

DEPARTMENT OF SOCIAL SERVICES  
744 P Street, Sacramento, CA 95814



April 1, 1988

ALL COUNTY INFORMATION NOTICE NO. 1-19-88

· FSDIN I-11-88

TO: ALL DISTRICT ATTORNEYS  
ALL COUNTY WELFARE DIRECTORS  
ALL TITLE IV-D AGENCIES  
ALL COUNTY CLERKS (CLERKS OF THE SUPERIOR COURTS)

SUBJECT: ESTIMATED ANNUAL USAGE OF THE CHILD SUPPORT INFORMATION  
HANDBOOK (PUB 160)

REFERENCE: ACL NO. 87-155  
FSD LETTER NO. 87-22

As indicated in ACL No. 87-155/FSD Letter No. 87-22 (dated December 3, 1987), the State Department of Social Services (SDSS) is required by Welfare and Institutions Code Section 11475.5 to provide copies of our Child Support Information Handbook (Pub 160) to all County district attorney offices, County welfare departments, and superior courts. The Department had a supply of handbooks printed for shipping to the various agencies upon receipt of their initial orders. We now ask that all County district attorney offices (family support divisions), welfare departments, and County clerks (clerks of the court) on behalf of the superior courts please project the annual number of handbooks your agency anticipates distributing so the SDSS can keep a sufficient supply on hand.

Please estimate the total number of handbooks (English and Spanish) that your respective agencies will need annually and submit the information to SDSS on the attached form by April 22, 1988. Also, the Department is currently translating the handbook into Cambodian, Chinese, Laotian, and Vietnamese. When translations are complete, the SDSS will provide all the applicable County agencies with a "master photocopy" so copies can be reproduced locally on an as needed basis.

Your cooperation in this matter will be very much appreciated. If you have any questions regarding this letter, please call Ms. Christeen Gomez, Chief of the Child Support Management Bureau, or Mr. Ed Flores of her staff, at (916) 322-8495 (ATSS 8-492-8495).

  
ROBERT A. HOREL  
Deputy Director  
Welfare Program Division

Attachment

CHILD SUPPORT INFORMATION HANDBOOK QUESTIONNAIRE

ESTIMATED ANNUAL USAGE: CHILD SUPPORT INFORMATION HANDBOOK (PUB 160)

DATE: \_\_\_\_\_

COUNTY: \_\_\_\_\_

AGENCY: \_\_\_\_\_

CONTACT PERSON & TELEPHONE NO.: \_\_\_\_\_

NUMBER ENGLISH: \_\_\_\_\_

NUMBER SPANISH: \_\_\_\_\_

FOLD AND STAPLE