



Judicial Council of California

ADMINISTRATIVE OFFICE OF THE COURTS

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REQUEST FOR PROPOSALS

Date

February 1, 2010

To

Prospective Proposers

From

Contracting Officer
Business Services, Finance Division

RFP Number

CFCC 17-09-LM Case File Reviewers

Subject

Request for Proposals: Case File Reviewers
for Review of Statewide Uniform Child
Support Guideline

Action Requested

Please Respond

Deadline

February 18, 2010, end of business

**Submit hard copy proposal to address on
page 4.**

The Administrative Office of the Courts (AOC) seeks to form a team of attorneys with experience in family law and child support to assist in the case file review of approximately 1,085 court files for the quadrennial Review of Statewide Uniform Child Support Guideline.

General Information

The Center for Families, Children & the Courts (CFCC), a division of the AOC, focuses on juvenile and family law projects that improve the lives of children through positive changes in the trial and appellate courts' handling of matters involving children. The Child Support Commissioner and Family Law Facilitator Program (Assembly Bill 1058), a mandated statewide program to expedite child support cases, is charged with the oversight of the review of California's statewide uniform child support guideline.

California has adopted a child support guideline in compliance with federal law, 42 U.S.C. § 667(a). California Family Code, § 4054(a) provides that the "Judicial Council shall periodically review the statewide uniform guideline to recommend to the Legislature appropriate revisions." Federal law also requires that the child support guidelines be reviewed by the state at least once every four years

to “ensure that their application results in the determination of appropriate child support award amounts.”

Samples of past studies are located at:

<http://www.courtinfo.ca.gov/programs/cfcc/programs/description/childsupport.htm#research>

The federal and state requirements specify that the review must include an analysis of case data. One of the major reasons for conducting the case file review is to determine whether the guideline is being applied and the frequency of, and reasons for, deviation from the guideline.

For this portion of the study, the AOC seeks the services of attorneys currently licensed to practice law in California to form a team of case file reviewers with experience in family law and child support. Approximately 1,085 court files will be sampled on-site in nine (9) study counties throughout the state as determined by the Center for Policy Research, the research consultant for the study.

The nine study counties are as follows:

- Fresno
- Los Angeles
- San Diego
- San Luis Obispo
- Santa Clara
- Siskiyou
- Solano
- Tehama
- Tulare

Case file reviewers will examine a select number of Title IV-D and non-Title IV-D child support cases and complete a case file review form for each. (A sample of the Case File Review Form-2005 for Child Support Guideline Review is provided on pages 5-6.) The review will examine child support orders that were established or modified between January 1, 2008 and December 31, 2008. Completed forms will then be submitted to the AOC Project Manager. All case file reviewers will be required to participate in a two- (2) hour data collection training via teleconference led by the AOC Project Manager in late February to early March 2010. The case file review must be completed in compliance with the sampling and other procedures provided at the data collection training teleconference.

One (1) case file reviewer will be selected and assigned to each study county with the exception of Los Angeles, which will have two (2) case file reviewers due to the files at two locations. (A copy of this year’s targeted sample is provided on page 7.) Data collection will take place over a two- (2) week period from mid to late March 2010.

Compensation

The total cost for consultant services will range from **\$50.00** per case reviewed. This rate is inclusive of labor, materials and overhead. Travel expenses must conform to AOC guidelines, as provided in Attachment 2.

Source of Funding

This portion of the study is funded through the Trial Court Improvement Fund. Funds will expire on June 30, 2010.

Questions & Answers

Questions regarding this RFP should be directed to Solicitations@jud.ca.gov by **February 8, 2010, end of business**.

Answers to questions submitted before the deadline will be posted on Solicitations@jud.ca.gov.

Evaluation of Proposals

Proposals will be evaluated by the AOC using the following criteria on a thirty-point scale, in order of descending priority:

- a. Experience reviewing court case files to determine child support provisions in court orders (total value 12 pts.)
- b. Knowledge of child support guidelines and child support guideline law (total value 10 pts.)
- c. Ability to meet timing requirements to complete the project (total value 8 pts.)

Bidders may propose one (1) single county or multiple counties. However, keep in mind the time frame of the project when determining availability to meet the demands of this project. Candidates will not be scored based on the number of counties proposed. Similarly, proposals will not be given a lower ranking for bidding on a single county or a smaller number of counties.

Proposal Submission

Your proposal should include the following information:

1. Name, address, telephone and fax numbers, and federal tax identification number. Note that if a sole proprietorship using its social security number is awarded a contract, the social security number will be required prior to finalizing a contract. This information is entered on Attachment 1, Payee Data Record Form.

2. Resume and cover letter describing your experience and familiarity with the following in the State of California:
 - Governmental and family law forms relating to child support;
 - Child support guideline and child support guideline law;
 - Standard governmental and family law child support order provisions; and
 - Review of governmental child support and family law court files.
3. Names, physical and electronic addresses, and telephone numbers of a minimum of two (2) references with whom the attorney has worked, and the term of the work. The AOC may check references listed.
4. County(s) in which you propose to conduct the case file review.
5. A calendar of your availability from late February, 2010 through March 31, 2010.

Proposers will submit a hard copy original of the proposal, a completed Attachment 1: Payee Data Record Form and an electronic version of *both* on CD-ROM (resume in Word format) by **February 18, 2010, end of business** to:

Judicial Council of California
Administrative Office of the Courts
Attn: Nadine McFadden, RFP: CFCC 17-09-LM
455 Golden Gate Avenue
San Francisco, CA 94102-3688

We look forward to hearing from you. Thank you for your interest in this project.

CASE FILE REVIEW FORM-2005 FOR CHILD SUPPORT GUIDELINE REVIEW

SECTION I: CASE INFORMATION		
Q1. COUNTY _____	Q2. ORDER DATE _____ / ____ / ____	(MUST BE BETWEEN 1/1/04-12/31/04)
Q3. CASE # _____		
Q4. TYPE OF CASE (CHECK ONE) <input type="checkbox"/> IV-D CASE <input type="checkbox"/> NON-IV-D CASE		
Q5. MODIFICATION OR NEW ORDER? (CHECK ONE) <input type="checkbox"/> NEW ORDER <input type="checkbox"/> MODIFIED ORDER		
Q6. ORDER TYPE (CHECK ONE) <input type="checkbox"/> DEFAULT <input type="checkbox"/> CONTESTED <input type="checkbox"/> STIPULATION		
SECTION II: PARENT INFORMATION		
Q1. NUMBER OF CHILDREN SUBJECT TO THIS ORDER (CIRCLE ONE) 1 2 3 4 5 6 7 8 9 10 OR MORE		
ANSWER THE FOLLOWING FOR EACH PARENT CONSIDERED IN THE ORDER CALCULATION.		
	MOTHER	FATHER
Q2. APPROXIMATE % OF CHILD'S TIME WITH PARENT	%	%
Q3. IS INCOME IMPUTED? (CIRCLE ONE)	Y N	Y N
Q4. IS INCOME PRESUMED? (CIRCLE ONE)	Y N	Y N
Q5. MONTHLY GROSS INCOME (IF IMPUTED, ENTER THAT AMT; IF UNKNOWN OR PRESUMED, ENTER DK; REQUIRED FIELD)	\$ _____	\$ _____
Q6. MONTHLY NET INCOME (IF IMPUTED, ENTER THAT AMT; IF UNKNOWN OR PRESUMED, ENTER DK; REQUIRED FIELD)	\$ _____	\$ _____
Q7. WAS A HARDSHIP DEDUCTION APPLIED? <i>CHECK THE REASON FOR THE HARDSHIP DEDUCTION & PROVIDE THE AMOUNT BY REASON.</i>	Y N	Y N
a. <input type="checkbox"/> OTHER MINOR CHILDREN	\$ _____	\$ _____
b. <input type="checkbox"/> EXTRAORDINARY MEDICAL EXPENSES	\$ _____	\$ _____
c. <input type="checkbox"/> CATASTROPHIC LOSSES	\$ _____	\$ _____
Q8. IN ARRIVING AT NET INCOME, WAS THERE A DEDUCTION FOR COURT-ORDERED CHILD SUPPORT, COURT-ORDERED SPOUSAL SUPPORT, OR VOLUNTARILY PAID CHILD SUPPORT THAT WAS NOT PART OF A HARDSHIP DEDUCTION? (IF YES, NUMBER OF CHILDREN CONSIDERED IN CHILD SUPPORT BEING SUBTRACTED.)	Y N DK IF YES, # OF CHILDREN = ____	Y N DK IF YES, # OF CHILDREN = ____
Q9. WHICH PARENT IS THE OBLIGOR? (CHECK ONE)		
Q10. DOES OBLIGOR QUALIFY FOR LOW INCOME ADJUSTMENT? <i>TO QUALIFY, OBLIGOR NET MONTHLY INCOME MUST BE \$1,000 OR LESS.</i>	Y N	Y N
Q11. WAS THE LOW INCOME ADJUSTMENT GRANTED? (COMPLETE FOR PARENT THAT IS OBLIGOR ONLY) <i>(IF YES, WHAT WAS THE MONTHLY ADJUSTMENT AMOUNT?)</i>	Y N \$ _____	Y N \$ _____
<i>(IF NO, WAS A REASON GIVEN?)</i>	Y N	Y N
Q12. IS THERE AN INCOME EXPENSE DECLARATION OR SIMPLIFIED FINANCIAL STATEMENT COMPLETED FOR THE PARENT?	Y N	Y N
Q13. IS PARENT REPRESENTED BY AN ATTORNEY?	Y N	Y N

SECTION III CHILD SUPPORT ORDER		
Q1. AMOUNT OF BASE SUPPORT ORDERED \$ _____ (PER) MONTH OTHER _____ OR RESERVED <small>NOT INCLUDING ADD-ON (MUST BE SPECIFIED)</small>		
Q2. IS THIS THE GUIDELINE AMOUNT? <small>(CIRCLE ONE; MUST BE SPECIFIED)</small> YES NO \$ _____ UNSTATED <small>(GUIDELINE AMT)</small>		
Q3. If NO to Q2, WAS THE AMOUNT AGREED TO/ORDERED <small>(CIRCLE ONE; MUST BE SPECIFIED)</small>	ABOVE GUIDELINE	BELOW GUIDELINE
Q4. If NO to Q2, WHAT IS THE REBUTTING FACTOR? <small>(CHECK ALL APPLICABLE)</small>		
<input type="checkbox"/> (1) SALE OF FAMILY RESIDENCE IS DEFERRED <input type="checkbox"/> (2) EXTRAORDINARY HIGH INCOME <input type="checkbox"/> (3) PARENT NOT CONTRIBUTING COMMENSURATE TO CUSTODIAL TIME <input type="checkbox"/> (4I) DIFFERENT TIME-SHARING ARRANGEMENTS <input type="checkbox"/> (4II) EQUAL CUSTODY, UNEQUAL HOUSING <input type="checkbox"/> (4III) CHILD HAS SPECIAL NEEDS <input type="checkbox"/> STIPULATION <input type="checkbox"/> UNJUST OR INAPPROPRIATE <input type="checkbox"/> OTHER _____ (SPECIFY) <input type="checkbox"/> UNSTATED		
Q5. ADDITIONAL CHILD SUPPORT		
	MONTHLY AMOUNT OR %	
	MOTHER <small>CIRCLE ONE: % \$</small>	FATHER <small>CIRCLE ONE: % \$</small>
(1) WORK- OR EDUCATION-RELATED CHILD-CARE COSTS		
(2) CHILD'S UNINSURED HEALTH-CARE COSTS		
(3) CHILD'S EDUC. COSTS OR SPECIAL NEEDS		
(4) TRAVEL EXPENSES FOR VISITATION		
(5) OTHER _____		
Q6. CHECK ALL THAT ARE APPLICABLE		
<input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER ... IS ORDERED TO PROVIDE HEALTH INSURANCE <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER ... DOES NOT HAVE HEALTH INSURANCE AVAILABLE AT REASONABLE COST AT THIS TIME		

SECTION VI. MISSING INFORMATION	
<input type="checkbox"/> NO DOCUMENTS ON RESULT OF CALENDARED CHILD SUPPORT COURT EVENT INITIALLY SAMPLED (E.G. CONTINUANCE, OFF CALENDAR) <input type="checkbox"/> PARENTS' INCOME NOT SPECIFIED <input type="checkbox"/> AMOUNT OF CHILD SUPPORT NOT SPECIFIED <input type="checkbox"/> GUIDELINE AMOUNT NOT SPECIFIED <input type="checkbox"/> ABOVE OR BELOW GUIDELINE NOT SPECIFIED	

ADDITIONAL COMMENTS/REMARKS (ATTACH ADDITIONAL NOTES, IF NEEDED):

FORM COMPLETED BY: _____

TARGETED SAMPLE 2010

	Targeted Sample (2005)	Actual Number of Cases Collected (2005)	Targeted Sample (2010)
Alameda	69	73	N/A
Amador	16	18	N/A
Fresno	172	172	236
Los Angeles	307	327	250
San Diego	168	170	177
San Luis Obispo	22	25	38
Santa Clara	135	146	146
Siskiyou	20	37	31
Solano	49	54	52
Tehama	16	16	66
Tulare	143	144	88
	1,117	1,182	1,085