OVERPAYMENT/OVERISSUANCE LETTER

COUNTY OF

Notice Date : _____
Case Name : _____
Case Number : _____
Worker Name : _____
Worker Number : _____
Telephone Number: _____
Address : _____
_____
_____

(Addressee)

Claim #: _____

Amount Due: $_____

_____,
(Name)

You were sent this letter to tell you the money you owe was not paid and we have not heard from you. You must pay back the money you owe, or set up a repayment agreement with the county. If you do not respond to this letter, the county can collect the money you owe in other ways, including taking your state tax refund for a CalWORKs overpayment and both your state and federal tax refunds for a CalFresh overissuance.

Please contact the county to make plans to repay the money you owe. If you want to make a payment toward you balance or pay the entire amount you owe in full, the payment should be made to:

If you have any questions, think this is a mistake, or have paid the money you owe, please contact us at _____ Our hours are _____ a.m. _____ p.m. Monday-Friday.