

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

_____
_____
_____
_____
Telephone
_____
Date

**Mandatory Fee Under the Deficit Reduction Act of 2005**

Re: Non-custodial Parent: \_\_\_\_\_  
Child: \_\_\_\_\_  
LASES No.: \_\_\_\_\_

Dear \_\_\_\_\_ :

By the authority granted under Section 454 (6)(B) of the Social Security Act, Louisiana Revised Statute 46:236.1.2 and the Louisiana Administrative Code 67:III.2523, a mandatory fee was assessed by the Department of Children and Family Services for the successful collection and distribution of \$500.00 in the above referenced child support case.

Our records indicate a fee balance of \$ \_\_\_\_\_. This balance must be paid prior to Child Support Enforcement closing the case. You may pay the fee by cashier's check or money order payable to the **Department of Children and Family Services (DCFS)**.

For prompt processing, please **mail your payment within the next 30 days** to:  
Child Support Enforcement Section  
P. O. Box 4815  
Baton Rouge, LA 70821

You should indicate on the memo line that this is a **fee payment**.

You may contact us at 1-888-LA-HELPU (toll free), 225-922-8100 (Baton Rouge), or 225-922-8111 (TTY service for the hearing impaired) if you have any questions.

Sincerely yours,

\_\_\_\_\_  
Department Representative