

**SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE**

- MURRIETA** 30755-D Auld Rd., Murrieta, CA 92563  
 **PALM SPRINGS** 3255 E. Tahquitz Canyon Wy., Palm Springs, CA 92262

**RIVERSIDE** 4050 Main St., Riverside, CA 92501

**RI-PR112**

<p>ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, State Bar Number and Address</i>)</p>  <p>TELEPHONE NO.: _____ FAX NO. (<i>Optional</i>): _____</p> <p>E-MAIL ADDRESS (<i>Optional</i>): _____</p> <p>ATTORNEY FOR (<i>Name</i>): _____</p>	<p style="text-align: center;"><i>FOR COURT USE ONLY</i></p>          <p>CASE NUMBER: _____</p>
<p><b>NOTICE TO DEPARTMENT OF CHILD SUPPORT SERVICES</b> <b>Probate Code § 9202(e)</b></p>	

1. You are hereby given notice of the death of the following person:
  - a. Decedent's Name: \_\_\_\_\_
  - b. Decedent's date of birth: \_\_\_\_\_
  - c. Decedent's date of death: \_\_\_\_\_
  
2.  A copy of the decedent's Death Certificate is attached.
  
3. Notice is being provided for you to determine if the decedent had a child support obligation under an order issued by a court of competent jurisdiction.
  
4. The party providing you with this notice is as follows:
  - a. Name: \_\_\_\_\_
  - b. Address: \_\_\_\_\_
  - c. Telephone: \_\_\_\_\_
  - d. Email: \_\_\_\_\_
  - d. Capacity:  Estate Attorney,  Personal Representative
  
5. The local child support agency providing services pursuant to Division 17 (commencing with Section 17000) of the Family Code may assert a claim against decedent's estate no later than four months after receiving this notice, as provided in Probate Code 9202(e).

Date: \_\_\_\_\_ (PARTY PROVIDING NOTICE)

IN THE MATTER OF:	CASE NUMBER:
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**PROOF OF SERVICE BY MAIL**

- I am over the age of 18 and am not a party in this cause. I am a resident of or employed in the county where the mailing occurred.
- My (the servers) home or business address is : \_\_\_\_\_  

(STREET ADDRESS)

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(CITY, STATE, ZIP)
- I served the forgoing NOTICE TO DEPARTMENT OF CHILD SUPPORT SERVICES by enclosing a copy in an envelope addressed as shown below and depositing the sealed envelope on the date and at the place shown in item 4 with the United States Postal Service with the postage fully prepaid.

Department of Child Support Services  
P.O. Box 419064  
Rancho Cordova, CA 95741-9064

4. Date mailed: \_\_\_\_\_, Place mailed (city,state): \_\_\_\_\_

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

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

(SIGNATURE OF DECLARANT)