

Attachment 6

TO: New York State Division of Child Support Enforcement
System Operations/URA Adjustments
Fax Number: (518) 486-3127

FROM: _____ Support Collection Unit

SUBJECT: LDSS Request to State for URA Adjustment as a Result of a Compromise of Arrears

DATE: _____

Step 1: Case Identification

New York Case Identifier: _____ Client ID: _____

PA/MA CAN: _____ Suffix (For NYC Only): _____

Noncustodial Parent Name: _____

Custodial Parent Name: _____

Step 2: Unreimbursed Assistance Reduction

1. Current Unreimbursed Assistance Amount 1. \$ _____
2. Enter the amount that Unreimbursed Assistance should be adjusted by based on the arrears/past-due support compromise. 2. \$ _____
3. Enter the new unreimbursed assistance amount after adjustment.
Note: Unreimbursed assistance may not be reduced below zero or an excess support payment will be calculated. 3. \$ _____

Step 3: Review Completed By

SCU Worker Name	Title	Telephone Number	Date
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- You are required to send an E-mail to Linda.Ward@otda.ny.gov advising that this form has been faxed to the above number.
- You are required to notify your local district social services accounting and Temporary Assistance units by providing them with a copy of this form.