

Revised March 27, 2015

Employees' Manual
Title 11
Chapter U Appendix

APPEALS BASED ON DATE OF COLLECTION

APPENDIX



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470-3360, Notice of Decision: Support Payment

Purpose	Form 470-3360 notifies the payee of the decision reached regarding the payee's claim to a support payment.
Source	This form is available on-line. Generate this form by accessing it through the DIST process on FORMLIST or by entering the form number on FORMVIEW.
Completion	Complete this form when you have determined the merit of a payee's claim for a support payment. (The determination must be made within 30 days of the payee's initial contact with CSC regarding the claim.)
Distribution	Generate three copies of this form. Mail one copy to the payee. File one copy at CSC and mail one copy to the local office handling the case. The local office images the form into the case record on PODS.
Data	Enter the following information: <ul style="list-style-type: none">◆ Payee's name◆ Payee's mailing address line 1◆ Payee's mailing address line 2◆ Payee's mailing city, state, and zip◆ Date generated (current date in mm/dd/ccyy format)◆ CSC case number◆ The optional variable paragraphs indicating the decision reached regarding the payee's claim◆ Your name◆ CSC mailing address◆ CSC telephone number◆ Your title

470-3394, Acknowledgment of Claim Concerning Support Payment

Purpose	Form 470-3394 acknowledges a payee's claim of entitlement to a support payment. It includes the months covered by the payee's claim, and indicates that the claim is being investigated or that a decision has been made regarding the claim.
Source	This form is available on-line. Generate this form by accessing it through the DIST process on FORMLIST or by entering the form number on FORMVIEW.
Completion	Complete this form when a payee calls or writes and claims entitlement to a support payment which was not distributed to the payee.
Distribution	Generate three copies of this form. Mail one copy to the payee. File one copy at CSC and mail one copy to the local office handling the case. The local office images the form into the case record on PODS
Data	Enter the following information: <ul style="list-style-type: none">◆ Payee's name◆ Payee's mailing address line 1◆ Payee's mailing address line 2◆ Payee's city, state, and zip◆ Date generated (current date in mm/dd/ccyy format)◆ CSC case number◆ Date the payee contacted you◆ Amount claimed by the payee◆ Months of support payment claimed by the payee◆ Amount payee claims to have received from those payments (including 0.00)◆ Optional variable paragraph indicating either:<ul style="list-style-type: none">• The claim is under investigation• A decision has been made

- ◆ Your name
- ◆ CSC mailing address
- ◆ CSC telephone number
- ◆ Your title