

APA-1
11/96

TRANSMITTAL SHEET FOR
NOTICE OF INTENDED ACTION

Control 660 Department or Agency Human Resources
Rule No. and Title 660-3-9 License Withholding, Restriction, Suspension and Revocation
 New X Amend Repeal Adopt by Reference

Would the absence of the proposed rule significantly harm or endanger the public health, welfare, or safety?

N/A

Is there a reasonable relationship between the state's police power and the protection of the public health, safety, or welfare?

N/A

Is there another, less restrictive method of regulation available that could adequately protect the public?

N/A

Does the proposed rule have the effect of directly or indirectly increasing the costs of any goods or services involved and, if so, to what degree?

No

Is the increase in cost, if any, more harmful to the public than the harm that might result from the absence of the proposed rule?

N/A

Are all facets of the rulemaking process designed solely for the purpose of, and so they have, as their primary effect, the protection of the public?

Yes

Does the proposed rule have an economic impact?

No

If the proposed rule has an economic impact, the proposed rule is required to be accompanied by a fiscal note prepared in accordance with subsection (f) of Section 41-22-23, Code of Alabama 1975.

Certification of Authorized Official

I certify that the attached proposed rule has been proposed in full compliance with the requirements of Chapter 22, Title 41, Code of Alabama 1975, and that it conforms to all applicable requirements of the Administrative Procedure Division of the Legislative Reference Service.

Signature of certifying officer:

Randy A. Bushnor
Date 10-31-11

DATE FILED
(STAMP)

APA-2
11/96

NOTICE OF INTENDED ACTION

AGENCY NAME: Department of Human Resources

RULE NO. & TITLE: **660-3-9 License Withholding, Restriction, Suspension and Revocation**

INTENDED ACTION: To amend the Payment Plan (DHR-CSD-1932) form which is numbered A-3 in the Appendix. Proposed permanent rules to comply with Code of Alabama 1975, Section 8-8-10.

SUBSTANCE OF PROPOSED ACTION: The change to the Payment Plan (DHR-CSD-1932) form has been proposed to comply with a change in Alabama interest law which reduces the interest rate on judgments from 12 percent to 7.5 percent per annum.

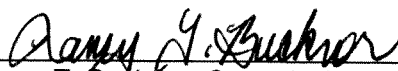
TIME, PLACE, MANNER OF PRESENTING VIEWS: All interested parties may submit data, views or arguments respecting the proposed new chapter by mail or in person through close of business on January 4, 2012. Persons wishing to submit data, views or arguments orally should contact the Department's Administrative Procedures Secretary between the hours of 8:00 a.m. and 4:30 p.m., Monday through Friday, excluding State holidays, at (334) 242-9330 to set up an appointment for such oral/in person presentations.

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE:

January 4, 2012

CONTACT PERSON AT AGENCY:

Ms. Gail Grobe
State Department of Human Resources
Gordon Persons Building
50 Ripley Street
Montgomery, Alabama 36130-1801



Nancy T. Buckner, Commissioner
Department of Human Resources

**STATE OF ALABAMA
DEPARTMENT OF HUMAN RESOURCES
CHILD SUPPORT ENFORCEMENT DIVISION**

Obligor's Name: _____

Court Order No(s). _____ Custodial Party's Name _____
(if applicable) _____ Custodial Party's Name _____
_____ Custodial Party's Name _____

Pursuant to Code of Alabama 1975, § 30-3-170 through § 30-3-179, the Alabama Department of Human Resources, Child Support Enforcement Division notified the above-named obligor of its intent to request withholding, restricting the use of, suspension, or revocation of his/her Alabama license. This payment plan includes current child support, arrearages, and interest on the court orders referenced above.

**PAYMENT PLAN
TO AVOID WITHHOLDING, RESTRICTION, SUSPENSION,
OR REVOCATION OF AN ALABAMA LICENSE**

I, _____, Social Security Number _____,
who resides at _____,
agree as follows:

1. My current support order(s) is/are for _____ per _____ and I owe a total of _____ in past due child support which includes accrued interest. I further understand that interest will continue to accrue ~~at the rate of 12 per cent per annum~~ as long as there is an outstanding arrearage.
2. I will make an immediate partial lump sum payment of _____.
3. In addition to remaining current on my monthly child support obligation(s), I agree to pay an additional _____ per _____ toward the outstanding arrearage(s) which include(s) interest. This payment will begin _____ and will continue until the outstanding arrearages are paid in full.
4. If I fail once to make regular and timely payments under this payment plan, or fail to comply with any of the terms of this payment plan, the Department will take action for withholding, restricting the use of, suspension, or revocation of my license. It is my understanding I will not receive another notice if I fail to comply with this agreement.
5. I understand that, although my license will not be withheld, restricted, suspended, or revoked if I make regular and timely payments according to this plan, the Department will continue to utilize other measures to expedite the collection of child support arrearages.

Signature of Obligor

Date

Accepted on behalf of the Department by:

Child Support Worker

Date

Child Support Supervisor or Department Designee

Date

(Notary Seal)

Notary Signature