



New York State

**Office of Temporary and Disability Assistance  
Division of Employment and Transitional Supports**

Excess Support Desk Review Unit - 40 N. Pearl Street, 11<sup>th</sup> Floor - Albany, NY 12243

**TO:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Date:** \_\_\_\_\_

**PA Case No.** \_\_\_\_\_

**CSMS Case No.** \_\_\_\_\_

**Determination of the Second-Level Desk Review**

Dear \_\_\_\_\_:

The request for a second-level desk review submitted for the distribution of child support payments received on the case(s) identified above conducted by the \_\_\_\_\_ Social Services District (SSD), dated \_\_\_\_\_, has been completed. In your request you stated that you disputed the following specific facts contained in the SSD **Determination of the Request for a First-Level Desk Review of the Distribution of Child Support Payments**:

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

Your **Request to New York State for a Second-Level Desk Review of the Distribution of Child Support Payments**  included  did not include additional but previously unavailable documentation to support your claim. The New York State Division of Child Support Enforcement (DCSE) and Division of Employment and Transitional Supports (DETS) staff reviewed the accuracy of the SSD **Determination of the Request for a First-Level Desk Review of the Distribution of Child Support Payments** with respect to the facts you identified to us that you dispute, and reviewed any additional but previously unavailable documentation you provided to us.

The result of the second-level desk review is as follows:

- NYS DCSE/DETS agrees with the determination of the SSD.
- NYS DCSE/DETS does not agree with the determination of the SSD.

	<u>SCU/SSD determination</u>	<u>DCSE/DETS determination</u>
1. Total amount of pass-through payments and/or excess support payments you <b>were entitled to receive</b> :	1. _____	1. _____
2. Total amount of pass-through payments and/or excess support payments <b>previously sent to you</b> :	2. _____	2. _____
3. Balance owed to you (line 1 minus line 2);	3. _____	3. _____

or

4. Amount you were overpaid (line 2 minus line 1)      4. ( \_\_\_\_\_ )      4. ( \_\_\_\_\_ )

Additional Information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A copy of any revised and/or additional calculation worksheets and any new documentation considered in the second-level desk review is enclosed. A copy of this second-level determination has been provided to the SCU and the SSD. A copy has also been provided to the local district Temporary Assistance Unit with direction to issue a payment or initiate recoupment action, if applicable.

Sincerely,

\_\_\_\_\_  
New York State Division of  
Employment and Transitional Supports  
Desk Review Unit

NOTE: This is the final decision as issued by New York State. If you dispute specific facts contained in the **Determination of Second-Level Desk Review** conducted by the New York State Division of Child Support Enforcement and the Division of Employment and Transitional Supports, you may request a review of this second-level determination under Article 78 of the New York State Civil Practice Law and Rules within four months of the date of this decision.

Legal Assistance may be available to you through a local not-for-profit legal services corporation such as:

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

which can be reached at the following telephone number: \_\_\_\_\_