

CSE 74  
Issued 08/17  
Rec Ret=4 CY

**Louisiana Department of Children and Family Services**  
**Child Support Enforcement Section**

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

Social Security Administration

NCP Name: \_\_\_\_\_

NCP SSN: \_\_\_\_\_

LASES No.: \_\_\_\_\_

**Notice of Disbursement of Payment**

We are writing to you regarding a request for refund of overpayment of the above referenced case.  
We received the following payment from your office:

EFT No.: \_\_\_\_\_

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

Amount \_\_\_\_\_

We are notifying you that the referenced payment has been distributed to the family for child support in accordance with 42 U.S.C.S. § 654a(g). We are unable to comply with your request.

If you have questions, you may contact us at 888-527-3578.

Sincerely,

\_\_\_\_\_  
Agency Representative