

# OFFICE OF THE RAMSEY COUNTY ATTORNEY

John J. Choi, County Attorney



121 Seventh Place East, Suite 4500 • St. Paul, Minnesota 55101-5001

Telephone (651) 266-3344 • Fax (651) 266-3300

## Human Services Division – Child Support Enforcement Section

9/9/2013

Name of recipient

Street Address

City, State & Zip

Re: CP name and NCP name

Court File No.

IV-D No.

### Notice of Failure to Pay Child Support

**PLEASE CONTACT THE CHILD SUPPORT OFFICE AS SOON AS POSSIBLE**

Dear \_\_\_\_\_ :

This letter is meant to give you the opportunity to address your failure to pay child support. Your child/child(ren) name(s) has not received any support from you since (date) or "to date". The Court ordered you to pay \$ \_\_\_\_\_ per month. Your arrears total is \$ \_\_\_\_\_. Please send all payments to:

Minnesota Child Support Payment Center

P. O. Box 64326

St. Paul, MN 55164

If you continue to fail to pay child support for child(ren) name(s), you may face:

- Suspension of your driver's, recreational and/or occupational licenses
- Liens placed on your property
- Interception of your Federal and/or State tax refund
- Passport denial
- Credit Bureau reporting
- A contempt of court action (which may result in you going to jail)
- A Felony Criminal charge (which may result in you going to jail or prison)

**>Use this following paragraph and print the *Questionnaire for Obligor* if you have not already contacted the NCP and completed it with him/her on the telephone.<**

I have enclosed a *Questionnaire for Obligor* for you to complete and return in the envelope provided. Please answer the questions as completely as possible. The information will be used to help us decide how to proceed with your child support case.

Sincerely,

name

Support Enforcement Agent

651-266-

**Office of the Ramsey County Attorney**

Child Support Enforcement Section

**QUESTIONNAIRE FOR OBLIGOR**

<b>DATE:</b>	<b>OBLIGOR NAME</b> NCP name	<b>IV-D CASE #:</b> Case number
--------------	---------------------------------	------------------------------------

*Please answer the following questions as completely as possible. The information will be used to help decide how to proceed on your child support case.*

1	Your address:			
2	Home Telephone #	Work Telephone #	Cell Phone #	Other Telephone #
3	Name(s) and age(s) of children not on this case:			
4	Do any of your children have special physical, dental, medical, or emotional needs?			

**ABILITY TO WORK**

5	Are you able to work?	YES (proceed to #9)	NO
6	If you are unable to work, please explain why.		
7	<p>Are you disabled?   YES      NO      Type of Disability?</p> <p>If YES, have you applied for Social Security Benefits?</p> <p>What is the status of your application?</p> <p>If no, why haven't you applied for social security benefits and when will you apply?</p> <p><b>You must</b> provide us with medical verification from your health care provider regarding your ability to work and your prognosis.</p>		

## INFORMATION ABOUT EMPLOYMENT

8	Are you currently working?      YES                      NO (proceed to #11)
9	Current employer (name, address, telephone number):  <b>If you have a current paycheck, attach a copy.</b>
10	Are you self-employed?      YES                      NO  Name, Address, and Telephone number:  Type of Business:
11	If you are not working, why not?
12	When did you last work?  Most recent employer (name, address, telephone number):
13	List other sources of income:
14	List any special training or occupational license(s) you have:

## QUESTIONS REGARDING YOUR EDUCATION

15	What is your educational level (last grade you completed)?
16	Are you currently attending school?    YES                      NO                      If yes, what school?  What Program or Degree and anticipated completion date:

### SUPPORT YOU HAVE PROVIDED TO THE CHILD(REN)

17	<p>Have you paid child support in the form of money (e.g. cash, check or direct deposit) directly to the custodial parent for child support? YES NO</p> <p>If Yes, please attach verification.</p> <p><b><i>Note: You may only receive credit for payments made through the MN Child Support Payment Center. Minnesota Law does not permit us to apply the cost of any gifts toward your arrears balance. However, we want to understand your situation. If you have given any gifts (e.g. clothing, school tuition, sports fees/equipment, etc.), provide the dates and amounts of those payments and attach any verification of payments that you have.</i></b></p>
----	---

## ADDITIONAL INFORMATION ABOUT YOU

18	<p>How do you meet your living expenses (e.g. rent, mortgage, food, clothing, vehicle payments and expenses, telephone or cell phone, utilities, etc.)?</p> <p>If anyone helps you meet your expenses or provides you with a place to live, provide their name, relationship, address &amp; explain how they assist you.</p>
19	<p>Are you married?    YES                      NO            If yes, what is the name of your spouse?</p> <p>If your spouse is not living with you, where does he/she live?</p>
20	<p>Are there any other reasons you are not paying your child support or any other information you think may be helpful to our office? (attach extra sheet is necessary):</p>

**Your Signature:** \_\_\_\_\_ **Date:**        /        /

# Ramsey County's Enforcement Initiatives

2008 - 2013 | Ramsey County Change Processes

## INTRODUCTIONS

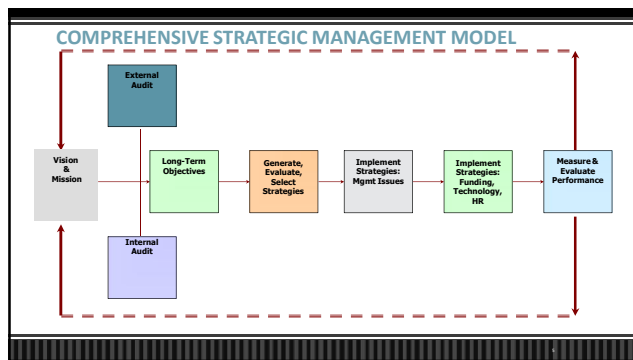
- James Kambiri – Child Support Supervisor
- Kathy Gora – Assistant County Attorney
- Petrina Travers – Support Enforcement Agent III

## AGENDA

- Change Management Model
- Strategy Formation Process
- Implementation
- Evaluation
- Takeaways
- Questions

## CHANGE MANAGEMENT MODEL

- Mission and Vision
- Internal and External Audit
- Long-Term Objectives
- Generate and Select Strategies
- Measure and Evaluate Performance



#### RAMSEY COUNTY PERFORMANCE IMPROVEMENT PROJECTS

- 3 Major Performance Improvement Projects
  - 2008 Child Support Strategic Plan
  - 2010 Business Model
  - 2012 Enforcement Project
- All Staff were invited to participate in the planning – Over 75% participated

#### 2008 STRATEGIC PLAN

##### Vision Statement

##### Ramsey County Child Support:

- Working to meet the needs of children
- A knowledgeable approach to child support that combines efficiency, diversity, innovation, and high performance
- We never stop working for children

#### INTERNAL AND EXTERNAL AUDIT

##### Ramsey County Challenges

- Highest out-of-wedlock birthrate in Minnesota
- Highest English as a 2<sup>nd</sup> Language population in Minnesota
- Higher poverty rate than both State and National averages
- Budget cuts (more with less)
- Workers stuck in the old way of doing business

##### Statewide Challenges

- Child support program deemed unconstitutional in 1999
- New child support guidelines with significant changes in 2007
- Archaic case management system, still at least 5 years out until a new system
- Budget cuts (more with less)
- Workers stuck in the old way of doing business

#### 2008 STRATEGIC PLAN

- Areas of Concentration:
  - Communication
  - Training
  - Staff Performance
  - Diversity
  - Federal and State Performance Measures
  - Business Model

#### PROJECT 2010

- Evaluate and Select Business Model
- Office Division
- Caseload Division
- Order Setting Project

#### 2010 BUSINESS MODEL PROJECT

- Objective:
  - Adopt a Business Model that maximizes the efficient and productive use of resources
- Goals:
  - Increase fluidity of staff
  - Establish performance standards
  - Improve performance
  - Improve job satisfaction

#### OFFICE DIVISIONS

- Intake and Case Preparation
  - Known elsewhere as “Case initiation”
- Order Setting
  - Known elsewhere as “Establishment”
- Review and Modification
  - Known elsewhere as “Review and Adjust”
- Order Enforcement
  - Known elsewhere as “Enforcement”

### INTAKE AND CASE PREPARATION

- Accomplishments
  - Changed the name from "intake" to reflect the post 2010 Project expectation that cases leave this unit with more work done
  - Decreased number of days from initiation to moving or closing the case to 30 days
  - Increased number of cases moving monthly
  - Standardized case notes when moving cases on to other parts of the office (for better tracking)
  - Problem case feedback from other units

### ORDER SETTING

- Accomplishments
  - A sustained increase in establishment and paternity pleadings and motions drafted and orders obtained
  - A baseline standard to use when discussing performance that is understandable and acceptable by all of the workers
  - Clear communication about expectations

### REVIEW AND MODIFICATION

- Accomplishments
  - 25% increase in completed modifications from 2011 to 2012
  - 15% increase in in-house agency referrals
  - Tracking status spreadsheet on shared computer drive has cut down the number of questions about cases

### PROJECT 2012

- Enforcement Project
- Address Barriers to 2010 Project



## HISTORY

- Wayland Campbell's Challenge
- Increase Minnesota's Collection Rate by 1%

Current Support Distributed  
Current Support Owed

## MINNESOTA'S COLLECTION RATES

MN Collection Percentage and Ranking Compared to Highest and Lowest U.S. Continental States										
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Highest State	PA	PA	PA	PA	PA	PA	PA	PA	PA	PA
Percent	74.7	74.8	74.4	74.7	74.7	78.0	78.9	81.3	83.2	83.9
MN Percent	73.0	69.9	69.5	69.3	68.8	69.2	70.1	70.2	69.6	70.5
MN Ranking	2	3	3	3	5	6	6	4	5	5
Lowest State	IL	NV	AZ	NV	NV	NV	NV	NV	NV	AL
Percent	39.1	40.9	42.7	44.4	45.9	47.6	48.1	48.1	49.1	51.0

## MINNESOTA'S COLLECTION RATES

Midwest States Collection Percentage										
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
North Dakota	71.6	71.3	72.0	72.7	73.4	74.2	75.9	75.0	74.2	74.6
Iowa	59.1	60.0	62.2	64.7	65.7	68.2	70.0	69.9	69.8	71.7
Wisconsin	72.7	67.7	67.6	69.0	70.6	70.6	70.7	70.6	70.6	70.6
Minnesota	73.0	69.9	69.5	69.3	68.8	69.2	70.1	70.2	69.6	70.5
South Dakota	67.7	67.1	68.3	69.0	69.5	71.1	72.5	70.0	68.9	69.0
Michigan	59.4	55.7	60.2	60.5	61.4	62.2	62.0	62.4	62.5	62.0
Illinois	39.1	47.0	49.2	53.3	51.8	53.1	55.4	58.0	57.9	58.6

## RAMSEY COUNTY COLLECTION RATES

Ramsey County Collection Percentage and Ranking Compared to Highest and Lowest MN Counties										
	2003	2004	2005	2006	2007	2008	2009	2010	2011	
Top County	Lake/Woods	Roseau	Lake/Woods	Lake/Woods	Lake/Woods	Kittson	Lake/Woods	Kittson	Lake/Woods	
Percent	82	80	82	81	84	83	84	83	84	
Ramsey Percent	60	60	60	59	60	61	61	61	61	
Ramsey Ranking	85	85	83	84	85	85	86	86	86	
Lowest County	Mahnomen	Mahnomen	Cass	Cass	Cass	Cass	Mille Lacs	Cass	Ramsey	
Percent	55	58	56	55	56	58	60	58	61	

## RAMSEY COUNTY COLLECTION RATES

MN Metro Area Counties Collection Percentages									
	2003	2004	2005	2006	2007	2008	2009	2010	2011
Scott	76	76	75	74	74	76	77	76	76
Carver	75	75	74	73	73	74	76	75	75
Washington	74	74	74	74	73	73	74	72	73
Wright	74	73	73	72	72	73	72	72	73
Anoka	72	72	72	71	71	71	71	70	70
Dakota	71	70	69	68	68	69	68	68	69
Hennepin	66	66	66	64	65	66	65	64	65
Ramsey	60	60	60	59	60	61	61	61	61

## PROJECT PHASES

- Phase One
  - Enforcement Meeting with Survey
  - Volunteers
- Phase Two
  - Facilitated Conversation
  - Generate Potential Strategies
- Phase Three
  - Select Strategies
  - Implement Strategies

## DEVELOPED STRATEGIES

- Research
  - National Studies
  - County Visits and Conversations
  - Logic
  - Analysis of Current Barriers

## RESULTS

Contempt Payment Analysis  
from 07/01/2003 through 06/30/2012

County	Cases with Contempt	Before Contempt			After Contempt		
		Accruals	Receipts	Percentage	Accruals	Receipts	Percentage
Hennepin	2,219	\$9,740,819.02	\$3,441,047.62	35%	\$8,887,288.95	\$5,352,141.63	60%
Ramsey	710	\$3,221,781.51	\$968,538.97	30%	\$2,854,006.75	\$1,673,264.79	58%
Anoka	1,417	\$6,903,884.28	\$2,089,234.80	30%	\$6,238,531.76	\$4,255,434.61	68%
Dakota	1,047	\$5,237,143.38	\$1,250,503.55	24%	\$4,787,271.02	\$2,885,445.90	60%
St. Louis	975	\$3,270,080.78	\$1,427,408.49	44%	\$2,844,631.19	\$2,198,882.58	77%
Washington	350	\$1,868,684.73	\$366,407.77	20%	\$1,645,971.59	\$1,038,698.76	63%
Olmsted	1,320	\$4,388,761.00	\$2,399,855.79	55%	\$3,900,205.48	\$3,809,369.15	98%
Stearns	331	\$1,299,362.01	\$372,204.40	29%	\$1,188,467.89	\$780,635.77	66%
Wright	289	\$1,368,566.78	\$393,250.64	29%	\$1,241,240.80	\$776,517.05	63%
Totals	8,627	\$37,352,092.97	\$12,705,462.97	34%	\$33,597,115.24	\$22,870,691.54	68%

\* Pertains to Contempt Orders between 07/01/2003 through 06/30/2012, to allow for a one year period after the order for evaluation.

## POTENTIAL STRATEGIES

### Proactive Early Intervention

Proactive Phone Calls  
Catch Non-Payers Sooner: More Proactive Action for New Non-Payers  
Phone Tree Individual Worker  
Categorize Non-Payers and Appropriate Strategy to Pay  
Early Intervention and Quick Contempt  
More Proactive Work  
Smaller Caseload Sizes

### Resolving Difficult Cases

Improved/Streamlined Contempt Process  
Broaden Arrears Management/SHLIF Incentives  
Tracking System to Get MTR Back to Court  
Contempt Do More Sooner  
More Arrears Management  
Enforcement (paying/non-paying) Have-at-us-meetings  
Smaller Caseload Sizes

### Accountability For Case Management Strategies

Use Reports to Clean Up Cases  
Prioritize Worklists That Get Money  
Hold Agents Accountable for Their Work or Lack Thereof  
Holding Agents Accountable  
Accountability Enforcement Wide  
Case Clean Ups/Closings Arrears, Interstate  
Boost Morale with Teleworking  
Smaller Caseload Sizes

### Enhanced Locate Resources

Locate/Investigative Resources More Access  
Resources – Clerks, CSA & Investigators  
More Locate Social Media  
Seizing Additional Assets  
Underground Economy – Ways to Tap Into  
Assistance With Locate  
Smaller Caseload Sizes

## POTENTIAL STRATEGIES (continued)

### Appropriate Enforceable Orders

More Rev/Mod Folks  
What to Do With CCPA Cases  
Better First Orders  
Obtain Appropriate Orders  
More Review and Modification for Appropriate Orders  
Smaller Caseload Sizes

### Reduce External System Barriers

Lower Court Fees  
Take Credit Cards for Payment

## SELECT STRATEGIES

- Project Team
  - Ongoing Assignments (FATHER Project, Caseload Management)
  - Finalize Establishment Project
  - Dialing for Dollars
  - Case Cleanup
  - Pilot Caseload Management Changes

## SELECT STRATEGIES

- Increase Collections Committee
  - Contempt
  - April thru May (design)
  - June thru August (recommendations and decisions)

## RECOMMENDATIONS

7211 paying cases 5400 nonpaying cases 27 Agents <b>Keep Paying Caseloads Below 675</b>	
<b>3 Agent Contempt Team</b> Paying (11) – 655 Cases Nonpaying (13) – 415 Cases Paying (11) – 655 Cases Nonpaying (12) – 377 Cases \$0 Caseload (1) – 877 Cases	<b>4 Agent Contempt Team</b> Paying – (11) – 655 Cases Nonpaying (12) – 450 Cases Paying – (11) – 655 Cases Nonpaying (11) – 411 Cases \$0 Caseload (1) – 877 Cases

7211 paying cases 5400 nonpaying cases 27 Agents <b>Lower Number of Nonpaying Caseloads</b>	
<b>3 Agent Contempt Team</b> Paying (10) – 721 Cases Nonpaying (14) – 388 Cases Paying (10) – 721 Cases Nonpaying (13) – 348 Cases \$0 Caseload (2) – 877 Cases	<b>4 Agent Contempt Team</b> Paying – (10) – 721 Cases Nonpaying (13) – 415 Cases Paying – (10) – 721 Cases Nonpaying (12) – 377 Cases \$0 Caseload (1) – 877 Cases

### Contempt Team

SEA III (1)  
 SEA I/Is (3)  
 Clerk Typist (1)  
 Service SEA I/II (0.50)

### Enforcement – 4 PODS

11 Paying  
 13 Nonpaying

### Plus Other Specifications

Language Specific  
 Interstate  
 Medical

## RECOMMENDATIONS

### Alternative Proposal

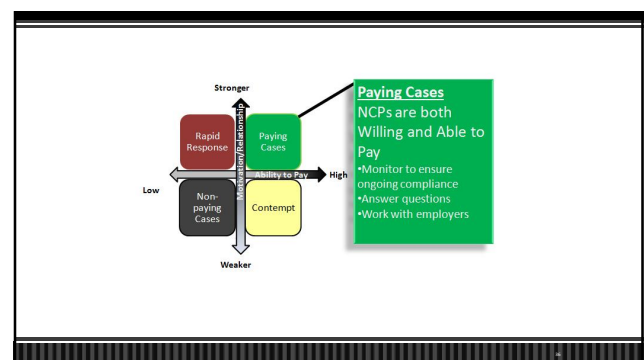
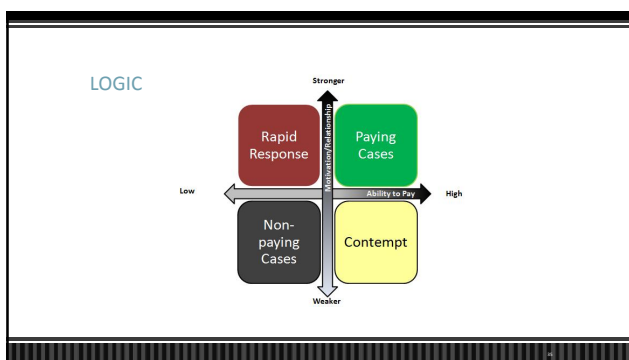
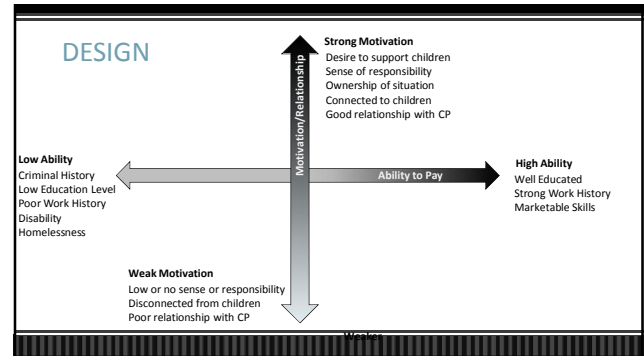
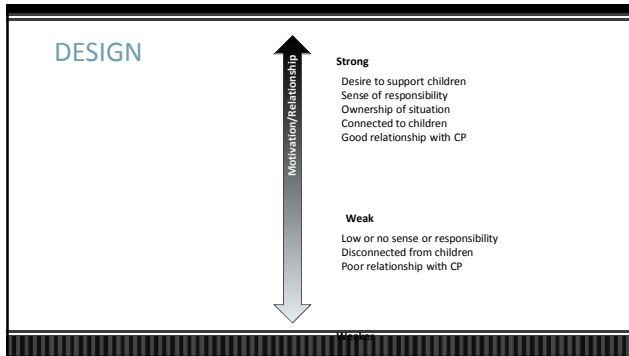
- Paying
- Nonpaying
- Language Specific
- Interstate
- Medical
- Contempt
- Locate
- Terminal
- Zero Dollar + Customer Service Representative
- Rapid Response

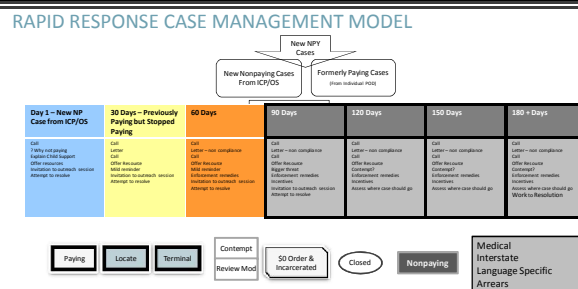
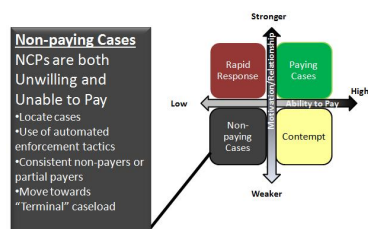
## DESIGN

- Case Stratification
  - Assess and treat cases based on Motivation and Ability to pay
  - Fit skills and personality of agents with the needs of the case
  - Leads to increased collections plus an increase in job satisfaction

## DESIGN







ENFORCEMENT STRUCTURE								
Supervisor 1			Supervisor 2			Supervisor 3		
ENFPD A	ENFPD B	Interstate	ENFPD C	Language Specific	Amnars	ENFPD D	Contempt	Projects
SEA III	SEA III	SEA III	SEA III	SEA III	SEA III	SEA III	SEA III	SEA III
Paying 1	Paying 3	Initiating	Paying 5	LS SEA	Amnars SEA	Paying 9	Contempt SEA	SP SEA
Paying 2	Paying 4	Initiating	Paying 7	LS SEA	Amnars SEA	Paying 10	Contempt SEA	SP SEA
Nonpaying 1	Paying 5	Initiating	Paying 8	LS SEA	Amnars SEA	Paying 11	Contempt SEA	SP SEA
Nonpaying 2	Nonpaying 3	Responding	Nonpaying 5	LS SEA	Amnars SEA	Nonpaying 7	S Investigator Shared with Order Setting	S CT - Shared with Contempt
Rapid Response	Nonpaying 4	Responding	Nonpaying 6	LS SEA	Case Resolution SEA	Nonpaying 8	S CT	Customer Service & SO Order SEA
Medical SEA	Rapid Response		Rapid Response			Rapid Response		
Medical SEA						Customer Service & SO Order SEA		
Medical CSA								
Medical CT								

### CHANGES RELATED TO CONTEMPT

- Case Identification
- Obligor Questionnaire
- Obligors with Multiple Cases
- Obligatee Questionnaire
- Use of Court Time

### CASE IDENTIFICATION

- Recognized contempt will be more successful if we properly identify the cases where an Obligor's ability to pay is high, but his motivation is low.
- Developed a process to better identify cases and figure out why an Obligor is not paying.
- Require going to the best source on why the Obligor is not paying: The Parties
- Require before a case is referred that good faith efforts are made to contact both the Obligor and Obligatee.

(See additional Handouts for OSC & MTR Screening Guides)

### OBLIGOR QUESTIONNAIRE

- Attempt phone contact and complete Obligor Questionnaire. If no phone number, then mail to the Obligor.
- If an Obligor alleges ability to work but an inability to find employment, SEA sends a resource packet and puts a copy of resource packet in the file.
- Resource packet included information on organizations that help felons, individuals without a high school degree, and a spotty work history. The resource packet provided information on how to file a motion to modify, employment agencies, job fairs, as well as a job search log.
- If an Obligor alleges no ability to work, SEA sends Authorization for Release of Medical Information, allowing Ramsey County to send to the individual's health care provider a questionnaire regarding Obligor's health conditions and ability to work.

(See additional Handouts for Medical Release & Consent Forms)

### OBLIGEE QUESTIONNAIRE

- Provides information to help Ramsey County serve the Obligor with the Order to Show Cause
- Obligees sometimes know why the Obligor is not paying. This helps better assess how to proceed, if no contact with the Obligor. Is the Obligor not paying because he has low motivation or because he has low ability?
- Obligees often know what barriers to employment an Obligor has such as incarceration, mental illness, or lack of education. Additionally, Obligees will sometimes have good information on how Obligor is supporting himself /herself.

### OBLIGOR & OBLIGEE QUESTIONNAIRES

- Questions Included on Questionnaires:
  - Contact Information
  - Ability to Work (Disabled, Social Security)
  - Currently Working (Self employed, last date of work, other income sources)
  - Education Level
  - Additional Information (How NCP is meeting daily needs, Reasons for nonpayment)

(See additional Handouts for Obligor & Obligee Questionnaires)

### OBLIGORS WITH MULTIPLE CASES

- If an Obligor has more than 2 cases in Ramsey County and is not paying, have the Obligor come into the office to come up with a plan. Plan could include:
  - Modification of cases
  - Staying interest on public assistance arrears
  - Forgiveness of some public assistance arrears, in exchange for payments
- The Obligor has the choice of complying with the plan or having our office proceed with contempt.

### BETTER USE OF COURT TIME

- The Ramsey County Attorney Office Child Support Section is not located in the courthouse. There is a second courthouse with family court hearings and we had no designated county attorney calendar.
- Worked with the Court to reduce hearings spread over several calendars over several days.
- Initial OSC appearances are now in expedited process (Wednesday mornings).
- We also recognized that we needed to give up some control.



#### BETTER USE OF COURT TIME

- A support enforcement agent attends the order to show cause hearings and helps with negotiations. Thus, attorneys can be putting agreements on the record while a support enforcement agent is talking to the next party about their options.
- The referees (4) have one designated county attorney calendar day. Each referee has one Tuesday a month.

#### IMPLEMENTED STRATEGIES

- Redesigned Caseloads
  - Contempt
  - Rapid Response
  - Locate
  - Terminal
- Management
  - Supervisors
  - Attorneys
  - Court
  - Supports
  - Processes

#### MANAGEMENT OF IMPLEMENTATION

- Activities to Support Changes
  - Enforcement Meeting
  - POD Meetings
  - Rapid Response Meetings
  - Paying and Nonpaying Meetings
  - Contempt Open House
  - Tracking and Sharing Stats

#### PROCESSES

- Engage Employees
  - Volunteers
  - Committees
  - Surveys
  - Communication

## CHALLENGES

- Open Positions
  - Resignations
  - Leaves of Absence
  - Transfers/Bids
  - Promotions
- Agents in Training
  - Coaching
  - Lower Caseload Sizes
  - Moving Cases

## CHALLENGES (continued)

- Rate of Change
  - Project 2010
  - Office Move
  - Staffing Changes
  - Policies and Processes

## RESULTS

- Establishment
- Enforcement

## RESULTS

	Performance Measures	2008	2009	2010	2011	2012	2013 Estimate
1	# of paternity court orders obtained	694	708	877	827	<b>812</b>	800
2	# of support orders established	1,138	1,140	1,877	1,965	<b>1,864</b>	1,900
3	# of orders modified	406	471	628	671	<b>729</b>	600
4	Average disbursement per case with court order/mo.	\$205	\$214	\$211	\$201	<b>\$190</b>	\$200
5	Current collection %	61%	61%	61%	61%	<b>62%</b>	63%
6	Total child support collected	\$59.6m	\$59.1m	\$ 55.6m	\$53.7m	<b>\$52.9m</b>	\$53m

## RESULTS

Contempt Referrals	
2004	40
2005	294
2006	321
2007	352
2008	352
2009	151
2010	60
2011	69
2012	74
2013	392

Contempt Service	
OSC	138
MTR	38
<b>Total</b>	<b>176</b>

## RESULTS

CONTEMPT REFERRALS											
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Total
Total	19	12	25	39	61	34	38	44	63	57	392
Approved	17	12	19	39	52	32	34	34	48	44	331
Percent Approved	89%	100%	76%	100%	85%	94%	89%	77%	76%	77%	84%

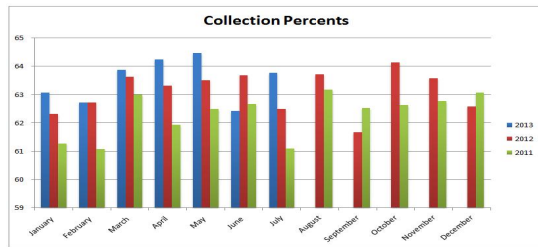
## RESULTS

Percent of Cases Paying by Month & Year											
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
2013	57.83	59.12	59.11	59.13	58.90	58.45					
2012	58.00	58.39	58.88	59.03	58.93	58.48	57.61	58.51	57.72	58.66	58.17
2011	57.48	58.28	59.55	58.44	58.35	58.03	56.80	58.51	57.95	58.35	58.46
2010	58.80	59.51	59.84	59.29	58.46	59.08	57.32	57.99	57.60	57.69	57.80
2009	56.91	57.67	58.40	58.61	58.25	58.27	58.60	57.97	58.17	58.44	58.68

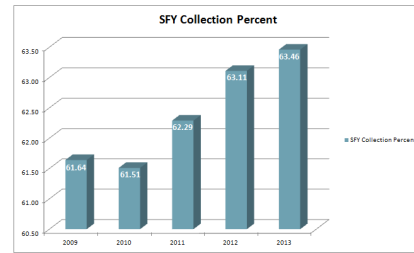
## RESULTS

Collection Percents by Month & Year											
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
2013	63.06	62.72	63.87	64.24	64.46	62.42	63.76				
2012	32.32	62.72	63.63	63.32	63.51	63.68	62.48	63.72	61.67	64.13	63.58
2011	31.26	61.07	62.99	61.93	62.49	62.67	61.08	63.18	62.52	62.62	62.76
2010	60.30	61.94	63.67	61.93	60.48	62.55	61.07	61.54	60.88	60.75	61.25
2009	60.46	58.32	63.29	62.30	61.44	61.60	63.40	60.62	61.87	61.63	60.99

## RESULTS



## RESULTS



## RESULTS

**\$479,858**

## LIMITATIONS OF OUTCOMES

- Multiple Changes
  - Order Modification
  - Incarcerated Review Modifications
  - "Right Sized" Orders
  - Telework
  - Economy

#### LIMITATIONS OF OUTCOMES (continued)

- Availability of Data
  - Prior Year Data
  - Reports Unavailable
  - No Previous Tracking
- Case Assignment
  - Movement of Cases
  - Multiple Worker IDs

#### EVALUATION

- Reports
- Ongoing Changes

#### BARRIERS

- External
- Internal

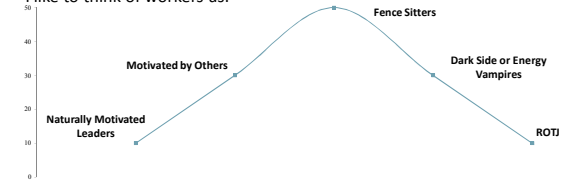
#### TAKEAWAYS

- What Worked
- What Did Not Work

### WHAT WE HAVE LEARNED

- Identify who you are working with and engage and motivate them (or disengage them)

- I like to think of workers as:



### LESSONS LEARNED

- Communication is key
  - Message given from the top
  - Consistent messages repeated down the line
  - Meetings
  - Email
  - One-on-one meetings (quarterly meetings)
  - Follow up in subsequent meetings
  - Remember staff receive and process information in different ways

### LESSONS LEARNED

- Quarterly meetings help
  - 3 other meetings other than the annual performance appraisal scheduled with supervisor
  - Staff driven - what do they want to talk about
  - Performance standards information provided
  - The good, the bad, and the ugly; and where do we go from here
  - Review of goals at each meeting

### LESSONS LEARNED

- Real, objective, and updated data is vital
  - Let automated reports work for you
    - Data Warehouse
    - Info Pac
  - Ad hoc reports
  - Manual statistics
  - Workers are eager and hungry for the data (but some are intimidated by it)

#### LESSONS LEARNED

- Leadership Attitude is Everything
  - Stay positive
  - Believe
  - Bring others along
  - Everyone on the same page

#### LESSONS LEARNED

- Honor the level of anxiety that change causes
  - Have some fun
  - Reassure those who are doing well that they will continue to do well in the new system
  - Help those who are doing less than well

#### HELPFUL RESOURCES FOR SUCCESS

- Staff
  - Recognition that not everyone is the same
  - Flexibility
    - Telework
    - Flex schedules
    - Overtime projects (when there is money)
  - Mentoring program
  - Developing new leaders program

#### HELPFUL RESOURCES FOR SUCCESS

- Equipment
  - Programmable keyboards
  - Dual computer screens
  - Laptops
- Communication
  - Regular all staff and unit meetings
  - Online training/policy resources
  - Letting the automated system and reports work
- System to recognize and celebrate success

#### FUTURE PLANS

- Changes to Caseloads
- Contempt

#### QUESTIONS?



# OFFICE OF THE RAMSEY COUNTY ATTORNEY

John J. Choi, County Attorney

121 Seventh Place East, Suite 4500 • St. Paul, Minnesota 55101-5001

Telephone (651) 266-3344 • Fax (651) 266-3365

**Human Services Division**



## AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION TO THE RAMSEY COUNTY ATTORNEY'S OFFICE

TO: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(Names and addresses of doctors, clinics or hospitals)

PATIENT'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

PATIENT'S ADDRESS \_\_\_\_\_

I authorize you to furnish to the Ramsey County Attorney's Office medical records as described below:

- Certification of Health Care Provider Regarding Serious Health Condition(s) Affecting Ability to Work

I further authorize my treating health care provider(s) to discuss the above records with the Ramsey County Attorney's office.

This release is for the purpose of assisting in child support enforcement, and is valid for twelve (12) months. It is subject to written revocation at any time. A copy of the form may be used in place of the original.

DATED: \_\_\_\_\_

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Signature of Parent or Representative of Patient (if Patient under 18 years)



## Certification of Health Care Provider Regarding Serious Health Condition Affecting Ability to Work

### SECTION I: For Completion by RAMSEY COUNTY

Ramsey County Contact: \_\_\_\_\_  
Name of Support Enforcement Agent Phone

Name of Individual that Information Requested for: \_\_\_\_\_  
First Middle Last

Individual's Date of Birth: \_\_\_\_\_

### SECTION II: For Completion by the HEALTH CARE PROVIDER

#### PLEASE PRINT OR TYPE:

Provider's name and business address:

---

---

---

Type of practice / Medical specialty: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

#### INSTRUCTIONS to the HEALTH CARE PROVIDER:

Your patient has indicated that he or she is unable to work or can only work part-time due to a medical condition.. Answer, fully and completely, all applicable parts. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine whether the patient is capable of employment. Please be sure to sign the form on the last page.

Note: The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic Information" as defined by GINA includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

#### PART A: MEDICAL FACTS

1. Diagnosis / Condition: \_\_\_\_\_

The diagnosis or condition is based on the factors indicated below (check all that apply):

☐ Information provided by the patient

☐ Examination of the patient and assessment of the findings and health information

2. Approximate date condition commenced: \_\_\_\_\_

Probable duration of condition: \_\_\_\_\_

**Mark below as applicable:**

Date(s) you treated the patient for diagnosis / condition: \_\_\_\_\_

Was the patient referred to other health care provider(s) for evaluation or treatment (e.g., physical therapist)? ☐ No ☐ Yes. If yes, state the nature of such treatments and expected duration of treatment:

\_\_\_\_\_

3. Is the patient unable to perform any job functions due to his or her condition / diagnosis?

☐ No ☐ Yes

If yes, identify the job functions the patient is unable to perform:

\_\_\_\_\_  
\_\_\_\_\_

4. Describe other relevant medical facts related to the condition that prevents the patient from working or working full-time (such medical facts may include symptoms, diagnosis, or any regimen of continuing treatment such as the use of specialized equipment):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PART B: AMOUNT OF TIME PATIENT NEEDS BEFORE EMPLOYABLE**

5. Will the patient be incapacitated for a single continuous period of time due to his/her medical condition, including any time for treatment and recovery? ☐ No ☐ Yes.

If yes, estimate the beginning and ending dates for the period of incapacity: \_\_\_\_\_

6. Will the patient need to attend follow-up treatment appointments or work part-time or on a reduced schedule because of the patient's medical condition? ☐ No ☐ Yes.

If yes, are the treatments or the reduced number of hours of work medically necessary? ☐ No ☐ Yes.

Estimate treatment schedule, if any, including the dates of any scheduled appointments and the time required for each appointment, including any recovery period:

---

---

---

---

Estimate the part-time or reduced work schedule the patient needs, if any:

\_\_\_\_ hour(s) per day; \_\_\_\_ days per week from \_\_\_\_\_ through \_\_\_\_\_

7. Will the condition cause episodic flare-ups periodically preventing the patient from performing his/her job functions? \_\_\_\_ No \_\_\_\_ Yes

Is it medically necessary for the patient to be absent from work during the flare-ups? \_\_\_\_ No \_\_\_\_ Yes

If yes, explain:

---

---

---

Based upon the patient's medical history and your knowledge of the medical condition, estimate the frequency of flare-ups and the duration of related incapacity that the patient may have over the next 6 months (e.g., 1 episode every 3 months lasting 1-2 days):

Frequency: \_\_\_\_ times per \_\_\_\_ week(s) month(s) \_\_\_\_

Duration: \_\_\_\_ hours or \_\_\_\_ day(s) per episode

How would you expect the patient's diagnosis / condition to change over time?

\_\_\_\_ Disability is not likely to change over time and is permanent

\_\_\_\_ Disability is temporary: From: \_\_\_\_\_ To: \_\_\_\_\_

8. Is the patient's use of alcohol and/or other controlled substances affecting the patient's condition and /or ability to work? \_\_\_\_ No \_\_\_\_ Yes \_\_\_\_ Unknown

If yes, explain:

---

---

---

If you require additional space for any comments/information, continue with narrative as necessary:

---

---

---

---

---

---

---

---

---

---

---

**Signature of Health Care Provider**

---

**Date**

---

**Printed Name of Health Care Provider**

# OFFICE OF THE RAMSEY COUNTY ATTORNEY

John J. Choi, County Attorney

---

121 Seventh Place East, Suite 4500 • St. Paul, Minnesota 55101-5001  
Telephone (651) 266-3344 • Fax (651) 266-3300

**Human Services Division – Child Support Enforcement Section**



September 9, 2013

name of recipient  
street address  
city, state and zip

Re: Medical Consent Form  
IV-D No. 0000000000-00

Dear name:

As we discussed in our conversation on DATE, attached is the Authorization for Release of Medical Information, which gives consent to your healthcare provider to complete a Certification of Health Care Provider and send to our office. The information we receive will be utilized to better assess your child support case. Please know that we will keep your medical information confidential as required by law.

NOTICE: Signing the consent form or our receipt of the medical information does not automatically stop or change your child support obligation. The most recent Order stays in effect until modified by the Court.

If you agree to this consent form, please review it, sign it and return to me within 14 days of the date of this letter.

If you have any further questions regarding this consent form, please call me at the number listed below.

Sincerely,

name  
Support Enforcement Agent  
651-266-

## **Motion to Revoke: Preliminary Screening Guide**

NCP Name/DOB: \_\_\_\_\_ CP Name/DOB: \_\_\_\_\_  
IV-D Case#: \_\_\_\_\_ SEA: \_\_\_\_\_

*A Motion to Revoke Stay of Execution may be necessary if an NCP has been found in Contempt and is not meeting the purge conditions as set forth in the Order In Contempt. Before referring a case, review the following criteria. See your Supervisor or Attorney if you have questions*

	<b>Criteria</b>	<b>Y/N</b>	<b>Comments</b>
<b>1</b>	Is the NCP 3 months delinquent in the purge conditions?		
<b>2</b>	Does NCP have a valid or excusable reason for non-payment?		
<b>3</b>	Check MAXIS. Is NCP receiving assistance? MFIP, GA, MA, MNC, FS or SSI? What do the notes say? Is NCP reporting a physical or mental disability? What does NCP report as income? <i>List or attach open programs for the last 12 months.</i>		
<b>4</b>	Is NCP receiving RSDI ?		
<b>5</b>	Is NCP incarcerated? When? Where? Has NCP been incarcerated in the past? Dates?		
<b>6</b>	Is NCP currently in bankruptcy proceedings? Chapter 7, Chapter 11? Begin Date		
<b>7</b>	Is NCP's driver's license suspended? <i>List Date it suspended</i>		

### ***Review the Contempt Order***

What is the effective date of the purge conditions? Date: \_\_\_\_\_  
List Purge Conditions in the Contempt Order:

Total delinquency amount based on purge conditions: \$ \_\_\_\_\_  
**Attach a copy of PALC or provide payment history since the effective date of purge conditions**

Is there a previous Motion to Revoke on the case?	Yes	No
Result of previous MTR:		

Does NCP have other OPEN cases in other Counties? Yes    No		Have they done Contempt? Yes    No	
Case Number	County	Monthly Obligation/CaseType	Contempt Info/Date

***It is important to contact NCP before continuing with a Motion to Revoke to discuss why there has not been payment.***

History of contact with NCP since Contempt Order		
Date	In Person/ By phone	Result of Contact

Date Motion to Revoke Warning Letter was sent to NCP: \_\_\_\_\_

Why is this a good case for a Motion to Revoke? What is your general impression of the case?

Summarize enforcement actions taken since Contempt Order

Summarize any resources or assistance offered to NCP since Contempt Order  
*(be sure to check Hearing Narrative in CAAD notes. Resources are often given to NCP's before court hearings)*

Did NCP agree to future service by mail? Yes    No



Does the Order say we can proceed by Affidavit of Default?      Yes      No

*If "YES", the attorney will assess whether an Affidavit of Default or a Motion to Revoke is appropriate. If an Affidavit of Default is appropriate, all documents submitted to court still need to be reviewed by an attorney before submitting.*

Law Manager Number: \_\_\_\_\_

SEA Sign: \_\_\_\_\_

Date to Supervisor: \_\_\_\_\_

Supervisor Sign: \_\_\_\_\_

Date to Attorney: \_\_\_\_\_

Attorney Sign: \_\_\_\_\_

Date to Contempt Team: \_\_\_\_\_

Case has been:      ACCEPTED      DECLINED      *(If declined, add additional information below)*

Should we proceed by Affidavit of Default?      YES      NO

Date Declined case back to SEA: \_\_\_\_\_

# OFFICE OF THE RAMSEY COUNTY ATTORNEY

John J. Choi, County Attorney



121 Seventh Place East, Suite 4500 • St. Paul, Minnesota 55101-5001

Telephone (651) 266-3344 • Fax (651) 266-3300

## Human Services Division – Child Support Enforcement Section

9/9/2013

CP Name

Address

City, State, Zip

Re: Contempt of Court for Non-Payment of Child Support

Case #Case Number

Obligor: NCP Name

Dear CP Name:

Pursuant to Minnesota Statute §518A.71, an Obligor can be found in contempt of court for not paying his or her court ordered child support obligation. Our office is currently reviewing your case to determine if a contempt action is appropriate. This contempt action could result in the Obligor being sentenced to the Ramsey County Workhouse.

I have enclosed a *Contempt Questionnaire for Custodial Parent and Custodial Parent's Affidavit in Support for Motion for Contempt*. Please complete this questionnaire giving as much information as possible, which will assist in serving the Obligor with the Contempt documents. This Affidavit states that you have received no *direct* payments from the Obligor during the period of Obligation start date through the date you sign the Affidavit. If the Affidavit is correct, **please sign it in the presence of a notary public and return in to our office** Please return all documents to our office by Due Date.

***You must return the Questionnaire and Custodial Parent's Affidavit By Due Date. Failure to do so may result in the closing of your non-public assistance child support case.***

If our office determines that contempt is not appropriate, we will notify you.

Because there are several steps involved with the contempt process, our office cannot provide you with a timeframe in which the review or the contempt action will be completed.

After the Obligor has been successfully served, you will receive copies of the contempt documents. Notice of date, time, and location of the first hearing will be in the *Order to Show Cause and Notice of Motion*.

If you *do not* want our office to pursue contempt against the Obligor and would like your child support case closed, please complete and return the enclosed form entitled ***Request to Close Support Case***.

Sincerely,

Agent Name

Support Enforcement Agent

(651) 266-

STATE OF MINNESOTA  
COUNTY OF RAMSEY

DISTRICT COURT  
SECOND JUDICIAL DISTRICT  
FAMILY COURT DIVISION  
CASE TYPE: 14

Court File No. File number  
IV-D Case No. IV-D Case number

---

,  
Plaintiff(s),

vs. / and

,  
Defendant.

---

**CUSTODIAL PARENT'S AFFIDAVIT IN  
SUPPORT OF MOTION FOR CONTEMPT**

STATE OF MINNESOTA    )  
  ) §  
COUNTY OF RAMSEY    )

I, CP Name, being first duly sworn, state that:

1. I am the Obligee in this action and the custodial parent of Child Name, born Child's DOB, Child 2, born Child 2 DOB, and Child 3, born Child 3 DOB. I currently have an open child support case with Ramsey County.
2. For the period of Obligation start date through the date of this affidavit, the NCP Role has paid current child support directly to me in the total amount of \$0.00, other than payments that have already been reported to the Ramsey County Office of Child Support.
3. I have been adversely affected by the lack of financial support on the part of the NCP Role.

Further I say not.

Date: \_\_\_\_\_

CP Name

Subscribed and sworn to before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 2013.

---

Notary Public

**Office of Ramsey County Attorney  
Child Support Enforcement Section**

**QUESTIONNAIRE FOR CUSTODIAL PARENTS**

<b>Your Name:</b>	<b>Name of Obligor (Payor) NCP Name</b>	<b>IV-D CASE #: Case Number</b>	<b>Date:</b>
-------------------	---	-------------------------------------	--------------

*Please answer the following questions as completely as possible. The information will be used to help decide how to proceed to collect child support on your case.*

1	Your address:			
2	Home Telephone #	Work Telephone #	Cell Phone #	Other Telephone #

**INFORMATION ABOUT THE OBLIGOR (Payor)**

3	Obligor's Current Address:			
4	Home Telephone #	Work Telephone #	Cell Phone #	Other Telephone #
5	With Whom does he/she live?:			
6	Where does the Obligor spend his/her time during the day and evening:			
7	Description:	Eye Color:	Hair Color:	Race:
8	Nickname(s):			
9	Name, Address and Telephone Number of most recent employer:			
10	Is he/she currently incarcerated or on probation? If yes, where?			
11	Other sources of Income:			
12	E-Mail Address:		Web Site Info:	
13	MySpace Account:		FaceBook Account:	
14	If you needed to, how would you get in contact with him/her?			Phone Number:

15	Describe any Disabilities or History of Mental Illness the Obligor may have:
16	Name, Address and Telephone Number of the Obligor's Spouse or Significant Other:

17	Vehicles (Year, color, Make and Model):	License # (if known):
18	What is the Obligor's educational level (furthest grade completed)?	
19	Is the Obligor currently attending school?                      YES                      NO If yes, what school?  What Program or Degree and anticipated completion date:	
20	Do you have any Safety Concerns regarding the Obligor?                      YES                      NO If yes, please explain:	
21	Where is the best place and time to serve the Obligor?	
22	Do you know of any reason that the Obligor is not paying child support?	
23	Do you have any other information you think may be helpful to our office or that would assist us in personally serving the Obligor? (such as names, addresses and telephone numbers of friends and family who may know his/her whereabouts or any other information that may assist us in serving him/her (use back page if necessary):	

**Your Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Request to Close Support Case

(Return this form only if you would like your child support case closed.)

## Purpose:

This form can be used to close your support case. Once your case is closed, the child support office will not collect support or maintenance for the case(s) listed below. If income withholding is currently being used to collect support, maintenance, or both, it will stop, except to collect any support owed to the state.

## Instructions:

To close your support case, complete and sign this form. Mail the completed form to your county child support agency.

A support case may be closed only if *both* of the following are true:

- The person requesting case closure is the applicant for services on the case.
- No child on the case is currently receiving public assistance benefits from any of the following programs:
  - ♦ Minnesota Family Investment Program (MFIP)
  - ♦ MinnesotaCare
  - ♦ Diversionary Work Program (DWP)
  - ♦ Medical Assistance (MA)
  - ♦ IV-E Foster Care
  - ♦ Child Care Assistance

## Definitions:

**Obligee** is a person to whom payments for maintenance or support are owed.

**Obligor** is a person obligated to pay maintenance or support. A person who has primary physical custody of a child is presumed not to be an obligor for the purposes of child support. For purposes of ordering medical support, a parent who has primary physical custody of a child may be an obligor subject to a payment agreement.

## Request: (Check the box that applies)

☐ **I am the obligee and the person who applied for support services.** I want to close the support case(s) listed below. I understand that I must make arrangements with the obligor to collect basic support, medical support, child care support and maintenance payments, or I can apply to the county child support agency for income withholding-only services.

CASE NUMBER	OBLIGOR'S NAME	COUNTY PROVIDING SERVICES

☐ **I am the obligor and the person who applied for support services.** I want to close the support case(s) listed below. I understand that I must make arrangements with the obligee to pay basic support, medical support, child care support and maintenance payments, or I can apply to the county child support agency for income withholding-only services.

CASE NUMBER	OBLIGOR'S NAME	COUNTY PROVIDING SERVICES

(Optional) I am requesting my support case be closed because:

☐ I do not want to pay a one percent (1%) fee.

☐ Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I understand that I can reapply for support services at any time.**

SIGNATURE	EFFECTIVE DATE
-----------	----------------

PRINT NAME	PHONE
------------	-------

ADDRESS	CITY	STATE	ZIP CODE
---------	------	-------	----------

This information is available in other forms to people with disabilities by contacting us at (651) 296-2542 (voice) or toll free at (800) 657-3954. t /t users can call the Minnesota Relay at 711 or (800) 627-3529. For Speech-to-Speech relay, call (877) 627-3848.

# Order to Show Cause: Preliminary Contempt Screening Guide

NCP Name/DOB: \_\_\_\_\_ CP Name/DOB: \_\_\_\_\_  
 IV-D Case#: \_\_\_\_\_ SEA : \_\_\_\_\_

*There are circumstances when a contempt action is **NOT** appropriate. This guide will help you identify cases that are appropriate. If any of the following criteria exist, discuss case with your supervisor.*

	Criteria	Y/N	Comments/Info
1	Is NCP currently in any bankruptcy proceedings? Chapter 7, Chapter 11? Begin date?		
2	Is NCP incarcerated? Where? For how long?		
3	Is NCP in compliance with a payment agreement?		
4	Is NCP receiving cash public assistance? MFIP, GA, or SSI? Begin Date?		
5	Is NCP mentally or physically ill and incapable of earning an income?		
6	Is the case currently being reviewed by our office for a potential modification?		



***If you answered “Yes” for any criteria 1 – 6, case needs another plan***

*At this time you cannot proceed with contempt. See your supervisor to develop a case plan for this case*

.....

*Other things to consider when referring a case for Contempt. See a Contempt Agent or your Supervisor with Questions*

	Criteria	Y/N	Comments/Info
7	Driver's License suspended for non-payment of child support? Date Suspended? <i>List history of payment agreements</i>		
8	Recreational License suspended for non-payment of child support? Date Suspended? If no action, state why		
9	Physical location where NCP can be served? Is this address verified? <i>Identify the address in comments</i>		
10	Is income withholding in place? Date of last payment? What % of obligation was last payment? Has NCP ever made a payment? <i>Attach copy of F9 print of PALC(not a screen print), or provide a payment history</i>		
11	Review for PA arrears management. Has arrears management already been done? What are the results? <i>If you need assistance or have questions, see your supervisor</i>		
12	Does NCP have a probation officer? If yes, show results of your contact with the officer What are the terms of probation? Can it be revoked?		
13	Check MAXIS. Is NCP receiving assistance? MFIP, GA, MNC, FS or SSI? What do the Notes say? Is NCP reporting a physical or mental disability? What does NCP report as income? <i>List or attach open programs for the last 12 months</i>		



*Additional Information that will help determine if Contempt is appropriate*

- Attach CP's Questionnaire & Affidavit (you should always send them, but they do not need to be returned if case is PA)
- A copy of a signed Dunning/90 day letter should be in the file
- Attach a copy of the NCP questionnaire
- If no NCP questionnaire, last date of personal contact with NCP? \_\_\_\_\_

Children Names	DOB	Children Names	DOB

History of contact with NCP		
Date	In Person/ By phone	Result of Contact

Has NCP ever asked our office to review and modify the order?				Yes	No				
Date	Result								
Has NCP ever filed a motion modify the order?				Yes	No	Is there an upcoming hearing date?		Yes	No
Date	Result								

- Has NCP ever filed bankruptcy?      Yes      No                      Date:                      Discharge Date:
- What is the total amount NCP has paid towards this case?    \$ \_\_\_\_\_
- The total amount of arrears?    \$ \_\_\_\_\_
- What is the total support amount due each month?    \$ \_\_\_\_\_

List FIDM hits from last 12 months			
Type of Account	Balance	Primary/Sec/Sole	Result

Does NCP have other OPEN cases in Ramsey or other Counties? Yes      No			
Have other counties done Contempt? Yes      No			
Case Number	County	Monthly Obligation/CaseType	Contempt Info/Date

Why is this a good case for Contempt? What is the NCPs story? What is happening in this case? From what we know, why is the NCP not paying?

Summarize enforcement actions taken:

Summarize any resources or assistance offered to NCP:

*(be sure to check Hearing Narrative in CAAD notes. Resources are often given to NCP's before court hearings)*

Law Manager Number: \_\_\_\_\_

SEA Sign: \_\_\_\_\_

Date to Supervisor: \_\_\_\_\_

Supervisor Sign: \_\_\_\_\_

Date to Attorney: \_\_\_\_\_

Attorney Sign: \_\_\_\_\_

Date to Contempt Team: \_\_\_\_\_

Case has been:      ACCEPTED      DECLINED      *(If declined, add additional information below)*

Date Declined case back to SEA: \_\_\_\_\_

# OFFICE OF THE RAMSEY COUNTY ATTORNEY

John J. Choi, County Attorney



121 Seventh Place East, Suite 4500 • St. Paul, Minnesota 55101-5001  
Telephone (651) 266-3344 • Fax (651) 266-3300

## Human Services Division – Child Support Enforcement Section

9/9/2013

Custodial Parent's name  
address  
city, state and zip

Re: Contempt of Court for Non-Payment of Child Support  
Case #0000000000-00  
Obligor:

Dear CP's name:

Pursuant to Minnesota Statute §518A.71, an Obligor can be found in contempt of court for not paying his or her court ordered child support obligation. Our office is currently reviewing your case to determine if a contempt action is appropriate. This contempt action could result in the Obligor being sentenced to the Ramsey County Workhouse.

I have enclosed a *Contempt Questionnaire for Custodial Parent and Custodial Parent's Affidavit in Support for Motion for Contempt*. Please complete this questionnaire giving as much information as possible, which will assist in serving the Obligor with the Contempt documents. This Affidavit states that you have received no *direct* payments from the Obligor during the period of start date of obligation through the date you sign the Affidavit. If the Affidavit is correct, **please sign it in the presence of a notary public and return in to our office** Please return all documents to our office by **Date to be returned**.

If our office determines that contempt is not appropriate, we will notify you.

Because there are several steps involved with the contempt process, our office cannot provide you with a timeframe in which the review or the contempt action will be completed.

After the Obligor has been successfully served, you will receive copies of the contempt documents. Notice of date, time, and location of the first hearing will be in the *Order to Show Cause and Notice of Motion*.

Sincerely,

Agent name  
Support Enforcement Agent  
(651) 266- ext

STATE OF MINNESOTA  
COUNTY OF RAMSEY

DISTRICT COURT  
SECOND JUDICIAL DISTRICT  
FAMILY COURT DIVISION  
CASE TYPE: 04

Court File No.  
IV-D Case No. 0000000000-00

\_\_\_\_\_  
Party,

Role,

and/vs

Party,

Role.

**CUSTODIAL PARENT'S AFFIDAVIT IN  
SUPPORT OF MOTION FOR CONTEMPT**

\_\_\_\_\_  
STATE OF MINNESOTA     )  
  ) §  
COUNTY OF RAMSEY     )

I, CP's Name, being first duly sworn, state that:

1. I am the Obligee in this action and the custodial parent of Child 1, born Date of Birth, Child 2, born Date of Birth, and Child 3, born Date of Birth. I currently have an open child support case with Ramsey County.
2. For the period of month, day, year through the date of this affidavit, the NCP Role has paid current child support directly to me in the total amount of \$0.00, other than payments that have already been reported to the Ramsey County Office of Child Support (if applicable).
3. I have been adversely affected by the lack of financial support on the part of the NCP Role.

Further I say not.

Date: \_\_\_\_\_

\_\_\_\_\_  
CP's Name

Subscribed and sworn to before me

this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

**Office of Ramsey County Attorney  
Child Support Enforcement Section**

**QUESTIONNAIRE FOR CUSTODIAL PARENTS**

<b>Your Name:</b>	<b>Name of Obligor (Payor)</b> NCP Name	<b>IV-D CASE #:</b> Case Number	<b>Date:</b>
-------------------	--	------------------------------------	--------------

*Please answer the following questions as completely as possible. The information will be used to help decide how to proceed to collect child support on your case.*

1	Your address:			
2	Home Telephone #	Work Telephone #	Cell Phone #	Other Telephone #

**INFORMATION ABOUT THE OBLIGOR (Payor)**

3	Obligor's Current Address:			
4	Home Telephone #	Work Telephone #	Cell Phone #	Other Telephone #
5	With Whom does he/she live?:			
6	Where does the Obligor spend his/her time during the day and evening:			
7	Description:	Eye Color:	Hair Color:	Race:
8	Nickname(s):			
9	Name, Address and Telephone Number of most recent employer:			
10	Is he/she currently incarcerated or on probation? If yes, where?			
11	Other sources of Income:			
12	E-Mail Address:		Web Site Info:	
13	MySpace Account:		FaceBook Account:	
14	If you needed to, how would you get in contact with him/her?			Phone Number:

15	Describe any Disabilities or History of Mental Illness the Obligor may have:
16	Name, Address and Telephone Number of the Obligor's Spouse or Significant Other:

17	Vehicles (Year, color, Make and Model):	License # (if known):
18	What is the Obligor's educational level (furthest grade completed)?	
19	Is the Obligor currently attending school?                      YES                      NO If yes, what school?  What Program or Degree and anticipated completion date:	
20	Do you have any Safety Concerns regarding the Obligor?                      YES                      NO If yes, please explain:	
21	Where is the best place and time to serve the Obligor?	
22	Do you know of any reason that the Obligor is not paying child support?	
23	Do you have any other information you think may be helpful to our office or that would assist us in personally serving the Obligor? (such as names, addresses and telephone numbers of friends and family who may know his/her whereabouts or any other information that may assist us in serving him/her (use back page if necessary):	

**Your Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_