

Attachment 7
NOTICE OF DENIAL OF MILESTONE ARREARS REDUCTION

Date
SCU County Name
New York Case Identifier

Dear _____ :

Our review of your account for the Arrears Pilot Program shows that you have failed to make full payment of all current child support due on your account for the milestone ____ period. Therefore, we have determined that you are not eligible for this milestone arrears reduction.

If you believe that our determination is incorrect, you may seek review by submitting the enclosed *Challenge To Denial of Milestone Arrears Reduction (Challenge)* along with supporting documentation to the Support Collection Unit at the following address:

Your written *Challenge* must be received **within forty-five (45) days** of the date of this letter. We will review and determine the merits of your *Challenge* and will notify you in writing of our determination within forty-five (45) days of the date the *Challenge* is received.

If you have any questions about this notice, please call the SCU at _____ Monday through Friday between _____ AM and _____ PM.

Sincerely,

SCU Supervisor