

## DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814  
(916) 657-3546



May 14, 1993

ALL COUNTY INFORMATION NOTICE  
I-19-93

REASON FOR THIS TRANSMITTAL

- State Law Change  
 Federal Law Change  
 Court Order or Settlement Agreement  
 Clarification Requested by One or More Counties  
 Initiated by CDSS

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: REVISED FORMS: DFA 377.7B "FOOD STAMP REPAYMENT NOTICE FOR INADVERTENT HOUSEHOLD ERRORS ONLY," DFA 377.7B1 "FOOD STAMP REPAYMENT NOTICE FOR INADVERTENT HOUSEHOLD ERRORS ONLY, FINAL NOTICE," DFA 377.7C "FOOD STAMP REPAYMENT AGREEMENT FOR INADVERTENT HOUSEHOLD ERRORS ONLY," and NEW FORMS: DFA 377.7D "FOOD STAMP REPAYMENT NOTICE FOR ADMINISTRATIVE ERRORS ONLY," DFA 377.7E "FOOD STAMP REPAYMENT AGREEMENT FOR ADMINISTRATIVE ERRORS ONLY"

REFERENCE: ALL COUNTY INFORMATION NOTICE I-55-92

This letter transmits copies of five Notice of Action (NOA) forms which have been revised or newly developed to ensure only NOAs specific to Inadvertent Household Errors (IHEs) or Administrative Errors (AEs) are used to notify Food Stamp participants about these overissuance actions.

Revisions to the DFA 377.7B, DFA 377.7B1 and DFA 377.7C restructure these forms to specifically address inadvertent household error conditions. The creation of two new forms, the DFA 377.7D and DFA 377.7E for administrative errors, will facilitate the proper noticing of recipients that the recoupment of agency-caused overissuances through allotment reduction is to be voluntary.

INADVERTENT HOUSEHOLD ERRORS

The revised DFA 377.7B, "Food Stamp Repayment Notice for Inadvertent Household Errors Only," should be used to notify the recipient of an IHE overissuance and of the need to complete and return a repayment agreement. The revised DFA 377.7C, "Food Stamp Repayment Agreement for Inadvertent Household Errors Only" should be transmitted with the DFA 377.7B. In the event that the recipient fails to fulfill the terms of the agreement, a DFA 377.7 B1, "Food Stamp Repayment Notice for Inadvertent Household

Errors Only-Final Notice," and the DFA 377.7C, "Food Stamp Repayment Agreement for Inadvertent Household Errors Only" should be sent to notify the client of the need to complete a new repayment agreement in order to avoid allotment reduction, wage garnishment, interception of income tax refunds, etc.

#### ADMINISTRATIVE ERRORS

The DFA 377.7D, "Food Stamp Repayment Notice for Administrative Errors Only," should be used to notify the recipient of an overissuance resulting from an error on the part of the County Welfare Department (CWD) and of the option to complete the DFA 377.7E, "Food Stamp Repayment Agreement for Administrative Errors Only."

#### STOCK

The California Department of Social Services (CDSS) warehouse will no longer stock the earlier versions of the DFA 377.7B, B1, and C. Counties should begin using the 377.7B, B1, C, D, and E forms which carry a revision date of 4/93, by July 1, 1993, or as soon as stock is available from the warehouse. CWDs may order stock from the CDSS warehouse according to the normal procedures contained in the County Forms Catalog.

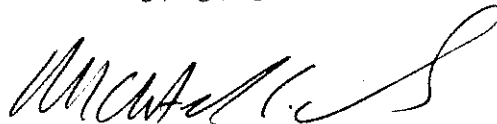
#### NOTE:

The DFA 377.7B, B1, C, D, and E are required forms. CWDs that print their own stock may obtain a camera-ready copy of these forms by contacting the CDSS Forms Management Unit at (916) 657-1907 or CALNET 437-1907.

#### TRANSLATIONS

Camera-ready copies of the attached forms in Spanish, Laotian, Cambodian, Vietnamese, and Chinese will be transmitted by the Language Services Bureau under separate cover. If you have any questions regarding these translations, please contact Shirley Lukung of the Language Services Bureau at (916) 654-1277 or CALNET 464-1277.

If you have any questions regarding the DFA 377.7B, B1, C, D, or E, please contact Suzanne McNamee of the Food Stamp Program Bureau at (916) 657-3815 or CALNET 437-3815.



MICHAEL C. GENEST  
Deputy Director  
Welfare Programs Division

Attachments

cc: CWDA

# FOOD STAMP REPAYMENT NOTICE FOR INADVERTENT HOUSEHOLD ERRORS ONLY

Notice Date \_\_\_\_\_  
 Case Name \_\_\_\_\_  
 Number \_\_\_\_\_  
 Worker Name \_\_\_\_\_  
 Number \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(ADDRESSEE)

[ \_\_\_\_\_ ]  
 [ \_\_\_\_\_ ]

Questions? Ask your Worker.

**State Hearing:** If you think this action is wrong, you can ask for a hearing unless you already had a hearing on the amount you owe. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

You or a member of your household made a mistake.

Too many Food Stamps were issued to:

- You.
- \_\_\_\_\_, whom you sponsor.

Here's why:

You must repay the extra Food Stamps.

\$ \_\_\_\_\_ in extra Food Stamps were issued for the period \_\_\_\_\_ . This amount was reduced by \$ \_\_\_\_\_ because we owed the household benefits from past months or we received repayment of part of the amount owed. You now owe \$ \_\_\_\_\_ .

- You do not have to use any Social Security or SSI benefits you get to repay this overissuance.

**YOU MUST EITHER:**

- Pay in full, or
- Sign the Repayment Agreement and pay as agreed.
  - Complete, sign and return the enclosed Repayment Agreement (DFA 377.7C).
  - Your repayment agreement will be based on your current ability to pay as figured by the county. Any changes in your ability to pay may change your monthly payments.
- If you do not sign and return the agreement within 30 days after the date of this notice the amount of Food Stamps you get will be reduced to \$ \_\_\_\_\_ beginning \_\_\_\_\_ .
- If you do not agree to pay, the county may use other ways of collecting the amount owed such as through the courts.
- If you are convicted of fraud, penalties will apply even if you agree to pay back what you owe.
- If the county sues you for the amount due, you may also be required to pay court costs.
- If you do not pay the amount owed, the county may take your state income tax refund and/or ask the court to attach your wages or any property you own.

**Rules:** These rules apply. You may review them at your welfare office: MS 63-801.21

## YOUR HEARING RIGHTS

### To Ask For a State Hearing

The right side of this sheet tells how.

- You only have 90 days to ask for a hearing.
- The 90 days started the day after we mailed this notice.
- You have a much shorter time to ask for a hearing if you want to keep your same benefits.

### To Keep Your Same Benefits While You Wait For a Hearing

You must ask for a hearing before the action takes place.

- Your Cash Aid will stay the same until your hearing.
- Your Medi-Cal will stay the same until your hearing.
- Your Food Stamps will stay the same until the hearing or the end of your certification period, whichever is earlier.
- If the hearing decision says we are right, you will owe us for any extra cash aid or food stamps you got.

### To Have Your Benefits Cut Now

If you want your Cash Aid or Food Stamps cut while you wait for a hearing, check one or both boxes.

Cash Aid     Food Stamps

### To Get Help

You can ask about your hearing rights or free legal aid at the state information number.

Call toll free: 1-800-952-5253  
If you are deaf and use TDD call: 1-800-952-8349

If you don't want to come to the hearing alone, you can bring a friend, an attorney or anyone else. You must get the other person yourself.

You may get free legal help at your local legal aid office or welfare rights group.

### Other Information

**Child Support:** The District Attorney's office will help you collect child support even if you are not on cash aid. There is no cost for this help. If they now collect child support for you, they will keep doing so unless you tell them in writing to stop. They will send you any current support money collected. They will keep past due money collected that is owed to the county.

**Family Planning:** Your welfare office will give you information when you ask.

**Hearing File:** If you ask for a hearing, the State Hearing Office will set up a file. You have the right to see this file. The State may give your file to the Welfare Department, the U.S. Department of Health and Human Services and the U.S. Department of Agriculture (W & I Code Section 10950).

## HOW TO ASK FOR A STATE HEARING

The best way to ask for a hearing is to fill out this page and send or take it to:

You may also call 1-800-952-5253.

### HEARING REQUEST

I want a hearing because of an action by the Welfare Department of \_\_\_\_\_ County about my:

Cash Aid     Food Stamps     Medi-Cal

Other (list) \_\_\_\_\_

Here's why: \_\_\_\_\_

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I will bring this person to the hearing to help me  
(name and address, if known):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I need an interpreter at no cost  
to me. My language or dialect is: \_\_\_\_\_

My name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

My signature \_\_\_\_\_

Date \_\_\_\_\_

**FOOD STAMP REPAYMENT NOTICE  
FOR INADVERTENT HOUSEHOLD  
ERRORS ONLY  
FINAL NOTICE**

Notice Date : \_\_\_\_\_  
 Case Name : \_\_\_\_\_  
 Number : \_\_\_\_\_  
 Worker Name : \_\_\_\_\_  
 Number : \_\_\_\_\_  
 Telephone : \_\_\_\_\_  
 Address : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(ADDRESSEE)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Questions? Ask your Worker.

**State Hearing:** If you think this action is wrong, you can ask for a hearing unless you already had a hearing on the amount you owe. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

You or a member of your household made a mistake. We told you before that you must repay the extra Food Stamps that were issued to:

- You.
- \_\_\_\_\_, whom you sponsor.

You still owe \$ \_\_\_\_\_.

**YOU DID NOT AGREE TO REPAY:**

- You can pay in full, or
- You can repay the extra Food Stamps by the terms you agree to on the enclosed Repayment Agreement (DFA 377.7C).
  - Complete, sign and return the enclosed Repayment Agreement.
  - Your repayment agreement will be based on your current ability to pay as figured by the county. Any changes in your ability to pay may change your monthly payments.
- You do not have to use any Social Security or SSI benefits you get to repay this overissuance.
- If you are convicted of fraud, penalties will apply even if you agree to repay what you owe.
- If you do not agree to pay, the county may use other ways of collecting the amount owed such as through the courts.
- If the county sues you for the amount due, you may also be required to pay court costs.
- If you do not pay the amount owed, the county may take your state income tax refund and/or ask the court to attach your wages or any property you own.

**YOU DID NOT REPAY AS AGREED:**

- You must tell us when you cannot pay as agreed. You must explain why you cannot pay. You may ask the county to figure a new repayment plan.
  - Complete, sign and return the enclosed Repayment Agreement (DFA 377.7C).
- If you are getting Food Stamp benefits and you do not return a new Repayment Agreement within 10 days after the date of this notice, your household's benefits will be reduced to \$ \_\_\_\_\_ beginning \_\_\_\_\_.
- If you do not pay as agreed and you do not get a new repayment plan, the county may ask that the total amount owed be paid now.
- If you are convicted of fraud, penalties will apply even if you agree to repay what you owe.
- If you do not pay as agreed, the county may use other ways of collecting the amount owed such as through the courts.
- If the county sues you for the amount due, you may also be required to pay court costs.
- If you do not pay as agreed, the county may take your state income tax refund and/or ask the court to attach your wages or any property you own.

**Rules:** These rules apply. You may review them at your welfare office: MS 63-801.21

# YOUR HEARING RIGHTS

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- The 90 days started the day after we mailed this notice.
- You have a much shorter time to ask for a hearing if you want to keep your same benefits.

## To Keep Your Same Benefits While You Wait For a Hearing

You must ask for a hearing before the action takes place.

- Your Cash Aid will stay the same until your hearing.
- Your Medi-Cal will stay the same until your hearing.
- Your Food Stamps will stay the same until the hearing or the end of your certification period, whichever is earlier.
- If the hearing decision says we are right, you will owe us for any extra cash aid or food stamps you got.

## To Have Your Benefits Cut Now

If you want your Cash Aid or Food Stamps cut while you wait for a hearing, check one or both boxes.

Cash Aid     Food Stamps

## To Get Help

You can ask about your hearing rights or free legal aid at the state information number.

Call toll free: 1-800-952-5253  
If you are deaf and use TDD call: 1-800-952-8349

If you don't want to come to the hearing alone, you can bring a friend, an attorney or anyone else. You must get the other person yourself.

You may get free legal help at your local legal aid office or welfare rights group.

## Other Information

**Child Support:** The District Attorney's office will help you collect child support even if you are not on cash aid. There is no cost for this help. If they now collect child support for you, they will keep doing so unless you tell them in writing to stop. They will send you any current support money collected. They will keep past due money collected that is owed to the county.

**Family Planning:** Your welfare office will give you information when you ask.

**Hearing File:** If you ask for a hearing, the State Hearing Office will set up a file. You have the right to see this file. The State may give your file to the Welfare Department, the U.S. Department of Health and Human Services and the U.S. Department of Agriculture. (W. & I. Code Section 10950)

# HOW TO ASK FOR A STATE HEARING

The best way to ask for a hearing is to fill out this page and send or take it to:

You may also call 1-800-952-5253.

## HEARING REQUEST

I want a hearing because of an action by the Welfare Department of \_\_\_\_\_ County about my:

Cash Aid     Food Stamps     Medi-Cal

Other (list) \_\_\_\_\_

Here's why: \_\_\_\_\_

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I will bring this person to the hearing to help me (name and address, if known):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I need an interpreter at no cost to me. My language or dialect is: \_\_\_\_\_

My name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

My signature \_\_\_\_\_

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

# FOOD STAMP REPAYMENT AGREEMENT FOR INADVERTENT HOUSEHOLD ERRORS ONLY

CASE NUMBER

WORKER

NAME

CASE NAME

ADDRESS

## TERMS AND CONDITIONS

You or a member of your household made a mistake.

You must repay extra food stamp benefits by using one or more methods listed here:

1. Lump Sum Payment - You may repay all or part of the amount owed at one time with cash and/or coupons.
2. Benefit Reduction - If you are getting food stamps now, you may repay by having your household's benefits reduced for all or part of the amount owed. Repayment by this method will be 10% of your monthly benefit or \$10 each month, whichever is more.
3. Installments - You may repay all or part of the amount owed in monthly payments with cash and/or coupons.

### 4. Ordered Repayment

- The court or Administrative Law Judge ordered that you repay as indicated below. These repayment terms cannot be changed by you or by the county.

If we have not already talked to you about the terms of this Agreement, or if you have any questions, call the welfare collector at \_\_\_\_\_.

After you complete and sign this Agreement, return all copies to the county in the envelope provided. Do not send cash or coupons through the mail with this Agreement. When approved by the county, a signed copy of this Agreement will be sent to you.

## AGREEMENT

I, \_\_\_\_\_, understand this Agreement is between me and \_\_\_\_\_ County because extra food stamps in the amount of \$ \_\_\_\_\_ were issued. I agree to repay this amount by the method(s) checked below:

- Lump Sum Payment
- I will repay by a lump sum cash payment of \$ \_\_\_\_\_ due on \_\_\_\_\_.
- I will repay by a lump sum coupon payment of \$ \_\_\_\_\_ due on \_\_\_\_\_.
- Benefit Reduction
- I will repay by having my household's benefits reduced by \$ \_\_\_\_\_ each month, beginning \_\_\_\_\_.
- Installments
- I will repay by monthly cash payments of \$ \_\_\_\_\_ due on the \_\_\_\_\_ day of each month beginning \_\_\_\_\_.
- I will repay by monthly coupon payments of \$ \_\_\_\_\_ due on the \_\_\_\_\_ day of each month beginning \_\_\_\_\_.

I also understand and agree that:

1. My repayment schedule is based on my current ability to pay as figured by the county. Any changes in my ability to pay may change my monthly payments.
2. If anything changes I may ask the county to refigure the terms checked above.
3. If I do not pay as agreed and I do not get a new payment schedule, the county may ask that the total amount owed be paid now.
4. If I do not pay as agreed and the county sues me to collect the amount owed, I may also be required to pay collection costs, attorney fees, and court costs.
5. If I do not pay, the county may take my state income tax refund and/or ask the court to attach my wages or any property I own.
6. If I am convicted of fraud, penalties will apply even if I pay back what I owe.

Signature

Date

County

## To be completed by the county:

The above signed Agreement has been accepted by \_\_\_\_\_ on \_\_\_\_\_ Date  
for \_\_\_\_\_ County. Payments should be made at:

\_\_\_\_\_  
(Signature of Authorized County Official)

COUNTY OF \_\_\_\_\_

# FOOD STAMP REPAYMENT NOTICE FOR ADMINISTRATIVE ERRORS ONLY

Notice Date : \_\_\_\_\_  
Case Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Worker Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Telephone : \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_

(ADDRESSEE)

┌ \_\_\_\_\_ ┐  
└ \_\_\_\_\_ ┘

┌ \_\_\_\_\_ ┐  
└ \_\_\_\_\_ ┘

Questions? Ask your Worker.

**State Hearing:** If you think this action is wrong, you can ask for a hearing unless you already had a hearing on the amount you owe. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

The County Welfare Department made a mistake.

Too many Food Stamps were issued to you.

Here's why:

You must repay the extra Food Stamps.

\$ \_\_\_\_\_ in extra Food Stamps were issued for the period \_\_\_\_\_ . This amount was reduced by \$ \_\_\_\_\_ because we owed the household benefits from past months or we received repayment of part of the amount owed. You now owe \$ \_\_\_\_\_ .

- You do not have to use any Social Security or SSI benefits you get to repay this overissuance.

**YOU MUST EITHER:**

- Pay in full, or
- Sign the Repayment Agreement and pay as agreed.
  - Complete, sign and return the enclosed Repayment Agreement (DFA 377.7E).
  - Your repayment agreement will be based on your current ability to pay as figured by the county. Any changes in your ability to pay may change your monthly payments.
- If you do not sign and return the agreement within 30 days after the date of this notice, we cannot reduce the amount of Food Stamps you get.

However:

- If you do not agree to pay, the county may use other ways of collecting the amount owed such as through the courts.
- If you are convicted of fraud, penalties will apply even if you agree to pay back what you owe.
- If the county sues you for the amount due, you may also be required to pay court costs.
- If you do not pay the amount owed, the county may take your state income tax refund and/or ask the court to attach your wages or any property you own.

**Rules:** These rules apply. You may review them at your welfare office: MS 63-801.22



# YOUR HEARING RIGHTS

## To Ask For a State Hearing

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Cash Aid     Food Stamps     Medi-Cal

Other (list) \_\_\_\_\_

Here's why: \_\_\_\_\_

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I will bring this person to the hearing to help me (name and address, if known):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I need an interpreter at no cost to me. My language or dialect is: \_\_\_\_\_

My name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

My signature \_\_\_\_\_

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

# FOOD STAMP REPAYMENT AGREEMENT FOR ADMINISTRATIVE ERRORS ONLY

CASE NUMBER
WORKER
CASE NAME

NAME
ADDRESS

**TERMS AND CONDITIONS**—The County Welfare Department made a mistake. You must sign this agreement, but you do not have to agree to benefit reduction unless you want to repay this way. See attached REPAYMENT NOTICE (DFA 377.7D).

You may repay extra food stamp benefits by using one or more methods listed here:

1. Lump Sum Payment - You may repay all or part of the amount owed at one time with cash and/or coupons.
2. Benefit Reduction - If you are getting food stamps now, you may repay by having your household's benefits reduced for all or part of the amount owed. You may wish to talk to us about the amount to be reduced.
3. Installments - You may repay all or part of the amount owed in monthly payments with cash and/or coupons.
4. Ordered Repayment
  - The court or Administrative Law Judge ordered that you repay as indicated below. These repayment terms cannot be changed by you or by the county.

If we have not already talked to you about the terms of this Agreement, or if you have any questions, call the welfare collector at \_\_\_\_\_.

After you complete and sign this Agreement, return all copies to the county in the envelope provided. Do not send cash or coupons through the mail with this Agreement. When approved by the county, a signed copy of this Agreement will be sent to you.

## AGREEMENT

I, \_\_\_\_\_, understand this Agreement is between me and \_\_\_\_\_ County because extra food stamps in the amount of \$ \_\_\_\_\_ were overissued due to the county's error. I agree to repay this amount by the method(s) checked below:

- Lump Sum Payment
- I will repay by a lump sum cash payment of \$ \_\_\_\_\_ due on \_\_\_\_\_.
  - I will repay by a lump sum coupon payment of \$ \_\_\_\_\_ due on \_\_\_\_\_.
- Benefit Reduction
- I will repay by having my household's benefits reduced by \$ \_\_\_\_\_ each month, beginning \_\_\_\_\_.
- Installments
- I will repay by monthly cash payments of \$ \_\_\_\_\_ due on the \_\_\_\_\_ day of each month beginning \_\_\_\_\_.
  - I will repay by monthly coupon payments of \$ \_\_\_\_\_ due on the \_\_\_\_\_ day of each month beginning \_\_\_\_\_.

I also understand and agree that:

1. My repayment schedule is based on my current ability to pay as figured by the county. Any changes in my ability to pay may change my monthly payments.
2. If anything changes I may ask the county to refigure the terms checked above.
3. If I do not pay as agreed and I do not get a new payment schedule, the county may ask that the total amount owed be paid now.
4. If I do not pay as agreed and the county sues me to collect the amount owed, I may also be required to pay collection costs, attorney fees, and court costs.
5. If I do not pay, the county may take my state income tax refund and/or ask the court to attach my wages or any property I own.

Signature \_\_\_\_\_ Date \_\_\_\_\_ County \_\_\_\_\_

## To be completed by the county:

The above signed Agreement has been accepted by \_\_\_\_\_ on \_\_\_\_\_ Date  
for \_\_\_\_\_ County. Payments should be made at:

\_\_\_\_\_  
(Signature of Authorized County Official)