

**COUNTY RESPONSIBLE OVERPAYMENT**

**PART I**

TO: PROGRAM/BENEFIT PAYMENTS SECTION	NAME	_____
DHHS CONTROLLER'S OFFICE	CASE ID#	_____
2019 MAIL SERVICE CENTER	COUNTY CASE	_____
RALEIGH, NC 27699-2019	PROGRAM	_____
ATTENTION: DEBBIE HAWKINS	IV-D CASE	_____

A county responsible overpayment occurred in the above case and is being reported per

Manual Section

for state office adjustment.

Amount of Overpayment:	<u>Month/Year</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	Total	_____
		=====

Reason for Overpayment and Manual Reference

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Signed)

(Title)

(Date)

Notification of Adjustment will be provided in letter form.