

APPLICATION FOR DISCHARGE FROM ACCOUNTABILITY

STD 27 (Rev. 07/2021)

(See SAM Sections 8291-8296)

Submit one claim per debtor in duplicate to:

State Controller's Office

Attn: SARD-Discharge from Accountability

P.O. Box 942850

Sacramento, CA 94250-0001

DEPARTMENT NAME			ORGANIZATION CODE	RECEIVED	SCO USE ONLY	
DEPARTMENT ADDRESS			FUND NUMBER			
CITY	STATE	ZIP CODE	PROGRAM			
DEBTOR'S NAME			CLAIM AMOUNT	LOG #		

Explain in detail and include documentation of the collection efforts and circumstances warranting discharge. The following items are included for review: (Check all that are applicable)	SCO USE ONLY
<input type="checkbox"/> 1. Statement as to the nature of the money due and summary of efforts taken	<input type="checkbox"/> A <input type="checkbox"/> I <input type="checkbox"/> N/A
<input type="checkbox"/> 2. Accounts receivable establishment (invoice, salary advance, travel advance, etc.)	<input type="checkbox"/> A <input type="checkbox"/> I <input type="checkbox"/> N/A
<input type="checkbox"/> 3. Collection letters issued	<input type="checkbox"/> A <input type="checkbox"/> I <input type="checkbox"/> N/A
<input type="checkbox"/> 4. Offset attempts made (FTB, BOE, EDD, Lottery, etc.)	<input type="checkbox"/> A <input type="checkbox"/> I <input type="checkbox"/> N/A
<input type="checkbox"/> 5. Legal action pursued	<input type="checkbox"/> A <input type="checkbox"/> I <input type="checkbox"/> N/A
<input type="checkbox"/> 6. Collection agency activities	<input type="checkbox"/> A <input type="checkbox"/> I <input type="checkbox"/> N/A
<input type="checkbox"/> 7. Bankruptcy information (petition date, finality date, and outcome, etc.)	<input type="checkbox"/> A <input type="checkbox"/> I <input type="checkbox"/> N/A
<input type="checkbox"/> 8. Debtor deceased	<input type="checkbox"/> A <input type="checkbox"/> I <input type="checkbox"/> N/A
<input type="checkbox"/> 9. Statute of limitations expired (Code and Section): _____	<input type="checkbox"/> A <input type="checkbox"/> I <input type="checkbox"/> N/A
<input type="checkbox"/> 10. Other facts warranting discharge: _____	<input type="checkbox"/> A <input type="checkbox"/> I <input type="checkbox"/> N/A

In addition to the documentation listed above, our department declares the following:



The debtor is not a current employee of the State of California.

The debt is determined to be uncollectable and the amount of the debt does not justify the cost of further collection actions.

The annual State Department Accounts Receivable Management Representation and Certification has been submitted.

NOTICE: Every person who, with intent to defraud, presents for allowance or for payment to any state board or officer, ... authorized to allow or pay the same if genuine, any false or fraudulent claim, bill, account, voucher, or writing, is punishable as prescribed in **Penal Code Section 72**.

I declare under penalty of perjury that each of the foregoing statements is true and correct. (CCP Section 2015.5)

PREPARED BY (SIGNATURE) 	DATE PREPARED	AUTHORIZED BY (SIGNATURE) 	DATE AUTHORIZED
PRINTED NAME AND TITLE		PRINTED NAME AND TITLE	
EMAIL ADDRESS	PHONE NUMBER	EMAIL ADDRESS	PHONE NUMBER


THIS SPACE RESERVED FOR THE STATE CONTROLLER'S OFFICE USE ONLY

The STATE CONTROLLER'S OFFICE has RETURNED this claim for the following reason(s):

<input type="checkbox"/> Missing original signature(s)	<input type="checkbox"/> Per agency's request
<input type="checkbox"/> Multiple debtors included on one claim	<input type="checkbox"/> Debtor is another state department (SAM Section 8293.3)
<input type="checkbox"/> Missing department's annual State Department Accounts Receivable Management Representation and Certification	<input type="checkbox"/> Claim is \$500 or less (Government Code Section 12438)
	<input type="checkbox"/> Other: _____

FOR QUESTIONS CONTACT:	EMAIL ADDRESS	DATE SIGNED
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The STATE CONTROLLER'S OFFICE has APPROVED this claim for discharge pursuant to Government Code Section 12433-12439.

APPROVED BY (SIGNATURE) 	PRINTED NAME AND TITLE	DATE APPROVED
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