

**Request for a First-Level Desk Review of the Distribution and Disbursement of Child Support Collections**

*BEFORE COMPLETING THIS FORM - Read the information and instructions for a desk review request form included with this document.*

I am (check one box)  a current  a former temporary assistance recipient and I request that a desk review be conducted of the distribution and disbursement of child support collections made on my behalf for the type of payment(s), time period(s) and reason(s) indicated below:

**Identification:** Provide as much of the information requested in this section as you have available.

Your Name: \_\_\_\_\_ Your SSN/ITIN: \_\_\_\_\_

Your Current Mailing Address: \_\_\_\_\_  
number and street address (or post office box) apt.

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Your Telephone Number: \_\_\_\_\_ Best Time to Contact You:  Daytime  Evening

Your Temporary Assistance Case Number(s) (CAN): \_\_\_\_\_ CIN No. \_\_\_\_\_

Noncustodial Parent Name(s): \_\_\_\_\_

Noncustodial Parent SSN/ITIN(s): \_\_\_\_\_

New York Case Identifier(s): \_\_\_\_\_

**Type of Payment in Question:** Check the appropriate box(es) and identify the type of desk review request:

pass-through payment of current support collected during the month per temporary assistance family (up to the first \$100.00 collected for a family with one individual under the age of 21 or up to the first \$200.00 collected for a family with two or more individuals under the age of 21, provided those individuals are active on the temporary assistance case)

cumulative excess support payment (amount of payment in excess of total temporary assistance paid to you for past months)

**Time Periods of Desk Review:** Identify the correct month(s) and year(s) of your request:

For the month \_\_\_\_\_ (month/year) OR  For the period \_\_\_\_\_ (month/year) through \_\_\_\_\_ (month/year)

**Reason(s) for Desk Review Request:** Please tell us why you believe you did not receive all support payments due to you.

\_\_\_\_\_

\_\_\_\_\_

You may attach documentation to support your reason(s) for the desk review request. Are you attaching any documentation?  
 Yes  No

If Yes, please identify the documentation:  Monthly Report of Support Collected  Excess Support letter  
 Other (please identify) \_\_\_\_\_

**Conference:** A conference with Support Collection Unit staff is available.  
 Are you requesting such a conference?  Yes  No

**Completed and Submitted By:**

\_\_\_\_\_  
 Your Signature Print Your Name Date

Return completed form to the Support Collection Unit address identified on the cover letter. If you have obtained this form from our website, you must send this form to the Support Collection Unit handling your account regardless of where you reside. See the instructions for further information.