

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



January 30, 1990

ALL COUNTY LETTER NO. 90-12

FSD LETTER NO. 90-2

SUBJECT: Sahi v. McMahon Certification and Revised Attestation Form.

REFERENCE: ACL 89-96/FSD 89-28

The purpose of this letter is to provide Counties with the certification forms necessary to verify compliance with the Sahi Stipulation and Order (copy attached) and a camera-ready copy of the revised Attestation Statement (CS 870).

ACL 89-96/FSD 89-28 dated November 1, 1989 specified the actions Counties must take to comply with the Stipulation and Order. The attached certification forms are to be used by the Counties to certify compliance with the Stipulation and Order. The certification forms must be completed and returned by the appropriate County agency no later than November 30, 1990.

Both certification forms are to be returned to:

Department of Social Services
744 P Street M/S 12-54
Sacramento, CA 95814
Attn: Mr. Vincent Toolan

The camera-ready copy of the CS 870 which was attached to ACL 89-96/FSD 89-28 has been revised. Counties are to destroy the old version of the forms and begin using the enclosed version immediately. Revised CS 870 forms are currently available for order.

If you have any questions regarding AFDC, please call Mr. Vincent Toolan at (916) 324-2007. If you have any questions about Child Support, please call Ms. Nancy Alder at (916) 445-9453.

Sincerely,


ROBERT A. MOREL
Deputy Director

Attachments

1 JOHN K. VAN DE KAMP, Attorney General
of the State of California
2 ELISABETH C. BRANDT
Supervising Deputy Attorney General
3 EILEEN CERANOWSKI
Deputy Attorney General
4 1515 K Street, Suite 511
P.O. Box 944255
5 Sacramento, California 94244-2550
Telephone: (916) 324-2500

6 Attorneys for Respondent/Defendant
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8 SUPERIOR COURT OF THE STATE OF CALIFORNIA

9 IN AND FOR THE COUNTY OF SISKIYOU

10 SHARON SAHI,)	No. 38756
)	
11 Petitioner/Plaintiff,)	STIPULATION AND
)	ORDER FOR
12 v.)	<u>SETTLEMENT</u>
)	
13 LINDA McMAHON, Director of the)	
California Department of)	
14 Social Services,)	
)	
15 Respondent/Defendant.)	
16 _____		

17 The parties to this action now desire to resolve this
18 matter without further litigation and, to that end, have entered
19 into this stipulation in full and complete settlement.

20 IT IS HEREBY STIPULATED by and between the parties
21 through the undersigned counsel as follows:

22 1. The parties, through their respective counsel,
23 agree that further litigation with its attendant delay and
24 expense, can be avoided by the State Department of Social
25 Services' implementation of a policy to allow caretaker relatives
26 to attest under penalty of perjury that they lack information

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1 about an absent parent as evidence of cooperation in securing
2 child support.

3 2. Defendant, Linda McMahon, Director of the
4 Department of Social Services, is permanently enjoined from
5 sanctioning a recipient of Aid to Families With Dependent
6 Children (AFDC) for a failure to provide information on the
7 absent parent unless the recipient has been offered the
8 opportunity to demonstrate cooperation by attesting to a lack of
9 information under penalty of perjury pursuant to 45 Code of
10 Federal Regulations section 232.12(b).

11 3. The parties agree that the Department of Social
12 Services will provide caretaker relatives with the opportunity to
13 attest to a lack of information about the absent parent as
14 evidence of cooperation with child support enforcement require-
15 ments for purposes of AFDC eligibility. The counties have been
16 informed of this policy and practice by All County Letter (ACL)
17 No. 89-96 and by Family Support Division (FSD) Letter No. 89-28.
18 The State Department of Social Services agrees to make good faith
19 efforts to ensure that the provisions of the ACL/FSD letters are
20 promptly carried out by the county agencies.

21 4. Defendant, Linda McMahon, will provide
22 certification forms to the County Welfare Departments and to the
23 Family Support Division within the District Attorney's Office of
24 each county. These agencies shall be directed to certify to
25 defendant that this consent decree has been implemented and that
26 the requirements set forth in ACL 89-96 and FSD Letter No. 89-28
27 have been met. Attached hereto, marked as Exhibit "A" is the

1 draft all county letter/family support division letter informing
2 the counties of the certification process.

3 5. The State Department of Social Services shall adopt
4 regulations to conform with the policy announced in ACL 89-96 and
5 FSD 89-28. The Department will use its best efforts to ensure
6 that the regulations are effective by July, 1991.

7 6. Plaintiffs are entitled to attorney fees in this
8 action and in plaintiff Sahi's action seeking a writ of mandate.
9 The Court reserves jurisdiction to award attorney's fees.

10 DATED: January __, 1990

11 LEGAL SERVICES OF NORTHERN CALIFORNIA

12

13

By _____
CINDY A. BABBY
Attorney at Law

14

15

Attorneys for Petitioner/Plaintiff

16

17

DATED: January __, 1990

18

JOHN K. VAN DE KAMP, Attorney General
of the State of California
ELISABETH C. BRANDT
Supervising Deputy Attorney General

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20

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By _____
EILEEN CERANOWSKI
Deputy Attorney General

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Attorneys for Respondent/Defendant

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ORDER

The foregoing stipulation has been accepted and for good cause shown.

IT IS HEREBY ORDERED that judgment be entered as set forth in the Stipulation.

DATED:

Judge of the Superior Court

SAHI V. MCMAHON
COUNTY WELFARE DEPARTMENT CERTIFICATION FORM (IV-A)

The County of _____ certifies that:

- (1) All applicants/recipients affected by the Sahi stipulation and order have been identified and referred to the Family Support Division to establish cooperation.
- (2) The County identified applicants/recipients by the following method(s):
- () searching County active AFDC case files either manually or by computer;
 - () identification at the time of the annual redetermination process;
 - () a combination of the two above methods; or
 - () other method(s) (describe in detail).
- (3) Corrective underpayments were made to applicants/recipients who established eligibility through this process.

Name: _____

Title: _____

Date: _____

Signature: _____

THIS FORM MUST BE RETURNED NO LATER THAN NOVEMBER 30, 1990 TO:

Department of Social Services
744 P Street M.S. 12—54
Sacramento, CA 95814
Attn: Mr. Vincent Toolan

SAHI V. MCMAHON
COUNTY DISTRICT ATTORNEY STAFF CERTIFICATION FORM (IV-D)

The County of _____, District Attorney's Family Support Division, certifies that:

- (1) AFDC applicants/recipients are offered the Attestation Form (CS 870) when it is necessary to establish cooperation with the AFDC eligibility requirement that the applicant/recipient provide information about the absent parent(s). The CS 870 is also provided upon request.
- (2) The County Welfare Department is notified when the AFDC applicant or recipient re-establishes cooperation.

Name: _____

Title: _____

Date: _____

Signature: _____

THIS FORM MUST BE RETURNED NO LATER THAN NOVEMBER 30, 1990 TO:

Department of Social Services
744 P Street M.S. 12—54
Sacramento, CA 95814
Attn: Mr. Vincent Toolan

ATTESTATION STATEMENT

ATTESTATION TO LACK OF INFORMATION ABOUT THE PARENT(S) OF

	COUNTY NAME
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I, _____ have no additional knowledge of the following information about the parent of the child(ren) named in this attestation:

- 1. I do not know the identity of the parent of the child(ren) because: (state reason(s))

- 2. I have named _____ as the parent of the child(ren).
However, I do not know the parent(s)' residence and/or employer because: (state reason(s))

- 3. I do not have or know any other information that might assist the District Attorney in identifying or locating the parent of the child(ren), because: (state reason(s) if different)

In signing this attestation, I declare, under penalty of perjury under the laws of the State of California that all the information I have provided is true, correct and complete. I further understand that Federal and State law provide for penalties of fine and/or imprisonment or denial of Public Assistance/Medi-Cal if I do not tell the truth when applying for Public Assistance/Medi-Cal or if I conceal or fail to disclose facts regarding the identity, whereabouts or other information concerning the child(ren)'s parent.

Signed:

Name	Date Signed
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Witnessed by:

Family Support Officer	Date Signed
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