

NATIONAL MEDICAL SUPPORT NOTICE

(Medical Support Execution for Support Enforcement – NYS Civil Practice Law and Rules § 5241)

PART B MEDICAL SUPPORT NOTICE TO PLAN ADMINISTRATOR

This Notice is issued under section 466(a)(19) of the Social Security Act, section 609(a)(5)(C) of the Employee Retirement Income Security Act of 1974, and for State and local government and church plans, sections 401(e) and (f) of the Child Support Performance and Incentive Act of 1998. Receipt of this Notice from the Issuing Agency constitutes receipt of a Medical Child Support Order under applicable law. The rights of the parties and the duties of the plan administrator under this Notice are in addition to the existing rights and duties established under such law.

| | |
|---|---|
| Issuing Agency: Medical Support Unit PO Box 15369 Albany NY 12212-5369 Date of Notice: Case Number: Telephone Number: 1-888-208-4485 (option 3) Fax Number: (518) 869-7195 | Court or Administrative Authority: Date of Support Order: Support Order/Docket #: Worker Code: Employer Number: |
|---|---|

Employer / Withholder's Federal EIN Number

Employee's Name (Last, First, MI)

Employer / Withholder's Name

Employee's Social Security Number

Employer / Withholder's Address

Employee's Mailing Address

Custodial Parent's Name (Last, First, MI)

Substituted Official/Agency Name and Address

Custodial Parent's Mailing Address

Child(ren)'s Mailing Address (if different from Custodial Parent's) or; Name, Mailing Address and Telephone Number of a Representative of the Child(ren)

Child(ren)'s Name(s)

Date of Birth

Social Security Number

Record No.

The order requires the child(ren) to be enrolled in Any health coverages available; or Only the following coverage(s): Medical; Dental; Vision; Prescription Drug; Mental Health; Other (specify): _____

PLAN ADMINISTRATOR RESPONSE

To be completed and returned to the Issuing Agency within 40 business days after the date of the Notice, or sooner if reasonable with the **Plan Administrator Response Addendum**.

This Notice was received by the plan administrator on: _____.

1. This Notice was determined to be a "qualified medical child support order," on _____. Complete **Response 2 or 3, and 4**, if applicable.
2. The participant (employee) and alternate recipient(s) (child(ren)) are to be enrolled in the following family coverage.
- a. The child(ren) is/are currently enrolled in the plan as a dependent of the participant.
 - b. There is only one type of coverage provided under the plan. The child(ren) is/are included as dependents of the participant under the plan.
 - c. The participant is enrolled in an option that is providing dependent coverage and the child(ren) will be enrolled in the same option.
 - d. The participant is enrolled in an option that permits dependent coverage that has not been elected; dependent coverage will be provided.

Coverage is effective as of ___/___/___ (includes waiting period of less than 90 days from date of receipt of this Notice). The child(ren) has/have been enrolled in the following option: _____ Any necessary withholding should commence if the employer determines that it is permitted under State and Federal withholding and/or prioritization limitations.

3. There is more than one option available under the plan and the participant is not enrolled. The Issuing Agency must select from the available options. Each child is to be included as a dependent under one of the available options that provide family coverage. If the Issuing Agency does not reply within 20 business days of the date this Response is returned, the child(ren), and the participant if necessary, will be enrolled in the plan's default option, if any: _____.
4. The participant is subject to a waiting period that expires ___/___/___ (more than 90 days from the date of receipt of this Notice), or has not completed a waiting period which is determined by some measure other than the passage of time, such as the completion of a certain number of hours worked (describe here: _____).
- At the completion of the waiting period, the plan administrator will process the enrollment.
5. This Notice does not constitute a "qualified medical child support order" because:
- The name of the child(ren) or participant is unavailable.
 - The mailing address of the child(ren) (or a substituted official) or participant is unavailable.
 - The following child(ren) is/are at or above the age at which dependents are no longer eligible for coverage under the plan _____ (insert name(s) of child(ren)).

Plan Administrator or Representative:

Name: _____

Telephone Number: _____

Title: _____

Date: _____

Address: _____

No. Street or PO Box

City

State

Zip

CSMS Case ID:

County Code:

JRE No:

Worker Code:

INSTRUCTIONS TO PLAN ADMINISTRATOR

This Notice has been forwarded from the employer identified above to you as the plan administrator of a group health plan maintained by the employer (or a group health plan to which the employer contributes) and in which the non-custodial parent/participant identified is enrolled or is eligible for enrollment.

This Notice serves to inform you that the non-custodial parent/participant is obligated by an order issued by the court or agency identified in this Notice to provide health care coverage for the child(ren) under the group health plan(s) as described on **Part B**.

(A) If the participant and child(ren) and their mailing addresses (or that of a Substituted Official or Agency) are identified in this Notice, and if coverage for the child(ren) is or will become available, this Notice constitutes a "qualified medical child support order" (QMCSO) under ERISA or CSPIA, as applicable. (If any mailing address is not present, but it is reasonably accessible, this Notice will not fail to be a QMCSO on that basis.) You must, within 40 business days of the date of this Notice, or sooner if reasonable:

(1) Complete **Part B - Plan Administrator Response and Plan Administrator Response Addendum**; and send them to the Issuing Agency:

(a) if you checked response 2:

- (i) notify the non-custodial parent/participant named herein, each named child, and the custodial parent that coverage of the child(ren) is or will become available (notification of the custodial parent will be deemed notification of the child(ren) if they reside at the same address);
- (ii) furnish the custodial parent a description of the coverage available and the effective date of the coverage, including, if not already provided, a summary plan description and any forms, documents, or information necessary to effectuate such coverage, as well as information necessary to submit claims for benefits;

(b) if you checked response 3:

- (i) if you have not already done so, provide to the Issuing Agency copies of applicable summary plan descriptions or other documents that describe available coverage including the additional participant contribution necessary to obtain coverage for the child(ren) under each option and whether there is a limited service area for any option;
- (ii) if the plan has a default option, you are to enroll the child(ren) in the default option if you have not received an election from the Issuing Agency within 20 business days of the date you returned the Response. If the plan does not have a default option, you are to enroll the child(ren) in the option selected by the Issuing Agency;

(c) if the participant is subject to a waiting period that expires more than 90 days from the date of receipt of this Notice, or has not completed a waiting period whose duration is determined by a measure other than the passage of time (for example, the completion of a certain number of hours worked), complete Response 4 on the Plan Administrator Response and return to the employer and the Issuing Agency, and notify the participant and the custodial parent; and upon satisfaction of the period or requirement, complete enrollment under Response 2 or 3; and

(d) upon completion of the enrollment, transfer the applicable information on Part B - Plan Administrator Response to the employer for a determination that the necessary employee contributions are available. Inform the employer that the enrollment is pursuant to a National Medical Support Notice.

(B) If within 40 business days of the date of this Notice, or sooner if reasonable, you determine that this Notice does not constitute a QMCSO, you must complete Response 5 of Part B - Plan Administrator Response and send it to the Issuing Agency, and inform the non-custodial parent/participant, custodial parent, and child(ren) of the specific reasons for your determination.

(C) Any required notification of the custodial parent, child(ren) and/or participant that is required may be satisfied by sending the party a copy of the Plan Administrator Response, if appropriate.

UNLAWFUL REFUSAL TO ENROLL

Enrollment of a child may not be denied on the ground that: (1) the child was born out of wedlock; (2) the child is not claimed as a dependent on the participant's Federal income tax return; (3) the child does not reside with the participant or in the plan's service area; or (4) because the child is receiving benefits or is eligible to receive benefits under the State Medicaid plan. If the plan requires that the participant be enrolled in order for the child(ren) to be enrolled, and the participant is not currently enrolled, you must enroll both the participant and the child(ren). All enrollments are to be made without regard to open season restrictions.

PAYMENT OF CLAIMS

A child covered by a QMCSO, or the child's custodial parent, legal guardian, or the provider of services to the child, or a State agency to the extent assigned the child's rights, may file claims and the plan shall make payment for covered benefits or reimbursement directly to such party.

PERIOD OF COVERAGE

The alternate recipient(s) shall be treated as dependents under the terms of the plan. Coverage of an alternate recipient as a dependent will end when similarly situated dependents are no longer eligible for coverage under the terms of the plan. However, the continuation coverage provisions of ERISA or other applicable law may entitle the alternate recipient to continue coverage under the plan. Once a child is enrolled in the plan as directed above, the alternate recipient may not be disenrolled unless:

- (1) The plan administrator is provided satisfactory written evidence that either:
 - (a) the court or administrative child support order referred to above is no longer in effect, or
 - (b) the alternate recipient is or will be enrolled in comparable coverage which will take effect no later than the effective date of disenrollment from the plan;
- (2) The employer eliminates family health coverage for all of its employees; or
- (3) Any available continuation coverage is not elected, or the period of such coverage expires.

CONTACT FOR QUESTIONS

If you have any questions regarding this Notice, you may contact the Issuing Agency at the address and telephone number listed on **Part B - Medical Support Notice to Plan Administrator** (Part B Page 1 of 4) of this Notice.

Withholding Limitations Worksheet for Child Support and Medical Support

You may use the Withholding Limitations Worksheet, or the electronic Income Withholding Calculator located at www.newyorkchildsupport.com, for assistance in calculating the withholding amount for the "Notice to Withhold Income for Child Support" (NOTICE) and the "National Medical Support Notice."

Step 1 - Disposable Income Calculation

- "Income" includes any earned or unearned income including wages, salaries, commissions, bonuses, pensions, retirement and also includes benefits such as disability, workers' compensation, and unemployment insurance benefits. See Civil Practice Laws and Rules (CPLR) §5241 for a complete definition.
- "Aggregate Disposable Weekly Earnings (ADWE)" means that part of the earnings remaining after deduction of any amounts required by law to be deducted. This is also referred to as "disposable income."
- "Pay Period" means the frequency at which the employee/obligor receives income or benefits, for example weekly, bi-weekly, semi-monthly, and monthly.

Calculate disposable income (ADWE):

1. Gross earnings per pay period. 1. \$ _____
2. Amounts deducted as required by law:

| | | |
|--|-------------|--|
| a. Federal income tax | a. \$ _____ | |
| b. Social Security tax | b. \$ _____ | |
| c. Medicare tax | c. \$ _____ | |
| d. State income tax | d. \$ _____ | |
| e. City/local income tax | e. \$ _____ | |
| f. Involuntary retirement or pension plan payments | f. \$ _____ | |
3. Add lines 2a through f. These are the total deductions required by law. 3. \$ _____
4. Subtract line 3 from line 1. This is the employee's/obligor's disposable income (ADWE). 4. \$ _____

Step 2 – Maximum Withholding Limitation Determination

[Consumer Credit Protection Act (CCPA) Limitations on Withholdings for Support 15 U.S.C. 1673 (b)]

In determining the maximum withholding limitation when there are multiple NOTICES for this employee/obligor, consider all NOTICES as a whole and not separately when answering the following questions. For example, if there are two NOTICES, one indicates that the employee/obligor owes arrears for 12 weeks or greater, the other NOTICE has no arrears, you would answer "Yes" to the question that asks if the employee/obligor has arrears for 12 weeks or greater and the percentage you enter on line 8 would apply to both NOTICES.

5. Does the employee/obligor support another spouse or child other than those identified on Page 3 of the NOTICE?
 - Yes, proceed to question 6.
 - No, skip question 6 and proceed to question 7.
6. Does the employee/obligor owe arrears for 12 weeks or greater as indicated on Page 2 of the NOTICE?
 - Yes, the maximum withholding is 55%; skip question 7 and enter this percentage on line 8.
 - No, the maximum withholding is 50%; skip question 7 and enter this percentage on line 8.
7. Does the employee/obligor owe arrears for 12 weeks or greater as indicated on Page 2 of the NOTICE?
 - Yes, the maximum withholding is 65%; enter this percentage on line 8.
 - No, the maximum withholding is 60%; enter this percentage on line 8.
8. Enter the CCPA maximum withholding limitations percentage for this employee/obligor and proceed to line 9. 8. _____ %

This worksheet may be used for single or multiple NOTICES received for an employee/obligor.

9. Enter the employee's/obligor's disposable income (ADWE) amount from line 4. 9. \$ _____
10. Enter the CCPA maximum withholding limitations percentage from line 8. 10. _____ %
11. Multiply the ADWE amount entered on line 9 by the percentage entered on line 10. This is the maximum amount that can be withheld from the employee's/obligor's check for all NOTICES received.* 11. \$ _____
12. Enter the total amount to withhold for the same frequency as the employee's/obligor's pay frequency for each of the NOTICES received for the employee/obligor. The total amount to be withheld may be found on page 1, Section 2, of the NOTICE.
- a. NOTICE one a. _____
- b. NOTICE two b. _____
- c. NOTICE three c. _____
- d. **TOTAL** d. _____
13. Carry down the **TOTAL** from line 12d here \$ _____. Does this amount exceed the maximum amount on line 11?
- Yes. Continue to line 14.
- No. The total amounts to be withheld will be the amounts entered on lines 12a through c, and totaled on line 12d. Proceed to Step 4, Calculation of Health Insurance Premium Withholding.
14. Proration of support withholdings.
- | | NOTICE one | NOTICE two | NOTICE three |
|--|-------------|------------|--------------|
| a. Enter the amount to withhold from line 12a through c for each NOTICE. | a. \$ _____ | \$ _____ | \$ _____ |
| b. Enter the TOTAL to be withheld from line 12d. | b. \$ _____ | | |
| c. Divide the amount(s) entered on line 14a by 14b for each NOTICE. Enter as a percentage (00.00%). Note: A single NOTICE will result in 100%. | c. _____ % | _____ % | _____ % |
| d. Multiply the amount entered on line 11 by the percentages on line 14c for each NOTICE. This is the pro rata share of the amount to be withheld. | d. \$ _____ | \$ _____ | \$ _____ |
| e. Add each line amount in line 14d for the pro rata TOTAL amount to be withheld for all NOTICES. This amount cannot exceed the amount on line 11. No further calculation is necessary. | e. \$ _____ | | |

Please submit payment for the appropriate amount calculated above. If proration was necessary, you must identify the prorated amount to be withheld for each NOTICE received with your payment with your payment.

Step 4 - Calculation of Health Insurance Premium Withholding

15. Are you required to withhold a health insurance premium amount based on a National Medical Support Notice received for this employee/obligor or otherwise?
- Yes. Proceed to line 16.
- No. **Stop.** No further calculations are necessary in Step 4. Do not complete lines 16 through 20.
16. Enter the maximum amount that can be withheld from the employee's/obligor's check for one pay period from line 11.* 16. \$ _____
17. Enter the amount, if any, being withheld, for all NOTICES from line 12d for one pay period.* 17. \$ _____
18. Subtract the amount entered on line 17 from line 16. **If zero or less, stop here.** No health insurance premium may be deducted. If greater than zero, proceed to line 19. 18. \$ _____
19. Enter the amount to be withheld for the health insurance premium for one pay period. 19. \$ _____
20. Does line 19 exceed line 18?
- Yes. **DO NOT** withhold the health insurance premium. Since the combined amount for child support and the health insurance premium exceeds CCPA limitations, withholding for health insurance premiums based on the National Medical Support Notice is not permitted at this time. Check Box 4 of Part A, Employer Response (page 2 of 5), of the National Medical Support Notice and return the Notice. Withhold the appropriate **TOTAL** amount on line 12d above.
- No. Withhold the health insurance premium amount entered on line 19 above for each pay period and provide the required health insurance based on the National Medical Support Notice. Complete Part B, Plan Administrator Response (page 2 of 4), of the National Medical Support Notice and return the Notice. The full amount to be withheld for all NOTICES will be the amount carried forward and totaled on line 12d, plus health insurance premiums calculated on line 19.

***IMPORTANT NOTE:** Upon any future change in income paid to the employee/obligor, you must recalculate the limitations on withholding for each NOTICE received, including the calculation for health insurance premiums where appropriate.

2007

WHBR

_____ County
Support Collection Unit
_____, NY _____

WAGE and HEALTH BENEFITS REPORT

New York Case Identifier:
JCA worker code:
Employer number:
Source code:
Qtr/Yr Last Wages:
CIN numbers:

_____ (name of employer)
_____ (street address)
_____ (city), -- (state) _____ (zipcode)

Date: ____/____/____

Regarding: _____ (employee name)
Date of birth: _____
Social Security Number: _____

Dear Employer:

Please provide the information requested in this report for the above named individual who is, or has recently been, in your employ or under contract with you. This employee is, or may be, legally responsible for a person receiving child support enforcement services or public assistance and care. Sections 111-h (9), 111-r and 143 of the New York State Social Services Law require that employers furnish the information requested to the Support Collection Unit. **Please complete and submit this report no later than 30 days from the above date. If the employee is no longer in your employ or under contract with you, all information must still be completed and submitted as indicated. No substitute for this report is acceptable.**

WARNING
FAILURE TO COMPLY MAY RESULT IN A \$500 PENALTY FOR INITIAL NON-COMPLIANCE AND A \$700 PENALTY FOR ANY SUBSEQUENT NON-COMPLIANCE (SECTION 111-r, NYS SOCIAL SERVICES LAW).
YOU MUST RESPOND FULLY AND COMPLETELY TO THIS REQUEST

EMPLOYER INFORMATION

Name: _____
Address: _____
Telephone number: (____) _____
Federal Employer Identification Number (FEIN): _____

STATUS OF EMPLOYEE

Date hired or rehired: ____/____/____
Current or most recent position held: _____
Is individual still employed by you? YES NO
Circle employee work days: Monday Tuesday Wednesday Thursday Friday Saturday Sunday
Employee work hours: _____ AM / PM to _____ AM / PM
 full time part time seasonal from _____ to _____
Pay rate: \$ _____ per _____
Employee worksite address, if different from employer address: _____
Date of separation (if appropriate): ____/____/____ Reason for separation: _____
New employer name, if known: _____
New employer address: _____

EMPLOYEE INFORMATION

Mailing address: _____

Residential address, if different than mailing: _____

Home telephone number: (____) _____

Social Security number on file with employer: _____

Date of birth on file with employer: ____/____/____

Union affiliation (name and local number) : _____

Address of union local: _____

Person to be notified in case of emergency: _____

Address of emergency contact: _____

Home telephone number of emergency contact: (____) _____

Work telephone number of emergency contact: (____) _____

EMPLOYEE WAGES AS REPORTED ON MOST RECENTLY FILED W-2

Tax year: _____

Wages, tips, and other compensation: \$ _____

Social Security withheld: \$ _____

Medicare withheld: \$ _____

Federal tax withheld: \$ _____

State tax withheld: \$ _____

Local tax withheld: \$ _____

EMPLOYEE EARNINGS-TO- DATE FOR CURRENT CALENDAR YEAR

From: ____/____/____ to ____/____/____

Gross earnings: \$ _____

Social Security withheld: \$ _____

Medicare withheld: \$ _____

Federal tax withheld: \$ _____

State tax withheld: \$ _____

Local tax withheld: \$ _____

Total pre-tax deductions (these are the actual pre-tax deductions/contributions, and include retirement contributions): \$ _____

Total after-tax deductions (these are the actual after-tax deductions and include union dues, if any): \$ _____

Net pay: \$ _____

HEALTH INSURANCE BENEFITS INFORMATION

1. Is the employee currently enrolled in a family (dependent) health care plan? YES (go to question #2)
 NO (go to question #3)

2. If "YES", provide the following information:

a. DEPENDENTS ENROLLED:

| | <u>NAME</u> | <u>DATE OF BIRTH</u> | <u>START DATE</u> |
|-----|-------------|----------------------|-------------------|
| (1) | _____ | ___/___/___ | ___/___/___ |
| (2) | _____ | ___/___/___ | ___/___/___ |
| (3) | _____ | ___/___/___ | ___/___/___ |
| (4) | _____ | ___/___/___ | ___/___/___ |

b. HEALTH INSURANCE CARRIER:

Name: _____

Address: _____

Telephone No. (____) _____ FAX No. (____) _____

c. GROUP POLICY IDENTIFICATION NO. _____

d. EMPLOYEE'S POLICY IDENTIFICATION NO. _____

3. If "NO", check the box below to indicate the reason the Employee is not enrolled in a family (dependent) health care plan:

- a. We (the employer) do not offer health care plans to our employees.
 b. Employee is not currently eligible to enroll, but will become eligible on ___/___/_____.
 c. Employee is not eligible for health care coverage.
 d. Employee has failed to enroll in the family (dependent) health care plan, and IS IS NOT enrolled in individual plan.
 e. Employee is no longer employed here.

If box "e" is checked, has Employee enrolled in COBRA coverage? YES NO

4. Provide the cost of all health care plans offered to your employees. Indicate the plan, if any, this Employee is enrolled in. If you offer multiple plan options, use additional pages to provide information:

| | <u>Individual Plan</u> | <u>Family (Dependent) Plan</u> |
|-------------------|------------------------|--------------------------------------|
| Employee share is | \$ _____ per _____ | Employee share is \$ _____ per _____ |
| EmployER share is | \$ _____ per _____ | EmployER share is \$ _____ per _____ |
| Total Cost is | \$ _____ per _____ | Total Cost is \$ _____ per _____ |

Check this box if Employee is enrolled in this plan.

Check this box if Employee is enrolled in this plan.

5. Provide the SCU with a copy of printed descriptions of covered services available under ALL family (dependent) health care plans you (the Employer) offer to your employees.

CERTIFICATION: I hereby certify that the information provided herein as required pursuant to NYS Social Services Law is a correct and a complete record of the condition, act, transaction, occurrence or event described therein, and that such information is maintained in the regular course of business, that it is the regular course of such business to maintain such information and that a memorandum or record of the information was made at the time of the act, transaction, occurrence or event, or within a reasonable time thereafter. I certify that I am the head of this business or entity or an employee designated by such person for the purpose of making this certification.

| | | |
|--|--------------------------|-------|
| SIGNATURE OF EMPLOYER OR AUTHORIZED DESIGNEE: | Telephone number: () | Date: |
|--|--------------------------|-------|

IEX
ORIGINAL
IMMEDIATE

_____ County Support Collection Unit

Date:

LEGAL NOTICE ENCLOSED
IMMEDIATE ACTION
REQUIRED
PLEASE CAREFULLY READ
ALL DOCUMENTS

New York Case Identifier:
Worker Code:
Employer No:
Employee Name:
Employee SSN:

This package contains the following important documents

- **Original Notice** to Withhold Income for Child Support (“NOTICE”) [critical information marked 1, 2, & 3]
- Payment coupons (remittance) to include with payments
- Withholding Limitations Worksheet

As the NOTICE directs, you must take immediate action to withhold child support from the income of the employee/obligor named in the NOTICE. Your failure to withhold or remit the child support as directed in the NOTICE may, upon a finding by the Family Court, result in the payment of a civil penalty.

“Income” includes any earned or unearned income including wages, salaries and commissions and also includes benefits such as disability, workers compensation, and unemployment insurance benefits. See Civil Practice Laws and Rules (CPLR) §5241 for a complete definition.

If the employee/obligor is no longer working for you, or is not receiving benefits, IMMEDIATELY notify the Support Collection Unit (SCU) as directed in #5 (Employee/Obligor Termination Notification) on page 2 of the NOTICE.

Please retain a copy of the NOTICE for your records. If you have any questions about the NOTICE, please contact the **NYS Child Support Helpline, toll-free, at 1-888-208-4485 (option 2)**, Monday through Friday from 8:00 AM to 7:00 PM.

NOTICE TO WITHHOLD INCOME FOR CHILD SUPPORT
 [Income Execution for Support Enforcement - New York State CPLR §5241; 18 NYCRR §347.9]

State of New York

Date of NOTICE: _____

Docket Number: _____
 Original Amended Terminated (See item #11)

EMPLOYER/INCOME WITHHOLDER

TO: _____

Federal EIN Number: _____

EMPLOYEE/OBLIGOR

RE: _____
Social Security Number: _____
New York Case Identifier: _____

OBLIGEE
 (Commissioner of Social Services, Assignee, O/B/O)

ORDER INFORMATION: This "Notice to Withhold Income for Child Support" (hereafter referred to as the "NOTICE") is based upon an order of support issued by the Supreme or Family Court of the State of New York, _____ County. You are required by law to deduct the total amount listed below from the income of the employee/obligor named above until further notice. For an itemized list of payments due, see page 2.

TOTAL AMOUNT TO WITHHOLD: \$ _____ (frequency)* - Remit to Payee below

*You do not have to vary your pay Period (cycle) to comply with this "NOTICE." If your pay period does not match the above TOTAL AMOUNT payment frequency, withhold one of the following amounts:

| | | | |
|--------------------------|-----------------------|-----------------------------|-----------------------|
| If your pay period is: | Withhold this amount: | If your pay period is: | Withhold this amount: |
| Weekly | \$ _____ | Semimonthly (twice a month) | \$ _____ |
| Biweekly (every 2 weeks) | \$ _____ | Monthly | \$ _____ |

GENERAL REMITTANCE INFORMATION:

- **When remitting payments** - You must provide the pay date/date of withholding, and the New York case identifier, employee/obligor name and social security number, and your company or business name and Employer Identification Number (EIN). See item #3 on page 2 and #9 on page 3 for withholding limits.
- **If the employee's/obligor's principal place of employment is located in New York State** - You must begin withholding no later than the first pay period which occurs fourteen (14) days after service of this NOTICE, and payments must be remitted within seven (7) business days of the date of each withholding. You are not permitted to deduct a fee to defray the cost of withholding.
- **If the employee's/obligor's principal place of employment is located outside New York State** - You must begin withholding and remitting payments in accordance with the laws of the state of the employee's/obligor's principal place of employment, and may deduct a processing fee where such laws permit.

PAYMENT OPTIONS

Electronic remittance

- If you wish to send payments electronically via EFT/EDI, call 1-888-208-4485 (option 2) to arrange for your first EFT/EDI submission. You may be asked to provide the following FIPS code _____. The bank routing number and the bank account number will be provided to you when you call and arrange for your first EFT/EDI submission.

Check remittance

- You must include a payment coupon (remittance) with every payment.
- Make all payments payable to: NYS Child Support Processing Center.
- Send payments to: NYS Child Support Processing Center, PO Box 15363, Albany, NY 12212-5363.

Important: The person completing this form is advised that the information on this form may be shared with the obligor.

1

2

3

In New York State, upon a finding by the Family Court that you failed to withhold or remit withholdings as directed in this NOTICE, the Court shall issue an order directing your compliance and may direct the payment of a civil penalty not to exceed \$500 for the first instance and \$1,000 per instance for the second and subsequent instances of noncompliance.

8. **Anti-discrimination:** You are subject to a civil penalty as determined under State or tribal law for discharging an employee/obligor from employment, refusing to promote or taking disciplinary action against any employee/obligor or refusing to hire a prospective employee because of a child support withholding. In New York State pursuant to CPLR section 5252, the court may direct the payment of a civil penalty not to exceed \$500 for the first instance and \$1,000 per instance for the second and subsequent instances of such discrimination.
9. **Withholding Limits:** For state ORDERS/NOTICES, you may not withhold more than the lesser of: (1) the amounts allowed by the Federal Consumer Credit Protection Act (15 U.S.C. section 1673(b)); or (2) the amounts allowed by the State of the employee's/obligor's principal place of employment. The Federal limit applies to aggregate disposable weekly earnings (ADWE), which is the amount of net income left after making mandatory deductions of State, Federal, & local taxes; Social Security tax; and Medicare tax. For assistance in calculating the withholding amount, complete the enclosed Withholding Limitations Worksheet for Child Support and Medical Support or go to www.newyorkchildsupport.com to access the Income Withholding Calculator.

| 10. Child(ren)'s Name(s) | Date of birth | Child(ren)'s Name(s) | Date of birth |
|--------------------------|---------------|----------------------|---------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

11. **Effect of Termination on other NOTICES of income withholding:** This termination does not affect other NOTICES which you may have for the same employee/obligor on any different New York Case ID, for which you are deducting and sending payments to the NYS Child Support Processing Center. Unless you receive a Terminated NOTICE, those deductions, if any, remain in effect.

NOTICE TO EMPLOYEE/OBLIGOR

- You are hereby notified that this NOTICE is issued against you as a result of the order of support listed on page 1.
- This NOTICE has been served on your current employer(s) or income withholder(s), and the New York State Department of Labor, with respect to current or subsequent income, and will be served on any future employer(s) or income withholder(s).
- **You must begin and continue to make support payments by money order or cashiers check directly to the NYS Child Support Processing Center until you have determined that withholdings from your paycheck or other income source have started. Send payments only to the NYS Child Support Processing Center at PO Box 15363, Albany, NY 12212-5363. Include a payment coupon (remittance) with each payment.**
- The actions of your employer or income withholder in failing to deduct and remit amounts specified by this NOTICE shall not relieve you of the underlying obligation to pay support.
- If you believe that this NOTICE was issued in error or the amounts are incorrect, you may notify your local Support Collection Unit (SCU) in writing at the address listed below. You should make a submission of information and evidence by mail, or in person to support your assertion of an error. Thereafter, the SCU will determine the merits of your objection and will notify you of its determination within thirty (30) days after their receipt of notification from you.
- New York State law requires that if arrears are owed, the amount directed by this NOTICE to be withheld for payment of child support must include an "additional amount" to satisfy the arrears (see "Itemized List of Payments Due" on page 2.) If an "additional amount" is required to be deducted which reduces your annual income below the self support reserve (\$13,783 for 2007), or if other support obligations already bring your remaining income below the self support reserve, you may contact the NYS Child Support Helpline to inquire about how to request that the additional amount be reduced. Upon your request the Child Support Helpline will forward a form to you to fill out. Along with the completed form, you will be asked to provide documentary proof of your income, such as your most recently filed tax returns and W-2 forms, current pay stubs or a letter from your employer listing your annual salary and proof of any benefits received. You may also have the additional amount modified if you have physical custody of the children for whom this order represents and you have no current obligation amount. You will be asked to provide documentary proof of physical custody, income and expenses.

CONTACT INFORMATION

By phone, contact the New York State Child Support Helpline, toll free, at 1-888-208-4485, option 1 if you are the employee/obligor, option 2 if you are an employer/income withholder, Monday through Friday from 8:00AM to 7:00PM.

In writing, contact the _____ SCU, _____, NY _____

Please use a separate coupon for each withholding date for which you withhold support from an employee/obligor and provide only the date the payment was withheld from the employee's/obligor's income.

You may send a single check for all employees/obligors or individual checks as long as one coupon per employee/obligor is included for each withholding date. Please indicate the withholding date and the dollar amount withheld on each coupon.

LMEM1 06/15/07

Income Withholder Name and Address:

Your Federal Employer ID Number (EIN)

Obligor: Obligor SSN: NY Case Identifier: Obligee:

You must return this coupon with your payment to the address on the coupon.

PLEASE DO NOT FOLD, STAPLE OR MUTILATE.

MAIL PAYMENTS TO:

NYS CHILD SUPPORT PROCESSING CENTER PO BOX 15363 ALBANY NY 12212-5363

Make your check or money order payable to:

NYS CHILD SUPPORT PROCESSING CENTER

PLEASE DO NOT SEND CASH

Payments must be remitted within seven business days of the date the obligor is paid.

AMOUNT ENCLOSED: \$, .

DATE OF WITHHOLDING (MM/DD/YY): / /

257 00 000000000000 000000 0000000000 0

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257 00 000000000000 000000 000000000 0

Withholding Limitations Worksheet for Child Support and Medical Support

You may use the Withholding Limitations Worksheet, or the electronic Income Withholding Calculator located at www.newyorkchildsupport.com, for assistance in calculating the withholding amount for the "Notice to Withhold Income for Child Support" (NOTICE) and the "National Medical Support Notice."

Step 1 - Disposable Income Calculation

- "Income" includes any earned or unearned income including wages, salaries, commissions, bonuses, pensions, retirement and also includes benefits such as disability, workers' compensation, and unemployment insurance benefits. See Civil Practice Laws and Rules (CPLR) §5241 for a complete definition.
- "Aggregate Disposable Weekly Earnings (ADWE)" means that part of the earnings remaining after deduction of any amounts required by law to be deducted. This is also referred to as "disposable income."
- "Pay Period" means the frequency at which the employee/obligor receives income or benefits, for example weekly, bi-weekly, semi-monthly, and monthly.

Calculate disposable income (ADWE):

1. Gross earnings per pay period. 1. \$ _____
2. Amounts deducted as required by law:
 - a. Federal income tax a. \$ _____
 - b. Social Security tax b. \$ _____
 - c. Medicare tax c. \$ _____
 - d. State income tax d. \$ _____
 - e. City/local income tax e. \$ _____
 - f. Involuntary retirement or pension plan payments f. \$ _____
3. Add lines 2a through f. These are the total deductions required by law. 3. \$ _____
4. Subtract line 3 from line 1. **This is the employee's/obligor's disposable income (ADWE).** 4. \$ _____

Step 2 - Maximum Withholding Limitation Determination

[Consumer Credit Protection Act (CCPA) Limitations on Withholdings for Support 15 U.S.C. 1673 (b)]

In determining the maximum withholding limitation when there are multiple NOTICES for this employee/obligor, consider all NOTICES as a whole and not separately when answering the following questions. For example, if there are two NOTICES, one indicates that the employee/obligor owes arrears for 12 weeks or greater, the other NOTICE has no arrears, you would answer "Yes" to the question that asks if the employee/obligor has arrears for 12 weeks or greater and the percentage you enter on line 8 would apply to both NOTICES.

5. Does the employee/obligor support another spouse or child other than those identified on Page 3 of the NOTICE?
 Yes, proceed to question 6.
 No, skip question 6 and proceed to question 7.
6. Does the employee/obligor owe arrears for 12 weeks or greater as indicated on Page 2 of the NOTICE?
 Yes, the maximum withholding is 55%; skip question 7 and enter this percentage on line 8.
 No, the maximum withholding is 50%; skip question 7 and enter this percentage on line 8.
7. Does the employee/obligor owe arrears for 12 weeks or greater as indicated on Page 2 of the NOTICE?
 Yes, the maximum withholding is 65%; enter this percentage on line 8.
 No, the maximum withholding is 60%; enter this percentage on line 8.
8. Enter the CCPA maximum withholding limitations percentage for this employee/obligor and proceed to line 9. 8. _____ %

This worksheet may be used for single or multiple NOTICES received for an employee/obligor.

9. Enter the employee's/obligor's disposable income (ADWE) amount from line 4. 9. \$ _____
10. Enter the CCPA maximum withholding limitations percentage from line 8. 10. _____ %
11. Multiply the ADWE amount entered on line 9 by the percentage entered on line 10. This is the maximum amount that can be withheld from the employee's/obligor's check for all NOTICES received.* 11. \$ _____
12. Enter the total amount to withhold for the same frequency as the employee's/obligor's pay frequency for each of the NOTICES received for the employee/obligor. The total amount to be withheld may be found on page 1, Section 2, of the NOTICE.
- a. NOTICE one a. _____
 b. NOTICE two b. _____
 c. NOTICE three c. _____
 d. **TOTAL** d. _____
13. Carry down the **TOTAL** from line 12d here \$ _____. Does this amount exceed the maximum amount on line 11?
 Yes. Continue to line 14.
 No. The total amounts to be withheld will be the amounts entered on lines 12a through c, and totaled on line 12d. Proceed to Step 4, Calculation of Health Insurance Premium Withholding.
14. Proration of support withholdings.
- | | NOTICE one | NOTICE two | NOTICE three |
|--|-------------|------------|--------------|
| a. Enter the amount to withhold from line 12a through c for each NOTICE. | a. \$ _____ | \$ _____ | \$ _____ |
| b. Enter the TOTAL to be withheld from line 12d. | b. \$ _____ | | |
| c. Divide the amount(s) entered on line 14a by 14b for each NOTICE. Enter as a percentage (00.00%). Note: A single NOTICE will result in 100%. | c. _____ % | _____ % | _____ % |
| d. Multiply the amount entered on line 11 by the percentages on line 14c for each NOTICE. This is the pro rata share of the amount to be withheld. | d. \$ _____ | \$ _____ | \$ _____ |
| e. Add each line amount in line 14d for the pro rata TOTAL amount to be withheld for all NOTICES. This amount cannot exceed the amount on line 11. No further calculation is necessary. | e. \$ _____ | | |

Please submit payment for the appropriate amount calculated above. If proration was necessary, you must identify the prorated amount to be withheld for each NOTICE received with your payment with your payment.

Step 4 - Calculation of Health Insurance Premium Withholding

15. Are you required to withhold a health insurance premium amount based on a National Medical Support Notice received for this employee/obligor or otherwise?
 Yes. Proceed to line 16.
 No. **Stop.** No further calculations are necessary in Step 4. Do not complete lines 16 through 20.
16. Enter the maximum amount that can be withheld from the employee's/obligor's check for one pay period from line 11.* 16. \$ _____
17. Enter the amount, if any, being withheld, for all NOTICES from line 12d for one pay period.* 17. \$ _____
18. Subtract the amount entered on line 17 from line 16. **If zero or less, stop here.** No health insurance premium may be deducted. If greater than zero, proceed to line 19. 18. \$ _____
19. Enter the amount to be withheld for the health insurance premium for one pay period. 19. \$ _____
20. Does line 19 exceed line 18?
 Yes. **DO NOT** withhold the health insurance premium. Since the combined amount for child support and the health insurance premium exceeds CCPA limitations, withholding for health insurance premiums based on the National Medical Support Notice is not permitted at this time. Check Box 4 of Part A, Employer Response (page 2 of 5), of the National Medical Support Notice and return the Notice. Withhold the appropriate **TOTAL** amount on line 12d above.
 No. Withhold the health insurance premium amount entered on line 19 above for each pay period and provide the required health insurance based on the National Medical Support Notice. Complete Part B, Plan Administrator Response (page 2 of 4), of the National Medical Support Notice and return the Notice. The full amount to be withheld for all NOTICES will be the amount carried forward and totaled on line 12d, plus health insurance premiums calculated on line 19.

***IMPORTANT NOTE:** Upon any future change in income paid to the employee/obligor, you must recalculate the limitations on withholding for each NOTICE received, including the calculation for health insurance premiums where appropriate.

IEX
AMENDED
IMMEDIATE

2007

_____ County Support Collection Unit

Date:

LEGAL NOTICE ENCLOSED
IMMEDIATE ACTION
REQUIRED
PLEASE CAREFULLY READ
ALL DOCUMENTS

New York Case Identifier:
Worker Code:
Employer No:
Employee Name:
Employee SSN:

This package contains the following important documents

- **Amended Notice** to Withhold Income for Child Support (“NOTICE”) [critical information marked 1, 2, & 3]
- New payment coupons (remittance) to include with payments
- Withholding Limitations Worksheet

As the NOTICE directs, you must take immediate action to withhold the amended amount of child support from the income of the employee/obligor named in the NOTICE. Your failure to withhold or remit the child support as directed in the NOTICE may, upon a finding by the Family Court, result in the payment of a civil penalty.

“Income” includes any earned or unearned income including wages, salaries and commissions and also includes benefits such as disability, workers compensation, and unemployment insurance benefits. See Civil Practice Laws and Rules (CPLR) §5241 for a complete definition.

If the employee/obligor is no longer working for you, or is not receiving benefits, IMMEDIATELY notify the Support Collection Unit (SCU) as directed in #5 (Employee/Obligor Termination Notification) on page 2 of the NOTICE.

Please retain a copy of the NOTICE for your records. If you have any questions about the NOTICE, please contact the **NYS Child Support Helpline, toll-free, at 1-888-208-4485 (option 2)**, Monday through Friday from 8:00 AM to 7:00 PM.

NOTICE TO WITHHOLD INCOME FOR CHILD SUPPORT

[Income Execution for Support Enforcement - New York State CPLR §5241; 18 NYCRR §347.9]

State of New York

Date of NOTICE: _____

Docket Number: _____

Original Amended Terminated (See item #11)

EMPLOYER/INCOME WITHHOLDER

TO: _____

Federal EIN Number: _____

| |
|---|
| EMPLOYEE/OBLIGOR RE: _____ Social Security Number: _____ New York Case Identifier: _____ |
|---|

| |
|--|
| OBLIGEE (Commissioner of Social Services, Assignee, O/B/O) |
|--|

ORDER INFORMATION: This "Notice to Withhold Income for Child Support" (hereafter referred to as the "NOTICE") is based upon an order of support issued by the Supreme or Family Court of the State of New York, _____ County. You are required by law to deduct the total amount listed below from the income of the employee/obligor named above until further notice. For an itemized list of payments due, see page 2.

TOTAL AMOUNT TO WITHHOLD: \$ _____ (frequency)* - Remit to Payee below

*You do not have to vary your pay Period (cycle) to comply with this "NOTICE." If your pay period does not match the above TOTAL AMOUNT payment frequency, withhold one of the following amounts:

| | | | |
|--------------------------|-----------------------|-----------------------------|-----------------------|
| If your pay period is: | Withhold this amount: | If your pay period is: | Withhold this amount: |
| Weekly | \$ _____ | Semimonthly (twice a month) | \$ _____ |
| Biweekly (every 2 weeks) | \$ _____ | Monthly | \$ _____ |

GENERAL REMITTANCE INFORMATION:

- **When remitting payments** - You must provide the pay date/date of withholding, and the New York case identifier, employee/obligor name and social security number, and your company or business name and Employer Identification Number (EIN). See item #3 on page 2 and #9 on page 3 for withholding limits.
- **If the employee's/obligor's principal place of employment is located in New York State** - You must begin withholding no later than the first pay period which occurs fourteen (14) days after service of this NOTICE, and payments must be remitted within seven (7) business days of the date of each withholding. You are not permitted to deduct a fee to defray the cost of withholding.
- **If the employee's/obligor's principal place of employment is located outside New York State** - You must begin withholding and remitting payments in accordance with the laws of the state of the employee's/obligor's principal place of employment, and may deduct a processing fee where such laws permit.

PAYMENT OPTIONS

Electronic remittance

- If you wish to send payments electronically via EFT/EDI, call 1-888-208-4485 (option 2) to arrange for your first EFT/EDI submission. You may be asked to provide the following FIPS code _____. The bank routing number and the bank account number will be provided to you when you call and arrange for your first EFT/EDI submission.

Check remittance

- You must include a payment coupon (remittance) with every payment.
- Make all payments payable to: NYS Child Support Processing Center.
- Send payments to: NYS Child Support Processing Center, PO Box 15363, Albany, NY 12212-5363.

Important: The person completing this form is advised that the information on this form may be shared with the obligor.

In New York State, upon a finding by the Family Court that you failed to withhold or remit withholdings as directed in this NOTICE, the Court shall issue an order directing your compliance and may direct the payment of a civil penalty not to exceed \$500 for the first instance and \$1,000 per instance for the second and subsequent instances of noncompliance.

8. **Anti-discrimination:** You are subject to a civil penalty as determined under State or tribal law for discharging an employee/obligor from employment, refusing to promote or taking disciplinary action against any employee/obligor or refusing to hire a prospective employee because of a child support withholding. In New York State pursuant to CPLR section 5252, the court may direct the payment of a civil penalty not to exceed \$500 for the first instance and \$1,000 per instance for the second and subsequent instances of such discrimination.
9. **Withholding Limits:** For state ORDERS/NOTICES, you may not withhold more than the lesser of: (1) the amounts allowed by the Federal Consumer Credit Protection Act (15 U.S.C. section 1673(b)); or (2) the amounts allowed by the State of the employee's/obligor's principal place of employment. The Federal limit applies to aggregate disposable weekly earnings (ADWE), which is the amount of net income left after making mandatory deductions of State, Federal, & local taxes; Social Security tax; and Medicare tax. For assistance in calculating the withholding amount, complete the enclosed Withholding Limitations Worksheet for Child Support and Medical Support or go to www.newyorkchildsupport.com to access the Income Withholding Calculator.

| 10. Child(ren)'s Name(s) | Date of birth | Child(ren)'s Name(s) | Date of birth |
|--------------------------|---------------|----------------------|---------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

11. **Effect of Termination on other NOTICES of income withholding:** This termination does not affect other NOTICES which you may have for the same employee/obligor on any different New York Case ID, for which you are deducting and sending payments to the NYS Child Support Processing Center. Unless you receive a Terminated NOTICE, those deductions, if any, remain in effect.

NOTICE TO EMPLOYEE/OBLIGOR

- You are hereby notified that this NOTICE is issued against you as a result of the order of support listed on page 1.
- This NOTICE has been served on your current employer(s) or income withholder(s), and the New York State Department of Labor, with respect to current or subsequent income, and will be served on any future employer(s) or income withholder(s).
- You must begin and continue to make support payments by money order or cashiers check directly to the NYS Child Support Processing Center until you have determined that withholdings from your paycheck or other income source have started. Send payments only to the NYS Child Support Processing Center at PO Box 15363, Albany, NY 12212-5363. Include a payment coupon (remittance) with each payment.**
- The actions of your employer or income withholder in failing to deduct and remit amounts specified by this NOTICE shall not relieve you of the underlying obligation to pay support.
- If you believe that this NOTICE was issued in error or the amounts are incorrect, you may notify your local Support Collection Unit (SCU) in writing at the address listed below. You should make a submission of information and evidence by mail, or in person to support your assertion of an error. Thereafter, the SCU will determine the merits of your objection and will notify you of its determination within thirty (30) days after their receipt of notification from you.
- New York State law requires that if arrears are owed, the amount directed by this NOTICE to be withheld for payment of child support must include an "additional amount" to satisfy the arrears (see "Itemized List of Payments Due" on page 2.) If an "additional amount" is required to be deducted which reduces your annual income below the self support reserve (\$13,783 for 2007), or if other support obligations already bring your remaining income below the self support reserve, you may contact the NYS Child Support Helpline to inquire about how to request that the additional amount be reduced. Upon your request the Child Support Helpline will forward a form to you to fill out. Along with the completed form, you will be asked to provide documentary proof of your income, such as your most recently filed tax returns and W-2 forms, current pay stubs or a letter from your employer listing your annual salary and proof of any benefits received. You may also have the additional amount modified if you have physical custody of the children for whom this order represents and you have no current obligation amount. You will be asked to provide documentary proof of physical custody, income and expenses.

CONTACT INFORMATION

By phone, contact the New York State Child Support Helpline, toll free, at 1-888-208-4485, option 1 if you are the employee/obligor, option 2 if you are an employer/income withholder, Monday through Friday from 8:00AM to 7:00PM.

In writing, contact the _____ SCU, _____, NY _____

Please use a separate coupon for each withholding date for which you withhold support from an employee/obligor and provide only the date the payment was withheld from the employee's/obligor's income.

You may send a single check for all employees/obligors or individual checks as long as one coupon per employee/obligor is included for each withholding date. Please indicate the withholding date and the dollar amount withheld on each coupon.

LMEM1 06/15/07

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Your Federal Employer ID Number (EIN)

**Obligor:
Obligor SSN:
NY Case Identifier:
Obligee:**

You must return this coupon with your payment to the address on the coupon.

**PLEASE DO NOT FOLD,
STAPLE OR MUTILATE.**

MAIL PAYMENTS TO:

NYS CHILD SUPPORT PROCESSING CENTER
PO BOX 15363
ALBANY NY 12212-5363

Make your check or money order payable to:

NYS CHILD SUPPORT PROCESSING CENTER

PLEASE DO NOT SEND CASH

Payments must be remitted within seven business days of the date the obligor is paid.

AMOUNT ENCLOSED: \$, .

DATE OF WITHHOLDING (MM/DD/YY): / /

257 00 000000000000 000000 0000000000 0

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You may send a single check for all employees/obligors or individual checks as long as one coupon per employee/obligor is included for each withholding date. Please indicate the withholding date and the dollar amount withheld on each coupon.

LMEM1 06/15/07

Income Withholder Name and Address:

Your Federal Employer ID Number (EIN)

Obligor: _____
Obligor SSN: _____
NY Case Identifier: _____
Obligee: _____

You must return this coupon with your payment to the address on the coupon.

PLEASE DO NOT FOLD, STAPLE OR MUTILATE.

MAIL PAYMENTS TO:
 NYS CHILD SUPPORT PROCESSING CENTER
 PO BOX 15363
 ALBANY NY 12212-5363

Make your check or money order payable to:
 NYS CHILD SUPPORT PROCESSING CENTER

PLEASE DO NOT SEND CASH

Payments must be remitted within seven business days of the date the obligor is paid.

AMOUNT ENCLOSED: \$, .

DATE OF WITHHOLDING (MM/DD/YY): / /

257 00 000000000000 000000 0000000000 0

Please use a separate coupon for each withholding date for which you withhold support from an employee/obligor and provide only the date the payment was withheld from the employee's/obligor's income.

You may send a single check for all employees/obligors or individual checks as long as one coupon per employee/obligor is included for each withholding date. Please indicate the withholding date and the dollar amount withheld on each coupon.

LMEM1 06/15/07

Income Withholder Name and Address:

Your Federal Employer ID Number (EIN)

Obligor: _____
Obligor SSN: _____
NY Case Identifier: _____
Obligee: _____

You must return this coupon with your payment to the address on the coupon.

PLEASE DO NOT FOLD, STAPLE OR MUTILATE.

MAIL PAYMENTS TO:
 NYS CHILD SUPPORT PROCESSING CENTER
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Make your check or money order payable to:
 NYS CHILD SUPPORT PROCESSING CENTER

PLEASE DO NOT SEND CASH

Payments must be remitted within seven business days of the date the obligor is paid.

DATE OF WITHHOLDING (MM/DD/YY): / /

AMOUNT ENCLOSED: \$, .

257 00 000000000000 000000 0000000000 0

**SPECIAL NOTICE
REVISIONS TO THE "NOTICE TO
WITHHOLD INCOME FOR CHILD
SUPPORT"**

Enclosed with this Special Notice is an amended "Notice to Withhold Income for Child Support" (NOTICE) for the New York Case Identifier listed on the NOTICE. The NOTICE has been revised based on recent regulatory changes and contains important information about changes to the calculation of the additional amount to be withheld, the reasons why a review of the additional amount can be requested and the process for requesting a review, as well as updated contact information.

The new calculation of the additional amount is as follows:

If a current support amount:

- is ordered
- is zero
- was never ordered

then the additional amount to reduce arrears is:

- 50% of the current amount, at the same frequency
- 150% of the most recent current amount, at the same frequency
- the total arrears amount, divided by 12, due monthly

Additionally, if the total arrears owed are \$300 or less, the additional amount is \$25 a month until the arrears are paid off. If the total arrears owed are \$25 or less, the additional amount is the total amount owed.

The new calculations of the additional amount may result in an increase, decrease or no change in the total amount withheld from a paycheck or benefits received. If there is an increase or decrease in the total amount to withhold, the new amount listed on page one of the NOTICE is to be withheld and remitted immediately. If there is no change in the total amount to withhold, continue to withhold and remit the existing amount.

Please retain a copy of the NOTICE enclosed for your records.

Withholding Limitations Worksheet for Child Support and Medical Support

You may use the Withholding Limitations Worksheet, or the electronic Income Withholding Calculator located at www.newyorkchildsupport.com, for assistance in calculating the withholding amount for the "Notice to Withhold Income for Child Support" (NOTICE) and the "National Medical Support Notice."

Step 1 - Disposable Income Calculation

- "Income" includes any earned or unearned income including wages, salaries, commissions, bonuses, pensions, retirement and also includes benefits such as disability, workers' compensation, and unemployment insurance benefits. See Civil Practice Laws and Rules (CPLR) §5241 for a complete definition.
- "Aggregate Disposable Weekly Earnings (ADWE)" means that part of the earnings remaining after deduction of any amounts required by law to be deducted. This is also referred to as "disposable income."
- "Pay Period" means the frequency at which the employee/obligor receives income or benefits, for example weekly, bi-weekly, semi-monthly, and monthly.

Calculate disposable income (ADWE):

- | | |
|--|-------------|
| 1. Gross earnings per pay period. | 1. \$ _____ |
| 2. Amounts deducted as required by law: | |
| a. Federal income tax | a. \$ _____ |
| b. Social Security tax | b. \$ _____ |
| c. Medicare tax | c. \$ _____ |
| d. State income tax | d. \$ _____ |
| e. City/local income tax | e. \$ _____ |
| f. Involuntary retirement or pension plan payments | f. \$ _____ |
| 3. Add lines 2a through f. These are the total deductions required by law. | 3. \$ _____ |
| 4. Subtract line 3 from line 1. This is the employee's/obligor's disposable income (ADWE). | 4. \$ _____ |

Step 2 – Maximum Withholding Limitation Determination

[Consumer Credit Protection Act (CCPA) Limitations on Withholdings for Support 15 U.S.C. 1673 (b)]

In determining the maximum withholding limitation when there are multiple NOTICES for this employee/obligor, consider all NOTICES as a whole and not separately when answering the following questions. For example, if there are two NOTICES, one indicates that the employee/obligor owes arrears for 12 weeks or greater, the other NOTICE has no arrears, you would answer "Yes" to the question that asks if the employee/obligor has arrears for 12 weeks or greater and the percentage you enter on line 8 would apply to both NOTICES.

5. Does the employee/obligor support another spouse or child other than those identified on Page 3 of the NOTICE?
 - Yes, proceed to question 6.
 - No, skip question 6 and proceed to question 7.
6. Does the employee/obligor owe arrears for 12 weeks or greater as indicated on Page 2 of the NOTICE?
 - Yes, the maximum withholding is 55%; skip question 7 and enter this percentage on line 8.
 - No, the maximum withholding is 50%; skip question 7 and enter this percentage on line 8.
7. Does the employee/obligor owe arrears for 12 weeks or greater as indicated on Page 2 of the NOTICE?
 - Yes, the maximum withholding is 65%; enter this percentage on line 8.
 - No, the maximum withholding is 60%; enter this percentage on line 8.
8. Enter the CCPA maximum withholding limitations percentage for this employee/obligor and proceed to line 9. 8. _____ %

This worksheet may be used for single or multiple NOTICES received for an employee/obligor.

9. Enter the employee's/obligor's disposable income (ADWE) amount from line 4. 9. \$ _____
10. Enter the CCPA maximum withholding limitations percentage from line 8. 10. _____ %
11. Multiply the ADWE amount entered on line 9 by the percentage entered on line 10. This is the maximum amount that can be withheld from the employee's/obligor's check for all NOTICES received.* 11. \$ _____
12. Enter the total amount to withhold for the same frequency as the employee's/obligor's pay frequency for each of the NOTICES received for the employee/obligor. The total amount to be withheld may be found on page 1, Section 2, of the NOTICE.
- a. NOTICE one a. _____
- b. NOTICE two b. _____
- c. NOTICE three c. _____
- d. **TOTAL** d. _____
13. Carry down the **TOTAL** from line 12d here \$ _____. Does this amount exceed the maximum amount on line 11?
 Yes. Continue to line 14.
 No. The total amounts to be withheld will be the amounts entered on lines 12a through c, and totaled on line 12d. Proceed to Step 4, Calculation of Health Insurance Premium Withholding.
14. Proration of support withholdings. **NOTICE one NOTICE two NOTICE three**
- a. Enter the amount to withhold from line 12a through c for each NOTICE. a. \$ _____ \$ _____ \$ _____
- b. Enter the **TOTAL** to be withheld from line 12d. b. \$ _____
- c. Divide the amount(s) entered on line 14a by 14b for each NOTICE. Enter as a percentage (00.00%). Note: A single NOTICE will result in 100%. c. _____ % _____ % _____ %
- d. Multiply the amount entered on line 11 by the percentages on line 14c for each NOTICE. This is the pro rata share of the amount to be withheld. d. \$ _____ \$ _____ \$ _____
- e. Add each line amount in line 14d for the pro rata **TOTAL** amount to be withheld for all NOTICES. This amount cannot exceed the amount on line 11. No further calculation is necessary. e. \$ _____

Please submit payment for the appropriate amount calculated above. If proration was necessary, you must identify the prorated amount to be withheld for each NOTICE received with your payment with your payment.

Step 4 - Calculation of Health Insurance Premium Withholding

15. Are you required to withhold a health insurance premium amount based on a National Medical Support Notice received for this employee/obligor or otherwise?
 Yes. Proceed to line 16.
 No. **Stop.** No further calculations are necessary in Step 4. Do not complete lines 16 through 20.
16. Enter the maximum amount that can be withheld from the employee's/obligor's check for one pay period from line 11.* 16. \$ _____
17. Enter the amount, if any, being withheld, for all NOTICES from line 12d for one pay period.* 17. \$ _____
18. Subtract the amount entered on line 17 from line 16. **If zero or less, stop here.** No health insurance premium may be deducted. If greater than zero, proceed to line 19. 18. \$ _____
19. Enter the amount to be withheld for the health insurance premium for one pay period. 19. \$ _____
20. Does line 19 exceed line 18?
 Yes. **DO NOT** withhold the health insurance premium. Since the combined amount for child support and the health insurance premium exceeds CCPA limitations, withholding for health insurance premiums based on the National Medical Support Notice is not permitted at this time. Check Box 4 of Part A, Employer Response (page 2 of 5), of the National Medical Support Notice and return the Notice. Withhold the appropriate **TOTAL** amount on line 12d above.
 No. Withhold the health insurance premium amount entered on line 19 above for each pay period and provide the required health insurance based on the National Medical Support Notice. Complete Part B, Plan Administrator Response (page 2 of 4), of the National Medical Support Notice and return the Notice. The full amount to be withheld for all NOTICES will be the amount carried forward and totaled on line 12d, plus health insurance premiums calculated on line 19.

***IMPORTANT NOTE:** Upon any future change in income paid to the employee/obligor, you must recalculate the limitations on withholding for each NOTICE received, including the calculation for health insurance premiums where appropriate.

JEX
TERMINATED
IMMEDIATE

_____ County Support Collection Unit

Date:

LEGAL NOTICE ENCLOSED
IMMEDIATE ACTION
REQUIRED
PLEASE CAREFULLY READ
ALL DOCUMENTS

New York Case Identifier:
Worker Code:
Employer No:
Employee Name:
Employee SSN:

This package contains the following important document

- **Terminated Notice to Withhold Income for Child Support (“NOTICE”)**
[critical information marked 1, 2, & 3]

Carefully read #11 (Effect of Termination on other NOTICES of income withholding) on page 3 of the NOTICE.

Please retain a copy of the NOTICE for your records. If you have any questions about the NOTICE, please contact the **NYS Child Support Helpline, toll-free, at 1-888-208-4485 (option 2)**, Monday through Friday from 8:00 AM to 7:00 PM.

NOTICE TO WITHHOLD INCOME FOR CHILD SUPPORT

[Income Execution for Support Enforcement - New York State CPLR §5241; 18 NYCRR §347.9]

State of New York

Date of NOTICE: _____

Docket Number: _____

Original Amended Terminated (See item #11)

EMPLOYER/INCOME WITHHOLDER

TO: _____

Federal EIN Number: _____

EMPLOYEE/OBLIGOR

RE: _____
Social Security Number: _____
New York Case Identifier: _____

OBLIGEE
 (Commissioner of Social Services, Assignee, O/B/O)

ORDER INFORMATION: This "Notice to Withhold Income for Child Support" (hereafter referred to as the "NOTICE") is based upon an order of support issued by the Supreme or Family Court of the State of New York, _____ County. You are required by law to deduct the total amount listed below from the income of the employee/obligor named above until further notice. For an itemized list of payments due, see page 2.

TOTAL AMOUNT TO WITHHOLD: \$ _____ (frequency)* - Remit to Payee below

*You do not have to vary your pay Period (cycle) to comply with this "NOTICE." If your pay period does not match the above TOTAL AMOUNT payment frequency, withhold one of the following amounts:

| | | | |
|--------------------------|-----------------------|-----------------------------|-----------------------|
| If your pay period is: | Withhold this amount: | If your pay period is: | Withhold this amount: |
| Weekly | \$ _____ | Semimonthly (twice a month) | \$ _____ |
| Biweekly (every 2 weeks) | \$ _____ | Monthly | \$ _____ |

GENERAL REMITTANCE INFORMATION:

- **When remitting payments** - You must provide the pay date/date of withholding, and the New York case identifier, employee/obligor name and social security number, and your company or business name and Employer Identification Number (EIN). See item #3 on page 2 and #9 on page 3 for withholding limits.
- **If the employee's/obligor's principal place of employment is located in New York State** - You must begin withholding no later than the first pay period which occurs fourteen (14) days after service of this NOTICE, and payments must be remitted within seven (7) business days of the date of each withholding. You are not permitted to deduct a fee to defray the cost of withholding.
- **If the employee's/obligor's principal place of employment is located outside New York State** - You must begin withholding and remitting payments in accordance with the laws of the state of the employee's/obligor's principal place of employment, and may deduct a processing fee where such laws permit.

PAYMENT OPTIONS

Electronic remittance

- If you wish to send payments electronically via EFT/EDI, call 1-888-208-4485 (option 2) to arrange for your first EFT/EDI submission. You may be asked to provide the following FIPS code _____. The bank routing number and the bank account number will be provided to you when you call and arrange for your first EFT/EDI submission.

Check remittance

- You must include a payment coupon (remittance) with every payment.
- Make all payments payable to: NYS Child Support Processing Center.
- Send payments to: NYS Child Support Processing Center, PO Box 15363, Albany, NY 12212-5363.

Important: The person completing this form is advised that the information on this form may be shared with the obligor.

1

2

3

In New York State, upon a finding by the Family Court that you failed to withhold or remit withholdings as directed in this NOTICE, the Court shall issue an order directing your compliance and may direct the payment of a civil penalty not to exceed \$500 for the first instance and \$1,000 per instance for the second and subsequent instances of noncompliance.

8. **Anti-discrimination:** You are subject to a civil penalty as determined under State or tribal law for discharging an employee/obligor from employment, refusing to promote or taking disciplinary action against any employee/obligor or refusing to hire a prospective employee because of a child support withholding. In New York State pursuant to CPLR section 5252, the court may direct the payment of a civil penalty not to exceed \$500 for the first instance and \$1,000 per instance for the second and subsequent instances of such discrimination.
9. **Withholding Limits:** For state ORDERS/NOTICES, you may not withhold more than the lesser of: (1) the amounts allowed by the Federal Consumer Credit Protection Act (15 U.S.C. section 1673(b)); or (2) the amounts allowed by the State of the employee's/obligor's principal place of employment. The Federal limit applies to aggregate disposable weekly earnings (ADWE), which is the amount of net income left after making mandatory deductions of State, Federal, & local taxes; Social Security tax; and Medicare tax. For assistance in calculating the withholding amount, complete the enclosed Withholding Limitations Worksheet for Child Support and Medical Support or go to www.newyorkchildsupport.com to access the Income Withholding Calculator.

| 10. Child(ren)'s Name(s) | Date of birth | Child(ren)'s Name(s) | Date of birth |
|--------------------------|---------------|----------------------|---------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

11. **Effect of Termination on other NOTICES of income withholding:** This termination does not affect other NOTICES which you may have for the same employee/obligor on any different New York Case ID, for which you are deducting and sending payments to the NYS Child Support Processing Center. Unless you receive a Terminated NOTICE, those deductions, if any, remain in effect.

NOTICE TO EMPLOYEE/OBLIGOR

- You are hereby notified that this NOTICE is issued against you as a result of the order of support listed on page 1.
- This NOTICE has been served on your current employer(s) or income withholder(s), and the New York State Department of Labor, with respect to current or subsequent income, and will be served on any future employer(s) or income withholder(s).
- You must begin and continue to make support payments by money order or cashiers check directly to the NYS Child Support Processing Center until you have determined that withholdings from your paycheck or other income source have started. Send payments only to the NYS Child Support Processing Center at PO Box 15363, Albany, NY 12212-5363. Include a payment coupon (remittance) with each payment.**
- The actions of your employer or income withholder in failing to deduct and remit amounts specified by this NOTICE shall not relieve you of the underlying obligation to pay support.
- If you believe that this NOTICE was issued in error or the amounts are incorrect, you may notify your local Support Collection Unit (SCU) in writing at the address listed below. You should make a submission of information and evidence by mail, or in person to support your assertion of an error. Thereafter, the SCU will determine the merits of your objection and will notify you of its determination within thirty (30) days after their receipt of notification from you.
- New York State law requires that if arrears are owed, the amount directed by this NOTICE to be withheld for payment of child support must include an "additional amount" to satisfy the arrears (see "Itemized List of Payments Due" on page 2.) If an "additional amount" is required to be deducted which reduces your annual income below the self support reserve (\$13,783 for 2007), or if other support obligations already bring your remaining income below the self support reserve, you may contact the NYS Child Support Helpline to inquire about how to request that the additional amount be reduced. Upon your request the Child Support Helpline will forward a form to you to fill out. Along with the completed form, you will be asked to provide documentary proof of your income, such as your most recently filed tax returns and W-2 forms, current pay stubs or a letter from your employer listing your annual salary and proof of any benefits received. You may also have the additional amount modified if you have physical custody of the children for whom this order represents and you have no current obligation amount. You will be asked to provide documentary proof of physical custody, income and expenses.

CONTACT INFORMATION

By phone, contact the New York State Child Support Helpline, toll free, at 1-888-208-4485, option 1 if you are the employee/obligor, option 2 if you are an employer/income withholder, Monday through Friday from 8:00AM to 7:00PM.

In writing, contact the _____ SCU, _____, NY _____

IEX
ORIGINAL
DEFAULT

County Support Collection Unit

Date:

LEGAL NOTICE ENCLOSED

**IMMEDIATE ACTION
REQUIRED**

**PLEASE CAREFULLY READ
ALL DOCUMENTS**

New York Case Identifier:

Worker Code:

Employer No:

Employee Name:

Employee SSN:

This package contains the following important documents

- **Original Notice** to Withhold Income for Child Support (“NOTICE”) [critical information marked 1, 2, & 3]
- Payment coupons (remittance) to include with payments
- Withholding Limitations Worksheet

As the NOTICE directs, you must take immediate action to withhold child support from the income of the employee/obligor named in the NOTICE. Your failure to withhold or remit the child support as directed in the NOTICE may, upon a finding by the Family Court, result in the payment of a civil penalty.

“Income” includes any earned or unearned income including wages, salaries and commissions and also includes benefits such as disability, workers compensation, and unemployment insurance benefits. See Civil Practice Laws and Rules (CPLR) §5241 for a complete definition.

If the employee/obligor is no longer working for you, or is not receiving benefits, IMMEDIATELY notify the Support Collection Unit (SCU) as directed in #5 (Employee/Obligor Termination Notification) on page 2 of the NOTICE.

Please retain a copy of the NOTICE for your records. If you have any questions about the NOTICE, please contact the **NYS Child Support Helpline, toll-free, at 1-888-208-4485 (option 2)**, Monday through Friday from 8:00 AM to 7:00 PM.

NOTICE TO WITHHOLD INCOME FOR CHILD SUPPORT

[Income Execution for Support Enforcement - New York State CPLR §5241; 18 NYCRR §347.9]

State of New York

Date of NOTICE: _____

Docket Number: _____

Original Amended Terminated (See item #11)

EMPLOYER/INCOME WITHHOLDER

TO: _____

Federal EIN Number: _____

| |
|---|
| EMPLOYEE/OBLIGOR RE: _____ Social Security Number: _____ New York Case Identifier: _____ |
|---|

1

| |
|--|
| OBLIGEE (Commissioner of Social Services, Assignee, O/B/O) |
|--|

ORDER INFORMATION: This "Notice to Withhold Income for Child Support" (hereafter referred to as the "NOTICE") is based upon an order of support issued by the Supreme or Family Court of the State of New York, _____ County. You are required by law to deduct the total amount listed below from the income of the employee/obligor named above until further notice. For an itemized list of payments due, see page 2.

TOTAL AMOUNT TO WITHHOLD: \$ _____ (frequency)* - Remit to Payee below

2

*You do not have to vary your pay Period (cycle) to comply with this "NOTICE." If your pay period does not match the above TOTAL AMOUNT payment frequency, withhold one of the following amounts:

| | | | | |
|--------------------------|-----------------------|--|-----------------------------|-----------------------|
| If your pay period is: | Withhold this amount: | | If your pay period is: | Withhold this amount: |
| Weekly | \$ _____ | | Semimonthly (twice a month) | \$ _____ |
| Biweekly (every 2 weeks) | \$ _____ | | Monthly | \$ _____ |

GENERAL REMITTANCE INFORMATION:

- **When remitting payments** - You must provide the pay date/date of withholding, and the New York case identifier, employee/obligor name and social security number, and your company or business name and Employer Identification Number (EIN). See item #3 on page 2 and #9 on page 3 for withholding limits.
- **If the employee's/obligor's principal place of employment is located in New York State** - You must begin withholding no later than the first pay period which occurs fourteen (14) days after service of this NOTICE, and payments must be remitted within seven (7) business days of the date of each withholding. You are not permitted to deduct a fee to defray the cost of withholding.
- **If the employee's/obligor's principal place of employment is located outside New York State** - You must begin withholding and remitting payments in accordance with the laws of the state of the employee's/obligor's principal place of employment, and may deduct a processing fee where such laws permit.

PAYMENT OPTIONS

3

Electronic remittance

- If you wish to send payments electronically via EFT/EDI, call 1-888-208-4485 (option 2) to arrange for your first EFT/EDI submission. You may be asked to provide the following FIPS code _____. The bank routing number and the bank account number will be provided to you when you call and arrange for your first EFT/EDI submission.

Check remittance

- You must include a payment coupon (remittance) with every payment.
- Make all payments payable to: NYS Child Support Processing Center.
- Send payments to: NYS Child Support Processing Center, PO Box 15363, Albany, NY 12212-5363.

Important: The person completing this form is advised that the information on this form may be shared with the obligor.

In New York State, upon a finding by the Family Court that you failed to withhold or remit withholdings as directed in this NOTICE, the Court shall issue an order directing your compliance and may direct the payment of a civil penalty not to exceed \$500 for the first instance and \$1,000 per instance for the second and subsequent instances of noncompliance.

8. **Anti-discrimination:** You are subject to a civil penalty as determined under State or tribal law for discharging an employee/obligor from employment, refusing to promote or taking disciplinary action against any employee/obligor or refusing to hire a prospective employee because of a child support withholding. In New York State pursuant to CPLR section 5252, the court may direct the payment of a civil penalty not to exceed \$500 for the first instance and \$1,000 per instance for the second and subsequent instances of such discrimination.
9. **Withholding Limits:** For state ORDERS/NOTICES, you may not withhold more than the lesser of: (1) the amounts allowed by the Federal Consumer Credit Protection Act (15 U.S.C. section 1673(b)); or (2) the amounts allowed by the State of the employee's/obligor's principal place of employment. The Federal limit applies to aggregate disposable weekly earnings (ADWE), which is the amount of net income left after making mandatory deductions of State, Federal, & local taxes; Social Security tax; and Medicare tax. For assistance in calculating the withholding amount, complete the enclosed Withholding Limitations Worksheet for Child Support and Medical Support or go to www.newyorkchildsupport.com to access the Income Withholding Calculator.

| 10. Child(ren)'s Name(s) | Date of birth | Child(ren)'s Name(s) | Date of birth |
|--------------------------|---------------|----------------------|---------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

11. **Effect of Termination on other NOTICES of income withholding:** This termination does not affect other NOTICES which you may have for the same employee/obligor on any different New York Case ID, for which you are deducting and sending payments to the NYS Child Support Processing Center. Unless you receive a Terminated NOTICE, those deductions, if any, remain in effect.

NOTICE TO EMPLOYEE/OBLIGOR

- You are hereby notified that this NOTICE is issued against you due to your failure to remit three payments on the date due in the full amount directed by the order of support, or an accumulation of a past due amount equal to or greater than the payments ordered for one month.
- This NOTICE will be served on your current or subsequent employer(s) or income withholder(s), and the New York State Department of Labor, with respect to current or subsequent income unless you assert a "Mistake of Fact" by writing your local Support Collection Unit (SCU) listed below within fifteen (15) days from your receipt of a copy of this NOTICE. "Mistake of Fact" means an error in the amount of payments ordered or past due or in the identity of the debtor, or that the order of support does not exist or has been vacated. You should also make a submission of information and evidence by mail, or in person to support your claim of a "Mistake of Fact" within the fifteen (15) day period. The SCU will determine the merits of your objection and will notify you of its determination within forty-five (45) days from your receipt of a copy of this NOTICE. If the claim is disallowed, you will be notified in writing that this NOTICE to Withhold Income for Child Support will be served on your employer or income withholder, and of the time that the deductions will begin. (See CPLR §5241.)
- You must begin and continue to make support payments by money order or cashier check directly to the NYS Child Support Processing Center until you have determined that withholdings from your paycheck or other income source have started. Send payments only to the NYS Child Support Processing Center at PO Box 15363, Albany, NY 12212-5363. Include a payment coupon (remittance) with each payment.**
- The actions of your employer or income withholder in failing to deduct and remit amounts specified by this NOTICE shall not relieve you of the underlying obligation to pay support.
- New York State law requires that if arrears are owed, the amount directed by this NOTICE to be withheld for payment of child support must include an "additional amount" to satisfy the arrears (see "Itemized List of Payments Due" on page 2). If an "additional amount" is required to be deducted which reduces your annual income below the self support reserve (\$13,783 for 2007), or if other support obligations already bring your remaining income below the self support reserve, you may contact the NYS Child Support Helpline to inquire about how to request that the additional amount be reduced. Upon your request the Child Support Helpline will forward a form to you to fill out. Along with the completed form, you will be asked to provide documentary proof of your income, such as your most recently filed tax returns and W-2 forms, current pay stubs or a letter from your employer listing your annual salary and proof of any benefits received. You may also have the additional amount modified if you have physical custody of the children for whom this order represents and you have no current obligation amount. You will be asked to provide documentary proof of physical custody, income and expenses.

CONTACT INFORMATION

By phone, contact the New York State Child Support Helpline, toll free, at 1-888-208-4485, option 1 if you are the employee/obligor, option 2 if you are an employer/income withholder, Monday through Friday from 8:00AM to 7:00PM.

In writing, contact the _____ SCU, _____, NY _____

Please use a separate coupon for each withholding date for which you withhold support from an employee/obligor and provide only the date the payment was withheld from the employee's/obligor's income.

You may send a single check for all employees/obligors or individual checks as long as one coupon per employee/obligor is included for each withholding date. Please indicate the withholding date and the dollar amount withheld on each coupon.

LMEM1 06/15/07

Income Withholder Name and Address:

Your Federal Employer ID Number (EIN)

Obligor: Obligor SSN: NY Case Identifier: Obligee:

You must return this coupon with your payment to the address on the coupon.

PLEASE DO NOT FOLD, STAPLE OR MUTILATE.

MAIL PAYMENTS TO:

NYS CHILD SUPPORT PROCESSING CENTER PO BOX 15363 ALBANY NY 12212-5363

Make your check or money order payable to:

NYS CHILD SUPPORT PROCESSING CENTER

PLEASE DO NOT SEND CASH

Payments must be remitted within seven business days of the date the obligor is paid.

AMOUNT ENCLOSED: \$, .

DATE OF WITHHOLDING (MM/DD/YY): / /

257 00 000000000000 000000 0000000000 0

Please use a separate coupon for each withholding date for which you withhold support from an employee/obligor and provide only the date the payment was withheld from the employee's/obligor's income.

You may send a single check for all employees/obligors or individual checks as long as one coupon per employee/obligor is included for each withholding date. Please indicate the withholding date and the dollar amount withheld on each coupon.

LMEM1 06/15/07

Income Withholder Name and Address:

Your Federal Employer ID Number (EIN)

Obligor: Obligor SSN: NY Case Identifier: Obligee:

You must return this coupon with your payment to the address on the coupon.

PLEASE DO NOT FOLD, STAPLE OR MUTILATE.

MAIL PAYMENTS TO:

NYS CHILD SUPPORT PROCESSING CENTER PO BOX 15363 ALBANY NY 12212-5363

Make your check or money order payable to:

NYS CHILD SUPPORT PROCESSING CENTER

PLEASE DO NOT SEND CASH

Payments must be remitted within seven business days of the date the obligor is paid.

AMOUNT ENCLOSED: \$, .

DATE OF WITHHOLDING (MM/DD/YY): / /

257 00 000000000000 000000 0000000000 0

Please use a separate coupon for each withholding date for which you withhold support from an employee/obligor and provide only the date the payment was withheld from the employee's/obligor's income.

You may send a single check for all employees/obligors or individual checks as long as one coupon per employee/obligor is included for each withholding date. Please indicate the withholding date and the dollar amount withheld on each coupon.

LMEM1 06/15/07

Income Withholder Name and Address:

Your Federal Employer ID Number (EIN)

Obligor: Obligor SSN: NY Case Identifier: Obligee:

You must return this coupon with your payment to the address on the coupon.

PLEASE DO NOT FOLD, STAPLE OR MUTILATE.

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Withholding Limitations Worksheet for Child Support and Medical Support

You may use the Withholding Limitations Worksheet, or the electronic Income Withholding Calculator located at www.newyorkchildsupport.com, for assistance in calculating the withholding amount for the "Notice to Withhold Income for Child Support" (NOTICE) and the "National Medical Support Notice."

Step 1 - Disposable Income Calculation

- "Income" includes any earned or unearned income including wages, salaries, commissions, bonuses, pensions, retirement and also includes benefits such as disability, workers' compensation, and unemployment insurance benefits. See Civil Practice Laws and Rules (CPLR) §5241 for a complete definition.
- "Aggregate Disposable Weekly Earnings (ADWE)" means that part of the earnings remaining after deduction of any amounts required by law to be deducted. This is also referred to as "disposable income."
- "Pay Period" means the frequency at which the employee/obligor receives income or benefits, for example weekly, bi-weekly, semi-monthly, and monthly.

Calculate disposable income (ADWE):

- | | |
|---|-------------|
| 1. Gross earnings per pay period. | 1. \$ _____ |
| 2. Amounts deducted as required by law: | |
| a. Federal income tax | a. \$ _____ |
| b. Social Security tax | b. \$ _____ |
| c. Medicare tax | c. \$ _____ |
| d. State income tax | d. \$ _____ |
| e. City/local income tax | e. \$ _____ |
| f. Involuntary retirement or pension plan payments | f. \$ _____ |
| 3. Add lines 2a through f. These are the total deductions required by law. | 3. \$ _____ |
| 4. Subtract line 3 from line 1. This is the employee's/obligor's disposable income (ADWE). | 4. \$ _____ |

Step 2 – Maximum Withholding Limitation Determination

[Consumer Credit Protection Act (CCPA) Limitations on Withholdings for Support 15 U.S.C. 1673 (b)]

In determining the maximum withholding limitation when there are multiple NOTICES for this employee/obligor, consider all NOTICES as a whole and not separately when answering the following questions. For example, if there are two NOTICES, one indicates that the employee/obligor owes arrears for 12 weeks or greater, the other NOTICE has no arrears, you would answer "Yes" to the question that asks if the employee/obligor has arrears for 12 weeks or greater and the percentage you enter on line 8 would apply to both NOTICES.

5. Does the employee/obligor support another spouse or child other than those identified on Page 3 of the NOTICE?
 - Yes, proceed to question 6.
 - No, skip question 6 and proceed to question 7.
6. Does the employee/obligor owe arrears for 12 weeks or greater as indicated on Page 2 of the NOTICE?
 - Yes, the maximum withholding is 55%; skip question 7 and enter this percentage on line 8.
 - No, the maximum withholding is 50%; skip question 7 and enter this percentage on line 8.
7. Does the employee/obligor owe arrears for 12 weeks or greater as indicated on Page 2 of the NOTICE?
 - Yes, the maximum withholding is 65%; enter this percentage on line 8.
 - No, the maximum withholding is 60%; enter this percentage on line 8.
8. Enter the **CCPA maximum withholding limitations percentage** for this employee/obligor and proceed to line 9. 8. _____ %

This worksheet may be used for single or multiple NOTICES received for an employee/obligor.

9. Enter the employee's/obligor's disposable income (ADWE) amount from line 4. 9. \$ _____
10. Enter the CCPA maximum withholding limitations percentage from line 8. 10. _____%
11. Multiply the ADWE amount entered on line 9 by the percentage entered on line 10. This is the maximum amount that can be withheld from the employee's/obligor's check for all NOTICES received.* 11. \$ _____
12. Enter the total amount to withhold for the same frequency as the employee's/obligor's pay frequency for each of the NOTICES received for the employee/obligor. The total amount to be withheld may be found on page 1, Section 2, of the NOTICE.
- a. NOTICE one a. _____
- b. NOTICE two b. _____
- c. NOTICE three c. _____
- d. **TOTAL** d. _____
13. Carry down the **TOTAL** from line 12d here \$ _____. Does this amount exceed the maximum amount on line 11?
 Yes. Continue to line 14.
 No. The total amounts to be withheld will be the amounts entered on lines 12a through c, and totaled on line 12d. Proceed to Step 4, Calculation of Health Insurance Premium Withholding.
14. Proration of support withholdings.
- | | NOTICE one | NOTICE two | NOTICE three |
|--|-------------|------------|--------------|
| a. Enter the amount to withhold from line 12a through c for each NOTICE. | a. \$ _____ | \$ _____ | \$ _____ |
| b. Enter the TOTAL to be withheld from line 12d. | b. \$ _____ | | |
| c. Divide the amount(s) entered on line 14a by 14b for each NOTICE. Enter as a percentage (00.00%). Note: A single NOTICE will result in 100%. | c. _____% | _____% | _____% |
| d. Multiply the amount entered on line 11 by the percentages on line 14c for each NOTICE. This is the pro rata share of the amount to be withheld. | d. \$ _____ | \$ _____ | \$ _____ |
| e. Add each line amount in line 14d for the pro rata TOTAL amount to be withheld for all NOTICES. This amount cannot exceed the amount on line 11. No further calculation is necessary. | e. \$ _____ | | |

Please submit payment for the appropriate amount calculated above. If proration was necessary, you must identify the prorated amount to be withheld for each NOTICE received with your payment with your payment.

Step 4 - Calculation of Health Insurance Premium Withholding

15. Are you required to withhold a health insurance premium amount based on a National Medical Support Notice received for this employee/obligor or otherwise?
 Yes. Proceed to line 16.
 No. **Stop.** No further calculations are necessary in Step 4. Do not complete lines 16 through 20.
16. Enter the maximum amount that can be withheld from the employee's/obligor's check for one pay period from line 11.* 16. \$ _____
17. Enter the amount, if any, being withheld, for all NOTICES from line 12d for one pay period.* 17. \$ _____
18. Subtract the amount entered on line 17 from line 16. **If zero or less, stop here.** No health insurance premium may be deducted. If greater than zero, proceed to line 19. 18. \$ _____
19. Enter the amount to be withheld for the health insurance premium for one pay period. 19. \$ _____
20. Does line 19 exceed line 18?
 Yes. **DO NOT** withhold the health insurance premium. Since the combined amount for child support and the health insurance premium exceeds CCPA limitations, withholding for health insurance premiums based on the National Medical Support Notice is not permitted at this time. Check Box 4 of Part A, Employer Response (page 2 of 5), of the National Medical Support Notice and return the Notice. Withhold the appropriate **TOTAL** amount on line 12d above.
 No. Withhold the health insurance premium amount entered on line 19 above for each pay period and provide the required health insurance based on the National Medical Support Notice. Complete Part B, Plan Administrator Response (page 2 of 4), of the National Medical Support Notice and return the Notice. The full amount to be withheld for all NOTICES will be the amount carried forward and totaled on line 12d, plus health insurance premiums calculated on line 19.

***IMPORTANT NOTE:** Upon any future change in income paid to the employee/obligor, you must recalculate the limitations on withholding for each NOTICE received, including the calculation for health insurance premiums where appropriate.

IEX
AMENDED
DEFAULT

_____ County Support Collection Unit

Date:

LEGAL NOTICE ENCLOSED

**IMMEDIATE ACTION
REQUIRED**

**PLEASE CAREFULLY READ
ALL DOCUMENTS**

New York Case Identifier:
Worker Code:
Employer No:
Employee Name:
Employee SSN:

This package contains the following important documents

- **Amended Notice** to Withhold Income for Child Support ("NOTICE") [critical information marked 1, 2, & 3]
- New payment coupons (remittance) to include with payments
- Withholding Limitations Worksheet

As the NOTICE directs, you must take immediate action to withhold the amended amount of child support from the income of the employee/obligor named in the NOTICE. Your failure to withhold or remit the child support as directed in the NOTICE may, upon a finding by the Family Court, result in the payment of a civil penalty.

"Income" includes any earned or unearned income including wages, salaries and commissions and also includes benefits such as disability, workers compensation, and unemployment insurance benefits. See Civil Practice Laws and Rules (CPLR) §5241 for a complete definition.

If the employee/obligor is no longer working for you, or is not receiving benefits, IMMEDIATELY notify the Support Collection Unit (SCU) as directed in #5 (Employee/Obligor Termination Notification) on page 2 of the NOTICE.

Please retain a copy of the NOTICE for your records. If you have any questions about the NOTICE, please contact the **NYS Child Support Helpline, toll-free, at 1-888-208-4485 (option 2)**, Monday through Friday from 8:00 AM to 7:00 PM.

NOTICE TO WITHHOLD INCOME FOR CHILD SUPPORT

[Income Execution for Support Enforcement - New York State CPLR §5241; 18 NYCRR §347.9]

State of New York

Date of NOTICE: _____

Docket Number: _____

Original Amended Terminated (See item #11)

EMPLOYER/INCOME WITHHOLDER

TO: _____

Federal EIN Number: _____

EMPLOYEE/OBLIGOR

RE: _____
Social Security Number: _____
New York Case Identifier: _____

OBLIGEE
 (Commissioner of Social Services, Assignee, O/B/O)

ORDER INFORMATION: This "Notice to Withhold Income for Child Support" (hereafter referred to as the "NOTICE") is based upon an order of support issued by the Supreme or Family Court of the State of New York, _____ County. You are required by law to deduct the total amount listed below from the income of the employee/obligor named above until further notice. For an itemized list of payments due, see page 2.

TOTAL AMOUNT TO WITHHOLD: \$ _____ (frequency)* - Remit to Payee below

*You do not have to vary your pay Period (cycle) to comply with this "NOTICE." If your pay period does not match the above TOTAL AMOUNT payment frequency, withhold one of the following amounts:

| | | | |
|--------------------------|-----------------------|-----------------------------|-----------------------|
| If your pay period is: | Withhold this amount: | If your pay period is: | Withhold this amount: |
| Weekly | \$ _____ | Semimonthly (twice a month) | \$ _____ |
| Biweekly (every 2 weeks) | \$ _____ | Monthly | \$ _____ |

GENERAL REMITTANCE INFORMATION:

- **When remitting payments** - You must provide the pay date/date of withholding, and the New York case identifier, employee/obligor name and social security number, and your company or business name and Employer Identification Number (EIN). See item #3 on page 2 and #9 on page 3 for withholding limits.
- **If the employee's/obligor's principal place of employment is located in New York State** - You must begin withholding no later than the first pay period which occurs fourteen (14) days after service of this NOTICE, and payments must be remitted within seven (7) business days of the date of each withholding. You are not permitted to deduct a fee to defray the cost of withholding.
- **If the employee's/obligor's principal place of employment is located outside New York State** - You must begin withholding and remitting payments in accordance with the laws of the state of the employee's/obligor's principal place of employment, and may deduct a processing fee where such laws permit.

PAYMENT OPTIONS

Electronic remittance

- If you wish to send payments electronically via EFT/EDI, call 1-888-208-4485 (option 2) to arrange for your first EFT/EDI submission. You may be asked to provide the following FIPS code _____. The bank routing number and the bank account number will be provided to you when you call and arrange for your first EFT/EDI submission.

Check remittance

- You must include a payment coupon (remittance) with every payment.
- Make all payments payable to: NYS Child Support Processing Center.
- Send payments to: NYS Child Support Processing Center, PO Box 15363, Albany, NY 12212-5363.

Important: The person completing this form is advised that the information on this form may be shared with the obligor.

1

2

3

In New York State, upon a finding by the Family Court that you failed to withhold or remit withholdings as directed in this NOTICE, the Court shall issue an order directing your compliance and may direct the payment of a civil penalty not to exceed \$500 for the first instance and \$1,000 per instance for the second and subsequent instances of noncompliance.

8. **Anti-discrimination:** You are subject to a civil penalty as determined under State or tribal law for discharging an employee/obligor from employment, refusing to promote or taking disciplinary action against any employee/obligor or refusing to hire a prospective employee because of a child support withholding. In New York State pursuant to CPLR section 5252, the court may direct the payment of a civil penalty not to exceed \$500 for the first instance and \$1,000 per instance for the second and subsequent instances of such discrimination.
9. **Withholding Limits:** For state ORDERS/NOTICES, you may not withhold more than the lesser of: (1) the amounts allowed by the Federal Consumer Credit Protection Act (15 U.S.C. section 1673(b)); or (2) the amounts allowed by the State of the employee's/obligor's principal place of employment. The Federal limit applies to aggregate disposable weekly earnings (ADWE), which is the amount of net income left after making mandatory deductions of State, Federal, & local taxes; Social Security tax; and Medicare tax. For assistance in calculating the withholding amount, complete the enclosed Withholding Limitations Worksheet for Child Support and Medical Support or go to www.newyorkchildsupport.com to access the Income Withholding Calculator.

| 10. Child(ren)'s Name(s) | Date of birth | Child(ren)'s Name(s) | Date of birth |
|--------------------------|---------------|----------------------|---------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

11. **Effect of Termination on other NOTICES of income withholding:** This termination does not affect other NOTICES which you may have for the same employee/obligor on any different New York Case ID, for which you are deducting and sending payments to the NYS Child Support Processing Center. Unless you receive a Terminated NOTICE, those deductions, if any, remain in effect.

NOTICE TO EMPLOYEE/OBLIGOR

- You are hereby notified that this NOTICE is issued against you due to your failure to remit three payments on the date due in the full amount directed by the order of support, or an accumulation of a past due amount equal to or greater than the payments ordered for one month.
- This NOTICE will be served on your current or subsequent employer(s) or income withholder(s), and the New York State Department of Labor, with respect to current or subsequent income unless you assert a "Mistake of Fact" by writing your local Support Collection Unit (SCU) listed below within fifteen (15) days from your receipt of a copy of this NOTICE. "Mistake of Fact" means an error in the amount of payments ordered or past due or in the identity of the debtor, or that the order of support does not exist or has been vacated. You should also make a submission of information and evidence by mail, or in person to support your claim of a "Mistake of Fact" within the fifteen (15) day period. The SCU will determine the merits of your objection and will notify you of its determination within forty-five (45) days from your receipt of a copy of this NOTICE. If the claim is disallowed, you will be notified in writing that this NOTICE to Withhold Income for Child Support will be served on your employer or income withholder, and of the time that the deductions will begin. (See CPLR §5241.)
- You must begin and continue to make support payments by money order or cashier check directly to the NYS Child Support Processing Center until you have determined that withholdings from your paycheck or other income source have started. Send payments only to the NYS Child Support Processing Center at PO Box 15363, Albany, NY 12212-5363. Include a payment coupon (remittance) with each payment.**
- The actions of your employer or income withholder in failing to deduct and remit amounts specified by this NOTICE shall not relieve you of the underlying obligation to pay support.
- New York State law requires that if arrears are owed, the amount directed by this NOTICE to be withheld for payment of child support must include an "additional amount" to satisfy the arrears (see "Itemized List of Payments Due" on page 2). If an "additional amount" is required to be deducted which reduces your annual income below the self support reserve (\$13,783 for 2007), or if other support obligations already bring your remaining income below the self support reserve, you may contact the NYS Child Support Helpline to inquire about how to request that the additional amount be reduced. Upon your request the Child Support Helpline will forward a form to you to fill out. Along with the completed form, you will be asked to provide documentary proof of your income, such as your most recently filed tax returns and W-2 forms, current pay stubs or a letter from your employer listing your annual salary and proof of any benefits received. You may also have the additional amount modified if you have physical custody of the children for whom this order represents and you have no current obligation amount. You will be asked to provide documentary proof of physical custody, income and expenses.

CONTACT INFORMATION

By phone, contact the New York State Child Support Helpline, toll free, at 1-888-208-4485, option 1 if you are the employee/obligor, option 2 if you are an employer/income withholder, Monday through Friday from 8:00AM to 7:00PM.

In writing, contact the _____ SCU, _____, NY _____

Please use a separate coupon for each withholding date for which you withhold support from an employee/obligor and provide only the date the payment was withheld from the employee's/obligor's income.

You may send a single check for all employees/obligors or individual checks as long as one coupon per employee/obligor is included for each withholding date. Please indicate the withholding date and the dollar amount withheld on each coupon.

LMEM1 06/15/07

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Your Federal Employer ID Number (EIN)

Obligor:
Obligor SSN:
NY Case Identifier:
Obligee:

You must return this coupon with your payment to the address on the coupon.

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SEMPROS - 3

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**SPECIAL NOTICE
REVISIONS TO THE "NOTICE TO
WITHHOLD INCOME FOR CHILD
SUPPORT"**

Enclosed with this Special Notice is an amended "Notice to Withhold Income for Child Support" (NOTICE) for the New York Case Identifier listed on the NOTICE. The NOTICE has been revised based on recent regulatory changes and contains important information about changes to the calculation of the additional amount to be withheld, the reasons why a review of the additional amount can be requested and the process for requesting a review, as well as updated contact information.

The new calculation of the additional amount is as follows:

If a current support amount:

- is ordered
- is zero

- was never ordered

then the additional amount to reduce arrears is:

- 50% of the current amount, at the same frequency
- 150% of the most recent current amount, at the same frequency
- the total arrears amount, divided by 12, due monthly

Additionally, if the total arrears owed are \$300 or less, the additional amount is \$25 a month until the arrears are paid off. If the total arrears owed are \$25 or less, the additional amount is the total amount owed.

The new calculations of the additional amount may result in an increase, decrease or no change in the total amount withheld from a paycheck or benefits received. If there is an increase or decrease in the total amount to withhold, the new amount listed on page one of the NOTICE is to be withheld and remitted immediately. If there is no change in the total amount to withhold, continue to withhold and remit the existing amount.

Please retain a copy of the NOTICE enclosed for your records.

Withholding Limitations Worksheet for Child Support and Medical Support

You may use the Withholding Limitations Worksheet, or the electronic Income Withholding Calculator located at www.newyorkchildsupport.com, for assistance in calculating the withholding amount for the "Notice to Withhold Income for Child Support" (NOTICE) and the "National Medical Support Notice."

Step 1 - Disposable Income Calculation

- "Income" includes any earned or unearned income including wages, salaries, commissions, bonuses, pensions, retirement and also includes benefits such as disability, workers' compensation, and unemployment insurance benefits. See Civil Practice Laws and Rules (CPLR) §5241 for a complete definition.
- "Aggregate Disposable Weekly Earnings (ADWE)" means that part of the earnings remaining after deduction of any amounts required by law to be deducted. This is also referred to as "disposable income."
- "Pay Period" means the frequency at which the employee/obligor receives income or benefits, for example weekly, bi-weekly, semi-monthly, and monthly.

Calculate disposable income (ADWE):

- | | |
|---|-------------|
| 1. Gross earnings per pay period. | 1. \$ _____ |
| 2. Amounts deducted as required by law: | |
| a. Federal income tax | a. \$ _____ |
| b. Social Security tax | b. \$ _____ |
| c. Medicare tax | c. \$ _____ |
| d. State income tax | d. \$ _____ |
| e. City/local income tax | e. \$ _____ |
| f. Involuntary retirement or pension plan payments | f. \$ _____ |
| 3. Add lines 2a through f. These are the total deductions required by law. | 3. \$ _____ |
| 4. Subtract line 3 from line 1. This is the employee's/obligor's disposable income (ADWE). | 4. \$ _____ |

Step 2 – Maximum Withholding Limitation Determination

[Consumer Credit Protection Act (CCPA) Limitations on Withholdings for Support 15 U.S.C. 1673 (b)]

In determining the maximum withholding limitation when there are multiple NOTICES for this employee/obligor, consider all NOTICES as a whole and not separately when answering the following questions. For example, if there are two NOTICES, one indicates that the employee/obligor owes arrears for 12 weeks or greater, the other NOTICE has no arrears, you would answer "Yes" to the question that asks if the employee/obligor has arrears for 12 weeks or greater and the percentage you enter on line 8 would apply to both NOTICES.

5. Does the employee/obligor support another spouse or child other than those identified on Page 3 of the NOTICE?
 - Yes, proceed to question 6.
 - No, skip question 6 and proceed to question 7.
6. Does the employee/obligor owe arrears for 12 weeks or greater as indicated on Page 2 of the NOTICE?
 - Yes, the maximum withholding is 55%; skip question 7 and enter this percentage on line 8.
 - No, the maximum withholding is 50%; skip question 7 and enter this percentage on line 8.
7. Does the employee/obligor owe arrears for 12 weeks or greater as indicated on Page 2 of the NOTICE?
 - Yes, the maximum withholding is 65%; enter this percentage on line 8.
 - No, the maximum withholding is 60%; enter this percentage on line 8.
8. Enter the **CCPA maximum withholding limitations percentage** for this employee/obligor and proceed to line 9. 8. _____ %

This worksheet may be used for single or multiple NOTICES received for an employee/obligor.

9. Enter the employee's/obligor's disposable income (ADWE) amount from line 4. 9. \$ _____
10. Enter the CCPA maximum withholding limitations percentage from line 8. 10. _____%
11. Multiply the ADWE amount entered on line 9 by the percentage entered on line 10. This is the maximum amount that can be withheld from the employee's/obligor's check for all NOTICES received.* 11. \$ _____
12. Enter the total amount to withhold for the same frequency as the employee's/obligor's pay frequency for each of the NOTICES received for the employee/obligor. The total amount to be withheld may be found on page 1, Section 2, of the NOTICE.
- a. NOTICE one a. _____
- b. NOTICE two b. _____
- c. NOTICE three c. _____
- d. **TOTAL** d. _____
13. Carry down the **TOTAL** from line 12d here \$ _____. Does this amount exceed the maximum amount on line 11?
- Yes. Continue to line 14.
- No. The total amounts to be withheld will be the amounts entered on lines 12a through c, and totaled on line 12d. Proceed to Step 4, Calculation of Health Insurance Premium Withholding.
14. Proration of support withholdings. **NOTICE one NOTICE two NOTICE three**
- a. Enter the amount to withhold from line 12a through c for each NOTICE. a. \$ _____ \$ _____ \$ _____
- b. Enter the **TOTAL** to be withheld from line 12d. b. \$ _____
- c. Divide the amount(s) entered on line 14a by 14b for each NOTICE. Enter as a percentage (00.00%). Note: A single NOTICE will result in 100%. c. _____% _____% _____%
- d. Multiply the amount entered on line 11 by the percentages on line 14c for each NOTICE. This is the pro rata share of the amount to be withheld. d. \$ _____ \$ _____ \$ _____
- e. Add each line amount in line 14d for the pro rata **TOTAL** amount to be withheld for all NOTICES. This amount cannot exceed the amount on line 11. No further calculation is necessary. e. \$ _____

Please submit payment for the appropriate amount calculated above. If proration was necessary, you must identify the prorated amount to be withheld for each NOTICE received with your payment with your payment.

Step 4 - Calculation of Health Insurance Premium Withholding

15. Are you required to withhold a health insurance premium amount based on a National Medical Support Notice received for this employee/obligor or otherwise?
- Yes. Proceed to line 16.
- No. **Stop.** No further calculations are necessary in Step 4. Do not complete lines 16 through 20.
16. Enter the maximum amount that can be withheld from the employee's/obligor's check for one pay period from line 11.* 16. \$ _____
17. Enter the amount, if any, being withheld, for all NOTICES from line 12d for one pay period.* 17. \$ _____
18. Subtract the amount entered on line 17 from line 16. **If zero or less, stop here.** No health insurance premium may be deducted. If greater than zero, proceed to line 19. 18. \$ _____
19. Enter the amount to be withheld for the health insurance premium for one pay period. 19. \$ _____
20. Does line 19 exceed line 18?
- Yes. **DO NOT** withhold the health insurance premium. Since the combined amount for child support and the health insurance premium exceeds CCPA limitations, withholding for health insurance premiums based on the National Medical Support Notice is not permitted at this time. Check Box 4 of Part A, Employer Response (page 2 of 5), of the National Medical Support Notice and return the Notice. Withhold the appropriate **TOTAL** amount on line 12d above.
- No. Withhold the health insurance premium amount entered on line 19 above for each pay period and provide the required health insurance based on the National Medical Support Notice. Complete Part B, Plan Administrator Response (page 2 of 4), of the National Medical Support Notice and return the Notice. The full amount to be withheld for all NOTICES will be the amount carried forward and totaled on line 12d, plus health insurance premiums calculated on line 19.

***IMPORTANT NOTE:** Upon any future change in income paid to the employee/obligor, you must recalculate the limitations on withholding for each NOTICE received, including the calculation for health insurance premiums where appropriate.

IEX

TERMINATED

DEFAULT

2005

_____ County Support Collection Unit

Date:

LEGAL NOTICE ENCLOSED
IMMEDIATE ACTION
REQUIRED
PLEASE CAREFULLY READ
ALL DOCUMENTS

New York Case Identifier:
Worker Code:
Employer No:
Employee Name:
Employee SSN:

This package contains the following important document

- **Terminated Notice** to Withhold Income for Child Support (“NOTICE”) [critical information marked 1, 2, & 3]

Carefully read #11 (Effect of Termination on other NOTICES of income withholding) on page 3 of the NOTICE.

Please retain a copy of the NOTICE for your records. If you have any questions about the NOTICE, please contact the **NYS Child Support Helpline, toll-free, at 1-888-208-4485 (option 2)**, Monday through Friday from 8:00 AM to 7:00 PM.

NOTICE TO WITHHOLD INCOME FOR CHILD SUPPORT

[Income Execution for Support Enforcement - New York State CPLR §5241; 18 NYCRR §347.9]

State of New York

Date of NOTICE: _____

Docket Number: _____

Original Amended Terminated (See item #11)

EMPLOYER/INCOME WITHHOLDER

TO: _____

Federal EIN Number: _____

EMPLOYEE/OBLIGOR

RE: _____
Social Security Number: _____
New York Case Identifier: _____

OBLIGEE

(Commissioner of Social Services, Assignee, O/B/O)

ORDER INFORMATION: This "Notice to Withhold Income for Child Support" (hereafter referred to as the "NOTICE") is based upon an order of support issued by the Supreme or Family Court of the State of New York, _____ County. You are required by law to deduct the total amount listed below from the income of the employee/obligor named above until further notice. For an itemized list of payments due, see page 2.

TOTAL AMOUNT TO WITHHOLD: \$ _____ (frequency)* - Remit to Payee below

*You do not have to vary your pay Period (cycle) to comply with this "NOTICE." If your pay period does not match the above TOTAL AMOUNT payment frequency, withhold one of the following amounts:

| | | | |
|--------------------------|-----------------------|-----------------------------|-----------------------|
| If your pay period is: | Withhold this amount: | If your pay period is: | Withhold this amount: |
| Weekly | \$ _____ | Semimonthly (twice a month) | \$ _____ |
| Biweekly (every 2 weeks) | \$ _____ | Monthly | \$ _____ |

GENERAL REMITTANCE INFORMATION:

- **When remitting payments** - You must provide the pay date/date of withholding, and the New York case identifier, employee/obligor name and social security number, and your company or business name and Employer Identification Number (EIN). See item #3 on page 2 and #9 on page 3 for withholding limits.
- **If the employee's/obligor's principal place of employment is located in New York State** - You must begin withholding no later than the first pay period which occurs fourteen (14) days after service of this NOTICE, and payments must be remitted within seven (7) business days of the date of each withholding. You are not permitted to deduct a fee to defray the cost of withholding.
- **If the employee's/obligor's principal place of employment is located outside New York State** - You must begin withholding and remitting payments in accordance with the laws of the state of the employee's/obligor's principal place of employment, and may deduct a processing fee where such laws permit.

PAYMENT OPTIONS

Electronic remittance

- If you wish to send payments electronically via EFT/EDI, call 1-888-208-4485 (option 2) to arrange for your first EFT/EDI submission. You may be asked to provide the following FIPS code _____. The bank routing number and the bank account number will be provided to you when you call and arrange for your first EFT/EDI submission.

Check remittance

- You must include a payment coupon (remittance) with every payment.
- Make all payments payable to: NYS Child Support Processing Center.
- Send payments to: NYS Child Support Processing Center, PO Box 15363, Albany, NY 12212-5363.

Important: The person completing this form is advised that the information on this form may be shared with the obligor.

In New York State, upon a finding by the Family Court that you failed to withhold or remit withholdings as directed in this NOTICE, the Court shall issue an order directing your compliance and may direct the payment of a civil penalty not to exceed \$500 for the first instance and \$1,000 per instance for the second and subsequent instances of noncompliance.

8. **Anti-discrimination:** You are subject to a civil penalty as determined under State or tribal law for discharging an employee/obligor from employment, refusing to promote or taking disciplinary action against any employee/obligor or refusing to hire a prospective employee because of a child support withholding. In New York State pursuant to CPLR section 5252, the court may direct the payment of a civil penalty not to exceed \$500 for the first instance and \$1,000 per instance for the second and subsequent instances of such discrimination.
9. **Withholding Limits:** For state ORDERS/NOTICES, you may not withhold more than the lesser of: (1) the amounts allowed by the Federal Consumer Credit Protection Act (15 U.S.C. section 1673(b)); or (2) the amounts allowed by the State of the employee's/obligor's principal place of employment. The Federal limit applies to aggregate disposable weekly earnings (ADWE), which is the amount of net income left after making mandatory deductions of State, Federal, & local taxes; Social Security tax; and Medicare tax. For assistance in calculating the withholding amount, complete the enclosed Withholding Limitations Worksheet for Child Support and Medical Support or go to www.newyorkchildsupport.com to access the Income Withholding Calculator.

| 10. Child(ren)'s Name(s) | Date of birth | Child(ren)'s Name(s) | Date of birth |
|--------------------------|---------------|----------------------|---------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

11. **Effect of Termination on other NOTICES of income withholding:** This termination does not affect other NOTICES which you may have for the same employee/obligor on any different New York Case ID, for which you are deducting and sending payments to the NYS Child Support Processing Center. Unless you receive a Terminated NOTICE, those deductions, if any, remain in effect.

NOTICE TO EMPLOYEE/OBLIGOR

- You are hereby notified that this NOTICE is issued against you due to your failure to remit three payments on the date due in the full amount directed by the order of support, or an accumulation of a past due amount equal to or greater than the payments ordered for one month.
- This NOTICE will be served on your current or subsequent employer(s) or income withholder(s), and the New York State Department of Labor, with respect to current or subsequent income unless you assert a "Mistake of Fact" by writing your local Support Collection Unit (SCU) listed below within fifteen (15) days from your receipt of a copy of this NOTICE. "Mistake of Fact" means an error in the amount of payments ordered or past due or in the identity of the debtor, or that the order of support does not exist or has been vacated. You should also make a submission of information and evidence by mail, or in person to support your claim of a "Mistake of Fact" within the fifteen (15) day period. The SCU will determine the merits of your objection and will notify you of its determination within forty-five (45) days from your receipt of a copy of this NOTICE. If the claim is disallowed, you will be notified in writing that this NOTICE to Withhold Income for Child Support will be served on your employer or income withholder, and of the time that the deductions will begin. (See CPLR §5241.)
- You must begin and continue to make support payments by money order or cashier check directly to the NYS Child Support Processing Center until you have determined that withholdings from your paycheck or other income source have started. Send payments only to the NYS Child Support Processing Center at PO Box 15363, Albany, NY 12212-5363. Include a payment coupon (remittance) with each payment.
- The actions of your employer or income withholder in failing to deduct and remit amounts specified by this NOTICE shall not relieve you of the underlying obligation to pay support.
- New York State law requires that if arrears are owed, the amount directed by this NOTICE to be withheld for payment of child support must include an "additional amount" to satisfy the arrears (see "Itemized List of Payments Due" on page 2). If an "additional amount" is required to be deducted which reduces your annual income below the self support reserve (\$13,783 for 2007), or if other support obligations already bring your remaining income below the self support reserve, you may contact the NYS Child Support Helpline to inquire about how to request that the additional amount be reduced. Upon your request the Child Support Helpline will forward a form to you to fill out. Along with the completed form, you will be asked to provide documentary proof of your income, such as your most recently filed tax returns and W-2 forms, current pay stubs or a letter from your employer listing your annual salary and proof of any benefits received. You may also have the additional amount modified if you have physical custody of the children for whom this order represents and you have no current obligation amount. You will be asked to provide documentary proof of physical custody, income and expenses.

CONTACT INFORMATION

By phone, contact the New York State Child Support Helpline, toll free, at 1-888-208-4485, option 1 if you are the employee/obligor, option 2 if you are an employer/income withholder, Monday through Friday from 8:00AM to 7:00PM.

In writing, contact the _____ SCU, _____, NY _____

EMPLOYER
COMPLIANCE
NOTICE

Date:

**IMMEDIATE ACTION
REQUIRED**
**PLEASE CAREFULLY READ
THIS DOCUMENT**

New York Case Identifier:
Employer No:
Employee Name:
Employee SSN

Employer/Income Withholder Compliance Notice
Our records indicate that the individual noted above is employed by you, or receiving payments or benefits from you. A "Notice to Withhold Income for Child Support" (NOTICE) was mailed to you, and no payments have been received in the past 45 days. You are required to submit payments within 7 business days of the employee being paid or you must notify us that they are no longer employed by you, or receiving payments or benefits from you.

Immediate Action Required
Please review your records and forward payments to: **NYS Child Support Processing Center, PO Box 15363, Albany, NY 12212-5363.**
If the employee/obligor is no longer working for you, or is not receiving benefits, IMMEDIATELY notify the NYS Child Support Processing Center by completing the information as directed in #5 (Employee/Obligor Termination Notification) on page 2 of the NOTICE and mail it to the address below.
If you no longer have the NOTICE fill in the information below and mail this notice to **NYS Child Support Processing Center, PO Box 15368, Albany, NY 12212-5368.**
Employer's/Income withholder's contact name: _____
Phone number: _____
Date of separation: _____ Reason for separation: _____
Employee's last known address: _____
New employer's/income withholder's name and address: _____

Penalty for Failure to Comply
Your failure to withhold or remit the child support as directed in the NOTICE may cause us to bring legal action in Family Court against you. Family Court can direct the payment of a civil penalty not to exceed \$500 for the first instance and \$1,000 per instance for the second and subsequent instances of noncompliance. You would also be responsible for full payment of all payments that should have been withheld and remitted.

If you have any questions about this notice, please contact the **NYS Child Support Employer Helpline, toll-free, at 1-888-208-4485 (option 2)**, Monday through Friday from 8:00 AM to 7:00 PM.

SUPPORT
WITH HOLDING
REMINDER
SMALL EMPLOYER

SEMPROS - 1
LOCAL COUNTY SCU

COUNTY OFFICE BLDG
LOCALTOWN NY 12000-0000

SUPPORT WITHHOLDING REMINDER

FEDERAL EMPLOYER IDENTIFICATION:
123456789

All correspondence should be sent to the above address.

REMINDER DATE:
07/01/2005

XYZ CORPORATION
ATTN PAYROLL DEPT
1000 ANY BUSINESS AVE
ANY CITY NY 10000-0000

SEND PAYMENTS ONLY TO THIS ADDRESS.

LOCAL COUNTY SCU
PO BOX 00000
ALBANY NY 12200-0000

IMPORTANT INFORMATION

OUR SUPPORT COLLECTION UNIT RECORDS INDICATE THAT WE SENT AN INCOME EXECUTION TO YOU FOR WITHHOLDING SUPPORT FOR EACH RESPONDENT LISTED BELOW. THE INCOME EXECUTION REQUIRES YOU TO REMIT WITH EACH PAYMENT; THE NAME AND SOCIAL SECURITY NUMBER OF THE RESPONDENT, THE ACCOUNT NUMBER PROVIDED ON THE INCOME EXECUTION DOCUMENT, AND THE DATE AND AMOUNT OF EACH WITHHOLDING OF THE RESPONDENT'S INCOME IN THE PAYMENT.

THIS REMINDER INCLUDES COUPONS WHICH CONTAIN MOST OF THE INFORMATION YOU ARE REQUIRED TO PROVIDE WITH EACH PAYMENT. SIMPLY INSERT THE INFORMATION FOR THE WITHHOLDING DATES AND AMOUNT ON THE COUPON. ALL SUPPORT PAYMENTS WITHHELD FOR THE BELOW RESPONDENTS, AND THEIR RESPECTIVE COUPONS, MUST BE SENT TO THE SUPPORT COLLECTION UNIT ADDRESS PRINTED ON THE COUPONS.

NOTICE TO EMPLOYERS - NEW SERVICE AVAILABLE

The Child Support Processing Center is seeking employers who have an interest in remitting employee child support payments via Electronic Funds Transfer (EFT). An EFT has the benefit of reduced cost, accurate submission and faster processing of the child support payment. For many employers, EFT may represent substantial savings over individual check preparation.

If you would like more information about employer initiated EFT, please contact any Employer Outreach Representative at 1-888-208-4485 or write for an informational packet to New York State Child Support Processing Center, P.O. Box 15363, Albany, New York 12212-5363.

Support collection unit records indicate that you withhold support payments for the following employees. Attached to this information page you will find coupons for each employee listed. Please use these coupons to remit support payments, one for each withholding date. You may send a single check for all employees or individual checks as long as one coupon per employee is included for each withholding date. Please indicate the withholding date and the dollar amount withheld on each coupon. In addition, find enclosed a page of blank coupons to use with employees not included on the list below. You must provide the name, social security number and the account number of the respondent as well as date(s) of withholding and amount(s) withheld.

| RESPONDENT NAME | RESPONDENT SOC. SEC. NUMBER | ACCOUNT NUMBER | CLIENT NAME |
|-----------------|-----------------------------|----------------|---------------|
| SMITH, JOHN A | 000000000 | ZZ00000Z1 | SMITH, JANE A |
| SMITH, JOHN B | 000000000 | ZZ00000Z2 | SMITH, JANE B |
| SMITH, JOHN C | 000000000 | ZZ00000Z3 | SMITH, JANE C |
| SMITH, JOHN D | 000000000 | ZZ00000Z4 | SMITH, JANE D |
| SMITH, JOHN E | 000000000 | ZZ00000Z5 | SMITH, JANE E |
| SMITH, JOHN F | 000000000 | ZZ00000Z6 | SMITH, JANE F |

NOT A COUPON DO NOT SEND CASH

SUPPORT
WITHHOLDING REMINDER
LARGE EMPLOYER

LEMPROS - 1
 LOCAL COUNTY SCU
 COUNTY OFFICE BLDG
 LOCALTOWN NY 10000-0000

SUPPORT WITHHOLDING REMINDER

**FEDERAL EMPLOYER IDENTIFICATION NUMBER:
 123456789**

**REMINDER DATE:
 07/01/2005**

All correspondence should be sent to the above address.

SEND PAYMENTS ONLY TO THIS ADDRESS:

XYZ CORPORATION
 ATTN PAYROLL DEPT
 1000 ANY BUSINESS AVE
 ANY CITY NY 10000-0000

NYS CHILD SUPPORT PROCESSING CENTER
 PO BOX 15363
 ALBANY NY 12212-5363

||

| | | |
|--|----|--------------------------|
| PLEASE CHECK BOX IF YOU HAVE MADE ANY CORRECTIONS OR ADDITIONS | | <input type="checkbox"/> |
| PLEASE ENTER TOTAL AMOUNT ENCLOSED | \$ | |

IMPORTANT INFORMATION

OUR SUPPORT COLLECTION UNIT RECORDS INDICATE THAT WE SENT AN INCOME EXECUTION TO YOU FOR WITHHOLDING SUPPORT FOR THE BELOW NAMED RESPONDENT(S). THE INCOME EXECUTION REQUIRES YOU TO REMIT WITH EACH PAYMENT: THE NAME AND SOCIAL SECURITY NUMBER OF THE RESPONDENT, THE ACCOUNT NUMBER PROVIDED ON THE INCOME EXECUTION DOCUMENT, AND THE DATE AND AMOUNT OF EACH WITHHOLDING OF THE RESPONDENT'S INCOME INCLUDED IN THE PAYMENT.

THIS REMINDER CONTAINS MOST OF THE INFORMATION YOU ARE REQUIRED TO PROVIDE WITH EACH PAYMENT. SIMPLY INSERT THE INFORMATION FOR THE WITHHOLDING DATES AND AMOUNTS AFTER EACH RESPONDENT'S ACCOUNT NUMBER.

ALL PAGES OF THIS REMINDER MUST BE INCLUDED WITH YOUR CHECK OR MONEY ORDER REPRESENTING THE TOTAL AMOUNT WITHHELD FOR ALL RESPONDENTS.

NOTICE TO EMPLOYERS - NEW SERVICE AVAILABLE

The Child Support Processing Center is seeking employers who have an interest in remitting employee child support payments via Electronic Funds Transfer (EFT). An EFT has the benefit of reduced cost, accurate submission and faster processing of the child support payment. For many employers, EFT may represent substantial savings over individual check preparation.

If you would like more information about employer initiated EFT, please contact any Employer Outreach Representative at 1-888-208-4485 or write for an informational packet to New York State Child Support Processing Center, P.O. Box 15363, Albany, New York 12212-5363.

RECORD EACH DATE A SUPPORT PAYMENT WAS WITHHELD, AS WELL AS THE AMOUNT OF EACH WITHHOLDING. DRAW A LINE THROUGH THE RESPONDENT'S NAME IF THE RESPONDENT IS NO LONGER WORKING FOR YOUR FIRM OR THE INCOME EXECUTION HAS BEEN TERMINATED. INCLUDE ANY ADDITIONAL INCOME EXECUTIONS YOU HAVE RECEIVED FROM THE SUPPORT COLLECTION UNIT NOTED HEREIN FOR A RESPONDENT NOT LISTED. PLEASE REFER TO THE INCOME EXECUTION DOCUMENT TO OBTAIN COMPLETE AND ACCURATE INFORMATION. ALL INFORMATION MUST BE RECORDED TO MAKE SURE THE RESPONDENT RECEIVES CREDIT FOR THE SUPPORT WITHHOLDING.

| RESPONDENT NAME | RESPONDENT SOC. SEC. NUMBER | ACCOUNT NUMBER | DATE(S) OF WITHHOLDING | WITHHOLDING AMOUNT |
|-----------------|-----------------------------|----------------|------------------------|--------------------|
| SMITH, JOHN A | 000000000 | ZZ00000Z1 | | |
| SMITH, JOHN B | 000000000 | ZZ00000Z2 | | |
| SMITH, JOHN C | 000000000 | ZZ00000Z3 | | |
| SMITH, JOHN D | 000000000 | ZZ00000Z4 | | |
| SMITH, JOHN E | 000000000 | ZZ00000Z5 | | |
| SMITH, JOHN F | 000000000 | ZZ00000Z6 | | |
| SMITH, JOHN G | 000000000 | ZZ00000Z7 | | |
| SMITH, JOHN H | 000000000 | ZZ00000Z8 | | |

ADDRESS
VERIFICATION
LETTER
NYC

EXCESS SUPPORT – ADDRESS VERIFICATION – NYC

Notice Date:
Case Number:

General Telephone No. for
Questions or Help:

NOTICE OF PAYMENT DUE TO YOU

PLEASE READ THIS LETTER CAREFULLY

This is to tell you that the Department of Social Services (DSS) has determined that money is owed to you. DSS owes you money because the support we collected is more than the total amount of public assistance that was paid to you that has not been paid back.

**IN ORDER TO ISSUE THE PAYMENT TO YOU, YOU MUST VERIFY THAT
YOU HAVE RECEIVED THIS LETTER.**

You must verify your address and other information, by mailing the EXCESS SUPPORT ADDRESS VERIFICATION LETTER TO DSS at the address on the top of this letter.

When you have verified that you received this letter, DSS will process your payment. **Remember that you need to provide your social security number and signature on the form to obtain your repayment.** You will receive a notice telling you the amount of the payment, and when and how the payment will be issued.

This decision is based on state and federal child support distribution rules. See 18 NYCRR 347.13(b) and 42 USC 657.

KEEP THIS SECTION FOR YOUR RECORDS

EXCESS SUPPORT ADDRESS VERIFICATION LETTER

Case Number: _____

SEND THIS COMPLETED SECTION TO:

FOR SOCIAL SERVICES TO PROPERLY PROCESS YOUR EXCESS SUPPORT PAYMENT, YOU MUST, IN THE SPACE BELOW (1) CONFIRM YOUR MAILING ADDRESS, (2) PROVIDE YOUR SOCIAL SECURITY NUMBER (SSN), (3) PRINT YOUR NAME, AND (4) SIGN THIS FORM.

**IF YOU DO NOT RETURN THIS COMPLETED FORM,
YOU WILL NOT RECEIVE YOUR PAYMENT**

Our records show your address as: (Client name and address)

Check one:

My address is the same.

My address is different. My correct address is:

Please tell us a daytime telephone number where you can be reached. Include the area code.

() _____

Write your Social Security Number (SSN): _____

I swear and/or affirm under the penalties of perjury that the information I have given is correct.

Print your name: _____

Sign your name: _____

Fecha: vea la fecha en la versión en inglés

Número de caso:

**Nº general de teléfono
Para preguntas o ayuda:**

**NOTIFICACIÓN DE PAGO DE DINERO QUE SE LE DEBE A USTED
LEA DETENIDAMENTE ESTA CARTA**

Por medio de la presente le informamos que el Departamento de Servicios Sociales (DSS, siglas en inglés) ha determinado que a usted se le debe dinero. El DSS le debe dinero a usted porque el monto por manutención que hemos cobrado es mayor que el monto total de asistencia pública que se le pago a usted y que aún no nos ha sido reintegrado.

**PARA QUE SE LE PUEDA ENVIAR EL PAGO, USTED DEBE VERIFICAR
QUE HA RECIBIDO ESTA CARTA.**

Usted debe verificar su domicilio y otros datos pertinentes cuando regrese la CARTA DE VERIFICACIÓN DE DOMICILIO a la oficina de DSS que figura en la parte superior de esta carta.

Una vez usted verifique que ha recibido esta carta, la oficina de DSS le remitirá el pago. **Recuerde que es necesario que nos proporcione su número de seguro social como también que firme el formulario para que podamos remitirle el pago.** Usted recibirá una notificación indicándole la cantidad del pago, cuándo y de qué manera se efectuará.

La presente decisión se basa en reglamentación estatal y federal vigente sobre distribución de pagos de manutención. Consulte el 18 NYCRR 347.13 (b) y 42 USC 657.

GUARDE ESTA CARTA COMO COMPROBANTE

**PAGO EXCESIVO DE MANUTENCIÓ
CARTA DE VERIFICACIÓN DE DOMICILIO**

No. de caso:

LLENE ESTA SECCIÓN Y ENVÍELA A:

PARA QUE LA AGENCIA DE SERVICIOS SOCIALES PUEDA TRAMITAR SU PAGO EXCESIVO DE MANUTENCIÓN, USTED DEBE, EN EL ESPACIO A CONTINUACIÓN (1) CONFIRMAR SU DIRECCIÓN DE CORREO, (2) PROPORCIONAR SU NÚMERO DE SEGURO SOCIAL (SSN), (3) ESCRIBIR SU NOMBRE EN LETRA DE MOLDE, Y (4) FIRMAR EL FORMULARIO.

**SI USTED NO DEVUELVE ESTE FORMULARIO RELLENADO
NO RECIBIRÁ SU PAGO.**

Nuestros expedientes indican que su domicilio es el siguiente: (nombre y domicilio del cliente)

Marque uno:

- Mi domicilio es el mismo.
 Mi domicilio ha cambiado. Mi domicilio correcto es el siguiente:

Sírvase indicarnos un número de teléfono durante el día donde nos podamos comunicar con usted. Incluya el código de área. (_____) _____

Escriba su número de seguro social (SSN): _____

Juro y/o afirmo so pena de perjurio que la información que he dado es correcta.

Escriba su nombre en letra de molde: _____

Firme su nombre: _____

PCL

(NCP ADDRESS UPDATE)

NYS CHILD SUPPORT PROCESSING CENTER
PO BOX 15368
ALBANY NY 12212-5368

DATE:

COUNTY CODE:
NEW YORK CASE IDENTIFIER:
JCA WORKER CODE:
JRA NUMBER:

POSTMASTER

ADDRESS INFORMATION REQUEST

Pursuant to USPS Handbook AS-353, section 4-6.2d(2)(c), please verify whether the address given for the following individual is one at which mail for this individual is currently being delivered. If the address is a post office box, please furnish the street address as recorded on the boxholder's application form. If mail is no longer delivered at the given address for the individual in question, please furnish the new address.

Name and Last Known Address: _____

I certify that the address information for this individual is required for the performance of the above agency's official duties:

[Insert electronic signature here]

Scott E. Cade, Director
Child Support Enforcement, State of New York

FOR POST OFFICE USE ONLY

MAIL IS DELIVERED TO ADDRESS GIVEN

Boxholder's Street Address

MAIL FORWARDED TO NEW ADDRESS

New Address

NOT KNOWN AT ADDRESS GIVEN

MOVED, LEFT NO FORWARDING ADDRESS

NO SUCH ADDRESS

OTHER (SPECIFY): _____

Postmark/Date Stamp

PLEASE RETURN THIS ENTIRE FORM TO:

NYS CHILD SUPPORT PROCESSING CENTER
PO BOX 15368
ALBANY NY 12212-5368

2007

PFR

New York State Child Support Processing Center

Registrar's Name

Date

Street Address

City and State

Dear Registrar:

Attached is an Acknowledgment of Paternity (AOP) form processed by your office that is being returned by the Putative Father Registry (PFR) due to missing information. The form is being returned to you for the following reasons(s):

- _____ Complete date of birth for the Mother, Father is missing.
- _____ Address of the Mother or Father is missing.
- _____ Social security number of the Mother or Father is missing.
- _____ Birthplace of the Child is missing.
- _____ Registrar's signature is missing.

Please take the necessary action to have this form supplemented or a new form completed, as necessary, and submit to the PFR within two (2) weeks from the date of this letter. Mail the completed form to the following address:

Putative Father Registry
PO Box 15364
Albany NY 12212-5364

The original rejected AOP and this letter should be included as part of the correction file. A copy of the completed form should also be sent to the New York State Department of Health at:

Supervisor
Birth Amendment Unit
Vital Records Section
PO Box 2602
Albany, NY 12220-2602

Thank you for your assistance. If you have any questions, please call the New York State Division of Child Support Enforcement Outreach Bureau at (518) 474-9270.

New York State Child Support Processing Center

Registrar's Name

Date

Street Address

City and State

Dear Registrar:

Attached is an Acknowledgment of Paternity (AOP) form processed by your office that cannot be processed by the Putative Father Registry due to missing information. The form is being returned to you for the following reasons(s):

- ____ Mother's full (first and last) name and/or signature is missing.
- ____ Father's full (first and last name and/or signature is missing.
- ____ Child's full (first and last) name and/ or complete date of birth is missing.
- ____ 1 or more witness signatures are missing.
- ____ Form has a change or strike-through in the Child's name.
- ____ Complete date of birth for the Mother, Father or Child is missing.
- ____ Address of the Mother or Father is missing.
- ____ Social security number of the Mother or Father is missing.
- ____ Birthplace of the Child is missing.
- ____ Registrar's signature is missing.

Please note that without the full names and signatures, these forms are not valid acknowledgments of paternity and are thus being returned to you for completion and resubmission. *Until such time as the missing information is entered on the form and the form is resubmitted, the father's name should not be placed on the child's birth certificate.*

Please take the necessary action to have the form completed and returned within two (2) weeks from the date of this letter. Please mail the completed form to the following address:

Putative Father Registry
PO Box 15364
Albany NY 12212-5364

A copy of the completed form should also be provided to the New York State Department of Health at:

Supervisor
Birth Amendment Unit
Vital Records Section
PO Box 2602
Albany NY 12220-2602

If the parents are unwilling to complete the AOP form, then you must take the necessary action to ensure that the father's name is removed from the child's birth certificate.

Thank you for your assistance. If you have any questions, please call the New York State Division of Child Support Enforcement Outreach Bureau at (518) 474-9270.

PFR
RECORD
DELETION

02 FATHER INFORMATION

MOTHER INFORMATION

ENTRY DATA

SSN _____ DOB _____ SSN _____ DOB _____ PA ____
CHILD _____ DOB _____ BIRTH # _____
ACK FATH _____ MOTH _____ HOSP _____ REG _____ REG# _____
COURT _____ DOC# _____ DT _____ AGEN/DIST _____
DELETE _____ DOCUMENT TYPE _____
KEY _____ PAGE 0001 OF 0001 XMT/PASSOFF -> _____ <-

2000

LOCATE
REQUEST

LOCA - 1
LOCAL COUNTY SCU

COUNTY OFFICE BLDG
LOCALTOWN NY 10000-0000

LOCATE DATA SHEET

- IV-D Non Public Assistance
- IV-D Non PA Medicaid
- Full Services
- Medical Service Only
- IV-D Public Assistance
- IV-E Foster Care (ID-D Case)
- Non IV-D

File Stamp

ANYSATE PARENT LOCATOR SVCS
OFFICE OF CHILD SUPPORT RECOVERY
GOVERNMENT CENTER
1000 ANY STATE AVE
ANY CITY CA 90000-9000

Responding FIPS Code _____ State _____

Responding IV-D Case No. _____

Responding Docket No. _____

Initiating FIPS Code 00000 State NY

Initiating IV-D Case No. ZZ00000Z1

Initiating Docket No. _____

Initiating Jurisdiction URESA UIFSA

Petitioner
SMITH, JANE
123 ANYWHERE ST APT 1
ANYTOWN NY 10000-0000

Respondent
SMITH, JOHN

Non Custodial Parent Custodial Parent Information Possibly Dangerous

Full Name (First, Mid, Last) JOHN SMITH Social Security Number(s) 000-00-0000

Alias Maiden Name Mother's Maiden or Father's Name DESERTER'S PARENT'S NAME: UNKNOWN Current Spouse's Name (Fst, M, Lst) _____

Date of Birth (or approximate yr) 09/01/70 Place of Birth (City, State, County) ANYPLACE CA Driver's License Number/State _____

| Sex | Race | Hair | Eyes | Height | Weight | Distinguishing Marks, Scars, Tattoos, Glasses, Etc. |
|----------|------|------|------|-------------|--------|---|
| <u>M</u> | | | | <u>6 00</u> | | |

Last Known Address _____ Residence Mailing Confirmed Date _____ Telephone () _____

Usual Occupation/Professional Licenses _____

Last Known Employer (Name, Full Address, Federal EtN) _____ Confirmed Date _____ Telephone () _____

Other Information, Including Assets, Education, Police Record, Public Assistance History _____ Employment Wage Qtr _____ Wage Amount _____

Attachments: Photograph Other Items, e.g. Fingerprints _____

07/01/05 LOCAL COUNTY SCU Telephone Number and Extension _____
Date Initiating Contact Person (Print or type)

Fax Number _____

REQUEST FOR
NON-DISCLOSURE
FAMILY VIOLENCE

[use district letterhead paper]

Protecting Your Safety in Your Interstate Child Support Case

If you believe that there would be a serious risk to you or your child or children if the other parent knows where to find you, you can try to get a nondisclosure order. A nondisclosure order keeps information about your location out of any documents that the other parent will see. This way the child support enforcement agency and the court can take action to collect support from the other parent, without the other parent finding out where you are.

You can ask for a nondisclosure order if, for example, you already have an order of protection against the other parent, or the other parent has abused or threatened you or your child(ren), or you think the other parent may try to illegally take the child if you try to make the other parent pay support. The other parent does not need to know that you have asked for a nondisclosure order.

Please check a box to indicate whether or not you want a Nondisclosure Order.

- Yes, I want a nondisclosure order. I want a nondisclosure order because:
- I have an order of protection against the other parent.
[You will need to provide a copy of this order.]
 - The other parent has threatened or committed acts of violence against me or my child(ren).
 - (other reason you believe you or your child(ren) would be at risk; please be specific):

- I do not want a nondisclosure order.

Name

Address

Signature

Date _____

REQUEST FOR
STATE CASE REGISTRY

New York State Case Registry Filing Form*

For Use With Child Support Orders and Combined Child and Spousal Support Orders Payable To Other Than A Child Support Collection Unit

*Social Services Law § 111-b(4)(a) and Domestic Relations Law § 240(5) direct that such orders must be filed with the State Case Registry

Name of Court: _____

County Name: _____

Index Number: _____

Child Support Payor: _____
(first) (last) (middle initial)

Social Security #: _____
(Payor)

Date of Birth: _____
(Payor)

Child Support Payee: _____
(first) (last) (middle initial)

Social Security #: _____
(Payee)

Date of Birth: _____
(Payee)

Child #1 Name: _____
(first) (last) (middle initial)

Social Security #: _____
(Child #1)

Date of Birth: _____
(Child #1)

Child #2 Name: _____
(first) (last) (middle initial)

Social Security #: _____
(Child #2)

Date of Birth: _____
(Child #2)

Child #3 Name: _____
(first) (last) (middle initial)

Social Security #: _____
(Child #3)

Date of Birth: _____
(Child #3)

(If more children, please use additional form.)

FAMILY VIOLENCE INQUIRY

Has a Temporary or Final Order of Protection been granted on behalf of either party. yes no don't know

If yes, which party - Payor Payee

Has a request for confidentiality of address been granted on behalf of either party. yes no

If yes, which party - Payor Payee

New York State Case Registry Filing Form*

For Use With Child Support Orders and Combined Child and Spousal Support Orders Payable To Other Than A Child Support Collection Unit

*Social Services Law § 111-b(4)(a) and Family Court Act § 440(5) direct that such orders must be filed with the State Case Registry

Name of Court: _____ County Name: _____ Index Number: _____

Child Support Payor: _____ Social Security #: _____ Date of Birth: _____
(first) (last) (middle initial) (Payor) (Payor)

Child Support Payee: _____ Social Security #: _____ Date of Birth: _____
(first) (last) (middle initial) (Payee) (Payee)

Child #1 Name: _____ Social Security #: _____ Date of Birth: _____
(first) (last) (middle initial) (Child #1) (Child #1)

Child #2 Name: _____ Social Security #: _____ Date of Birth: _____
(first) (last) (middle initial) (Child #2) (Child #2)

Child #3 Name: _____ Social Security #: _____ Date of Birth: _____
(first) (last) (middle initial) (Child #3) (Child #3)

(If more children, please use additional form.)

FAMILY VIOLENCE INQUIRY

Has a Temporary or Final Order of Protection been granted on behalf of either party. yes no don't know

If yes, which party - Payor Payee

Has a request for confidentiality of address been granted on behalf of either party. yes no

If yes, which party - Payor Payee

CONTINUATION OF

SERVICES

RDS

CONTSER/DDROS-2
LOCAL COUNTY SCU
COUNTY OFFICE BLDG
100 GOVERNMENT BLVD
LOCALTOWN NY 10000-0000

Date: July 1, 2005

CONTINUATION OF CHILD SUPPORT SERVICES

New York Case Identifier: Z:ZZ00000Z1
CA Worker Code: ZZ
Ri: ZZ
Inv. Code: ZZ

SMITH, JANE
ANYPLACE APARTMENTS
123 ANYWHERE ST APT 1
ANYTOWN NY 10000-0000

You were recently informed that the Family Assistance, Title IV-E Foster Care, or Medicaid case for the following child(ren) has been closed:

SMITH, JOHN JR

000-00-0000 07/01/1995 SMITH, JANETTE

000-00-0000 08/01/2000

THIS NOTICE IS TO INFORM YOU THAT CHILD SUPPORT ENFORCEMENT SERVICES WILL CONTINUE TO BE PROVIDED TO YOU. IF YOU WISH TO CONTINUE TO RECEIVE THESE SERVICES, NO ACTION IS REQUIRED BY YOU. Child support enforcement services provided to you at no cost include locating a non-custodial parent; establishing legal fatherhood of the child; establishing a support order; providing a cost of living increase to the support obligation amount where appropriate; collecting support and sending it to you; and enforcing payment of the support order. There is no application fee charged to you. If you did not receive child support pass-through payments during the time you were receiving family assistance grants, we recommend you contact us to review the status of your child support case. You may have information about the non-custodial parent that would be helpful to us in getting child support for the child(ren) named above. If you request legal services to establish paternity or establish, modify or enforce a child support order, you will be advised of the cost which is recovered from no more than 25% of each future support payment collected. There is no cost for legal services if you continue to receive Safety Net Assistance or Medicaid for the child(ren) named above. Child support collections received will be sent to you for current support and for any past-due support owed to you. Any remaining collections received may be applied to any support debt owed to the State and to the local social services district.

IF YOU WISH TO STOP RECEIVING CHILD SUPPORT ENFORCEMENT SERVICES and you are not receiving Safety Net Assistance or Medicaid*, you must write to us at the address provided above and state that you want us to stop providing those services. We will then close your child support enforcement case. If there is a support order in place, we will notify the non-custodial parent to begin making the support payments directly to you. The non-custodial parent will have an opportunity to object to this change by petitioning the court. You will be notified of the proceeding. If the non-custodial parent has no objections to paying you directly, you should expect to receive any support payments made by the non-custodial parent approximately one month from the date you make your written request to us. You may reapply for our services at any time.

IF YOU RECEIVED A WAIVER FROM CHILD SUPPORT COOPERATION for good cause or domestic violence it is important that you tell us whether or not you wish us to begin or resume providing you services. You may do that by writing to us at the address provided above and indicate either: "Yes, I want you to begin or resume child support services"; or "No, I do not want you to begin or resume child support services". When there has been a waiver, nothing will happen with your case until you contact us. We will however, review your case after thirty (30) days. If we have not heard from you we will close the case. You may reapply for our services at any time.

Sincerely,
Supervisor
Support Collection Unit

* If you are now receiving Safety Net Assistance, you will continue to receive child support services because you have assigned your rights to support. Child support collections received will be paid to the State and to the local district up to the total amount of assistance you receive. You may still be eligible to receive a child support pass-through payment. If you continue to receive Medicaid benefits you may discontinue child support services for cash support only because you have assigned your medical support rights.

DEBIT CARD PRE-ENROLLMENT NOTICE

SMITH, JANE
 ANYPLACE APARTMENTS
 123 ANYWHERE ST APT 1
 ANYTOWN NY 10000-0000

Date: July 1, 2005

| County Code | New York Case Identifier |
|-------------|--------------------------|
| 00 | ZZ00000Z1 |

The New York State Division of Child Support Enforcement has implemented a debit card program to provide custodial parents with a more efficient and effective means of receiving and accessing their child support money. The debit card program automatically enrolls custodial parents who are not currently receiving child support by direct deposit or debit card to receive their child support by debit card. If you are currently enrolled in direct deposit or already have a debit card you will not receive a new debit card. You will receive your child support payments by the method for which you are currently enrolled, direct deposit or existing debit card.

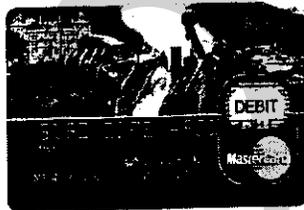
If you are not currently enrolled in direct deposit or do not have a child support debit card, our records indicate that you qualify for the automatic enrollment for a debit card and we have enrolled you in the New York debit MasterCard® Card program. You will now have your child support payments deposited directly onto the New York debit MasterCard® Card.

This service provides you, the cardholder, with a debit card for receiving and managing child support deposits to a debit card account. Your money can be used at any merchant that accepts MasterCard® debit cards and provides you with the option of receiving cash back. Cash withdrawals can be made at any ATM for a minimal fee, or through a teller at a banking location displaying the MasterCard brand mark at no charge. Please see the enclosed Important Information regarding Your Support Payments notice regarding debit cards which includes a listing of associated fees and read the many benefits of the New York Debit Card listed below.

Benefits to You associated with the New York Debit Card:

No check cashing fees, no lost or stolen checks
 Access to money throughout the month
 No waiting for checks to come in the mail
 No waiting for the deposits to clear the bank
 Access to funds when you travel away from home
 Use the card at thousands of locations, anywhere MasterCard debit cards are accepted
 Use it to make purchases or to get cash back

Additional Benefits to You associated with the New York Debit Card:



No need for a bank account
 Balance and account information available 24 hours a day, 7 days a week, year round
 Free balance inquiry and transaction history at www.EPPICard.com
 Your account is protected by your Personal Identification Number (PIN)

The New York debit MasterCard® will be mailed to you thirty (30) days from the date of this letter. However, this program allows custodial parents to opt out of debit card to direct deposit to their personal bank account. If you wish to have your child support payments directly deposited to your personal bank account please see 2 below. If receiving your child support payments by debit card or direct deposit creates a hardship for you, please see 3 below.

Important Notes

1: If you are already enrolled in direct deposit, currently have a child support debit card or wish to receive a child support debit card:

Do Nothing. If you are already receiving child support payments electronically, your payments will be directly deposited to your personal bank account or your debit card account. If you wish to receive a debit card, your card will be mailed to you within 30 days from the date of this letter.

2: To choose direct Deposit Enrollment:

1. Complete the enclosed Enrollment Form.
2. Return the form to the address at the top of the enrollment form.

3: For requests to continue receiving paper checks:

Please submit your request in writing identifying your hardship within ten (10) days of the date of this letter to:

NYS Child Support Processing Center
 PO Box 15367
 Albany, NY 12212-5367.

For questions, please call our toll free number:

1-888-208-4485

Direct Deposit Enrollment Form

If you wish to enroll in Direct Deposit you must fill out this form and return it to us.

1. Complete and return this form, ONLY if you wish to enroll in Direct Deposit.
2. Return the completed form to: NYS Child Support Processing Center, PO Box 15367, Albany, NY 12212-5367

Required Information for Enrolling in Direct Deposit

 I would like to enroll in Direct Deposit.

Your Name _____ **Email Address (optional)** _____
 _____ **Phone Number ()** _____
Last First MI

Your Address: _____ **CSMS County Code** _____
Street _____ **CSMS Case ID** _____
City _____ **State** _____ **Zip Code** _____

Social Security Number _____ - _____ - _____ **Date of Birth (MM/DD/YYYY)** ____ / ____ / ____ (Month-Day- Four Digit Year)

Account Number _____ **Routing Transit Number** _____

I certify that I am entitled to child support and/or spousal support payments for the above child support account. I authorize the Support Collection Unit to send my child support and/or spousal support payments to the financial institution named below to be deposited in the account indicated by the financial institution. This authorization will remain in force until the Support Collection Unit receives a written notification from me of termination. The Support Collection Unit shall have a reasonable time to process the termination.

Signature _____ **Date** ____ / ____ / ____

Please take this form to your bank or credit union for their signature and the following information:

Bank Information: Name of Financial Institution (bank or credit union): _____

Address _____ **City** _____ **State** _____ **Zip** _____

Account Information: Checking Savings

Account Number _____ **Routing Transit Number** _____

As representative of the above named Financial Institution I certify this Financial Institution is ACH capable and agrees to receive and deposit the child support payments to the account shown above.

Representative Signature Representative Printed Name Date

To Request Continuing to Receive a Check: If you desire to continue to receive a check, you **MUST** submit your request in writing, along with the reason for your request to: PO Box 15367, Albany, NY 12212-5367. If you do nothing, you will receive a New York debit MasterCard® card and payments will be posted to this account.



IMPORTANT INFORMATION REGARDING YOUR CHILD SUPPORT PAYMENTS

The New York Debit MasterCard® Card

The New York debit MasterCard® card is the new way to receive your support payments. Using it you can access your money at banks, ATMs and stores across New York, the nation, and the world!

Benefits of the New York debit MasterCard® include:

- No bank account needed.
- No check cashing fees
- No worries about lost or stolen checks.
- Use your card all across New York, the United States, and worldwide.
- Balance and account information available 24 hours a day, every day.
- Safe, secure, convenient access to your support payments.

Use your money where you want, anytime you want!

The New York debit MasterCard® is accepted at millions of locations worldwide that accept MasterCard® debit cards and gives you access to cash at over 911,000 ATMs. You can get cash back with purchases at many businesses that accept MasterCard, like grocery stores. You can count on using your New York debit MasterCard® for all your purchases as long as you have support payments on your card.

The New York debit MasterCard® is accepted at millions of locations worldwide. You can use your card at:

Grocery Stores, Clothing Stores, Office & School Supply Stores, Restaurants, Discount Stores, Department Stores, Home Furnishing Stores, Theaters, Gas Stations, Drug Stores and Pharmacies, Video Stores, Doctors' Offices and ATMs.

How to use the New York debit MasterCard®

Your New York debit MasterCard® is more convenient than cash or checks and can be used anywhere debit MasterCard® cards are accepted.

To Make Purchases

Present your card when paying. The money is automatically deducted from your support account.

To Get Cash

There are several ways to get cash:

ATMs

- You can use any ATM that has the MasterCard® brand mark.
- There is a \$0.90 transaction fee for all ATM withdrawals. Some ATMs will charge a surcharge in addition to the \$0.90 transaction fee.

New York EPPICard™ cardholders can use the following ATMs without a surcharge (only the \$0.90 transaction fee will be charged).



Cash Back with a Purchase

- Many retailers that accept debit MasterCard®, particularly grocery stores, will give cash back with no fee when you make a purchase using your PIN.
- There is no charge for cash back at a point of sale.

From a Teller at a Bank

- Give your card to any teller in a bank displaying the MasterCard® brand mark.
- There is no charge to you to get cash at a bank displaying the MasterCard® brand mark. Some banks may apply minimum or maximum withdrawal amounts.

Frequently Asked Questions

Why switch from checks? When support payments are sent electronically they get to you more quickly and safely. It also saves money by eliminating lost and forged checks.

What is the New York debit MasterCard®? It is a type of debit card designed specifically for New York. It is accepted everywhere debit MasterCard® cards are accepted.

Do I have a choice on how I receive my support payments? You are automatically enrolled in the New York debit MasterCard® program unless you specifically select Direct Deposit.

How is the New York debit MasterCard® different from Direct Deposit? With the New York debit MasterCard® your support payments are held in a separate account used only for your payments. You use your money by using your card. You can make purchases or withdraw cash using the New York debit MasterCard®. With direct deposit your support payments are deposited in your bank account. You would use the funds deposited the way you use any other money in your account.

What do I need to do to get a New York debit MasterCard®? Verify your address, CSMS Case ID and County Code printed on the notification letter enclosed. **If it is correct, you do not have to do anything, you are pre-enrolled.** To update your information, please call 1-888-208-4485, Monday through Friday, 8:30 a.m. – 5:00 p.m. Your New York debit MasterCard® will not be forwarded. If you do not correct your address information, this may delay receipt of your support payments.

Are there any fees for using the card? There is no monthly fee for using the card.

SERVICE

| SERVICE | FEE |
|--|-----------------------------------|
| Purchase | No Fee |
| Cash Back with Purchase | No Fee |
| Cash Back at Bank with MasterCard® Brand Mark | No Fee |
| ATM Cash Withdrawal | \$0.90 + surcharge |
| ATM Balance Inquiry | \$0.50 |
| Monthly Account Access via IVR (Including balance inquiries) | \$0.25 after 5 th Call |
| Card Replacement | \$5.00 |
| Expedited Card Replacement | \$15.00 |

What do I do if I have questions about enrolling in the New York debit MasterCard® program? If you have questions about enrollment, please call 1-888-208-4485, Monday through Friday, 8:30 AM – 5:00 PM.

Your card can be used wherever you see the MasterCard® brand mark:



The New York Debit MasterCard® is issued by Comerica Bank N.A. pursuant to a license by MasterCard® International Incorporated.

NOTE: If you feel that receiving your child support payment electronically will be a hardship, please submit your reason for request in writing within 10 days of the receipt of this letter to: NYS Child Support Processing Center, PO Box 15367, Albany, NY 12212-5367.

www.EPPICard.com

See Reverse Side for Information Regarding Direct Deposit

IMPORTANT INFORMATION REGARDING YOUR SUPPORT PAYMENTS

Direct Deposit is a convenient way to receive your child support payments. Your child support payment can be deposited directly into your account at your financial institution – it's automatic and it's safe! All you have to do is enroll!

- It is safe and confidential because your money goes directly into your account.
 - Convenient and saves you time.
 - No worries about lost or stolen checks.
 - No need to go to the bank to cash or deposit your check.
 - Helps you manage your finances.
 - You can be assured your payment will be deposited automatically.
- In addition, you will have a record of your deposit on the statement you receive from your financial institution.

What is Direct Deposit of child support payments? Direct Deposit is a safe, proven, confidential method of receiving your child support payments. Money is electronically transferred from the Support Collection Unit bank account into your personal checking or savings account.

Are all child support payments eligible for Direct Deposit? No. Only child support payments collected by the Support Collection Unit on behalf of individuals who are not receiving public assistance or safety net assistance are eligible for Direct Deposit. Child support payments collected on behalf of individuals receiving public assistance or safety net assistance are not eligible for Direct Deposit, nor are payments directed to a foreign financial institution.

Is Direct Deposit safe? Direct Deposit of payments is very safe as the process is strictly controlled by banking regulators.

How soon after a child support payment is received will it be deposited? In most cases, Direct Deposit of your payments will occur within 48 hours or two business days of receipt by the Support Collection Unit.

Will I consistently receive payments? Direct Deposit will occur only after the noncustodial parent makes a payment to the Support Collection Unit. As long as payments are made as required by the court order, they will be deposited in a timely manner.

How do I know if my payment has been received by the Support Collection Unit? You can access payment information by visiting our Web site www.newyorkchildsupport.com. You can also access payment information on your case by calling the Child Support Information Line at 1-800-846-0773, a toll-free, 24 hour a day, seven days a week service. Before you can receive payment and disbursement information, you must provide a Personal Identification Number (PIN) and your Social Security number. Your PIN would have been provided to you in writing by your Support Collection Unit handling your case. If you cannot remember your PIN or have lost it, please visit our website at www.newyorkchildsupport.com or call the Customer Service Helpline at 1-888-208-4485. Please have your Social Security number and child support account number(s) available when you call.

What if I receive support from more than one noncustodial parent? How does Direct Deposit work? If you are receiving payments on more than one case, you will have to identify each of those cases, along with the county code for each case, and submit separate authorization forms for each case.

How do I find out that the Direct Deposit was completed? First, log onto the Web site noted below or call the Child Support Information Line to determine if a payment should have been deposited to your personal bank account. If so, contact your financial institution to verify that a Direct Deposit was completed. It may take 48 hours or two business days for the Direct Deposit. If after that time the payment was not deposited to your account, please call the Customer Service Helpline at 1-888-208-4485.

How do I obtain Direct Deposit services for child support payments? Direct Deposit services will be initiated after you complete and return a signed authorization form to the address provided on the form. If you need a copy of the form visit the Child Support Website at www.newyorkchildsupport.com or call the Customer Service Helpline at 1-888-208-4485.

Will I be notified if my request for Direct Deposit has been accepted or rejected? It will take approximately 10 days for your authorization form to be processed. You will receive a letter notifying you that your request for Direct Deposit has been accepted or rejected. If your request has been accepted, Direct Deposit to your account may occur up to ten days from the date of the letter of acceptance, or may not occur until your next child support payment is made, whichever occurs later. If your request has been rejected, you will be notified as to the reject reason and given an opportunity to resubmit your request for Direct Deposit.

Can Direct Deposit of child support payments be made to any bank or financial institution? No, Direct Deposits can only be made to checking or savings accounts with a bank or other financial institution that is a member of the Automated Clearing House (ACH).

Can I split my Direct Deposit and place some funds in checking and the balance in savings? No, you must Direct Deposit the entire amount in either a checking or a savings account. Your financial institution may allow you to make a transfer between checking and savings by telephone and you should contact them about those services.

What if I change banks? If you wish to change the financial institution that receives your Direct Deposit, you should first verify if that financial institution is a member of the Automated Clearing House (ACH). If it is not, Direct Deposit cannot be completed. If it is, you must complete and sign the Direct Deposit Enrollment Form with the information for your new bank and account and forward it to the address provided on the form.

Can I cancel Direct Deposit anytime? Yes, Direct Deposit of your funds can be cancelled anytime. To cancel Direct Deposit you will need to complete a Direct Deposit cancellation form. To obtain a cancellation form log onto the Web site noted below or call the Customer Service Helpline at 1-888-208-4485. When we receive your request for cancellation, your direct deposit will be cancelled within seven days. At that time, you will be pre-enrolled in the New York debit MasterCard® Card program. We will mail a New York debit MasterCard® packet to you that provides information on the debit card program.

What if I close my bank account before my request for cancellation takes effect? Some financial institutions will process Direct Deposits to closed accounts for a period of up to 30 days. In those instances, you must contact your financial institution. In situations where your financial institution returns your deposit to your Support Collection Unit, you will receive your child support payment by check to your address on file. When your Direct Deposit is cancelled you will be pre-enrolled in the New York debit MasterCard® Card program. We will mail a New York debit MasterCard® packet to you that provides information on the debit card program.

CONTINUATION OF
SERVICES

NYC

DATE: June 1, 2007

**IMPORTANT DOCUMENTS
PLEASE READ CAREFULLY**

***** AUTO 4-DIGIT

SMITH, JANE
ANYPLACE APARTMENTS
123 ANYWHERE ST APT 1
ANYTOWN NY 10000-0000

|||||

COUNTY CODE: 00
NEW YORK CASE IDENTIFIER: ZZ0000021

This package contains:

- "Continuation of Child Support Services" Notice
- "Child Support Notice"
- Debit Card Pre-enrollment Notice
- "DIRECT DEPOSIT ENROLLMENT FORM"
- "IMPORTANT INFORMATION REGARDING YOUR SUPPORT PAYMENTS"

CONTSER/DD/ NYC-2
LOCAL CITY COUNTY SCU
CITY OFFICE BLDG
1000 MUNICIPAL PLZ
LOCAL CITY NY 10000-0000

Date: June 1, 2007

CONTINUATION OF CHILD SUPPORT SERVICES

SMITH, JANE
ANYPLACE APARTMENTS
123 ANYWHERE ST APT 1
ANYTOWN NY 10000-0000

New York Case Identifier: Z:ZZ00000Z1
CA Worker Code: ZZ
RI: ZZ
Inv. Code: ZZ

You were recently informed that the Family Assistance, Title IV-E Foster Care, or Medicaid case for the following child(ren) has been closed:

SMITH, JOHN JR

000-00-0000 07/01/1995

SMITH, JANETTE

000-00-0000 08/01/2000

THIS NOTICE IS TO INFORM YOU THAT CHILD SUPPORT ENFORCEMENT SERVICES WILL CONTINUE TO BE PROVIDED TO YOU. IF YOU WISH TO CONTINUE TO RECEIVE THESE SERVICES, NO ACTION IS REQUIRED BY YOU. Child support enforcement services provided to you at no cost include locating a non-custodial parent; establishing legal fatherhood of the child; establishing a support order; providing a cost of living increase to the support obligation amount where appropriate; collecting support and sending it to you; and enforcing payment of the support order. There is no application fee charged to you. If you did not receive child support pass-through payments during the time you were receiving family assistance grants, we recommend you contact us to review the status of your child support case. You may have information about the non-custodial parent that would be helpful to us in getting child support for the child(ren) named above. If you request legal services to establish paternity or establish, modify or enforce a child support order, you will be advised of the cost which is recovered from no more than 25% of each future support payment collected. There is no cost for legal services if you continue to receive Safety Net Assistance or Medicaid for the child(ren) named above. Child support collections received will be sent to you for current support and for any past-due support owed to you. Any remaining collections received may be applied to any support debt owed to the State and to the local social services district.

IF YOU WISH TO STOP RECEIVING CHILD SUPPORT ENFORCEMENT SERVICES and you are not receiving Safety Net Assistance or Medicaid*, you must write to us at the address provided above and state that you want us to stop providing those services. We will then close your child support enforcement case. If there is a support order in place, we will notify the non-custodial parent to begin making the support payments directly to you. The non-custodial parent will have an opportunity to object to this change by petitioning the court. You will be notified of the proceeding. If the non-custodial parent has no objections to paying you directly, you should expect to receive any support payments made by the non-custodial parent approximately one month from the date you make your written request to us. You may reapply for our services at any time.

IF YOU RECEIVED A WAIVER FROM CHILD SUPPORT COOPERATION for good cause or domestic violence it is important that you tell us whether or not you wish us to begin or resume providing you services. You may do that by writing to us at the address provided above and indicate either: "Yes, I want you to begin or resume child support services"; or "No, I do not want you to begin or resume child support services". When there has been a waiver, nothing will happen with your case until you contact us. We will however, review your case after thirty (30) days. If we have not heard from you we will close the case. You may reapply for our services at any time.

Sincerely,
Supervisor
Support Collection Unit

* If you are now receiving Safety Net Assistance, you will continue to receive child support services because you have assigned your rights to support. Child support collections received will be paid to the State and to the local district up to the total amount of assistance you receive. You may still be eligible to receive a child support pass-through payment. If you continue to receive Medicaid benefits you may discontinue child support services for cash support only because you have assigned your medical support rights.

DEBIT CARD PRE-ENROLLMENT NOTICE

SMITH, JANE
 ANYPLACE APARTMENTS
 123 ANYWHERE ST APT 1
 ANYTOWN NY 10000-0000

Date: June 1, 2007

| County Code | New York Case Identifier |
|-------------|--------------------------|
| 00 | ZZ00000Z1 |

The New York State Division of Child Support Enforcement has implemented a debit card program to provide custodial parents with a more efficient and effective means of receiving and accessing their child support money. The debit card program automatically enrolls custodial parents who are not currently receiving child support by direct deposit or debit card to receive their child support by debit card. If you are currently enrolled in direct deposit or already have a debit card you will not receive a new debit card. You will receive your child support payments by the method for which you are currently enrolled, direct deposit or existing debit card.

If you are not currently enrolled in direct deposit or do not have a child support debit card, our records indicate that you qualify for the automatic enrollment for a debit card and we have enrolled you in the New York debit MasterCard® Card program. You will now have your child support payments deposited directly onto the New York debit MasterCard® Card.

This service provides you, the cardholder, with a debit card for receiving and managing child support deposits to a debit card account. Your money can be used at any merchant that accepts MasterCard® debit cards and provides you with the option of receiving cash back. Cash withdrawals can be made at any ATM for a minimal fee, or through a teller at a banking location displaying the MasterCard brand mark at no charge. Please see the enclosed Important Information regarding Your Support Payments notice regarding debit cards which includes a listing of associated fees and read the many benefits of the New York Debit Card listed below.

Benefits to You associated with the New York Debit Card:

No check cashing fees, no lost or stolen checks
 Access to money throughout the month
 No waiting for checks to come in the mail
 No waiting for the deposits to clear the bank
 Access to funds when you travel away from home
 Use the card at thousands of locations, anywhere MasterCard debit cards are accepted
 Use it to make purchases or to get cash back

Additional Benefits to You associated with the New York Debit Card:



No need for a bank account
 Balance and account information available 24 hours a day, 7 days a week, year round
 Free balance inquiry and transaction history at www.EPPICard.com
 Your account is protected by your Personal Identification Number (PIN)

The New York debit MasterCard® will be mailed to you thirty (30) days from the date of this letter. However, this program allows custodial parents to opt out of debit card to direct deposit to their personal bank account. If you wish to have your child support payments directly deposited to your personal bank account please see 2 below. If receiving your child support payments by debit card or direct deposit creates a hardship for you, please see 3 below.

Important Notes

1: If you are already enrolled in direct deposit, currently have a child support debit card or wish to receive a child support debit card:

Do Nothing. If you are already receiving child support payments electronically, your payments will be directly deposited to your personal bank account or your debit card account. If you wish to receive a debit card, your card will be mailed to you within 30 days from the date of this letter.

2: To choose direct Deposit Enrollment:

1. Complete the enclosed Enrollment Form.
2. Return the form to the address at the top of the enrollment form.

3: For requests to continue receiving paper checks:

Please submit your request in writing identifying your hardship within ten (10) days of the date of this letter to:

NYS Child Support Processing Center
 PO Box 15367
 Albany, NY 12212-5367.

For questions, please call our toll free number:

1-888-208-4485

Direct Deposit Enrollment Form

If you wish to enroll in Direct Deposit you must fill out this form and return it to us.

1. Complete and return this form, ONLY if you wish to enroll in Direct Deposit.
2. Return the completed form to: NYS Child Support Processing Center, PO Box 15367, Albany, NY 12212-5367

Required Information for Enrolling in Direct Deposit

_____ I would like to enroll in Direct Deposit.

Your Name _____ **Email Address (optional)** _____

_____ **Phone Number** (____) _____

Last _____ First _____ MI _____

Your Address: _____ **CSMS County Code** _____

Street _____ **CSMS Case ID** _____

City _____ State _____ Zip Code _____

Social Security Number _____ - _____ - _____ **Date of Birth (MM/DD/YYYY)** ____/____/____ (Month-Day- Four Digit Year)

Account Number _____ **Routing Transit Number** _____

I certify that I am entitled to child support and/or spousal support payments for the above child support account. I authorize the Support Collection Unit to send my child support and/or spousal support payments to the financial institution named below to be deposited in the account indicated by the financial institution. This authorization will remain in force until the Support Collection Unit receives a written notification from me of termination. The Support Collection Unit shall have a reasonable time to process the termination.

Signature _____ Date ____/____/____

Please take this form to your bank or credit union for their signature and the following information:

Bank Information: Name of Financial Institution (bank or credit union): _____

Address _____ City _____ State _____ Zip _____

Account Information: _____ Checking _____ Savings

Account Number _____ **Routing Transit Number** _____

As representative of the above named Financial Institution I certify this Financial Institution is ACH capable and agrees to receive and deposit the child support payments to the account shown above.

 Representative Signature Representative Printed Name Date

To Request Continuing to Receive a Check: If you desire to continue to receive a check, you **MUST** submit your request in writing, along with the reason for your request to: PO Box 15367, Albany, NY 12212-5367. If you do nothing, you will receive a New York debit MasterCard® card and payments will be posted to this account.

Child Support Payments Collected by the New York City Support Collection Unit (SCU)

- ✓ After the public assistance (TANF) payments for your child(ren) have ended, you are entitled to receive those payments for child support which become due and have been collected by the New York City SCU.
- ✓ For payment information, you may call the 24 hour toll free Child Support Information Line at 1-800-846-0773. You will need to provide your Social Security Number and your Personal Identification Number (PIN). If you cannot remember your PIN or have lost it, please send a signed request for your PIN to the following address:

NYS Child Support Processing Center
Attn: PIN
PO Box 15365
Albany NY 12212-5365

Your request *must* include your Social Security Number (SSN), Child Support account number(s), return address, and signature.

- ✓ If your child(ren)'s public assistance case remains closed, the SCU will provide you with each payment which is owed to you within two days of having received each payment. If the Child Support Information Line listed above indicates that payments are being regularly collected in accordance with your child support order and you still have not received your first child support payment within 45 days of this Notice, call the Child Support Helpline at 1-888-208-4485.
- ✓ You must let the New York City SCU know if you or your child(ren) move, so that the New York City SCU can continue to provide you with child support payments collected on your behalf. Please call the Child Support Helpline at 1-888-208-4485 with this information or send a letter with your new address and your account number to:

New York City Support Collection Unit
PO Box 830 Canal Street Station
New York NY 10013

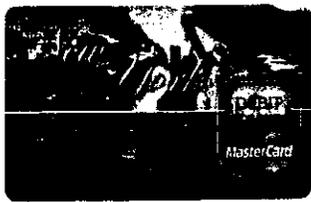
Desk Review to Resolve Potential Problems

- ✓ You are entitled to request the New York City SCU to conduct a Desk Review of any problems regarding the support payments which have been collected on your child(ren)'s behalf after the public assistance (TANF) payments have ended.
- ✓ You may request a Desk Review for any and all payments collected during the year of your request and for the year before the year of your request.
- ✓ You can request a Desk Review:
 - By calling the Child Support Helpline at 1-888-208-4485, Monday through Friday between 8:30 a.m. and 5:00 p.m.

or

- In person, Monday through Friday between 8:00 a.m. and 7:00 p.m., at:

New York City Office of Child Support Enforcement
Customer Services
151 W Broadway 4th Floor
New York NY 10013



IMPORTANT INFORMATION REGARDING YOUR CHILD SUPPORT PAYMENTS

The New York Debit MasterCard® Card

The New York debit MasterCard® card is the new way to receive your support payments. Using it you can access your money at banks, ATMs and stores across New York, the nation, and the world!

Benefits of the New York debit MasterCard® include:

- No bank account needed.
- No check cashing fees
- No worries about lost or stolen checks.
- Use your card all across New York, the United States, and worldwide.
- Balance and account information available 24 hours a day, every day.
- Safe, secure, convenient access to your support payments.

Use your money where you want, anytime you want!

The New York debit MasterCard® is accepted at millions of locations worldwide that accept MasterCard® debit cards and gives you access to cash at over 911,000 ATMs. You can get cash back with purchases at many businesses that accept MasterCard, like grocery stores. **You can count on using your New York debit MasterCard® for all your purchases as long as you have support payments on your card.**

The New York debit MasterCard® is accepted at millions of locations worldwide. You can use your card at: Grocery Stores, Clothing Stores, Office & School Supply Stores, Restaurants, Discount Stores, Department Stores, Home Furnishing Stores, Theaters, Gas Stations, Drug Stores and Pharmacies, Video Stores, Doctors' Offices and ATMs.

How to use the New York debit MasterCard®
Your New York debit MasterCard® is more convenient than cash or checks and can be used anywhere debit MasterCard® cards are accepted.

To Make Purchases

Present your card when paying. The money is automatically deducted from your support account.

To Get Cash

There are several ways to get cash:

ATMs

- You can use any ATM that has the MasterCard® brand mark.
- There is a \$0.90 transaction fee for all ATM withdrawals. Some ATMs will charge a surcharge in addition to the \$0.90 transaction fee.

New York EPPICard™ cardholders can use the following ATMs without a surcharge (only the \$0.90 transaction fee will be charged).



Cash Back with a Purchase

- Many retailers that accept debit MasterCard®, particularly grocery stores, will give cash back with no fee when you make a purchase using your PIN.
- There is no charge for cash back at a point of sale.

From a Teller at a Bank

- Give your card to any teller in a bank displaying the MasterCard® brand mark.
- There is no charge to you to get cash at a bank displaying the MasterCard® brand mark. Some banks may apply minimum or maximum withdrawal amounts.

Frequently Asked Questions

Why switch from checks? When support payments are sent electronically they get to you more quickly and safely. It also saves money by eliminating lost and forged checks.

What is the New York debit MasterCard®? It is a type of debit card designed specifically for New York. It is accepted everywhere debit MasterCard® cards are accepted.

Do I have a choice on how I receive my support payments? You are automatically enrolled in the New York debit MasterCard® program unless you specifically select Direct Deposit.

How is the New York debit MasterCard® different from Direct Deposit? With the New York debit MasterCard® your support payments are held in a separate account used only for your payments. You use your money by using your card. You can make purchases or withdraw cash using the New York debit MasterCard®. With direct deposit your support payments are deposited in your bank account. You would use the funds deposited the way you use any other money in your account.

What do I need to do to get a New York debit MasterCard®? Verify your address, CSMS Case ID and County Code printed on the notification letter enclosed. **If it is correct, you do not have to do anything, you are pre-enrolled.** To update your information, please call 1-888-208-4485, Monday through Friday, 8:30 a.m. – 5:00 p.m. Your New York debit MasterCard® will not be forwarded. If you do not correct your address information, this may delay receipt of your support payments.

Are there any fees for using the card? There is no monthly fee for using the card.

| SERVICE | FEE |
|--|-----------------------------------|
| Purchase | No Fee |
| Cash Back with Purchase | No Fee |
| Cash Back at Bank with MasterCard® Brand Mark | No Fee |
| ATM Cash Withdrawal | \$0.90 + surcharge |
| ATM Balance Inquiry | \$0.50 |
| Monthly Account Access via IVR (Including balance inquiries) | \$0.25 after 5 th Call |
| Card Replacement | \$5.00 |
| Expedited Card Replacement | \$15.00 |

What do I do if I have questions about enrolling in the New York debit MasterCard® program? If you have questions about enrollment, please call 1-888-208-4485, Monday through Friday, 8:30 AM – 5:00 PM.

Your card can be used wherever you see the MasterCard® brand mark.



The New York Debit MasterCard® is issued by Comenca Bank N.A. pursuant to a license by MasterCard® International Incorporated.

NOTE: If you feel that receiving your child support payment electronically will be a hardship, please submit your reason for request in writing within 10 days of the receipt of this letter to: NYS Child Support Processing Center, PO Box 15367, Albany, NY 12212-5367.

www.EPPICard.com

See Reverse Side for Information Regarding Direct Deposit

IMPORTANT INFORMATION REGARDING YOUR SUPPORT PAYMENTS

Direct Deposit of Child Support Payments

Direct Deposit is a convenient way to receive your child support payments. Your child support payment can be deposited directly into your account at your financial institution – it's automatic and it's safe! All you have to do is enroll!

Benefits of Direct Deposit include:

- It is safe and confidential because your money goes directly into your account.
- Convenient and saves you time.
- No worries about lost or stolen checks.
- No need to go to the bank to cash or deposit your check.
- Helps you manage your finances.
- You can be assured your payment will be deposited automatically. In addition, you will have a record of your deposit on the statement you receive from your financial institution.

Frequently Asked Questions

What is Direct Deposit of child support payments? Direct Deposit is a safe, proven, confidential method of receiving your child support payments. Money is electronically transferred from the Support Collection Unit bank account into your personal checking or savings account.

Are all child support payments eligible for Direct Deposit? No. Only child support payments collected by the Support Collection Unit on behalf of individuals who are not receiving public assistance or safety net assistance are eligible for Direct Deposit. Child support payments collected on behalf of individuals receiving public assistance or safety net assistance are not eligible for Direct Deposit, nor are payments directed to a foreign financial institution.

Is Direct Deposit safe? Direct Deposit of payments is very safe as the process is strictly controlled by banking regulators.

How soon after a child support payment is received will it be deposited? In most cases, Direct Deposit of your payments will occur within 48 hours or two business days of receipt by the Support Collection Unit.

Will I consistently receive payments? Direct Deposit will occur only after the noncustodial parent makes a payment to the Support Collection Unit. As long as payments are made as required by the court order, they will be deposited in a timely manner.

How do I know if my payment has been received by the Support Collection Unit? You can access payment information by visiting our Web site www.newyorkchildsupport.com. You can also access payment information on your case by calling the Child Support Information Line at 1-800-846-0773, a toll-free, 24 hour a day, seven days a week service. Before you can receive payment and disbursement information, you must provide a Personal Identification Number (PIN) and your Social Security number. Your PIN would have been provided to you in writing by your Support Collection Unit handling your case. If you cannot remember your PIN or have lost it, please visit our website at www.newyorkchildsupport.com or call the Customer Service Helpline at 1-888-208-4485. Please have your Social Security number and child support account number(s) available when you call.

What if I receive support from more than one noncustodial parent? How does Direct Deposit work? If you are receiving payments on more than one case, you will have to identify each of those cases, along with the county code for each case, and submit separate authorization forms for each case.

How do I find out that the Direct Deposit was completed? First, log onto the Web site noted below or call the Child Support Information Line to determine if a payment should have been deposited to your personal bank account. If so, contact your financial institution to verify that a Direct Deposit was completed. It may take 48 hours or two business days for the Direct Deposit. If after that time the payment was not deposited to your account, please call the Customer Service Helpline at 1-888-208-4485.

How do I obtain Direct Deposit services for child support payments?

Direct Deposit services will be initiated after you complete and return a signed authorization form to the address provided on the form. If you need a copy of the form visit the Child Support Website at www.newyorkchildsupport.com or call the Customer Service Helpline at 1-888-208-4485.

Will I be notified if my request for Direct Deposit has been accepted or rejected? It will take approximately 10 days for your authorization form to be processed. You will receive a letter notifying you that your request for Direct Deposit has been accepted or rejected. If your request has been accepted, Direct Deposit to your account may occur up to ten days from the date of the letter of acceptance, or may not occur until your next child support payment is made, whichever occurs later. If your request has been rejected, you will be notified as to the reject reason and given an opportunity to resubmit your request for Direct Deposit.

Can Direct Deposit of child support payments be made to any bank or financial institution? No, Direct Deposits can only be made to checking or savings accounts with a bank or other financial institution that is a member of the Automated Clearing House (ACH).

Can I split my Direct Deposit and place some funds in checking and the balance in savings? No, you must Direct Deposit the entire amount in either a checking or a savings account. Your financial institution may allow you to make a transfer between checking and savings by telephone and you should contact them about those services.

What if I change banks? If you wish to change the financial institution that receives your Direct Deposit, you should first verify if that financial institution is a member of the Automated Clearing House (ACH). If it is not, Direct Deposit cannot be completed. If it is, you must complete and sign the Direct Deposit Enrollment Form with the information for your new bank and account and forward it to the address provided on the form.

Can I cancel Direct Deposit anytime? Yes, Direct Deposit of your funds can be cancelled anytime. To cancel Direct Deposit you will need to complete a Direct Deposit cancellation form. To obtain a cancellation form log onto the Web site noted below or call the Customer Service Helpline at 1-888-208-4485. When we receive your request for cancellation, your direct deposit will be cancelled within seven days. At that time, you will be pre-enrolled in the New York debit MasterCard® Card program. We will mail a New York debit MasterCard® packet to you that provides information on the debit card program.

What if I close my bank account before my request for cancellation takes effect? Some financial institutions will process Direct Deposits to closed accounts for a period of up to 30 days. In those instances, you must contact your financial institution. In situations where your financial institution returns your deposit to your Support Collection Unit, you will receive your child support payment by check to your address on file. When your Direct Deposit is cancelled you will be pre-enrolled in the New York debit MasterCard® Card program. We will mail a New York debit MasterCard® packet to you that provides information on the debit card program.

www.newyorkchildsupport.com

See Reverse Side for Information Regarding the New York debit MasterCard® Card

PIN NOTICE

ROS

VRUDDROS-1 ** 00001
NYS CHILD SUPPORT PROCESSING CENTER
PO BOX 15367
ALBANY NY 12212-5367

DATE: June 1, 2007

**IMPORTANT DOCUMENTS
PLEASE READ CAREFULLY**

***** AUTO 4-DIGIT

SMITH, JANE
ANYPLACE APARTMENTS
123 ANYWHERE ST APT 1
ANYTOWN NY 10000-0000

|||||

COUNTY CODE: 00
NEW YORK CASE IDENTIFIER: ZZ00000Z1

This package contains:

- "Child Support Information Line" Important Notice
- "Using the New York Child Support Website" Tutorial
- Debit Card Pre-enrollment Notice
- "DIRECT DEPOSIT ENROLLMENT FORM"
- "IMPORTANT INFORMATION REGARDING YOUR SUPPORT PAYMENTS"

LOCAL COUNTY SCU
 COUNTY OFFICE BLDG -
 100 GOVERNMENT BLVD
 LOCALTOWN NY 10000-0000

Child Support Information Line

IMPORTANT NOTICE

SMITH, JANE
 ANYPLACE APARTMENTS
 123 ANYWHERE ST APT 1
 ANYTOWN NY 10000-0000

DATE: June 1, 2007
 NON-CUSTODIAL PARENT: SMITH, JOHN
 NEW YORK CASE IDENTIFIER: ZZ00000Z1
 COUNTY CODE: 00

ATTENTION

This Notice Contains Important Information Regarding Child Support

The New York State Child Support Information Line is available to provide payment information regarding child support payments and disbursements for individuals who are entitled to receive support. In order to maintain the security of custodial and non-custodial parent payment information, the system will not allow access to payment information for a specific case unless the caller enters a specific *Personal Identification Number (PIN)* for the case. Information is only accessible through the use of a touch-tone telephone.

Your PIN number for case number ZZ00000Z1 is 00000.

You should not allow anyone else to use this number or your Social Security Number.

To obtain payment information for case number ZZ00000Z1, the system will require you to enter your Social Security Number. The system will then ask you to enter your PIN number. If your local district does not have your Social Security Number, you will not be able to access your payment information through the Child Support Information Line.

Please contact your local district if you cannot access your payment information through the Child Support Information Line because of an invalid Personal Identification Number, Social Security Number, or because your local district does not have your Social Security Number.

Note: Correspondence regarding problems with accessing the Child Support Information Line may be sent to the address listed above. Please include your case number, Social Security Number, and your current address with all correspondence.

In addition to payment information, the system also provides information on child support services available through each of the 58 New York State Social Services districts. The system provides information regarding: location of absent parents; establishment of paternity; and establishment and enforcement of support obligations.

The toll free telephone number for the Child Support Information Line is:

1-800-846-0773

Information is only accessible through the use of a touch-tone telephone. The Child Support Information Line messages are available in both English and Spanish, 24 hours a day, 7 days a week. If you receive a busy signal when calling the Child Support Information Line, please try calling between 7 P.M. and 7 A.M. when fewer calls are coming in. Note: You may want to have a pen and paper ready to write down some of the information presented to you by the Child Support Information Line message.

DEBIT CARD PRE-ENROLLMENT NOTICE

SMITH, JANE
 ANYPLACE APARTMENTS
 123 ANYWHERE ST APT 1
 ANYTOWN NY 10000-0000

Date: June 1, 2007

| County Code | New York Case Identifier |
|-------------|--------------------------|
| 00 | ZZ0000021 |

The New York State Division of Child Support Enforcement has implemented a debit card program to provide custodial parents with a more efficient and effective means of receiving and accessing their child support money. The debit card program automatically enrolls custodial parents who are not currently receiving child support by direct deposit or debit card to receive their child support by debit card. If you are currently enrolled in direct deposit or already have a debit card you will not receive a new debit card. You will receive your child support payments by the method for which you are currently enrolled, direct deposit or existing debit card.

If you are not currently enrolled in direct deposit or do not have a child support debit card, our records indicate that you qualify for the automatic enrollment for a debit card and we have enrolled you in the New York debit MasterCard® Card program. You will now have your child support payments deposited directly onto the New York debit MasterCard® Card.

This service provides you, the cardholder, with a debit card for receiving and managing child support deposits to a debit card account. Your money can be used at any merchant that accepts MasterCard® debit cards and provides you with the option of receiving cash back. Cash withdrawals can be made at any ATM for a minimal fee, or through a teller at a banking location displaying the MasterCard brand mark at no charge. Please see the enclosed Important Information regarding Your Support Payments notice regarding debit cards which includes a listing of associated fees and read the many benefits of the New York Debit Card listed below.

Benefits to You associated with the New York Debit Card:

- No check cashing fees, no lost or stolen checks
- Access to money throughout the month
- No waiting for checks to come in the mail
- No waiting for the deposits to clear the bank
- Access to funds when you travel away from home
- Use the card at thousands of locations, anywhere MasterCard debit cards are accepted
- Use it to make purchases or to get cash back

Additional Benefits to You associated with the New York Debit Card:



- No need for a bank account
- Balance and account information available 24 hours a day, 7 days a week, year round
- Free balance inquiry and transaction history at www.EPPICard.com
- Your account is protected by your Personal Identification Number (PIN)

The New York debit MasterCard® will be mailed to you thirty (30) days from the date of this letter. However, this program allows custodial parents to opt out of debit card to direct deposit to their personal bank account. If you wish to have your child support payments directly deposited to your personal bank account please see 2 below. If receiving your child support payments by debit card or direct deposit creates a hardship for you, please see 3 below.

Important Notes

1: If you are already enrolled in direct deposit, currently have a child support debit card or wish to receive a child support debit card:

Do Nothing. If you are already receiving child support payments electronically, your payments will be directly deposited to your personal bank account or your debit card account. If you wish to receive a debit card, your card will be mailed to you within 30 days from the date of this letter.

2: To choose direct Deposit Enrollment:

1. Complete the enclosed Enrollment Form.
2. Return the form to the address at the top of the enrollment form.

3: For requests to continue receiving paper checks:

Please submit your request in writing identifying your hardship within ten (10) days of the date of this letter to:

NYS Child Support Processing Center
 PO Box 15367
 Albany, NY 12212-5367.

For questions, please call our toll free number:

1-888-208-4485

Direct Deposit Enrollment Form

If you wish to enroll in Direct Deposit you must fill out this form and return it to us.

1. Complete and return this form, ONLY if you wish to enroll in Direct Deposit.
2. Return the completed form to: NYS Child Support Processing Center, PO Box 15367, Albany, NY 12212-5367

Required Information for Enrolling in Direct Deposit

_____ I would like to enroll in Direct Deposit.

| | |
|---|---|
| <p>Your Name</p> <p>_____</p> <p style="font-size: small;">Last First MI</p> | <p>Email Address (optional) _____</p> <p>Phone Number (____) _____ - _____</p> |
| <p>Your Address:</p> <p>Street _____</p> <p>City _____</p> | <p>CSMS County Code _____</p> <p>CSMS Case ID _____</p> <p>State _____ Zip Code _____</p> |
| <p>Social Security Number _____ - _____ - _____ Date of Birth (MM/DD/YYYY) ____/____/____ (Month-Day- Four Digit Year)</p> | |
| <p>Account Number _____ Routing Transit Number _____</p> | |

I certify that I am entitled to child support and/or spousal support payments for the above child support account. I authorize the Support Collection Unit to send my child support and/or spousal support payments to the financial institution named below to be deposited in the account indicated by the financial institution. This authorization will remain in force until the Support Collection Unit receives a written notification from me of termination. The Support Collection Unit shall have a reasonable time to process the termination.

Signature _____ **Date** ____/____/____

Please take this form to your bank or credit union for their signature and the following information:

Bank Information: Name of Financial Institution (bank or credit union): _____

Address _____ **City** _____ **State** _____ **Zip** _____

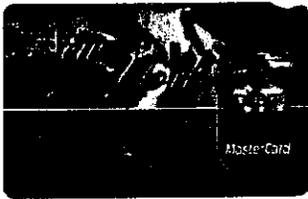
Account Information: Checking Savings

Account Number _____ **Routing Transit Number** _____

As representative of the above named Financial Institution I certify this Financial Institution is ACH capable and agrees to receive and deposit the child support payments to the account shown above.

Representative Signature Representative Printed Name Date

To Request Continuing to Receive a Check: If you desire to continue to receive a check, you **MUST** submit your request in writing, along with the reason for your request to: PO Box 15367, Albany, NY 12212-5367. If you do nothing, you will receive a New York debit MasterCard® card and payments will be posted to this account.



IMPORTANT INFORMATION REGARDING YOUR CHILD SUPPORT PAYMENTS

The New York Debit MasterCard® Card

The New York debit MasterCard® card is the new way to receive your support payments. Using it you can access your money at banks, ATMs and stores across New York, the nation, and the world!

Benefits of the New York debit MasterCard® include:

- No bank account needed.
- No check cashing fees
- No worries about lost or stolen checks.
- Use your card all across New York, the United States, and worldwide.
- Balance and account information available 24 hours a day, every day.
- Safe, secure, convenient access to your support payments.

Use your money where you want, anytime you want!

The New York debit MasterCard® is accepted at millions of locations worldwide that accept MasterCard® debit cards and gives you access to cash at over 911,000 ATMs. You can get cash back with purchases at many businesses that accept MasterCard, like grocery stores. You can count on using your New York debit MasterCard® for all your purchases as long as you have support payments on your card.

The New York debit MasterCard® is accepted at millions of locations worldwide. You can use your card at:

Grocery Stores, Clothing Stores, Office & School Supply Stores, Restaurants, Discount Stores, Department Stores, Home Furnishing Stores, Theaters, Gas Stations, Drug Stores and Pharmacies, Video Stores, Doctors' Offices and ATMs.

How to use the New York debit MasterCard®

Your New York debit MasterCard® is more convenient than cash or checks and can be used anywhere debit MasterCard® cards are accepted.

To Make Purchases

Present your card when paying. The money is automatically deducted from your support account.

To Get Cash

There are several ways to get cash:

ATMs

- You can use any ATM that has the MasterCard® brand mark.
- There is a \$0.90 transaction fee for all ATM withdrawals. Some ATMs will charge a surcharge in addition to the \$0.90 transaction fee.

New York EPPICard™ cardholders can use the following ATMs without a surcharge (only the \$0.90 transaction fee will be charged).



Cash Back with a Purchase

- Many retailers that accept debit MasterCard®, particularly grocery stores, will give cash back with no fee when you make a purchase using your PIN.
- There is no charge for cash back at a point of sale.

From a Teller at a Bank

- Give your card to any teller in a bank displaying the MasterCard® brand mark.
- There is no charge to you to get cash at a bank displaying the MasterCard® brand mark. Some banks may apply minimum or maximum withdrawal amounts.

Frequently Asked Questions

Why switch from checks? When support payments are sent electronically they get to you more quickly and safely. It also saves money by eliminating lost and forged checks.

What is the New York debit MasterCard®? It is a type of debit card designed specifically for New York. It is accepted everywhere debit MasterCard® cards are accepted.

Do I have a choice on how I receive my support payments? You are automatically enrolled in the New York debit MasterCard® program unless you specifically select Direct Deposit.

How is the New York debit MasterCard® different from Direct Deposit? With the New York debit MasterCard® your support payments are held in a separate account used only for your payments. You use your money by using your card. You can make purchases or withdraw cash using the New York debit MasterCard®. With direct deposit your support payments are deposited in your bank account. You would use the funds deposited the way you use any other money in your account.

What do I need to do to get a New York debit MasterCard®? Verify your address, CSMS Case ID and County Code printed on the notification letter enclosed. **If it is correct, you do not have to do anything, you are pre-enrolled.** To update your information, please call 1-888-208-4485, Monday through Friday, 8:30 a.m. – 5:00 p.m. Your New York debit MasterCard® will not be forwarded. If you do not correct your address information, this may delay receipt of your support payments.

Are there any fees for using the card? There is no monthly fee for using the card.

SERVICE

- Purchase
- Cash Back with Purchase
- Cash Back at Bank with MasterCard® Brand Mark
- ATM Cash Withdrawal
- ATM Balance Inquiry
- Monthly Account Access via IVR (Including balance inquiries)
- Card Replacement
- Expedited Card Replacement

FEE

- No Fee
- No Fee
- No Fee
- \$0.90 + surcharge
- \$0.50
- \$0.25 after 5th Call
- \$5.00
- \$15.00

What do I do if I have questions about enrolling in the New York debit MasterCard® program? If you have questions about enrollment, please call 1-888-208-4485, Monday through Friday, 8:30 AM – 5:00 PM.

Your card can be used wherever you see the MasterCard® brand mark:



The New York Debit MasterCard® is issued by Comerica Bank N.A. pursuant to a license by MasterCard® International Incorporated.

NOTE: If you feel that receiving your child support payment electronically will be a hardship, please submit your reason for request in writing within 10 days of the receipt of this letter to: NYS Child Support Processing Center, PO Box 15367, Albany, NY 12212-5367.

www.EPPICard.com

See Reverse Side for Information Regarding Direct Deposit

IMPORTANT INFORMATION REGARDING YOUR SUPPORT PAYMENTS

Direct Deposit is a convenient way to receive your child support payments. Your child support payment can be deposited directly into your account at your financial institution – it's automatic and it's safe! All you have to do is enroll!

- It is safe and confidential because your money goes directly into your account.
- Convenient and saves you time.
- No worries about lost or stolen checks.
- No need to go to the bank to cash or deposit your check.
- Helps you manage your finances.
- You can be assured your payment will be deposited automatically. In addition, you will have a record of your deposit on the statement you receive from your financial institution.

What is Direct Deposit of child support payments? Direct Deposit is a safe, proven, confidential method of receiving your child support payments. Money is electronically transferred from the Support Collection Unit bank account into your personal checking or savings account.

Are all child support payments eligible for Direct Deposit? No. Only child support payments collected by the Support Collection Unit on behalf of individuals who are not receiving public assistance or safety net assistance are eligible for Direct Deposit. Child support payments collected on behalf of individuals receiving public assistance or safety net assistance are not eligible for Direct Deposit, nor are payments directed to a foreign financial institution.

Is Direct Deposit safe? Direct Deposit of payments is very safe as the process is strictly controlled by banking regulators.

How soon after a child support payment is received will it be deposited? In most cases, Direct Deposit of your payments will occur within 48 hours or two business days of receipt by the Support Collection Unit.

Will I consistently receive payments? Direct Deposit will occur only after the noncustodial parent makes a payment to the Support Collection Unit. As long as payments are made as required by the court order, they will be deposited in a timely manner.

How do I know if my payment has been received by the Support Collection Unit? You can access payment information by visiting our Web site www.newyorkchildsupport.com. You can also access payment information on your case by calling the Child Support Information Line at 1-800-846-0773, a toll-free, 24 hour a day, seven days a week service. Before you can receive payment and disbursement information, you must provide a Personal Identification Number (PIN) and your Social Security number. Your PIN would have been provided to you in writing by your Support Collection Unit handling your case. If you cannot remember your PIN or have lost it, please visit our website at www.newyorkchildsupport.com or call the Customer Service Helpline at 1-888-208-4485. Please have your Social Security number and child support account number(s) available when you call.

What if I receive support from more than one noncustodial parent? How does Direct Deposit work? If you are receiving payments on more than one case, you will have to identify each of those cases, along with the county code for each case, and submit separate authorization forms for each case.

How do I find out that the Direct Deposit was completed? First, log onto the Web site noted below or call the Child Support Information Line to determine if a payment should have been deposited to your personal bank account. If so, contact your financial institution to verify that a Direct Deposit was completed. It may take 48 hours or two business days for the Direct Deposit. If after that time the payment was not deposited to your account, please call the Customer Service Helpline at 1-888-208-4485.

How do I obtain Direct Deposit services for child support payments? Direct Deposit services will be initiated after you complete and return a signed authorization form to the address provided on the form. If you need a copy of the form visit the Child Support Website at www.newyorkchildsupport.com or call the Customer Service Helpline at 1-888-208-4485.

Will I be notified if my request for Direct Deposit has been accepted or rejected? It will take approximately 10 days for your authorization form to be processed. You will receive a letter notifying you that your request for Direct Deposit has been accepted or rejected. If your request has been accepted, Direct Deposit to your account may occur up to ten days from the date of the letter of acceptance, or may not occur until your next child support payment is made, whichever occurs later. If your request has been rejected, you will be notified as to the reject reason and given an opportunity to resubmit your request for Direct Deposit.

Can Direct Deposit of child support payments be made to any bank or financial institution? No, Direct Deposits can only be made to checking or savings accounts with a bank or other financial institution that is a member of the Automated Clearing House (ACH).

Can I split my Direct Deposit and place some funds in checking and the balance in savings? No, you must Direct Deposit the entire amount in either a checking or a savings account. Your financial institution may allow you to make a transfer between checking and savings by telephone and you should contact them about those services.

What if I change banks? If you wish to change the financial institution that receives your Direct Deposit, you should first verify if that financial institution is a member of the Automated Clearing House (ACH). If it is not, Direct Deposit cannot be completed. If it is, you must complete and sign the Direct Deposit Enrollment Form with the information for your new bank and account and forward it to the address provided on the form.

Can I cancel Direct Deposit anytime? Yes, Direct Deposit of your funds can be cancelled anytime. To cancel Direct Deposit you will need to complete a Direct Deposit cancellation form. To obtain a cancellation form log onto the Web site noted below or call the Customer Service Helpline at 1-888-208-4485. When we receive your request for cancellation, your direct deposit will be cancelled within seven days. At that time, you will be pre-enrolled in the New York debit MasterCard® Card program. We will mail a New York debit MasterCard® packet to you that provides information on the debit card program.

What if I close my bank account before my request for cancellation takes effect? Some financial institutions will process Direct Deposits to closed accounts for a period of up to 30 days. In those instances, you must contact your financial institution. In situations where your financial institution returns your deposit to your Support Collection Unit, you will receive your child support payment by check to your address on file. When your Direct Deposit is cancelled you will be pre-enrolled in the New York debit MasterCard® Card program. We will mail a New York debit MasterCard® packet to you that provides information on the debit card program.

Using the New York Child Support Website

Directions for Accessing Your Account Information Online:

(Steps Highlighted in *Figure 1* below.)

- 1 Type "**newyorkchildsupport.com**" in the address field of your browser.
- 2 From the menu on the left of the page, click on the link titled "**Custodial Parent Services**" to:
 - ➔ View your account information
 - ➔ Print a form to update your contact information
 - ➔ Update information about the non-custodial parent

The screenshot shows a Microsoft Internet Explorer browser window. The address bar contains "https://newyorkchildsupport.com/". The page title is "STATE" and the main heading is "Office of Temporary and Disability Assistance". A left-hand navigation menu is visible, with "Custodial Parent Services" highlighted. The main content area includes a "Welcome to New York Child Support Online" message, a mailing address "PO Box 15363 Albany, NY 12212", and information about electronic payments. A hand icon points to the address bar in step 1, and another hand icon points to the "Custodial Parent Services" menu item in step 2.

Figure 1: "Welcome to New York Child Support Online" – The New York Child Support home page.

Viewing Payment and Balance Information on the Custodial Parent Services Section of the Website

The following information about your account is available online:
(Highlighted in *Figure 2* below)

- 1 The date and amount of the last payment applied to your account
- 2 A listing of the last ten payments applied to your account
- 3 Information about the most recent payment disbursed to you
- 4 The total arrears balance owed by the non-custodial parent
- 5 A link to the contact information for your local child support office

View Payments & Disbursements

Custodial Parent Information
Support Enforcement
Direct Deposit
Debit Card

Welcome Mary Jones

Account Number: GH12345A1
Custodial Parent: Mary Jones
Non-Custodial Parent: Michael Jones

Payments
As of 01/05/2007, the latest payment applied to your account was for the amount of \$1058.00, and was applied on 12/21/2006.

The following are payments applied to your account from 11/25/2006 to 01/05/2007.

| Payment Date | Payment Amount |
|--------------|----------------|
| 12/21/2006 | \$1058.00 |
| 12/11/2006 | \$1058.00 |

Disbursements
On 01/02/2007, a check in the amount of \$409.00 was mailed to you. The check should arrive within 10 days of the date mailed. If the ten days have passed and you have not received the check, please contact your local child support office.

Total Arrears Owed
As of 01/05/2007, the total arrears owed by Michael Jones is \$120.00.

If you have any questions about your account, please contact [your local child support office](#).

318 seconds until Logout Local Intranet

Figure 2: "View Payments & Disbursements" in the *Custodial Parent Services* section of the New York Child Support website.

newyorkchildsupport.com

PIN
NOTICE
NYC

2007

DATE: May 1, 2007

**IMPORTANT DOCUMENTS
PLEASE READ CAREFULLY**

***** AUTO 4-DIGIT

SMITH, JANE
ANYPLACE APARTMENTS
123 ANYWHERE ST APT 1
ANYTOWN NY 10000-0000



COUNTY CODE: 12
NEW YORK CASE IDENTIFIER: ZZ00000Z1

This package contains:

- “Child Support Information Line” Important Notice
- “Using the New York Child Support Website” Tutorial
- “Important Information Regarding your Child Support Court Order and the New York City Office of Child Support Enforcement”
- Debit Card Pre-enrollment Notice
- “DIRECT DEPOSIT ENROLLMENT FORM”
- “IMPORTANT INFORMATION REGARDING YOUR SUPPORT PAYMENTS”

LOCAL CITY COUNTY SCU
CITY OFFICE BLDG
1000 MUNICIPAL PLZ
LOCAL CITY NY 10000-0000

Child Support Information Line

IMPORTANT NOTICE

SMITH, JANE
ANYPLACE APARTMENTS
123 ANYWHERE ST APT 1
ANYTOWN NY 10000-0000

DATE: May 1, 2007

NON-CUSTODIAL PARENT: SMITH, JOHN

NEW YORK CASE IDENTIFIER: ZZ00000Z1

COUNTY CODE: 12

ATTENTION

This Notice Contains Important Information Regarding Child Support

The New York State Child Support Information Line is available to provide payment information regarding child support payments and disbursements for individuals who are entitled to receive support. In order to maintain the security of custodial and non-custodial parent payment information, the system will not allow access to payment information for a specific case unless the caller enters a specific *Personal Identification Number (PIN)* for the case. Information is only accessible through the use of a touch-tone telephone.

Your PIN number for case number ZZ00000Z1 is 123456

You should not allow anyone else to use this number or your Social Security Number.

To obtain payment information for case number ZZ00000Z1, the system will require you to enter your Social Security Number. The system will then ask you to enter your PIN number. If your local district does not have your Social Security Number, you will not be able to access your payment information through the Child Support Information Line.

Please contact your local district if you cannot access your payment information through the Child Support Information Line because of an invalid Personal Identification Number, Social Security Number, or because your local district does not have your Social Security Number.

Note: Correspondence regarding problems with accessing the Child Support Information Line may be sent to the address listed above. Please include your case number, Social Security Number, and your current address with all correspondence.

In addition to payment information, the system also provides information on child support services available through each of the 58 New York State Social Services districts. The system provides information regarding: location of absent parents; establishment of paternity; and establishment and enforcement of support obligations.

The toll free telephone number for the Child Support Information Line is:

1-800-846-0773

Information is only accessible through the use of a touch-tone telephone. The Child Support Information Line messages are available in both English and Spanish, 24 hours a day, 7 days a week. If you receive a busy signal when calling the Child Support Information Line, please try calling between 7 P.M. and 7 A.M. when fewer calls are coming in. Note: You may want to have a pen and paper ready to write down some of the information presented to you by the Child Support Information Line message.

LOCAL CITY COUNTY SCU
CITY OFFICE BLDG
1000 MUNICIPAL PLZ
LOCAL CITY NY 10000-0000

La Línea de Información de Manutención Infantil

NOTIFICACIÓN IMPORTANTE

SMITH, JANE
ANYPLACE APARTMENTS
123 ANYWHERE ST APT 1
ANYTOWN NY 10000-0000

FECHA: May 1, 2007

PADRE/MADRE SIN LA CUSTODIA: SMITH, JOHN

ID. DEL CASO DE NUEVA YORK: ZZ00000Z1

CÓDIGO DEL CONDADO: 12

ATENCIÓN

Esta notificación contiene información importante con respecto a Manutención Infantil

La Línea de Información de Manutención Infantil del Estado de Nueva York ofrece información sobre pagos y desembolsos de manutención infantil a los individuos que tienen el derecho a recibir manutención. Para proteger la información sobre pagos provenientes de padres con o sin la custodia del menor, el sistema no permitirá acceso a la información de pagos de un caso específico a menos que la persona que llame ingrese el *Número de Identificación Personal (PIN)* especialmente asignado para dicho caso. Necesita usar un teléfono a botones (touch tone) para poder tener acceso a este sistema.

Su PIN para el número de caso ZZ00000Z1 es 123456

No permita que nadie use este número o su número de Seguro Social.

Para obtener información sobre pagos del caso número ZZ00000Z1, el sistema le requerirá que ingrese el número de Seguro Social y luego su número identificación personal (PIN). Si su distrito local no tiene su número de Seguro Social, no tendrá acceso a información sobre pagos vía la Línea de Información de Manutención Infantil.

Favor de comunicarse con su distrito local si no puede obtener información sobre sus pagos vía la Línea de información de Manutención Infantil debido a un número inválido de identificación personal o de Seguro Social, o porque su distrito local no tiene su número de Seguro Social.

Nota: Toda correspondencia relacionada con problemas al acceso de la Línea de Información de Manutención Infantil, debe enviarse a la dirección indicada arriba. Favor de incluir en toda correspondencia, el número de caso, número de Seguro Social y su dirección actual.

Además de la información sobre pagos, el sistema también proporciona información sobre servicios de manutención infantil disponibles en los 58 distritos de servicios sociales del Estado de Nueva York. El sistema brinda información con respecto a: localización de padres de familia ausentes, establecimiento de paternidad, y establecimiento y cumplimiento de las obligaciones de manutención.

El número de teléfono gratuito de la Línea de Información de Manutención Infantil es:

1-800-846-0773

Necesita usar un teléfono a botones para poder tener acceso a la información. Al llamar la Línea de Información de Manutención Infantil, puede escuchar mensajes en inglés y español las 24 horas al día los 7 días de la semana. Si recibe una señal intermitente que indica que la línea está ocupada, favor de tratar de llamar entre las 7 p.m. y las 7 a.m. - horas durante las cuales disminuye el volumen de llamadas. Nota: Se le aconseja tener a mano bolígrafo y papel para anotar todo dato pertinente que escuche en los mensajes de la Línea de Información de Manutención Infantil.

DEBIT CARD PRE-ENROLLMENT NOTICE

SMITH, JANE
 ANYPLACE APARTMENTS
 123 ANYWHERE ST APT 1
 ANYTOWN NY 10000-0000

Date: May 1, 2007

| County Code | New York Case Identifier |
|-------------|--------------------------|
| 12 | ZZ00000Z1 |

The New York State Division of Child Support Enforcement has implemented a debit card program to provide custodial parents with a more efficient and effective means of receiving and accessing their child support money. The debit card program automatically enrolls custodial parents who are not currently receiving child support by direct deposit or debit card to receive their child support by debit card. If you are currently enrolled in direct deposit or already have a debit card you will not receive a new debit card. You will receive your child support payments by the method for which you are currently enrolled, direct deposit or existing debit card.

If you are not currently enrolled in direct deposit or do not have a child support debit card, our records indicate that you qualify for the automatic enrollment for a debit card and we have enrolled you in the New York debit MasterCard® Card program. You will now have your child support payments deposited directly onto the New York debit MasterCard® Card.

This service provides you, the cardholder, with a debit card for receiving and managing child support deposits to a debit card account. Your money can be used at any merchant that accepts MasterCard® debit cards and provides you with the option of receiving cash back. Cash withdrawals can be made at any ATM for a minimal fee, or through a teller at a banking location displaying the MasterCard brand mark at no charge. Please see the enclosed Important Information regarding Your Support Payments notice regarding debit cards which includes a listing of associated fees and read the many benefits of the New York Debit Card listed below.

Benefits to You associated with the New York Debit Card:

No check cashing fees, no lost or stolen checks
 Access to money throughout the month
 No waiting for checks to come in the mail
 No waiting for the deposits to clear the bank
 Access to funds when you travel away from home
 Use the card at thousands of locations, anywhere MasterCard debit cards are accepted
 Use it to make purchases or to get cash back

Additional Benefits to You associated with the New York Debit Card:



No need for a bank account
 Balance and account information available 24 hours a day, 7 days a week, year round
 Free balance inquiry and transaction history at www.EPPICard.com
 Your account is protected by your Personal Identification Number (PIN)

The New York debit MasterCard® will be mailed to you thirty (30) days from the date of this letter. However, this program allows custodial parents to opt out of debit card to direct deposit to their personal bank account. If you wish to have your child support payments directly deposited to your personal bank account please see 2 below. If receiving your child support payments by debit card or direct deposit creates a hardship for you, please see 3 below.

Important Notes

1: If you are already enrolled in direct deposit, currently have a child support debit card or wish to receive a child support debit card:

Do Nothing. If you are already receiving child support payments electronically, your payments will be directly deposited to your personal bank account or your debit card account. If you wish to receive a debit card, your card will be mailed to you within 30 days from the date of this letter.

2: To choose direct Deposit Enrollment:

1. Complete the enclosed Enrollment Form.
2. Return the form to the address at the top of the enrollment form.

3: For requests to continue receiving paper checks:

Please submit your request in writing identifying your hardship within ten (10) days of the date of this letter to:

NYS Child Support Processing Center
 PO Box 15367
 Albany, NY 12212-5367.

For questions, please call our toll free number:

1-888-208-4485

Direct Deposit Enrollment Form

If you wish to enroll in Direct Deposit you must fill out this form and return it to us.

1. Complete and return this form, ONLY if you wish to enroll in Direct Deposit.
2. Return the completed form to: NYS Child Support Processing Center, PO Box 15367, Albany, NY 12212-5367

Required Information for Enrolling in Direct Deposit

_____ I would like to enroll in Direct Deposit.

Your Name _____ Email Address (optional) _____
 _____ Phone Number (____) _____
Last First MI

Your Address: _____ CSMS County Code _____
 Street _____ CSMS Case ID _____
 City _____ State _____ Zip Code _____

Social Security Number _____ - _____ - _____ Date of Birth (MM/DD/YYYY) ____ / ____ / ____ (Month-Day- Four Digit Year)
 Account Number _____ Routing Transit Number _____

I certify that I am entitled to child support and/or spousal support payments for the above child support account. I authorize the Support Collection Unit to send my child support and/or spousal support payments to the financial institution named below to be deposited in the account indicated by the financial institution. This authorization will remain in force until the Support Collection Unit receives a written notification from me of termination. The Support Collection Unit shall have a reasonable time to process the termination.

Signature _____ Date ____ / ____ / ____

Please take this form to your bank or credit union for their signature and the following information:

Bank Information: Name of Financial Institution (bank or credit union): _____

Address _____ City _____ State _____ Zip _____

Account Information: _____ Checking _____ Savings

Account Number _____ Routing Transit Number _____

As representative of the above named Financial Institution I certify this Financial Institution is ACH capable and agrees to receive and deposit the child support payments to the account shown above.

Representative Signature _____ Representative Printed Name _____ Date _____

To Request Continuing to Receive a Check: If you desire to continue to receive a check, you **MUST** submit your request in writing, along with the reason for your request to: PO Box 15367, Albany, NY 12212-5367. If you do nothing, you will receive a New York debit MasterCard® card and payments will be posted to this account.

NEW YORK CITY OFFICE OF CHILD SUPPORT ENFORCEMENT

The New York City Office of Child Support Enforcement (OCSE) monitors payments due and received on child support orders payable through the OCSE Support Collection Unit. Our computer accounting records of your support order are identified by the "CASE NUMBER" (also referred to as CSMS Case Number or Account Number), listed in the top-right section of most correspondence that OCSE sends you. **Whenever writing or inquiring about your order or account, you must include this Number to ensure proper identification of your support order.**

You may wish to make a note of your Child Support CASE NUMBER in this space:

IF YOU ARE RECEIVING CHILD SUPPORT, YOU CAN OBTAIN INFORMATION ABOUT YOUR ACCOUNT BY CALLING:

THE NEW YORK STATE CHILD SUPPORT INFORMATION LINE

1-800-846-0773

(7 days/24 hours)

Provides automated information about available child support services. Also provides automated information on existing accounts (in **English and Spanish**), including payment balances and information regarding recent payments. To access information specific to your account, you need your **Social Security #** and your **PIN #**.

IF YOU ARE RECEIVING CHILD SUPPORT OR PAYING CHILD SUPPORT, YOU CAN:

VISIT:

THE NEW YORK STATE CHILD SUPPORT WEBSITE
newyorkchildsupport.com

THE NEW YORK CITY CHILD SUPPORT WEBSITE
NYC.gov/hra

Visit the websites to find general information about child support services, including local addresses for child support offices. On the NYS website, the Local Child Support Offices page includes an e-mail address. The NYS website also provides account specific information on existing accounts; to access these pages, you need your **Social Security #** and your **PIN #**. The account specific pages include information regarding the most recent payments, payment balances, and pages where you can report new information, such as a new address, to OCSE.

WRITE TO:

OCSE CORRESPONDENCE SERVICES
PO BOX 830 CANAL STREET STATION
NEW YORK NY 10013

To inform us of information important to your case, or to raise problems or issues affecting your account. Letters will be reviewed and problems investigated in order to resolve any situation that needs change or correction.

CALL:

NEW YORK STATE CUSTOMER SERVICE HELPLINE

1-888-208-4485

8:30 a.m. to 5:00 p.m. Monday through Friday
to speak with a Customer Service Representative

Customer Service Representatives are available 8:30 a.m. to 5:00 p.m., Monday through Friday, to answer child support questions, to assist with account problems, or to report an address change.

VISIT:

NEW YORK CITY OCSE CUSTOMER SERVICES OFFICE
151 WEST BROADWAY, 4TH FLOOR
NEW YORK, NY

(between Worth St. & Thomas St., 2 blocks west of Broadway and 3 blocks north of Chambers St.)

8:00 a.m. to 7:00 p.m., Monday through Friday & 9:00 a.m. to 5:00 p.m., Saturday- by appointment only →

To speak with an OCSE Customer Service Representative regarding account problems or other child support issues.

Directions by Train:

Train Line

#1, 2, 3, 9, A, C, J, M
#4, 5, 6

Station

Chambers St. Station
Brooklyn Bridge-City Hall

(call 1-212-274-6482 or 1-212-274-4920 Mon.-Fri., 9 a.m.-5 p.m. to schedule Saturday appointment)

OFICINA EJECUCIÓN DE SUSTENTO PARA NIÑOS DE LA CIUDAD DE NUEVA YORK

La Oficina de Ejecución Sustento para Niños de la Ciudad de Nueva York (OCSE) supervisa el debido pago y los pagos recibidos en concepto de ordenes de manutención de menores pagaderos através de la Unidad de Cobro de Sustento de la OCSE. Nuestras computadoras identificarán los archivos de su orden de sustento bajo el "NUMERO DE CASO" (también llamado Número de Caso CSMS, o Número de Cuenta), situada en la parte arriba a la derecha de la mayoría de la correspondencia enviada por OCSE. **Cuando usted nos escriba o solicite información sobre su orden o cuenta, debe incluir el Número para asegurar la identificación correcta de su orden de sustento.**

Si lo desea, anote el NÚMERO DE SU CASO de Sustento de Niños en ésta línea: _____

SI UD. ESTA RECIBIENDO MANUTENCION DE MENOR, UD. PUEDE OBTENER INFORMACION SOBRE SU CUENTA LLAMANDO:

**LINEA INFORMATIVA SOBRE EL SUSTENTO DE NIÑOS DEL ESTADO DE NUEVA YORK
(NY STATE CHILD SUPPORT INFORMATION LINE)**

(800) 846-0773

(7 días/24 horas)

Provee información automatizada acerca de servicios disponibles para el sustento para niños. También proporciona información automatizada sobre cuentas existentes (en Inglés y Español), incluyendo balances de pagos e información en relación a pagos recientes. Para acceder a información específica de su cuenta, Ud. necesita su Seguro Social # y su PIN #.

SI UD. ESTA RECIBIENDO MANUTENCION DE MENOR O PAGANDO MANUTENCION DE MENOR, UD. PUEDE:

VISITE:

**THE NEW YORK STATE
CHILD SUPPORT WEBSITE
newyorkchildsupport.com**

**THE NEW YORK CITY
CHILD SUPPORT WEBSITE
NYC.gov/hra**

Visite los sitios web donde encontrará información de carácter general acerca de los servicios para el sustento para niños, incluyendo direcciones de oficinas locales que ofrecen estos servicios. En el sitio web del estado de Nueva York (NYS), la página de las Oficinas Locales de Sustento para Niños incluye una dirección de correo electrónico. El sitio web de NYS proporciona también información específica sobre cuentas existentes; para acceder estas páginas, usted necesita su Seguro Social # y su PIN #. En las páginas de la cuenta encontrará información relacionada con los pagos más recientes, balances de pago, así como también páginas donde puede dar a conocer nueva información a OCSE, como por ejemplo, una nueva dirección.

ESCRIBE:

**OCSE CORRESPONDENCE SERVICES
PO BOX 830 CANAL STREET STATION
NEW YORK NY 10013**

Para informarnos de informaciones importantes para su caso, o para plantear problemas o cuestiones que esten afectando su cuenta. Las cartas serán revisadas y los problemas investigados de manera a resolver cualquier situación que necesite cambio o corrección.

LLAME:

**NEW YORK STATE
CUSTOMER SERVICE HELPLINE
1-888-208-4485**

**8:30 a.m. a 5:00 p.m., de Lunes a Viernes para
hablar con un Representante de Servicio al Cliente**

Los Representantes de Servicio al Cliente están disponibles de 8:30 a.m. a 5:00 p.m., de Lunes a Viernes para contestar preguntas de sustento de menores, ayudarle con problemas de su cuenta o reportar un cambio de dirección.

VISITE:

**NEW YORK CITY OCSE
CUSTOMER SERVICES OFFICE
151 WEST BROADWAY, 4TH FLOOR
NEW YORK, NY**

**(entre las calles Worth y Thomas, 2 cuadras al oeste de
Broadway y 3 cuadras al norte de la calle Chambers)**

**8:00 a.m. a 5:00 p.m., de Lunes a Viernes &
9:00 a.m. a 5:00 p.m., Sábado- con cita solamente** →

Para hablar con un representante de Servicio para el Cliente de la OCSE en relación a problemas de cuenta u otra cuestión de manutención de menor

Instrucciones en Tren:

Línea de Tren
#1, 2, 3, 9, A, C, J, M
#4, 5, 6

Estación

Chambers St.
Brooklyn Bridge—City Hall

(llame al 1-212-274-6482 o al 1-212-274-4920 de Lunes a Viernes, 9:00 a.m. – 5:00 p.m. para concertar una cita en Sábado)



IMPORTANT INFORMATION REGARDING YOUR CHILD SUPPORT PAYMENTS

The New York Debit MasterCard® Card

The New York debit MasterCard® card is the new way to receive your support payments. Using it you can access your money at banks, ATMs and stores across New York, the nation, and the world!

Benefits of the New York debit MasterCard® include:

- No bank account needed.
- No check cashing fees
- No worries about lost or stolen checks.
- Use your card all across New York, the United States, and worldwide.
- Balance and account information available 24 hours a day, every day.
- Safe, secure, convenient access to your support payments.

Use your money where you want, anytime you want!

The New York debit MasterCard® is accepted at millions of locations worldwide that accept MasterCard® debit cards and gives you access to cash at over 911,000 ATMs. You can get cash back with purchases at many businesses that accept MasterCard, like grocery stores. **You can count on using your New York debit MasterCard® for all your purchases as long as you have support payments on your card.**

The New York debit MasterCard® is accepted at millions of locations worldwide. You can use your card at:

Grocery Stores, Clothing Stores, Office & School Supply Stores, Restaurants, Discount Stores, Department Stores, Home Furnishing Stores, Theaters, Gas Stations, Drug Stores and Pharmacies, Video Stores, Doctors' Offices and ATMs.

How to use the New York debit MasterCard®

Your New York debit MasterCard® is more convenient than cash or checks and can be used anywhere debit MasterCard® cards are accepted.

To Make Purchases

Present your card when paying. The money is automatically deducted from your support account.

To Get Cash

There are several ways to get cash:

ATMs

- You can use any ATM that has the MasterCard® brand mark.
- There is a \$0.90 transaction fee for all ATM withdrawals. Some ATMs will charge a surcharge in addition to the \$0.90 transaction fee.

New York EPPICard™ cardholders can use the following ATMs without a surcharge (only the \$0.90 transaction fee will be charged).



Cash Back with a Purchase

- Many retailers that accept debit MasterCard®, particularly grocery stores, will give cash back with no fee when you make a purchase using your PIN.
- There is no charge for cash back at a point of sale.

From a Teller at a Bank

- Give your card to any teller in a bank displaying the MasterCard® brand mark.
- There is no charge to you to get cash at a bank displaying the MasterCard® brand mark. Some banks may apply minimum or maximum withdrawal amounts.

Frequently Asked Questions

Why switch from checks? When support payments are sent electronically they get to you more quickly and safely. It also saves money by eliminating lost and forged checks.

What is the New York debit MasterCard®? It is a type of debit card designed specifically for New York. It is accepted everywhere debit MasterCard® cards are accepted.

Do I have a choice on how I receive my support payments? You are automatically enrolled in the New York debit MasterCard® program unless you specifically select Direct Deposit.

How is the New York debit MasterCard® different from Direct Deposit? With the New York debit MasterCard® your support payments are held in a separate account used only for your payments. You use your money by using your card. You can make purchases or withdraw cash using the New York debit MasterCard®. With direct deposit your support payments are deposited in your bank account. You would use the funds deposited the way you use any other money in your account.

What do I need to do to get a New York debit MasterCard®? Verify your address, CSMS Case ID and County Code printed on the notification letter enclosed. **If it is correct, you do not have to do anything, you are pre-enrolled.** To update your information, please call 1-888-208-4485, Monday through Friday, 8:30 a.m. – 5:00 p.m. Your New York debit MasterCard® will not be forwarded. If you do not correct your address information, this may delay receipt of your support payments.

Are there any fees for using the card? There is no monthly fee for using the card.

| SERVICE | FEE |
|--|-----------------------------------|
| Purchase | No Fee |
| Cash Back with Purchase | No Fee |
| Cash Back at Bank with MasterCard® Brand Mark | No Fee |
| ATM Cash Withdrawal | \$0.90 + surcharge |
| ATM Balance Inquiry | \$0.50 |
| Monthly Account Access via IVR (Including balance inquiries) | \$0.25 after 5 th Call |
| Card Replacement | \$5.00 |
| Expedited Card Replacement | \$15.00 |

What do I do if I have questions about enrolling in the New York debit MasterCard® program? If you have questions about enrollment, please call 1-888-208-4485, Monday through Friday, 8:30 AM – 5:00 PM.

Your card can be used wherever you see the MasterCard® brand mark:



The New York Debit MasterCard® is issued by Comerica Bank N.A. pursuant to a license by MasterCard® International Incorporated.

NOTE: If you feel that receiving your child support payment electronically will be a hardship, please submit your reason for request in writing within 10 days of the receipt of this letter to: NYS Child Support Processing Center, PO Box 15367, Albany, NY 12212-5367.

www.EPPICard.com

See Reverse Side for Information Regarding Direct Deposit

IMPORTANT INFORMATION REGARDING YOUR SUPPORT PAYMENTS

Direct Deposit of Child Support Payments

Direct Deposit is a convenient way to receive your child support payments. Your child support payment can be deposited directly into your account at your financial institution – it's automatic and it's safe! All you have to do is enroll!

Benefits of Direct Deposit include:

- It is safe and confidential because your money goes directly into your account.
 - Convenient and saves you time.
 - No worries about lost or stolen checks.
 - No need to go to the bank to cash or deposit your check.
 - Helps you manage your finances.
 - You can be assured your payment will be deposited automatically.
- In addition, you will have a record of your deposit on the statement you receive from your financial institution.

Frequently Asked Questions

What is Direct Deposit of child support payments? Direct Deposit is a safe, proven, confidential method of receiving your child support payments. Money is electronically transferred from the Support Collection Unit bank account into your personal checking or savings account.

Are all child support payments eligible for Direct Deposit? No. Only child support payments collected by the Support Collection Unit on behalf of individuals who are not receiving public assistance or safety net assistance are eligible for Direct Deposit. Child support payments collected on behalf of individuals receiving public assistance or safety net assistance are not eligible for Direct Deposit, nor are payments directed to a foreign financial institution.

Is Direct Deposit safe? Direct Deposit of payments is very safe as the process is strictly controlled by banking regulators.

How soon after a child support payment is received will it be deposited? In most cases, Direct Deposit of your payments will occur within 48 hours or two business days of receipt by the Support Collection Unit.

Will I consistently receive payments? Direct Deposit will occur only after the noncustodial parent makes a payment to the Support Collection Unit. As long as payments are made as required by the court order, they will be deposited in a timely manner.

How do I know if my payment has been received by the Support Collection Unit? You can access payment information by visiting our Web site www.newyorkchildsupport.com. You can also access payment information on your case by calling the Child Support Information Line at 1-800-846-0773, a toll-free, 24 hour a day, seven days a week service. Before you can receive payment and disbursement information, you must provide a Personal Identification Number (PIN) and your Social Security number. Your PIN would have been provided to you in writing by your Support Collection Unit handling your case. If you cannot remember your PIN or have lost it, please visit our website at www.newyorkchildsupport.com or call the Customer Service Helpline at 1-888-208-4485. Please have your Social Security number and child support account number(s) available when you call.

What if I receive support from more than one noncustodial parent? How does Direct Deposit work? If you are receiving payments on more than one case, you will have to identify each of those cases, along with the county code for each case, and submit separate authorization forms for each case.

How do I find out that the Direct Deposit was completed? First, log onto the Web site noted below or call the Child Support Information Line to determine if a payment should have been deposited to your personal bank account. If so, contact your financial institution to verify that a Direct Deposit was completed. It may take 48 hours or two business days for the Direct Deposit. If after that time the payment was not deposited to your account, please call the Customer Service Helpline at 1-888-208-4485.

How do I obtain Direct Deposit services for child support payments?

Direct Deposit services will be initiated after you complete and return a signed authorization form to the address provided on the form. If you need a copy of the form visit the Child Support Website at www.newyorkchildsupport.com or call the Customer Service Helpline at 1-888-208-4485.

Will I be notified if my request for Direct Deposit has been accepted or rejected? It will take approximately 10 days for your authorization form to be processed. You will receive a letter notifying you that your request for Direct Deposit has been accepted or rejected. If your request has been accepted, Direct Deposit to your account may occur up to ten days from the date of the letter of acceptance, or may not occur until your next child support payment is made, whichever occurs later. If your request has been rejected, you will be notified as to the reject reason and given an opportunity to resubmit your request for Direct Deposit.

Can Direct Deposit of child support payments be made to any bank or financial institution? No, Direct Deposits can only be made to checking or savings accounts with a bank or other financial institution that is a member of the Automated Clearing House (ACH).

Can I split my Direct Deposit and place some funds in checking and the balance in savings? No, you must Direct Deposit the entire amount in either a checking or a savings account. Your financial institution may allow you to make a transfer between checking and savings by telephone and you should contact them about those services.

What if I change banks? If you wish to change the financial institution that receives your Direct Deposit, you should first verify if that financial institution is a member of the Automated Clearing House (ACH). If it is not, Direct Deposit cannot be completed. If it is, you must complete and sign the Direct Deposit Enrollment Form with the information for your new bank and account and forward it to the address provided on the form.

Can I cancel Direct Deposit anytime? Yes, Direct Deposit of your funds can be cancelled anytime. To cancel Direct Deposit you will need to complete a Direct Deposit cancellation form. To obtain a cancellation form log onto the Web site noted below or call the Customer Service Helpline at 1-888-208-4485. When we receive your request for cancellation, your direct deposit will be cancelled within seven days. At that time, you will be pre-enrolled in the New York debit MasterCard® Card program. We will mail a New York debit MasterCard® packet to you that provides information on the debit card program.

What if I close my bank account before my request for cancellation takes effect? Some financial institutions will process Direct Deposits to closed accounts for a period of up to 30 days. In those instances, you must contact your financial institution. In situations where your financial institution returns your deposit to your Support Collection Unit, you will receive your child support payment by check to your address on file. When your Direct Deposit is cancelled you will be pre-enrolled in the New York debit MasterCard® Card program. We will mail a New York debit MasterCard® packet to you that provides information on the debit card program.

www.newyorkchildsupport.com

See Reverse Side for Information Regarding the New York debit MasterCard® Card

Using the New York Child Support Website

Directions for Accessing Your Account Information Online:

(Steps Highlighted in *Figure 1* below.)

- 1 Type "**newyorkchildsupport.com**" in the address field of your browser.
- 2 From the menu on the left of the page, click on the link titled "**Custodial Parent Services**" to:
 - ➔ View your account information
 - ➔ Print a form to update your contact information
 - ➔ Update information about the non-custodial parent

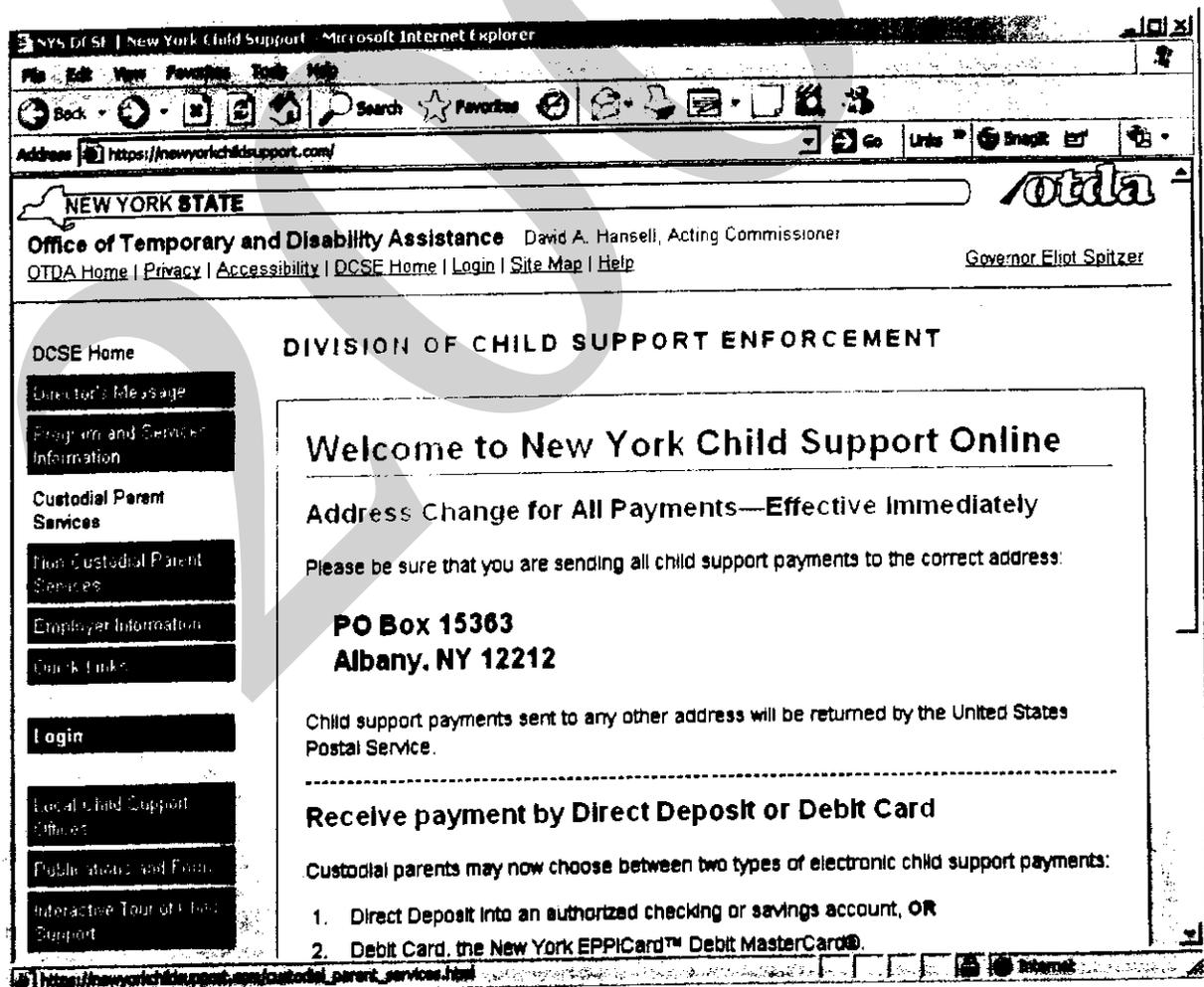


Figure 1: "Welcome to New York Child Support Online" – The New York Child Support home page.

Viewing Payment and Balance Information on the Custodial Parent Services Section of the Website

The following information about your account is available online:
(Highlighted in *Figure 2* below)

- 1 The date and amount of the last payment applied to your account
- 2 A listing of the last ten payments applied to your account
- 3 Information about the most recent payment disbursed to you
- 4 The total arrears balance owed by the non-custodial parent
- 5 A link to the contact information for your local child support office

Microsoft Internet Explorer
Address: https://newyorkchildsupport.com/DCSE/viewPaymentsAndDisbursements.do

View Payments & Disbursements

Welcome Mary Jones

Account Number: GH12345A1
Custodial Parent: Mary Jones
Non-Custodial Parent: Michael Jones

Payments
As of 01/05/2007, the latest payment applied to your account was for the amount of \$1058.00, and was applied on 12/21/2006.

The following are payments applied to your account from 11/25/2006 to 01/05/2007.

| Payment Date | Payment Amount |
|--------------|----------------|
| 12/21/2006 | \$1058.00 |
| 12/11/2006 | \$1058.00 |

Disbursements
On 01/02/2007, a check in the amount of \$409.00 was mailed to you. The check should arrive within 10 days of the date mailed. If the ten days have passed and you have not received the check, please contact your local child support office.

Total Arrears Owed
As of 01/05/2007, the total arrears owed by Michael Jones is \$120.00.

If you have any questions about your account, please contact [your local child support office](#).

318 seconds until Logout

Figure 2: "View Payments & Disbursements" in the *Custodial Parent Services* section of the New York Child Support website.

newyorkchildsupport.com

DIRECT DEPOSIT
REQUEST

**NYS CHILD SUPPORT ENFORCEMENT
CUSTOMER SERVICE HELPLINE
PO BOX 15038
ALBANY NY 12212-5038**

Date: June 28, 2007

JOHN SMITH
123 ANY ST
ANYTOWN NY 12345-6789

Dear JOHN SMITH :

Thank you for your recent telephone call to the New York State Child Support Customer Service Helpline. As requested, we are sending you the following document(s):

- Application for Child Support Services - DSS Form 2521
(Child Support Services brochure, Pub. 1950, also included)
 - Complete the application form and deliver it to the OCSE office at the following address:

- Direct Deposit/Debit Card Application/Cancellation Form
(Frequently Asked Questions and Answers also included)
 - Complete the application and return it to the following address:
NYS Child Support Processing Center
PO Box 15367
Albany, NY 12212-5367

- Voluntary Acknowledgment of Paternity Form
 - Complete the application form
 - Contact the birthing hospital for the address of the birth registrar

- Stop Payment Request Form
 - Complete the form and return it to:

- Account Statement

Additional information regarding the child support program is available on our website at newyorkchildsupport.com or our voice response system at (800) 846-0773. If you have any questions, please feel free to call the Customer Service Helpline at (888) 208-4485.

Enclosure(s)
NYC 11/23/04 (rev 02/28/05)

Initialed: _____

Direct Deposit Enrollment Form

If you wish to enroll in Direct Deposit you must fill out this form and return it to us.

1. Complete and return this form, ONLY if you wish to enroll in Direct Deposit.
2. Return the completed form to: NYS Child Support Processing Center, PO Box 15367, Albany, NY 12212-5367

Required Information for Enrolling in Direct Deposit

_____ I would like to enroll in Direct Deposit.

Your Name _____ **Email Address (optional)** _____
 _____ **Phone Number** (____) _____
Last First MI

Your Address: _____ **CSMS County Code** _____
 Street _____ **CSMS Case ID** _____
 City _____ State _____ Zip Code _____

Social Security Number _____ - _____ - _____ **Date of Birth (MM/DD/YYYY)** ____ / ____ / ____ (Month-Day- Four Digit Year)

Account Number _____ **Routing Transit Number** _____

I certify that I am entitled to child support and/or spousal support payments for the above child support account. I authorize the Support Collection Unit to send my child support and/or spousal support payments to the financial institution named below to be deposited in the account indicated by the financial institution. This authorization will remain in force until the Support Collection Unit receives a written notification from me of termination. The Support Collection Unit shall have a reasonable time to process the termination.

Signature _____ **Date** ____ / ____ / ____

Please take this form to your bank or credit union for their signature and the following information:

Bank Information: Name of Financial Institution (bank or credit union): _____

Address _____ **City** _____ **State** _____ **Zip** _____

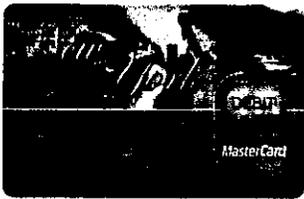
Account Information: _____ Checking _____ Savings

Account Number _____ **Routing Transit Number** _____

As representative of the above named Financial Institution I certify this Financial Institution is ACH capable and agrees to receive and deposit the child support payments to the account shown above.

Representative Signature _____ **Representative Printed Name** _____ **Date** _____

To Request Continuing to Receive a Check: If you desire to continue to receive a check, you MUST submit your request in writing, along with the reason for your request to: PO Box 15367, Albany, NY 12212-5367. If you do nothing, you will receive a New York debit MasterCard® card and payments will be posted to this account.



IMPORTANT INFORMATION REGARDING YOUR CHILD SUPPORT PAYMENTS

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Present your card when paying. The money is automatically deducted from your support account.

To Get Cash

There are several ways to get cash:

ATMs

- You can use any ATM that has the MasterCard® brand mark.
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New York EPPICard™ cardholders can use the following ATMs without a surcharge (only the \$0.90 transaction fee will be charged).



Cash Back with a Purchase

- Many retailers that accept debit MasterCard®, particularly grocery stores, will give cash back with no fee when you make a purchase using your PIN.
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Are there any fees for using the card? There is no monthly fee for using the card.

SERVICE

| SERVICE | FEE |
|--|-----------------------------------|
| Purchase | No Fee |
| Cash Back with Purchase | No Fee |
| Cash Back at Bank with MasterCard® Brand Mark | No Fee |
| ATM Cash Withdrawal | \$0.90 + surcharge |
| ATM Balance Inquiry | \$0.50 |
| Monthly Account Access via IVR (Including balance inquiries) | \$0.25 after 5 th Call |
| Card Replacement | \$5.00 |
| Expedited Card Replacement | \$15.00 |

What do I do if I have questions about enrolling in the New York debit MasterCard® program? If you have questions about enrollment, please call 1-888-208-4485, Monday through Friday, 8:30 AM – 5:00 PM.

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www.EPPICard.com

See Reverse Side for Information Regarding Direct Deposit

IMPORTANT INFORMATION REGARDING YOUR SUPPORT PAYMENTS

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Benefits of Direct Deposit include:

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- Convenient and saves you time.
- No worries about lost or stolen checks.
- No need to go to the bank to cash or deposit your check.
- Helps you manage your finances.
- You can be assured your payment will be deposited automatically. In addition, you will have a record of your deposit on the statement you receive from your financial institution.

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Is Direct Deposit safe? Direct Deposit of payments is very safe as the process is strictly controlled by banking regulators.

How soon after a child support payment is received will it be deposited? In most cases, Direct Deposit of your payments will occur within 48 hours or two business days of receipt by the Support Collection Unit.

Will I consistently receive payments? Direct Deposit will occur only after the noncustodial parent makes a payment to the Support Collection Unit. As long as payments are made as required by the court order, they will be deposited in a timely manner.

How do I know if my payment has been received by the Support Collection Unit? You can access payment information by visiting our Web site www.newyorkchildsupport.com. You can also access payment information on your case by calling the Child Support Information Line at 1-800-846-0773, a toll-free, 24 hour a day, seven days a week service. Before you can receive payment and disbursement information, you must provide a Personal Identification Number (PIN) and your Social Security number. Your PIN would have been provided to you in writing by your Support Collection Unit handling your case. If you cannot remember your PIN or have lost it, please visit our website at www.newyorkchildsupport.com or call the Customer Service Helpline at 1-888-208-4485. Please have your Social Security number and child support account number(s) available when you call.

What if I receive support from more than one noncustodial parent? How does Direct Deposit work? If you are receiving payments on more than one case, you will have to identify each of those cases, along with the county code for each case, and submit separate authorization forms for each case.

How do I find out that the Direct Deposit was completed? First, log onto the Web site noted below or call the Child Support Information Line to determine if a payment should have been deposited to your personal bank account. If so, contact your financial institution to verify that a Direct Deposit was completed. It may take 48 hours or two business days for the Direct Deposit. If after that time the payment was not deposited to your account, please call the Customer Service Helpline at 1-888-208-4485.

How do I obtain Direct Deposit services for child support payments?

Direct Deposit services will be initiated after you complete and return a signed authorization form to the address provided on the form. If you need a copy of the form visit the Child Support Website at www.newyorkchildsupport.com or call the Customer Service Helpline at 1-888-208-4485.

Will I be notified if my request for Direct Deposit has been accepted or rejected? It will take approximately 10 days for your authorization form to be processed. You will receive a letter notifying you that your request for Direct Deposit has been accepted or rejected. If your request has been accepted, Direct Deposit to your account may occur up to ten days from the date of the letter of acceptance, or may not occur until your next child support payment is made, whichever occurs later. If your request has been rejected, you will be notified as to the reject reason and given an opportunity to resubmit your request for Direct Deposit.

Can Direct Deposit of child support payments be made to any bank or financial institution? No, Direct Deposits can only be made to checking or savings accounts with a bank or other financial institution that is a member of the Automated Clearing House (ACH).

Can I split my Direct Deposit and place some funds in checking and the balance in savings? No, you must Direct Deposit the entire amount in either a checking or a savings account. Your financial institution may allow you to make a transfer between checking and savings by telephone and you should contact them about those services.

What if I change banks? If you wish to change the financial institution that receives your Direct Deposit, you should first verify if that financial institution is a member of the Automated Clearing House (ACH). If it is not, Direct Deposit cannot be completed. If it is, you must complete and sign the Direct Deposit Enrollment Form with the information for your new bank and account and forward it to the address provided on the form.

Can I cancel Direct Deposit anytime? Yes, Direct Deposit of your funds can be cancelled anytime. To cancel Direct Deposit you will need to complete a Direct Deposit cancellation form. To obtain a cancellation form log onto the Web site noted below or call the Customer Service Helpline at 1-888-208-4485. When we receive your request for cancellation, your direct deposit will be cancelled within seven days. At that time, you will be pre-enrolled in the New York debit MasterCard® Card program. We will mail a New York debit MasterCard® packet to you that provides information on the debit card program.

What if I close my bank account before my request for cancellation takes effect? Some financial institutions will process Direct Deposits to closed accounts for a period of up to 30 days. In those instances, you must contact your financial institution. In situations where your financial institution returns your deposit to your Support Collection Unit, you will receive your child support payment by check to your address on file. When your Direct Deposit is cancelled you will be pre-enrolled in the New York debit MasterCard® Card program. We will mail a New York debit MasterCard® packet to you that provides information on the debit card program.

www.newyorkchildsupport.com

See Reverse Side for information Regarding the New York debit MasterCard® Card

DIRECT DEPOSIT

CANCELLATION

REQUEST

2005

**NYS CHILD SUPPORT ENFORCEMENT
CUSTOMER SERVICE HELPLINE
PO BOX 15038
ALBANY NY 12212-5038**

Date: June 28, 2007

JOHN SMITH
123 ANY ST
ANYTOWN NY 12345-6789

Dear JOHN SMITH :

Thank you for your recent telephone call to the New York State Child Support Customer Service Helpline. As requested, we are sending you the following document(s):

- Application for Child Support Services - DSS Form 2521
(Child Support Services brochure, Pub. 1950, also included)
 - Complete the application form and deliver it to the OCSE office at the following address:

- Direct Deposit/Debit Card Application/Cancellation Form
(Frequently Asked Questions and Answers also included)
 - Complete the application and return it to the following address:
NYS Child Support Processing Center
PO Box 15367
Albany, NY 12212-5367

- Voluntary Acknowledgment of Paternity Form
 - Complete the application form
 - Contact the birthing hospital for the address of the birth registrar

- Stop Payment Request Form
 - Complete the form and return it to:

- Account Statement

Additional information regarding the child support program is available on our website at newyorkchildsupport.com or our voice response system at (800) 846-0773. If you have any questions, please feel free to call the Customer Service Helpline at (888) 208-4485.

Enclosure(s)
NYC 11/23/04 (rev 02/28/05)

Initialed: _____

Direct Deposit Enrollment Form

If you wish to enroll in Direct Deposit you must fill out this form and return it to us.

1. Complete and return this form, ONLY if you wish to enroll in Direct Deposit.
2. Return the completed form to: NYS Child Support Processing Center, PO Box 15367, Albany, NY 12212-5367

Required Information for Enrolling in Direct Deposit

_____ I would like to enroll in Direct Deposit.

Your Name _____ **Email Address (optional)** _____
 Last _____ First _____ MI _____ **Phone Number** (____) _____ - _____

Your Address: _____ **CSMS County Code** _____
 Street _____ **CSMS Case ID** _____
 City _____ State _____ Zip Code _____

Social Security Number _____ - _____ - _____ **Date of Birth (MM/DD/YYYY)** ____ / ____ / ____ (Month-Day- Four Digit Year)

Account Number _____ **Routing Transit Number** _____

I certify that I am entitled to child support and/or spousal support payments for the above child support account. I authorize the Support Collection Unit to send my child support and/or spousal support payments to the financial institution named below to be deposited in the account indicated by the financial institution. This authorization will remain in force until the Support Collection Unit receives a written notification from me of termination. The Support Collection Unit shall have a reasonable time to process the termination.

Signature _____ **Date** ____ / ____ / ____

Please take this form to your bank or credit union for their signature and the following information:

Bank Information: Name of Financial Institution (bank or credit union): _____

Address _____ **City** _____ **State** _____ **Zip** _____

Account Information: _____ Checking _____ Savings

Account Number _____ **Routing Transit Number** _____

As representative of the above named Financial Institution I certify this Financial Institution is ACH capable and agrees to receive and deposit the child support payments to the account shown above.

 Representative Signature Representative Printed Name Date

To Request Continuing to Receive a Check: If you desire to continue to receive a check, you **MUST** submit your request in writing, along with the reason for your request to: PO Box 15367, Albany, NY 12212-5367. If you do nothing, you will receive a New York debit MasterCard® card and payments will be posted to this account.



IMPORTANT INFORMATION REGARDING YOUR CHILD SUPPORT PAYMENTS

The New York Debit MasterCard® Card

The New York debit MasterCard® card is the new way to receive your support payments. Using it you can access your money at banks, ATMs and stores across New York, the nation, and the world!

Benefits of the New York debit MasterCard® include:

- No bank account needed.
- No check cashing fees
- No worries about lost or stolen checks.
- Use your card all across New York, the United States, and worldwide.
- Balance and account information available 24 hours a day, every day.
- Safe, secure, convenient access to your support payments.

Use your money where you want, anytime you want!

The New York debit MasterCard® is accepted at millions of locations worldwide that accept MasterCard® debit cards and gives you access to cash at over 911,000 ATMs. You can get cash back with purchases at many businesses that accept MasterCard, like grocery stores. You can count on using your New York debit MasterCard® for all your purchases as long as you have support payments on your card.

The New York debit MasterCard® is accepted at millions of locations worldwide. You can use your card at:

Grocery Stores, Clothing Stores, Office & School Supply Stores, Restaurants, Discount Stores, Department Stores, Home Furnishing Stores, Theaters, Gas Stations, Drug Stores and Pharmacies, Video Stores, Doctors' Offices and ATMs.

How to use the New York debit MasterCard®

Your New York debit MasterCard® is more convenient than cash or checks and can be used anywhere debit MasterCard® cards are accepted.

To Make Purchases

Present your card when paying. The money is automatically deducted from your support account.

To Get Cash

There are several ways to get cash:

ATMs

- You can use any ATM that has the MasterCard® brand mark.
- There is a \$0.90 transaction fee for all ATM withdrawals. Some ATMs will charge a surcharge in addition to the \$0.90 transaction fee.

New York EPPICard™ cardholders can use the following ATMs without a surcharge (only the \$0.90 transaction fee will be charged).



Cash Back with a Purchase

- Many retailers that accept debit MasterCard®, particularly grocery stores, will give cash back with no fee when you make a purchase using your PIN.
- There is no charge for cash back at a point of sale.

From a Teller at a Bank

- Give your card to any teller in a bank displaying the MasterCard® brand mark.
- There is no charge to you to get cash at a bank displaying the MasterCard® brand mark. Some banks may apply minimum or maximum withdrawal amounts.

Frequently Asked Questions

Why switch from checks? When support payments are sent electronically they get to you more quickly and safely. It also saves money by eliminating lost and forged checks.

What is the New York debit MasterCard®? It is a type of debit card designed specifically for New York. It is accepted everywhere debit MasterCard® cards are accepted.

Do I have a choice on how I receive my support payments? You are automatically enrolled in the New York debit MasterCard® program unless you specifically select Direct Deposit.

How is the New York debit MasterCard® different from Direct Deposit? With the New York debit MasterCard® your support payments are held in a separate account used only for your payments. You use your money by using your card. You can make purchases or withdraw cash using the New York debit MasterCard®. With direct deposit your support payments are deposited in your bank account. You would use the funds deposited the way you use any other money in your account.

What do I need to do to get a New York debit MasterCard®? Verify your address, CSMS Case ID and County Code printed on the notification letter enclosed. **If it is correct, you do not have to do anything, you are pre-enrolled.** To update your information, please call 1-888-208-4485, Monday through Friday, 8:30 a.m. – 5:00 p.m. Your New York debit MasterCard® will not be forwarded. If you do not correct your address information, this may delay receipt of your support payments.

Are there any fees for using the card? There is no monthly fee for using the card.

SERVICE

| SERVICE | FEE |
|--|-----------------------------------|
| Purchase | No Fee |
| Cash Back with Purchase | No Fee |
| Cash Back at Bank with MasterCard® Brand Mark | No Fee |
| ATM Cash Withdrawal | \$0.90 + surcharge |
| ATM Balance Inquiry | \$0.50 |
| Monthly Account Access via IVR (Including balance inquiries) | \$0.25 after 5 th Call |
| Card Replacement | \$5.00 |
| Expedited Card Replacement | \$15.00 |

What do I do if I have questions about enrolling in the New York debit MasterCard® program? If you have questions about enrollment, please call 1-888-208-4485, Monday through Friday, 8:30 AM – 5:00 PM.

Your card can be used wherever you see the MasterCard® brand mark:



The New York Debit MasterCard® is issued by Comerica Bank N.A. pursuant to a license by MasterCard® International Incorporated.

NOTE: If you feel that receiving your child support payment electronically will be a hardship, please submit your reason for request in writing within 10 days of the receipt of this letter to: NYS Child Support Processing Center, PO Box 15367, Albany, NY 12212-5367.

www.EPPICard.com

See Reverse Side for information Regarding Direct Deposit

IMPORTANT INFORMATION REGARDING YOUR SUPPORT PAYMENTS

Direct Deposit of Child Support Payments

Direct Deposit is a convenient way to receive your child support payments. Your child support payment can be deposited directly into your account at your financial institution – it's automatic and it's safe! All you have to do is enroll!

Benefits of Direct Deposit include:

- It is safe and confidential because your money goes directly into your account.
- Convenient and saves you time.
- No worries about lost or stolen checks.
- No need to go to the bank to cash or deposit your check.
- Helps you manage your finances.
- You can be assured your payment will be deposited automatically. In addition, you will have a record of your deposit on the statement you receive from your financial institution.

Frequently Asked Questions

What is Direct Deposit of child support payments? Direct Deposit is a safe, proven, confidential method of receiving your child support payments. Money is electronically transferred from the Support Collection Unit bank account into your personal checking or savings account.

Are all child support payments eligible for Direct Deposit? No. Only child support payments collected by the Support Collection Unit on behalf of individuals who are not receiving public assistance or safety net assistance are eligible for Direct Deposit. Child support payments collected on behalf of individuals receiving public assistance or safety net assistance are not eligible for Direct Deposit, nor are payments directed to a foreign financial institution.

Is Direct Deposit safe? Direct Deposit of payments is very safe as the process is strictly controlled by banking regulators.

How soon after a child support payment is received will it be deposited? In most cases, Direct Deposit of your payments will occur within 48 hours or two business days of receipt by the Support Collection Unit.

Will I consistently receive payments? Direct Deposit will occur only after the noncustodial parent makes a payment to the Support Collection Unit. As long as payments are made as required by the court order, they will be deposited in a timely manner.

How do I know if my payment has been received by the Support Collection Unit? You can access payment information by visiting our Web site www.newyorkchildsupport.com. You can also access payment information on your case by calling the Child Support Information Line at 1-800-846-0773, a toll-free, 24 hour a day, seven days a week service. Before you can receive payment and disbursement information, you must provide a Personal Identification Number (PIN) and your Social Security number. Your PIN would have been provided to you in writing by your Support Collection Unit handling your case. If you cannot remember your PIN or have lost it, please visit our website at www.newyorkchildsupport.com or call the Customer Service Helpline at 1-888-208-4485. Please have your Social Security number and child support account number(s) available when you call.

What if I receive support from more than one noncustodial parent? How does Direct Deposit work? If you are receiving payments on more than one case, you will have to identify each of those cases, along with the county code for each case, and submit separate authorization forms for each case.

How do I find out that the Direct Deposit was completed? First, log onto the Web site noted below or call the Child Support Information Line to determine if a payment should have been deposited to your personal bank account. If so, contact your financial institution to verify that a Direct Deposit was completed. It may take 48 hours or two business days for the Direct Deposit. If after that time the payment was not deposited to your account, please call the Customer Service Helpline at 1-888-208-4485.

How do I obtain Direct Deposit services for child support payments?

Direct Deposit services will be initiated after you complete and return a signed authorization form to the address provided on the form. If you need a copy of the form visit the Child Support Website at www.newyorkchildsupport.com or call the Customer Service Helpline at 1-888-208-4485.

Will I be notified if my request for Direct Deposit has been accepted or rejected? It will take approximately 10 days for your authorization form to be processed. You will receive a letter notifying you that your request for Direct Deposit has been accepted or rejected. If your request has been accepted, Direct Deposit to your account may occur up to ten days from the date of the letter of acceptance, or may not occur until your next child support payment is made, whichever occurs later. If your request has been rejected, you will be notified as to the reject reason and given an opportunity to resubmit your request for Direct Deposit.

Can Direct Deposit of child support payments be made to any bank or financial institution? No, Direct Deposits can only be made to checking or savings accounts with a bank or other financial institution that is a member of the Automated Clearing House (ACH).

Can I split my Direct Deposit and place some funds in checking and the balance in savings? No, you must Direct Deposit the entire amount in either a checking or a savings account. Your financial institution may allow you to make a transfer between checking and savings by telephone and you should contact them about those services.

What if I change banks? If you wish to change the financial institution that receives your Direct Deposit, you should first verify if that financial institution is a member of the Automated Clearing House (ACH). If it is not, Direct Deposit cannot be completed. If it is, you must complete and sign the Direct Deposit Enrollment Form with the information for your new bank and account and forward it to the address provided on the form.

Can I cancel Direct Deposit anytime? Yes, Direct Deposit of your funds can be cancelled anytime. To cancel Direct Deposit you will need to complete a Direct Deposit cancellation form. To obtain a cancellation form log onto the Web site noted below or call the Customer Service Helpline at 1-888-208-4485. When we receive your request for cancellation, your direct deposit will be cancelled within seven days. At that time, you will be pre-enrolled in the New York debit MasterCard® Card program. We will mail a New York debit MasterCard® packet to you that provides information on the debit card program.

What if I close my bank account before my request for cancellation takes effect? Some financial institutions will process Direct Deposits to closed accounts for a period of up to 30 days. In those instances, you must contact your financial institution. In situations where your financial institution returns your deposit to your Support Collection Unit, you will receive your child support payment by check to your address on file. When your Direct Deposit is cancelled you will be pre-enrolled in the New York debit MasterCard® Card program. We will mail a New York debit MasterCard® packet to you that provides information on the debit card program.

www.newyorkchildsupport.com

DIRECT DEPOSIT
CANCELLATION
REQUEST

DOCANCEL - 1

**NYS CHILD SUPPORT ENFORCEMENT
CUSTOMER SERVICE HELPLINE
PO BOX 15038
ALBANY NY 12212-5038**

Date: June 28, 2007

JOHN SMITH
C/O JOHN DOE
100 ANY ST
ANYTOWN NY 12346

Dear JOHN SMITH :

Thank you for your recent telephone call to the New York State Child Support Customer Service Helpline. As requested, we are sending you the "Direct Deposit Cancellation" form.

Please return the completed form to the following address:

NYS Child Support Processing Center
PO Box 15367
Albany, NY 12212-5367

Upon receipt of your cancellation, you will be automatically pre-enrolled in the New York debit MasterCard® program. You will receive the New York debit MasterCard® information packet once your cancellation has been processed.

Additional information regarding the child support program is available on our website at newyorkchildsupport.com or our voice response system at (800) 846-0773. If you have any questions, please feel free to call the Customer Service Helpline at (888) 208-4485.

Direct Deposit Cancellation Form

To cancel your enrollment in Direct Deposit, you must fill out this form and return it to the following address:

**NYS Child Support Processing Center
PO Box 15367
Albany, NY 12212-5367**

Upon receipt of your cancellation, you will be automatically pre-enrolled in the New York debit MasterCard® program. You will receive the New York debit MasterCard® information packet once your cancellation has been processed.

Required Information for Cancelling Direct Deposit

I would like to cancel my enrollment in Direct Deposit.

Your Information:

CSMS County Code _____

Name _____

CSMS Case ID _____

Address: _____

Phone Number (_____) _____

City _____

State _____

Zip Code _____

Direct Deposit Bank Account Information:

Account Number _____

Routing Transit Number _____

Name of Financial Institution (bank or credit union): _____

I HEREBY REQUEST A CANCELLATION OF DIRECT DEPOSIT OF FUNDS TO THE ABOVE NOTED FINANCIAL INSTITUTION BANK ACCOUNT.

Signature _____

Date ____ / ____ / ____

AN
REQUEST
CP

NYS CHILD SUPPORT PROCESSING CENTER
PO BOX 15365
ALBANY NY 12212-5365

June 28, 2007

JANE SMITH
ANYPLACE APARTMENTS
BUILDING 100
1000 MAIN ST
ANYTOWN NY 12345-6789

Dear JANE SMITH :

Your Personal Identification Number (PIN) for account number ZZ12345Z1 is 12345 . Please ensure that you keep this PIN in a secure location and do not share it with others. To access your child support account information, please visit our website at

newyorkchildsupport.com

- If you are the custodial parent or guardian of the child, on the selection menu on the left of the homepage, click on custodial parent services, then click on view payments and disbursements. Enter your Social Security number and this PIN, and you will be able to view recent activity on your account.
- If you are the non-custodial parent of the child, on the selection menu on the left of the homepage, click on non-custodial parent services, then click on view payments. Enter your Social Security number and this PIN, and you will be able to view recent activity on your account.
- We are unable to provide you with a PIN due to the following:
 - As of this date, your court order information has not been entered on our computer system. Once this information is entered, and you are a custodial parent or guardian, we will automatically mail you a PIN for this account. If you are a non-custodial parent you will need to re-request a PIN.
 - Social Security number provided does not match the Social Security number on your account. You must contact the Child Support Helpline at 1-888-208-4485 to change this information on your account.
 - Insufficient information provided to identify the account for which a PIN is needed. Please resubmit a signed request that includes your name, Social Security number, child support account number, and address. Please send the request to the address below or call 1-888-208-4485.

NYS Child Support Processing Center
PO Box 15365
Albany, NY 12212-5365
Attn: PIN

Using the New York Child Support Website

Directions for Accessing Your Account Information Online:

(Steps Highlighted in *Figure 1* below.)

- 1 Type "**newyorkchildsupport.com**" in the address field of your browser.
- 2 From the menu on the left of the page, click on the link titled "**Custodial Parent Services**" to:
 - ➔ View your account information
 - ➔ Print a form to update your contact information
 - ➔ Update information about the non-custodial parent

The screenshot shows a Microsoft Internet Explorer browser window displaying the New York Child Support website. The address bar shows <https://newyorkchildsupport.com/>. The page header includes the New York State logo and the Office of Temporary and Disability Assistance, with the name David A. Hansell, Acting Commissioner. The main content area is titled "DIVISION OF CHILD SUPPORT ENFORCEMENT" and features a "Welcome to New York Child Support Online" message. A prominent notice reads "Address Change for All Payments—Effective Immediately" and provides the address: "PO Box 15363, Albany, NY 12212". Below this, it states "Child support payments sent to any other address will be returned by the United States Postal Service." The page also offers options to "Receive payment by Direct Deposit or Debit Card" and lists two methods: "Direct Deposit into an authorized checking or savings account, OR Debit Card, the New York EPPICard™ Debit MasterCard®". On the left side, a navigation menu is visible, with the "Custodial Parent Services" link highlighted by a hand icon. The browser's status bar at the bottom shows the URL https://newyorkchildsupport.com/custodial_parent_services.html.

Figure 1: "Welcome to New York Child Support Online" – The New York Child Support home page.

Viewing Payment and Balance Information on the Custodial Parent Services Section of the Website

The following information about your account is available online:
(Highlighted in *Figure 2* below)

- 1 The date and amount of the last payment applied to your account
- 2 A listing of the last ten payments applied to your account
- 3 Information about the most recent payment disbursed to you
- 4 The total arrears balance owed by the non-custodial parent
- 5 A link to the contact information for your local child support office

Custodial Parent Services

View Payments & Disbursements

Welcome Mary Jones

Account Number: GH12345A1
Custodial Parent: Mary Jones
Non-Custodial Parent: Michael Jones

Payments
As of 01/05/2007, the latest payment applied to your account was for the amount of \$1058.00, and was applied on 12/21/2006.

The following are payments applied to your account from 11/25/2006 to 01/05/2007

| Payment Date | Payment Amount |
|--------------|----------------|
| 12/21/2006 | \$1058.00 |
| 12/11/2006 | \$1058.00 |

Disbursements
On 01/02/2007, a check in the amount of \$409.00 was mailed to you. The check should arrive within 10 days of the date mailed. If the ten days have passed and you have not received the check, please contact your local child support office.

Total Arrears Owed
As of 01/05/2007, the total arrears owed by Michael Jones is \$120.00.

If you have any questions about your account, please contact [your local child support office](#).

318 seconds until Logout

Figure 2: "View Payments & Disbursements" in the *Custodial Parent Services* section of the New York Child Support website.

newyorkchildsupport.com

PIN REQUEST

NCP

2005

NYS CHILD SUPPORT PROCESSING CENTER
PO BOX 15365
ALBANY NY 12212-5365

June 28, 2007

— JOHN SMITH
— ANYPLACE APARTMENTS
— BUILDING 100
— 1000 MAIN ST
— ANYTOWN NY 12345-6789
—

Dear JOHN SMITH :

Your Personal Identification Number (PIN) for account number ZZ12345Z1 is 12345 . Please ensure that you keep this PIN in a secure location and do not share it with others. To access your child support account information, please visit our website at

newyorkchildsupport.com

- If you are the custodial parent or guardian of the child, on the selection menu on the left of the homepage, click on custodial parent services, then click on view payments and disbursements. Enter your Social Security number and this PIN, and you will be able to view recent activity on your account.
- If you are the non-custodial parent of the child, on the selection menu on the left of the homepage, click on non-custodial parent services, then click on view payments. Enter your Social Security number and this PIN, and you will be able to view recent activity on your account.
- We are unable to provide you with a PIN due to the following:
 - As of this date, your court order information has not been entered on our computer system. Once this information is entered, and you are a custodial parent or guardian, we will automatically mail you a PIN for this account. If you are a non-custodial parent you will need to re-request a PIN.
 - Social Security number provided does not match the Social Security number on your account. You must contact the Child Support Helpline at 1-888-208-4485 to change this information on your account.
 - Insufficient information provided to identify the account for which a PIN is needed. Please resubmit a signed request that includes your name, Social Security number, child support account number, and address. Please send the request to the address below or call 1-888-208-4485.

NYS Child Support Processing Center
PO Box 15365
Albany, NY 12212-5365
Attn: PIN

Using the New York Child Support Website

Directions for Accessing Your Account Information Online:

(Steps Highlighted in *Figure 1* below.)

- 1 Type "**newyorkchildsupport.com**" in the address field of your browser.
- 2 From the menu on the left of the page, click on the link titled "**Non-Custodial Parent Services**" to:
 - ➔ View your account information
 - ➔ Print a form to update your contact information
 - ➔ Print a payment coupon

The screenshot shows a Microsoft Internet Explorer browser window displaying the New York Child Support website. The address bar shows <https://newyorkchildsupport.com/>. The page header includes "NEW YORK STATE" and "Office of Temporary and Disability Assistance" with the name "David A. Hansell, Acting Commissioner". The main content area is titled "DIVISION OF CHILD SUPPORT ENFORCEMENT" and features a "Welcome to New York Child Support Online" message. A prominent announcement states: "Address Change for All Payments—Effective Immediately. Please be sure that you are sending all child support payments to the correct address: PO Box 15363, Albany, NY 12212." Below this, it says "Child support payments sent to any other address will be returned by the United States Postal Service." A section titled "Receive payment by Direct Deposit or Debit Card" lists two options: 1. Direct Deposit into an authorized checking or savings account, OR 2. Debit Card, the New York EPPICard™ Debit MasterCard®. On the left side, a navigation menu lists several options, with "Non-Custodial Parent Services" highlighted by a hand icon. A second hand icon points to the "Login" option in the menu. The browser's status bar at the bottom shows the URL https://newyorkchildsupport.com/non_custodial_parent_services.html.

Figure 1: "Welcome to New York Child Support Online" – The New York Child Support home page.

Viewing Payment and Balance Information on the Non-Custodial Parent Services Section of the Website

The following information about your account is available online:
(Highlighted in *Figure 2* below)

- 1 The total arrears balance owed
- 2 Date of the last payment applied to your account
- 3 A listing of up to ten of your most recent payments
- 4 A link to the contact information for your local child support office

NYS DCSE | New York Child Support - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Search Favorites Media

Address <https://newyorkchildsupport.com/DCSE/viewPaymentsAndDisbursements.do> Go Links SnagIt

Non-Custodial Parent Services

Non-Custodial Parent Information

Support Enforcement

View Payments

Update NCP Information

Create Payment Coupon

View Payments

Welcome Michael Jones

Account Number: GH12345A1
Custodial Parent: Mary Jones
Non-Custodial Parent: Michael Jones

Total Arrears Owed
As of 01/05/2007, the total arrears owed on this account is \$120.00.

Payments:
As of 01/05/2007, the latest payment applied to your account was for the amount of \$1058.00, and was applied on 12/21/2006.

The following are payments applied to your account from 11/25/2006 to 01/05/2007.

| Payment Date | Payment Amount |
|--------------|----------------|
| 12/21/2006 | \$1058.00 |
| 12/11/2006 | \$1058.00 |

If you have any questions about your account, please contact [your local child support office](#).

642 seconds until Logout Local intranet

- 1
- 2
- 3
- 4

Figure 2: "View Payments" in the Non-Custodial Parent Services section of the New York Child Support website.

DIRECT DEPOSIT
OR
DEBIT CARD
REQUEST

**NYS CHILD SUPPORT ENFORCEMENT
CUSTOMER SERVICE HELPLINE
PO BOX 15038
ALBANY NY 12212-5038**

Date: June 28, 2007

—
—
—
**JANE SMITH
ANYWHERE ELSE APTS
100 ANY ST
ANYTOWN NY 12345-6789**

Dear JANE SMITH

Thank you for your recent telephone call to the New York State Child Support Customer Service Helpline. As requested, we are sending you the New York Debit MasterCard® Card Enrollment Form. Also enclosed is "Important Information About Your Child Support Payments".

Complete the application and return it to the following address:

NYS Child Support Processing Center
PO Box 15367
Albany, NY 12212-5367

Additional information regarding the child support program is available on our website at newyorkchildsupport.com or our voice response system at (800) 846-0773. If you have any questions, please feel free to call the Customer Service Helpline at (888) 208-4485

Sincerely,

Child Support Customer Service Helpline

Enclosure(s)

Child Support Payment Options

The New York Debit MasterCard® Card or Direct Deposit

Below are the two payment options for receiving your Child Support payments. Let us know what works for you - the choice is yours. You must choose one of these two options. If you have any questions, please call 1-888-208-4485.

Required Information (PLEASE PRINT)

Your Name _____ Email Address (optional) _____

_____ Phone Number (____) _____

Last _____ First _____ MI _____ CSMS County Code _____

Your Address: _____ CSMS Case ID _____

Street _____

City _____ State _____ Zip Code _____

Required Information for Direct Deposit

I would like to enroll in Direct Deposit.

Please enter your bank information

Account Number _____

Routing Transit Number _____

I certify that I am entitled to child support and/or spousal support payments for the above child support account. I authorize the Support Collection Unit to send my child support and/or spousal support payments to the financial institution named below to be deposited in the account indicated by the financial institution. This authorization will remain in force until the Support Collection Unit receives a written notification from me of termination. The Support Collection Unit shall have a reasonable time to process the termination.

Signature _____ Date ____ / ____ / ____

Please take this form to your bank or credit union for their signature and the following information:

Bank Information: Name of Financial Institution (bank or credit union): _____

Address _____

City _____ State _____ Zip _____

Account Information: Checking Savings

Account Number _____

Routing Transit Number _____

As representative of the above named Financial Institution I certify this Financial Institution is ACH capable and agrees to receive and deposit the child support payments to the account shown above.

Representative Signature _____

Representative Printed Name _____

Date _____

Required Information for Debit Card

I would like the New York EPPICard™

I understand that by signing this enrollment form and returning it, I am authorizing the Support Collection Unit to post all my child support payments onto the New York EPPICard™ Debit MasterCard® Card, issued by Comerica Bank. I authorize my child support and/or spousal support payments to be sent to Comerica Bank, where they will be held until I use them with my EPPICard™. This authorization will remain in force until the Support Collection Unit receives a written notification from me of termination. The Support Collection Unit shall have a reasonable time to process the termination. I certify that I am at least 18 years of age. I also certify that I am entitled to child support and/or spousal support payments for this child support account.

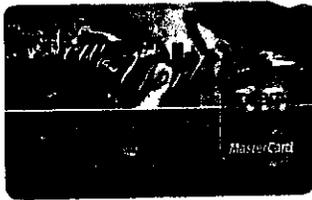
Signature _____ Date ____ / ____ / ____

Social Security Number: _____

Date of Birth (MM/DD/YYYY) ____ / ____ / ____

Benefits associated with the New York Debit Card

- *No check cashing fees, no lost or stolen cards*
- *Access to money throughout the month*
- *No waiting for checks to come in the mail*
- *No waiting for the deposits to clear the bank*
- *Access to funds when you travel away from home*
- *Use the card at thousands of locations, anywhere MasterCard debit cards are accepted*
- *Use it to make purchases or get cash back*



IMPORTANT INFORMATION REGARDING YOUR CHILD SUPPORT PAYMENTS

The New York Debit MasterCard® Card

The New York debit MasterCard® card is the new way to receive your support payments. Using it you can access your money at banks, ATMs and stores across New York, the nation, and the world!

Benefits of the New York debit MasterCard® include:

- No bank account needed.
- No check cashing fees
- No worries about lost or stolen checks.
- Use your card all across New York, the United States, and worldwide.
- Balance and account information available 24 hours a day, every day.
- Safe, secure, convenient access to your support payments.

Use your money where you want, anytime you want!

The New York debit MasterCard® is accepted at millions of locations worldwide that accept MasterCard® debit cards and gives you access to cash at over 911,000 ATMs. You can get cash back with purchases at many businesses that accept MasterCard, like grocery stores. You can count on using your New York debit MasterCard® for all your purchases as long as you have support payments on your card.

The New York debit MasterCard® is accepted at millions of locations worldwide. You can use your card at: Grocery Stores, Clothing Stores, Office & School Supply Stores, Restaurants, Discount Stores, Department Stores, Home Furnishing Stores, Theaters, Gas Stations, Drug Stores and Pharmacies, Video Stores, Doctors' Offices and ATMs.

How to use the New York debit MasterCard® Your New York debit MasterCard® is more convenient than cash or checks and can be used anywhere debit MasterCard® cards are accepted.

To Make Purchases

Present your card when paying. The money is automatically deducted from your support account.

To Get Cash

There are several ways to get cash:

ATMs

- You can use any ATM that has the MasterCard® brand mark.
- There is a \$0.90 transaction fee for all ATM withdrawals. Some ATMs will charge a surcharge in addition to the \$0.90 transaction fee.

New York EPPICard™ cardholders can use the following ATMs without a surcharge (only the \$0.90 transaction fee will be charged).



Cash Back with a Purchase

- Many retailers that accept debit MasterCard®, particularly grocery stores, will give cash back with no fee when you make a purchase using your PIN.
- There is no charge for cash back at a point of sale.

From a Teller at a Bank

- Give your card to any teller in a bank displaying the MasterCard® brand mark.
- There is no charge to you to get cash at a bank displaying the MasterCard® brand mark. Some banks may apply minimum or maximum withdrawal amounts.

Frequently Asked Questions

Why switch from checks? When support payments are sent electronically they get to you more quickly and safely. It also saves money by eliminating lost and forged checks.

What is the New York debit MasterCard®? It is a type of debit card designed specifically for New York. It is accepted everywhere debit MasterCard® cards are accepted.

Do I have a choice on how I receive my support payments? You are automatically enrolled in the New York debit MasterCard® program unless you specifically select Direct Deposit.

How is the New York debit MasterCard® different from Direct Deposit? With the New York debit MasterCard® your support payments are held in a separate account used only for your payments. You use your money by using your card. You can make purchases or withdraw cash using the New York debit MasterCard®. With direct deposit your support payments are deposited in your bank account. You would use the funds deposited the way you use any other money in your account.

What do I need to do to get a New York debit MasterCard®? Verify your address, CSMS Case ID and County Code printed on the notification letter enclosed. **If it is correct, you do not have to do anything, you are pre-enrolled.** To update your information, please call 1-888-208-4485, Monday through Friday, 8:30 a.m. – 5:00 p.m. Your New York debit MasterCard® will not be forwarded. If you do not correct your address information, this may delay receipt of your support payments.

Are there any fees for using the card? There is no monthly fee for using the card.

| SERVICE | FEE |
|--|-----------------------------------|
| Purchase | No Fee |
| Cash Back with Purchase | No Fee |
| Cash Back at Bank with MasterCard® Brand Mark | No Fee |
| ATM Cash Withdrawal | \$0.90 + surcharge |
| ATM Balance Inquiry | \$0.50 |
| Monthly Account Access via IVR (Including balance inquiries) | \$0.25 after 5 th Call |
| Card Replacement | \$5.00 |
| Expedited Card Replacement | \$15.00 |

What do I do if I have questions about enrolling in the New York debit MasterCard® program? If you have questions about enrollment, please call 1-888-208-4485, Monday through Friday, 8:30 AM – 5:00 PM.

Your card can be used wherever you see the MasterCard® brand mark:



The New York Debit MasterCard® is issued by Comerica Bank N.A. pursuant to a license by MasterCard® International Incorporated.

NOTE: If you feel that receiving your child support payment electronically will be a hardship, please submit your reason for request in writing within 10 days of the receipt of this letter to: NYS Child Support Processing Center, PO Box 15367, Albany, NY 12212-5367.

www.EPPICard.com

See Reverse Side for Information Regarding Direct Deposit

IMPORTANT INFORMATION REGARDING YOUR SUPPORT PAYMENTS

Direct Deposit of Child Support Payments

Direct Deposit is a convenient way to receive your child support payments. Your child support payment can be deposited directly into your account at your financial institution – it's automatic and it's safe! All you have to do is enroll!

Benefits of Direct Deposit include:

- It is safe and confidential because your money goes directly into your account.
- Convenient and saves you time.
- No worries about lost or stolen checks.
- No need to go to the bank to cash or deposit your check.
- Helps you manage your finances.
- You can be assured your payment will be deposited automatically. In addition, you will have a record of your deposit on the statement you receive from your financial institution.

Frequently Asked Questions

What is Direct Deposit of child support payments? Direct Deposit is a safe, proven, confidential method of receiving your child support payments. Money is electronically transferred from the Support Collection Unit bank account into your personal checking or savings account.

Are all child support payments eligible for Direct Deposit? No. Only child support payments collected by the Support Collection Unit on behalf of individuals who are not receiving public assistance or safety net assistance are eligible for Direct Deposit. Child support payments collected on behalf of individuals receiving public assistance or safety net assistance are not eligible for Direct Deposit, nor are payments directed to a foreign financial institution.

Is Direct Deposit safe? Direct Deposit of payments is very safe as the process is strictly controlled by banking regulators.

How soon after a child support payment is received will it be deposited? In most cases, Direct Deposit of your payments will occur within 48 hours or two business days of receipt by the Support Collection Unit.

Will I consistently receive payments? Direct Deposit will occur only after the noncustodial parent makes a payment to the Support Collection Unit. As long as payments are made as required by the court order, they will be deposited in a timely manner.

How do I know if my payment has been received by the Support Collection Unit? You can access payment information by visiting our Web site www.newyorkchildsupport.com. You can also access payment information on your case by calling the Child Support Information Line at 1-800-846-0773, a toll-free, 24 hour a day, seven days a week service. Before you can receive payment and disbursement information, you must provide a Personal Identification Number (PIN) and your Social Security number. Your PIN would have been provided to you in writing by your Support Collection Unit handling your case. If you cannot remember your PIN or have lost it, please visit our website at www.newyorkchildsupport.com or call the Customer Service Helpline at 1-888-208-4485. Please have your Social Security number and child support account number(s) available when you call.

What if I receive support from more than one noncustodial parent? How does Direct Deposit work? If you are receiving payments on more than one case, you will have to identify each of those cases, along with the county code for each case, and submit separate authorization forms for each case.

How do I find out that the Direct Deposit was completed? First, log onto the Web site noted below or call the Child Support Information Line to determine if a payment should have been deposited to your personal bank account. If so, contact your financial institution to verify that a Direct Deposit was completed. It may take 48 hours or two business days for the Direct Deposit. If after that time the payment was not deposited to your account, please call the Customer Service Helpline at 1-888-208-4485.

How do I obtain Direct Deposit services for child support payments?

Direct Deposit services will be initiated after you complete and return a signed authorization form to the address provided on the form. If you need a copy of the form visit the Child Support Website at www.newyorkchildsupport.com or call the Customer Service Helpline at 1-888-208-4485.

Will I be notified if my request for Direct Deposit has been accepted or rejected? It will take approximately 10 days for your authorization form to be processed. You will receive a letter notifying you that your request for Direct Deposit has been accepted or rejected. If your request has been accepted, Direct Deposit to your account may occur up to ten days from the date of the letter of acceptance, or may not occur until your next child support payment is made, whichever occurs later. If your request has been rejected, you will be notified as to the reject reason and given an opportunity to resubmit your request for Direct Deposit.

Can Direct Deposit of child support payments be made to any bank or financial institution? No, Direct Deposits can only be made to checking or savings accounts with a bank or other financial institution that is a member of the Automated Clearing House (ACH).

Can I split my Direct Deposit and place some funds in checking and the balance in savings? No, you must Direct Deposit the entire amount in either a checking or a savings account. Your financial institution may allow you to make a transfer between checking and savings by telephone and you should contact them about those services.

What if I change banks? If you wish to change the financial institution that receives your Direct Deposit, you should first verify if that financial institution is a member of the Automated Clearing House (ACH). If it is not, Direct Deposit cannot be completed. If it is, you must complete and sign the Direct Deposit Enrollment Form with the information for your new bank and account and forward it to the address provided on the form.

Can I cancel Direct Deposit anytime? Yes, Direct Deposit of your funds can be cancelled anytime. To cancel Direct Deposit you will need to complete a Direct Deposit cancellation form. To obtain a cancellation form log onto the Web site noted below or call the Customer Service Helpline at 1-888-208-4485. When we receive your request for cancellation, your direct deposit will be cancelled within seven days. At that time, you will be pre-enrolled in the New York debit MasterCard® Card program. We will mail a New York debit MasterCard® packet to you that provides information on the debit card program.

What if I close my bank account before my request for cancellation takes effect? Some financial institutions will process Direct Deposits to closed accounts for a period of up to 30 days. In those instances, you must contact your financial institution. In situations where your financial institution returns your deposit to your Support Collection Unit, you will receive your child support payment by check to your address on file. When your Direct Deposit is cancelled you will be pre-enrolled in the New York debit MasterCard® Card program. We will mail a New York debit MasterCard® packet to you that provides information on the debit card program.

www.newyorkchildsupport.com

See Reverse Side for Information Regarding the New York debit MasterCard® Card

H-5

DOC

**STORE/RETRIEVE
ELECTRONIC PAYMENTS
MEDIA FORMATS & SPECS**

2007

**Document Storage & Retrieval –
Electronic Payment Media Formats & Specs**

1. Storage of images is supported in **.tiff** and **.pdf** format only.
2. File names for **.tiff** or **.pdf** images may not exceed 8 characters, may not have special characters (except the dash"-") and may not be more than 6 folders below the root of the storage drive destination.
3. Pointers to images within databases can not be greater than 64 characters and should incorporate all necessary characters to span 6 folders below the root of the storage drive destination.
4. There is no specification for density or size. However, 200 dpi is the *defacto* standard for image quality.

H-6

ELEC. PAYMENTS

2007

Attachment I: Automated Clearing House Record Specifications

ACH record format specifications are designed to assist ACH participants in properly formatting transactions for transmission and retrieval. The following records are included in an ACH file originated to remit child support payments and payment-related information:

- File Header Record – the “1”
- Company/Batch Header Record – the “5”
- Entry Detail Record – the “6”
- Addenda Record – the “7”
- Company/Batch Control Record – the “8”
- File Control Record – the “9”

Table One contains the format for the File Header Record, also referred to as the “1” Record. This record and the File Control Record act as the outermost envelope of an ACH transaction. The header conveys information related to the destination and origin of the transaction.

Table Two contains the format for the Company/ Batch Header Record, also referred to as the “5” Record. This record and the Company/Batch Control Record act as an inner envelope, combining similar entries and providing information about the Originator. This record identifies the Originator and describes the purpose of the entry. This record also contains the routing and transit number of the Originator’s bank for settlement, return and control purposes and the effective date of all transactions included in the batch.

Table Three contains the format for the CCD+ Entry Detail Record, also referred to as the “6” Record. This record serves as a request for the transfer of money to the account of the NYSCSPC and contains information sufficient to relate the entry to the account, such as the bank account and routing and transit number. **Table Four** contains the format for the CCD+ Addenda Record, also known as the “7” Record. Remittance information relating to a child support account is contained within the 80-byte Payment Related Information Field of the Addenda Record, commonly referred to as the DED segment.

A relationship exists between the “6” and “7” records. The type of relationship is determined by the Standard Entry Class (SEC) designated on the Entry Detail Record. Two standard entry classes are approved for the transfer of child support payments: the Cash Concentration or Disbursement plus Addenda Record (CCD+) SEC and the Corporate Trade Exchange (CTX) SEC. For CCD+ entries, a one-to-one relationship exists between the Entry Detail record and the Addenda Record. As many as 9,999 Addenda Records may be included with one CTX Entry Detail Record. CTX Addenda Records are formatted according to the Accredited Standards Committee’s X12 820 Standard. Table Seven contains the format for the CTX Entry Detail Record. Table Eight contains the format for the CTX Addenda Record.

Table Five contains the format for the Company/Batch Control Record. This record contains the counts and total dollar amounts for the Entry Detail Records within a batch.

Table Six contains the format for the File Control Record, which provides the total amount of credits in the file.

20007

The equipment and software required to review the payment documentation contained on Magneto-optical Platters is as follows:

HARDWARE

GlobalNet Shuttle Controller 100BT Server

Plasmon M52J-260-2 optical jukebox

- (2) 2.6GB Magneto-optical drives
- holds 52 2.6GB Magneto-optical platters
- 135GB total storage

Plasmon M156J-260-4 optical jukebox

- (4) 2.6GB Magneto-optical Drives
- holds 156 2.6GB Magneto-optical platters
- 405GB total storage

The media utilized in this solution are Plasmon Data Systems 2.6GB Magneto-optical Platters.

SOFTWARE

- Optisys Controller Software – Optisys utilities wrapped around a Novell 3.x operating system
- DIRON – VB front-end with MS SQL 6.5 backend

Images can be received from DIRON utilizing the following nine indexes

1. CSMS Act. #
2. District Code
3. Batch Date
4. Employer
5. Check Date
6. Batch #
7. Check Amount
8. CK RTE #
9. Check Act. #

The current solution is utilizing approximately 200 Magneto-optical Platters.

The electronic payment processing diskettes are created with a Clipper base application that will run on any DOS base machines. The Clipper application creates two DBF files on the diskettes and the layout of these files is as follows:

Structure for database: PAYOR.DBF

| Field | Field name | Type | Width | Dec |
|-------|------------|-----------|-------|-----|
| 1 | NAME | Character | 28 | |
| 2 | ACCTNO | Character | 9 | |
| 3 | SSN | Character | 9 | |
| 4 | DISTRICT | Character | 2 | |
| 5 | AMOUNT | Numeric | 7 | 2 |
| 6 | DOW | Date | 8 | |

Structure for database: EMP_FILE.DBF

Number of data records: 1

| Field | Field name | Type | Width | Dec |
|-------|------------|-----------|-------|-----|
| 1 | EMPNAME | Character | 28 | |
| 2 | EMPNUMBER | Character | 8 | |
| 3 | ADDR1 | Character | 30 | |
| 4 | ADDR2 | Character | 30 | |
| 5 | CITY | Character | 25 | |
| 6 | STATE | Character | 2 | |
| 7 | ZIP | Character | 9 | |
| 8 | PHONE | Character | 10 | |
| 9 | CONTACT | Character | 30 | |
| 10 | MEMO | Character | 40 | |
| 11 | MEMO2 | Character | 40 | |
| 12 | LASTPOSTDT | Date | 8 | |
| 13 | DISK | Character | 4 | |

These diskettes are extracted with a Clipper extract program and manipulated into the following format to be processed by a set of COBOL programs on the AS/400.

New Hire Magnetic Media Specifications

| Record 1A Transmitter Record Length = 128 Bytes | | | |
|---|-------------------------------------|--------|---|
| Location | Field | Length | Description and remarks |
| 1-2 | Record identifier | 2 | Constant 1A |
| 3-8 | Tape creation date | 6 | MMDDYY |
| 9-19 | Transmitter's identification number | 11 | Transmitter's federal EIN or NYS tax identification number; left-justify and fill with blanks; no hyphens or spaces in number |
| 20-59 | Transmitter's name | 40 | Organization transmitting the file; left-justify and fill with blanks |
| 60-89 | Street address | 30 | Street address of transmitter |
| 90-107 | City | 18 | Left-justify and fill with blanks |
| 108-109 | State | 2 | Use standard FIPS postal abbreviation |
| 110-118 | ZIP code | 9 | Left-justify and fill with blanks |
| 119-128 | Blank | 10 | Enter blanks |

| Record 1E Employer Record Length = 128 Bytes | | | |
|--|----------------------------------|--------|--|
| Location | Field | Length | Description and remarks |
| 1-2 | Record identifier | 2 | Constant 1E |
| 3-6 | Blank | 4 | Enter blanks |
| 7-17 | Employer's identification number | 11 | Employer's federal EIN or NYS tax identification number; left-justify and fill with blanks; no hyphens or spaces in number |
| 18 | Blank | 1 | Enter blank |
| 19-58 | Employer name | 40 | Left-justify and fill with blanks |
| 59 | Blank | 1 | Enter blank |
| 60-89 | Street address | 30 | Left-justify and fill with blanks |
| 90-107 | City | 18 | Left-justify and fill with blanks |
| 108-109 | State | 2 | Use standard FIPS postal abbreviation |
| 110-118 | ZIP code | 9 | Left-justify and fill with blanks |
| 119-128 | Blank | 10 | Enter blanks |

| Record 1H Employee Record Length = 128 Bytes | | | |
|--|------------------------|--------|--|
| Location | Field | Length | Description and remarks |
| 1-2 | Record identifier | 2 | Constant 1H |
| 3-11 | Social security number | 9 | Omit hyphens |
| 12-39 | Employee name | 28 | Enter employee name as last name (comma), first name (space) middle initial; use comma with no space to delimit last name from first name, and space to delimit first name from middle initial; left-justify and fill with blanks |
| 40-69 | Street address | 30 | Left-justify and fill with blanks |
| 70-87 | City | 18 | Left-justify and fill with blanks |
| 88-89 | State | 2 | Use standard FIPS postal abbreviation |
| 90-94 | ZIP code | 5 | Left-justify and fill with blanks |
| 95 | Blank | 1 | Enter blank |
| 96-101 | Hire date | 6 | MMDDYY (optional) |
| 102-128 | Blank | 27 | Enter blanks |

| Record 1T Total Record Length = 128 Bytes | | | |
|---|----------------------|--------|--|
| Location | Field | Length | Description and remarks |
| 1-2 | Record identifier | 2 | Constant 1T |
| 3-9 | Number of 1H records | 7 | Enter the total number of 1H records for this 1E record; right-justify and fill with blanks |
| 10-128 | Blank | 118 | Enter blanks |

| Record 1F Final Record Length = 128 Bytes | | | |
|---|----------------------|--------|---|
| Location | Field | Length | Description and remarks |
| 1-2 | Record identifier | 2 | Constant 1F |
| 3-9 | Number of 1E records | 7 | Enter the total number of 1E records; right-justify and fill with blanks |
| 10-128 | Blank | 118 | Enter blanks |

An employer can submit New Hire notification on 9-track magnetic tapes, IBM 3480 cartridge tapes, and diskettes and via email. The specifications for each of the media types is as follows:

9-Track tapes

Data must be written on ½-inch magnetic tape in unpacked mode on a single reel in 1,600 CPI or 6,250 CPI recording densities. The data layout for this tape is listed on the New Hire Magnetic Media Specifications sheet.

IBM 3480 cartridge tapes

Cartridge tapes must meet the requirements of an IBM 3480 drive with 38K density. IBM's Improved Data Recording Capability (IDRC) is not acceptable. The data layout for this tape is listed on the New Hire Magnetic Media Specifications sheet.

Diskette

Diskette submission must be 3 ½ and 5 ¼ diskettes formatted under MS-DOS, and contain a single Microsoft Excel file named NEWHIRE.rpt. The data layout for these diskettes is as follows:

- Last Name
- First Name
- Middle Initial
- Street Address
- City
- State
- Zip Code
- Social Security Number

EDI FILE LAYOUT:

TAPE HEADER RECORD

| | |
|----------------|------------------|
| RECORD-TYPE | X(01) (always T) |
| EMPLOYER NAME | X(28) |
| EMPLOYER ID | 9(08) |
| TAPE NUMBER | 9(04) |
| DISTRICT COUNT | 9(02) |
| RECORD COUNT | 9(06) |
| PROCESS DATE | X(06) |
| TOTAL AMOUNT | 9(7) V 99 |

DISTRICT HEADER RECORD

| | |
|--------------------|------------------|
| RECORD-TYPE | X(01) (always H) |
| EMPLOYER NAME | X(28) |
| EMPLOYER ID | 9(08) |
| TAPE NUMBER | 9(04) |
| DISTRICT | X(02) |
| DISTRICT NAME | X(28) |
| DISTRICT REC COUNT | 9(06) |
| DISTRICT AMOUNT | 9(07) V99 |

DETAIL RECORD

| | |
|-----------------|------------------|
| RECORD-TYPE | X(01) (always D) |
| EMPLOYER NAME | X(28) |
| EMPLOYER ID | 9(08) |
| TAPE NUMBER | 9(04) |
| DISTRICT | X(02) |
| EMPLOYEE NAME | X(28) |
| EMPLOYEE SSN | 9(09) |
| EMPLOYEE ACCT # | X(09) |
| WITHHELD DATE | X(6) |
| WITHHELD AMOUNT | 9(04) V99 |
| FLAG 1 | X(1) |
| FLAG 2 | X(1) |
| FLAG 3 | X(1) |
| FLAG 4 | X(1) |
| FLAG 5 | X(1) |

VRU 800 number configuration

The 800 number for the VRU system is configured on two 24-port T1's directly connected to the VRU system via two Verizon supplied CSU/DSU's.

Customer Service 800 number configuration

The 800 number for the Customer service unit consists of a single 24 port T1 that is connected to a PBX. The customer service unit also utilizes four Verizon analog phone lines for faxing and inbound calling.

Pallet information

139 pallets with approximately 57 boxes on each pallet.

Sequence of Records

The sequence of records in an ACH file is prescribed by NACHA. The following describes the sequence of records for the CCD+ and CTX entries. Any other sequence will cause the file to reject.

CCD+ Entry:

File Header Record
 Company Batch Header Record
 Entry Detail Record
 Addenda Record
 Entry Detail Record
 Addenda Record
 Entry Detail Record
 Addenda Record
 Company/Batch Control Record
 File Control Record

CTX Entry:

File Header Record
 Company Batch Header Record
 Entry Detail Record
 Addenda Record
 Addenda Record *Up to 9,999*
 Addenda Record *Addenda Records*
 Addenda Record
 Company/Batch Control Record
 File Control Record

Data Specifications

A data element has three primary attributes: length, field requirement and format.

Length Refers to the minimum/maximum use of an element. The exact length may be provided or indicated; for example, 1/6 indicates that this data element must be at least one character, but not more than six.

The Inclusion Requirement indicates whether the data must be included in the file. The letter “M” designates mandatory inclusion. The letter “O” designates optional inclusion.

Format refers to the formatting of the data elements within the field. The formats supported are alphanumeric string, date, ID and numeric.

A string format is designated by the letters “AN.” A string data element is a sequence of letters, digits, spaces and/or special characters (with the exception of the asterisk). Within the records, all alpha-numeric fields are left justified and space filled.

A date format is designated by the letters “DT.” The format for a date in an EFT payment file is YYMMDD, where YY is the last two digits of the year (00-99), MM is the numeric value of the month (01-12), and DD is the numeric value of the day (01-31). A four-digit year is not supported.

An *ID format* is designated by the letters "ID." This format is used for a pre-defined identifier, such as an account number.

A *numeric format* is designated by the letters "N2." The format indicates the data element is a number with 2 decimal places to the right of a fixed, implied decimal point. The decimal point is not transmitted. It is intended that this number will always be positive for the child support application banking convention. Thus the amount, \$550.00 would appear as *55000*. All numeric fields are right justified and zero filled.

| File Header Record Format – Record Type 1 | | | | | | | Table 1 |
|---|----------|--------|----------------------------|--------|------------------|-----------------------|--|
| Field | Position | Length | Data Element | Format | Mandatory Values | Inclusion Requirement | Data Element Description |
| 1 | 01 to 01 | 1 | Record Type Code | N | 1 | Mandatory | Identifies the record as a File Header Record. |
| 2 | 02 to 03 | 2 | Priority Code | N | 01 | Mandatory | Default value. May identify a file-handling priority at a future date. |
| 3 | 04 to 13 | 10 | Immediate Destination | N | bTTTTAAAAC | Mandatory | Receiving ACH Operator's Routing Number. b = Blank TTTT = Federal Reserve Routing Symbol AAAA = ABA Institution Identifier C = Check digit |
| 4 | 14 to 23 | 10 | Immediate Origin | N | bTTTTAAAAC | Mandatory | Employer bank's Routing Number. b = Blank TTTT = Federal Reserve Routing Symbol AAAA = ABA Institution Identifier C = Check digit |
| 5 | 24 to 29 | 6 | File Creation Date | Date | | Mandatory | Date the file is created by the ODFI (YYMMDD). |
| 6 | 30 to 33 | 4 | File Creation Time | N | | Optional | Time of day the file is created by the ODFI (HHMM). |
| 7 | 34 to 34 | 1 | File ID Modifier | A/N | A | Mandatory | Uniquely identifies a file when multiple files are created on the same date and between the same participants. |
| 8 | 35 to 37 | 3 | Record Size | N | 094 | Mandatory | Count of characters in each record. |
| 9 | 38 to 39 | 2 | Blocking Factor | N | 10 | Mandatory | Number of physical records within a block. |
| 10 | 40 to 40 | 1 | Format Code | N | 1 | Mandatory | Default value. May be used to identify format variations at a future date. |
| 11 | 41 to 63 | 23 | Immediate Destination Name | A/N | NYSCSPC | Optional | Name of the receiving point for which the file is destined. |
| 12 | 64 to 86 | 23 | Immediate Origin Name | A | | Optional | Name of the ACH or receiving point sending the file. |
| 13 | 87 to 94 | 8 | Reference Code | A/N | | Optional | Used to include information pertinent to the Originator. |

| Company/Batch Header Record Format – Record Type 5 | | | | | | | Table 2 |
|--|----------|--------|--------------------------------|--------|---------------------|-----------------------|---|
| Field | Position | Length | Data Element | Format | Mandatory Values | Inclusion Requirement | Data Element Description |
| 1 | 01 to 01 | 1 | Record Type Code | N | 5 | Mandatory | Identifies the record as a Company/ Batch Header Record. |
| 2 | 02 to 04 | 3 | Service Class Code | N | 200 | Mandatory | Identifies the dollar type entries to be exchanged. The value must be "200." |
| 3 | 05 to 20 | 16 | Company Name | A/N | | Mandatory | Identifies the employer by name. |
| 4 | 21 to 40 | 20 | Company Discretionary Data | A/N | | Optional | Contains data meaningful to the employer. ¹ |
| 5 | 41 to 50 | 10 | Company Identification | A/N | 1NNNNNNNNN | Mandatory | Number "1" followed by the employer's FEIN (Federal Employer Identification Number). |
| 6 | 51 to 53 | 3 | Standard Entry Class Code | A/N | CCD or CTX | Mandatory | Identifies the type of entry. |
| 7 | 54 to 63 | 10 | Company Entry Description | A/N | | Mandatory | Describes the type of transaction. Example: CHISUPPORT |
| 8 | 64 to 69 | 6 | Company Descriptive Date | Date | YYMMDD ² | Optional | Meaningful date to the employer. |
| 9 | 70 to 75 | 6 | Effective Entry Date | Date | YYMMDD | Mandatory | Date on which the entries should settle. This date must be one or two days following the ACH processing date unless the file is originated by JP Morgan Chase, in which case the date must be one day following the ACH processing date. |
| 10 | 76 to 78 | 3 | Settlement Date | N | | Mandatory | Julian date the ODFI is scheduled to be debited by the Federal Reserve. Inserted by the ACH Operator. |
| 11 | 79 to 79 | 1 | Originator Status Code | A/N | 1 | Mandatory | Identifies the ODFI as a financial institution bound by the ACH rules. |
| 12 | 80 to 87 | 8 | Originating DFI Identification | A/N | TTTTAAAA | Mandatory | Identifies the ODFI originating the entries. TTTT = Federal Reserve Routing Symbol AAAA = ABA Institution Identifier |
| 13 | 88 to 94 | 7 | Batch Number | N | | Mandatory | Number assigned by the ODFI to identify the batch. |

¹ If an employer uses a payroll processor to create and transmit EFT files, the processor should use this field to enter the employer's name and FEIN.

² Mandatory values if the optional field is used.

CCD+ Entry Detail Record Format – Record Type 6

Table 3

| Field | Position | Length | Data Element | Format | Mandatory Values | Inclusion Requirement | Data Element Description |
|-------|----------|--------|------------------------------|----------|------------------|-----------------------|--|
| 1 | 01 to 01 | 1 | Record Type Code | N | 6 | Mandatory | Identifies the record as an Entry Detail Record. |
| 2 | 02 to 03 | 2 | Transaction Code | N | 22 | Mandatory | Identifies the credit as a deposit to a checking account. |
| 3 | 04 to 11 | 8 | Receiving DFI Identification | A/N | 02100002 | Mandatory | Identifies the RDFI receiving the entries. 0210 = Federal Reserve Routing Symbol 0002 = ABA Institution Identifier |
| 4 | 12 to 12 | 1 | Check Digit | N | 1 | Mandatory | Ninth digit of the RDFI's Routing Number. Validates the number to insure it was not altered during transmission. |
| 5 | 13 to 29 | 17 | DFI Account Number | A/N | 618725032 | Mandatory | NYSCSPC Bank Account Number. |
| 6 | 30 to 39 | 10 | Amount | Currency | | Mandatory | Dollar amount of the employee's child support obligation. \$0 must not be entered unless the record is serving as a pre-note. |
| 7 | 40 to 54 | 15 | Identification Number | A/N | | Optional | Number meaningful to the employer for tracing purposes. |
| 8 | 55 to 76 | 22 | Receiving Company Name | A/N | | Mandatory | Name of the County SCU to which the employer/state makes payments. |
| 9 | 77 to 78 | 2 | Discretionary Data | A/N | | Optional | Codes significant to the ODFI. |
| 10 | 79 to 79 | 1 | Addenda Record Indicator | N | 1 | Mandatory | Indicates the existence of an Addenda Record. |
| 11 | 80 to 94 | 15 | Trace Number | N | | Mandatory | Number that uniquely identifies the entry. 80 to 87: Routing Number of the ODFI 88 to 94: Entry Detail Sequence Number - assigned in ascending order to entries within each batch. |

CCD+ Addenda Record Format – Record Type 7

Table 4

| Field | Position | Length | Data Element | Format | Mandatory Values | Inclusion Requirement | Data Element Description |
|--------------------------------|----------|--------|----------------------------------|--------|------------------|-----------------------|---|
| 1 | 01 to 01 | 1 | Record Type Code | N | 7 | Mandatory | Identifies the record as an Addenda Record. |
| 2 | 02 to 03 | 2 | Addenda Type Code | N | 05 | Mandatory | Associates the record with its Entry Detail Record. |
| 3 | 04 to 83 | 80 | DED Segment | A/N | | Mandatory | Contains payment information corresponding to the child support account. |
| DED Segment begins. | | | | | | | |
| | | 3/3 | Segment Identifier | ID | DED | Mandatory | Indicates the beginning of the DED Segment. |
| | | 1 | Delimiter | A | * | Mandatory | |
| DED01 | | 2/2 | Application Identifier | ID | CS | Mandatory | Indicates the type of deduction being withheld from an employee's paycheck. |
| | | 1 | Delimiter | A | * | Mandatory | |
| DED02 | | 1/20 | Case Identifier | A/N | AANNNNAN | Mandatory | Contains the non-custodial parent's child support account number. |
| | | 1 | Delimiter | A | * | Mandatory | |
| DED03 | | 6/6 | Pay Date | DT | YYMMDD | Mandatory | Provides the date income was withheld from an employee's paycheck. |
| | | 1 | Delimiter | A | * | Mandatory | |
| DED04 | | 1/10 | Payment Amount | N2 | | Mandatory | Provides the amount withheld from the employee's paycheck for the pay period. Must not be \$0 unless the Employment Terminator Indicator has a value of 'Y.' |
| | | 1 | Delimiter | A | * | Mandatory | |
| DED05 | | 9/9 | NCP Social Security Number | AN | NNNNNNNN | Mandatory | Provides the non-custodial parent's Social Security Number. |
| | | 1 | Delimiter | A | * | Mandatory | |
| DED06 | | 1/1 | Medical Support Indicator | A/N | Y or N | Mandatory | Indicates whether the employer offers family medical insurance coverage. |
| | | 1 | Delimiter | A | * | Mandatory | |
| DED07 | | 1/10 | NCP Name | A/N | | Mandatory | Contains the first seven letters of the non-custodial parent's last name, followed by the first three letters of his/her name. |
| | | 1 | Delimiter | A | * | Mandatory | |
| DED08 | | 5/7 | FIPS Code | A/N | NNNNNN | Optional | Contains the FIPS Code of the county to whom the payor remits payments. |
| | | 1 | Delimiter | A | * | Mandatory | |
| DED09 | | 1/1 | Employment Termination Indicator | A/N | Y | Optional ¹ | Contains a value of 'Y' if the employee has terminated employment. |
| | | 1 | Segment Terminator | A | \ | Mandatory | |
| DED Segment terminates. | | | | | | | |
| 4 | 84 to 87 | 4 | Addenda Sequence Number | N | | Mandatory | Number consecutively assigned to each Addenda Record following the Entry Detail Record. The first Addenda Sequence Number must always be 0001. |
| 5 | 88 to 94 | 7 | Entry Detail Sequence Number | N | | | Contains the ascending sequence number section of the Entry Detail Record's Trace Number. The number is the same as the last seven digits of the Trace Number contained in the related Entry Detail Record. |

¹ The omission of an optional element is noted by the placement of an asterisk in the place of that element. If an optional data element is the last data element in a segment and that field is not being used, the preceding asterisk is replaced by a backslash.

CCD+ Addenda Record Format -- Record Type 8

Table 5

| Field | Position | Length | Data Element | Format | Mandatory Values | Inclusion Requirement | Data Element Description |
|-------|----------|--------|--------------------------------|----------|------------------|-----------------------|--|
| 1 | 01 to 01 | 1 | Record Type Code | N | 8 | Mandatory | Identifies the record as a Company/ Batch Control Record. The value must be "8." |
| 2 | 02 to 04 | 3 | Service Class Code | N | 200 | Mandatory | Identifies the dollar type entries to be exchanged. The value must match the value in the corresponding field of the Company/Batch Header Record. |
| 3 | 05 to 10 | 6 | Entry/Addenda Count | N | | Mandatory | Number of Entry Detail and Addenda Records in the batch. |
| 4 | 11 to 20 | 10 | Entry Hash | N | | Mandatory | Arithmetic sum of the Receiving DFI Identification fields in Entry Detail Records in the batch. If the sum is more than ten digits, the entry is the last ten digits of the sum. |
| 5 | 21 to 32 | 12 | Total Debit Amount | Currency | 000000000000 | Mandatory | Must be blank. The NYSCSPC does not accept ACH debits. |
| 6 | 33 to 44 | 12 | Total Credit Amount | Currency | | Mandatory | Accumulated Entry Detail Record credit totals. |
| 7 | 45 to 54 | 10 | Company Identification | A/N | 1NNNNNNNNN | Mandatory | The number "1" followed by the employer's EIN (IRS Employer Identification Number). |
| 8 | 55 to 73 | 19 | Message Authentication Code | A/N | | Optional | Validates the authenticity of ACH entries using the DES algorithm. |
| 9 | 74 to 79 | 6 | Reserved | Blank | | N/A | Reserved for future use by the ACH. |
| 10 | 80 to 87 | 8 | Originating DFI Identification | A/N | TTTTAAAA | Mandatory | Identifies the ODFI originating the entries. TTTT = Federal Reserve Routing Symbol AAAA = ABA Institution Identifier |
| 11 | 88 to 94 | 7 | Batch Number | N | | Mandatory | Number assigned by the ODFI to identify the batch. |

| File Control Record Format – Record Type 9 | | | | | | | Table 6 |
|--|----------|--------|---------------------|----------|------------------|-----------------------|---|
| Field | Position | Length | Data Element | Format | Mandatory Values | Inclusion Requirement | Data Element Description |
| 1 | 01 to 01 | 1 | Record Type Code | N | 9 | Mandatory | Identifies the record as a File Control Record. |
| 2 | 02 to 07 | 6 | Batch Count | N | | Mandatory | Number of Company/Batch Header records in the file. |
| 3 | 08 to 13 | 6 | Block Count | N | | Mandatory | Number of physical blocks in the file. |
| 4 | 14 to 21 | 8 | Entry/Addenda Count | N | | Mandatory | Number of Entry Detail and Addenda Records in the file. |
| 5 | 22 to 31 | 10 | Entry Hash | N | | Mandatory | Sum of the corresponding fields in the Company/Batch Control Records. |
| 6 | 32 to 43 | 12 | Total Debit | Currency | 000000000000 | Mandatory | Must be blank. The NYSCSPC does not accept ACH debits. |
| 7 | 44 to 55 | 12 | Total Credit | Currency | | Mandatory | Accumulated Company/Batch Control Record credit totals. |
| 8 | 56 to 94 | 39 | Reserved | N/A | | N/A | Reserved for future use by the ACH |

Table 7

CTX Entry Detail Record Format – Record Type 6

| Field | Position | Length | Data Element | Format | Mandatory Values | Inclusion Requirement | Data Element Description |
|-------|----------|--------|------------------------------|----------|------------------|-----------------------|--|
| 1 | 01 to 01 | 1 | Record Type Code | N | 6 | Mandatory | Identifies the record as an Entry Detail Record. |
| 2 | 02 to 03 | 2 | Transaction Code | N | 22 | Mandatory | Identifies the credit as a deposit to a checking account. |
| 3 | 04 to 11 | 8 | Receiving DFI Identification | A/N | 02100002 | Mandatory | Identifies the RDFI receiving the entries. 0210 = Federal Reserve Routing Symbol 0002 = ABA Institution Identifier |
| 4 | 12 to 12 | 1 | Check Digit | N | 1 | Mandatory | Ninth digit of the RDFI's Routing and Transit Number. Validates the number to insure it was not altered during transmission. |
| 5 | 13 to 29 | 17 | DFI Account Number | A/N | 618725032 | Mandatory | NYSCSPC Bank Account Number. |
| 6 | 30 to 39 | 10 | Amount | Currency | | Mandatory | Dollar amount of the employee's child support obligation. \$0 must not be entered unless the record is serving as a pre-note. |
| 7 | 40 to 54 | 15 | Identification Number | A/N | | Optional | Number meaningful to the employer for tracing purposes. |
| 8 | 55 to 58 | 4 | Number of addenda records | N | | Mandatory | Count of Addenda Records associated with the Entry Detail Record. |
| 9 | 59 to 74 | 16 | Receiving Company Name | A/N | | Mandatory | Name of the County SCU to which the employer/state makes payments. For multi-county payments, NYSCSPC is entered. |
| 10 | 75 to 76 | 2 | Reserved | Blank | Bb | N/A | Reserved for future ACH use. |
| 11 | 77 to 78 | 2 | Discretionary Data | A/N | | Optional | Codes significant to the ODFI. |
| 12 | 79 to 79 | 1 | Addenda Record Indicator | N | 1 | Mandatory | Indicates the existence of an Addenda Record. |
| 13 | 80 to 94 | 15 | Trace Number | N | | Mandatory | Number that uniquely identifies the entry. 80 to 87: Routing Number of the ODFI 88 to 94: Entry Detail Sequence Number - assigned in ascending order to entries within each batch. |

| CTX Addenda Record Format – Record Type 7 | | | | | | | Table 8 |
|---|----------|--------|------------------------------|--------|-------------------|-----------------------|---|
| Field | Position | Length | Data Element | Format | Mandatory Values | Inclusion Requirement | Data Element Description |
| 1 | 01 to 01 | 1 | Record Type Code | N | 7 | Mandatory | Identifies the record as an Addenda Record. |
| 2 | 02 to 03 | 2 | Addenda Type Code | N | 05 | Mandatory | Associates the record with its Entry Detail Record. |
| 3 | 04 to 83 | 80 | A820 Transaction Set | A/N | See Attachment II | Mandatory | Contains payment information corresponding to the child support account. |
| 4 | 84 to 87 | 4 | Addenda Sequence Number | N | | Mandatory | Number consecutively assigned to each Addenda Record following the Entry Detail Record. The first Addenda Sequence Number must always be 0001. |
| 5 | 88 to 94 | 7 | Entry Detail Sequence Number | N | | | Contains the ascending sequence number section of the Entry Detail Record's Trace Number. The number is the same as the last seven digits of the Trace Number contained in the related Entry Detail Record. |

A820 Transaction Set

Table 9

| Field | Field Length | Data Element | Inclusion Requirement | Mandatory Values | |
|-------|--------------|--|-----------------------|------------------|---|
| | 3/3 | Segment name | Mandatory | ISA | Identifies the segment. |
| | 1/1 | Data Element Separator | Mandatory | * | |
| ISA01 | 2/2 | Authorization Information Qualifier | Mandatory | | Identifies the type of information in the Authorization Information field. |
| | 1/1 | Data Element Separator | Mandatory | * | |
| ISA02 | 10/10 | Authorization Information | Mandatory | | Provides additional identification of the sender or data in the interchange. |
| | 1/1 | Separator | Mandatory | * | |
| ISA03 | 2/2 | Security Information Qualifier | Mandatory | | Identifies the type of information in the Security Information field. |
| | 1/1 | Data Element Separator | Mandatory | * | |
| ISA04 | 10/10 | Security Information | Mandatory | | Provides security information about the sender or the data in the interchange. |
| | 1/1 | Data Element Separator | Mandatory | * | |
| ISA05 | 2/2 | Interchange ID Qualifier | Mandatory | | Provides the system/method of code structure used to designate the Sender or Receiver ID element being qualified. |
| | 1/1 | Data Element Separator | Mandatory | * | |
| ISA06 | 15/15 | Interchange Sender ID | Mandatory | | Provides the code published by the Sender for parties to use as the Receiver ID to route data. |
| | 1/1 | Data Element Separator | Mandatory | * | |
| ISA07 | 2/2 | Interchange ID Qualifier | Mandatory | | Designates the system/method of code structure used to designate the Sender or Receiver ID element being qualified. |
| | 1/1 | Data Element Separator | Mandatory | * | |
| ISA08 | 15/15 | Interchange Receiver ID | Mandatory | | Code published by the Receiver to identify the Sender. |
| | 1/1 | Data Element Separator | Mandatory | * | |
| ISA09 | 6/6 | Interchange Date | Mandatory | | Indicates the date of the interchange. |
| | 1/1 | Data Element Separator | Mandatory | * | |
| ISA10 | 4/4 | Interchange Time | Mandatory | | Indicates the time of the interchange. Hours = 00 to24. |
| | 1/1 | Data Element Separator | Mandatory | * | |
| ISA11 | 1/1 | Interface Control Standards Identifier | Mandatory | | Identifies the agency responsible for the control standard applied to the message enclosed by the Interchange Header (ISA) and Trailer (IEA). |
| | 1/1 | Data Element Separator | Mandatory | * | |
| ISA12 | 5/5 | Interchange Version Control Number | Mandatory | | Version number of the interchange control segments. |
| | 1/1 | Data Element Separator | Mandatory | * | |
| ISA13 | 9/9 | Interchange Control Number | Mandatory | | With the Sender ID, this number uniquely identifies the interchange data to the receiver. This number must be the same as the value in IES02. |
| | 1/1 | Data Element Separator | Mandatory | * | |
| ISA14 | 1/1 | Acknowledgment Requested | Mandatory | | Used by the sender to request an interchange acknowledgment. |
| | 1/1 | Data Element Separator | Mandatory | * | |

| A820 Transaction Set | | | | | Table 9 |
|----------------------|-------|---|-----------|-----|--|
| ISA15 | 1/1 | Test Indicator | Mandatory | | Indicates if the data in the interchange is test or production. |
| | 1/1 | Data Element Separator | Mandatory | * | |
| ISA16 | 1/1 | Sub-element Separator | Mandatory | | Reserved for future expansion. |
| | 1/1 | Segment Separator | Mandatory | \ | |
| | 2/2 | Segment Name | Mandatory | GS | |
| | 1/1 | Data Element Separator | Mandatory | * | |
| GS01 | 2/2 | Functional Identifier Code | Mandatory | | Identifies a group of application related transaction sets. For the 820 Payment Order/Remittance Advice, the value is "RA." |
| | 1/1 | Data Element Separator | Mandatory | * | |
| GS02 | 2/15 | Application Senders Code | Mandatory | | Identifies the Sender. |
| | 1/1 | Data Element Separator | Mandatory | * | |
| GS03 | 2/15 | Application Receivers Code | Mandatory | | Identifies the Receiver. |
| | 1/1 | Data Element Separator | Mandatory | * | |
| GS04 | 6/6 | Date | Mandatory | | YYMMDD |
| | 1/1 | Data Element Separator | Mandatory | * | |
| GS05 | 4/6 | Time | Mandatory | | HHMMSS. H = 00-24. SS is optional. |
| | 1/1 | Data Element Separator | Mandatory | * | |
| GS06 | 1/9 | Group Control Number | Mandatory | | Number assigned and maintained by the Sender; must be identical to the number in GE02. |
| | 1/1 | Data Element Separator | Mandatory | * | |
| GS07 | 1 / 2 | Responsible Agency code | Mandatory | | Used with GS08 to identify the issuer of the standard. |
| | 1/1 | Data Element Separator | Mandatory | * | |
| GS08 | 1/12 | Version/Release/ Industry Identifier Code | Mandatory | | Indicates the version, release, sub-release and industry identifier of the EDI standard being used. Positions 1-3 designate the Version Number; Positions 4-6 designate the Release and Sub-release level of the version; Positions 7-12 designate the Industry or Trade Association ID. |
| | 1/1 | Segment Separator | Mandatory | * | |
| | 2/2 | Segment Name | Mandatory | ST | Identifies the segment. |
| ST01 | 3/3 | Transaction Set Identifier Code | Mandatory | | Uniquely identifies the transaction set. The value must be "820". |
| | 1/1 | Data Element Separator | Mandatory | * | |
| ST02 | 4/9 | Transaction Set Control number | Mandatory | | Unique control number assigned by the originating company. |
| | 1/1 | Segment Separator | Mandatory | * | |
| | 3/3 | Segment Name | Mandatory | BPR | |
| BPR01 | 1/1 | Transaction Code | Mandatory | | Designates the action to be taken. |
| | 1/1 | Data Element Separator | Mandatory | * | |
| BPR02 | 1/15 | Monetary Amount | Mandatory | | Total amount of all of the payments sent. The number will include the decimal point. |
| | 1/1 | Data Element Separator | Mandatory | | |
| BPR03 | 1/1 | Credit/Debit Code | Mandatory | C | "C" indicates a credit to the receiver and a debit to the originator. |
| | 1/1 | Data Element Separator | Mandatory | * | |
| BPR04 | 3/3 | Payment Method Code | Mandatory | | Indicates the transfer method. |

| A820 Transaction Set | | | | | Table 9 |
|----------------------|-------|---------------------------------------|-------------|-------------------------|--|
| | 1/1 | Data Element Separator | Mandatory | * | |
| BPR05 | 1/10 | Payment Format | Optional | | Identifies the payment format used. |
| | 1/1 | Data Element Separator | Conditional | * if BPR05 is populated | |
| BPR06 | 2/2 | DFI ID Number Qualifier | Optional | | Indicates the type of ID used by the DFI. If the field is populated, BPR07 must be populated. |
| | 1/1 | Data Element Separator | Conditional | * if BPR06 is populated | |
| BPR07 | 3/12 | DFI Identification Number | Optional | | Originating Financial Institution Identifier. If this field is populated, BPR06 must be populated. |
| | 1/1 | Data Element Separator | Conditional | * if BPR07 is populated | |
| BPR08 | 2/2 | Account Number Qualifier Code | Optional | | The Originating Financial Institution account number qualifier. If the field is populated, BPR09 must be populated. |
| | 1/1 | Data Element Separator | Conditional | * if BPR08 is populated | |
| BPR09 | 1/35 | Account Number | Optional | | Originating Company's account number. This field is required if BPR08 is populated. |
| | 1/1 | Data Element Separator | Conditional | * if BPR09 is populated | |
| BPR10 | 10/10 | Originating Company Identifier | Optional | | Company ID: The number "1" followed by the FEIN. |
| | 1/1 | Data Element Separator | Conditional | * if BPR10 is populated | |
| BPR11 | 9/9 | Originating Company Supplemental Code | Optional | | Code defined between the Originator and the Originating Depository Financial Institution that uniquely identifies the company initiating the transfer. |
| | 1/1 | Data Element Separator | Conditional | * if BPR11 is populated | |
| BPR12 | 2/2 | DFI ID Number Qualifier | Optional | | Code used for the type of ID number used by the DFI. If this field is populated, BPR13 must be populated. |
| | 1/1 | Data Element Separator | Conditional | * if BPR12 is populated | |
| BPR13 | 3/12 | DFI Identification Number | Optional | | Receiving Financial Institution Number. If this field is populated, BPR12 must be populated. |
| | 1/1 | Data Element Separator | Conditional | * if BPR13 is populated | |
| BPR14 | 2/2 | Account Number Qualifier Code | Optional | | Identifies the Receiving Financial Institution bank account type. If this field is populated, BPR15 must be populated. |
| | 1/1 | Data Element Separator | Conditional | * if BPR14 is populated | |
| BPR15 | 1/35 | Account Number | Optional | | Receiver's bank account number. This field is required if BPR14 is populated. |
| | 1/1 | Data Element Separator | Conditional | * if BPR15 is populated | |
| BPR16 | 6/6 | Effective Entry Date | Optional | | Date the Originator intends for the transaction to be settled. |
| | 1/1 | Segment Separator | Conditional | * if BPR16 is populated | |

| A820 Transaction Set | | | | | Table 9 |
|----------------------|-------|----------------------------------|-------------|-------------------------|--|
| | 3/3 | Segment Name | Mandatory | TRN | Identifies the segment. |
| TRN01 | 1/2 | Trace Type Code | Mandatory | | Identifies which transaction is being referenced. |
| | 1/1 | Data Element Separator | Mandatory | * | |
| TRN02 | 1/30 | Reference Number | Mandatory | | Contains the reference number that identifies the payment order/remittance advice. This number is unique between Sender and Receiver. |
| | 1/1 | Data Element Separator | Mandatory | * | |
| TRN03 | 10/10 | Originating Company Identifier | Optional | | Company ID: The number "1" followed by the FEIN. |
| | 1/1 | Data Element Separator | Conditional | * if TRN03 is populated | |
| TRN04 | 1/30 | Reference Number | Optional | | Uniquely identifies a sub-division within a company. |
| | 1/1 | Segment Separator | Conditional | * if TRN04 is populated | |
| | 3/3 | Segment Name | Mandatory | DED | Identifies the segment. |
| DED01 | 2/2 | Application Identifier | Mandatory | CS | Indicates the type of deduction being withheld from an employee's paycheck. |
| | 1/1 | Data Element Separator | Mandatory | * | |
| DED02 | 1/20 | Case Identifier | Mandatory | AANNNNNAN | Contains the non-custodial parent's CSMS Account Number. |
| | 1/1 | Data Element Separator | Mandatory | * | |
| DED03 | 6/6 | Pay Date | Mandatory | | Provides the date income was withheld from an employee's paycheck. |
| | 1/1 | Data Element Separator | Mandatory | * | |
| DED04 | 1/10 | Payment Amount | Mandatory | | Provides the amount withheld from the employee's paycheck for the pay period. Must not be \$0 unless the Employment Terminator Indicator has a value of "Y." |
| | 1/1 | Data Element Separator | Mandatory | * | |
| DED05 | 9/9 | NCP Social Security Number | Mandatory | NNNNNNNNN | Provides the non-custodial parent's Social Security Number. |
| | 1/1 | Data Element Separator | Mandatory | * | |
| DED06 | 1/1 | Medical Support Indicator | Mandatory | | Indicates whether the employer offers family medical insurance coverage. "Y" = Yes; "N" = No; "W" = Not Applicable |
| | 1/1 | Data Element Separator | Mandatory | * | |
| DED07 | 1/10 | NCP Name | Mandatory | | Contains the first seven letters of the non-custodial parent's last name, comma, and first three letters of his /her name. |
| | 1/1 | Data Element Separator | Mandatory | * | |
| DED08 | 5/7 | FIPS Code | Mandatory | Optional | Contains the FIPS Code of the county to whom the employer remits payments. |
| | 1/1 | Data Element Separator | Mandatory | * | |
| DED09 | 1/1 | Employment Termination Indicator | Optional | | Contains a value of "Y" if the employee has terminated employment. |
| | 1/1 | Segment Separator | Mandatory | \ | |
| | 2/2 | Segment Name | Mandatory | SE | Identifies the segment. |
| | 1/1 | Data Element Separator | Mandatory | * | |
| SE01 | 1/6 | Number of Included Segments | Mandatory | | Total number of segments included in the transaction set, including the ST and SE segments. |

| A820 Transaction Set | | | | | Table 9 |
|----------------------|-----|--------------------------------------|-----------|-----|--|
| | 1/1 | Data Element Separator | Mandatory | * | |
| SE02 | 4/9 | Transaction Set control Number | Mandatory | | Identifying control number assigned by the Originator. |
| | 1/1 | Segment Separator | Mandatory | \ | |
| | 2/2 | Segment Name | Mandatory | GE | |
| GE01 | 1/6 | Number of Transactions Sets Included | Mandatory | | Total number of transaction sets included in the functional group or interchange group terminated by the trailer. |
| | 1/1 | Data Element Separator | Mandatory | * | |
| GE02 | 1/9 | Group Control Number | Mandatory | | Number assigned by the sender; must be identical to the number contained in GS06. |
| | 1/1 | Segment Separator | Mandatory | * | |
| | 3/3 | Segment name | Mandatory | IEA | Identifies the segment. |
| | 1/1 | Data Element Separator | Mandatory | * | |
| IEA01 | 1/5 | Number of included functional groups | Mandatory | | Count of the number of functional groups included in the transmission. |
| | 1/1 | Data Element Separator | Mandatory | * | |
| IEA02 | 9/9 | Interchange Control Number | Mandatory | | Assigned by the Sender to uniquely identify the interchange data. Together with the Sender ID it uniquely identifies the interchange data to the Receiver. This number must be the same as the value in ISA13. |
| | 1/1 | Segment Separator | Mandatory | \ | |

H-7

MANVD

2007

OFFICE OF TEMPORARY AND DISABILITY
ASSISTANCE
DIVISION OF CHILD SUPPORT ENFORCEMENT

TRAINING MANUAL
FOR
NOTICES OF BANKRUPTCY

CENTRALIZED SUPPORT
COLLECTION AND ENFORCEMENT

March 9, 2006

Notices of Bankruptcy

Notices of bankruptcy are mailed* to OTDA and the processing center. Upon receipt of a notice of bankruptcy, action must be taken the same day received using the follow procedure:

1. Conduct a CSMS research for the "debtor" identified on the notice of bankruptcy. Determine the county or counties in which a child support case is established. Search CSMS by first and last name and social security number provided on notice.
 - a.) If the name and SSN do not match any cases in CSMS, provide the document to the site contract monitoring staff noting "no case on CSMS" and date.
 - b.) If the search results in "no record found for NCP", proceed to 4.
2. If a case(s) is located by searching CSMS
 - a.) Complete the Bankruptcy Fax Cover Sheet for those counties where a CSMS case is identified (attachment 1). A fax cover sheet must be completed for each notice of bankruptcy for each County to receive a copy of the notice.
 - b.) Fax completed Bankruptcy Fax Cover Sheet, Bankruptcy Notice to County(s).
 - c.) Retain individual confirmation of each confirmed fax.
 - d.) Photo copy the Bankruptcy Fax Cover Sheet(s) and notice of bankruptcy
3. Mail original fax cover sheet and notice of bankruptcy, using 2 day priority mail to county that received the fax. If multiple counties received a fax for a notice of bankruptcy, mail copies to all counties and retain a copy of the fax cover sheets and the original notice of bankruptcy.
4. If no record of the "debtor" is found as the result of a CSMS search, return the notice to the court listed on the notice of bankruptcy with a cover letter (attachment 2).
5. Retain copies of the Bankruptcy Fax Cover Sheet, notice of bankruptcy and fax confirmation. If faxes were sent to multiple counties, retain the original notice of bankruptcy.
6. Establish and maintain a notice of bankruptcy log to include at a minimum:
 - a.) Date received by processing center
 - b.) Debtor's name
 - b.) County code (N/A if no CSMS record found)
 - c.) Date faxed to local district (N/A if no CSMS record found)
 - d.) Date mailed to local district

NOTE: Multiple notices for different debtors may be included in one envelope.

**New York State
Child Support Processing Center**

To: _____ County SCU _____ County #

From: NYS Child Support Processing Center
Offline Processing Department

Date:

Subject: Notices of Bankruptcy

The following is/are _____ (number) notices of bankruptcy received by the
processing center on _____ (date).

IF you have any Questions,
please contact the Contract Monitoring Unit at 1-800-343- 8859 ext 30574.

_____ # of pages faxed

Completed by _____

QA'd by _____



New York State
Office of Temporary and Disability Assistance
40 North Pearl Street – Albany, NY 12243-0001

George E. Pataki
Governor

Robert Doar
Commissioner

(Date)

To Whom It May Concern:

We are returning the enclosed notice of bankruptcy that was received by this office. Based upon the information provided on the notice, we are unable to identify a New York State child support case.

At this time there is no further action that can be taken in regards to this notice. If you have a New York State Child Support case number or a different Social Security Number that can be used to identify the child support case, please provide that information and return the notice of bankruptcy to us for further processing.

Sincerely,

New York State Division of Child Support Enforcement

Enc.

NYS CHILD SUPPORT PROCESSING CENTER
PO BOX 15365
ALBANY NY 12212-5365

To Whom It May Concern:

We are returning the enclosed notice of bankruptcy that was received by this office. Based upon the information provided on the notice, we are unable to identify a New York State child support case. No further action can be taken in this matter unless you can provide one or more of the following:

New York State Child Support Case Number:

Social Security Number:

Social Security Number (Different than one provided):

If you can not provide any of the above information, please **do not** return this notice. If you do have additional information, please return the notice to us for further processing.

Thank you,

New York State Child Support Processing Center

Enc:

2007

OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE
DIVISION OF CHILD SUPPORT ENFORCEMENT

TRAINING MANUAL

FOR

CHILD SUPPORT MANAGEMENT SYSTEM

(CSMS)

CENTRALIZED SUPPORT COLLECTION AND ENFORCEMENT

2002

As revised: 08/07/07

2007

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TRAINING MANUAL FOR CHILD SUPPORT MANAGEMENT SYSTEM

DESCRIPTION OF THE CHILD SUPPORT MANAGEMENT SYSTEM

The Child Support Management System (CSMS) is an automated case management system developed to meet the need of the New York State Child Support Enforcement Program. The system integrates both enforcement and accounting functions. CSMS is made up of cases, which have no fiscal or enforcement information, and accounts, which do contain both fiscal information and a record of enforcement actions that have occurred. All cases and accounts will be referred to generically as a case unless other wise indicated.

OVERVIEW OF CSMS INQUIRY

Several transactions are available which provide the ability to search the CSMS database using basic identifiers to determine whether information pertaining to an individual custodial parent (CP) or non-custodial parent (NCP) is resident on CSMS. These generalized searches are most frequently used in the process of building new cases, identifying appropriate cases/accounts and in the identification of payments not accompanied by a billing tag/coupon.

There are a variety of ways to search for and access CSMS cases, some of which are:

CSMS Case Number (IVDJCA);

Social Security Number Search (IVDJSS);

Non-Custodial Parent Name Search (IVDJNS- IVDSNS LR/R);

Custodial Parent Name Search (IVDJNS-IVDSNS - LC/C); and

Docket Number Search (IVDQRY).

I. INSTRUCTIONS FOR USING THE CHILD SUPPORT MANAGEMENT SYSTEM

Signing on to CSMS (Attachmate)

When the terminal is turned on, the various icons will appear. Click on the New York City or Rest of State Attachmate icon. The following screen will appear:

Please Login

Username:

Password:

Enter user name and password and click the **Login** button.

A Security Alert screen will appear. Click the **Yes** button

The OFT's Human Services Enterprise Network screen will appear followed immediately by the Terminal Emulation window screen. At this time press the **Enter** key.

The CSMS SIGNON screen will appear.

SIGNON

You may wish to minimize the OFT screen, which must remain open, and maximize the CSMS screen.

The cursor will appear in the upper left hand corner of this screen, following the word SIGNON. Enter your **PASSWORD** and press **ENTER** (The **PASSWORD** will be invisible).

(e.g., SIGNON_82B076/73C154 **ENTER**)

One of two possible system messages will appear:

SIGNON COMPLETE – PLEASE PROCEED, which means that you have successfully completed the sign on procedure and the system is now ready for you to use.

OR

SIGNON DENIED – CONTACT SUPERVISOR, which means one of three things:

1. You have entered signon data incorrectly. Try again to enter data correctly.
2. You have entered a signon password that is not known to the system. Be sure you have not made an input error; if not, obtain a password and sign on again.
3. A system problem may exist. Try again; if still unsuccessful; contact your supervisor.

Sign on Restrictions

Certain passwords are designed to limit the user's access and capabilities in using CSMS. Contact your immediate supervisor for clarification if necessary.

Accessing New York City and Rest of State databases

If you wish to switch to the other CSMS database (New York City/Rest of State), minimize the window you are in and open the desired window. The first time the window is opened, the OFT's Human Services Enterprise Network screen will appear followed immediately by the Terminal Emulation window screen. At this time press the **Enter** key. Once you are logged into both NYC and ROS, these windows will no longer appear.

Signing off CSMS and Logging off the Mainframe Application

Press the F6 key, then click the X button in the upper right corner of the window to close the window.

Paging

Some commands bring users to the first screen of the available information. To obtain additional information the user must page through the screens. Paging through the screens is done in the following manner:

| |
|--|
| NOTE: Some screens may not allow users to skip pages. |
|--|

Entering Page Number

1. Move the cursor to the PAGE field.
2. Overstrike with the next or previous consecutive page number.
3. Move the cursor to the XMT/PO field.
4. Press **ENTER**.
5. The next or previous page will be displayed.

Scrolling Through Pages

1. Move the cursor to the XMT/PO field.
2. If paging forward, Type +.
3. If paging backward, Type -.
4. Press **ENTER**.
5. The next or previous page will be displayed.

II. CSMS SEARCHES

Initiating a Social Security Number Search (IVDJSS)

1. Hold Down CONTROL and then press HOME
2. Type IVDJSS_##### (#s represents the NCP SSN).

NOTE: Format is nine digits without separations by hyphens or spaces (e.g., 012345678)

3. Press ENTER
4. The Social Security Number Search Information Screen (IVDJSS1) will be displayed
5. If the Social Security Number is found, the message "SSN NOT IN NYC" or "SSN IN NYC ONLY", as appropriate, will be displayed.

Sample of CSMS Social Security Number Search Screen

```
IVDJSS1 CHILD SUPPORT MANAGEMENT SYSTEM*SSN SEARCH INFO 03/01/03 13:01:09
ONONDAGA COUNTY
CNTY CLIENT/RESP CLIENT/RESP SSN 123456789
CODE IND ID NAME
26 R AP12345 SMITH, ROBERT JR
01 R BE12345 SMITH, ROBERT JR
01 R AW12345 SMITH, ROBERT JR

KEY _____ XMT/PASSOFF -> _____ <-
SSN NOT IN NYC VDJSS 0003130013 DB COMMAND # 025
```

6. If the Social Security Number is not found, the message "STATEWIDE SEARCH DID NOT FIND SSN" will be displayed.

Note: The IVDJSS1 screen identifies the county in which the NCP is found. (The "IND" field identifies R for NCP or C for CP). In this example, the SSN entered is known to the NCP in two different local districts and a total of three cases. This also identifies that 01 (Albany) is responsible for NCP ID number BE12345 and AW12345. If the NCP is located in the county you are searching, you must then complete a Name Search to identify the CSMS case ID number(s). If a Name Search produces no account listing, it indicates there has not been a support obligation established.

7. A search of the IVDJSS1 Screen may return more than one NCP case within a county and within multiple counties.
8. If some or all of the NCP cases must be accessed, a print of the screen can be made or the two (2) digit county code numbers and corresponding CSMS case numbers can be written down. If only one case appears, the CH screen can be accessed by moving the cursor to the XMIT/PASSOFF field and entering CH and pressing **ENTER**.
9. If there are multiple cases, access the appropriate local district refer to LOCAL DISTRICT INFORMATION in section I.

Note: Each case number found using the SSN search may identify a case number that is “linked” to or associated to up to nine case numbers. The only way to verify if the case number is associated to other case numbers is to PASSOFF to the CA screen [see CASE INFORMATION SCREEN (IVDJCA, CA) in section III.].

Initiating a Name Search (IVDSNS OR IVDJNS_LR/LC/R/C)

IVDSNS name search is a State wide search. IVDJNS name search is a local district specific name search and requires IVDFLP XX prior to starting this search.

1. Hold Down **CONTROL** and then press **HOME**
2. Type IVDSNS OR IVDJNS_R_NCP Name (short search) or
IVDSNS OR IVDJNS_LR_NCP Name (long search).

NOTE: Format is either: Last Name, First Name_Middle Initial
-or-
Last Name, _First Name
-or-
Last Name

3. Press **ENTER**
4. The Name Search Information Screen (IVDSNS - IVDJNS) will be displayed. The message "NO FIND ON NAME" will appear, if appropriate.
5. The IVDSNS screen obtained by means of the "short" search will show any NCP account(s) in NYS. IVDJNS screen obtained by means of the "short" search will show any NCP any account(s) in a specific district. Searches done using IVDSNS or IVDJNS as a result of a "long" search will disclose both cases and accounts.
6. The IVDSNS search provides the county code in which the case or account is located in addition to the other information that is provided on the IVDJNS. The county code column is located to the right of the respondents name
7. The Alpha code which follows the line number will identify if an Account (A) or Case (C). Examples of both are provided below.

State Name Search Information Screen

| -IVDSNS ASCU/CSMS * NAME SEARCH INFORMATION | | | | | 07/06/07 15:04:13 |
|---|--------------|---------------|------------|--------|-------------------|
| STATEWIDE NAME SEARCH SEARCH-KEY LR | | | | | ROBERT |
| ASSOC CASE X | CNTY-CASE-ID | SSN <RSP/CLI> | NAME | COUNTY | |
| 1A | [REDACTED] | 005497500 | [REDACTED] | 01 | |
| 2A | [REDACTED] | 550100000 | [REDACTED] | 01 | |
| 3A | [REDACTED] | [REDACTED] | [REDACTED] | 01 | |
| 4A | [REDACTED] | [REDACTED] | [REDACTED] | 01 | |

| | | | |
|----|------------|------------|----|
| 5A | [REDACTED] | [REDACTED] | 01 |
| 6A | [REDACTED] | [REDACTED] | 01 |
| 7 | [REDACTED] | [REDACTED] | 01 |
| 8 | [REDACTED] | [REDACTED] | 02 |

Local District Name Search Information

| IVDJNS | ALBANY COUNTY | ASSOC CASE | ASCU/CSMS | X | CNTY-CASE-ID | SEARCH-KEY | LR SMITH | SSN | <RSP/CLI> | NAME | 03/01/03 12:43:24 |
|--------|---------------|------------|------------|------------|--------------|------------|------------|------------|------------|------------|-------------------|
| 1A | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | 00000000 | [REDACTED] | [REDACTED] | |
| 2C | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | 00000000 | [REDACTED] | [REDACTED] | |
| 3A | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | 123459999 | [REDACTED] | [REDACTED] | |
| 4A | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | 987654321 | [REDACTED] | [REDACTED] | |
| 5A | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | 543216789 | [REDACTED] | [REDACTED] | |
| 6A | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | 879605321 | [REDACTED] | [REDACTED] | |
| 7A | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | 666119999 | [REDACTED] | [REDACTED] | |
| 8C | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | 008990000 | [REDACTED] | [REDACTED] | |
| | | | | | | | | 45678911 | [REDACTED] | [REDACTED] | |
| | | | | | | | | 999408888 | [REDACTED] | [REDACTED] | |
| | | | | | | | | 888779999 | [REDACTED] | [REDACTED] | |
| | | | | | | | | 111112222 | [REDACTED] | [REDACTED] | |
| | | | | | | | | 00000000 | [REDACTED] | [REDACTED] | |
| | | | | | | | | 22233333 | [REDACTED] | [REDACTED] | |
| | | | | | | | | [REDACTED] | [REDACTED] | [REDACTED] | |

KEY _____ PAGE 01 OF MM XMT/PO -> _____ <-

NOTE: To obtain information on a particular case listed on the IVDSNS or IVDJNS screen move the cursor to the Key field and type "/" (slash) followed by the chronological number of the desired case or account. Cursor to the XMT/PASSOFF field, type FS, or any other passoff code, and Press **ENTER**. This transmission will bring up the CSMS Fiscal Summary Screen for that account number.

In this example of IVDSNS there are eight (8) Robert Smiths. Seven (7) Robert Smiths in Albany County, six (6) accounts and one (1) case and one (1) case in Allegany County.

In the example of IVDJNS, there are two John Smiths in Albany County. One has three accounts the other has a single case. If money is received from the first John Smith, the money should be prorated using the method described in the Proration of Multiple Accounts section. If money is received from the second John Smith, it has to be posted to suspense.

2007

1

**DIVISION OF CHILD SUPPORT ENFORCEMENT
CUSTOMER SERVICE HELPLINE
PROCEDURES FOR UPDATING NCP ADDRESSES ON CSMS**

NCP CALLS TO REPORT A NEW ADDRESS

1. ASK THE CALLER IF THEY RESIDE AT AND RECEIVE MAIL AT THE ADDRESS(ES) REPORTED.
2. IF ONLY ONE ADDRESS IS REPORTED and it is used for both mail and residence, REVIEW THE RA SCREEN TO DETERMINE IF THE ADDRESS IS ON THE IVDJR1 (RA) SCREEN(s).
 - IF YES:
 - ARE THERE ANY OTHER ADDRESSES ON THE RA WITH A VER-IND OF "M" "R" OR "V"?
 1. IF YES, CHANGE THE VER-IND TO AN "N"
 - IS THE VER-IND ON THE REPORTED ADDRESS A "V"
 1. IF YES, DO NOT CHANGE VER-IND
 2. IF NO, UPDATE VER-IND WITH A "V"
 - IF NO:
 - ARE THERE ANY OTHER ADDRESSES ON THE RA WITH A VER-IND OF "M" "R" OR "V"?
 1. IF YES, CHANGE THE VER-IND TO AN "N"
 - BUILD THE NEW ADDRESS USING THE VER-IND OF A "V" and source code of LCSH
3. IF TWO ADDRESSES ARE REPORTED (one RESIDENTIAL & one MAILING), REVIEW THE RA SCREEN TO DETERMINE IF THE ADDRESSES ARE appropriately identified ON THE IVDJR1 (RA) SCREEN(s).
 - IF YES:
 - ARE THERE ANY OTHER ADDRESSES ON THE RA WITH A VER-IND OF "M" "R" OR "V"?
 1. IF YES, CHANGE THE VER-IND TO AN "N"
 - IS THE VER-IND ON THE REPORTED ADDRESSES APPROPRIATELY SET AS AN "M" AND AN "R"
 1. IF YES, DO NOT CHANGE VER-IND
 2. IF NO, UPDATE VER-IND on the appropriate record WITH AN "M" for mailing OR AN "R" for residential

- IF NO:
 - ARE THERE ANY OTHER ADDRESSES ON THE RA WITH A VER-IND OF "M" "R" OR "V"?
 2. IF YES, CHANGE THE VER-IND TO An "N"
 - BUILD THE NEW ADDRESS(ES) USING THE appropriate VER-IND OF An "M" for mailing or an "R" for residential

Note: If the NCP is reporting both a mailing and a residential address, the verification indicator for the mailing address would be "M" and the residential address would be an "R".

2007

Pre-encoded Domestic Financial Instruments
Deposit Preparation Procedures
June 13, 2006 (Rev 7/20/06)

Domestic financial instruments must be prepared and presented to the bank for deposit as follows:

1. Ensure that all Micr lines on deposit instruments are free of anything other than the Micr Encoded Information. Bar Codes contained on Pre-Printed Deposit tickets should also be free of any handwritten or machine generated information, other than the Bar Code itself.
2. Do not mutilate, fold, or bend instruments or deposit tickets.
3. Remove any and all staples from the checks.
4. Endorse the back of every financial instrument with wording to the effect:
For deposit only to Account (Name and #) with "JPMorgan Chase Bank".
See Attached example of Endorsement Rules.

This endorsement must be placed on the back of the instrument only in the area from the left edge of the instrument and should not extend more than 1 ½ inches from the left edge.
5. Arrange all financial instruments face up and in the same direction.
6. Financial instruments should be grouped into batches for deposit. A batch must not contain more than 300 instruments and no more than 3,900 checks per deposit ticket. A deposit ticket must accompany each deposit of no greater than 3,900 instruments. At least one deposit ticket per bank box. Local district/fiscal agent financial instruments for deposit cannot be split into multiple boxes without individual deposit tickets per box totaling the payments processed for the day.
7. Create an adding machine tape listing of the individual checks in each batch, in the order that the checks appear within the batch. Retain a copy of the tapes for your records.
8. Stamp or label each tape listing (or computer print-out) with your entity name and date of deposit. Be careful not to stamp any of the instruments or deposit totals.
9. The individual tape listing for each batch of instruments should be placed with the recap listing.

10. Each batch listing tape or print-out must match the amounts listed on the individual deposit tickets.
11. **Do not use staples or paper clips.**
12. A recap listing, which is an adding machine tape of the batch totals in each deposit should be supplied. This should be placed in front of the first batch of deposit items. *Retain a copy of the recap tape for your records.*
13. Detach and retain the last copy of the deposit ticket marked, "Customer Copy Please retain for your records". Send the remaining three part ticket to the Bank.
14. The deposit ticket should be placed on top of the bundle of batches of checks.
15. Secure the complete deposit bundle. Be careful not to tear the bottom portion of add-sized financial instruments when securing the bundles.
16. Deposit bundles should be packaged in the following sequence:
 - Recap tape of batch amounts within the deposit.
 - Batch 1 Tape
 - Batch 2 Tape
 - Batch 3 Tape
 - Deposit Ticket
 - Batch Ticket
 - Financial Instruments
 - Batch Ticket
 - Financial Instruments
 - Batch Ticket
 - Financial Instruments
17. Place the deposit bundle in a securable banking box.
18. Secure the banking box.
19. Deliver deposits to bank.

Note: 7/20/06 revision eliminates all references to "rubber bands".

2007

Foreign Currency Items
Deposit Preparation Procedures
July 20, 2006

Foreign currency requires special handling for deposit. The banking services contractor has provided updated information to allow for the timely deposit, collection and return of foreign items received for deposit.

- A. Foreign currency financial instruments must be prepared and presented to the bank for deposit as follows:
1. Deposit tickets are no longer to accompany foreign items for deposit.
 2. Foreign items are to be presented for deposit as follows:
 - a. One transmittal sheet (Exhibit 1) per account/per foreign exchange rate.
 - i. Provides listing of each check included on transmittal along with other pertinent information (maker, check # drawee bank foreign & USD amount).
 - ii. Identify the exchange rate.
 - iii. Identify crediting account number.
 3. Confirmations of deposit or return item notifications will be provided to holder of depositing account (local district or fiscal account). See Exhibits 2 and 3.
 4. If original deposited item is rejected, the item will be returned to the holder of the depositing account (local district or fiscal account).
 5. A unique reference number must be assigned to each foreign deposit for tracking purposes prior to deposit.
 6. The foreign deposit transmittals must be placed in a secured bank bag within a secured bank box.
 7. Deliver the secured bank bag in a bank box to the bank for deposit.
- B. For clarification purposes please be advised of the following deposit rules:
1. Canadian Money Order in USD - Send on transmittal form with USD currency, without exchange rate adjustment.
 2. Canadian Money Order in Canadian (CAD) - Send on transmittal form with CAD currency, with exchange rate adjustment.
 3. Item drawn on US Bank in USD with routing/transit number - Include in the regular county deposit. (See attached check drawn on Bank of New York). This item can be placed in a clear envelope, encode Bank of New York's routing/transit number and process (Exhibit 4).

4. Item drawn on foreign bank in CAD funds - Send on transmittal sheet with exchange rate adjustment (see Exhibit 5 - Bay City Taxi).
5. Item drawn on Canadian bank in USD - Send on transmittal sheet in USD - without exchange rate adjustment (see Exhibit 6 - Dominion).

2007

EXHIBIT 1

JP Morgan Chase & Co. Foreign Collection Transmittal Form

Reference: _____ Date: _____
(Please include your reference number: optional)

Name: _____ Account Number to Credit: _____
Address: _____
Contact: ACS INFO _____
Phone: _____
Fax: _____

Provide us with credit for this Cash Letter, subject to final payment. We understand that any returned unpaid check will be charged against our account for the USD equivalent plus a returned item handling fee and any applicable foreign bank charges.

_____ Send this item for Collection without protest. We understand that the collection process typically takes several weeks and that we may incur additional handling charges from the foreign banks. Pay us after you have received final payment for the items.

CURRENCY: _____

| |
|------------------------|
| Foreign Exchange Rate: |
|------------------------|

| Check Number | Maker | Drawn On | Issue Date | Foreign Amount: | UDS Amount: |
|--------------|-------|----------|------------|-----------------|-------------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
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| 9. | | | | | |
| 10. | | | | | |
| 11. | | | | | |
| 12. | | | | | |
| 13. | | | | | |
| 14. | | | | | |
| 15. | | | | | |

Mailing Address:

JP Morgan Chase Bank, N.A.
International/Domestic Collections
TX2-F012
1111 Fannin, Floor 13
Houston, TX 77002

As of: 10/31/2005

EXHIBIT 2

NYS Central Collection & Disbursement of Support Payments
Albany NY CFS Project
Foreign Deposits

| DATE OF DEPOSIT TICKET™ | COUNTY | U.S. \$ | COUNTRY | AMOUNT OF ORIGIN | SPLITS | Accounting Use ONLY™ | | DEPOSIT REFERENCE # |
|-------------------------|---------------|----------|-------------|------------------|--------|----------------------|-----------------|---------------------|
| | | | | | | DATE | COUNTY CREDITED | |
| 10/31/2005 | Onondaga | \$73.80 | Canada | | | | | ██████████ |
| | Washington | \$290.00 | Canada-US\$ | | | | | ██████████ |
| | New York City | \$106.00 | Canada-US\$ | | | | | ██████████ |
| | New York City | \$143.53 | Canada | | | | | ██████████ |

20007

JPMorganChase

Return Notification

11/02/2005 02:17 PM

Exhibit 3

WE ARE RETURNING YOUR COLLECTION FOR 350.00, ACCOUNT [REDACTED] YOUR REFERENCE NUMBER TRAN 11/01/05, CHECK NUMBER 291, UNPAID FOR THE FOLLOWING REASON:

ITEM POST DATED;

IF YOU HAVE ANY QUESTIONS REGARDING THIS COLLECTION, PLEASE QUOTE OUR REFERENCE NUMBER ICL (200159/468), AND SEND YOUR INQUIRY TO:

JPMORGAN CHASE BANK, N.A.
International / Domestic Collections
P.O. Box 2668
1111 Fannin, 13th Floor
Houston, TX 77252-2668
Phone (800)779-4870
(713)750-2127
Fax (713)750-3947
Swift CHASUS33
Telex 49619898

BEST REGARDS,

INTERNATIONAL/DOMESTIC COLLECTIONS

Return notice for
coll items.

EXHIBIT 4

CREDIT ADVICE

YOUR REFERENCE : BAC 07311
 OUR REFERENCE : COL186430/2411
 CUSTOMER ACCT # : ██████████
 FACE AMOUNT : 550.00
 REASON CODE : FOREIGN CURRENCY PAID

DATE : 10/12/2005
 CURRENCY RATE/CODE : 1.00000000 / USD
 US DOLLAR AMOUNT : 550.00
 OTHER FEES : 0.00
 TOTAL CREDIT AMOUNT : 550.00

CLINTON COUNTY SUPPORT COLLECTION UNIT
 13 DURKEE STREET
 PLATTSBURGH NY 12901

Batch: 190977

ARBEJDERNES LANDSBANK
1, Vesterbrogade, DK-1052 Copenhagen V
 SWIFT code: ALADDK22

Drawn on: **BANK OF NEW YORK**
 1230 AVENUE OF AMERICAS
 U.S.A.
 NEW YORK, NY, U.S.A.

Amount: USD*****550.00
 Date: 2005-07-01

Pay to the order of: **FIVE FIVE ZERO, HUNDRED ONLY**

To: **A.C.N.O**
 P.O. BOX 13389
 ALBANY, N.Y.
 12213-5389

ARBEJDERNES LANDSBANK
 Kristen Rønde
 KRISTEN RØNDE HENRIK ANDERSEN

CHEQUE NO: 51820003 ACC. 898-0358-870 ABA 0210 00018

**Unencoded
 DOMESTIC**

**Drawn on: US Bank
 (Bank of New
 York)**

ABA# 0210 00018

BAY CITY TAXI
17 COMMERCE COURT
SITE 8, COMP. 30
NORTH BAY, ONTARIO
P1B 6G4

CANADIAN IMPERIAL BANK OF COMMERCE
185 MAIN STREET W.
NORTH BAY, ONT. P1B 2T8

EXHIBIT 5

63866

PAY One Thousand One Hundred Twenty Five _____ DATE 5/22/2005 AMOUNT \$1,125.00
TO THE ORDER OF

Clinton County Scu. ~~XXXXXXXXXX~~
PO Box 15309
Albany, New York
12212-5309

PER *[Signature]*
BAY CITY TAXI
DIVISION OF BAY CITY TAXI INC.

~~XXXXXXXXXX~~
⑆00792⑉010⑆ 71-19313⑈

* Foreign = Drawn on a foreign bank

- Some foreign checks have encoding giving the appearance it's domestic. The bank that it's drawn on is the determining factor.

DOMINION
SAMPLE

U.S. Treasury
August 1, 1996 (FD-101)

EXHIBIT

6

NY (FORM NO. 10) (REV. 01/96)

| DATE | CHEQUE # | AMOUNT |
|----------|----------|----------|
| 05/13/05 | 3375 | \$206.33 |

U.S. FUNDS

Two Hundred and Six and 12/100 Dollars

PAY TO THE ORDER OF

Clinton County SCU
P.O. Box 15309
Albany, NY
12212-5309


DOMINION SAMPLE
Authorized Signature

⑆003375⑆ 1:11781-0061: 00⑈537-60⑆

* Foreign

2001

2007

OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE
DIVISION OF CHILD SUPPORT ENFORCEMENT

TRAINING MANUAL

FOR

ICR MAIL SORTING AND PROCESSING

March 26, 2003

DESCRIPTION OF INTERSTATE MAIL SORTING

Note: all mail delivered to the processing center via the courier means that it was sent to the Interstate Central Registry (ICR) at 40 N Pearl Street instead of directly to the processing center. This requires the contractor to send a copy of the "Incorrect Address" form to the initiating jurisdiction (IJ) (Attachment A). This is in addition to handling each piece of mail. If the mail is being returned to the IJ, the "Incorrect Address" form can be included in the same envelope with the return mail. If the mail from the IJ is not going to be returned, the "Incorrect Address" form must be sent in a separate envelope. This form will be provided by the ICR.

The instructions for mail sorting are as follows. Interstate mail is sorted into one of four categories.

1. Incoming Interstate Cases
2. Quick Locates
3. Correspondence
4. Other

Mail that falls into category #1 is placed there first, then category #2, etc. In other words, if it looks like some mail might fall into two different categories, the above hierarchy should be used (with certain exceptions noted below).

1. Incoming Interstate Cases.

An incoming interstate case is anything that contains a federal form called the Child Support Enforcement Transmittal #1 (CSET #1). There will almost always be several other forms in these envelopes as well, and the CSET #1 will not always be on top, so the entire contents of an envelope must be searched to see if this form is present. If the CSET #1 form is present, the packet is an incoming interstate case, and as such it must be built into the ICR Automation system. (See separate instructions for the ICR Automation process.) Please note that while there might be some slight variation in the appearance of a CSET #1, the form is still easily recognizable. Also, there are federal forms called CSET #2 and CSET #3. These are not the same as a CSET #1. If there is no CSET #1, the packet will automatically fall into one of the other three categories.

Exception: If there is a CSET #1 that only requests a location, and there are no other documents accompanying the CSET #1, this request would fall into category #2. The state of New Jersey often sends this type of request. If there is a CSET #1 that requests a locate and also requests other actions, it is an incoming interstate case for the ICR Automation process.

2. Quick Locates.

A Quick Locate is anything that contains the federal Quick Locate form. Any other document that requests a location would also fall into this category. Also, similar terminology (a request for automated searches, requests to provide current address and/or employment information, etc.) on incoming requests would also cause these requests to fall into this category. Packets for this category almost always contain only one or two sheets of paper. (See separate instructions for processing Quick Locates.)

Exception: Locates that give information about outgoing New York State cases. These are locations sent by one of our local districts to another state asking them to conduct a location for us. While these are sometimes difficult to figure out, if you do note that some mail is really locate information requested by one of our districts it should fall into category #3.

3. Correspondence.

Any packet that does not contain a CSET #1 or a Quick Locate form (or similar request for locate) might fall into this category. These are requests for case specific information. This could include: a request for a status, a request for a case update, case information, a request for assistance, a payment history request, a request for copies of court orders or

other documents, etc. Packets for this category often contain very few sheets of paper, although there is some variation in this regard. If it is unclear whether a piece of mail would fall into categories #3 or #4, the contractor should err on the side of caution and place it into category #4.

Note that if a request states or indicates that it is a "Second Request" (or a third request, etc.) it falls into category #4, NOT category #3.

Note: see separate detailed training instructions for correspondence below.

4. Other.

Any correspondence that does not fall into one of the first three categories automatically falls into this category. All correspondence from this category must be sent to the ICR, via the courier, on a daily basis as part of the courier's regularly-scheduled runs. These include the following:

- Documents that state or indicate that they are second (or third, fourth, etc.) requests for assistance.
- Documents received for cases currently in the ICR Automation process, that are in suspense. These will be accompanied by the ICR's "Interstate IV-D Case Acknowledgment" Letter (see Attachment C).
- Documents that are not case specific, but that are looking for (or providing) general interstate child support case processing information.
- International mail unless it clearly falls into one of the first three categories.
- Documents that have nothing to do with interstate case processing, and that are clearly meant for an individual worker. Note that just because an envelope has a specific worker's name on it does not mean that it falls into this category. Some mail containing a worker's name would, in fact, fall into one of the other three categories.
- Anything that does not fall into one of the first three categories not previously mentioned here.

DESCRIPTION OF INTERSTATE CORRESPONDENCE

The instructions for handling interstate correspondence are as follows. The response will be in the form of a label that will be affixed to the correspondence that directs the initiating jurisdiction (IJ) to contact one of our child support units, family courts, or IV-D attorneys offices. The correspondence is then to be returned to the IJ. Most correspondence has identifiers that help determine which child support unit, family court, or IV-D attorneys office is handling a case. The case must be researched on CSMS to determine which child support unit, family court, or IV-D attorneys office is responsible for the case.

Case Identifiers.

The following identifiers are to be used to look up a case, in this order:

1. CSMS case number: only if the local district is identified in the correspondence, or if the first letter in the CSMS case number is an "N", signifying a New York City (NYC) case.
2. Non-custodial parent Social Security Number (SSN).
3. Custodial parent Social Security Number (SSN).
4. Non-custodial parent name.
5. Custodial parent name.

Note for #4 & 5 above:

A case may contain different combinations of the above identifiers. Correspondence received without a case number require two matches from the final four fields, with additional information outlined below. If there are hits with both SSN's, that is considered a match. If there is a name match for both parties, and there are no other cases on CSMS except within the same county, that is considered a match. If there is a name match for both parties in more than one county, the following four fields must be searched for each case with a match: IJ state address hit (CA screen, either party - see Attachment B1); Court Docket Number (FS screen see Attachment B2); child(ren) name (CH screen - see

Attachment B3); or Date of Birth (CA screen – see Attachment B4). If both names match and at least one of these four fields is also a match, that is considered a match.

Search Results.

● possible search result categories are as follows.

1. An Upstate district.
2. A New York City case that falls in the “case-only” category
3. A New York City case that falls in the “account” category.
4. A New York City case where the IJ is requesting a copy of a family court order.
5. Two or more cases that are found within the same local district (rest-of-state or NYC).
6. Two or more cases that are found within different local districts.
7. There is insufficient information to identify the case.
8. No case could be found on CSMS.

Labels.

A distinct label is to be affixed to each piece of correspondence and then returned to the IJ. There are fifty-seven (57) different labels for correspondence that falls into category #1 above. There are five (5) different labels for correspondence that falls into category #2 above. There are five (5) different labels for correspondence that falls into category #3 above. There are six (6) different labels for correspondence that falls into category #4 above. There is one (1) label for correspondence that falls into category #7 above. There is one (1) label for correspondence that falls into category #8 above. The two diskettes labeled Attachment B contain all of these labels.

Determining Appropriate County

● Using the case identifiers listed above, determine which local district a case is located in. The following search methods should be employed on CSMS:

- IVDJCA [CSMS case number], only after accessing the appropriate local county
- IVDJSS [non-custodial parent SSN]
- IVDJSS [custodial parent SSN]
- IVDSNS LR [non-custodial parent last name, non-custodial parent first name]
- IVDSNS LC [custodial parent last name, custodial parent first name]
- IVDJCA [IJ state address match and Date of Birth match]
- IVDJFS [Court Docket Number match]
- IVDJCH [child(ren) name match]

Please refer to the CSMS Training Manual for instruction in conducting the above search methods.

Note: In the NYC CSMS system, instead of IVDSNS, it would be IVDJNS. Everything else remains the same.

Compare the case information on CSMS with the information provided by the IJ. If there is a match, a label should be affixed to the original correspondence from the IJ and the correspondence should then be returned directly to the IJ. The label should be highlighted to draw attention to it.

Depending on the results of the searches, the following labels should be used:

1. If one case/account is found in a rest-of-state local district (any county outside of New York City), the appropriate rest-of-state county label is to be used.
2. If one case is found in New York City, and that case falls in the “case-only” category, the appropriate NYC Corporation Counsel address label is to be used. To determine if a case falls into the “case-only” category, view the CA screen and look at the CASE-ID field. If the first letter is a “C” it is a case-only. To determine the appropriate

borough office, view the RA screen. The oldest residential address that exists for one of the New York City boroughs is the office that is working the case.

3. If one case is found in New York City, and that case falls in the "account" category, the appropriate NYC child support unit address label is to be used. To determine if a case falls into the "account" category, view the CA screen and look at the CASE-ID field. If the first letter is an "A" it is an account. To determine the appropriate borough office, view the IVDQRY screen, then go to ledger #01. The CRT-LOC field tells which borough office is working the case. Codes are as follows: 01 = New York County, 02 = Kings County, 03 = Bronx County, 04 = Queens County, 05 = Richmond County.
4. If the IJ is requesting a copy of a family court order on a New York City case, use the methods described in #2 and #3 above to determine which family court label is to be used. Exception: an additional field on IVDQRY must be checked when a copy of a family court order is requested and the case is in account status. This is the COUNTY-ACCT-NO field. If the second digit in this field is the letter "D", then a special label must be used. This is the CSET family court label.
5. If the IJ is requesting or supplying case specific information involving two or more cases that are found within the same district, no special instructions are needed, as the regular county address label is to be used (see #1-#4 above).
6. If the IJ is requesting or supplying case specific information involving two or more cases that are found within different districts, the most recent case is to be used. This can be determined by looking at the CA screen of each case. There is a field called the CASE-OPENED field that has the date the case was built. Whichever case was built last will dictate the label that is to be used.
7. The Initiating Jurisdiction (IJ) is requesting or supplying case specific information on a case, but there is insufficient information to identify the case. This means that there is no case number and there are no SSN's provided by the IJ, and the names are too common for any reliable searches. There is a special label to be used when this occurs called "OTHER - INSUFFICIENT INFORMATION".
8. The Initiating Jurisdiction (IJ) is requesting or supplying case specific information on a case, but no case could be found on the system. This means that there is a CSMS case number or an SSN or an uncommon name provided, but there is no case on CSMS. There is a special label to be used when this occurs (different from the label used for #7 above) called "OTHER - NOT FOUND ON CSMS".

Note: if a request on a New York City case asks for both a copy of a court order and for something else, two labels are to be used: one label to direct the IJ to the appropriate borough child support unit/corporation counsel office, and another label to direct them to the appropriate family court to get the copy of the order.

After the appropriate label is affixed to the original piece of correspondence (and highlighted), it is to be returned to the IJ. The entire correspondence is to be returned. However, the original envelope can be discarded.

NOTICE

Your interstate mail to New York State was mailed to the wrong address.

- The correct address for all initial incoming interstate cases to New York State is:

New York State Interstate Central Registry
c/o NYS Processing Center
PO Box 15366
Albany, N.Y. 12212-5366

- The correct address for all incoming Quick Locates to New York State is:

New York State Parent Locator Service
c/o NYS Processing Center
PO Box 15366
Albany, N.Y. 12212-5366

- Follow-up status requests on existing interstate cases are to be sent directly to the local district office that is working the case. This information was previously sent to you on the Child Support Enforcement Transmittal #1, Acknowledgment Page. Local district addresses and telephone numbers are also available on the Federal OCSE website in the Interstate Roster & Referral Guide. If the local district contact information is not known to you, please call the New York State Interstate Central Registry and we will give you the correct contact information.

The telephone number for the New York State Interstate Central Registry is (518) 474-9092, and the fax is (518) 473-1643.

Thank you.

ATTACHMENT C

INTERSTATE IV-D CASE ACKNOWLEDGMENT

FROM: M. _____
New York State Interstate Central Registry
Division of Child Support Enforcement
40 North Pearl Street, 13th floor
Albany, NY 12243-0001
Telephone: (518) 474-9092 Fax: (518) 486-3127

DATE: _____

TO: Initiating Jurisdiction
Attn: _____

RE: Additional Documents Required to Process
 UIFSA Paternity/Support Petition
 Registration/Modification of Foreign Support Order or Income-Withholding Order
 Modification of NYS Support Order
 Determination of Controlling Order
 Enforcement of NYS Support Order/Change of Payee

_____ vs. _____
Initiating Jurisdiction Case No: _____

cc: Colleague:

The above referenced request has been received by the New York Interstate Central Registry. We are unable to process your request at this time because certain documents were not received. Please assist us in securing support for the children on this case by providing the documents marked below, or notifying us as to when the information will be provided, **within 30 days of receipt of this request.**

REQUESTED DOCUMENTS DUE TO ICR BY:

- Signed "Child Support Enforcement Transmittal #1", with Acknowledgment Page.
- Signed & Notarized "Uniform Support Petition" (1 original/certified + 2 copies).
- Signed & Notarized "General Testimony" (1 original/certified + 2 copies).
- Signed & Notarized "Affidavit in Support of Establishing Paternity" (1 original/certified + 2 copies, per child).
- Two copies, including one certified copy, of all orders to be registered, including any modifications.
- Registration Statement, either signed & notarized by the party seeking registration, or certified by the custodian of the records (1 original/certified).
- Three copies, including one certified copy, of the order to be modified.
- One copy of the New York order that you want enforced, including any modifications.
- Other:

Please ensure that originals and all copies of forms submitted are clearly legible.

A copy of this letter must be included with the requested documents in order for your case to be processed. Also, please be sure to return this to the address identified above and not to our regular post office box. Thank you.

ATTACHMENTS B1, B2, B3, & B4 are CSMS screens.

20007

2007

OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE
DIVISION OF CHILD SUPPORT ENFORCEMENT

MEDICAL SUPPORT EXECUTION (MEDX)

DATA CAPTURE

MANUAL

CENTRALIZED SUPPORT
COLLECTION AND ENFORCEMENT

September 6, 2006

Table of Revisions

| | |
|------------|--------------------|
| Issue Date | November 13, 2003 |
| Revisions: | January 13, 2004 |
| | April 1, 2004 |
| | September 21, 2004 |
| | March 2, 2005 |
| | May 19, 2005 |
| | September 6, 2006 |

MEDX DATA CAPTURE

I. MAIL SORTING

- 1) PART A - EMPLOYER RESPONSE
- 2) PLAN ADMINISTRATOR RESPONSE -- ONLY
- 3) PLAN ADMINISTRATOR RESPONSE with a PLAN ADMINISTRATOR RESPONSE ADDENDUM and/or Supporting Health Plan Documents(s)
- 4) PLAN ADMINISTRATOR RESPONSE ADDENDUM and/or Supporting Health Plan Document(s)
- 5) SOCIAL SECURITY ADMINISTRATION/WORKERS COMPENSATION/OTHER
- 6) OTHER CORRESPONDENCE

II. DATA CAPTURE TASKS:

- 1) **PART A - EMPLOYER RESPONSE:** (see attachment Part A, page 2 of 5)
 - A) A box is marked and/or information is provided:
Data capture the following information:
 - County Code – data element 2
 - CSMS case number – data element 3
 - Employer number – data element 4
 - Employer Federal EIN number – data element 5
 - Employer Medical Indicator – data element 22 using the following conversion:
 - Box 1 = N or
 - Box 2 = B or
 - Box 3 = 4 or
 - Box 4 = A
 - B) If no box is marked and no PLAN ADMINISTRATOR RESPONSE and/or Supporting Health Plan Documents or a PLAN ADMINISTRATOR RESPONSE ADDENDUM and/or Supporting Health Plan Documents is included:
 - Return to employer with a cover letter identifying deficiency.
 - C) If no box is marked and a PLAN ADMINISTRATOR RESPONSE-ONLY is included:
 - Process according to Section 2.
 - D) If no box is marked and the PLAN ADMINISTRATOR RESPONSE and/or Supporting Health Plan Documents and PLAN ADMINISTRATOR RESPONSE ADDENDUM and/or Supporting Health Plan Documents are included:
 - Process according to Section 3.
 - E) If no box is marked and a PLAN ADMINISTRATOR RESPONSE and/or Supporting Health Plan Documents are not included and a PLAN ADMINISTRATOR RESPONSE ADDENDUM and/or Supporting Health Plan Documents are included:
 - Process according to Section 4.
- 2) **PART B - PLAN ADMINISTRATOR RESPONSE - ONLY:** (see attachment Part B, page 2 of 4)

- A) A box is not marked and no date is provided:
 - Return to employer with a cover letter identifying deficiency.
- B) A box is marked or a date is provided:
 - Box 1 and/or 2 = Return to employer with a cover letter identifying deficiency.
 - Box 3 only = Forward to respective Local District.
 - Box 4
 - County Code – data element 2
 - CSMS case number – data element 3
 - Employer number – data element 4
 - Employer Federal EIN number – data element 5
 - Effective date - data element 12
 - If the waiting period expires date is > 90 days from date of data capture enter the date provided and a “W” in data element 23.
 - If the date provided is < 90 days from the date of data capture, return to employer with cover letter identifying deficiency.
 - If no date provided and information is provided in “describe here” enter 9s in required field format and a “W” in data element 23.
 - Box 4 only = Return to employer with a cover letter identifying deficiency.
 - If no date or “describe here” information provided.
 - Box 5 only = Forward to respective Local District.

3) **PART B - PLAN ADMINISTRATOR RESPONSE with a PLAN ADMINISTRATOR RESPONSE ADDENDUM and/or Supporting Health Plan Documents:**

- A) A box is not marked or no date is provided:
 - Proceed to Section 4 – Plan Administrator Response Addendum
- B) A box is marked and or a date is provided:
 - Box 1 = Proceed to Section 4.
 - Box 2 = Effective Date – data element 12
 - If the date provided is > 90 days from date of data capture enter the date and a “W” in data element 23.
 - If the date provided is < 90 days from the date of data capture enter the date provided.
 - Proceed to Section 4.
 - Box 3 = Forward to respective Local District.
 - Box 4 only = Return to employer with a cover letter identifying deficiency.
 - If date is missing or no information is provided in “describe here”.
 - Box 4
 - County Code – data element 2
 - CSMS case number – data element 3
 - Employer number – data element 4
 - Employer Federal EIN number – data element 5
 - Effective Date – data element 12
 - If the waiting period expires date is > 90 days from date of data capture enter the date provided and a “W” in data element 23.

- If the date provided is < 90 days from the date of data capture enter the date provided.
- If no date is provided and information is provided in “describe here” enter 9s in required field format and a “W” in data element 23.
- Proceed to Section 4
- **Box 5 = Forward to respective Local District.**

C) If the PLAN ADMINISTRATOR RESPONSE provides or corrects a child’s name, social security number or date of birth for any one of the records listed – forward a copy of the addendum to the respective local district noting the change to the child’s personal data.

4) PLAN ADMINISTRATOR RESPONSE ADDENDUM and/or Supporting Health Plan Documents Only:

A) Determine Validity of Plan Administrator Response Addendum and/or Supporting Health Plan Documents:

➤ **Valid Response**

- **Number 1 is complete (date provided) with health insurance information:**

Data capture the following data elements:

- County Code – data element 2
- CSMS case number – data element 3
- Employer number – data element 4
- Employer Federal EIN number – data element 5
- Effective Date – data element 12
 - If the waiting period expires date is > 90 days from date of data capture enter the date provided and a “W” in data element 23.
 - If the date provided is < 90 days from the date of data capture enter the date provided.
- Data capture a complete set of the health insurance information as follows (max. 5 occurrences):
 - Group Insurance Carrier - data element 6
 - Claims Address – data element 7 through 11
 - Policy ID number - data element 13
 - Group Number - data element 14 (If no Group number exists enter “None”)
 - Effective date - data element 12
 - ❖ If a date is provided, data capture. This date takes precedence over dates provided in Sections II. 1, 2 or 3.
 - ❖ If multiple dates are provided, data capture first date listed and if > 90 days from date of data capture a “W” is entered in data element 23.
 - Type of Coverage Code (max. 20 occurrences if provided) – data element 15

- **Number 1 (date provided) with health insurance information, and number 2 a “NO” box is checked for each corresponding “Record No.”**

Data capture the following data elements:

- County Code – data element 2

- CSMS case number – data element 3
 - Employer number – data element 4
 - Employer Federal EIN number – data element 5
 - Effective Date – data element 12
 - If the waiting period expires date is > 90 days from date of data capture enter the date provided and a “W” in data element 23.
 - If the date provided is < 90 days from the date of data capture enter the date provided.
 - Data capture an “N” for each record number – data element 20
 - Data capture child record number - data element 21
 - Data capture child name – data element 17
 - Data capture child SSN – data element 19
 - Data capture a complete set of the health insurance information as follows (max. 5 occurrences):
 - Group Insurance Carrier - data element 6
 - Claims Address – data element 7 through 11
 - Policy ID number - data element 13
 - Group Number - data element 14 (If no Group number exists enter “None”)
 - Effective date - data element 12
 - ❖ If date provided, data capture. This date takes precedence over dates provided in Sections II. 1, 2 or 3.
 - ❖ If multiple dates are provided, data capture first date listed and if > 90 days from date of data capture a “W” is entered in data element 23.
 - Type of Coverage Code (max. 20 occurrences if provided) – data element 15
- Number 1 (date provided) with health insurance information, number 2 a “YES” box or a combination of “YES” and “NO” boxes is checked for each corresponding “Record No.” and number 3 is complete.

Data capture the following data elements:

- County Code – data element 2
- CSMS case number – data element 3
- Employer number – data element 4
- Employer Federal EIN number – data element 5
- Effective Date – data element 12
 - If the waiting period expires date is > 90 days from date of data capture enter the date provided and a “W” in data element 23.
 - If the date provided is < 90 days from the date of data capture enter the date provided
- Data capture a Y or N as indicated for each record number – data element 20
- Data capture child record number - data element 21
- Data capture child name – data element 17
- Data capture child SSN – data element 19

A complete set of the following (max. 5 occurrences):

- Group Insurance Carrier - data element 6
- Claims Address – data element 7 through 11
- Policy ID number - data element 13
- Group Number - data element 14 (If no Group number exists enter “None”)
- Effective date - data element 12

- If date provided, data capture. This date takes precedence over dates provided in Sections II.1, 2 or 3.
 - If multiple dates are provided, data capture first date listed and if > 90 days from date of data capture a "W" is entered in data element 23.
 - Type of Coverage Code (max. 20 occurrences if provided) – data element 15
- Number 2 a "YES" box or a combination of "YES" and "NO" boxes is checked for each corresponding "Record No.", number 3 is complete and health insurance information is provided.

Data capture the following data elements:

- County Code – data element 2
- CSMS case number – data element 3
- Employer number – data element 4
- Employer Federal EIN number – data element 5
- Data capture a Y or N as indicated for each record number – data element 20
- Data capture child record number - data element 21
- Data capture child name – data element 17
- Data capture child SSN – data element 19

A complete set of the following (max. 5 occurrences):

- Group Insurance Carrier - data element 6
- Claims Address – data element 7 through 11
- Policy ID number - data element 13
- Group Number - data element 14 (If no Group Number exists enter "None")
- Effective date - data element 12
 - If date provided, data capture. This date takes precedence over dates provided in Sections II.1, 2 or 3.
 - If multiple dates are provided, data capture first date listed and if > 90 days from date of data capture a "W" is entered in data element 23.
- Type of Coverage Code (max. 20 occurrences if provided) – data element 15

- If the PLAN ADMINISTRATOR RESPONSE provides or corrects a child's name, social security number or date of birth for any one of the records listed – forward a copy of the addendum to the respective local district noting the change to the child's personal data.

➤ **Invalid Response**

(various invalid conditions removed, first condition modified to fit all conditions)

- Response Addendum is returned and number 1 or 2 or 3 are not completed:
 - Return to employer with a cover letter identifying deficiency
(All appropriate information must be provided)

5) **SOCIAL SECURITY ADMINISTRATION/WORKERS COMPENSATION/OTHER**

A) Returned with Part A or Part B, data capture the following:

- County Code – data element 2
- CSMS case number – data element 3
- Employer number – data element 4
- Employer Federal EIN number – data element 5

- Employer Medical Indicator – data element 22 using the following conversion:
 - Place an N in Box 1 as if capturing from the Employer Response.

III. Processing Changes to Employer Information:

When Notices and/or Supporting Health Plan Documents are returned and the employer name or address has been changed, forward to the appropriate unit for data capture.

IV. Forwarding Mail to Local Districts:

Other correspondence and copy(s) of Notices identifying changes to child(ren) personal data must be forwarded to the respective local district with a batch header indicating “MEDX - other correspondence”. The batch header must indicate the specific reason the document(s) is being forwarded.

2007

OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE
DIVISION OF CHILD SUPPORT ENFORCEMENT

TRAINING MANUAL FOR DATA CAPTURE
OF
MULTIPLE DOCUMENTS

- WAGE AND HEALTH BENEFITS REPORT (WHBR)
- NOTICE TO WITHHOLD INCOME (IEX)
- EMPLOYER COMPLIANCE NOTICE (NCMP)
- SUPPORT WITHHOLDING REMINDER (SWR)

CENTRALIZED SUPPORT
COLLECTION AND ENFORCEMENT

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20001

**MULTIPLE DOCUMENT DATA CAPTURE
(WHBR/IEX/NCMP/SWR)**

I. MAIL SORTING TASKS FOR NOTICES AND SUBSTITUTE DOCUMENTS*:

- Wage and Health Benefits Report (WHBR)
- Notice to Withhold Income for Child Support (IEX)
- Employer Compliance Notice (NCMP)
- Support Withholding Reminder (SWR)
- Other Correspondence

UNDELIVERABLE DOCUMENTS

When documents are mailed and returned to the processing center as “undeliverable” by the post office, take the following action:

- A. If the document is returned with a New Address:
- Place the returned document in a new envelope and re-mail the document to the address provided by the post office.
 - Update IVDJRR as follows: “(date PC) [last CSMS alpha/numeric] Postmaster reports RE# has new address [new address reported by Postmaster]. [WHBR/IEX/NCMP/SWR] re-mailed to new address”.
- B. If the document is returned without a New Address:
- Update VER-IND on IVDJRE record to “N”.
 - Update IVDJRR as follows: “(date PC) [last CSMS alpha/numeric] Post Office returned [WHBR/IEX/NCMP/SWR] mailed to RE# as ‘undeliverable’”.

II. DATA CAPTURE TASKS:

WAGE AND HEALTH BENEFITS REPORT (WHBR):

Determine if the CSMS case is “Active” or “Closed”. Data capture the information provided by the employer as follows:

- A. Active Cases
- Perform Process 1 through 4 as appropriate.
- B. Closed Cases
- If the case is closed and there are no open groups, update IVDJRR as follows as identified on the WHBR: “(date PC) [last CSMS alpha/numeric] RE# reports on WHBR that NCP still employed / no longer employed / [statement provided by employer]”.

Process 1 - STATUS OF EMPLOYEE

STATUS OF EMPLOYEE (page 1 of WHBR) "Is individual still employed by you?"

- A. If the "YES" box or the "NO" box is not marked and there is no other indication as to employment status:
- Return incomplete document to the employer with cover letter identifying the reason for return.
- B. If the "NO" box is marked or the employee is on leave for => 30 days or the last pay received is => 30 days or information is provided on the WHBR indicating that the NCP is not currently employed or a Third Party Query (TPQ) is received from the Social Security Administration (SSA) in lieu of a completed WHBR:
- Close the RE # F001 group that has the same date and RE# as the WHBR date and RE# being data captured with F801. Set IEX-IND on IVDJRE to "4".
 - Update IVDJRR as follows as identified on the WHBR: "{(date PC) [last CSMS alpha/numeric] RE# reports on WHBR that NCP still employed / no longer employed / [statement provided by employer or SSA]}".
 - For account status cases, if VER-IND= "N" or "[blank]" on all IVDRES records and DLNT-SW ≠ 00, 01, 14, 15 or 19, set DLNT-SW to 08.
 - If a Third Party Query (TPQ) is received from the SSA in lieu of a completed WHBR, and (1) the SSR Status Code on line 2 of the TPQ ≠ "SSR NO" or (2) the Payment Status Code on line 9 of the TPQ ≠ "C -BENEFITS PAID", update VER-IND on IVDJRE to "N".
 - If a new employer is provided, review existing IVDJRE records on the case.
 1. If the new employer exists on IVDJRE and a WHBR or IEX has not been generated and the DLNT-SW ≠ 00, 01, 02, 05, 14, 15 or 19, generate an IEX to the new employer.
 2. If the new employer does not exist on IVDJRE, build a new record using the information provided on the WHBR. Use SOURCE-CD "LPC", and VER-IND "V".
 - a. For cases in account status, generate an IEX to the new employer, unless the DLNT-SW ≠ 00, 01, 02, 05, 14, 15 or 19.
 - b. For case only cases, generate a WHBR to the new employer.
 - Proceed to Process 3 (EMPLOYEE INFORMATION)

C. If the "YES" box is marked or information is provided on the WHBR indicating that the NCP is currently employed or a TPQ is received from the SSA in lieu of a completed WHBR:

- If the SSR Status Code on line 2 of the TPQ = "SSR NO" and the Payment Status Code on line 9 of the TPQ = "C -BENEFITS PAID", update VER-IND on IVDJRE to "V" and update IEX-IND on IVDJRE to "Z".
- Close the RE # F001 group that has the same date and RE# as the WHBR date and RE# being data captured with F901. Update the OCCUPATION field on the RE record with Pay rate provided in STATUS OF EMPLOYEE section of WHBR (e.g., XX.XX/HR, XXX/DAY, XXXX/WK, XXXX/BIWK, XXXXX/MTH, XXXXXX/YR). If no Pay rate has been provided in STATUS OF EMPLOYEE section of WHBR, then use Wages, tips, and other compensation provided in EMPLOYEE WAGES AS REPORTED ON MOST RECENTLY FILED W-2 section of WHBR (e.g., XXXXXX/YR). Update VER-IND on IVDJRE to "V".
- If the IVDJRE record indicated on the WHBR has been deleted and the WHBR states that the NCP is still employed, build a new verified IVDJRE record. Build an F001 group and close it with F901.
- If the case is in account status, review existing IVDJRE records on the case. If the DLNT-SW \neq 00, 01, 02, 05, 14, 15 or 19 and an IEX has not been generated, generate an IEX to the employer and set DLNT-SW to 07.
- Update IVDJRR as follows: "(date PC) [last CSMS alpha/numeric] RE# WHBR/NCMP/SWR/Substitute Document data captured".
- Proceed to Process 2 (EMPLOYER INFORMATION)

Process 2 - EMPLOYER INFORMATION

EMPLOYER INFORMATION (page 1 of WHBR)

- A. If the Name and or Address provided by the employer is substantially different from the IVDJRE EMPLOYER-NAME/ADDRESS and the IVDJRE IEX-IND \neq 1, 2 or 3; or the employer name is not "OFFICE OF THE STATE COMPTROLLER" or a variation thereof, e.g., NYS/STATE OF NEW YORK/STATE COMPTROLLER/NYS PAYROLL/NYS OFFICE/STATE PAYROLL/STATE OFFICE with an Albany, NY address.
- If the SOURCE-CD = "WRS", build a new IVDJRE record using the Name and/or Address provided by the employer, the FEIN resident on the original RE record and SOURCE-CD "LPC" (do not enter any data below the SOURCE-CD).
 - If the SOURCE-CD = "L _ _ _", update IVDJRE with the Name and/or address provided by the employer and update the VER-IND = V.

- If the SOURCE-CD \neq "WRS" or "L _ _ _", build a new IVDJRE record using the Name and/or Address provided by the employer, the FEIN resident on the original RE record, any other information available on the originating RE record and SOURCE-CD "LPC". Update the VER-IND = V.
- B. If an employer Telephone number is provided on page 1 and/or 3 and is different from the IVDJRE telephone number, data capture the number from page 1 unless a number is provided on page 3. Update IVDJRE with the Telephone number provided on the WHBR as the EMPLOYER-PHONE.
- C. If the Federal Employer Identification Number (FEIN) provided by the employer is either missing or different from the IVDJRE EMPLOYER-ID-NO and the FEIN is 9 characters and IEX-IND \neq 1, 2, 3 or 4:
- If the SOURCE-CD \neq "L _ _ _", build a new IVDJRE screen using the (FEIN) provided as the EMPLOYER-ID-NO and SOURCE-CD "LPC".
 - If the SOURCE-CD = "L _ _ _", update the IVDJRE with the FEIN provided.
- D. Proceed to Process 3 (EMPLOYEE INFORMATION)

Process 3 - EMPLOYEE INFORMATION

EMPLOYEE INFORMATION (page 2 of the WHBR)

- A. If the Mailing address provided on the WHBR is complete and substantially different from the verified mailing address on IVDJRA:
1. Review the IVDJRA records to determine if the address provided is resident on IVDJRA.
 2. If the address is not resident, build a new IVDJRA record. Use the Mailing address provided on the WHBR. Use SRC-CD "LPC" and generate a PCL on the newly-built record.
 3. If the address is resident and the VER-IND="blank" or "I" for greater than one month, generate a PCL for the record.
- B. If the Residential address provided on the WHBR is complete and substantially different from the IVDJRA residential address:
1. Review the IVDJRA records to determine if the address provided is resident on IVDJRA.
 - If the address is not resident, build a new IVDJRA record. Use the Residential address provided on the WHBR. Use SRC-CD "LPC" and generate a PCL on the newly-built record.

- If the address is resident and VER-IND \neq V or R, update the VER-IND as instructed in the NCP ADDRESSES TM.
- C. If the Home telephone number provided on the WHBR is different than IVDJRI update IVDJRI if the employee is currently employed or has been terminated less than 60 days.
- D. If the SSN on file with employer provided on the WHBR is different from the current SSN on IVDJRI:
1. And the SSN field is blank:
 - i. Load the SSN on file with employer provided into the IVDJRI SSN NO field, set APRRS-CD to "N".
 - ii. Update IVDJRR with remark: "(date PC) [last CSMS alpha/numeric] RE# reports on WHBR that NCP SSN is XXX-XX-XXXX, IVDJRI updated".
 2. And the SSN field is not blank:
 - i. View IVDRSS, enter the SSN if it is not listed.
 - ii. Update IVDJRR with remark: "(date PC) [last CSMS alpha/numeric] RE# reports on WHBR that NCP SSN is XXX-XX-XXXX, IVDRSS updated."
- E. Proceed to Process 4 (HEALTH INSURANCE BENEFITS INFORMATION)

Process 4 (HEALTH INSURANCE BENEFITS INFORMATION)

HEALTH INSURANCE BENEFITS INFORMATION (page 3 of the WHBR)

If the case is in case only status and the employee is currently enrolled in a family (dependent) health care plan or health benefit information is provided data capture as follows:

- A. Update the employer (IVDJRE) HEALTH INS. CARRIER on the RH screen with the Name provided under Question 2.b on the WHBR.
- B. Update CLAIMS ADDRESS on the RH screen with the Address provided under Question 2.b on the WHBR.
- C. Update EFF DT OF COVERAGE on the RH screen with the START DATE provided under Question 2.a on the WHBR.
- D. Update POLICY ID NO on the RH screen with the EMPLOYEE'S POLICY IDENTIFICATION NO. provided under Question 2.d on the WHBR.

- E. Update GROUP NO on the RH screen with the GROUP POLICY IDENTIFICATION NO. provided under Question 2.c on the WHBR.
- F. For each of the DEPENDENTS ENROLLED:
- Confirm the DEPENDENT ENROLLED by matching the dependent (child) name, associated case ID, and CSMS case number provided on the WHBR with information provided on IVDJCH.
 - If confirmed and the MI first position is = "2" update the field to "31".

NOTICE TO WITHHOLD INCOME (IEX):

Determine if the CSMS case is "Active" or "Closed". Data capture the information provided by the employer as follows:

A. Closed Cases

- If the case is closed and there are no open groups, update IVDJRR as follows as identified on the IEX: "(date PC) [last CSMS alpha/numeric] RE# reports on IEX that NCP no longer employed / [statement provided by employer]".

B. Active CSMS Cases

- Employment Status
 - On IVDJSI build an F001 status with the Employer RE # provided on the IEX in the MI field, and then add F801 Reason Code 14. Set IEX-IND on IVDJRE to 4.
 - Update IVDJRR as follows as identified on the IEX: "(date PC) [last CSMS alpha/numeric] RE# reports on IEX that NCP no longer employed / [statement provided by employer]".
 - If VER-IND = N or blank on all other IVDRES records and DLNT-SW \neq 00, 01, 05, 14, 15 or 19, set DLNT-SW to 08.
- New Employer's Name and Address
 - If a new employer is provided on the IEX, review existing IVDJRE records.
 - a. If the new employer exists on IVDJRE and a WHBR or IEX has not been generated and DLNT-SW \neq 00, 01, 02, 05, 14, 15 or 19, generate an IEX to the new employer.

- b. If the new employer does not exist on IVDJRE, build a new record using the information provided on the IEX. Use SOURCE-CD "LPC" and VER-IND "V". Generate an IEX to the new employer, unless DLNT-SW ≠ 00, 01, 02, 05, 14, 15 or 19.

- Employee's Address

- If the Last Known Home Address provided on the IEX is complete and substantially different from the IVDJRA mailing address:
 - a. If the address is not on IVDJRA, build a new record. Use the Last Known Home Address provided on the IEX, SRC-CD = LPC and generate a PCL to the new IVDJRA record.
 - b. If the address is on IVDJRA and VER-IND = "blank" or "I" greater than the one month, generate a PCL to the IVDJRA record.

EMPLOYER COMPLIANCE NOTICE (NCMP):

Determine if the CSMS case is "Active" or "Closed." Data capture the information provided by the employer as follows:

A. Closed Cases

- If the case is closed and there are no open groups, update IVDJRR as follows as identified on the NCMP: "(date PC) [last CSMS alpha/numeric] RE# reports on NCMP that NCP still employed / no longer employed / [statement provided by employer]".

B. Active Cases

- Perform Processes 1 through 3 as appropriate.

SUPPORT WITHHOLDING REMINDER (SWR) – Listings and Coupons:

Determine if the CSMS case is "Active" or "Closed." Data capture the information provided by the employer as follows:

A. Closed Cases

- If the case is closed and there are no open groups, update IVDJRR as follows as identified on the SWR: "(date PC) [last CSMS alpha/numeric] RE# reports on SWR that NCP no longer employed / [statement provided by employer]".

B. Active Cases

- Perform Processes 1 and 2 as appropriate.

OTHER CORRESPONDENCE:

Forward other correspondence to the respective Local District with a dated batch header "Multiple Document – Other Correspondence/LD."

III. MAILING TASKS:

For WHBRs containing "LD" in the first two spaces of the JCA Worker Code:

- Forward to respective Local Districts a copy of the scanned WHBR with a dated batch header "Multiple Document – Other Correspondence/LD" via two-day priority mail the same day of data capture.

* **Note:** Substitute documents received from employers or income payers providing employment, health benefit, and/or non-custodial parent information are to be data captured in accordance to the processes identified in this document when the NCP name, employer name, and CSMS case number or NCP social security number is provided.

2007

[TM FOR DC OF CP ADDRESSES FROM AVL]

OFFICE OF TEMPORARY AND DISABILITY
ASSISTANCE
DIVISION OF CHILD SUPPORT ENFORCEMENT

TRAINING MANUAL FOR DATA CAPTURE

OF

CP ADDRESSES FROM NYC
ADDRESS VERIFICATION LETTERS

CENTRALIZED SUPPORT
COLLECTION AND ENFORCEMENT

December 14, 2006

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**CP ADDRESS DATA CAPTURE FROM NYC
ADDRESS VERIFICATION LETTERS (AVL)**

I. MAIL SORTING TASKS:

A. EXCESS SUPPORT ADDRESS VERIFICATION LETTERS (AVL)

1. Valid

Each AVL must be completely filled out. An AVL may be considered to be completely filled out whether or not either of the checkboxes “My address is the same”, or “My address is different. My correct address is:” is checked or not. A correctly completed AVL must contain at minimum:

- a. Social Security Number
- b. Signature
 - i. If a signature appears on the Print your name line and the Sign your name line is blank, the signature is valid provided it is the same Custodial Parent name that is pre-printed on the AVL.
 - ii. If a name is printed on the Print your name line and the Sign your name line is blank, the signature is valid provided it is the same Custodial Parent name that is pre-printed on the AVL.

2. Invalid

- a. RETURN TO CUSTODIAL PARENT FOR COMPLETION (NO SSN, NO SIGNATURE, OR INCOMPLETE ADDRESS)

- i. Address

An AVL must contain a complete address (including street, city, state, and ZIP code).

- (1) If the pre-printed address on the AVL is not complete and no new address is supplied, the AVL is invalid and must be returned to the Custodial Parent for completion.
 - (2) If a new address is supplied on the AVL and it is not complete, the AVL is invalid and must be returned to the Custodial Parent for completion.

- ii. An AVL not containing an SSN, a valid signature (as per Section A.1.b above), or a complete address (as per Section A.2.a.i above) is considered invalid and must be returned to the Custodial Parent identifying the missing information that must be included with a resubmission. The Processing Center must maintain a copy of the dated letter and invalid AVL.

b. MAIL TO NYC OFFICE OF CHILD SUPPORT ENFORCEMENT

i. Name

For those with a printed or signed name *different* from the pre-printed name, package the original AVLs and apply a cover sheet "AVL – Other Correspondence Return to NYC Cover Sheet", check box "AVL (Name Discrepancy)", and mail to:

NYC OCSE Correspondence
Excess Support Project
PO Box 831
Canal Street Station
New York NY 10013

- (1) Examples of different names: "Maria Guzman" instead of "Marie Gonzales". "Mary Jones" instead of "Dolores Jones", and "Nancy Green" instead of "Holly Washington".
- (2) Ignore obvious spelling errors (e.g., "Marie" instead of "Maria", "Shwartz" instead of "Schwartz", or "Gonsales" instead of "Gonzales").

3. Undeliverable AVLs

Process "Undeliverable" AVLs as follows:

- a. Sort envelopes between those with new addresses and those without new addresses.
- b. Open all envelopes (with and without new addresses) and staple envelope to contents.
- c. For those with new addresses, place original contents in new envelopes, enter new addresses as the mailing address, and mail the new envelopes.

For those with an undeliverable mailing address, package all envelopes and the original AVLs and apply a cover sheet "AVL – Other Correspondence Return to NYC Cover Sheet", check box "No New Address (Undeliverable)", and mail to:

NYC OCSE Correspondence
 Excess Support Project
 PO Box 831
 Canal Street Station
 New York NY 10013

B. OTHER CORRESPONDENCE

"Other Correspondence" consists of any paperwork that is received at the Processing Center in the same envelope with either a valid or invalid AVL.

II. DATA CAPTURE TASKS (Accepted Special Characters dash [-] and octothorp [#] on Street Line only)

AVL

A Custodial Parent completes and returns Excess Support Address Verification Letter ("AVL") form to NYS Child Support Processing Center, PO Box 15365, Albany, NY 12212-5365. Data capture the information provided on the valid AVL as follows:

| | Information Supplied on AVL | Data Element No. |
|--|------------------------------------|-------------------------|
| | Local District Code = 66 | 1 |
| | Client Name | 4 |
| | c/o Line | 5 |
| | Street Line | 6 |
| | City | 7 |
| | State Postal Abbreviation | 8 |
| | ZIP code | 9 |
| | Client SSN | 10 |
| | SRC-CD = AVL | 14 |
| | ADDR-IND = M | 16 |
| | PA CAN # | 19 |
| | PA SUFFIX (if provided on AVL) | 20 |

- Perform the data capture tasks within five business days of mail receipt of the AVL at the Processing Center
- Note the date of data capture on the original AVL in the upper-right corner margin

III. FILE TRANSFER:

Every Wednesday ACS shall transfer a weekly file to OTDA containing records of valid AVLs data captured since the previous week's file transmission.

IV. MAILING TASKS:

If the AVL has been returned to the Processing Center together with "Other Correspondence":

- A. Data Capture information provided as per Section II.
- B. Make and retain a photocopy of the AVL.
- C. Forward the original AVL together with a dated batch header indicating "AVL – Other Correspondence" and the additional original "Other Correspondence" to the respective Local District via two-day priority mail on the same day that the data capture tasks are performed. Retain a photocopy of the "Other Correspondence" along with the photocopy of the AVL.

V. ERROR RESOLUTION

- A. OTDA will provide the processing center with an error report on a weekly basis as the result of the file transfer.
- B. The processing center must review each error and determine the appropriate corrective action.
 1. No PA CAN match
 - a. Data entry error – Re-data entry
 - b. No data entry error – No action
 2. No SSN match
 - a. Data entry error – Re-data entry
 - b. No data entry error – No action
- C. The Processing Center must correct all errors at least two days prior to the transmission of the next week's file transmission.
- D. The Processing Center must provide to OTDA the corrective action taken on each error at least two days prior to the transmission of the next week's file transmission.

VI. RECORD RETENTION

Retain AVL documentation for 120 days following the end of the month in which they were received, and then confidentially destroy them.

2007

OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE
DIVISION OF CHILD SUPPORT ENFORCEMENT

TRAINING MANUAL FOR DATA CAPTURE
OF
NCP ADDRESSES

CENTRALIZED SUPPORT
COLLECTION AND ENFORCEMENT

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NCP ADDRESS DATA CAPTURE

I. MAIL SORTING TASKS:

A. POSTAL CLEARANCE LETTERS (PCL)

1. JCA Worker Code = CPCL or WEB
2. JCA Worker Code = other than CPCL or WEB

B. UNDELIVERABLE DOCUMENTS

1. PCL is returned undeliverable from the USPS:
 - Update the CSMS record in accordance with Section II.B.3 or II.C.3 (as appropriate).
 - Package all envelopes and original documents, to include sorting by each local district, apply a cover sheet County Non-Custodial Parent Returned Documents without New Addresses, and mail to the respective local district.
2. NCP Notice is returned undeliverable without a New Address:
 - Update the CSMS record in accordance with Section II.C.3.
 - Retain documents per retention requirements.

II. DATA CAPTURE TASKS (Accepted Special Characters dash [-] and octothorp [#] on Street Line only):

A. Case Identification

| | Information Supplied on PCL | Data Element No. |
|----|-----------------------------|------------------|
| a. | County Code | 1 |
| b. | Case Number | 2 |
| c. | JCA Worker Code | 3 |

B. When JCA Worker Code = "CPCL" or "WEB"

1. "MAIL IS DELIVERED TO ADDRESS GIVEN" is checked or no box is checked.

| | Information Supplied from USPS | Data Element No. |
|----|--|-------------------------|
| a. | Data capture Section II.A. | |
| b. | Name and Last Known Address | |
| | c/o Line | 7 |
| | Street Line | 8 |
| | City | 9 |
| | State Postal Abbreviation | 10 |
| | ZIP code | 11 |
| | VER-IND = V, or M if Data Elements 14-20 exist | 12 |
| | SRC-CD = CPCL or WEB, as appropriate | 13 |
| c. | Boxholder's Street Address | |
| | c/o Line | 14 |
| | Street Line | 15 |
| | City | 16 |
| | State Postal Abbreviation | 17 |
| | ZIP code | 18 |
| | VER-IND = R | 19 |
| | SRC-CD = CPCL or WEB, as appropriate | 20 |

2. "MAIL FORWARDED TO NEW ADDRESS" is checked or "New Address" is provided.

| | Information Supplied from USPS | Data Element No. |
|----|--|------------------|
| a. | Data capture Section II.A. | |
| b. | Name and Last Known Address | |
| | c/o Line | 7 |
| | Street Line | 8 |
| | City | 9 |
| | State Postal Abbreviation | 10 |
| | ZIP Code | 11 |
| | VER-IND = V if the Postmaster provides a new address; <u>or</u> VER-IND = M if a new address provided by the Postmaster is a post office box, or if the Postmaster provides an additional street address | 12 |
| | SRC-CD = CPCF <u>or</u> WEBF, as appropriate | 13 |
| c. | Street Address | |
| | c/o Line | 14 |
| | Street Line | 15 |
| | City | 16 |
| | State Postal Abbreviation | 17 |
| | ZIP code | 18 |
| | VER-IND = R | 19 |
| | SRC-CD = CPCF <u>or</u> WEBF, as appropriate | 20 |

3. "NOT KNOWN AT ADDRESS GIVEN" is checked or "MOVED, LEFT NO FORWARDING ADDRESS" is checked or "NO SUCH ADDRESS" is checked.

| | Information Supplied from USPS | Data Element No. |
|----|---|------------------|
| a. | Data capture Section II.A. | |
| b. | Name and Last Known Address | |
| | c/o Line | 7 |
| | Street Line | 8 |
| | City | 9 |
| | State Postal Abbreviation | 10 |
| | ZIP code | 11 |
| | VER-IND = N | 12 |
| | SRC-CD = CPCL <u>or</u> WEB, as appropriate | 13 |

4. "OTHER (SPECIFY)" is checked or Postmaster provides corrections or Postmaster provides modification(s) to Name and Last Known Address on PCL.

- Data Capture in accordance with the procedure set forth in Section II.B.2.

C. When JCA Worker Code \neq CPCL or WEB or information is provided by USPS as the result of notice mailings

1. "MAIL IS DELIVERED TO ADDRESS GIVEN" is checked or no box is checked.

| | Information Supplied from USPS | Data Element No. |
|----|---|------------------|
| a. | Data capture Section II.A. | |
| b. | Name and Last Known Address | |
| | JRA Number | 4 |
| | VER-IND = V, <u>or</u> M if Data Elements 14-20 exist | 12 |
| c. | Boxholder's Street Address | |
| | c/o Line | 14 |
| | Street Line | 15 |
| | City | 16 |
| | State Postal Abbreviation | 17 |
| | ZIP code | 18 |
| | VER-IND = R | 19 |
| | SRC-CD = LPC | 20 |

2. "MAIL FORWARDED TO NEW ADDRESS" is checked or "New Address" is provided.

| | Information Supplied from USPS | Data Element No. |
|----|--------------------------------------|------------------|
| a. | Data capture Section II.A. | |
| b. | Name and Last Known Address | |
| | JRA Number | 4 |
| | VER-IND = N | 12 |
| c. | New Address | |
| | c/o Line | 14 |
| | Street Line | 15 |
| | City | 16 |
| | State Postal Abbreviation | 17 |
| | ZIP code | 18 |
| | VER-IND = V; <u>or</u> M if a PO Box | 19 |
| | SRC-CD = LPCF | 20 |

3. “NOT KNOWN AT ADDRESS GIVEN” is checked or “MOVED, LEFT NO FORWARDING ADDRESS” is checked or “NO SUCH ADDRESS” is checked.

| | Information Supplied from USPS | Data Element No. |
|----|--------------------------------|------------------|
| a. | Data capture Section II.A. | |
| b. | Name and Last Known Address | |
| | JRA Number | 4 |
| | VER-IND = N | 12 |

4. “OTHER (SPECIFY)” is checked or Postmaster provides corrections or Postmaster provides modification(s) to Name and Last Known Address on PCL.

| | Information Supplied from USPS | Data Element No. |
|----|--|------------------|
| a. | Data capture Section II.A. | |
| b. | Name and Last Known Address | |
| | JRA Number | 4 |
| | VER-IND = N | 12 |
| c. | “Other” information, corrections, or modifications provided by Postmaster | |
| | c/o Line | 14 |
| | Street Line | 15 |
| | City | 16 |
| | State Postal Abbreviation | 17 |
| | ZIP code | 18 |
| | VER-IND = V if the Postmaster provides a new address; <u>or</u> VER-IND = M if a new address provided by the Postmaster is a post office box, or if the Postmaster provides an additional street address | 19 |
| | SRC-CD = LPC | 20 |

- Perform the data capture tasks within five business days of mail receipt of the PCL at the Processing Center
- Note the date of data capture on the original PCL in the upper-right corner margin

III. ERROR RESOLUTION

- A.** OTDA will provide the processing center with an error report on a daily basis.
- B.** The processing center must review each error and determine the appropriate corrective action.
 - 1.** The error is not a processing center error – No action
 - 2.** No matching account
 - a. Data entry error – Re-data entry
 - b. No data entry error – No action
 - 3.** No match on RA
 - a. Data entry error – Re-data entry
 - b. No data entry error – No action
- C.** The processing center must correct all errors the same day prior to the transmission of the next day's file transmission.
- D.** The processing center must provide to OTDA the corrective action taken prior to the transmission of the next day's file transmission.

IV. MAILING TASKS:

- A.** For PCLs containing "LD" in the first two spaces of the JCA Worker Code:
 - Make and retain a photocopy of the PCL.
 - Note the date of data capture and "PC" on the original PCL in the upper-right corner margin.
 - Forward to respective Local Districts the original PCL with a dated batch header "Multiple Document – Other Correspondence/LD" via two-day priority mail the same day of data capture.
- B.** Upon receipt of a "Document Request Form" from a Local District requesting a PCL:
 - Make and retain a photocopy of the PCL.
 - Forward to respective Local Districts the original PCL with a dated batch header "Multiple Document – Other Correspondence/LD" via two-day priority mail the same day as the request is received via fax.

2007

NEW YORK STATE
OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE
DIVISION OF CHILD SUPPORT ENFORCEMENT

PAYMENT IDENTIFICATION

MANUAL

CENTRALIZED SUPPORT COLLECTION AND ENFORCEMENT

2002

April 2003
Rev. 6/05

PAYMENT IDENTIFICATION MANUAL

DESCRIPTION OF THE CHILD SUPPORT MANAGEMENT SYSTEM

The Child Support Management System (CSMS) is an automated case management system developed to meet the need of the New York State Child Support Enforcement Program. The system integrates both enforcement and accounting functions.

CSMS defines a CSMS account as the total obligation established between one Non-Custodial Parent (herein after referred to as "NCP") – support payor – and one Custodial Parent (herein after referred to as "CP") – support receiver. This one-to-one relationship may involve one or more financial obligations which may be court ordered or as the result of voluntary agreements.

Given the CSMS account number or the docket number, the system will pull the information for that account. The information will contain such case level information as totals of amounts due, paid, and applied to date; and all sub-account information, which includes obligation amount and frequency. If the CSMS account number is not available a NCP may have information within the system, which is accessible by his/her respective Social Security Number.

Each financial obligation is individually monitored by CSMS by the use of "sub-accounts" (or ledgers). A sub-account is identified by a four-position code called "ledger type". The ledger types are used by the system to determine the application and distribution of each payment made.

PAYMENT IDENTIFICATION

The Contractor needs to know the correct CSMS account number in order to post a payment to an account without review. The Contractor will receive payments that are unidentified because the payor did not provide the required account number, or provided an account number that is invalid. When this occurs the Contractor must use the information provided with a payment to conduct a CSMS inquiry to determine the correct CSMS account(s) to post the payment. The information provided with the payment must be compared to the information on the CSMS account(s) provided by the inquiry. The information provided with the payment will either assist in matching it to a CSMS account or eliminate that account as the correct account because the information does not match. The type of CSMS inquiry that must be conducted depends on the information included with a payment. These inquiry methods will be discussed further in the "Overview of CSMS Inquiry" section of this manual.

The most common items of information provided with a payment are:

- Non-Custodial Parent name (first and last);
- Non-Custodial Parent social security number;
- Non-Custodial Parent address (see IVDQY1 and IVDJCA screens or IVDJRA in the absence of a V or M indicators);
- Custodial Parent name (first and last);

- Custodial Parent social security number;
- Docket number (also known as “County Case ID” is a file number assigned by the court)(numeric value match);
- Payment History (single account, payment instrument, payment sequence number, payment frequency, matches three previous payments)
- Child(ren) name (first and last name)
- Partial CSMS account number (AW12345)

For the purpose of payment identification training, we will refer to these items as “secondary identifiers” (The primary identifier is the CSMS account number).

Payments may contain different combinations of the above identifiers. A payment received without a CSMS account number will require more than one secondary identifier in order to match it to the correct CSMS account(s) for posting. Payments that can be identified due to a match with the above items must be posted to the appropriate CSMS account(s). In order for a payment to be a match with a CSMS account(s), the Contractor must determine that the information provided enables the correct account(s) to be identified. There should be no “guessing” at the correct account number(s). All information provided needs to be reviewed to determine a match. If the Contractor determines through CSMS inquiry that there is more than one account for the NCP, the payment may need to be prorated to several accounts. Not all payments identified to multiple accounts must be prorated. (Refer to the section of this manual entitled “Multiple Accounts” and the separate manual entitled “Training Manual for Proration of Payments” for further information.)

Payments which cannot be identified to a CSMS account because there is insufficient information with the payment to determine the correct account must be assigned to the pre-designated suspense account for the county where the payment was directed (e.g., there is more than one NCP on CSMS with the same name and no other secondary identifier with the payment, or no NCP on CSMS with the same name).

CATEGORIES OF PAYMENTS

Support payments can be categorized into three different payment types, which have an impact on the payment processing. These are:

1. NCP payments – generally personal checks, money orders, cashiers checks, etc., usually sent directly by NCPs. Sometimes these payments are sent by a third party, such as a NCP’s spouse.
2. Income payor (employer) payments – payments remitted on behalf of a NCP from an organization that pays income to the NCP.
3. Other jurisdiction payments – payments from other states or other governmental agencies (e.g., Attorney General of Texas, Commonwealth of Puerto Rico), or other New York State Support Collection Units (SCUs) such as the Albany County Support Collection Unit (SCU).

Note: Payments sent from one New York State SCU payable to another SCU would usually provide a CSMS account number for the account, which is valid only in the district that issued the check. The district that receives the payment will assign an altogether different account number for their account for the same NCP and CP. All checks received by the Contractor from a New York State SCU must be researched by the Contractor to determine the correct account number(s) in the district where the payment was received except for those indicating "REFUND" which must be placed in the receiving local district suspense account. If the district which sent the payment also provides the CSMS account number for the district where the payment was sent, this account number needs to be confirmed by the Contractor to insure that it is correct. (Some districts provide this account number in the USDL field on the SCU check stub.)

OVERVIEW OF CSMS INQUIRY

Four transactions are available which provide the ability to search the CSMS database using basic identifiers to determine whether information pertaining to an individual (CP and/or NCP) is resident on CSMS. These generalized searches are used in the identification of payments not accompanied by a billing tag/coupon.

The four CSMS searches are:

Social Security Number Search (IVDJSS);
Non-Custodial Parent Name Search (IVDJNS_LR/R);
Custodial Parent Name Search (IVDJNS_LC/C); and
Docket Number Search (IVDQRY).

The instructions for accessing CSMS and conducting searches are in the "Training Manual for Child Support Management System" (herein after referred to as "TM-CSMS").

Social Security Number Search (SSN)

The SSN search reviews both the Upstate and New York City databases to determine if any CP and/or NCP(s) have previously been identified by a specified SSN. In the event of an exact match, basics identifying information concerning the individual(s) and the local district(s) responsible for the respective case(s) are displayed. (Refer to the TM-CSMS for instructions on how to use SSN search).

NCP/CP Name Search

NCP/CP name searches must be performed directly against a specific local district CSMS database. (Refer to the TM-CSMS for instructions on how to use name search). Before conducting either of these searches, it is important to identify the county to which the payment was directed. This identification can be conducted utilizing the local district name and Post Office Box to which the payment was directed. (Refer to the TM-CSMS for instructions on how to us IVDFLP).

To aid in researching unidentified payments for New York City, payments are directed to one of five separate SCU post office boxes, one for each borough in NYC.

There are two types on name searches: the "short" search and the "long" search. The "short" search (IVDJNS_R for NCP, IVDJNS_C for CP) identifies those cases for which an account has been established, (e.g., those for which ledgers are available for posting payments).

The "long" search (IVDJNS_LR for NCP, IVDJNS_LC for CP) identifies all of the above described accounts as well as those cases for which no account information has yet been entered.

Docket Number Search

The docket number search also has to be performed against a specific local district CSMS database (Refer to the TM-CSMS for instructions on how to use docket number search). The docket number is a file number usually assigned by a court where a support order was made. All districts utilize the docket number on CSMS. The docket number search provides you with the CSMS account number associated with a docket number, if the district has entered the number into the "County Case ID" (County-Acct-No) area on the IVDQY1 screen ((Refer to the TM-CSMS for an example). Each district may have a slightly different numbering system for their docket numbers. If you do not inquiry the docket number exactly the way it was entered onto an account (e.g., some districts may have dashes in the docket number and others do not) the system will not pick up the correct account.

For New York City, a letter prefix is recorded as part of the docket number to identify the correct borough in NYC. This field will not reflect the exact docket number assigned by the court and therefore will not be returned if a docket number search is done of the court assigned docket number.

For all districts, the correct docket number (PET-DOC NUMBER) for the account must be verified by accessing and verifying the number on the fiscal summary screen of the account. (Refer to the TM-CSMS for instructions on how access the fiscal summary screen).

PROCESSING UNIDENTIFIED PAYMENTS

For all categories of payments, the research to determine the correct account follows the same basic format. The amount of research will vary depending on the type of information that accompanies the payment and the number of CSMS accounts pulled up on the CSMS search.

The basic research pattern utilized is determined from the information provided with the payment:

- The name of the NCP on CSMS who made the payment.
- The correct NCP, if there is more than one NCP with the same name in the district.
- The correct account(s) for posting.
- For payments in the NYC database, the borough in NYC where the payment was directed must match the borough identified in the "County Case ID" field on the IVDQY1 screen or in the PET-DOC-NUMBER field on the IVDQFS screen.

The borough SCU to which the payment was directed must be utilized to determine the correct account(s). The "County Case ID" field for NYC accounts usually contains a number with a letter prefix. (Refer to the TM-CSMS to observe the "County Case-ID" on the name search screen). This prefix represents the first letter of the borough where the NCP should be paying support. This identification of the borough is utilized in researching unidentified payments.

NYC SUPPORT COLLECTION UNITS (SCU'S)

- B - BRONX SCU**
P.O. BOX 15359
- K - KINGS SCU** (BROOKLYN)
P.O. BOX 15358
- Q - QUEENS SCU**
P.O. BOX 15362
- R - RICHMOND SCU** (STATEN ISLAND)
P.O. BOX 15360
- M - NEW YORK, SCU** (MANHATTEN)
P.O. BOX 15361

Note: The "County Case ID" numbers can be preceded by a single letter or up to several letters that correspond with the first letter of the SCU address. Examples of these are B, BD, B0 (0=zero), BD0, B00, or B1073454, QD1073454, R01073454, KD01073454, and M001073454). The prefixes match the first letter of the SCU address, except for New York SCU, which is identified by M for Manhattan. Also, three of the SCUs listed above have two names. The contractor will receive payments using either or both of these names. (For example payments will be received directed to either the Kings SCU or the Brooklyn SCU, which is the same Support Collection Unit).

This information is used to assist in matching an unidentified payment with the correct CSMS account number(s) in NYC processing. After a name search is transmitted, the "County Case ID" associated with the CSMS account is displayed along with names and CSMS account numbers. The researcher is required to research accounts which correspond to the NYC borough where the payment was directed. By viewing the prefix in the "County Case ID" field to identify the correct NYC borough, the researcher for most searches can limit the search to accounts associated with the borough SCU where the payment was directed. (For example, if an unidentified payment is mailed to New York SCU by Joe Smith, the researcher conducts a name search and only attempts to match the payment to accounts which have the prefix "M" in the "County Case ID" field).

Exception: if a payment was directed to any NYC SCU other than New York (Manhattan) and the researcher cannot find a matching account for that borough, then the researcher must also look for a match of account(s) with the New York SCU prefix of M for Manhattan. (For example, if the same Joe Smith in the above example is researched against Richmond SCU (prefix R) accounts and no match is found, then the researcher must also look at Joe Smith accounts with New York (Manhattan) SCU, prefix M in the "COUNTY-CASE-ID field.)

This difference in researching unidentified payments in the NYC database will impact the four search patterns listed below.

The following list provides examples of payments received with different types of identifiers and the types of CSMS inquiry the Contractor is required to perform to identify the correct account(s) for posting. (Unless otherwise stated, a NCP or CP name search will mean a "short" name search.) This list illustrates the four main search features of CSMS for payment identification. We will refer to NCP name with payment as the "Principal Search Pattern". The other three searches will bring us back to the Principal Search Pattern if the NCP name can be obtained.

I. Principal Search Pattern. NCP name with payment. Secondary identifier may be included (e.g., NCP name with the NCP SSN, docket number, etc.).

Conduct a CSMS NCP name search in the district where payment was directed to identify the payor.

A. Single NCP name match.

1. One account – Are there secondary identifiers with the payment to confirm that this account is correct? Conduct CSMS inquiry of secondary identifiers if necessary. (e.g., CP name search, SSN search, docket search).
 - a. Yes. Secondary identifiers confirm one account. Post to that account.
 - b. No. Secondary identifiers with payment do not allow you to match to an account. Post to suspense.
2. Single NCP name match, multiple accounts. Are there secondary identifiers with the payment to confirm that these accounts are correct. Conduct CSMS inquiry of secondary identifiers if necessary (e.g., CP name search, SSN search, docket search).
 - a. If multiple accounts are correct and payment is from a NCP, determine appropriate proration action (Refer to the TM for Proration of Payments).
 - b. If secondary identifiers do not confirm that multiple accounts match to payment, and you cannot determine which account is correct, post to suspense.

B. Multiple name matches. (Two or more different NCPs with same name.)

1. Payment from NCP. Are there secondary identifiers that allow you to match to a single NCP. Conduct CSMS inquiry on secondary identifiers if needed.

a. Single NCP name match. Follow sequence in step I.A.1.

b. Unable to determine correct name. Post to suspense.

C. No name match. Conduct other CSMS searches with secondary identifiers (e.g., SSN, CP name search and docket search) to insure that all efforts have been made to match payment. (This is necessary because there could be some inconsistency in the spelling of the NCP name, or the NCP may go by a different name. The different searches may provide other possibilities than by the NCP name search alone.

1. NCP name match. Follow sequence in step I.A.1.

2. Still no name match. Post to suspense.

Note: If the Contractor conducts a long name search (cases and accounts) and finds the correct match at case level, the copy of the suspense payment that is mailed to the district is marked "LR-CSMS case number" to let the district know that the payment has been identified to a specific case.

II. NCP social security number on payment and no NCP. Secondary identifier may be included (e.g., docket number, CP name, CP SSN).

Conduct SSN search on CSMS to determine the account(s) associated with the NCP in the district where the payment was directed.

A. NCP SSN match. Obtain NCP account name that matches SSN.

1. No other secondary identifiers – If the SSN is the only secondary identifier with the payment, it is a match. Follow sequence under "I. Principal Search Pattern."

2. Other secondary identifiers with payment – Compare those identifiers sent with payment to information on CSMS to see if it matches. If it matches, follow sequence under "I. Principal Search Pattern." If information doesn't match, post to suspense.

B. No SSN match.

1. Conduct CSMS searches on any secondary identifiers included with payment to obtain NCP's name.

a. NCP name match. Follow sequence under "I. Principal Search Pattern."

b. Unable to determine the NCP. Post to suspense.

III. CP name with payment and no NCP name. Secondary identifier may be included (e.g., docket number, CP SSN).

Conduct a CSMS CP name search in the district where the payment was directed to attempt to obtain the correct NCP account(s).

A. Single CP name match. Check to see if matches to secondary identifiers. Conduct CSMS inquiry of secondary identifiers if needed.

1. one account for CP. Conduct CSMS NCP name search to determine if NCP associated with the account has multiple accounts. Follow sequence listed under "I, Principal Search Pattern".
2. multiple accounts. (Same NCP and CP on multiple accounts). Follow sequence listed under "I Principal Search Pattern, 1. Single name match."
3. If Secondary identifiers do not match to single name on CSMS. Post to suspense.

B. Multiple CP name match. (Different CPs with same name on CSMS). Conduct CSMS inquiry on secondary identifiers to obtain NCP name.

1. NCP name found. Follow sequence listed under "I. Principal Search Pattern".
2. No NCP name found. Post to suspense.

IV. Docket number with payment and no NCP name. Secondary identifier included (e.g., CP name, NCP address, etc.)

Conduct CSMS Docket Number Search in the district where the payment was directed.

A. Docket number match

Obtain NCP name from the CSMS account number(s) returned by docket search. Compare secondary identifiers to see if match can be made.

1. NCP name match – follow sequence under "I. Principal Search Pattern".
2. Secondary identifiers do not confirm match to CSMS account-post to suspense.

B. No docket number match

Conduct CSMS searches on any secondary identifiers included with payment.

1. NCP name match – follow sequence under "I. Principal Search Pattern".
2. No NCP name match – post to suspense.

Note: Exceptions to Rules...A Rule For Exceptions

In this manual we have provided guidance for payment identification. However, this research manual cannot cover every scenario. A researcher may encounter a situation that appears to be an exception to the guidelines or the researcher may not

be sure whether or not to post a payment to an account. The rule to follow is the researcher must ask his/her immediate supervisor for assistance. The OTDA contract monitoring unit staff is available to answer questions if the Contractor staff cannot make a determination.

It is important to remember that in addition to these guidelines, the Contractor researcher must also use judgment and reasoning to make a correct determination. For example, the basic guidelines for payment identification state that the secondary identifiers must agree to the information on the CSMS. If a researcher has carefully matched the information and finds a match, but discovers that the NCP address is different, does that mean the payment is not a match? We know that very often NCPs change their addresses, and the CSMS information may not have been updated yet. So in this situation, not every single identifier matches, yet you could have enough information (NCP name, SSN, CP name and docket number matches) to still make a correct determination.

MULTIPLE ACCOUNTS

When the Contractor determines through research that a NCP who made an unidentified payment has more than one active account, a determination needs to be made as to whether or not to prorate the payment to multiple accounts.

In cases where the Contractor discovers that the NCP has more than one active account, the payment is forwarded to the Contractor's staff that performs proration, to determine if the payment meets all proration criteria according to the manual entitled "Training Manual for Proration of Payments", and to complete the proration calculations.

2007

**NEW YORK STATE
CHILD SUPPORT
PROCESSING CENTER**

PAYMENT IMAGES MANUAL

June 7, 2005

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2007

1. INTRODUCTION

It is often necessary to view a payment's financial instrument or to perform a deeper level of research into a payment's details when attempting to resolve a child support payment processing issue. The New York State Child Support Processing Center (NYSCSPC) provides a system that allows authorized users access to payment images and complete payment details.

When a payment is received in the mail at the NYSCSPC, the financial instrument(s) and related payment documents are digitally imaged by specialized equipment. During payment processing, the images are associated with the identifying payment data that is transmitted to CSMS. The images are assigned unique identification numbers that allow them to be stored in a database and accessed with a number of data elements related to the payment, such as CSMS number, processing date, or payment amount. A complete list of searchable data elements can be found in Section 4.0: Retrieving Payment Images and Documentation.

Images are not available for certain types of payments, such as payments received by electronic funds transfer (EFT). Users can use the system to access information about these types of payments, such as the names of the employers submitting the payments. Section 4.0: Retrieving Payment Images and Documentation will provide the steps to access this information. A Documentation Request may be submitted to receive copies of the EFT addenda record and Outreach "Incident Report" if the payment was suspended. The report will provide details of any contact made with the employer submitting the payment.

Images and payment data are accessed using the Payment Images Module within the NYSCSPC's payment processing system. ASSET\$, the Division of Child Support Enforcement's Windows-based interface to the agency's Child Support Management System (CSMS), is used by state and local district staff to access the module, images and documentation stored in the payment processing database.

This manual will provide users with the following:

- An overview of the types of payments received by the NYSCSPC.
- An overview of the types of on-line documentation available for each payment type.
- The data elements available to users for queries (searches).
- The step-by-step procedure to access images of payments and supporting documentation.

The manual makes the following assumptions:

- Personal computers are configured to access ASSET\$.
- System permissions have been granted to access the Payment Images Module.

2. PAYMENT SEARCH ELEMENTS

Before accessing the Payment Images Module a user will need to obtain as much information as is available to facilitate a payment image search. Payment information may be obtained from multiple sources, i.e. CSMS, non-custodial parent, copy of payment instrument, etc.

For all payments, the following payment elements will assist, and in some cases, enhance a payment image search.

- CSMS money screen data:
 - Batch number
 - Date
 - Paid amount
 - Payment instrument number
 - Financial institution name (PEX)
 - County name
- Payment instrument data
 - Payment amount
 - County name
 - Payment instrument number
 - Routing transit number
 - Checking account number
 - Financial institution name (PEX)

3. ACCESSING THE PAYMENT IMAGES MODULE

The following steps must be performed to access the Payment Images Module.

1. Click the **CentraPort** icon on your ASSET\$ personal computer desktop to log into the New York State Directory Services.



2. The NYENET Login page will display. Enter your assigned **Username and Password**. Press **Enter** or click **Login**.

A screenshot of the NYENET Login page. The page has a white background with a black border. In the top left corner, there is a small logo and the text "New York State Directory Services" and "NYENET Login". In the center, there is a black rectangular box with the title "Please Login". Inside this box, there are two white input fields: the first is labeled "Username:" and the second is labeled "Password:". Below the password field, there is a small "Forgot Password?" link. At the bottom of the black box, there is a white "Login" button. In the bottom right corner of the white page, there is a small logo and the text "Powered by" and "NYENET".

- The CentraPort Welcome page will display. Read the Confidentiality Statement and if in agreement, click **Agree**.

Welcome to CentraPort. Before proceeding with the use of CentraPort, you must read and accept the following information:

WARNING: These systems are legally confidential and proprietary to the State of New York, its Office of Temporary and Disability Assistance, and related agencies, and may be accessed only by lawfully authorized entities. Unauthorized access to or release of system data may entail both civil liability and criminal prosecution.

Also, these systems access data maintained by other government agencies; such access is only for agency program administration – unauthorized access to or reproduction of these additional files is also likely to result in civil liability/criminal prosecution.

By accessing and using this government computer system you are consenting to system monitoring for law enforcement and other purposes.

If you suspect unauthorized data release or access occurring through this device or have questions about authorization, call 1-800-697-1323.

- The CentraPort Home page will display.

The Empire State

CentraPort

Agency Websites: [Home](#) [Close](#) [Help](#) [Feedback](#)

Legacy Systems:

Links:

- Directories
- Applications
- Laws/Regulations
- Resources
- Other Web Sites
- Forms
- Training and Support
- My CentraPort
- News
- Modernization

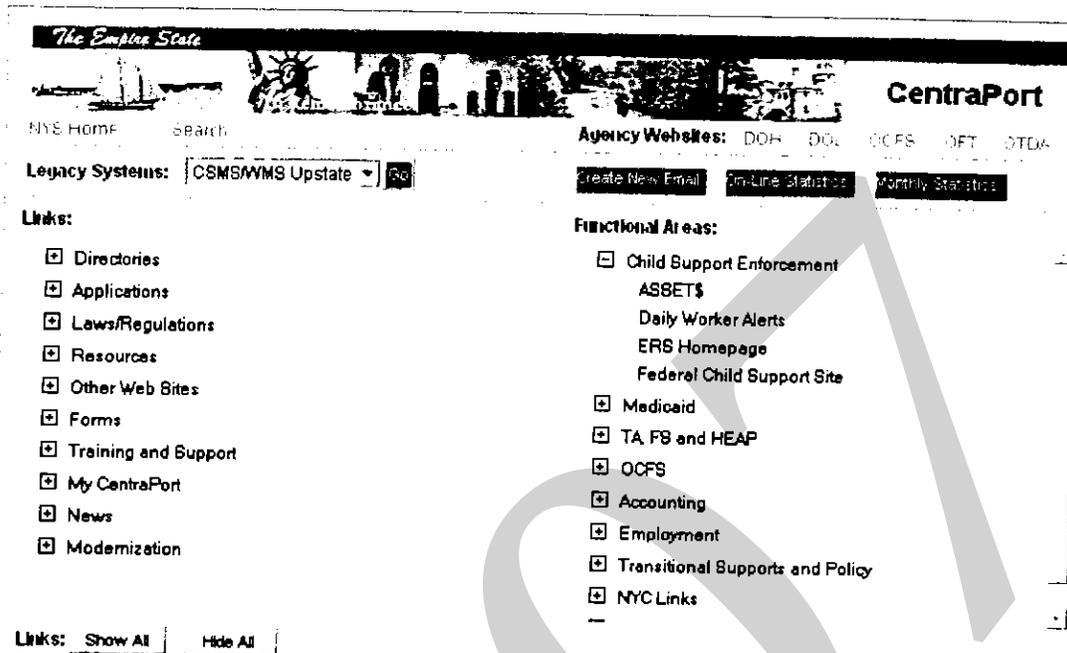
Functional Areas:

- Child Support Enforcement
- Medicaid
- TA, FS and HEAP
- OCFS
- Accounting
- Employment
- Transitional Supports and Policy
- NYC Links
- Systems/LAN Administration

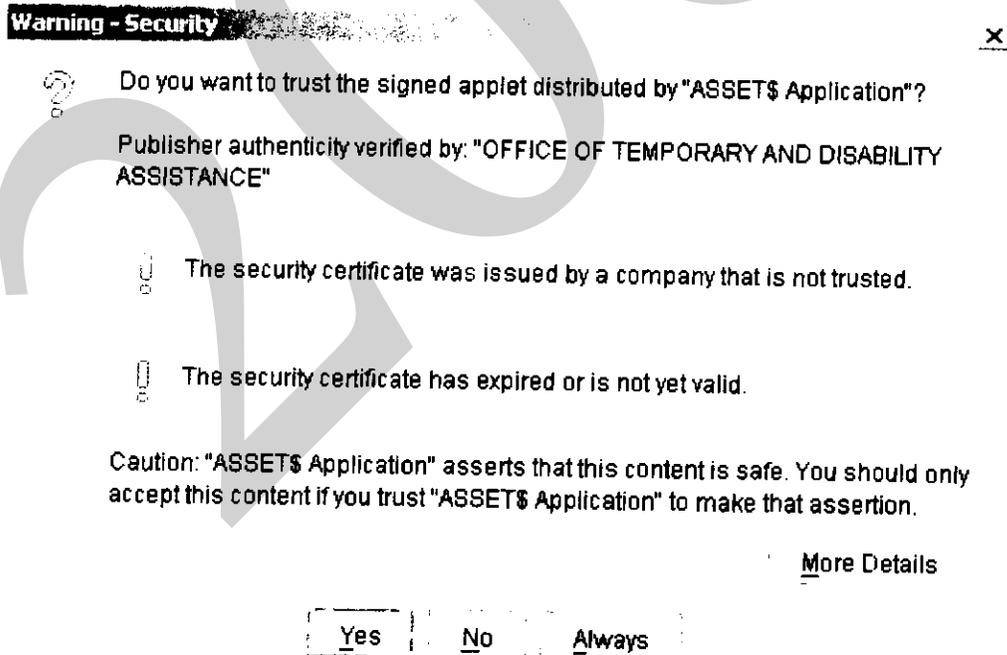
In the Functional Areas, click the **Child Support Enforcement** box.

Child Support Enforcement

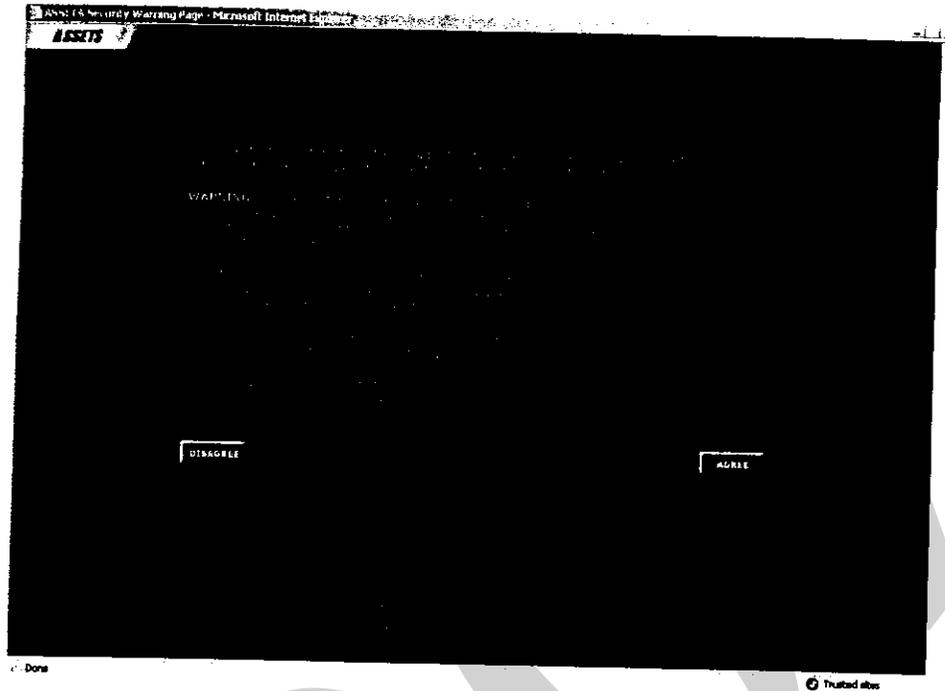
5. The Child Support Enforcement application links will display. Click the **ASSET\$** link.



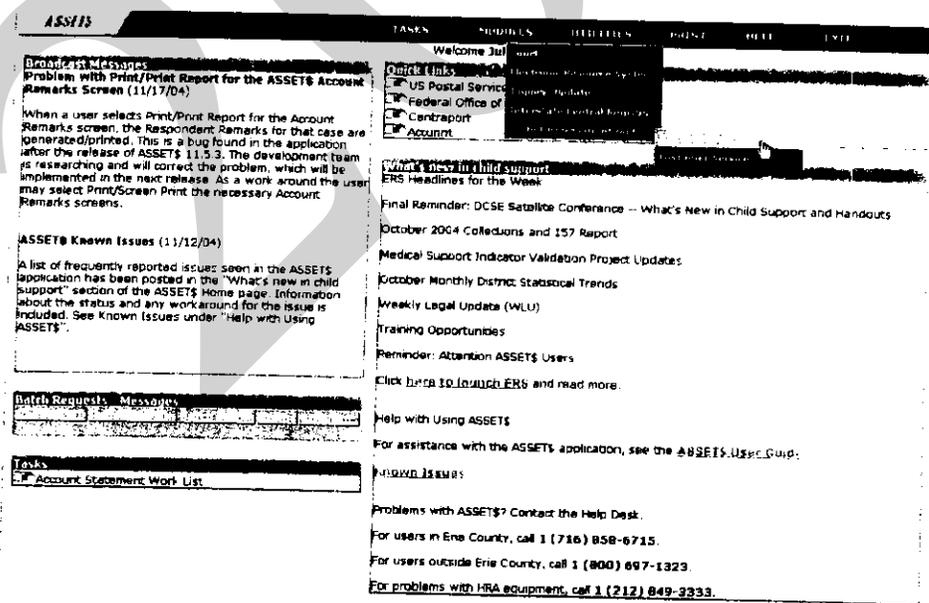
6. A Warning-Security page may display. Read the security statement and click **Yes** or **Always**.



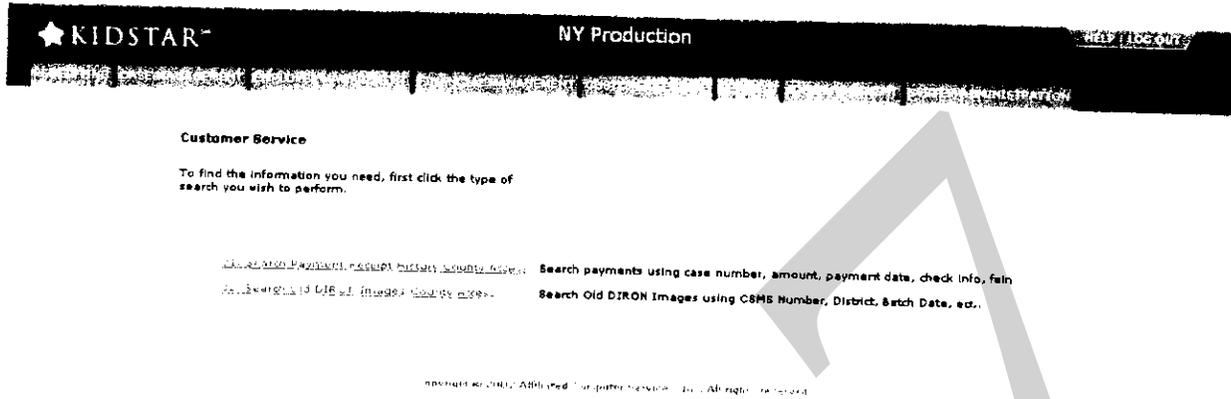
- The ASSET\$ Security Warning Page will display. Read the security statement and click **AGREE**.



- The ASSET\$ Home page will display. On the menu bar, select **MODULES**. Drop-down boxes will display. Select **State Disbursement Unit**. From the State Disbursement Unit drop-down boxes, click **Payment Images**.



- The Customer Service Home page will display. The HELP and LOG OUT links (located in the top right corner of the web page) are not functional from the home page. To exit, close  the page.



Note: The Menu Bar (shown below) will display sub-menus if you move your mouse cursor over the menu item. Only the Customer Service Menus can be used. If you accidentally click on one of the other choices, you may return to the Customer Service Home page by clicking on the **CUSTOMER SERVICE** link.



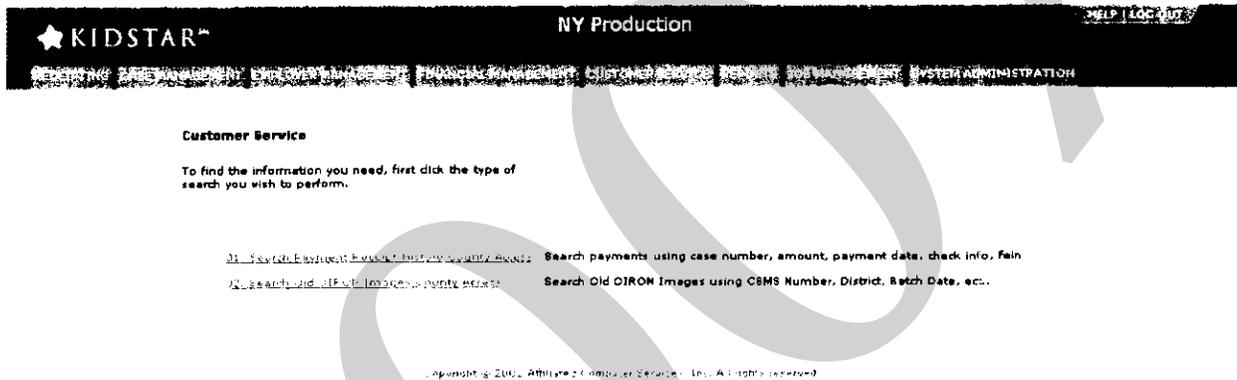
- Maximize your browser window by clicking the **maximize** button, which is the middle of the three buttons in the upper right corner of the window.



4. RETRIEVING PAYMENT IMAGES AND DOCUMENTATION

The following steps must be performed to retrieve payment images and documentation.

1. At the Customer Service Home page, determine the search option to be selected based upon the date that the payment you wish to access was batched to CSMS. Two search options are identified:
 - Payments processed July 1, 2003 to the current date:
 01. Search Payment Receipt History County Access
 - Payments processed before July 1, 2003:
 02. Search Old DIRON Images County Access



2. Click the appropriate **search option** link.

- Upon selecting a search option, a search template is displayed. The template is specific to the search option selected. A CSMS number must be entered into the search template to initiate a search. At any time you may click on the **Clear** button to reset the search elements for a new search.

3a. Payments posted July 1, 2003 to the current date

In addition to the CSMS number, the following search elements can be used to initiate a payment image search. To narrow a search, multiple elements can be entered.

KIDSTAR NY Production
Customer Service

81. Search Payment Receipt History
Enter one or more search criteria below and click Search to locate batch(es).

Process Date: ± days CSMS Num %_ok
 Payment Amount: ± County: ALL
 Check Amount: ± SDU Batch ID: %_ok
 Check Number: %_ok SDU Trans Number: ±
 Payer Last Name: %_ok Rem/Gr Type: ALL
 Payer First Name: %_ok Collection Type: ALL
 SSN: %_ok Payment Source Type: ALL
 Employer Name: %_ok Payment Method Type: ALL
 Employer FEIN: %_ok KidStar Payment ID: %_ok
 Routing Transit Number: %_ok Check Acct Number: %_ok
 Agency Name PEX Name

Clear Search

- Process Date: Correlates to the CSMS Batch Number. The date the payment was processed by the NYSCSPC. The date must be entered in **MM/DD/YYYY** format. You may enter a date range by specifying a number of days (plus or minus) in the *± field*.

Note: The Batch Number field on the search template is used by NYSCSPC staff to enter a unique batch number and does not represent the CSMS Batch Number.

- Payment Amount: The amount of the payment posted to the account. You may enter an amount range by specifying a dollar total (plus or minus) in the *± field*.
- County: The county associated with the CSMS number to which the payment was posted. Using **ALL** is recommended.
- Payer Last Name: Correlates to the last name of the non-custodial parent in CSMS.
- Payer First Name: Correlates to the first name of the non-custodial parent in CSMS.

- SSN: The Social Security Number of the non-custodial parent.
- Routing Transit Number: The Routing Transit Number on the check used to make the payment.
- Remitter Type: Identify if the payment is an employer payment, respondent payment or property execution payment.
- Check Acct Number: The bank account number on the check used to make the payment. To use this field you must type enough zeros in front of the account number to fill the field (16 digits). For example if the account number is '12345', you must enter '0000000000012345'.
- PEX Name: Name of the financial institution making a PEX payment.
- The following fields are not operational for payment images:
 - Employer Name
 - Employer FEIN
 - Agency Name
 - Check Amount
 - SDU Batch ID
 - Check Number
 - SDU Trans Number
 - Collection Type
 - Payment Source Type
 - Payment Method Type
 - KidStar Payment ID

3b. Payments posted prior to July 1, 2003

In addition to the CSMS Number, the following search elements can be used to initiate a payment image search. To narrow a search, multiple elements can be entered.

KIDSTAR™
NY Production

Customer Service

02 Search DED DIRON Images County Acct...

Enter one or more search criteria below and click Search to locate DEDON Image(s).

| | | | | |
|---------------------|------|----|-----------------|------|
| CSMS Account Number | % | ok | County District | ALL |
| Batch Date | To: | | Batch Number | %_ok |
| Employer | %_ok | | Check Date | To: |
| Check Amount | ± | | Check RT Number | %_ok |
| Check Acct. Number | %_ok | | Update Date | To: |
| Update UserID | %_ok | | Reject Date | To: |
| Reject UserID | %_ok | | Reject Status | %_ok |
| Mark Sense | %_ok | | Payment Status | %_ok |

Clear Search

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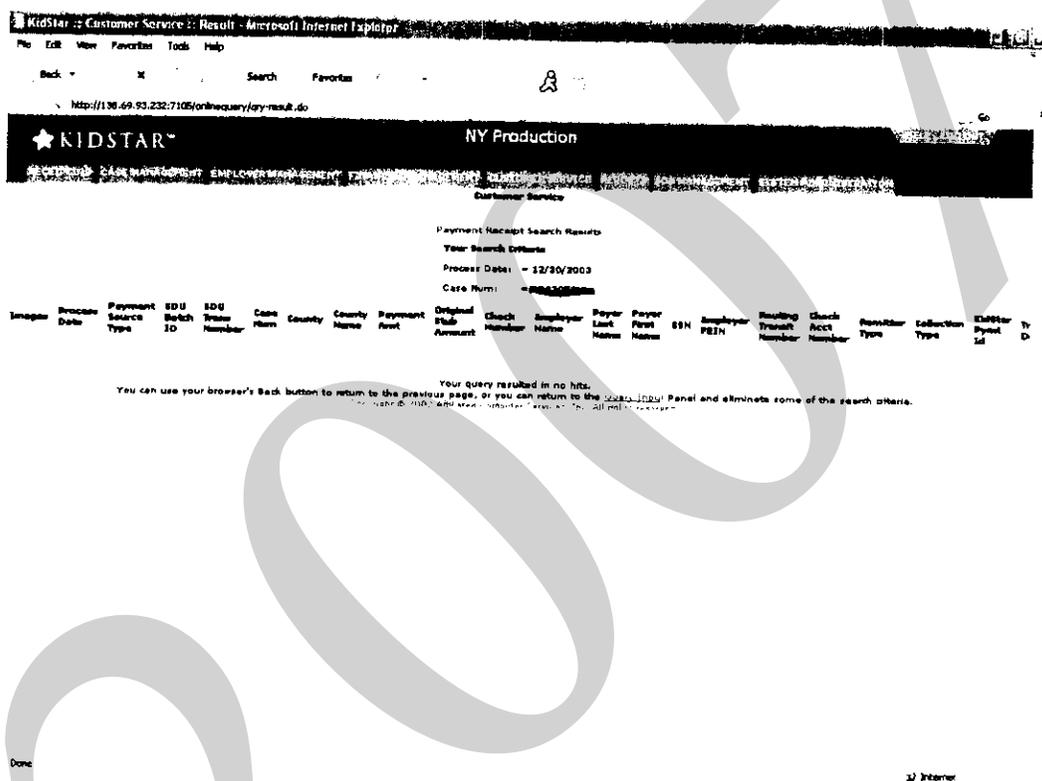
- **Batch Date:** Correlates to the CSMS Batch Number. The date the payment was processed by the NYSCSPC. You must enter a *From Date* and a *To Date* (both dates may be the same to search a single date). The date must be entered in **MM/DD/YYYY** format.

Note: The Batch Number field on the search template is used by NYSCSPC staff to enter a unique batch number and does not represent the CSMS Batch Number.

- **County District:** The county associated with the CSMS number to which the payment was posted. You can search a specific county or all counties. Selecting **ALL** is recommended.
- **Check Amount:** The amount of the payment posted to an account, which may differ from the amount of the check. You may enter an amount range by specifying a dollar total (plus or minus) in the \pm field.
- **Check Date:** For employer payments, the check date is the date of withholding from the non-custodial parent's paycheck. If the date of withholding was not provided in the source documentation, the check date is the date provided on the payment instrument. For interagency/intra-agency(NYS SCU to SCU) payments, the check date is the date the agency collected the payment from the non-custodial parent. If the date of collection was not provided in the source documentation, the check date is the date provided on the payment instrument. For respondent and PEX payments, the check date is the same as the processing date.
- **Check Acct. Number:** The account number of the checking account used to make the payment. To use this field you must enter enough zeros in front of the account number to fill the field (16 digits). For example if the account number is '12345', you must enter '0000000000012345'.
- **Check RT Number (Routing Transit Number):** The routing transit number of the checking account used to make the payment.
- **Employer:** The name of the employer who submitted the payment. The field is case-sensitive.
- The following fields are not used:
 - Batch Number
 - Update UserID
 - Reject UserID
 - Mark Sense
 - Update Date
 - Reject Date
 - Reject Status
 - Payment Status

- Click the **Search** button when all search elements have been entered to initiate the search. The Search Results web page will display whether or not hits occurred based upon the search elements. When hits occur, the page can display a maximum of 16 payments. If more than 16 payments meet the search criteria, a Next link and a Prev link will display. To see further results, click the **Next>>** link. You may always move back by clicking the **<<Prev** link.

When hits do not occur, the following web page will display reflecting the message "Your query resulted in no hits."



The following web page displays if a search returns more than 640 matches. If you wish to view all 640 payments, click the **Click here to begin reviewing results** link at the bottom of the page. Optimally, you should narrow the results of the search by adding additional criteria.



4a. Payments posted July 1, 2003 to the current date

The following table provides a description of the columns displayed on the search results page if the search was successful. The results page will usually span two PC windows. Use the scroll bar on your PC to navigate from left to right.

| Payment Receipt Search Results | | | | | | | | | | | | | | |
|--|--------------|---------------------|--------------|------------------|------------|--------|-------------|-------------|----------------------|--------------|---------------|-----------------|------------------|------------|
| Customer Service | | | | | | | | | | | | | | |
| Payment Receipt Search Results | | | | | | | | | | | | | | |
| Your Search Criteria | | | | | | | | | | | | | | |
| Process Date: = 12/15/2003 ± 10 | | | | | | | | | | | | | | |
| Case Num: = 0000000000 | | | | | | | | | | | | | | |
| Images | Process Date | Payment Source Type | SDU Batch ID | SDU Trans Number | Case Num | County | County Name | Payment Amt | Original Stub Amount | Check Number | Employer Name | Payer Last Name | Payer First Name | SSN |
| View Images | 12/19/2003 | MAIL | 550006 | 25 | 0000000000 | 006 | CHAUTAUQUA | \$60.00 | \$60.00 | | TIRE KINGDOM | 0000000000 | 0000000000 | 0000000000 |
| View Images | 12/15/2003 | MAIL | 570009 | 83 | 0000000000 | 006 | CHAUTAUQUA | \$60.00 | \$60.00 | | TIRE KINGDOM | 0000000000 | 0000000000 | 0000000000 |
| View Images | 12/09/2003 | MAIL | 570078 | 49 | 0000000000 | 006 | CHAUTAUQUA | \$60.00 | \$60.00 | | TIRE KINGDOM | 0000000000 | 0000000000 | 0000000000 |
| Query Results Lines 1-3 of 3 | | | | | | | | | | | | | | |
| Copyright © 2002 Affiliated Computer Services, Inc. All rights reserved. | | | | | | | | | | | | | | |

| | |
|----------------------|--|
| Images | Clicking Images for Payment Source Types other than electronic funds transfer allows access to the Images web page, where payment images may be viewed or printed. |
| Process Date | Date the payment was processed. |
| Payment Source Type | Indicates whether a payment was received by mail, EFT, EDI (check with diskette), cash or walk-in cash. Also indicates whether a payment was rejected in one county and subsequently posted to another county (Intercounty). |
| SDU Batch ID | An internal batch number assigned to the payment batch at the processing center. See the table in Section 5 for a description of the various types of batch numbers used by the processing center. |
| SDU Trans Number | An internal transaction number assigned to a specific payment within a batch. |
| Case Num | CSMS account number |
| County | County code to which the payment was posted. |
| County Name | County name to which the payment was posted. |
| Payment Amount | Amount of the payment |
| Original Stub Amount | Same as "Payment Amount" unless the payment was received in foreign funds. If the payment was received in foreign funds, this field represents the payment amount before conversion. |
| Check Number | Not used |
| Employer Name | Name of the employer if the payment was batched as an Employer payment and the payment was not received via EFT. |
| Payer Last Name | Last name of the non-custodial parent |
| Payer First Name | First name of the non-custodial parent |
| SSN | SSN of the non-custodial parent |

Payment Receipt Search Results – Continued

| Employer FEIN | Routing Transit Number | Check Acct Number | Remitter Type | Collection Type | KidStar Pymt Id | Transaction Detail | Cover Sheet |
|------------------------|---|-------------------|---------------|-----------------|---------------------------------|--|----------------------|
| 591823826 | 064204347 | 0000000102475756 | EMPLOYER | NORMAL | PYMT00005236155 | View Transaction Details | View |
| | 064204347 | 0000000102475756 | EMPLOYER | NORMAL | PYMT00005115665 | View Transaction Details | View |
| | 064204347 | 0000000102475756 | EMPLOYER | NORMAL | PYMT00004971223 | View Transaction Details | View |
| Employer FEIN | FEIN of the employer if the number is stored in the processing center's database. | | | | | | |
| Routing Transit Number | Routing and transit number captured from the financial instrument. | | | | | | |
| Check Acct Number | Checking account number captured from the financial instrument. | | | | | | |
| Remitter Type | Indicates whether the payment was received from a non-custodial parent, employer or by property execution (PEX). | | | | | | |
| Collection Type | Indicates whether the payment was received from a non-custodial parent or employer (Normal), another state or county agency (Interagency) or the Department of Tax and Finance (DTF). | | | | | | |
| KidStar Pymt ID | <p>An internal ID assigned to each payment. If the payment was received by EFT, clicking this link will provide the <i>Company Name</i> and EFT transaction details. The Company Name is the name of the employer or agency that originated the payment. The trace number uniquely identifies a payment in an EFT file that employers often reference to identify a payment.</p> <p>Note: All other information found on the payment details screen is either viewable on the search results screen, internal to the system or not used by the processing center.</p> | | | | | | |
| Transaction Detail | Clicking this link will allow a user to view the method of payment used: check, ACH (EFT), money order or cash substitute. | | | | | | |
| Cover Sheet | Not used | | | | | | |

4b. Payments posted prior to July 1, 2003

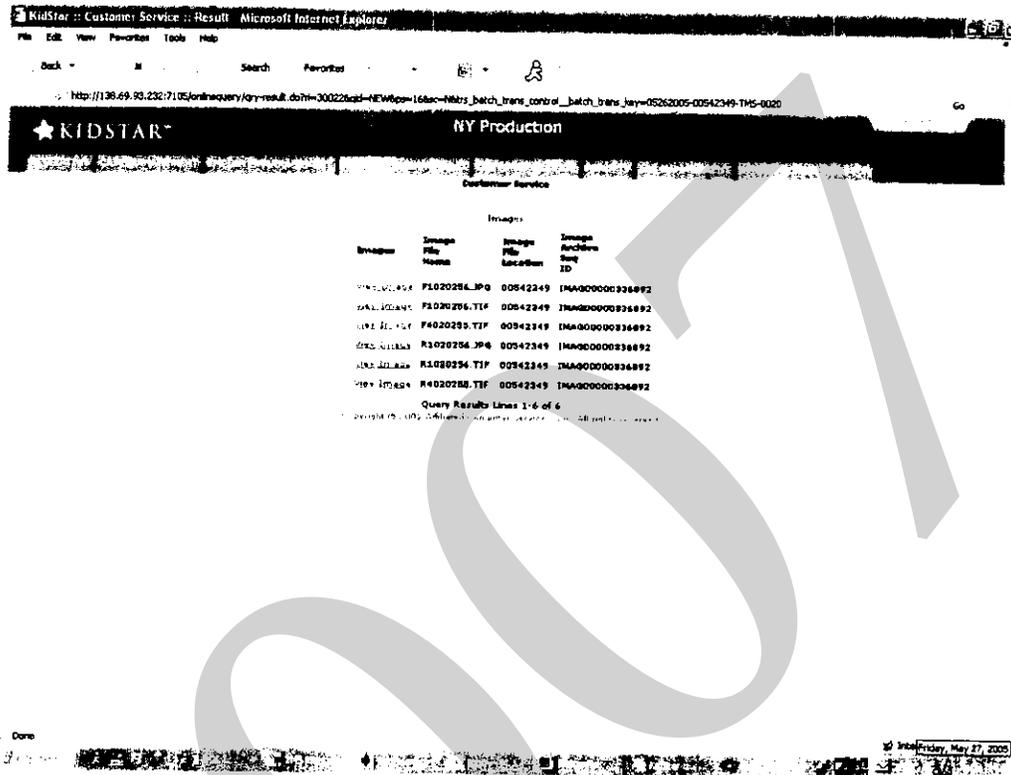
The following table provides a description of the columns displayed on the Find DIRON Images search results page if the search was successful. The results page will usually span two PC windows. Use the scroll bar on your PC to navigate from left to right.

| Payment Receipt Search Results | | | | | | | | | | | | | | | |
|---|------------|-----------|---------|---------|----------------------|---------------|---------------|------------|-----------------|--------------|----------------------|-------------|---------------|-------------|---------------|
| Customer Service | | | | | | | | | | | | | | | |
| Find DIRON Images | | | | | | | | | | | | | | | |
| Your Search Criteria | | | | | | | | | | | | | | | |
| Payment CSMS Account Number: = AF55023N5 | | | | | | | | | | | | | | | |
| Image | Batch Date | Batch Num | TRX Num | SEQ Num | CSMS Account Number | District Code | Employer Name | Check Date | Check RT Number | Check Amount | Check Account Number | Update Date | Update UserID | Reject Date | Reject UserID |
| View Image | 06/26/1998 | 57200519 | 9 | 17 | AF55023N5 | 26 | XEROXCORP | 06/24/1998 | 71915580 | 25.00 | 0000000043123353 | | | | |
| View Image | 07/11/1998 | 57238078 | 50 | 128 | AF55023N5 | 26 | XEROXCORP | 07/09/1998 | 71915580 | 25.00 | 0000000043123353 | | | | |
| View Image | 08/12/1998 | 57208269 | 24 | 64 | AF55023N5 | 26 | XEROXCORP | 08/09/1998 | 71915580 | 25.00 | 0000000043123353 | | | | |

| | |
|----------------------|---|
| Image | Clicking Image allows access to the Images web page, where payment images may be viewed or printed. |
| Batch Date | Date the payment was processed. |
| Batch Num | An internal batch number assigned to the payment batch at the processing center. See the table in Section 5 for a description of the various types of batch numbers used by the processing center. |
| TRX Num | An internal transaction number assigned to a specific payment within a batch. |
| SEQ Num | An internal sequence number assigned to a specific payment within a batch. |
| CSMS Account Number | Nine character alphanumeric, i.e. AF55023N5. |
| District Code | County code to which the payment was posted. |
| Employer Name | Name or FEIN number of employer, agency, or financial institution (PEX) who remitted the payment. |
| Check Date | For employer payments, the check date is the date of withholding from the non-custodial parent's paycheck. If the date of withholding was not provided in the source documentation, the check date is the date provided on the payment instrument. For interagency/intra-agency(NYS SCU to SCU) payments, the check date is the date the agency collected the payment from the non-custodial parent. If the date of collection was not provided in the source documentation, the check date is the date provided on the payment instrument. For respondent and PEX payments, the check date is the same as the processing date. |
| Check RT Number | Routing & Transit number captured from the financial instrument. |
| Check Amount | Amount of the payment. This may be different from the actual amount of the financial instrument associated with the payment. |
| Check Account Number | Bank account number captured from the financial instrument. |

The remaining fields displayed are not used.

5. On the Search Results page, click **View Images** for those payment transactions you wish to review. The following Images web page will display.



Each line of the query results may provide for one of the following images:

- Front of the financial instrument
- Back of the financial instrument
- Check stub
- Payment coupon
- Other source documents

The file names in the "Images File Name" column each begin with an "F" or an "R." The "F" indicates that the front of an image will be displayed. The "R" indicates that the back of an image will be displayed.

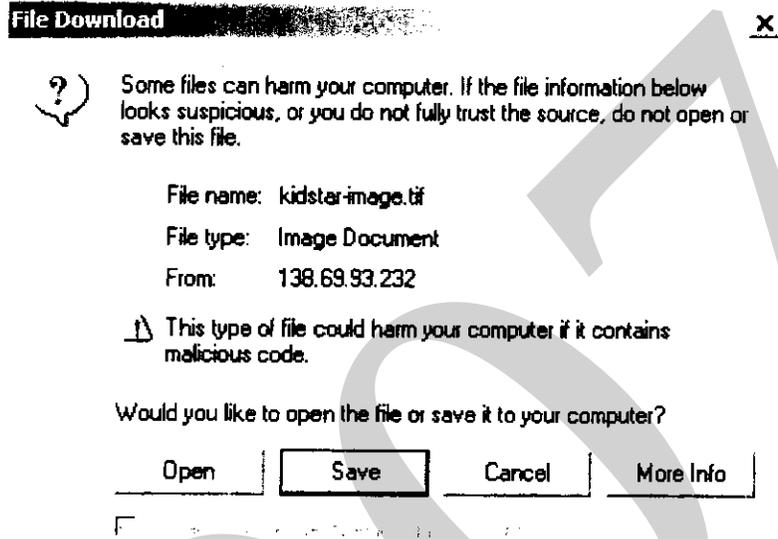
6. Click **View Image**.

6a. Payments posted July 1, 2003 to the current date

An image displays.

Note: In some instances a dialog box may display warning you that some files can harm your computer when a file is downloaded. This message does not appear because of a

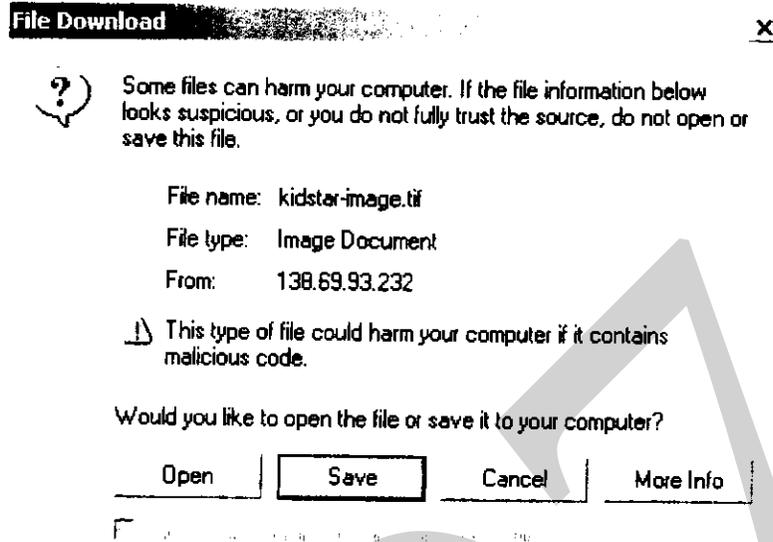
Payment Images Module function; instead, it is internal to your personal computer and is intended to help keep your computer secure. You can safely open the image. To open the image, click the **Open** button in the dialog box. If you wish to avoid receiving this message, see your systems administrator for assistance.



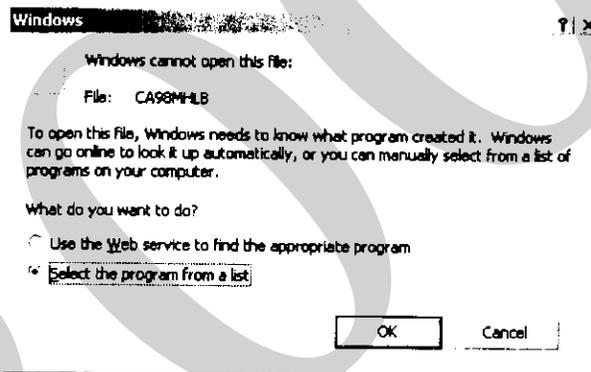
6b. Payments posted prior to July 1, 2003

An image displays.

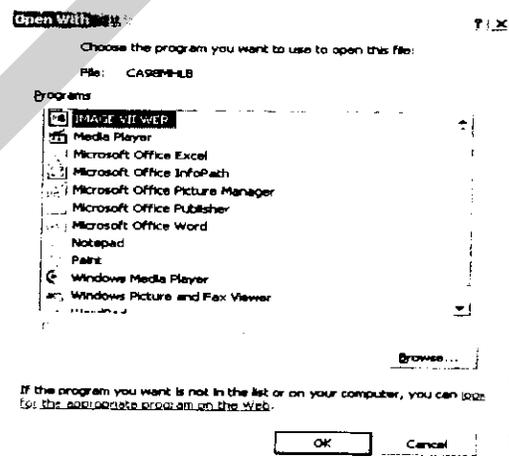
Note: In some instances a dialog box may display warning you that some files can harm your computer when a file is downloaded. This message does not appear because of a Payment Images Module function; instead, it is internal to your personal computer and is intended to help keep your computer secure. You can safely open the image. To open the image, click the **Open** button in the dialog box. If you wish to avoid receiving this message, see your systems administrator for assistance.



It is possible that your PC may not recognize older image formats and after clicking the **Open** button you may see the screen below:



Click **Select the program from a list** and then click the **OK** button. You will see this screen:



Click **IMAGE VIEWER** and then click the **OK** button. An image will display.

- 7. You may print the image by clicking the Print icon within the image window.
- 8. Close the image file by clicking the **close** button, which is the right button of the three buttons located in the upper right corner of the window.



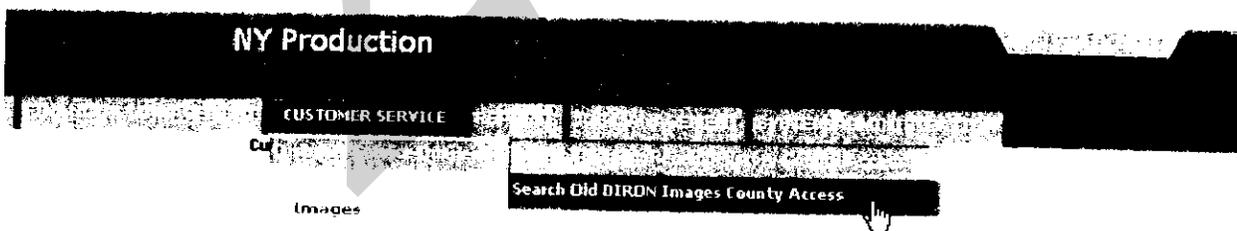
- 9. Click the browser's **Back** command to return to the Images page should you wish to review the next available image.

To begin a new payment images search, click the browser's **Back** command until you access the Customer Service Home page. You may also click **Customer Service** on the menu at the top of the page to be returned to the Customer Service Home page. Finally, you may move directly to the search templates by selecting the appropriate item from the drop down menu. Select **Customer Service** on the menu bar. Drop down boxes will display. Select **Customer Service Queries**.

From the **Customer Service Queries** drop-down boxes, click on **Search Payment Receipt History County Access** to go to the search template for payments posted July 1, 2003 to present.



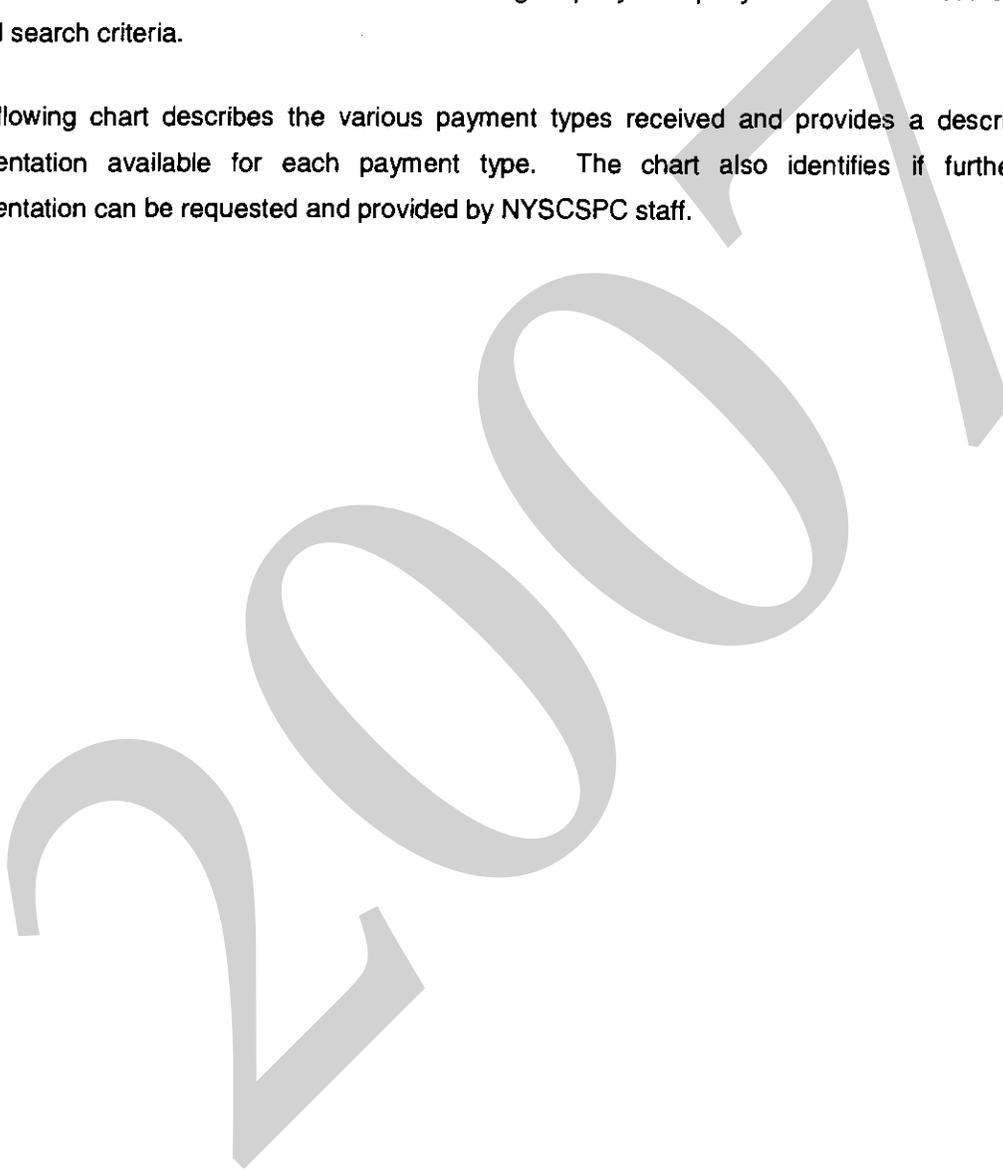
From the **Customer Service Queries** drop-down boxes, click on **Search Old DIRON Images County Access** to go to the search template for payments posted prior to July 1, 2003.



5. PAYMENT TYPES

Several different types of payments are received by the NYSCSPC. Payments with similar characteristics are grouped together in "batches." "Batch numbers" are numbers within specific ranges assigned to the payment groupings. By understanding batch number ranges, users can quickly determine what types of images and documentation will be available during a *query*. A *query* is a database search using pre-defined search criteria.

The following chart describes the various payment types received and provides a description of the documentation available for each payment type. The chart also identifies if further hardcopy documentation can be requested and provided by NYSCSPC staff.



NYSCSPC PAYMENT TYPES

| PAPER PAYMENTS | | | | | |
|--|--|---|--|--|---|
| PAYMENT TYPE | DESCRIPTION | BATCH NUMBER RANGE | OTHER IDENTIFYING CHARACTERISTICS | IMAGES/TRANSACTION DETAIL AVAILABLE | OTHER AGES/DOCUMENTATION AVAILABLE IN HARD COPY |
| Employer Payment | Employer remittance consisting of a financial instrument and related source documents. | 550000 — 599999 | Search Results Page: Remitter Type: EMPLOYER Collection Type: NORMAL Payment Source Type: MAIL | Images: Check or money order, check stub, payment documents Transaction details | N/A |
| Respondent Payment/ Check or Money Order | Respondent remittance consisting of a financial instrument and related source documents. | 500000 — 549999 | Search Results Page: Remitter Type: RESPONDENT Collection Type: NORMAL Payment Source Type: MAIL | Images: Check or money order, check stub, payment documents Transaction details | N/A |
| Respondent Payment/Cash | Respondent remittance consisting of cash and related source documents. | 500000 — 549999 | Search Results Page: Remitter Type: RESPONDENT Collection Type: NORMAL Payment Source Type: REALCASH | Images: Cash receipt, cash substitute ticket, payment documents Transaction details | N/A |
| Other State Payment (OOS) SCU to SCU Payment | Respondent remittance consisting of a financial instrument and related source documents. | 500000 — 549999 | Search Results Page: Remitter Type: RESPONDENT Collection Type: INTERAGENCY Payment Source Type: MAIL | Images: Check, check stub, payment documents Transaction details | N/A |
| Department of Tax and Finance Payment | Respondent remittance from DTF consisting of a financial instrument and related source documents. | 500000 — 549999 | Search Results Page: Remitter Type: RESPONDENT Collection Type: DTF Payment Source Type: MAIL | Images: Check, check stub, DTF Transmittal, payment documents Transaction details | N/A |
| PEX Payment | Financial institution remittance consisting of a check and related source documents. | 600000 — 609999 | Search Results Page: Remitter Type: PEX Collection Type: NORMAL Payment Source Type: MAIL | Images: Check or money order, check stub, payment documents Transaction details | N/A |
| Walk-In Cash | Employer, Respondent or PEX remittance consisting of a faxed record of funds received from a local district. | 550000 — 599999 (Employer) 500000 — 549999 (Respondent) 600000 — 609999 (PEX) | Search Results Page: Remitter Type: EMPLOYER, RESPONDENT or PEX Collection Type: NORMAL Payment Source Type: WALKINCASH | Images: Facsimile transmittal, cash substitute ticket, deposit ticket Transaction details | N/A |
| Employer Diskette with Check | Employer remittance consisting of a check, diskette, cartridge or tape containing account information and a payment report or spreadsheet. | 400000 — 499999 | Search Results Page: Remitter Type: EMPLOYER Collection Type: NORMAL Payment Source Type: EDI | Images: Check or money order <i>only</i> Transaction details | <i>A Documentation Request</i> may be submitted to receive copies of the check stub (when provided) and all other source documents included with the payment. |

Note: The State of New York (employee payroll) remits its child support payments via bank wire and FTP (file transfer) of payment data. The payment image presented will be a substitute check.

ELECTRONIC PAYMENTS

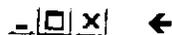
| | | | | | |
|--|--|----------|--|--|---|
| Employer Payment | Employer remittance consisting of a financial record and payment record electronically transferred through the Automated Clearing House. | 0-100000 | Search Results Page: Remitter Type: EMPLOYER Collection Type: NORMAL Payment Source Type: EFT | Images: None Transaction details. The name of the employer remitting the payment will be reflected in the <i>COMPANY NAME</i> field in the details. | A <i>Documentation Request</i> may be submitted to receive copies of the EFT addenda record and Employer Outreach "Incident Report" if the payment was suspended. The report will provide details of any contact made with the employer submitting the payment. |
| Other State Payment (OOS) SCU to SCU Payment | Respondent remittance consisting of a financial record and payment record electronically transferred through the Automated Clearing House. | 0-100000 | Search Results Page: Remitter Type: RESPONDENT Collection Type: INTERAGENCY Payment Source Type: EFT | Images: None Transaction details. The name of the state remitting the payment will be reflected in the <i>COMPANY NAME</i> field in the details. | A <i>Documentation Request</i> may be submitted to receive copies of the EFT addenda record if the payment was suspended. |
| Respondent Payment | Respondent remittance consisting of a financial record and payment record electronically transferred through the Automated Clearing House. | 0-100000 | Search Results Page: Remitter Type: RESPONDENT Collection Type: NORMAL Payment Source Type: EFT <i>Option Field 2</i> in CSMS reflects ELECTRONIC . | Images: None Transaction details. If the payment was made in cash at a Western Union location, "Western Union" will be reflected in the <i>COMPANY NAME</i> field in the details. | A <i>Documentation Request</i> may be submitted to receive copies of the EFT addenda record if the payment was suspended. |

SPECIAL PAYMENTS

| | | | | | |
|------------------------------|--|---|---|--|---|
| Payment referred to Outreach | Employer or OOS remittance consisting of a financial instrument and related source documents that was referred to the Outreach Unit because 1) The check amount did not equal the payment amount reflected on the check stub, payment report or coupons, or 2) One or more of the CSMS numbers reflected on the check stub or payment report could not be validated. | 900000 — 999999 | Any Employer or Respondent/Interagency payment combination is possible. | Images: Check or money order, check stub, payment documents Transaction details | A <i>Documentation Request</i> may be submitted to receive a copy of the Employer Outreach "Incident Report" which will provide details of any contact made with the employer or state. |
| Payment referred for QA | Employer, Respondent or PEX remittance referred to Quality Assurance for review. | 800000 — 899999 | Any payment combination is possible. | Images: Check or money order, check stub, payment documents Transaction details | N/A |
| SCU to SCU Transfer | Characteristics of the original payment | 550000 — 599999 (Employer) 500000 — 549999 (Respondent) 600000 — 609999 (PEX) | Search Results Page: Remitter Type: EMPLOYER, RESPONDENT or PEX Collection Type: NORMAL Payment Source Type: INTERCOUNTY | Images: Cash substitute ticket, Inter-County Transfer spreadsheet, Memorandum to NYSCSPC Accounting requesting funds transfer Transaction details | N/A |

6. EXITING THE PAYMENT IMAGES MODULE

To exit the Payment Images Module, close your browser window by clicking the **close** button, which is the right button of the three buttons located in the upper right corner of the window.



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7. CUSTOMER SERVICE

If you have any questions regarding this manual or experience any problems with obtaining images, contact the **NYDCSE Contract Monitoring Unit at 1-800-343-8859, Ext. 30574.**

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**New York State
Division of Child Support Enforcement
Child Support Processing Center**

PIN Notice Generation Procedures

1. Maintain post office box in which to receive requests from custodial and non-custodial parents for a PIN number.
2. Obtain the mail from the post office box at the earliest possible time each morning. The Contractor must use a secure courier when transporting the mail.
3. Sort through the mail prior to opening the envelopes to identify and out-sort envelopes which are not addressed to the PO Box Attn: PIN. Envelopes addressed to one of the centralized processing post office boxes must be forwarded to the respective centralized processing supervisor the same day as received.
4. Open each envelope, remove all contents, keep envelope and contents together, and verify that all contents have been removed.
5. The Contractor must, under no circumstances, commingle the mail obtained for PIN requests with mail obtained for any other centralized operation by the RFP.
6. Sort the opened and extracted mail as follows:
 - Child support payments received in envelopes with PIN request
 - Returned mailings as undeliverable
 - Valid PIN request
 - Invalid PIN request
 - Correspondence
7. The Contractor must forward documents/correspondence received for other centralized processes to the respective supervisor the same day as received.
8. The Contractor must forward child support payments received with the PIN requests to the payment processing supervisor the same day as received.

9. Valid PIN request must contain the following:
 - SSN
 - Full Name (first and last name)
 - Address
 - CSMS account number(s)
 - SSN, name and CSMS account number must match CSMS account
10. The Contractor must update CSMS for all reports of address change, per instructions provided by OTDA.
11. Contractor must accept and process PIN requests from NCPs/CPs who have been validated thru the Customer Service Helpline (CSH).
12. The Contractor must calculate and mail the PIN, using the PIN Calculation Procedure, provided by OTDA, within five business days of receiving a PIN request.
13. Invalid PIN request is any request that does not meet the criteria in 9 of this document.
14. Invalid PIN requests are to be returned to the sender with a PIN response letter, provided by OTDA.
15. The Contractor must process all invalid PIN requests within five business days of receipt.
16. Retain PIN request and copy of response letter for 120 days following the end of the month in which they were received and then confidentially destroy them.
17. Mail response by first class mailing and include any inserts requested by the OTDA.
18. Affix bar coded address information in accordance with US Postal Service specifications.
19. Deliver to United States Postal Service (USPS) General Mail Facility, Albany, NY.

20. Process "Undeliverable" PIN Response returned from USPS as follows:
- Sort envelopes between those with new addresses and those without new addresses.
 - Open each envelope, remove all contents, keep envelope and contents together, and verify that all contents have been removed.
21. For those with new addresses:
- Photocopy the PIN Response letter.
 - Place original contents in new envelopes and enter new addresses as the mailing address and re-mail.
 - Update CSMS with undeliverable mail information provided by USPS as instructed by OTDA.
22. For mail without a new address:
- Update CSMS with undeliverable mail information provided by USPS as instructed by OTDA.
23. Package together by each local district all correspondence and apply a cover sheet _____ County Correspondence.
24. Quality Control Review - The Contractor must review the actual printing of documents to ensure that a quality letter is produced throughout the production cycle.
25. Error Detection and Resolution - The Contractor must immediately notify OTDA of any error in data entry.
26. Controls and Records - The Contractor must maintain sufficient controls to ensure that every notice is fully processed.
27. Security - The Contractor must secure operations by:
- Limiting access to only authorized staff.
 - Maintaining camera surveillance of entire operation to include recording activities.
 - Providing secured facility and limited access to PIN Calculation.
 - Ensuring that information pertaining to the PIN Calculation remains confidential.
28. Management Reports - The Contractor must provide, at a minimum, the reports required in accordance with section 5.4 of the RFP, as well as any other report deemed necessary by the OTDA

29. Inventory Control – The Contractor must order and maintain sufficient supply of blank paper stock, envelopes and other printing supplies to ensure a two month's supply is kept on hand at all times.
30. OTDA Responsibilities
31. PIN Calculation Procedures – OTDA will provide the Contractor with PIN Calculation procedures to be completed by the Contractor. OTDA will provide updated procedures as it determines necessary.
32. CSMS Instructions - OTDA will provide the Contractor with CSMS instructions to be used for validation and updating. OTDA will provide updated instructions as it determines necessary.
33. OTDA will provide the Contractor with the PIN Response Letter.
34. Local district mailing addresses – OTDA will provide the Contractor with the addresses for each local district to which correspondence is to be mailed.

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