

**DEPARTMENT OF GENERAL SERVICES
RECORDS MANAGEMENT DIVISION
RECORDS RETENTION AND DISPOSAL SCHEDULE**

Schedule No. 2619

Page 1 of 3

Agency Department of Human Resources **Division/Unit**
Child Support Enforcement Administration

Item No.	Description	Retention
1	<p>This schedule supersedes Schedule # 1023-7 in its entirety</p> <p align="center">ADMINISTRATIVE RECORDS</p> <p><u>Executive Director's and Director's General Correspondence</u></p> <p>Subject arrangement of original incoming letters, copies of outgoing letters, memoranda, and other material relating to the functions of the Child Support Enforcement Administration (CSEA).</p>	<p>Retain for three (3) years and destroy material that is no longer needed for current business with the following exception: Transfer every three (3) years to the Maryland State Archive for permanent retention any material that serves to document the origin, development, and accomplishments of the office and has continuing administrative, fiscal, legal, or historical value.</p>

Schedule Approved by Department, Agency, or Division Representative.
Date _____
Signature *Kendra Jobe*
Typed Name Kendra Jobe
Title Facility/Warehouse Administrator

Schedule Authorized by State Archivist
Date 2/26/2013
Signature *Edward C. [unclear]*

**DEPARTMENT OF GENERAL SERVICES
RECORDS MANAGEMENT DIVISION
RECORDS RETENTION AND DISPOSAL SCHEDULE
(Continuation Sheet)**

Schedule No. 2619

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Agency

Division/Unit

Item No.	Description	Retention
2	<p><u>General Administrative File</u></p> <p>Subject arrangement of original incoming letters, copies of outgoing letters, memoranda, reports, studies, surveys, investigations, press releases, newspaper clippings, legislative reference material, directives and other miscellaneous papers relating to the CSEA.</p>	<p>Retain for three (3) years and destroy material that is no longer needed for current business with the following exception. Transfer every three (3) years to the Maryland State Archive for permanent retention any material that serves to document the origin, development, and accomplishments of the office and has continuing administrative, fiscal, legal, or historical value.</p>
3	<p><u>Case Records</u></p> <p>The case record may contain all or some of the following documents: Application for services, assignment of support rights, court orders, notice of direct payments and any notarized documentation received. These documents may contain all or some of the following information such as name, address, birth date of applicant, social security number (SSN), employer information, children in need of support—names, birthdates, SSN, and relationship to applicant.</p>	<p>Retain for three (3) years after case is closed or until all audit requirements are fulfilled, whichever is later, and then destroy.</p>
4	<p><u>Legislative Records</u></p> <p>This file consists of original and supporting documents in response to proposed State legislation, which may include testimony, analysis and estimates of fiscal impact.</p>	<p>Retain for ten (10) years, and then destroy.</p>

**DEPARTMENT OF GENERAL SERVICES
RECORDS MANAGEMENT DIVISION
RECORDS RETENTION AND DISPOSAL SCHEDULE
(Continuation Sheet)**

Schedule No. 2619

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Agency	Division/Unit	
Item No.	Description	Retention
5	<p><u>Tax Refund Intercept Program (TRIP) and Tax Refund Offset (TROP) Appeal Decision Reports</u></p> <p>This file consists of a record of summarized hearing and final decisions.</p>	<p>Retain for seven (7) years or until such time all challenges or audit requirements have been completed, whichever is later and then destroy.</p>
6	<p><u>Federal Adjustment Report</u></p> <p>This report identifies individuals who filed injured spouse claims and identifies any other adjustments that have been made to federal tax returns.</p>	<p>Retain for seven (7) years or until the completion of audit requirements, whichever is later, and then destroy. Ref: American Institute of Certified Public Accountants</p>
7	<p><u>Child Support Accounting Records – Central Office</u></p> <p>Check copies along with backup documentation Cancelled checks Bank statements Accounting Reports General Accounting Records</p>	<p>Retain records on site for one (1) year, then retain at DGS for twenty-one (21) years or until all audit requirements are fulfilled, whichever is later and then destroy.</p>

<p>Instructions –Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)</p>	<p>DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-799-1930</p>	<p>AGENCY RECORDS INVENTORY</p> <p>PAGE <u>1</u> OF <u>8</u></p>
<p>1. Department/Agency Department of Human Resources</p>	<p>2. Division Child Support Enforcement Administration</p>	<p>3. Unit Local Child Support Enforcement Agencies</p>
<p>DEFINITION: RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</p>		
<p>4. Record Series Title Application for Services</p>	<p>5. Earliest Year/Latest Year _____ to _____ To be complete by each local jurisdiction.</p>	
<p>6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) The application provides information such as name, address, birth date (DOB) of applicant, social security number (SSN), employer information, children in need of support—names, DOB, SSN, and relationship to applicant. Also provides applicant's relationship to the noncustodial parent (NCP), court order information if available and NCP's information to include but not limited to name, address, DOB, SSN and employer information.</p>		
<p>7. Record Series Format(s) List all</p> <p><input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm</p> <p><input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape</p> <p><input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk</p> <p><input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape</p> <p><input type="checkbox"/> Other (specify) _____</p>	<p>8. Record Series Sequence</p> <p><input checked="" type="checkbox"/> Alphabetical</p> <p><input type="checkbox"/> Numerical</p> <p><input type="checkbox"/> Chronological</p> <p><input type="checkbox"/> Geographical</p> <p><input type="checkbox"/> Other (specify) _____ To be completed by each jurisdiction</p>	<p>9. Volume _____ (To be completed by each jurisdiction) Number</p> <p><input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____</p> <p>10. Annual Accumulation _____ (To be completed by each jurisdiction) Number</p> <p><input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____</p>
<p>11. File is Used</p> <p><input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually</p> <p>To be completed by each jurisdiction.</p>	<p>12. File Becomes Inactive After</p> <p>_____ Number <input type="checkbox"/> Month(s) <input type="checkbox"/> Year(s)</p>	
<p>13. Current Location(s) (Bldg., Floor, Room) To be completed by each jurisdiction</p>	<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electronically duplicated in the Child Support Enforcement System (CSES)</p>	
<p>15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent</p>	
<p>17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input type="checkbox"/> No To be completed by each jurisdiction.</p>	<p>18. Recommended Retention Retain for three (3) years after case is closed or until all audit requirements are fulfilled, whichever is greater.</p>	
<p>19. Name and Title of Preparer Patsy Chappell Program Specialist</p>	<p>20. Telephone Number 410-767-7455</p>	<p>21. Date</p>

<p>Instructions –Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)</p>	<p>DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-799-1930</p>	<p>AGENCY RECORDS INVENTORY</p> <p>PAGE <u>2</u> OF <u>8</u></p>
<p>1. Department/Agency Department of Human Resources</p>	<p>2. Division Child Support Enforcement Administration</p>	<p>3. Unit Local Child Support Enforcement Agencies</p>
<p>DEFINITION: RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</p>		
<p>4. Record Series Title Child Support Records</p>	<p>5. Earliest Year/Latest Year _____ to _____ (To be complete by each local jurisdiction.)</p>	
<p>6. Record Series Description – May include but not limited to the following documents; Assignment of Rights, court orders, inter/intra state incentive forms, fiscal report,</p>		
<p>7. Record Series Format(s) List all</p> <p><input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm</p> <p><input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape</p> <p><input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk</p> <p><input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape</p> <p><input type="checkbox"/> Other (specify) _____</p>	<p>8. Record Series Sequence</p> <p><input checked="" type="checkbox"/> Alphabetical</p> <p><input type="checkbox"/> Numerical</p> <p><input type="checkbox"/> Chronological</p> <p><input type="checkbox"/> Geographical</p> <p><input type="checkbox"/> Other (specify) _____ To be completed by each jurisdiction</p>	<p>9. Volume _____ (To be completed by each jurisdiction) Number</p> <p><input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____</p> <p>10. Annual Accumulation _____ (To be completed by each jurisdiction) Number</p> <p><input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____</p>
<p>11. File is Used</p> <p><input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually</p> <p>To be completed by each jurisdiction.</p>	<p>12. File Becomes Inactive After</p> <p>Number <input type="checkbox"/> Month(s) <input type="checkbox"/> Year(s)</p>	
<p>13. Current Location(s) (Bldg., Floor, Room) To be completed by each jurisdiction</p>	<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electronically duplicated in the Child Support Enforcement System (CSES)</p>	
<p>15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent</p>	
<p>17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input type="checkbox"/> No To be completed by each jurisdiction.</p>	<p>18. Recommended Retention Retain for three (3) years after case is closed or until all audit requirements are fulfilled, whichever is greater.</p>	
<p>19. Name and Title of Preparer Patsy Chappell Program Specialist</p>	<p>20. Telephone Number 410-767-7455</p>	<p>21. Date</p>

<u>Instructions</u> -Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)	DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-799-1930	AGENCY RECORDS INVENTORY PAGE <u>3</u> OF <u>8</u>
1. Department/Agency Department of Human Resources	2. Division Child Support Enforcement Administration	3. Unit 24 Local Child Support Enforcement Agencies
DEFINITION: RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.		
4. Record Series Title Case Records Item 3	5. Earliest Year/Latest Year _____ to _____	
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) The case record may contain all or some of the following information: Application for services, assignment of rights, court orders, direct notice of payments and any notarized documentation received.		
7. Record Series Format(s) List all <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____	8. Record Series Sequence <input checked="" type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____	9. Volume _____ Number <input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____ 10. Annual Accumulation _____ Number <input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____
11. File is Used <input checked="" type="checkbox"/> Daily <input checked="" type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input checked="" type="checkbox"/> Annually Varies	12. File Becomes Inactive After _____ Number <input type="checkbox"/> Month(s) <input type="checkbox"/> Year(s)	
13. Current Location(s) (Bldg., Floor, Room)	14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electronically - Child Support Enforcement System (CSES)	
15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	16. Audit Requirements <input type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent	
17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input type="checkbox"/> No	18. Recommended Retention Three (3) years after case is closed or until all audit requirements are fulfilled, whichever is greater, and then may be destroyed. 45 CFR part 74 (federal requirement)	
19. Name and Title of Preparer Kendra Jobe Facility/Warehouse Administrator	20. Telephone Number 410-767-8918	21. Date

<p><u>Instructions</u> –Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)</p>	<p>DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-799-1930</p>	<p>AGENCY RECORDS INVENTORY</p> <p>PAGE <u>4</u> OF <u>8</u></p>
<p>1. Department/Agency Department of Human Resources</p>	<p>2. Division Child Support Enforcement Administration</p>	<p>3. Unit Executive Director's Office</p>
<p>DEFINITION: RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</p>		
<p>4. Record Series Title Executive Director's and Director's General Correspondence Item 1</p>	<p>5. Earliest Year/Latest Year _____ to _____</p>	
<p>6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) Original incoming letters, copies of outgoing letters, memorandums, and other material relating to the functions of the Child Support Enforcement Administration.</p>		
<p>7. Record Series Format(s) List all</p> <p><input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm</p> <p><input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape</p> <p><input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk</p> <p><input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape</p> <p><input type="checkbox"/> Other (specify) _____</p>	<p>8. Record Series Sequence</p> <p><input checked="" type="checkbox"/> Alphabetical</p> <p><input type="checkbox"/> Numerical</p> <p><input type="checkbox"/> Chronological</p> <p><input type="checkbox"/> Geographical</p> <p><input type="checkbox"/> Other (specify) _____</p>	<p>9. Volume _____ Number</p> <p><input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____</p> <p>10. Annual Accumulation _____ Number</p> <p><input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____</p>
<p>11. File is Used -- As needed</p> <p><input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually</p>	<p>12. File Becomes Inactive After _____ Number <input type="checkbox"/> Month(s) <input type="checkbox"/> Year(s)</p>	
<p>13. Current Location(s) (Bldg., Floor, Room) 311 W. Saratoga St. 3rd Floor</p>	<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent</p>	
<p>17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>18. Recommended Retention Three (3) years, then destroy. Directives and other materials relating to planning and policy that illustrate the development of the child support program shall be retained permanently for eventual transfer to the Hall of Records.</p>	
<p>19. Name and Title of Preparer Patsy Chappell Program Specialist</p>	<p>20. Telephone Number 410-767-7455</p>	<p>21. Date</p>

Instructions -Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)	DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-799-1930	AGENCY RECORDS INVENTORY PAGE <u>5</u> OF <u>8</u>
1. Department/Agency Department of Human Resources	2. Division Child Support Enforcement Administration	3. Unit Executive Director's Office
DEFINITION: RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.		
4. Record Series Title General Administrative File Item 2	5. Earliest Year/Latest Year _____ to _____	
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) Original incoming letters, copies of outgoing letters, memorandums, reports, studies, surveys, investigations, press releases, newspaper clippings, legislative reference material, directives and other miscellaneous papers relating to the Child Support Enforcement Administration.		
7. Record Series Format(s) List all <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____	8. Record Series Sequence <input checked="" type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____	9. Volume _____ Number <input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____ 10. Annual Accumulation _____ Number <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____
11. File is Used * <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually *As needed	12. File Becomes inactive After _____ Number <input type="checkbox"/> Month(s) <input type="checkbox"/> Year(s)	
13. Current Location(s) (Bldg., Floor, Room) 311 W. Saratoga St. 3 rd Floor	14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent	
17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	18. Recommended Retention Three (3) years, then destroy. Directives and other materials relating to planning and policy that illustrate the development of the child support program shall be retained permanently for eventual transfer to the Hall of Records.	
19. Name and Title of Preparer Kendra Jobe Facility/Warehouse Administrator	20. Telephone Number 410-767-8918	21. Date

<p>Instructions –Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)</p>	<p>DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-799-1930</p>	<p>AGENCY RECORDS INVENTORY</p> <p>PAGE <u>6</u> OF <u>8</u></p>
<p>1. Department/Agency Department of Human Resources</p>	<p>2. Division Child Support Enforcement Administration</p>	<p>3. Unit Policy</p>
<p>DEFINITION: RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</p>		
<p>4. Record Series Title – Legislative Records Item 4</p>	<p>5. Earliest Year/Latest Year _2004_ to _current_</p>	
<p>6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)File consists of original and supporting documents in response to proposed State legislation, which may include testimony, analysis and fiscal impact statements.</p>		
<p>7. Record Series Format(s) List all</p> <p><input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm</p> <p><input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape</p> <p><input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk</p> <p><input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape</p> <p><input type="checkbox"/> Other (specify) _____</p>	<p>8. Record Series Sequence</p> <p><input type="checkbox"/> Alphabetical</p> <p><input checked="" type="checkbox"/> Numerical</p> <p><input type="checkbox"/> Chronological</p> <p><input type="checkbox"/> Geographical</p> <p><input type="checkbox"/> Other (specify) _____</p>	<p>9. Volume _205 files_ Number</p> <p><input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____</p> <p>10. Annual Accumulation _14 files_ Number</p> <p><input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____</p>
<p>11. File is Used</p> <p><input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually</p> <p>File is used basically during the legislative session only.</p>	<p>12. File Becomes Inactive After</p> <p>_____ Number <input type="checkbox"/> Month(s) <input type="checkbox"/> Year(s)</p>	
<p>13. Current Location(s) (Bldg., Floor, Room) 311 W. Saratoga Street, 3rd Floor</p>	<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent</p>	
<p>17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>18. Recommended Retention Ten years</p>	
<p>19. Name and Title of Preparer Kendra Jobe</p>	<p>20. Telephone Number 410-767-8918</p>	<p>21. Date</p>

<p>Instructions –Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)</p>	<p>DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-799-1930</p>	<p>AGENCY RECORDS INVENTORY</p> <p>PAGE <u>7</u> OF <u>8</u></p>
<p>1. Department/Agency Department of Human Resources</p>	<p>2. Division Child Support Enforcement Administration</p>	<p>3. Unit State Disbursement Unit</p>
<p>DEFINITION: RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</p>		
<p>4. Record Series Title TRIP/TROP Appeal's Decisions Reports Item 5</p>	<p>5. Earliest Year/Latest Year <u>2008</u> to <u>2012</u></p>	
<p>6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) Letters received periodically from the Office of Administrative Hearings (OAH) for Non-custodial parent (NCP) filing an appeal for the intercept of their federal and/or state tax refund.</p>		
<p>7. Record Series Format(s) List all</p> <p><input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm</p> <p><input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape</p> <p><input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk</p> <p><input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape</p> <p><input type="checkbox"/> Other (specify) _____</p>	<p>8. Record Series Sequence</p> <p><input checked="" type="checkbox"/> Alphabetical</p> <p><input type="checkbox"/> Numerical</p> <p><input type="checkbox"/> Chronological</p> <p><input type="checkbox"/> Geographical</p> <p><input type="checkbox"/> Other (specify) _____</p>	<p>9. Volume <u>15-20 per year</u> Number</p> <p><input checked="" type="checkbox"/> File Drawer(s) -- Locked <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____</p> <p>10. Annual Accumulation <u>20</u> Number</p> <p><input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____</p>
<p>11. File is Used</p> <p><input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Annually</p>	<p>12. File Becomes Inactive After</p> <p>Number <input type="checkbox"/> Month(s) 7 Year(s)</p>	
<p>13. Current Location(s) (Bldg., Floor, Room) 6000 Metro Drive, Suite 110 Baltimore, MD 21215</p>	<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Copies kept at local child support agencies OAH also sends appeal letter and decision letter to the NCP, local office where case resides.</p>	
<p>15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Safeguards listed in the Tax Information Security Guidelines for Federal, State, and Local Agencies are followed.</p>	<p>16. Audit Requirements</p> <p><input type="checkbox"/> None <input checked="" type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Independent</p>	
<p>17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>18. Recommended Retention 7 years and then shredded to 5/16 of an inch.</p>	
<p>19. Name and Title of Preparer Kendra Jobe Facility/Warehouse Administrator</p>	<p>20. Telephone Number 410-767-8918</p>	<p>21. Date</p>

<p>Instructions –Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)</p>	<p>DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-799-1930</p>	<p>AGENCY RECORDS INVENTORY</p> <p>PAGE <u>6</u> OF <u>6</u></p>
<p>1. Department/Agency Department of Human Resources</p>	<p>2. Division Child Support Enforcement Administration</p>	<p>3. Unit Accounting</p>
<p>DEFINITION: RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</p>		
<p>4. Record Series Title Child Support Accounting Records Item 7</p>	<p>5. Earliest Year/Latest Year __2005__ to __Present__ (To be complete by each local jurisdiction.)</p>	
<p>6. Record Series Description – May include but not limited to the following documents; Check copies along with backup documentation, cancelled checks, bank statements, accounting reports, and general accounting records.</p>		
<p>7. Record Series Format(s) List all</p> <p><input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm</p> <p><input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape</p> <p><input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk</p> <p><input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape</p> <p><input type="checkbox"/> Other (specify) _____</p>	<p>8. Record Series Sequence</p> <p><input type="checkbox"/> Alphabetical</p> <p><input checked="" type="checkbox"/> Numerical</p> <p><input type="checkbox"/> Chronological</p> <p><input type="checkbox"/> Geographical</p> <p><input type="checkbox"/> Other (specify) _____</p>	<p>9. Volume _____ (To be completed by each jurisdiction) Number</p> <p><input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input checked="" type="checkbox"/> Other (specify) Boxes and Binders</p> <p>10. Annual Accumulation _____ Number</p> <p><input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____</p>
<p>11. File is Used</p> <p><input checked="" type="checkbox"/> Daily <input checked="" type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input checked="" type="checkbox"/> Annually</p> <p>Varies, depending upon requests.</p>	<p>12. File Becomes Inactive After __7__ Number <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)</p>	
<p>13. Current Location(s) (Bldg., Floor, Room) 311 W. Saratoga Street, 3rd Floor</p>	<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Check copies on CDs.</p>	
<p>15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IRS Publication 1075</p>	<p>16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent</p>	
<p>17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>18. Recommended Retention Retain for fifteen (15) years after case is closed or until all audit requirements are fulfilled, whichever is greater, then destroy.</p>	
<p>19. Name and Title of Preparer Kendra Jobe Facility/Warehouse Administrator</p>	<p>20. Telephone Number 410-767-8918</p>	<p>21. Date</p>