

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF CHILD SUPPORT SERVICES

**MONTHLY BILLING STATEMENT**

DCSS 0265 (12/29/06)

LCSA HUMBOLDT, MERCED

STATEMENT DATE: 08/01/2010

PARTICIPANT ID NUMBER: 0470000118288

JASON TUTTLE

PARTICIPANT NAME: JASON TUTTLE

CDC #F63108

AVENAL STATE PRISON

PO BOX 9

AVENAL CA 93204-0009

**SUMMARY OF AMOUNTS OWED**

CASE AND COURT ORDER INFORMATION		CURRENT AND PAST DUE PAYMENT INFORMATION			ARREARS INFORMATION		
CASE NUMBER	PAYMENT FREQUENCY AND AMOUNT	MONTHLY PAYMENT DUE FOR CURRENT SUPPORT	MONTHLY PAYMENT DUE FOR PAST DUE SUPPORT	TOTAL MONTHLY PAYMENT DUE FOR CURRENT AND PAST DUE SUPPORT	INTEREST BALANCE	PRINCIPAL BALANCE	TOTAL INTEREST AND PRINCIPAL BALANCE
0230028828-01	MONTHLY / -	-	-	-	26588.30	28433.71	55022.01
0470713281-01	MONTHLY / -	-	150.00	150.00	496.55	1386.00	1882.55
0470713281-02	MONTHLY / -	-	150.00	150.00	16333.42	16358.81	32692.23
<b>TOTALS</b>		0.00	300.00	300.00	43418.27	46178.52	89596.79

\* If there is an arrears balance and there is no court order for monthly payments toward arrears, arrears continue to be due and payable, unless and until you are notified otherwise.

- Interest on past due support accrues at the legal rate.
- This balance may not reflect all interest or other charges you may owe.
- Support that has accrued and payments posted after the statement ending date will be reflected on your next statement.

**COMMENTS/ SPECIAL INSTRUCTIONS:**

Is your license suspended due to unpaid child support? To get back on the road, contact us to negotiate a payment and release your license. 1-866-901-3212.

If you feel this information is not correct, please contact us at (866) 901-3212 or the address provided on the Notice Regarding Monthly Billing Statement attached (DCSS 0274).

Please tear off payment coupon below and return it with your payment to ensure proper credit to your account.

**PAYMENT COUPON**

**NOTE:** If the total minimum payment due is automatically being deducted from your pay, you do not need to send in any additional payment.

PARTICIPANT NAME: JASON TUTTLE

ENTER AMOUNT OF REMITTANCE: \_\_\_\_\_

PARTICIPANT ID NUMBER: 0470000118288

Please make checks payable to:

CALIFORNIA STATE DISBURSEMENT UNIT

CALIFORNIA STATE DISBURSEMENT UNIT

PO BOX 989067 WEST SACRAMENTO CA

95798-9067

Please write your participant ID number on your check.

Eighty nine thousand four hundred ninety six dollars & seventy nine Cents



By: \_\_\_\_\_

POST

Authorized Representative

A90200003015A000025660030100000000020

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF CHILD SUPPORT SERVICES

**MONTHLY BILLING STATEMENT -  
DETAIL BY CASE NUMBER**

DCSS 0275 (08/16/04)

PARTICIPANT NAME: JASON TUTTLE

STATEMENT BEGINNING DATE: 07/01/2010

PARTICIPANT ID NUMBER: 0470000118288

STATEMENT ENDING DATE: 07/31/2010

**PAYMENTS RECEIVED AND OTHER ADJUSTMENTS**

CASE NUMBER	DATE	DESCRIPTION	AMOUNT	APPLIED TO:		
				CURRENT	INTEREST ON PAST DUE SUPPORT	PAST DUE SUPPORT
0230028828-01	07-31-2010	INTEREST CHARGE	241.49	0.00	241.49	0.00
0470713281-01	07-31-2010	INTEREST CHARGE	11.77	0.00	11.77	0.00
0470713281-02	07-31-2010	INTEREST CHARGE	138.94	0.00	138.94	0.00

- Interest on past due support accrues at the legal rate.
- This balance may not reflect all interest or other charges you may owe.
- Support that has accrued and payments posted after the statement ending date will be reflected on your next statement.

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF CHILD SUPPORT SERVICES

**NOTICE REGARDING MONTHLY BILLING**

DCSS 0274 (03/07/2005)

**THIS NOTICE HAS IMPORTANT INFORMATION ABOUT SUPPORT THAT HAS BEEN COLLECTED - PLEASE READ IT CAREFULLY**

The Monthly Billing Statement tells you about money that was paid to the Department of Child Support Services and about your account balances during the statement period. If you have any questions about your case, please call us at (866) 901-3212. If you believe the information on the Monthly Billing Statement is wrong, see the back of this form on how to contact us.

**The following information will help you understand the Monthly Billing Statement.**

**SECTION I - MONTHLY BILLING STATEMENT AND PAYMENT COUPONS**

**STATEMENT BEGINNING DATE** - Date the statement period begins. This could be a specific date (such as January 1, 2001), or it could be the month and year (such as January, 2001).

**STATEMENT ENDING DATE** - Date the statement period ends. This could be a specific date (such as January 31, 2001), or it could be the month and year (such as January, 2001).

**PAYMENT FREQUENCY AND AMOUNT** - Court Ordered Payment Frequency and Amount.

**MONTHLY PAYMENT DUE FOR CURRENT SUPPORT** - Amount for current support to be paid each month.

**MONTHLY PAYMENT DUE FOR PAST DUE SUPPORT** - Amount for current support to be paid each month.

**TOTAL MONTHLY PAYMENT DUE FOR CURRENT AND PAST DUE SUPPORT** - Amount for current support to be paid each month.

**INTEREST BALANCE** - Total interest balance as of the STATEMENT ENDING DATE.

**PRINCIPAL BALANCE** - Total principal balance as of the STATEMENT ENDING DATE.

**TOTAL INTEREST and PRINCIPAL BALANCE** - Total interest and principal balance as of the STATEMENT ENDING DATE.

**PAYMENT COUPON(S):**

**ENTER AMOUNT OF REMITTANCE** - Enter amount of payment enclosed.

**SECTION II - MONTHLY BILLING STATEMENT - DETAIL BY CASE NUMBER****PAYMENTS RECEIVED AND OTHER ADJUSTMENTS BY (CASE NUMBER):**

**DATE** - Date the payment and/or other adjustment was actually posted to the account.

**DESCRIPTION** - Payment and/or other adjustment type (such as, payment received, interest accrued, etc.)

**AMOUNT** - Amount of payment and/or other adjustment.

**APPLIED TO** - How the payment or adjustment was divided between current support due, past due support, and interest.

**Services Available to You:**

- You have the right to have your order reviewed for modification (changes).
- Services of the Family Law Facilitator are available to you.
- Additional services may be available in your county. Please refer to your Monthly Billing Statement for additional services that may be listed, or contact us at the number listed on the front of your Monthly Billing Statement.
- You have a right to an administrative determination of past due support (arrears). Please see the back of this form on how to contact us. Payments on arrears continue to be due and payable unless and until you are notified otherwise.

**NOTICE REGARDING MONTHLY BILLING**

DCSS 0274 (03/07/2005)

**HOW TO MAKE A COMPLAINT ABOUT THE COLLECTION AND DISTRIBUTION OF CHILD SUPPORT****RIGHT TO COMPLAINT RESOLUTION:**

The child support program has a complaint resolution process if you think a mistake has been made in the collection and distribution of child support in your case. To start the complaint resolution process, you should call (866) 901-3212 or write the Local Child Support Agency (LCSA) at:

0230028828-01	HUMBOLDT	PO BOX 128, EUREKA, CA 95502-0128	8669013212
0470713281-01	MERCED	PO BOX 3199, MERCED, CA 95344-1199	8669013212
0470713281-02	MERCED	PO BOX 3199, MERCED, CA 95344-1199	8669013212

**IMPORTANT:** Your request for complaint resolution must be made within 90 days from the date you knew, or should have known, about the subject of your complaint.

The LCSA has 30 days from the date it receives your complaint to provide you with a written resolution of your complaint, unless it is determined that more information or time is needed to resolve your complaint. The LCSA will contact you if it needs more information or time to resolve your complaint.

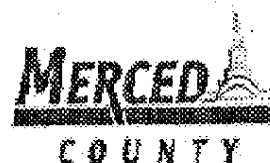
**RIGHT TO STATE HEARING:**

If you do not receive a response to your complaint within 30 days from the date your complaint was received, you have the right to request a State Hearing before an Administrative Law Judge.

**IMPORTANT:** If you did not receive a response to your complaint within 30 days, and you decide to request a State Hearing, your request for a State Hearing must be made within 90 days after you made your complaint with the LCSA.

If you do receive a response to your complaint within 30 days of making your complaint, and you are not satisfied with the complaint resolution or response, you have the right to request a State Hearing before an Administrative Law Judge.

**IMPORTANT:** If you are not satisfied with the complaint resolution or response, and you decide to request a State Hearing, your request for State Hearing must be made within 90 days after you received the written response to your complaint. You will receive instructions on how to file for a State Hearing when you file your complaint.



MERCED COUNTY DEPARTMENT OF CHILD SUPPORT  
SERVICES  
PO BOX 3199  
MERCED CA 95344-1199



03/15/2011

JASON A TUTTLE  
DOC-F63108  
PO BOX 1031  
TEHACHAPI CA 93581-1031

CSE Case Number: 0470713281-01

STATE PRISON  
Custodial Party:  
CCJ TEHACHAPI  
MELISSA EVANS

IV-D Form 2  
Noncustodial Parent:

JASON A TUTTLE

Court Case Number:

Dear JASON A TUTTLE :

This letter is to let you know that on 03/15/2011 the local child support agency terminated child support services in the support case for the child(ren) listed below:

TONI TUTTLE

If you would like us to continue handling your child support case, please contact (866) 901-3212 .

☒ Your case may remain open with the State of California for payment processing only.

Please contact us at (866) 901-3212 with the above case number if you have any questions.

Sincerely,

MICHELLE S MANN  
Child Support Representative

