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# County of San Diego

DEPARTMENT OF CHILD SUPPORT SERVICES

## ATTENTION: CASE PARTICIPANT / ATTORNEY

### GENERAL INFORMATION ABOUT LIEN RECORDINGS

- Lien recordings are initiated for all child support judgments.
- A “Notice of Involuntary Lien” is provided for all lien recordings.
- The lien recording does not report your account delinquent.
- **If you are planning to buy, sell, or refinance your home, immediately notify your escrow company that a lien has been recorded against you.**
  - The escrow company may contact our office to obtain a Satisfaction of Judgment.
  - Lien recordings must be cleared by our office with every escrow transaction.
  - Monthly billing statements and/or status letters do not satisfy Demand Requests from escrow/ title companies.
- If you are not involved with an escrow transaction and you wish to proceed with a request for Party Clearance of the Lien, please review the attached PARTY CLEARANCE REQUEST FORM. Fax the completed form and required information to Lien Services fax: (619) 236-4406.
- If you have additional questions, please see contact information below:

#### LIEN SERVICES CONTACT INFORMATION

**LIEN SERVICES INFORMATION (Agent/Voicemail): (619) 578-6922**  
**Fax: (619) 236-4406**

**COURIER PICK-UP ADDRESS: 220 W. Broadway, 6<sup>th</sup> Floor, San Diego, CA 92101.**

**MAILING AND LIENS PAYMENT ADDRESS: Department of Child Support Services,  
Attention: Lien Services. P.O. Box 122031, San Diego, CA 92112-2031.**

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## PARTY CLEARANCE REQUEST FORM (NON-ESCROW)

Lien Services will review your request for a Party Clearance under the following conditions:

Children are emancipated/deceased  
or  
your case is closed.

Please type or print legibly.

Fax your request to Lien Services (619) 236-4406 or mail to the above mailing address.

**I, \_\_\_\_\_, request the Department of Child Support Services review my case for a Party Clearance. I have provided the following required information and I am not currently involved with an escrow transaction.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### REQUIRED INFORMATION

Copies of all liens - Please provide legible copies. Include all pages with document numbers and recording dates (Copies may be obtained at the County Recorder's Office).

- DCSS (child support case) number \_\_\_\_\_
- Current Address: \_\_\_\_\_
- Mailing Address (if different from above) \_\_\_\_\_
- Home Telephone Number: \_\_\_\_\_
- Place of Employment: \_\_\_\_\_
- Work Telephone Number: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_
- Social Security Number: \_\_\_\_\_
- Driver's License Number: \_\_\_\_\_
- Names of children and dates of birth:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_