DEPARTMENT OF CHILD SUPPORT SERVICES

OFFICE OF INTERGOVERNMENTAL SERVICES

INTERGOVERNMENTAL ESCALATION REQUEST FORM

CALIFORNIA CASE#:

OTHER JURISDICTION CASE#:

OTHER JURISDICTION:

OTHER JURISDICTION CONTACT INFORMATION:

NCP:

County: **CASE TYPE:** ☐ **RESPONDING** ☐ **INITIATING**

PRE - ACTION CHECKLIST – HAVE YOU:

- ☐ Checked/Reviewed (OCSE, IRG, UIFSA)
- ☐ Conferred with the Intergovernmental Liaison in your office
- ☐ Conferred with the attorney in your office (if legal issue)

TYPE OF ESCALATION REQUEST:

- ☐ Communication Issue
- ☐ Status
- ☐ Legal
- ☐ Case Management
- ☐ Miscellaneous / General Information*

DESCRIBE ACTIONS ALREADY TAKEN (and include time-frames):
(continue on additional page if needed)

Spoke to and followed-up with the other jurisdiction - (Dates / Contact Name / Outcome)

Internal Escalation Findings - (Dates / Who / Outcome)

Other - (Dates / Who / Outcome)

DESIRED OUTCOME:
(continue on additional page if needed)

DISCLAIMER: Please be certain to discuss escalation internally with the Intergovernmental Liaison/Case Supervisor and/or Attorney (if legal escalation) before forwarding to DCSS at DCSSIGS@dcss.ca.gov..

Incomplete forms/information may result in the request being returned to the applicable Intergovernmental Liaison/Case Supervisor