

## DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



January 4, 1979

## ALL-COUNTY INFORMATION NOTICE I-1-79

TO: ALL COUNTY WELFARE DIRECTORS  
ALL COUNTY DISTRICT ATTORNEYS

SUBJECT: REQUESTING ABSTRACTS AND/OR PHOTOCOPIES OF UIB OR DIB CHECKS IN  
CASES OF CIVIL SUIT OR CRIMINAL PROSECUTION FOR WELFARE FRAUD

## REFERENCE:

County agencies are authorized to obtain UIB/DIB information on persons, who by means of false statement, representation, impersonation or other fraudulent device, obtained aid for a child under this chapter. When copies of the actual UIB/DIB warrants are necessary in cases of civil suit or criminal prosecution or any other photocopies/related information is needed, the following information must be submitted with any request made:

County requestor code  
Name of recipient  
Social Security Number  
Current DE 507  
Copy of completed ABCD 351, DE 737 (abstract of payments issued) or computer printout of payments if these were used.  
Time period for which information is requested (month and year).  
Indicate UIB or DIB or both  
A statement that the copies are being requested under the provisions of W&I Code Section 11478

Please enclose a self-addressed stamped envelope. Anticipate an approximate three-week turnaround time for these requests. Immediate attention should be given to rush requests providing that the need and the reason(s) are stated. In order to expedite processing, request certified copies only when absolutely necessary.

Requests should be submitted to:

Employment Development Department  
Payments Control Group - MIC 24  
800 Capitol Mall  
Sacramento, CA 95814

The Department has developed the attached recommended form for submitting requests to EDD. It can be ordered by contacting Christa-Maria Engle, Fraud Prevention Bureau, at 916/322-1912 or writing to:

Department of Social Services  
Fraud Prevention Bureau  
744 P Street M.S. 19-26  
Sacramento, CA 95814

Attn: Christa-Maria Engle

Sincerely,

  
PHILIP J. MANRIQUEZ  
Deputy Director

cc: CWDA

Attachment

**REQUEST FOR ABSTRACTS AND/OR  
PHOTOCOPIES OF UIB OR DIB CHECKS**

*This office is investigating an alleged case of welfare fraud involving the individual named below. It is suspected that the person has fraudulently received funds from the AFDC program while receiving Unemployment or Disability Insurance Benefits during the period of:*

**TO: EMPLOYMENT DEVELOPMENT DEPARTMENT  
Payments Control Group MIC 24  
800 Capitol Mall  
Sacramento, CA 95814**

FOLD HERE

FOLD HERE

<b>COUNTY REQUEST:</b>		MO.	YR.	THROUGH	MO.	YR.
COUNTY REQUESTOR CODE	NAME OF RECIPIENT				SOCIAL SECURITY NUMBER	

**CHECK THE APPLICABLE INFORMATION:**

BENEFITS	ATTACHED ARE CURRENT COPIES OF	COPIES CERTIFIED?
<input type="checkbox"/> UIB <input type="checkbox"/> DIB	<input type="checkbox"/> DE 507 <input type="checkbox"/> ABCD 351 <input type="checkbox"/> DE 737 <input type="checkbox"/> Wage Abstract	<input type="checkbox"/> YES <input type="checkbox"/> NO

This request is authorized under Section 11478 of the Welfare and Institutions Code:

SIGNATURE	TITLE	DATE
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**RETURN  
TO:**

EDD Response:

FOLD HERE

FOLD HERE