

<Name> County

Child Support Agency

<CSA Address>
<CSA Address>
<CSA Address>

<CSA Telephone>
<CSA Fax>

November 1, 2009

<Insurance Company>
<Address Line 1>
<Address Line 2>
<City, State Zip>

Re: **Claim Number:** <claim number>
 Claim Loss Date: <loss date>
 Employer: <employer or NA>

Notice to Disburse/Release Lump-Sum Judgment/Settlement

This notice is to inform you of the determination of the <COPPER> County Child Support Agency. Take the following action relating to the claim listed above, for the following claimant:

Obligor: <JOHN A. DOE>
SSN: <XXX-XX-1234>
Lien Amount: \$<11,961.38>
Docket Number: \$<000012345>

(opt #1) Disburse Full Payment to Trust Fund Payment is to be forwarded to the Wisconsin Support Collections Trust Fund (WI SCTF) either due to a hearing determination or because the above-named obligor did not request a hearing in the required 20 business days.

Payment should equal the amount frozen from the original notice up to the amount of the lien listed above. Include the attached remittance document when submitting a check for lien payment. Failure to send the remittance document with your payment may result in an erroneous application of funds.

(opt #2) Disburse Partial Payment to Trust Fund As a result of a hearing, it was determined that \$[court-ordered amount from prompt screen] may be intercepted from the above-named obligor's lump-sum claim payment. Any remaining amount being held may be released to the claimant.

Please forward that amount to the Wisconsin Support Collections Trust Fund (WI SCTF). Include the attached Remittance Document when submitting a check for payment. Failure to send the remittance document with your payment may result in an erroneous application of funds.

(opt #3) Release Payment to Claimant

As a result of a hearing, or because the child support lien ended, please release the funds frozen to the claimant listed above. No remittance document or payment is required to be disbursed to the Wisconsin Support Collections Trust Fund (WI SCTF).

<VAR: COUNTY> County Child Support Agency



REMITTANCE DOCUMENT

Lien Payment

Re: JOHN DOE
 101 Main Street
 ANYTOWN WI 55555

Total amount being remitted: \$_____

THIS REMITTANCE DOCUMENT MUST BE RETURNED WITH THE LIEN PAYMENT, MADE PAYABLE TO **WI SCTF**, AND SENT TO THE FOLLOWING ADDRESS:

WI SCTF
Box 070799
Milwaukee, WI 53207-0799

PAYMENT MUST BE MADE WITH A MONEY ORDER OR CASHIERS CHECK. INCLUDE THE PAYER'S NAME AND PIN. A PAYMENT MADE WITH A PERSONAL CHECK WILL NOT BE ACCEPTED.

FAILURE TO SEND A COPY OF THIS DOCUMENT MAY RESULT IN AN IMPROPER DISTRIBUTION OF THE FUNDS.

FOR OFFICE USE ONLY

Payer PIN 222222

2222FA222222 **57%**
 3636PA111111 **43%**

How to Calculate the Percentage for multiple court cases EXAMPLE
Remove this calculation example before issuing the remittance to the Insurance Company:

	Court Case Lien Balance (04, 18)	Calculate the Percentage amount	Total Intercepted Amount	Proportionate amount
Court case 1	\$1,950	$\$1,950/\$3,400 = 0.57$	\$2000	$\$2,000 \times 0.57 = \$1,140$
Court case 2	\$1,450	$\$1,450/\$3,400 = 0.43$	\$2000	$\$2,000 \times 0.43 = \860