/CLAIMANT: _____	CASE NUMBER: _____
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CHILD SUPPORT INFORMATION
(NOTE: Fill out this page only if your case involves child support.)

16. Number of children

- a. I have *(specify number)*: _____ children under the age of 18 with the other parent in this case.
- b. The children spend _____ percent of their time with me and _____ percent of their time with the other parent.
(If you're not sure about percentage or it has not been agreed on, please describe your parenting schedule here.)

17. Children's health-care expenses

- a. I do I do not have health insurance available to me for the children through my job.
- b. Name of insurance company: _____
- c. Address of insurance company: _____

- d. The monthly cost for the **children's** health insurance is or would be *(specify)*: \$ _____
(Do not include the amount your employer pays.)

18. Additional expenses for the children in this case

	Amount per month
a. Child care so I can work or get job training	\$ _____
b. Children's health care not covered by insurance	\$ _____
c. Travel expenses for visitation	\$ _____
d. Children's educational or other special needs <i>(specify below)</i> :	\$ _____

19. Special hardships. I ask the court to consider the following special financial circumstances
(attach documentation of any item listed here, including court orders):

	Amount per month	For how many months?
a. Extraordinary health expenses not included in 18b.	\$ _____	_____
b. Major losses not covered by insurance (examples: fire, theft, other insured loss)	\$ _____	_____
c. (1) Expenses for my minor children who are from other relationships and are living with me	\$ _____	_____
(2) Names and ages of those children <i>(specify)</i> : _____		
 (3) Child support I receive for those children.	\$ _____	

The expenses listed in a, b, and c create an extreme financial hardship because *(explain)*: _____

20. Other information I want the court to know concerning support in my case *(specify)*:

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ATTACHMENT TO INCOME AND EXPENSE DECLARATION COMPROMISE OF ARREARS PROGRAM (COAP)

DCSS 0576 (05/01/07)

INSTRUCTIONS: This page, along with the Income and Expense Declaration (FL-150) is necessary to proceed with the Compromise of Arrears application process. Please answer all relevant questions and attach extra pages if necessary.

NAME	HOME TELEPHONE NUMBER
HOME ADDRESS	WORK TELEPHONE NUMBER
CITY STATE ZIP CODE	CELLULAR TELEPHONE NUMBER
SOCIAL SECURITY NUMBER* (See back of this form for Privacy Statement.)	CSE CASE NUMBER(S)
DATE OF BIRTH (Month/Day/Year)	OFFER FOR COMPROMISE **

** This includes all money owed to the government and money owed to the Custodial Party in arrears. Please keep in mind that your offer must be paid along with any current support obligation you may have, and you will have maximum of three years to repay the total amount approved.

VEHICLE INFORMATION:						
	YEAR	MAKE	MODEL	MILEAGE	ESTIMATED VALUE	AMOUNT OWED
1.						
2.						
3.						
4.						

REAL ESTATE INFORMATION (For property that you own):						
	Is this where you live now? YES or NO	TYPE (Residential, Land, etc.)	PERCENT OF OWNERSHIP	ADDRESS (Street, City, State, and Zip)	APPRAISED VALUE	AMOUNT OWED
1.						
2.						

Do you have any assets worth \$2,500 or more that are not listed above or on the Income and Expense Declaration (FL-150)? If so, please complete the following:

	TYPE - (Life Insurance with cash surrender value, jewelry, electronics, etc.)	ESTIMATED VALUE
1.		
2.		
3.		
4.		

ATTACHMENT TO INCOME AND EXPENSE DECLARATION COMPROMISE OF ARREARS PROGRAM (COAP)

DCSS 0576 (05/01/07)

*PRIVACY NOTICE

The Information Practices Act of 1977 (California Civil Code Section 1798.17) and the Federal Privacy Act of 1974 (Public Law 93-579) requires that this notice be provided when collecting personal information from individuals. Information requested on this form, including your Social Security Number, is used by the Department of Child Support Services (DCSS) for purposes of identification and communication with you. The DCSS is required, under Section 466(a)(13) of the Social Security Act, to collect the Social Security Number of any individual who is subject to a divorce decree, support order, or paternity determination or acknowledgement.

Social Security Number information is mandatory and will be kept on file at the local child support agency to locate and identify individuals and assets for the purpose of establishing, modifying, and enforcing child support obligations. Enrolling a child in health insurance may require the release of the child's Social Security Number and mailing address to the other parent's employer or the release of the child's Social Security Number to the other parent.

The information in your case may be discussed with, or given to the State or other public agencies that can legally receive such information, and to the other parent or his/her attorney to the extent required by law.

The agency official responsible for maintenance of the form is your local child support agency. Legal references authorizing solicitation and maintenance of this personal information include Family Code Section 17440(c) and 17212. Copies of this form are maintained in confidential files of the Department of Child Support Services or local child support agencies for 4 years and 4 months after the closure of your child support case. You have the right of access to this form upon request by calling the local child support agency handling your case.

CHILD SUPPORT COMPROMISE OF ARREARS PROGRAM (COAP)

DOCUMENTATION CHECKLIST

DCSS 0208 (05/01/07)

INSTRUCTIONS: To help us process your COAP application, please attach the following paper work (including this form) when you submit your application package. Check the box on the left side next to each of the items that you have included with your application package. If you have any questions about this checklist, please call _____.

INCOME

- Copies of your last year's federal tax return (if you have filed a tax return (s) in the last two years).
- Copies of your wage stubs for the last three months from all employers, or your most recent wage stub(s) with a Year to Date (YTD) figure (if employed less than three months with each employer).
- Documentation of other income such as Social Security, Unemployment benefits, State Disability Insurance benefits, Worker's Compensation, ect.
- Copies of your profit and loss statements, if self employed.
- If unemployed, explain how you are being supported financially: _____

DEDUCTIONS

- Cancelled checks for paid union dues (if not automatically paid out of your wages and reflected on your wage stubs).
- Cancelled checks or receipts for day care or preschool for legal dependents.
- Cancelled checks or receipts for court ordered child support or other proof of payment.
- Documentation from payroll officer of wage assignment payment history to the Custodial Party (if payment is disputed)

ASSETS

- The last three months of bank statements for all accounts your name is listed on. If you don't have any bank accounts, state how you cash your checks and pay bills: _____
- Statements of your financial assets such as; mutual funds, secured notes, stocks or bonds (if you have any).
- Documentation of life insurance policies with a cash surrender or loan value schedule (if you have any).
- Business partnership/interest assets (balance sheets).
- Current statement(s) from financial institutions for balances owed on cars, boats, motorcycles, trailers, etc.
- Documentation of property ownership and current statement(s) from financial institutions for balances owed on your home or rental property(ies).

LIVING EXPENSES

- Cancelled checks or receipts for rent you pay. If you don't pay any housing expenses, state who is providing you shelter at no cost: _____
- Cancelled checks or receipts for monthly utilities (gas, electric, water, and garbage). If you don't pay for utilities, state who pays for these bills: _____

OTHER

- Proof of financial hardships(s) claimed on the Income and Expense Declaration (FL-150).

For all of the above boxes that were not checked, please explain why the documents are not available (attach another sheet of paper if necessary) :

LCSA Representative:
