

**CALIFORNIA DEPARTMENT OF CHILD SUPPORT SERVICES**

P.O. Box 419064, Rancho Cordova, CA 95741-9064

Reason for this Transmittal

- State Law or Regulation Change
- Federal Law or Regulation Change
- Court Order or Settlement Change
- Clarification requested by One or More Counties
- Initiated by DCSS

October 15, 2003

CSS LETTER: 03-22

ALL IV-D DIRECTORS  
 ALL COUNTY ADMINISTRATIVE OFFICERS  
 ALL BOARDS OF SUPERVISORS

SUBJECT: COMPLAINANT'S AUTHORIZED REPRESENTATIVE DURING  
 COMPLAINT RESOLUTION

REFERENCE: CALIFORNIA CODE OF REGULATIONS, TITLE 22, DIVISION 13,  
 CHAPTER 1, SUBCHAPTER 1, ARTICLE 5, SECTION 111440 AND  
 CHAPTER 10.

This letter implements State policy regarding a child support complainant's right to appoint an authorized representative during all aspects of the complaint resolution process by signing and dating a written statement to that effect. The complainant may use the enclosed "Complaint Resolution Authorized Representative Form," DCSS 0009 dated (07/03) to designate an authorized representative. Amendments to the California Code of Regulations regarding this policy will be submitted to the Office of Administrative Law in the near future.

The complainant's authorization may be limited in scope or duration by the complainant, and may be revoked by the complainant at any time. Whenever the complainant is represented by an authorized representative, the local child support agency shall provide the authorized representative with copies of all notices and decisions concerning complaint resolution that are provided to the complainant.

The authorized representative shall have the same right as the complainant to review the complainant's case record pursuant to Chapter 1, Program Administration, Article 5, Records Management. All rights and responsibilities specified in Chapter 10, Article 2, shall apply to a duly authorized representative, unless the authorization is limited by the complainant.



CSS Letter: 03-22  
October 15, 2003  
Page 2

If you have any questions or concerns regarding this policy, please contact the Policy Branch at [Policy.Branch@dcss.ca.gov](mailto:Policy.Branch@dcss.ca.gov).

Sincerely,

*/s/Donna Hershkowitz*

DONNA S. HERSHKOWITZ  
Deputy Director  
Child Support Services Division

**COMPLAINT RESOLUTION AUTHORIZED REPRESENTATIVE FORM**

DCSS 0009 (07/03)

I hereby appoint the person named below to serve as my authorized representative for the purpose of conducting business on my behalf during the Complaint Resolution process. I give my permission for this person to discuss any facts related to my complaint and to receive copies of documents related to my complaint, except as noted below.

COMPLAINANT'S NAME (PLEASE PRINT)	TELEPHONE NUMBER (    )
COMPLAINANT'S SIGNATURE	DATE

ADDRESS

CITY	STATE	ZIP CODE
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COUNTY OF COMPLAINT	COUNTY'S CHILD SUPPORT CASE NUMBER
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THIS AUTHORIZATION EXPIRES ON: (MONTH / DAY/ YEAR) (THIS DATE IS OPTIONAL)

THIS AUTHORIZATION IS LIMITED BY THE FOLLOWING CONDITIONS (IF APPLICABLE):

**AUTHORIZED REPRESENTATIVE INFORMATION**

NAME OF AUTHORIZED REPRESENTATIVE (PLEASE PRINT)	TELEPHONE NUMBER (    )	
AUTHORIZED REPRESENTATIVE'S SIGNATURE	DATE	
ADDRESS	E-MAIL ADDRESS	
CITY	STATE	ZIP CODE