

FAMILY SUPPORT AGREEMENT

I, the undersigned, hereby acknowledge and agree as follows:

That the Alameda County District Attorney's Office, pursuant to my request, shall take appropriate legal action to enforce my support rights. I am applying for such child support services under the Child Support Enforcement Program of Title IV-D of the Social Security Act.

That legal action to enforce said support rights will be brought in the name of Alameda County and that said action will be controlled by the Family Support Division of the District Attorney's Office.

That the District Attorney's Office is limited to the enforcement of child, spousal, and medical support.

That any order obtained as a result of legal action by the District Attorney will be payable to the Treasurer of Alameda County and sent through the Family Support Division.

That in the event a motion to reduce support payments is made, the Family Support Division will not appear on my behalf to contest it.

That I am currently represented by an attorney. Yes _____ No _____. I will notify the Family Support Division IMMEDIATELY upon retaining legal counsel or commencing legal action for the purposes of child support enforcement.

That the information I provide at any time will affect the priority assigned to my case.

That I will promptly advise the District Attorney's Office of any change of address or telephone number.

That I authorize the District Attorney's Office to endorse checks made payable to me, if necessary.

That upon written request, a status of my child support account will be furnished to me.

That the District Attorney's Office shall attempt to intercept the absent parent's state and federal income tax refunds if an arrears for child support exists. **Should there be an arrears for a period when I received public assistance (TANFF/CalWORKS/AFDC), that balance shall be paid prior to any intercepted Federal (IRS) monies being sent to me.**

THAT I WILL NOT ACCEPT DIRECT PAYMENTS OR REQUEST THE ABSENT PARENT TO PAY ME DIRECTLY. IN THE EVENT I RECEIVE A PAYMENT, I WILL SEND IT TO THE FAMILY SUPPORT DIVISION.

THAT ONCE MY ACCOUNT IS OPENED, FAILURE TO TURN OVER PAYMENTS TO THE FAMILY SUPPORT DIVISION MAY RESULT IN THE CLOSURE OF MY CASE.

I UNDERSTAND THAT FAILURE TO COMPLY WITH THE ABOVE REQUIREMENTS MAY RESULT IN THE DISTRICT ATTORNEY'S OFFICE CLOSING MY CASE.

THE FOLLOWING QUESTIONS MUST BE ANSWERED:

Was AFDC (TANFF/CAL WORKS/AFDC) ever paid for this child/ren? Yes _____ No _____

If yes, County _____ State _____ Date of last AFDC (TANFF/CAL WORKS/AFDC) payment _____
mnth/day/yr

Specify any period of time that the child/ren resided with the absent parent.

From _____ To _____
month/day/year month/day/year

I have read the agreement above and I have kept a copy for my records.

Signed: _____ Date: _____

APPLICANT: KEEP ONE COPY