



RON CHAPMAN, MD, MPH
Director & State Health Officer

State of California—Health and Human Services Agency
California Department of Public Health



EDMUND G. BROWN JR.
Governor

November 21, 2013

13-27

TO: LOCAL REGISTRARS OF BIRTHS AND DEATHS
CHIEF DEPUTY REGISTRARS OF BIRTHS AND DEATHS
COUNTY CLERKS
COUNTY RECORDERS
SUPERIOR COURT CLERKS

SUBJECT: 2014 VITAL RECORDS FEES

This is a second letter being sent to notify local offices that vital records fees will increase on January 1, 2014, pursuant to Assembly Bill (AB) 1053, (Gordon, Chapter 402, Statutes of 2011) and AB 110, (Blumenfeld, Chapter 20, Statutes of 2013).

The base fee increases are the result of two different processes. First, AB 1053 authorized a \$2.00 fee increase to the base fee for certified copies of birth, death, and fetal death records. Second, pursuant to Health and Safety Code, Sections 100425, 100430, and 100435 (AB 110) authorized an annual fee adjustment to the base fee for certified copies of birth, death, and fetal death certificates, public marriage licenses, permits for disposition of human remains, and vital and health statistics trust funds.

The state's portion of the fee increases will be:

- Certified Copies for Birth, Death, and Fetal Death – from \$1.50 to \$2.10
- Vital and Health Statistics Trust Fund Fee, if trust fund is established, from \$1.35 to \$1.80
- Vital and Health Statistics Trust Fund Fee, if trust fund is not established, from \$3.00 to \$4.00
- Public Marriage License (Public and Declared) – from \$2.00 to \$3.00

2014 VITAL RECORDS FEES

Page 2

November 21, 2013

- Permit for Disposition of Human Remains
 - Direct Filing from \$2.00 to \$2.50
 - After-Hours Filing from \$2.00 to \$2.50
 - Cross-Filing from \$4.00 to \$4.80

All Vital Statistics (VS) forms reflect these changes and must be used when transmitting fees that are collected on or after January 1, 2014.

Enclosed is the annual Vital Records Fee Schedule for 2014.

If you have any questions about existing fees, please contact Ms. Antoinette Cabral at (916) 552-8133.

Sincerely,

Original signed by:

Tony Agurto, MPH
State Registrar
Assistant Deputy Director
Center for Health Statistics and Informatics

Enclosures

VITAL RECORDS FEE SCHEDULE
Effective January 1, 2014

I. CERTIFIED COPIES, SEARCHES, AND CERTIFICATION OF NO PUBLIC RECORD

(Search/No Record fees are the same as copy fees -- Health and Safety (H&S) Code, Section 103650)

	Fee	Allocation	
BIRTH – General Public			
H&S Code, § 103625(b) ¹⁷ and H&S Code, § 100425 ¹⁸	\$14.00	\$11.90 <u>\$ 2.10</u>	Retained by issuing agency (85%) To State Registrar each month (15%)
H&S Code, § 103625(f) ⁸ and H&S Code, § 100425 ¹⁸	\$ 4.00	\$2.20 <u>\$1.80</u>	Retained by issuing agency (55%) To State Registrar each month (45%)
H&S Code, § 103525.5 ¹²	\$ 1.00	\$0.35 <u>\$0.65</u>	Retained by issuing agency To State Registrar each month
Surcharge: Welfare & Institutions (W&I) Code, § 18966 and H&S Code, § 103625(b) ¹	\$ 4.00	\$0.40 <u>\$3.60</u>	Retained by issuing agency (10%) To County Children’s Trust Fund (90%)
H&S Code, § 103625(b) ¹⁶	\$ 2.00	\$2.00	To Umbilical Cord Blood Collection Program (100%)
Total Fee	\$25.00		
BIRTH – Government Agency			
H&S Code, § 103625(b) ¹⁷ and H&S Code, § 100425 ¹⁸	\$14.00	\$11.90 <u>\$ 2.10</u>	Retained by issuing agency (85%) To State Registrar each month (15%)
H&S Code, § 103625(f) ⁸ and H&S Code, § 100425 ¹⁸	\$ 4.00	\$ 2.20 <u>\$ 1.80</u>	Retained by issuing agency (55%) To State Registrar each month (45%)
H&S Code, § 103525.5 ¹²	\$ 1.00	\$ 0.35 <u>\$ 0.65</u>	Retained by issuing agency To State Registrar each month
Total Fee	\$19.00		
DEATH – Government Agency & General Public			
H&S Code, § 103625(a) ¹⁷ and H&S Code, § 100425 ¹⁸	\$14.00	\$11.90 <u>\$ 2.10</u>	Retained by issuing agency (85%) To State Registrar each month (15%)
H&S Code, § 103625(f) ⁸ and H&S Code, § 100425 ¹⁸	\$ 4.00	\$ 2.20 <u>\$ 1.80</u>	Retained by issuing agency (55%) To State Registrar each month (45%)
H&S Code, § 103525.5 ¹²	\$ 1.00	\$ 0.35 <u>\$ 0.65</u>	Retained by issuing agency To State Registrar each month
Surcharge: Penal Code, § 14251 ¹⁰	\$ 2.00	\$ 0.10 <u>\$ 1.90</u>	Retained by issuing agency (5%) To Department of Justice Missing Persons DNA Data Base Fund (95%)
Total Fee	\$21.00		

VITAL RECORDS FEE SCHEDULE
Effective January 1, 2014

I. CERTIFIED COPIES, SEARCHES, AND CERTIFICATION OF NO PUBLIC RECORD (Cont.)

(Search/No Record fees are the same as copy fees -- Health and Safety (H&S) Code, Section 103650)

	Fee	Allocation	
FETAL DEATH – Government Agency & General Public			
H&S Code, § 103625(a) ¹⁷ and H&S Code, § 100425 ¹⁸	\$14.00	\$11.90 <u>\$ 2.10</u>	Retained by issuing agency (85%) To State Registrar each month (15%)
H&S Code, § 103625(f) ⁸ and H&S Code, § 100425 ¹⁸	\$ 4.00	\$ 2.20 <u>\$ 1.80</u>	Retained by issuing agency (55%) To State Registrar each month (45%)
Total Fee	\$18.00		

STILL BIRTH

H&S Code, § 103040.1(f) ¹⁴			
Total Fee	Varies per county		Retained by issuing agency (100%)

MARRIAGE – General Public

H&S Code, § 103625(c) and H&S Code, § 100425 ¹⁸	\$6.00	\$5.10 <u>\$.90</u>	Retained by issuing agency (85%) To State Registrar each month (15%)
H&S Code, § 103625(f) ⁸ and H&S Code, § 100425 ¹⁸	\$4.00	\$2.20 <u>\$1.80</u>	Retained by issuing agency (55%) To State Registrar each month (45%)
Surcharge: H&S Code, § 103625(c) and Family Code, § 1852 ⁶	\$4.00	\$0.40 <u>\$3.60</u>	Retained by issuing agency (10%) To Family Law Trust Fund (90%)
H&S Code, § 103525.5 and Family Code, § 506 ¹⁵	\$1.00	\$0.35 <u>\$0.65</u>	Retained by issuing agency (35%) To State Registrar each month (65%)
Total Fee	\$15.00		

MARRIAGE – Government Agency

H&S Code, § 103625(c) and H&S Code, § 100425 ¹⁸	\$6.00	\$5.10 <u>\$.90</u>	Retained by issuing agency (85%) To State Registrar each month (15%)
H&S Code, § 103625(f) ⁸ and H&S Code, § 100425 ¹⁸	\$4.00	\$2.20 <u>\$1.80</u>	Retained by issuing agency (55%) To State Registrar each month (45%)
H&S Code, § 103525.5 ¹⁵	\$1.00	\$0.35 <u>\$0.65</u>	Retained by issuing agency (35%) To State Registrar each month (65%)
Total Fee	\$11.00		

VITAL RECORDS FEE SCHEDULE
Effective January 1, 2014

II. PERMIT FOR DISPOSITION OF HUMAN REMAINS

	Fee	Allocation	
REGULAR PERMIT			
H&S Code, § 103675	\$5.00	\$2.50	Retained by issuing agency (50%)
H&S Code, § 100430		<u>\$2.50</u>	To State Registrar quarterly (50%)
H&S Code, § 103692 ¹³	\$4.00	<u>\$4.00</u>	To State Registrar quarterly (100%)
Surcharge:			
H&S Code, § 103680 ⁹	\$3.00	\$1.00	To Peace Officers Training Fund
		<u>\$2.00</u>	Retained by issuing agency for deposit into county treasury for indigent burials
Total Fee	\$12.00		
AFTER HOURS PERMIT			
H&S Code, § 103675	\$5.00	\$2.50	Retained by issuing agency (50%)
H&S Code, § 100430		<u>\$2.50</u>	To State Registrar quarterly (50%)
H&S Code, § 103692 ¹³	\$4.00	<u>\$4.00</u>	To State Registrar quarterly (100%)
H&S Code, § 103685 ²	\$3.00	<u>\$3.00</u>	Retained by issuing agency (100%)
Total Fee	\$12.00		
CROSS-FILE PERMIT			
H&S Code, § 103065 ³	\$12.00	\$4.80	To State Registrar quarterly (40%)
H&S Code, § 100430		\$3.60	Transmitted with death certificate to county where death occurred (30%)
		<u>\$3.60</u>	Retained by county issuing permit (30%)
H&S Code, § 103692 ¹³	\$4.00	<u>\$4.00</u>	To State Registrar quarterly (100%)
Total Fee	\$16.00		

VITAL RECORDS FEE SCHEDULE
Effective January 1, 2014

III. MARRIAGE LICENSE

	Fee	Allocation	
MARRIAGE LICENSE (Public, Declared, and Non-Clergy)			
Government (Gov.) Code, § 26840 and H&S Code, § 100435	\$12.00	\$ 3.00 <u>\$ 9.00</u>	To State Registrar each month Retained by issuing agency
Gov. Code, § 26840.7 and W&I Code, § 18305	\$23.00	\$23.00	Retained by the county for the domestic violence program special fund
Total Minimum Fee⁴	\$35.00		

CONFIDENTIAL MARRIAGE LICENSE

Gov. Code, § 26840.1	\$14.00	\$ 4.00 <u>\$10.00</u>	To State Registrar each month Retained by issuing agency
Gov. Code, § 26840.8 and W&I Code, § 18305	\$23.00	\$23.00	Retained by the county for the domestic violence program special fund
Total Minimum Fee^{4, 5}	\$37.00		

IV. PETITIONS FOR DISSOLUTION OF MARRIAGE, LEGAL SEPARATION OR NULLITY

	Fee	Allocation	
Gov. Code, § 70670(b) and Gov. Code, § 68085.1(b) ⁷	\$2.00	\$2.00	To State Registrar each month (100%)
Total Fee	\$2.00		

V. AMENDMENT FEES (Issued by State Registrar Only)

(VS 21)	Adjudication of Facts of Parentage.....	\$23.00
(VS 22)	Acknowledgment of Paternity	\$23.00
(VS 23)	Amendment of Birth Record to Reflect Court Order Change of Name	\$23.00
(VS 24)	Affidavit to Amend a Record*	\$23.00
(VS 24A)	Physician/Coroner's Amendment*	\$23.00
(VS 24C)	Affidavit to Amend a Marriage Record* ¹¹	\$23.00
(VS 44)	Court Report of Adoption ⁷	\$20.00
(VS 85)	Delayed Registration of Birth	\$23.00
(VS 107)	Supplemental Name Report*	\$23.00
(VS 109)	Court Order Delayed - Death	\$23.00
(VS 108)	Court Order Delayed - Birth	\$23.00
(VS 122)	Court Order Delayed - Marriage	\$23.00

*No fee is charged if amendment is applied within one year of the event.

VITAL RECORDS FEE SCHEDULE
Effective January 1, 2014

FOOTNOTES

- (1) If the county does not have a County Children's Trust Fund Account established per W&I Code, § 18966, the fee is to be submitted monthly to the State Department of Social Services. The address is:

State Department of Social Services
Children's Trust Fund
744 P Street, MS-13-72
Sacramento, CA 95814
- (2) For after-hours permit for disposition, add \$3.00 to the base fee (H&S Code, § 103685).
- (3) The funeral director should write two checks: one for \$3.60 to be sent along with the death certificate to the county of death, and one for \$12.40 to the county issuing the permit.
- (4) After hours marriage fees of up to \$5.00 may be imposed (Gov. Code, § 26840.2). A county board of supervisors may increase marriage fees in the amount necessary to recover the cost of producing the license (Gov. Code, § 54985).
- (5) County Clerks may impose an additional fee of up to \$3.00 (Gov. Code, § 26840.1(b)). A Conciliation Court fee of up to \$5.00 may be imposed (Gov. Code, § 26840.3(2)).
- (6) The fee should be remitted on Form CA 25 (Report to State Controller of Remittance to State Treasurer TC-31) using the following codes: Family Law Trust Fund 0587, Agency Code 0250, REV/OBJ 161400.
- (7) The fee for adoptions, dissolution of marriage, domestic partnership, legal separation, or nullity should be remitted to the Administrative Office of the Courts bank account using the TC-145. Contacts are Steven Chang at (415) 865.7195, via e-mail steven.chang@jud.ca.gov or Jeffery Peralta at (415) 865.8835, via email jeffery.peralta@jud.ca.gov.
- (8) If the county office does not have a Vital and Health Statistics Trust Fund account, the entire \$4.00 is to be remitted to the State Registrar.
- (9) The fee should be remitted on Form CA 25 (Report to State Controller of Remittance to State Treasurer TC-31) using the following codes: Peace Officer's Training Fund 0268, Agency Code 8120.
- (10) The fee should be remitted on Form CA 25 (Report to State Controller of Remittance to State Treasurer TC-31) using the following codes: DNA Database Fund 3016, Agency Code 0820, REV/OBJ 131700.
- (11) The State Registrar does not preserve Confidential Marriage records. Any amendment must be processed locally, thereby incurring the cost locally. The entire fee of \$23.00 for an amendment of a Confidential Marriage Certificate is to be retained by the local office.
- (12) Effective January 1, 2006, the fee was reduced to \$1.00.
- (13) Effective January 1, 2005, the \$6.00 fee was reduced to \$4.00.
- (14) The local registrar of births and deaths may charge an appropriate fee for processing and issuing a Certificate of Still Birth, not to exceed the entity's full cost of providing the certificate.
- (15) Effective January 1, 2010, the \$1.00 fee established is pursuant to AB 130.
- (16) Effective September 30, 2010, the \$2.00 fee established pursuant to AB 52 should be remitted on Form CA 25 (Report to State Controller of Remittance to State Treasurer TC-31) using the following Codes: Fund: 1017, Agency: 6440, REV/OBJ: 141200.
- (17) Effective January 1, 2012, January 1, 2013, and January 1, 2014, the fee was increased by \$2.00, pursuant to AB 1053.
- (18) AB 1053 removed H&S Code, § 103625 from the provisions of H&S Code, § 100430. Effective January 1, 2014, H&S Code, § 103625 will be placed under the provisions of H&S Code, § 100425.

The authority for increasing fees is found in H&S Code, § 100425, 100430 and 100435.

Rev. 11/2013

Center for Health Statistics and Informatics
Administration Branch
MS 5103
P.O. Box 997410
Sacramento, CA 95899-7410
(916) 552-8133
(916) 552-8110 (Fax)

County/District _____

Health Dept. Recorder
 County Clerk Courts
 Recorder/Clerk Other _____
(Specify)

Reporting period _____, 20____
 (Month) (Year)

**MONTHLY TRANSMITTAL OF FEES TO STATE
 CERTIFIED COPIES**

DESCRIPTION	Births	Deaths	Fetal Deaths	Still Births	Marriages- Public, Declared and Non-Clergy	Confidential Marriages	TOTAL
Number of Certified Copies Issued							
Number of "Certificates of No Record" Issued (A)							
Number of Free Copies Issued to Fire Victims per Executive Order							
TOTAL CERTIFICATES ISSUED less free copies issued per Exec.order							
Total Certificates Issued x \$2.10 for Birth, Deaths, Fetal Deaths (15% of \$14.00 Base Fee) (B)							
Total Certificates Issued x \$0.90 for Marriages/Confidential Marriages (15% of \$6.00 Base Fee) (C)							
Total Certificates Issued x \$1.80 (45% of \$4.00 Base Fee) (D)							
-OR- Total Certificates Issued x \$4.00 (100% of \$4.00 Base Fee) (E)							
Total Certificates Issued x \$0.65 (\$0.65 of \$1.00 Fee) (F)							
TOTAL FEE							

- (A) Pursuant to Health and Safety Code Section 103650
 - (B) Pursuant to Health and Safety Code Section 103625 (a) and (b)
 - (C) Pursuant to Health and Safety Code Section 103625(e)
 - (D) Pursuant to Health and Safety Code Section 103625(k)
 - (E) Pursuant to Health and Safety Code Section 103625(g) (2)
 - (F) Pursuant to Health and Safety Code Section 103525.5 (applies to marriage, birth, and death certificates only)
- Note:** Fees are increased periodically pursuant to Health and Safety Code Section 100425.

Total Amount Enclosed _____

CERTIFICATION OF REPORTING OFFICER

I certify that I am a duly qualified and authorized official of the reporting county (or city) and that the number of certified copies and Certification of No Record issued during the month is as reported.

Signature	Title	Telephone Number ()	Date
Address		City	Zip

Questions regarding this report should be directed to:

Name	Telephone Number ()	E-mail address
------	-------------------------	----------------

THIS TRANSMITTAL AND CHECK PAYABLE TO THE STATE REGISTRAR MUST BE FORWARDED TO THE ADMINISTRATION BRANCH BY THE TENTH DAY OF THE MONTH FOLLOWING THE CALENDAR MONTH IN WHICH THE FEES WERE COLLECTED.

Center for Health Statistics and Informatics
 Administration Branch
 MS 5103
 P.O. Box 997410
 Sacramento, CA 95899-7410
 (916) 552-8133
 (916) 552-8110 (Fax)

County/District: _____

Health Recorder
 County Clerk Courts
 Recorder/Clerk Other _____

Reporting period: _____
 (Month) (Year)

**TRANSMITTAL OF FEES TO STATE
 PERMIT FOR DISPOSITION OF HUMAN REMAINS**

DESCRIPTION	<u>First Month</u>	<u>Second Month</u>	<u>Third Month</u>	Total Number of Permits	Fee	Total Amount Due (permits x fee)
	January April July October	February May August November	March June September December			
Direct Filing (A)					\$2.50	
Cross Filing (B)					\$4.80	
After-Hours Filing (C)					\$2.50	
AB 2550 Fee (D) Total Permits (A+B+C)					\$4.00	

Total Amount Enclosed \$ _____

- (A) Health and Safety Code Section 103675
- (B) Health and Safety Code Section 103065
- (C) Health and Safety Code Sections 103675, 103685
- (D) Health and Safety Code Section 103692

Note: Fees in statute may not reflect annual adjustments made pursuant to Health and Safety Code Section 100430.

CERTIFICATION OF REPORTING OFFICER

I certify that I am duly qualified and authorized to report the number of Permits for Disposition of Human Remains issued during the months provided above:

Signature	Title	Telephone Number ()	Date
Address		City	Zip

Questions regarding this report should be directed to:

Name	Telephone Number ()	E-mail address
------	-------------------------	----------------

THIS TRANSMITTAL FORM AND CHECK PAYABLE TO THE STATE REGISTRAR MUST BE FORWARDED TO THE ADMINISTRATION BRANCH BY THE TENTH (10th) DAY OF THE MONTH FOLLOWING THE END OF EACH CALENDAR QUARTER IN WHICH THE FEES WERE COLLECTED (H&S CODE 103690).

Center for Health Statistics and Informatics
 Administration Branch
 MS 5103
 P.O. Box 997410
 Sacramento, CA 95899-7410
 (916) 552-8133
 (916) 552-8110 (Fax)

County/District _____

Reporting period _____, 20____
 (Month) (Year)

Amendment
 (Check box if amending previously reported amounts)

**MONTHLY REPORT OF FILINGS OF
 PETITIONS FOR ADOPTION**

DESCRIPTION	TOTAL	NUMBER WITH FEE WAIVED	NUMBER WITH FEE PAID	TIMES STATE FEE	TOTAL \$ AMOUNT
Number of Petitions Filed During the Month					
Number of Individuals Being Adopted in the Petitions Filed During the Month (A)				\$20.00	

*Total amount to be remitted \$ _____

CERTIFICATION OF REPORTING OFFICER

I certify that I am duly qualified and authorized to report the number of adoption petitions filed, and that the number of individuals being adopted in the petitions filed during the month is as reported.

Signature	Title	Telephone Number ()	Date
Address		City	Zip

Questions regarding this report should be directed to:

Name	Telephone Number ()	E-mail Address
------	-------------------------	----------------

THIS REPORT MUST BE FORWARDED TO THE ADMINISTRATION BRANCH MONTHLY.

***FEES COLLECTED BY THE CLERK OF THE COURT, PURSUANT TO HEALTH AND SAFETY CODE SECTION 103730, SHALL BE DEPOSITED BY THE COURT AS REQUIRED IN GOVERNMENT CODE SECTION 68085.1(b) AND REPORTED TO THE ADMINISTRATIVE OFFICE OF THE COURTS (AOC) ON THE TC-145. THE AOC WILL PREPARE THE REPORT TO STATE CONTROLLER (TC-31) DIRECTING DEPOSIT OF THESE FEES INTO THE CENTER FOR HEALTH STATISTICS AND INFORMATICS SPECIAL FUND.**

Center for Health Statistics and Informatics
Administration Branch
MS 5103
P.O. Box 997410
Sacramento, CA 95899-7410
(916) 552-8133
(916) 552-8110 (Fax)

County/District _____

Health Dept. Recorder
 County Clerk Courts
 Recorder/Clerk Other _____
(Specify)

Reporting period _____, 20____
(Month) (Year)

**MONTHLY TRANSMITTAL OF FEES TO STATE
MARRIAGE LICENSES**

TYPE OF TRANSMITTAL	NUMBER ISSUED	TIMES FEE	TOTAL AMOUNT
Public and Declared Marriage Licenses (A)		\$3.00	
Confidential Marriage Licenses (B)		\$4.00	
TOTAL			\$

(A) Pursuant to Government Code Section 26840 Total Amount Enclosed \$ _____
(B) Pursuant to Government Code Section 26840.1
Note: Fees are increased periodically pursuant to Health and Safety Code Sections 100430 and 100435.

CERTIFICATION OF REPORTING OFFICER

I certify that I am duly qualified to report the number of marriage licenses issued during the month.

Signature	Title	Telephone Number ()	Date
Address		City	Zip

Questions regarding this report should be directed to:

Name	Telephone Number ()	E-mail Address
------	----------------------------	----------------

THIS TRANSMITTAL AND CHECK PAYABLE TO THE STATE REGISTRAR MUST BE FORWARDED TO THE ADMINISTRATION BRANCH BY THE TENTH (10) DAY OF THE MONTH FOLLOWING THE CALENDAR MONTH IN, WHICH THE FEES WERE COLLECTED.

Center for Health Statistics and Informatics
 Administration Branch
 MS 5103
 P.O. Box 997410
 Sacramento, CA 95899-7410
 (916) 552-8133
 (916) 552-8110 (Fax)

County/District _____

Reporting period _____, 20____
 (Month) (Year)

Amendment
 (Check box if amending previously reported amounts)

**MONTHLY REPORT OF FILINGS OF PETITIONS FOR
 DISSOLUTION OF MARRIAGE OR DOMESTIC PARTNERSHIP,
 LEGAL SEPARATION, OR NULLITY**

	NUMBER FILED	FEE
1. Dissolution of Marriage		
2. Dissolution of Domestic Partnership		
3. Judgment of Nullity		
4. Legal Separation		
5. Total Documents		
6. \$ <u>2.00</u> (State Fee) X _____ (Total documents from line 5 above)		\$
7. Minus: Fee waivers		\$
8. Plus: Fees paid on previously reported waivers		\$
9. Total Fees		\$

*Total amount to be remitted \$ _____

CERTIFICATION OF REPORTING OFFICER

I certify that I am duly qualified and authorized to report the number of petitions filed during the month is as reported.

Signature	Title	Telephone Number ()	Date
Address		City	Zip

Questions regarding this report should be directed to:

Name	Telephone Number ()	E-mail Address
------	-------------------------	----------------

THIS REPORT MUST BE FORWARDED TO THE ADMINISTRATION BRANCH MONTHLY.

*** GOVERNMENT (GOV.) CODE SECTION 70670(b) REQUIRES THAT A DISTRIBUTION SET BY STATUTE BE MADE FROM EACH FIRST PAPER FILING FEE FOR AN INITIAL PETITION FOR DISSOLUTION OF MARRIAGE OR DOMESTIC PARTNERSHIP, LEGAL SEPARATION, OR NULLITY. THIS DISTRIBUTION WILL NOT BE MADE BY THE COURT BUT WILL BE DETERMINED BY THE ADMINISTRATIVE OFFICE OF THE COURTS (AOC) ON THE BASIS OF THE FEES UNDER GOV. CODE SECTION 70670(b) REPORTED BY THE COURT TO THE AOC ON THE TC-145. THE STATE CONTROLLER'S OFFICE WILL DEPOSIT THESE DISTRIBUTIONS INTO THE CENTER FOR HEALTH STATISTICS AND INFORMATICS SPECIAL FUND PURSUANT TO GOV. CODE SECTION 68085.1(e).**