

CSE Case Number:

Parent Ordered to Pay Support:

Court Case Number:

Dear

Could you use some relief from your child support debt?

You may be eligible to reduce your past due child support balance!

The Child Support Debt Reduction Program is designed to reduce your child support balance.

In just three simple steps you can take advantage of this life changing opportunity:

1. Complete the attached/enclosed Debt Reduction Program application.
2. Provide copies of your income, assets, and proof of legal dependents.
3. Make a reasonable payoff offer.

Once you complete and submit the application to your Local Child Support Agency, your child support case manager will review and verify the information you provide. If your case meets the program requirements and your repayment offer is accepted, the case manager will call you to complete the agreement and accept the payment.

Don't miss your chance to apply for this program! Complete the paperwork and contact us today!

If you have any questions, please visit Customer Connect at www.childsupport.ca.gov/customer-connect for assistance on-line or call Customer Connect at (866) 901-3212. Persons with hearing or speech impairments, please call the TTY number at (866) 399-4096.

CHILD SUPPORT DEBT REDUCTION PROGRAM

What You Need to Apply

Reduce or eliminate balances owed with a partial repayment. Make a reasonable offer.

Provide copies of the following documents. Do not send original copies.

Information provided is subject to verification.



- Debt Reduction Program Application**
- Dependents:** List name(s) and date of birth for each biological or legally adopted child living with you

INCOME



- Employed:** Last three (3) paystubs
- Disability:** Proof of disability, unemployment, Workers' Compensation, retirement, etc.
 - Proof of SSA Benefits or Application
 - Proof of VA Benefits
- Public Assistance:** Current award letter
 - CalWorks
 - General Relief
- Unemployed:** Provide proof of unemployment benefit or denial letter OR letter from program or person supporting you (if ineligible for unemployment benefits)
- Self Employed:** Provide Profit and Loss Statement



- Tax returns:** Last year's return including W2 forms, 1040/1040EZ, 1099 forms, and all schedules
 - If you have not filed yet, provide copies from the previous tax year
- Proof of Other Income:** Inheritances, settlements, trust accounts, spousal support, and lottery winnings

ASSETS: Do you have or own the following?



- Vehicles you own, lease, finance or co-sign
 - Latest auto loan statement(s)



- Any Personal Property Valued at \$3,500 +** (*jewelry, collector items, etc.*)
- Stocks/Bonds**
- Home/Land/Real Property:**
 - Latest mortgage statement and assessment from the Assessor's Office



- Bank Accounts**
 - Last three (3) months statements, including joint accounts and accounts owned by your spouse
 - No bank accounts? A written statement on how you cash checks or pay bills

CHILD SUPPORT DEBT REDUCTION PROGRAM APPLICATION

What is the amount of your offer? \$

Lump Sum Payment
 Monthly Payment Plan

Tell us about yourself

Last Name:	First Name:
Address:	SSN or ITIN:
City/State/Zip:	DOB:
Email:	Phone:

What is your employment status?

Are you working? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>IF YOU ARE SELF-EMPLOYED, MOVE TO SELF-EMPLOYMENT SECTION</small>	Date you stopped working:
Employer Name (present or most recent):	
Employer Address:	
Your Position:	Pay rate (hourly): \$
Date Started:	Date Ended:

When did you last file income taxes? What was your filing status?

Year you last filed your taxes:	
What is your tax filing status? <input type="checkbox"/> Single <input type="checkbox"/> Married, filing jointly	<input type="checkbox"/> Head of Household <input type="checkbox"/> Married, filing separately

How do you support yourself? (list all income BEFORE TAXES OR DEDUCTIONS)

Do you ever receive any of the following types of income?	Monthly Amount
Salary/Wages (from any type of work):	\$
Commission/Bonuses:	\$
Do you work overtime?: <input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Unemployment benefits:	\$
Workers' Compensation benefits:	\$
Disability: <input type="checkbox"/> Social Security <input type="checkbox"/> VA Disability <input type="checkbox"/> State Disability <input type="checkbox"/> Private Insurance	\$
Social Security retirement (not disability):	\$
Cash income:	\$
Other types of income: (provide the monthly average amount you receive for all that apply)	
Pension (retirement funds): \$	Rental Property: \$
Spousal Support: <input type="checkbox"/> this marriage <input type="checkbox"/> other marriage \$	Interest/Dividends: \$
Trust Income (provide name of trust):	
Monthly Trust Amount: \$	Other: \$
Do you have any other types of income? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Type of Income:	Monthly amount: \$
Do you have any of the following deductions/expenses? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Child support I pay for other children	\$
Spousal support I pay for a previous spouse	\$

Are you self-employed?

Business name:	Percent of ownership:
Services provided or business type:	Number of employees:
Income from business:	Value of business: \$

Do you own a vehicle? (list all vehicles you own)

Are any vehicles registered in your name? Yes No

Year	Make	Model	Mileage	Estimated Value	Amount Owed	Is this your primary vehicle?
				\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
				\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
				\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

Do you have a bank account? (list all bank accounts)

Is your name on any bank account? Yes No

Name of Bank	Type of Account (Checking/or Savings)	Amount
		\$
		\$
		\$

Do you own a home or land? (list all properties you own/co-own)

Are you listed as an owner of any home, land, or commercial property? Yes No

Is this where you live now?	TYPE (residential/land)	Percent of ownership	Address	Appraised Value	Amount Owed
				\$	\$
				\$	\$
				\$	\$

Do you own anything worth \$3500 or more? (that has not already been listed)

Do you have any belongings or items worth over \$3500 Yes No

Jewelry Coins Electronics Life Insurance Policies Collections (stamps, dolls, comics, etc.)

Estimated Value: \$

Do you have extraordinary expenses?

Do you have any extraordinary health expenses? (If yes, provide a written explanation) Yes No

Do you have any major losses that were not covered by insurance? (If yes, provide a written explanation) Yes No

Who resides in your home with you?

The following people live with me:

Name	Age	Relation to you

PRINT NAME

SIGNATURE

DATE