LOS ANGELES COUNTY
CHILD SUPPORT
SERVICES

Request for Lien Release/ Demand

Please email: CSSD-EscrowTitleRequest@cssd.lacounty.gov with the following information below:

1. **This completed form**
2. **Copy of the Abstract of Support Judgment(s) -** This document is required to timely and accurately process the lien release.

Your Company Name: _____
Contact Person: _____
Contact Person Email: _____
Phone Number: _____
Address: _____
Fax Number: _____

_____

Escrow Number _____
Transaction Type: _____
Expected Closing date _____

(To avoid mistaken identity, please do not copy information from the "Abstract Support Judgment")

Borrower/Debtor Name: _____
Social Security Number: _____
Date of Birth: _____
Property Address: _____

_____

Remarks/Comments _____
***Relationship to Debtor** _____

Your preferred method of response

***Please note "Demands" alone will only be sent via Email or Fax to confirm completion**

☐ **Email to Address above**

☐ **Fax#**

***Release of Lien signed documents will be sent via regular mail or FedEx only**

☐ **Mail to address above**

☐ **Fedex (Provide a Fedex Label)**

*UPS not accepted

Check all that apply.