

**COUNTY RESPONSIBLE OVERPAYMENT**

**PART I**

TO: PROGRAM BENEFIT PAYMENT SECTION  
616 OBERLIN ROAD  
RALEIGH, NORTH CAROLINA 27605  
COURIER # 56-20-01

NAME \_\_\_\_\_  
CASE ID# \_\_\_\_\_  
COUNTY CASE \_\_\_\_\_  
PROGRAM \_\_\_\_\_  
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.