



County of San Diego

JEFFREY GRISSOM
DIRECTOR

DEPARTMENT OF CHILD SUPPORT SERVICES
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ERIK WELTON
CHIEF ATTORNEY

Proof of Disability

The Department of Child Support Services applies federal and state laws to determine child support obligations of noncustodial parents according to their ability. In general, findings of inability or reduced ability to provide child support must be made in court. For this reason, parents in these cases must provide letters from past and present physicians and medical records. The question of ability goes back in time to the initial obligation for child support. Therefore, the parents' ability must be examined from the time child support was first requested to the present time and in the future. With these in mind, proof of disability must address specific questions. Please answer each of these questions with conclusive statements detailing the patient's/recipient's status. We ask that you use your official letterhead for authenticity.

1. What date was the patient first diagnosed?
2. When did the treatment for the diagnosed condition commence?
3. How was the recovery, if any, progressed from the onset to present?
Please state specifically the prognosis at onset and the prognosis today.

Please answer with respect to these dates:

4. What limits are/were there to the patient's motor skills? Are the limits attributable to medications, and will the patient remain on medication?
5. What limits are/were there to the cognitive skills? Are the limits attributable to medications, and will the patient remain on medication?
6. What limits are/were there to the social skills? Are the limits attributable to medications, and will the patient remain on medication?
7. Is the patient's condition sporadic, episodic, or persistent?
8. Is the disability specific to a particular kind of job or all employment?
9. What kind of task can the patient perform if the disability is not all encompassing?
10. Could the patient be employed at a different kind of job? What kinds of jobs could the patient perform?

What is the percentage of the patient's disability? Percentage at onset: _____

Percentage currently: _____

Please provide medical records or reports from SSI/SSA, if they will support the disability claim.

Payment Address: State Disbursement Unit, PO Box 989067, West Sacramento, CA 95798