NYS Office of Child Support Enforcement
P.O. Box 15364
Albany, NY 12212-5364

COLA2

Non-Custodial Parent Name: SMITH, JOHN
CSMS Case #: ZZ00000Z1
Custodial Parent Name: SMITH, JANE
Local District Code: 00
Date: 07/01/2005

SMITH, JOHN
ANYPLACE ELSE APARTMENTS
456 ANYWHERE ST APT 2
ANYTOWN NY 10000-0000

Respondent

Request for a Cost Of Living Adjustment (COLA)

Upon the request of either party, as explained in the **"Notice of Your Right to Request a Cost Of Living Adjustment to Your Child Support Order"**, the Support Collection Unit (SCU) will issue an adjusted order of child support with a new order amount which adds a Cost Of Living Adjustment (COLA) to your current child support order. Please indicate by checking the box below if you want the SCU to add the COLA and issue an adjusted order. This notice is being sent to both parties to your order. **The SCU will take no action to adjust your child support order without a request from one of the parties to the order.**

2007

MARK BOX BELOW TO REQUEST A COLA

☐ I request that the Support Collection Unit **add a COLA** to my current child support order and issue an adjusted order.

If this form is not returned, the SCU will **take no action** unless a request is received from the other party to this order.

(Please **Sign Below**, **Detach**, and **Return** in pre-addressed, postage paid envelope.)

_____ (Signature) _____ (Date)

00 ZZ00000Z1
SMITH, JOHN

Respondent

2007

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 3478 ALBANY NY
POSTAGE WILL BE PAID BY ADDRESSEE

NYS OFFICE OF CHILD SUPPORT ENFORCEMENT
PO BOX 15364
ALBANY NY 12214-5786

2007

2007

NYS Office of Child Support Enforcement
P.O. Box 15364 C
Albany, NY 12212-5364

COLA1

Non-Custodial Parent Name: SMITH, JOHN
CSMS Case #: ZZ00000Z1
Custodial Parent Name: SMITH, JANE
Local District Code: 00
Date: 07/01/2005

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

Client

Notice of Your Right to Request a Cost Of Living Adjustment to Your Child Support Order

New York State law requires that this notice be sent to both parties to your support order.

This notice is to inform you that upon the request of either party to your child support order, the Support Collection Unit (SCU) will issue an adjusted order of child support with a new order amount which adds a cost of living adjustment (COLA) to your current child support order.

The relevant provisions of New York law governing this process are Family Court Act sections 413 and 413-a; Domestic Relations Law sections 240 and 240-c; and Social Services Law sections 111-h and 111-n.

The adjusted order of child support issued by the SCU will have the same force and effect as an order issued by the court. Except for the obligation amount, **all other provisions of your current child support order remain unchanged**, including but not limited to the persons for whom support is payable, and any amounts payable for child care expenses, health insurance, health care expenses not covered by health insurance, educational expenses for the child, and spousal support. (Please note: The issuance of an adjusted order does not affect the amount, if any, of existing arrears/past due support.)

****The SCU will take no action to adjust your child support order without a request from one of the parties to the order.****

The COLA is based on accumulated changes from year to year in the annual average consumer price index for all urban consumers (CPI-U), as published each year by the United States Department of Labor. The CPI-U is a measure of the average change in prices over time for food, clothing, shelter, fuel, transportation, medical services, and other items which people buy for day-to-day living.

Your case is eligible for a COLA because your child support order is at least two years old, and the sum of the percent changes in the CPI-U annual average since the year of your last court order is at least 10%.

- Your current child support order amount is $100.00 Monthly .
- The sum of the average annual CPI-U percent changes for child support orders issued during the year your order was issued (or 1994, whichever is later) is 10.00 %.
- The COLA is 10.00 % of $100.00 , or $10.00 .
- **The new order amount under the adjusted order issued by the SCU would be** $110.00 Monthly **which would be the child support obligation amount, as increased by the COLA, rounded to the nearest dollar.**
- The amounts, if any, ordered for child care, health insurance, health care expenses not covered by health insurance, educational expenses for the child and spousal support will not be changed by the adjusted order.

You can expect to receive the adjusted order within approximately forty-five (45) days from the date the SCU receives a written request for the application of a COLA. You and the other party to your support order each have the right to object to the adjusted order. Directions and timeframes for filing objections will be provided with the adjusted order. Where objections are filed, the COLA will not be applied. Instead, a hearing which you and the other party will be required to attend will be held in the court which issued the order being adjusted. You and the other party will be required to provide full financial disclosure.

As a result of this hearing, the court will determine the new amount of your child support order based on the Child Support Standards Act (CSSA) and the actual income and resources of both parties. Under the CSSA, the person who pays child support is generally expected to pay the following percent of gross income: one child, 17%; two children, 25%; three children, 29%; four children, 31%; five or more children, no less than 35%. The CSSA and other New York law provide for the enrollment of the children in a parent's health insurance plan, and the award of future reasonable health care expenses of the children not covered by insurance, and, where appropriate, for the award of child care and educational expenses for the child.

AS A RESULT OF AN OBJECTION TO THE COLA, THE ORDER ISSUED BY THE COURT COULD BE:

HIGHER THAN YOUR CURRENT ORDER, OR
LOWER THAN YOUR CURRENT ORDER, OR
THE SAME AS YOUR CURRENT ORDER.

*****PLEASE NOTE*****

- The COLA WILL BE APPLIED TO THE CURRENT CHILD SUPPORT ORDER **ONLY** IF A PARTY TO THE ORDER REQUESTS IT. **YOU MUST USE THE MAILER PROVIDED TO INFORM THE SCU IF YOU WANT TO REQUEST A COLA.** IF YOU DO NOT RETURN THIS MAILER WITH THE COLA CHOICE SELECTED, NO COLA WILL BE APPLIED, UNLESS A COLA IS REQUESTED BY THE OTHER PARTY.

- You may request the application of the COLA any time provided that your child support order is at least two years old, and the sum of the percent changes in the CPI-U annual average since the year of your last court order is at least 10%.

- A CPI-U is issued for each calendar year. If another CPI-U has been issued by the time you or the other party to the order request a COLA, it will be used in calculating the amount of the COLA. The use of an additional CPI-U will increase the amount of the COLA.

- This notice is being sent to both parties to your order. The SCU will apply the COLA upon the request of either party, even if the other party makes no request.

- If you have any questions or wish to correct any information contained in this notice, contact the SCU at

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LOCAL COUNTY SCU
COLA UNIT
COUNTY OFFICE BLDG
LOCALTOWN NY 10000-0000
(000)000-0000 EXT. 0000
```

Enc. Request for a Cost of Living Adjustment return mailer.

2007

2007

NYS Office of Child Support Enforcement
P.O. Box 15364
Albany, NY 12212-5364

COLA2

Non-Custodial Parent Name: SMITH, JOHN
CSMS Case #: ZZ00000Z1
Custodial Parent Name: SMITH, JANE
Local District Code: 00
Date: 07/01/2005

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

Client

Request for a Cost Of Living Adjustment (COLA)

Upon the request of either party, as explained in the **"Notice of Your Right to Request a Cost Of Living Adjustment to Your Child Support Order"**, the Support Collection Unit (SCU) will issue an adjusted order of child support with a new order amount which adds a Cost Of Living Adjustment (COLA) to your current child support order. Please indicate by checking the box below if you want the SCU to add the COLA and issue an adjusted order. This notice is being sent to both parties to your order. **The SCU will take no action to adjust your child support order without a request from one of the parties to the order.**

MARK BOX BELOW TO REQUEST A COLA

☐ I request that the Support Collection Unit **add a COLA** to my current child support order and issue an adjusted order.

If this form is not returned, the SCU will **take no action** unless a request is received from the other party to this order.

(Please **Sign Below**, **Detach**, and **Return** in pre-addressed, postage paid envelope.)

_____ (Signature) _____ (Date)

00 ZZ00000Z1
SMITH, JANE

Client

2007

2007

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL

FIRST-CLASS MAIL PERMIT NO. 3478 ALBANY NY

POSTAGE WILL BE PAID BY ADDRESSEE

NYS OFFICE OF CHILD SUPPORT ENFORCEMENT
PO BOX 15364
ALBANY NY 12214-5786

2007

2007

LOCAL COUNTY SCU
COLA UNIT
COUNTY OFFICE BLDG
LOCALTOWN NY 10000-0000

COLA3b

Non-Custodial Parent Name: SMITH, JOHN
CSMS Case #: ZZ00000Z1
Custodial Parent Name: SMITH, JANE
Local District Code: 00

LOCAL COUNTY FAMILY COURT
COUNTY COURTHOUSE
100 ANY COURT AVE
LOCALTOWN NY 10000-0000

RE: Cost of Living Adjustment Process

Dear Sir/Madam:

Enclosed is a copy of a "Cost of Living Adjustment Order" issued by the Support Collection Unit noted below. Please append your records with this document.

LOCAL COUNTY SCU

Dated:07/01/2005

Respondent Address

SMITH, JOHN
ANYPLACE ELSE APARTMENTS
456 ANYWHERE ST APT 2
ANYTOWN NY 10000-0000
SSN: 000-00-0000

Client Address

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

2007

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LOCAL COUNTY SCU

Order of LOCAL COUNTY FAMILY COURT

COLA4

In the matter of an Adjustment of an Order of Support under Section 111-n of the Social Services Law and Section 413-a of the Family Court Act or Section 240-c of the Domestic Relations Law

Docket No.
F-0000-00

Adjusted Order of Support

SMITH, JANE

Petitioner

- against -

SMITH, JOHN

Respondent

Respondent's Soc. Sec. No. 000-00-0000

CSMS Case Number: ZZ00000Z1

- **The new obligation amount under this adjusted order is** $110.00 Monthly .
- The cost of living adjustment or COLA (the amount added to your current obligation amount) is $10.00.
- The effective date of this adjusted order is 09/10/2005 .
- The first payment of the new child support obligation amount is due and owing after the effective date under the terms of the order which was adjusted.
- Objections to this order must be submitted in writing to the court by 08/06/2005 which is 35 days from the date this order was mailed.
- **All other provisions of your current child support order remain unchanged**, including but not limited to the persons for whom support is payable, and any amounts payable for child care expenses, health insurance, health care expenses not covered by health insurance, educational expenses for the child, and spousal support. Continue to pay these amounts.

2007

NOTICE: YOUR WILLFUL FAILURE TO OBEY THIS ORDER MAY RESULT IN INCARCERATION FOR CRIMINAL NON-SUPPORT OR CONTEMPT; YOUR FAILURE TO OBEY THIS ORDER MAY ALSO RESULT IN SUSPENSION OF YOUR DRIVER LICENSE, STATE-ISSUED PROFESSIONAL, TRADE, BUSINESS AND OCCUPATIONAL LICENSES, AND RECREATIONAL AND SPORTING LICENSES AND PERMITS, IMPOSITION OF REAL OR PERSONAL PROPERTY LIENS, AND ENFORCEMENT IN ANY MANNER PROVIDED BY LAW.

This order adjusts the child support obligation amount contained in the order, dated 01/01/2001 , issued by the LOCAL COUNTY FAMILY COURT for the following dependents:

Name	Date of Birth	Social Security Number
SMITH, JOHN JR	07/01/1995	000000000
SMITH, JANETTE	08/01/2000	000000000

The LOCAL COUNTY SCU , having reviewed the order referenced above, has made a cost of living adjustment (COLA)[1] which increases the support obligation amount of that order.

---

[1] Cost of Living Adjustment shall mean the amount by which the support obligation is changed as the result of a review, and shall be determined based upon annual average changes to the consumer price index for all urban consumers (CPI-U) as published by the United States department of labor bureau of labor statistics, for the years preceding the year of the review, as follows:

(a) Identify the CPI-U "percent change from the previous annual average" for each year preceding the year of the review, beginning with and including the later of the year in which the most recent order was issued or nineteen hundred ninety-four, and calculate the sum of the percentage changes for those years.

(b) Where the sum as calculated pursuant to subparagraph one of this paragraph equals or exceeds ten percent, multiply the support obligation in the order under review by such percentage. The product is the cost of living adjustment.

2007

NOW, therefore, it is hereby

ORDERED that the new child support obligation amount that the above-named Respondent is required to pay under this adjusted order is $110.00 Monthly[2] which is the result of adding a 10.00 % COLA in the amount of $10.00 to the current child support obligation amount of $100.00 Monthly.

ORDERED that the aforesaid amount is payable to the following address in the same manner required by the Support Collection Unit for the order being adjusted:

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

ORDERED that the effective date of this adjusted order shall be sixty days from the date of this order or twenty-four months after the date of the order which was reviewed and adjusted, whichever is later. The effective date has been provided above.

ORDERED that the child support obligation amount under this adjusted order is due and owing on the date the first payment is due under the terms of the order of support which was reviewed and adjusted, occurring on or after the effective date of the adjusted order.

2007

[2] The child support obligation amount, as increased by the COLA, has been rounded to the nearest dollar.

BE ADVISED THAT

(1) ALL OTHER PROVISIONS OF THE ORDER OF SUPPORT WHICH WAS REVIEWED AND ADJUSTED REMAIN IN FULL FORCE AND EFFECT, including but not limited to the provision that this order shall be enforceable pursuant to Section 5241 or 5242 of the Civil Practice Law and Rules, or in any other manner provided by law;

(2) Where either party objects to the cost of living adjustment, the party has the right to be heard by the court which issued the order being adjusted, and to present evidence to the court which the court will consider in adjusting the child support order in compliance with Section 413 of the Family Court Act or Section 240 of the Domestic Relations Law, known as the Child Support Standards Act; provided, however, that written objections are filed with the court within thirty-five days from the date the adjusted order was mailed by the Support Collection Unit, and a copy of the objection is provided by the objecting party to the other party and to the Support Collection Unit at the address provided at the end of this order. The date by which objections to this adjusted order must be filed and the court which issued the order being adjusted have been provided above. When filing objections, the objecting party should attach a copy of the adjusted order, if available.

(3) Pursuant to Section 240-b of the Domestic Relations Law and Section 443 of the Family Court Act, each party is required to provide, and update upon any change, the following information to the Support Collection Unit: social security number, residential and mailing addresses, telephone number, driver's license number; and name, address and telephone number of the parties' employers.

(4) Where any party fails to provide, and update upon any change, the Support Collection Unit with a current address to which an adjusted order can be

2007

sent, the support obligation amount contained therein shall become due and owing on the date the first payment is due under the order of support which was reviewed and adjusted occurring on or after the effective date of the adjusted order, regardless of whether or not the party has received a copy of the adjusted order.

(5) The application of a COLA in no way limits, restricts, expands, or impairs the rights of any party to file for a modification of a child support order as otherwise provided by law.

NOTE: (1) THIS ORDER OF CHILD SUPPORT SHALL BE ADJUSTED BY THE APPLICATION OF A COST OF LIVING ADJUSTMENT AT THE DIRECTION OF THE SUPPORT COLLECTION UNIT NO EARLIER THAN TWENTY-FOUR MONTHS AFTER THIS ORDER IS ISSUED, LAST MODIFIED OR LAST ADJUSTED, UPON THE REQUEST OF ANY PARTY TO THE ORDER OR PURSUANT TO PARAGRAPH (2) BELOW. UPON APPLICATION OF A COST OF LIVING ADJUSTMENT AT THE DIRECTION OF THE SUPPORT COLLECTION UNIT, AN ADJUSTED ORDER SHALL BE SENT TO THE PARTIES WHO, IF THEY OBJECT TO THE COST OF LIVING ADJUSTMENT, SHALL HAVE THIRTY-FIVE (35) DAYS FROM THE DATE OF MAILING TO SUBMIT A WRITTEN OBJECTION TO THE COURT INDICATED ON SUCH ADJUSTED ORDER. UPON RECEIPT OF SUCH WRITTEN OBJECTION, THE COURT SHALL SCHEDULE A HEARING AT WHICH THE PARTIES MAY BE PRESENT TO OFFER EVIDENCE WHICH THE COURT WILL CONSIDER IN ADJUSTING THE CHILD SUPPORT ORDER IN ACCORDANCE WITH THE CHILD SUPPORT STANDARDS ACT.

(2) A RECIPIENT OF FAMILY ASSISTANCE SHALL HAVE

2007

THE CHILD SUPPORT ORDER REVIEWED AND ADJUSTED AT THE DIRECTION OF THE SUPPORT COLLECTION UNIT NO EARLIER THAN TWENTY-FOUR MONTHS AFTER SUCH ORDER IS ISSUED, LAST MODIFIED OR LAST ADJUSTED WITHOUT FURTHER APPLICATION OF ANY PARTY. ALL PARTIES WILL RECEIVE NOTICE OF ADJUSTMENT FINDINGS.

(3) WHERE ANY PARTY FAILS TO PROVIDE, AND UPDATE UPON ANY CHANGE, THE SUPPORT COLLECTION UNIT WITH A CURRENT ADDRESS, AS REQUIRED BY SECTION FOUR HUNDRED FORTY-THREE OF THE FAMILY COURT ACT, TO WHICH AN ADJUSTED ORDER CAN BE SENT, THE SUPPORT OBLIGATION AMOUNT CONTAINED THEREIN SHALL BECOME DUE AND OWING ON THE DATE THE FIRST PAYMENT IS DUE UNDER THE TERMS OF THE ORDER OF SUPPORT WHICH WAS REVIEWED AND ADJUSTED OCCURRING ON OR AFTER THE EFFECTIVE DATE OF THE ORDER, REGARDLESS OF WHETHER OR NOT THE PARTY HAS RECEIVED A COPY OF THE ADJUSTED ORDER.

Dated: 07/01/2005

Ordered by LOCAL COUNTY SCU
COLA UNIT

Address COUNTY OFFICE BLDG
LOCALTOWN NY 10000-0000

Phone (000)000-0000

2007

LOCAL COUNTY SCU
COLA UNIT
COUNTY OFFICE BLDG
LOCALTOWN NY 10000-0000

COLA3b

Non-Custodial Parent Name: SMITH, JOHN
CSMS Case #: ZZ00000Z1
Custodial Parent Name: SMITH, JANE
Local District Code: 00

LOCAL COUNTY SCU
COLA UNIT
COUNTY OFFICE BLDG
LOCALTOWN NY 10000-0000

RE: Cost of Living Adjustment Process

Dear Sir/Madam:

Enclosed is a copy of a "Cost of Living Adjustment Order" issued by the Support Collection Unit noted below. Please append your records with this document.

LOCAL COUNTY SCU

LOCAL COUNTY FAMILY COURT

Dated:07/01/2005

2007

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LOCAL COUNTY SCU

Order of LOCAL COUNTY FAMILY COURT

COLA4

In the matter of an Adjustment of an Order of Support under Section 111-n of the Social Services Law and Section 413-a of the Family Court Act or Section 240-c of the Domestic Relations Law

Docket No.
F-0000-00

Adjusted Order of Support

SMITH, JANE

Petitioner

- against -

SMITH, JOHN

Respondent

Respondent's Soc. Sec. No. 000-00-0000

CSMS Case Number: ZZ00000Z1

- **The new obligation amount under this adjusted order is** $110.00 Monthly .
- The cost of living adjustment or COLA (the amount added to your current obligation amount) is $10.00.
- The effective date of this adjusted order is 09/10/2005 .
- The first payment of the new child support obligation amount is due and owing after the effective date under the terms of the order which was adjusted.
- Objections to this order must be submitted in writing to the court by 08/06/2005 which is 35 days from the date this order was mailed.
- **All other provisions of your current child support order remain unchanged**, including but not limited to the persons for whom support is payable, and any amounts payable for child care expenses, health insurance, health care expenses not covered by health insurance, educational expenses for the child, and spousal support. Continue to pay these amounts.

2007

NOTICE: YOUR WILLFUL FAILURE TO OBEY THIS ORDER MAY RESULT IN INCARCERATION FOR CRIMINAL NON-SUPPORT OR CONTEMPT; YOUR FAILURE TO OBEY THIS ORDER MAY ALSO RESULT IN SUSPENSION OF YOUR DRIVER LICENSE, STATE-ISSUED PROFESSIONAL, TRADE, BUSINESS AND OCCUPATIONAL LICENSES, AND RECREATIONAL AND SPORTING LICENSES AND PERMITS, IMPOSITION OF REAL OR PERSONAL PROPERTY LIENS, AND ENFORCEMENT IN ANY MANNER PROVIDED BY LAW.

This order adjusts the child support obligation amount contained in the order, dated 01/01/2001 , issued by the LOCAL COUNTY FAMILY COURT for the following dependents:

Name	Date of Birth	Social Security Number
SMITH, JOHN JR	07/01/1995	000000000
SMITH, JANETTE	08/01/2000	000000000

The LOCAL COUNTY SCU , having reviewed the order referenced above, has made a cost of living adjustment (COLA)[1] which increases the support obligation amount of that order.

2007

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[1] Cost of Living Adjustment shall mean the amount by which the support obligation is changed as the result of a review, and shall be determined based upon annual average changes to the consumer price index for all urban consumers (CPI-U) as published by the United States department of labor bureau of labor statistics, for the years preceding the year of the review, as follows:

(a) Identify the CPI-U "percent change from the previous annual average" for each year preceding the year of the review, beginning with and including the later of the year in which the most recent order was issued or nineteen hundred ninety-four, and calculate the sum of the percentage changes for those years.

(b) Where the sum as calculated pursuant to subparagraph one of this paragraph equals or exceeds ten percent, multiply the support obligation in the order under review by such percentage. The product is the cost of living adjustment.

NOW, therefore, it is hereby

ORDERED that the new child support obligation amount that the above-named Respondent is required to pay under this adjusted order is $110.00 Monthly[2] which is the result of adding a 10.00 % COLA in the amount of $10.00 to the current child support obligation amount of $100.00 Monthly.

ORDERED that the aforesaid amount is payable to the following address in the same manner required by the Support Collection Unit for the order being adjusted:

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

ORDERED that the effective date of this adjusted order shall be sixty days from the date of this order or twenty-four months after the date of the order which was reviewed and adjusted, whichever is later. The effective date has been provided above.

ORDERED that the child support obligation amount under this adjusted order is due and owing on the date the first payment is due under the terms of the order of support which was reviewed and adjusted, occurring on or after the effective date of the adjusted order.

2007

[2] The child support obligation amount, as increased by the COLA, has been rounded to the nearest dollar.

BE ADVISED THAT

(1) ALL OTHER PROVISIONS OF THE ORDER OF SUPPORT WHICH WAS REVIEWED AND ADJUSTED REMAIN IN FULL FORCE AND EFFECT, including but not limited to the provision that this order shall be enforceable pursuant to Section 5241 or 5242 of the Civil Practice Law and Rules, or in any other manner provided by law;

(2) Where either party objects to the cost of living adjustment, the party has the right to be heard by the court which issued the order being adjusted, and to present evidence to the court which the court will consider in adjusting the child support order in compliance with Section 413 of the Family Court Act or Section 240 of the Domestic Relations Law, known as the Child Support Standards Act; provided, however, that written objections are filed with the court within thirty-five days from the date the adjusted order was mailed by the Support Collection Unit, and a copy of the objection is provided by the objecting party to the other party and to the Support Collection Unit at the address provided at the end of this order. The date by which objections to this adjusted order must be filed and the court which issued the order being adjusted have been provided above. When filing objections, the objecting party should attach a copy of the adjusted order, if available.

(3) Pursuant to Section 240-b of the Domestic Relations Law and Section 443 of the Family Court Act, each party is required to provide, and update upon any change, the following information to the Support Collection Unit: social security number, residential and mailing addresses, telephone number, driver's license number; and name, address and telephone number of the parties' employers.

(4) Where any party fails to provide, and update upon any change, the Support Collection Unit with a current address to which an adjusted order can be

2007

sent, the support obligation amount contained therein shall become due and owing on the date the first payment is due under the order of support which was reviewed and adjusted occurring on or after the effective date of the adjusted order, regardless of whether or not the party has received a copy of the adjusted order.

(5) The application of a COLA in no way limits, restricts, expands, or impairs the rights of any party to file for a modification of a child support order as otherwise provided by law.

NOTE: (1) THIS ORDER OF CHILD SUPPORT SHALL BE ADJUSTED BY THE APPLICATION OF A COST OF LIVING ADJUSTMENT AT THE DIRECTION OF THE SUPPORT COLLECTION UNIT NO EARLIER THAN TWENTY-FOUR MONTHS AFTER THIS ORDER IS ISSUED, LAST MODIFIED OR LAST ADJUSTED, UPON THE REQUEST OF ANY PARTY TO THE ORDER OR PURSUANT TO PARAGRAPH (2) BELOW. UPON APPLICATION OF A COST OF LIVING ADJUSTMENT AT THE DIRECTION OF THE SUPPORT COLLECTION UNIT, AN ADJUSTED ORDER SHALL BE SENT TO THE PARTIES WHO, IF THEY OBJECT TO THE COST OF LIVING ADJUSTMENT, SHALL HAVE THIRTY-FIVE (35) DAYS FROM THE DATE OF MAILING TO SUBMIT A WRITTEN OBJECTION TO THE COURT INDICATED ON SUCH ADJUSTED ORDER. UPON RECEIPT OF SUCH WRITTEN OBJECTION, THE COURT SHALL SCHEDULE A HEARING AT WHICH THE PARTIES MAY BE PRESENT TO OFFER EVIDENCE WHICH THE COURT WILL CONSIDER IN ADJUSTING THE CHILD SUPPORT ORDER IN ACCORDANCE WITH THE CHILD SUPPORT STANDARDS ACT.

(2) A RECIPIENT OF FAMILY ASSISTANCE SHALL HAVE

2007

THE CHILD SUPPORT ORDER REVIEWED AND ADJUSTED AT THE DIRECTION OF THE SUPPORT COLLECTION UNIT NO EARLIER THAN TWENTY-FOUR MONTHS AFTER SUCH ORDER IS ISSUED, LAST MODIFIED OR LAST ADJUSTED WITHOUT FURTHER APPLICATION OF ANY PARTY. ALL PARTIES WILL RECEIVE NOTICE OF ADJUSTMENT FINDINGS.

(3) WHERE ANY PARTY FAILS TO PROVIDE, AND UPDATE UPON ANY CHANGE, THE SUPPORT COLLECTION UNIT WITH A CURRENT ADDRESS, AS REQUIRED BY SECTION FOUR HUNDRED FORTY-THREE OF THE FAMILY COURT ACT, TO WHICH AN ADJUSTED ORDER CAN BE SENT, THE SUPPORT OBLIGATION AMOUNT CONTAINED THEREIN SHALL BECOME DUE AND OWING ON THE DATE THE FIRST PAYMENT IS DUE UNDER THE TERMS OF THE ORDER OF SUPPORT WHICH WAS REVIEWED AND ADJUSTED OCCURRING ON OR AFTER THE EFFECTIVE DATE OF THE ORDER, REGARDLESS OF WHETHER OR NOT THE PARTY HAS RECEIVED A COPY OF THE ADJUSTED ORDER.

Dated: 07/01/2005

Ordered by LOCAL COUNTY SCU
COLA UNIT

Address COUNTY OFFICE BLDG
LOCALTOWN NY 10000-0000

Phone (000)000-0000

2007

NYS Office of Child Support Enforcement
P.O. Box 15364 C
Albany, NY 12212-5364

COLA3a

Non-Custodial Parent Name: SMITH, JOHN
CSMS Case #: ZZ00000Z1
Custodial Parent Name: SMITH, JANE
Local District Code: 00
Date: 07/01/2005

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

Client

Notice of a Cost Of Living Adjustment to Your Child Support Order

New York State law requires that this notice be sent to both parties to your support order.

This notice is to inform you that the Support Collection Unit (SCU) has issued an adjusted order of child support with a new order amount which adds a cost of living adjustment (COLA) to your current child support order. The law requires that adjusted orders be issued in all cases where the children subject to the order are in receipt of public assistance, or for those cases where either party requested a cost of living adjustment.

The relevant provisions of New York law governing this process are Family Court Act sections 413 and 413-a; Domestic Relations Law sections 240 and 240-c; and Social Services Law sections 111-h and 111-n.

The adjusted order of child support issued by the SCU will have the same force and effect as an order issued by the court. Except for the obligation amount, **all other provisions of your current child support order remain unchanged**, including but not limited to the persons for whom support is payable, and any amounts payable for child care expenses, health insurance, health care expenses not covered by health insurance, educational expenses for the child, and spousal support. (Please note: The issuance of an adjusted order does not affect the amount, if any, of existing arrears/past due support.)

Your adjusted order of child support is enclosed with this notice.

The COLA is based on accumulated changes from year to year in the annual average consumer price index for all urban consumers (CPI-U), as published each year by the United States Department of Labor. The CPI-U is a measure of the average change in prices over time for food, clothing, shelter, fuel, transportation, medical services, and other items which people buy for day-to-day living.

Your case is eligible for a COLA because your child support order is at least two years old and the sum of the percent changes in the CPI-U annual average since the year of your last court order is at least 10%.

2007

- Your current child support amount is $100.00 Monthly .
- The sum of the average annual CPI-U percent changes for child support orders issued during the year your order was issued (or 1994, whichever is later) is 10.00 %.
- The COLA is 10.00 % of $100.00 , or $10.00 .
- **The new order amount under the adjusted order issued by the SCU is** $110.00 Monthly **which is the support obligation amount, as increased by the COLA, rounded to the nearest dollar.**
- The amounts, if any, ordered for child care, health insurance, health care expenses not covered by health insurance, educational expenses for the child and spousal support will not be changed by the adjusted order.

You, the other party to your support order, and the SCU all have the right to object to the adjusted order. Directions and timeframes for filing objections are provided with the adjusted order. Where objections are filed, the COLA will not be applied. Instead, a hearing which you and the other party will be required to attend will be held in family court. You and the other party will be required to provide full financial disclosure.

As a result of this hearing, the court will determine the new amount of your child support order based on the Child Support Standards Act (CSSA) and the actual income and resources of both parties. Under the CSSA, the person who pays child support is generally expected to pay the following percent of gross income: one child, 17%; two children, 25%; three children, 29%; four children, 31%; five or more children, no less than 35%. The CSSA and other New York law provide for the enrollment of the children in a parent's health insurance plan, and the award of future reasonable health care expenses of the children not covered by insurance, and, where appropriate, for the award of child care and educational expenses for the child.

AS A RESULT OF AN OBJECTION TO THE COLA, THE ORDER ISSUED BY THE COURT COULD BE:

HIGHER THAN YOUR CURRENT ORDER, OR
LOWER THAN YOUR CURRENT ORDER, OR
THE SAME AS YOUR CURRENT ORDER.

*****PLEASE NOTE*****

- **Carefully review the enclosed adjusted order of child support.**
- If you have any questions or wish to correct any information contained in this notice, contact the SCU at

LOCAL COUNTY
COLA UNIT
COUNTY OFFICE BLDG
LOCALTOWN NY 10000-0000
(000)000-0000

2007

LOCAL COUNTY SCU

Order of LOCAL COUNTY FAMILY COURT

In the matter of an Adjustment of an Order of Support under Section 111-n of the Social Services Law and Section 413-a of the Family Court Act or Section 240-c of the Domestic Relations Law

COLA4

Docket No.
F-0000-00

Adjusted Order of Support

SMITH, JANE

Petitioner

- against -

SMITH, JOHN

Respondent

Respondent's Soc. Sec. No. 000-00-0000

CSMS Case Number: ZZ00000Z1

- **The new obligation amount under this adjusted order is** $110.00 Monthly .
- The cost of living adjustment or COLA (the amount added to your current obligation amount) is $10.00.
- The effective date of this adjusted order is 09/10/2005 .
- The first payment of the new child support obligation amount is due and owing after the effective date under the terms of the order which was adjusted.
- Objections to this order must be submitted in writing to the court by 08/06/2005 which is 35 days from the date this order was mailed.
- **All other provisions of your current child support order remain unchanged**, including but not limited to the persons for whom support is payable, and any amounts payable for child care expenses, health insurance, health care expenses not covered by health insurance, educational expenses for the child, and spousal support. Continue to pay these amounts.

2007

NOTICE: YOUR WILLFUL FAILURE TO OBEY THIS ORDER MAY RESULT IN INCARCERATION FOR CRIMINAL NON-SUPPORT OR CONTEMPT; YOUR FAILURE TO OBEY THIS ORDER MAY ALSO RESULT IN SUSPENSION OF YOUR DRIVER LICENSE, STATE-ISSUED PROFESSIONAL, TRADE, BUSINESS AND OCCUPATIONAL LICENSES, AND RECREATIONAL AND SPORTING LICENSES AND PERMITS, IMPOSITION OF REAL OR PERSONAL PROPERTY LIENS, AND ENFORCEMENT IN ANY MANNER PROVIDED BY LAW.

This order adjusts the child support obligation amount contained in the order, dated 01/01/2001 , issued by the LOCAL COUNTY FAMILY COURT for the following dependents:

Name	Date of Birth	Social Security Number
SMITH, JOHN JR	07/01/1995	000000000
SMITH, JANETTE	08/01/2000	000000000

The LOCAL COUNTY SCU , having reviewed the order referenced above, has made a cost of living adjustment (COLA)[1] which increases the support obligation amount of that order.

---

[1] Cost of Living Adjustment shall mean the amount by which the support obligation is changed as the result of a review, and shall be determined based upon annual average changes to the consumer price index for all urban consumers (CPI-U) as published by the United States department of labor bureau of labor statistics, for the years preceding the year of the review, as follows:

(a) Identify the CPI-U "percent change from the previous annual average" for each year preceding the year of the review, beginning with and including the later of the year in which the most recent order was issued or nineteen hundred ninety-four, and calculate the sum of the percentage changes for those years.

(b) Where the sum as calculated pursuant to subparagraph one of this paragraph equals or exceeds ten percent, multiply the support obligation in the order under review by such percentage. The product is the cost of living adjustment.

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NOW, therefore, it is hereby

ORDERED that the new child support obligation amount that the above-named Respondent is required to pay under this adjusted order is $110.00 Monthly[2] which is the result of adding a 10.00 % COLA in the amount of $10.00 to the current child support obligation amount of $100.00 Monthly.

ORDERED that the aforesaid amount is payable to the following address in the same manner required by the Support Collection Unit for the order being adjusted:

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

ORDERED that the effective date of this adjusted order shall be sixty days from the date of this order or twenty-four months after the date of the order which was reviewed and adjusted, whichever is later. The effective date has been provided above.

ORDERED that the child support obligation amount under this adjusted order is due and owing on the date the first payment is due under the terms of the order of support which was reviewed and adjusted, occurring on or after the effective date of the adjusted order.

2007

[2] The child support obligation amount, as increased by the COLA, has been rounded to the nearest dollar.

BE ADVISED THAT

(1) ALL OTHER PROVISIONS OF THE ORDER OF SUPPORT WHICH WAS REVIEWED AND ADJUSTED REMAIN IN FULL FORCE AND EFFECT, including but not limited to the provision that this order shall be enforceable pursuant to Section 5241 or 5242 of the Civil Practice Law and Rules, or in any other manner provided by law;

(2) Where either party objects to the cost of living adjustment, the party has the right to be heard by the court which issued the order being adjusted, and to present evidence to the court which the court will consider in adjusting the child support order in compliance with Section 413 of the Family Court Act or Section 240 of the Domestic Relations Law, known as the Child Support Standards Act; provided, however, that written objections are filed with the court within thirty-five days from the date the adjusted order was mailed by the Support Collection Unit, and a copy of the objection is provided by the objecting party to the other party and to the Support Collection Unit at the address provided at the end of this order. The date by which objections to this adjusted order must be filed and the court which issued the order being adjusted have been provided above. When filing objections, the objecting party should attach a copy of the adjusted order, if available.

(3) Pursuant to Section 240-b of the Domestic Relations Law and Section 443 of the Family Court Act, each party is required to provide, and update upon any change, the following information to the Support Collection Unit: social security number, residential and mailing addresses, telephone number, driver's license number; and name, address and telephone number of the parties' employers.

(4) Where any party fails to provide, and update upon any change, the Support Collection Unit with a current address to which an adjusted order can be

2007

sent, the support obligation amount contained therein shall become due and owing on the date the first payment is due under the order of support which was reviewed and adjusted occurring on or after the effective date of the adjusted order, regardless of whether or not the party has received a copy of the adjusted order.

(5) The application of a COLA in no way limits, restricts, expands, or impairs the rights of any party to file for a modification of a child support order as otherwise provided by law.

NOTE: (1) THIS ORDER OF CHILD SUPPORT SHALL BE ADJUSTED BY THE APPLICATION OF A COST OF LIVING ADJUSTMENT AT THE DIRECTION OF THE SUPPORT COLLECTION UNIT NO EARLIER THAN TWENTY-FOUR MONTHS AFTER THIS ORDER IS ISSUED, LAST MODIFIED OR LAST ADJUSTED, UPON THE REQUEST OF ANY PARTY TO THE ORDER OR PURSUANT TO PARAGRAPH (2) BELOW. UPON APPLICATION OF A COST OF LIVING ADJUSTMENT AT THE DIRECTION OF THE SUPPORT COLLECTION UNIT, AN ADJUSTED ORDER SHALL BE SENT TO THE PARTIES WHO, IF THEY OBJECT TO THE COST OF LIVING ADJUSTMENT, SHALL HAVE THIRTY-FIVE (35) DAYS FROM THE DATE OF MAILING TO SUBMIT A WRITTEN OBJECTION TO THE COURT INDICATED ON SUCH ADJUSTED ORDER. UPON RECEIPT OF SUCH WRITTEN OBJECTION, THE COURT SHALL SCHEDULE A HEARING AT WHICH THE PARTIES MAY BE PRESENT TO OFFER EVIDENCE WHICH THE COURT WILL CONSIDER IN ADJUSTING THE CHILD SUPPORT ORDER IN ACCORDANCE WITH THE CHILD SUPPORT STANDARDS ACT.

(2) A RECIPIENT OF FAMILY ASSISTANCE SHALL HAVE

2007

THE CHILD SUPPORT ORDER REVIEWED AND ADJUSTED AT THE DIRECTION OF THE SUPPORT COLLECTION UNIT NO EARLIER THAN TWENTY-FOUR MONTHS AFTER SUCH ORDER IS ISSUED, LAST MODIFIED OR LAST ADJUSTED WITHOUT FURTHER APPLICATION OF ANY PARTY. ALL PARTIES WILL RECEIVE NOTICE OF ADJUSTMENT FINDINGS.

(3) WHERE ANY PARTY FAILS TO PROVIDE, AND UPDATE UPON ANY CHANGE, THE SUPPORT COLLECTION UNIT WITH A CURRENT ADDRESS, AS REQUIRED BY SECTION FOUR HUNDRED FORTY-THREE OF THE FAMILY COURT ACT, TO WHICH AN ADJUSTED ORDER CAN BE SENT, THE SUPPORT OBLIGATION AMOUNT CONTAINED THEREIN SHALL BECOME DUE AND OWING ON THE DATE THE FIRST PAYMENT IS DUE UNDER THE TERMS OF THE ORDER OF SUPPORT WHICH WAS REVIEWED AND ADJUSTED OCCURRING ON OR AFTER THE EFFECTIVE DATE OF THE ORDER, REGARDLESS OF WHETHER OR NOT THE PARTY HAS RECEIVED A COPY OF THE ADJUSTED ORDER.

Dated: 07/01/2005

Ordered by LOCAL COUNTY
COLA UNIT

Address COUNTY OFFICE BLDG
LOCALTOWN NY 10000-0000

Phone (000)000-0000

2007

NYS Office of Child Support Enforcement
P.O. Box 15364 R
Albany, NY 12212-5364

COLA3a

Non-Custodial Parent Name: SMITH, JOHN
CSMS Case #: ZZ00000Z1
Custodial Parent Name: SMITH, JANE
Local District Code: 00
Date: 07/01/2005

SMITH, JOHN
ANYPLACE ELSE APARTMENTS
456 ANYWHERE ST APT 2
ANYTOWN NY 10000-0000

Respondent

Notice of a Cost Of Living Adjustment to Your Child Support Order

New York State law requires that this notice be sent to both parties to your support order.

This notice is to inform you that the Support Collection Unit (SCU) has issued an adjusted order of child support with a new order amount which adds a cost of living adjustment (COLA) to your current child support order. The law requires that adjusted orders be issued in all cases where the children subject to the order are in receipt of public assistance, or for those cases where either party requested a cost of living adjustment.

The relevant provisions of New York law governing this process are Family Court Act sections 413 and 413-a; Domestic Relations Law sections 240 and 240-c; and Social Services Law sections 111-h and 111-n.

The adjusted order of child support issued by the SCU will have the same force and effect as an order issued by the court. Except for the obligation amount, **all other provisions of your current child support order remain unchanged**, including but not limited to the persons for whom support is payable, and any amounts payable for child care expenses, health insurance, health care expenses not covered by health insurance, educational expenses for the child, and spousal support. (Please note: The issuance of an adjusted order does not affect the amount, if any, of existing arrears/past due support.)

Your adjusted order of child support is enclosed with this notice.

The COLA is based on accumulated changes from year to year in the annual average consumer price index for all urban consumers (CPI-U), as published each year by the United States Department of Labor. The CPI-U is a measure of the average change in prices over time for food, clothing, shelter, fuel, transportation, medical services, and other items which people buy for day-to-day living.

Your case is eligible for a COLA because your child support order is at least two years old and the sum of the percent changes in the CPI-U annual average since the year of your last court order is at least 10%.

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- Your current child support amount is $100.00 Monthly .
- The sum of the average annual CPI-U percent changes for child support orders issued during the year your order was issued (or 1994, whichever is later) is 10.00 %.
- The COLA is 10.00 % of $100.00 , or $10.00 .
- **The new order amount under the adjusted order issued by the SCU is** $110.00 Monthly **which is the support obligation amount, as increased by the COLA, rounded to the nearest dollar.**
- The amounts, if any, ordered for child care, health insurance, health care expenses not covered by health insurance, educational expenses for the child and spousal support will not be changed by the adjusted order.

You, the other party to your support order, and the SCU all have the right to object to the adjusted order. Directions and timeframes for filing objections are provided with the adjusted order. Where objections are filed, the COLA will not be applied. Instead, a hearing which you and the other party will be required to attend will be held in family court. You and the other party will be required to provide full financial disclosure.

As a result of this hearing, the court will determine the new amount of your child support order based on the Child Support Standards Act (CSSA) and the actual income and resources of both parties. Under the CSSA, the person who pays child support is generally expected to pay the following percent of gross income: one child, 17%; two children, 25%; three children, 29%; four children, 31%; five or more children, no less than 35%. The CSSA and other New York law provide for the enrollment of the children in a parent's health insurance plan, and the award of future reasonable health care expenses of the children not covered by insurance, and, where appropriate, for the award of child care and educational expenses for the child.

AS A RESULT OF AN OBJECTION TO THE COLA, THE ORDER ISSUED BY THE COURT COULD BE:

HIGHER THAN YOUR CURRENT ORDER, OR
LOWER THAN YOUR CURRENT ORDER, OR
THE SAME AS YOUR CURRENT ORDER.

*****PLEASE NOTE*****

- **Carefully review the enclosed adjusted order of child support.**
- If you have any questions or wish to correct any information contained in this notice, contact the SCU at

LOCAL COUNTY SCU
COLA UNIT
COUNTY OFFICE BLDG
LOCALTOWN NY 10000-0000
(000)000-0000

LOCAL COUNTY SCU

Order of LOCAL COUNTY FAMILY COURT

In the matter of an Adjustment of an Order of Support under Section 111-n of the Social Services Law and Section 413-a of the Family Court Act or Section 240-c of the Domestic Relations Law

COLA4

Docket No.
F-0000-00

Adjusted Order of Support

SMITH, JANE

Petitioner

- against -

SMITH, JOHN

Respondent

Respondent's Soc. Sec. No. 000-00-0000

CSMS Case Number: ZZ00000Z1

- **The new obligation amount under this adjusted order is** $110.00 Monthly .
- The cost of living adjustment or COLA (the amount added to your current obligation amount) is $10.00.
- The effective date of this adjusted order is 09/10/2005 .
- The first payment of the new child support obligation amount is due and owing after the effective date under the terms of the order which was adjusted.
- Objections to this order must be submitted in writing to the court by 08/06/2005 which is 35 days from the date this order was mailed.
- **All other provisions of your current child support order remain unchanged**, including but not limited to the persons for whom support is payable, and any amounts payable for child care expenses, health insurance, health care expenses not covered by health insurance, educational expenses for the child, and spousal support. Continue to pay these amounts.

2007

NOTICE: YOUR WILLFUL FAILURE TO OBEY THIS ORDER MAY RESULT IN INCARCERATION FOR CRIMINAL NON-SUPPORT OR CONTEMPT; YOUR FAILURE TO OBEY THIS ORDER MAY ALSO RESULT IN SUSPENSION OF YOUR DRIVER LICENSE, STATE-ISSUED PROFESSIONAL, TRADE, BUSINESS AND OCCUPATIONAL LICENSES, AND RECREATIONAL AND SPORTING LICENSES AND PERMITS, IMPOSITION OF REAL OR PERSONAL PROPERTY LIENS, AND ENFORCEMENT IN ANY MANNER PROVIDED BY LAW.

This order adjusts the child support obligation amount contained in the order, dated 01/01/2001 , issued by the LOCAL COUNTY FAMILY COURT for the following dependents:

Name	Date of Birth	Social Security Number
SMITH, JOHN JR	07/01/1995	000000000
SMITH, JANETTE	08/01/2000	000000000

The LOCAL COUNTY SCU , having reviewed the order referenced above, has made a cost of living adjustment (COLA)[1] which increases the support obligation amount of that order.

---

[1] Cost of Living Adjustment shall mean the amount by which the support obligation is changed as the result of a review, and shall be determined based upon annual average changes to the consumer price index for all urban consumers (CPI-U) as published by the United States department of labor bureau of labor statistics, for the years preceding the year of the review, as follows:

(a) Identify the CPI-U "percent change from the previous annual average" for each year preceding the year of the review, beginning with and including the later of the year in which the most recent order was issued or nineteen hundred ninety-four, and calculate the sum of the percentage changes for those years.

(b) Where the sum as calculated pursuant to subparagraph one of this paragraph equals or exceeds ten percent, multiply the support obligation in the order under review by such percentage. The product is the cost of living adjustment.

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NOW, therefore, it is hereby

ORDERED that the new child support obligation amount that the above-named Respondent is required to pay under this adjusted order is $110.00 Monthly[2] which is the result of adding a 10.00 % COLA in the amount of $10.00 to the current child support obligation amount of $100.00 Monthly.

ORDERED that the aforesaid amount is payable to the following address in the same manner required by the Support Collection Unit for the order being adjusted:

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

ORDERED that the effective date of this adjusted order shall be sixty days from the date of this order or twenty-four months after the date of the order which was reviewed and adjusted, whichever is later. The effective date has been provided above.

ORDERED that the child support obligation amount under this adjusted order is due and owing on the date the first payment is due under the terms of the order of support which was reviewed and adjusted, occurring on or after the effective date of the adjusted order.

2007

[2] The child support obligation amount, as increased by the COLA, has been rounded to the nearest dollar.

BE ADVISED THAT

(1) ALL OTHER PROVISIONS OF THE ORDER OF SUPPORT WHICH WAS REVIEWED AND ADJUSTED REMAIN IN FULL FORCE AND EFFECT, including but not limited to the provision that this order shall be enforceable pursuant to Section 5241 or 5242 of the Civil Practice Law and Rules, or in any other manner provided by law;

(2) Where either party objects to the cost of living adjustment, the party has the right to be heard by the court which issued the order being adjusted, and to present evidence to the court which the court will consider in adjusting the child support order in compliance with Section 413 of the Family Court Act or Section 240 of the Domestic Relations Law, known as the Child Support Standards Act; provided, however, that written objections are filed with the court within thirty-five days from the date the adjusted order was mailed by the Support Collection Unit, and a copy of the objection is provided by the objecting party to the other party and to the Support Collection Unit at the address provided at the end of this order. The date by which objections to this adjusted order must be filed and the court which issued the order being adjusted have been provided above. When filing objections, the objecting party should attach a copy of the adjusted order, if available.

(3) Pursuant to Section 240-b of the Domestic Relations Law and Section 443 of the Family Court Act, each party is required to provide, and update upon any change, the following information to the Support Collection Unit: social security number, residential and mailing addresses, telephone number, driver's license number; and name, address and telephone number of the parties' employers.

(4) Where any party fails to provide, and update upon any change, the Support Collection Unit with a current address to which an adjusted order can be

2007

sent, the support obligation amount contained therein shall become due and owing on the date the first payment is due under the order of support which was reviewed and adjusted occurring on or after the effective date of the adjusted order, regardless of whether or not the party has received a copy of the adjusted order.

(5) The application of a COLA in no way limits, restricts, expands, or impairs the rights of any party to file for a modification of a child support order as otherwise provided by law.

NOTE: (1) THIS ORDER OF CHILD SUPPORT SHALL BE ADJUSTED BY THE APPLICATION OF A COST OF LIVING ADJUSTMENT AT THE DIRECTION OF THE SUPPORT COLLECTION UNIT NO EARLIER THAN TWENTY-FOUR MONTHS AFTER THIS ORDER IS ISSUED, LAST MODIFIED OR LAST ADJUSTED, UPON THE REQUEST OF ANY PARTY TO THE ORDER OR PURSUANT TO PARAGRAPH (2) BELOW. UPON APPLICATION OF A COST OF LIVING ADJUSTMENT AT THE DIRECTION OF THE SUPPORT COLLECTION UNIT, AN ADJUSTED ORDER SHALL BE SENT TO THE PARTIES WHO, IF THEY OBJECT TO THE COST OF LIVING ADJUSTMENT, SHALL HAVE THIRTY-FIVE (35) DAYS FROM THE DATE OF MAILING TO SUBMIT A WRITTEN OBJECTION TO THE COURT INDICATED ON SUCH ADJUSTED ORDER. UPON RECEIPT OF SUCH WRITTEN OBJECTION, THE COURT SHALL SCHEDULE A HEARING AT WHICH THE PARTIES MAY BE PRESENT TO OFFER EVIDENCE WHICH THE COURT WILL CONSIDER IN ADJUSTING THE CHILD SUPPORT ORDER IN ACCORDANCE WITH THE CHILD SUPPORT STANDARDS ACT.

(2) A RECIPIENT OF FAMILY ASSISTANCE SHALL HAVE

2007

THE CHILD SUPPORT ORDER REVIEWED AND ADJUSTED AT THE DIRECTION OF THE SUPPORT COLLECTION UNIT NO EARLIER THAN TWENTY-FOUR MONTHS AFTER SUCH ORDER IS ISSUED, LAST MODIFIED OR LAST ADJUSTED WITHOUT FURTHER APPLICATION OF ANY PARTY. ALL PARTIES WILL RECEIVE NOTICE OF ADJUSTMENT FINDINGS.

(3) WHERE ANY PARTY FAILS TO PROVIDE, AND UPDATE UPON ANY CHANGE, THE SUPPORT COLLECTION UNIT WITH A CURRENT ADDRESS, AS REQUIRED BY SECTION FOUR HUNDRED FORTY-THREE OF THE FAMILY COURT ACT, TO WHICH AN ADJUSTED ORDER CAN BE SENT, THE SUPPORT OBLIGATION AMOUNT CONTAINED THEREIN SHALL BECOME DUE AND OWING ON THE DATE THE FIRST PAYMENT IS DUE UNDER THE TERMS OF THE ORDER OF SUPPORT WHICH WAS REVIEWED AND ADJUSTED OCCURRING ON OR AFTER THE EFFECTIVE DATE OF THE ORDER, REGARDLESS OF WHETHER OR NOT THE PARTY HAS RECEIVED A COPY OF THE ADJUSTED ORDER.

Dated: 07/01/2005

Ordered by LOCAL COUNTY SCU
COLA UNIT

Address COUNTY OFFICE BLDG
LOCALTOWN NY 10000-0000

Phone (000)000-0000

2007

LOCAL COUNTY SCU
COLA UNIT
COUNTY OFFICE BLDG
LOCALTOWN NY 10000-0000

COLA3b

Non-Custodial Parent Name: SMITH, JOHN
CSMS Case #: ZZ00000Z1
Custodial Parent Name: SMITH, JANE
Local District Code: 00

LOCAL COUNTY SUPREME COURT
COUNTY COURTHOUSE
100 ANY COURT AVE
LOCALTOWN NY 10000-0000

RE: Cost of Living Adjustment Process

Dear Sir/Madam:

Enclosed is a copy of a "Cost of Living Adjustment Order" issued by the Support Collection Unit noted below. Please append your records with this document.

LOCAL COUNTY SCU

Dated:07/01/2005

Respondent Address

SMITH, JOHN
ANYPLACE ELSE APARTMENTS
456 ANYWHERE ST APT 2
ANYTOWN NY 10000-0000
SSN: 000-00-0000

Client Address

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

2007

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LOCAL COUNTY SCU

Order of LOCAL COUNTY SUPREME COURT

In the matter of an Adjustment of an Order of Support under Section 111-n of the Social Services Law and Section 413-a of the Family Court Act or Section 240-c of the Domestic Relations Law

COLA5

Index No.
F-0000-00

Adjusted Order of Support

SMITH, JANE

Petitioner

- against -

SMITH, JOHN

Respondent

Respondent's Soc. Sec. No. 000-00-0000

CSMS Case Number: ZZ00000Z1

- **The new obligation amount under this adjusted order is** $110.00 Monthly .
- The cost of living adjustment or COLA (the amount added to your current obligation amount) is $10.00.
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- Objections to this order must be submitted in writing to the court by 08/06/2005 which is 35 days from the date this order was mailed.
- **All other provisions of your current child support order remain unchanged**, including but not limited to the persons for whom support is payable, and any amounts payable for child care expenses, health insurance, health care expenses not covered by health insurance, educational expenses for the child, and spousal support. Continue to pay these amounts.

2007

NOTICE: YOUR WILLFUL FAILURE TO OBEY THIS ORDER MAY RESULT IN INCARCERATION FOR CRIMINAL NON-SUPPORT OR CONTEMPT; YOUR FAILURE TO OBEY THIS ORDER MAY ALSO RESULT IN SUSPENSION OF YOUR DRIVER LICENSE, STATE-ISSUED PROFESSIONAL, TRADE, BUSINESS AND OCCUPATIONAL LICENSES, AND RECREATIONAL AND SPORTING LICENSES AND PERMITS, IMPOSITION OF REAL OR PERSONAL PROPERTY LIENS, AND ENFORCEMENT IN ANY MANNER PROVIDED BY LAW.

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2007

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(a) Identify the CPI-U "percent change from the previous annual average" for each year preceding the year of the review, beginning with and including the later of the year in which the most recent order was issued or nineteen hundred ninety-four, and calculate the sum of the percentage changes for those years.

(b) Where the sum as calculated pursuant to subparagraph one of this paragraph equals or exceeds ten percent, multiply the support obligation in the order under review by such percentage. The product is the cost of living adjustment.

NOW, therefore, it is hereby

ORDERED that the new child support obligation amount that the above-named Respondent is required to pay under this adjusted order is $110.00 Monthly[2] which is the result of adding a 10.00 % COLA in the amount of $10.00 to the current child support obligation amount of $100.00 Monthly.

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2007

[2] The child support obligation amount, as increased by the COLA, has been rounded to the nearest dollar.

BE ADVISED THAT

(1) ALL OTHER PROVISIONS OF THE JUDGMENT WHICH WAS REVIEWED AND ADJUSTED REMAIN IN FULL FORCE AND EFFECT, including but not limited to the provision that this order shall be enforceable pursuant to Section 5241 or 5242 of the Civil Practice Law and Rules, or in any other manner provided by law;

(2) Where either party objects to the cost of living adjustment, the party has the right to be heard by the court which issued the order being adjusted, and to present evidence to the court which the court will consider in adjusting the child support order in compliance with Section 413 of the Family Court Act or Section 240 of the Domestic Relations Law, known as the Child Support Standards Act; provided, however, that written objections are filed with the court within thirty-five days from the date the adjusted order was mailed by the Support Collection Unit and a copy of the objection is provided by the objecting party to the other party and to the Support Collection Unit at the address provided at the end of this order. The date by which objections to this adjusted order must be filed and the court which issued the order being adjusted have been provided above. When filing objections, the objecting party should attach a copy of the adjusted order, if available.

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2007

THE CHILD SUPPORT ORDER REVIEWED AND ADJUSTED AT THE DIRECTION OF THE SUPPORT COLLECTION UNIT NO EARLIER THAN TWENTY-FOUR MONTHS AFTER SUCH ORDER IS ISSUED, LAST MODIFIED OR LAST ADJUSTED WITHOUT FURTHER APPLICATION OF ANY PARTY. ALL PARTIES WILL RECEIVE NOTICE OF ADJUSTMENT FINDINGS.

(3) WHERE ANY PARTY FAILS TO PROVIDE, AND UPDATE UPON ANY CHANGE, THE SUPPORT COLLECTION UNIT WITH A CURRENT ADDRESS, AS REQUIRED BY SECTION TWO HUNDRED AND FORTY-B OF THE DOMESTIC RELATIONS LAW, TO WHICH AN ADJUSTED ORDER CAN BE SENT, THE SUPPORT OBLIGATION AMOUNT CONTAINED THEREIN SHALL BECOME DUE AND OWING ON THE DATE THE FIRST PAYMENT IS DUE UNDER THE TERMS OF THE ORDER OF SUPPORT WHICH WAS REVIEWED AND ADJUSTED OCCURRING ON OR AFTER THE EFFECTIVE DATE OF THE ORDER, REGARDLESS OF WHETHER OR NOT THE PARTY HAS RECEIVED A COPY OF THE ADJUSTED ORDER.

Dated: 07/01/2005

Ordered by LOCAL COUNTY SCU

Address COLA UNIT
COUNTY OFFICE BLDG
LOCALTOWN NY 10000-0000

Phone (000)000-0000

2007

LOCAL COUNTY SCU
COLA UNIT
COUNTY OFFICE BLDG
LOCALTOWN NY 10000-0000

COLA3b

Non-Custodial Parent Name: SMITH, JOHN
CSMS Case #: ZZ00000Z1
Custodial Parent Name: SMITH, JANE
Local District Code: 00

LOCAL COUNTY SCU
COLA UNIT
COUNTY OFFICE BLDG
LOCALTOWN NY 10000-0000

RE: Cost of Living Adjustment Process

Dear Sir/Madam:

Enclosed is a copy of a "Cost of Living Adjustment Order" issued by the Support Collection Unit noted below. Please append your records with this document.

LOCAL COUNTY SCU

LOCAL COUNTY SUPREME COURT

Dated:07/01/2005

2007

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LOCAL COUNTY SCU

Order of LOCAL COUNTY SUPREME COURT

In the matter of an Adjustment of an Order of Support under Section 111-n of the Social Services Law and Section 413-a of the Family Court Act or Section 240-c of the Domestic Relations Law

COLA5

Index No.
F-0000-00

Adjusted Order of Support

SMITH, JANE

Petitioner

- against -

SMITH, JOHN

Respondent

Respondent's Soc. Sec. No. 000-00-0000

CSMS Case Number: ZZ00000Z1

- **The new obligation amount under this adjusted order is** $110.00 Monthly .
- The cost of living adjustment or COLA (the amount added to your current obligation amount) is $10.00.
- The effective date of this adjusted order is 09/10/2005 .
- The first payment of the new child support obligation amount is due and owing after the effective date under the terms of the order which was adjusted.
- Objections to this order must be submitted in writing to the court by 08/06/2005 which is 35 days from the date this order was mailed.
- **All other provisions of your current child support order remain unchanged**, including but not limited to the persons for whom support is payable, and any amounts payable for child care expenses, health insurance, health care expenses not covered by health insurance, educational expenses for the child, and spousal support. Continue to pay these amounts.

2007

NOTICE: YOUR WILLFUL FAILURE TO OBEY THIS ORDER MAY RESULT IN INCARCERATION FOR CRIMINAL NON-SUPPORT OR CONTEMPT; YOUR FAILURE TO OBEY THIS ORDER MAY ALSO RESULT IN SUSPENSION OF YOUR DRIVER LICENSE, STATE-ISSUED PROFESSIONAL, TRADE, BUSINESS AND OCCUPATIONAL LICENSES, AND RECREATIONAL AND SPORTING LICENSES AND PERMITS, IMPOSITION OF REAL OR PERSONAL PROPERTY LIENS, AND ENFORCEMENT IN ANY MANNER PROVIDED BY LAW.

This order adjusts the child support obligation amount contained in the order, dated 01/01/2001, issued by the LOCAL COUNTY SUPREME COURT for the following dependents:

Name	Date of Birth	Social Security Number
SMITH, JOHN JR	07/01/1995	000000000
SMITH, JANETTE	08/01/2000	000000000

The LOCAL COUNTY SCU , having reviewed the judgment referenced above, has made a cost of living adjustment (COLA)[1] which increases the support obligation amount of that order.

[1] Cost of Living Adjustment shall mean the amount by which the support obligation is changed as the result of a review, and shall be determined based upon annual average changes to the consumer price index for all urban consumers (CPI-U) as published by the United States department of labor bureau of labor statistics, for the years preceding the year of the review, as follows:

(a) Identify the CPI-U "percent change from the previous annual average" for each year preceding the year of the review, beginning with and including the later of the year in which the most recent order was issued or nineteen hundred ninety-four, and calculate the sum of the percentage changes for those years.

(b) Where the sum as calculated pursuant to subparagraph one of this paragraph equals or exceeds ten percent, multiply the support obligation in the order under review by such percentage. The product is the cost of living adjustment.

NOW, therefore, it is hereby

ORDERED that the new child support obligation amount that the above-named Respondent is required to pay under this adjusted order is $110.00 Monthly[2] which is the result of adding a 10.00 % COLA in the amount of $10.00 to the current child support obligation amount of $100.00 Monthly.

ORDERED that the aforesaid amount is payable to the following address in the same manner required by the Support Collection Unit for the order being adjusted:

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

ORDERED that the effective date of this adjusted order shall be sixty days from the date of this order or twenty-four months after the date of the order which was reviewed and adjusted, whichever is later. The effective date has been provided above.

ORDERED that the child support obligation amount under this adjusted order is due and owing on the date the first payment is due under the terms of the order of support which was reviewed and adjusted, occurring on or after the effective date of the adjusted order.

2007

[2] The child support obligation amount, as increased by the COLA, has been rounded to the nearest dollar.

BE ADVISED THAT

(1) ALL OTHER PROVISIONS OF THE JUDGMENT WHICH WAS REVIEWED AND ADJUSTED REMAIN IN FULL FORCE AND EFFECT, including but not limited to the provision that this order shall be enforceable pursuant to Section 5241 or 5242 of the Civil Practice Law and Rules, or in any other manner provided by law;

(2) Where either party objects to the cost of living adjustment, the party has the right to be heard by the court which issued the order being adjusted, and to present evidence to the court which the court will consider in adjusting the child support order in compliance with Section 413 of the Family Court Act or Section 240 of the Domestic Relations Law, known as the Child Support Standards Act; provided, however, that written objections are filed with the court within thirty-five days from the date the adjusted order was mailed by the Support Collection Unit and a copy of the objection is provided by the objecting party to the other party and to the Support Collection Unit at the address provided at the end of this order. The date by which objections to this adjusted order must be filed and the court which issued the order being adjusted have been provided above. When filing objections, the objecting party should attach a copy of the adjusted order, if available.

(3) Pursuant to Section 240-b of the Domestic Relations Law and Section 443 of the Family Court Act, each party is required to provide, and update upon any change, the following information to the Support Collection Unit: social security number, residential and mailing addresses, telephone number, driver's license number; and name, address and telephone number of the parties' employers.

(4) Where any party fails to provide, and update upon any change, the Support Collection Unit with a current address to which an adjusted order can be

2007

sent, the support obligation amount contained therein shall become due and owing on the date the first payment is due under the order of support which was reviewed and adjusted occurring on or after the effective date of the adjusted order, regardless of whether or not the party has received a copy of the adjusted order.

(5) The application of a COLA in no way limits, restricts, expands, or impairs the rights of any party to file for a modification of a child support order as otherwise provided by law.

NOTE: (1) THIS ORDER OF CHILD SUPPORT SHALL BE ADJUSTED BY THE APPLICATION OF A COST OF LIVING ADJUSTMENT AT THE DIRECTION OF THE SUPPORT COLLECTION UNIT NO EARLIER THAN TWENTY-FOUR MONTHS AFTER THIS ORDER IS ISSUED, LAST MODIFIED OR LAST ADJUSTED, UPON THE REQUEST OF ANY PARTY TO THE ORDER OR PURSUANT TO PARAGRAPH (2) BELOW. UPON APPLICATION OF A COST OF LIVING ADJUSTMENT AT THE DIRECTION OF THE SUPPORT COLLECTION UNIT, AN ADJUSTED ORDER SHALL BE SENT TO THE PARTIES WHO, IF THEY OBJECT TO THE COST OF LIVING ADJUSTMENT, SHALL HAVE THIRTY-FIVE (35) DAYS FROM THE DATE OF MAILING TO SUBMIT A WRITTEN OBJECTION TO THE COURT INDICATED ON SUCH ADJUSTED ORDER. UPON RECEIPT OF SUCH WRITTEN OBJECTION, THE COURT SHALL SCHEDULE A HEARING AT WHICH THE PARTIES MAY BE PRESENT TO OFFER EVIDENCE WHICH THE COURT WILL CONSIDER IN ADJUSTING THE CHILD SUPPORT ORDER IN ACCORDANCE WITH THE CHILD SUPPORT STANDARDS ACT.

(2) A RECIPIENT OF FAMILY ASSISTANCE SHALL HAVE

2007

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Dated: 07/01/2005

Ordered by	LOCAL COUNTY SCU COLA UNIT
Address	COUNTY OFFICE BLDG LOCALTOWN NY 10000-0000
Phone	(000)000-0000

2007

NYS Office of Child Support Enforcement
P.O. Box 15364 C
Albany, NY 12212-5364

COLA3a

Non-Custodial Parent Name: SMITH, JOHN
CSMS Case #: ZZ00000Z1
Custodial Parent Name: SMITH, JANE
Local District Code: 00
Date: 07/01/2005

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

Client

Notice of a Cost Of Living Adjustment to Your Child Support Order

New York State law requires that this notice be sent to both parties to your support order.

This notice is to inform you that the Support Collection Unit (SCU) has issued an adjusted order of child support with a new order amount which adds a cost of living adjustment (COLA) to your current child support order. The law requires that adjusted orders be issued in all cases where the children subject to the order are in receipt of public assistance, or for those cases where either party requested a cost of living adjustment.

The relevant provisions of New York law governing this process are Family Court Act sections 413 and 413-a; Domestic Relations Law sections 240 and 240-c; and Social Services Law sections 111-h and 111-n.

The adjusted order of child support issued by the SCU will have the same force and effect as an order issued by the court. Except for the obligation amount, **all other provisions of your current child support order remain unchanged**, including but not limited to the persons for whom support is payable, and any amounts payable for child care expenses, health insurance, health care expenses not covered by health insurance, educational expenses for the child, and spousal support. (Please note: The issuance of an adjusted order does not affect the amount, if any, of existing arrears/past due support.)

Your adjusted order of child support is enclosed with this notice.

The COLA is based on accumulated changes from year to year in the annual average consumer price index for all urban consumers (CPI-U), as published each year by the United States Department of Labor. The CPI-U is a measure of the average change in prices over time for food, clothing, shelter, fuel, transportation, medical services, and other items which people buy for day-to-day living.

Your case is eligible for a COLA because your child support order is at least two years old and the sum of the percent changes in the CPI-U annual average since the year of your last court order is at least 10%.

- Your current child support amount is $100.00 Monthly .
- The sum of the average annual CPI-U percent changes for child support orders issued during the year your order was issued (or 1994, whichever is later) is 10.00 %.
- The COLA is 10.00 % of $100.00 , or $10.00 .
- **The new order amount under the adjusted order issued by the SCU is** $110.00 Monthly **which is the support obligation amount, as increased by the COLA, rounded to the nearest dollar.**
- The amounts, if any, ordered for child care, health insurance, health care expenses not covered by health insurance, educational expenses for the child and spousal support will not be changed by the adjusted order.

You, the other party to your support order, and the SCU all have the right to object to the adjusted order. Directions and timeframes for filing objections are provided with the adjusted order. Where objections are filed, the COLA will not be applied. Instead, a hearing which you and the other party will be required to attend will be held in family court. You and the other party will be required to provide full financial disclosure.

As a result of this hearing, the court will determine the new amount of your child support order based on the Child Support Standards Act (CSSA) and the actual income and resources of both parties. Under the CSSA, the person who pays child support is generally expected to pay the following percent of gross income: one child, 17%; two children, 25%; three children, 29%; four children, 31%; five or more children, no less than 35%. The CSSA and other New York law provide for the enrollment of the children in a parent's health insurance plan, and the award of future reasonable health care expenses of the children not covered by insurance, and, where appropriate, for the award of child care and educational expenses for the child.

AS A RESULT OF AN OBJECTION TO THE COLA, THE ORDER ISSUED BY THE COURT COULD BE:

HIGHER THAN YOUR CURRENT ORDER, OR
LOWER THAN YOUR CURRENT ORDER, OR
THE SAME AS YOUR CURRENT ORDER.

*****PLEASE NOTE*****

- **Carefully review the enclosed adjusted order of child support.**
- If you have any questions or wish to correct any information contained in this notice, contact the SCU at

LOCAL COUNTY
COLA UNIT
COUNTY OFFICE BLDG
LOCALTOWN NY 10000-0000
(000)000-0000

2007

LOCAL COUNTY SCU

Order of LOCAL COUNTY SUPREME COURT

In the matter of an Adjustment of an Order of Support under Section 111-n of the Social Services Law and Section 413-a of the Family Court Act or Section 240-c of the Domestic Relations Law

COLA5

Index No.
F-0000-00

Adjusted Order of Support

SMITH, JANE

Petitioner

- against -

SMITH, JOHN

Respondent

Respondent's Soc. Sec. No. 000-00-0000

CSMS Case Number: ZZ00000Z1

- **The new obligation amount under this adjusted order is** $110.00 Monthly .
- The cost of living adjustment or COLA (the amount added to your current obligation amount) is $10.00.
- The effective date of this adjusted order is 09/10/2005 .
- The first payment of the new child support obligation amount is due and owing after the effective date under the terms of the order which was adjusted.
- Objections to this order must be submitted in writing to the court by 08/06/2005 which is 35 days from the date this order was mailed.
- **All other provisions of your current child support order remain unchanged**, including but not limited to the persons for whom support is payable, and any amounts payable for child care expenses, health insurance, health care expenses not covered by health insurance, educational expenses for the child, and spousal support. Continue to pay these amounts.

2007

NOTICE: YOUR WILLFUL FAILURE TO OBEY THIS ORDER MAY RESULT IN INCARCERATION FOR CRIMINAL NON-SUPPORT OR CONTEMPT; YOUR FAILURE TO OBEY THIS ORDER MAY ALSO RESULT IN SUSPENSION OF YOUR DRIVER LICENSE, STATE-ISSUED PROFESSIONAL, TRADE, BUSINESS AND OCCUPATIONAL LICENSES, AND RECREATIONAL AND SPORTING LICENSES AND PERMITS, IMPOSITION OF REAL OR PERSONAL PROPERTY LIENS, AND ENFORCEMENT IN ANY MANNER PROVIDED BY LAW.

This order adjusts the child support obligation amount contained in the order, dated 01/01/2001, issued by the LOCAL COUNTY SUPREME COURT for the following dependents:

Name	Date of Birth	Social Security Number
SMITH, JOHN JR	07/01/1995	000000000
SMITH, JANETTE	08/01/2000	000000000

The LOCAL COUNTY SCU , having reviewed the judgment referenced above, has made a cost of living adjustment (COLA)[1] which increases the support obligation amount of that order.

---

[1] Cost of Living Adjustment shall mean the amount by which the support obligation is changed as the result of a review, and shall be determined based upon annual average changes to the consumer price index for all urban consumers (CPI-U) as published by the United States department of labor bureau of labor statistics, for the years preceding the year of the review, as follows:

(a) Identify the CPI-U "percent change from the previous annual average" for each year preceding the year of the review, beginning with and including the later of the year in which the most recent order was issued or nineteen hundred ninety-four, and calculate the sum of the percentage changes for those years.

(b) Where the sum as calculated pursuant to subparagraph one of this paragraph equals or exceeds ten percent, multiply the support obligation in the order under review by such percentage. The product is the cost of living adjustment.

2007

NOW, therefore, it is hereby

ORDERED that the new child support obligation amount that the above-named Respondent is required to pay under this adjusted order is $110.00 Monthly[2] which is the result of adding a 10.00 % COLA in the amount of $10.00 to the current child support obligation amount of $100.00 Monthly.

ORDERED that the aforesaid amount is payable to the following address in the same manner required by the Support Collection Unit for the order being adjusted:

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

ORDERED that the effective date of this adjusted order shall be sixty days from the date of this order or twenty-four months after the date of the order which was reviewed and adjusted, whichever is later. The effective date has been provided above.

ORDERED that the child support obligation amount under this adjusted order is due and owing on the date the first payment is due under the terms of the order of support which was reviewed and adjusted, occurring on or after the effective date of the adjusted order.

[2] The child support obligation amount, as increased by the COLA, has been rounded to the nearest dollar.

BE ADVISED THAT

(1) ALL OTHER PROVISIONS OF THE JUDGMENT WHICH WAS REVIEWED AND ADJUSTED REMAIN IN FULL FORCE AND EFFECT, including but not limited to the provision that this order shall be enforceable pursuant to Section 5241 or 5242 of the Civil Practice Law and Rules, or in any other manner provided by law;

(2) Where either party objects to the cost of living adjustment, the party has the right to be heard by the court which issued the order being adjusted, and to present evidence to the court which the court will consider in adjusting the child support order in compliance with Section 413 of the Family Court Act or Section 240 of the Domestic Relations Law, known as the Child Support Standards Act; provided, however, that written objections are filed with the court within thirty-five days from the date the adjusted order was mailed by the Support Collection Unit and a copy of the objection is provided by the objecting party to the other party and to the Support Collection Unit at the address provided at the end of this order. The date by which objections to this adjusted order must be filed and the court which issued the order being adjusted have been provided above. When filing objections, the objecting party should attach a copy of the adjusted order, if available.

(3) Pursuant to Section 240-b of the Domestic Relations Law and Section 443 of the Family Court Act, each party is required to provide, and update upon any change, the following information to the Support Collection Unit: social security number, residential and mailing addresses, telephone number, driver's license number; and name, address and telephone number of the parties' employers.

(4) Where any party fails to provide, and update upon any change, the Support Collection Unit with a current address to which an adjusted order can be

2007

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(5) The application of a COLA in no way limits, restricts, expands, or impairs the rights of any party to file for a modification of a child support order as otherwise provided by law.

NOTE: (1) THIS ORDER OF CHILD SUPPORT SHALL BE ADJUSTED BY THE APPLICATION OF A COST OF LIVING ADJUSTMENT AT THE DIRECTION OF THE SUPPORT COLLECTION UNIT NO EARLIER THAN TWENTY-FOUR MONTHS AFTER THIS ORDER IS ISSUED, LAST MODIFIED OR LAST ADJUSTED, UPON THE REQUEST OF ANY PARTY TO THE ORDER OR PURSUANT TO PARAGRAPH (2) BELOW. UPON APPLICATION OF A COST OF LIVING ADJUSTMENT AT THE DIRECTION OF THE SUPPORT COLLECTION UNIT, AN ADJUSTED ORDER SHALL BE SENT TO THE PARTIES WHO, IF THEY OBJECT TO THE COST OF LIVING ADJUSTMENT, SHALL HAVE THIRTY-FIVE (35) DAYS FROM THE DATE OF MAILING TO SUBMIT A WRITTEN OBJECTION TO THE COURT INDICATED ON SUCH ADJUSTED ORDER. UPON RECEIPT OF SUCH WRITTEN OBJECTION, THE COURT SHALL SCHEDULE A HEARING AT WHICH THE PARTIES MAY BE PRESENT TO OFFER EVIDENCE WHICH THE COURT WILL CONSIDER IN ADJUSTING THE CHILD SUPPORT ORDER IN ACCORDANCE WITH THE CHILD SUPPORT STANDARDS ACT.

(2) A RECIPIENT OF FAMILY ASSISTANCE SHALL HAVE

2007

THE CHILD SUPPORT ORDER REVIEWED AND ADJUSTED AT THE DIRECTION OF THE SUPPORT COLLECTION UNIT NO EARLIER THAN TWENTY-FOUR MONTHS AFTER SUCH ORDER IS ISSUED, LAST MODIFIED OR LAST ADJUSTED WITHOUT FURTHER APPLICATION OF ANY PARTY. ALL PARTIES WILL RECEIVE NOTICE OF ADJUSTMENT FINDINGS.

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Dated: 07/01/2005

Ordered by LOCAL COUNTY
COLA UNIT

Address COUNTY OFFICE BLDG
LOCALTOWN NY 10000-0000

Phone (000)000-0000

2007

NYS Office of Child Support Enforcement
P.O. Box 15364 R
Albany, NY 12212-5364

COLA3a

Non-Custodial Parent Name: SMITH, JOHN
CSMS Case #: ZZ00000Z1
Custodial Parent Name: SMITH, JANE
Local District Code: 00
Date: 07/01/2005

SMITH, JOHN
ANYPLACE ELSE APARTMENTS
456 ANYWHERE ST APT 2
ANYTOWN NY 10000-0000

Respondent

Notice of a Cost Of Living Adjustment to Your Child Support Order

New York State law requires that this notice be sent to both parties to your support order.

This notice is to inform you that the Support Collection Unit (SCU) has issued an adjusted order of child support with a new order amount which adds a cost of living adjustment (COLA) to your current child support order. The law requires that adjusted orders be issued in all cases where the children subject to the order are in receipt of public assistance, or for those cases where either party requested a cost of living adjustment.

The relevant provisions of New York law governing this process are Family Court Act sections 413 and 413-a; Domestic Relations Law sections 240 and 240-c; and Social Services Law sections 111-h and 111-n.

The adjusted order of child support issued by the SCU will have the same force and effect as an order issued by the court. Except for the obligation amount, **all other provisions of your current child support order remain unchanged**, including but not limited to the persons for whom support is payable, and any amounts payable for child care expenses, health insurance, health care expenses not covered by health insurance, educational expenses for the child, and spousal support. (Please note: The issuance of an adjusted order does not affect the amount, if any, of existing arrears/past due support.)

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The COLA is based on accumulated changes from year to year in the annual average consumer price index for all urban consumers (CPI-U), as published each year by the United States Department of Labor. The CPI-U is a measure of the average change in prices over time for food, clothing, shelter, fuel, transportation, medical services, and other items which people buy for day-to-day living.

Your case is eligible for a COLA because your child support order is at least two years old and the sum of the percent changes in the CPI-U annual average since the year of your last court order is at least 10%.

2007

- Your current child support amount is $100.00 Monthly .
- The sum of the average annual CPI-U percent changes for child support orders issued during the year your order was issued (or 1994, whichever is later) is 10.00 %.
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- **The new order amount under the adjusted order issued by the SCU is** $110.00 Monthly **which is the support obligation amount, as increased by the COLA, rounded to the nearest dollar.**
- The amounts, if any, ordered for child care, health insurance, health care expenses not covered by health insurance, educational expenses for the child and spousal support will not be changed by the adjusted order.

You, the other party to your support order, and the SCU all have the right to object to the adjusted order. Directions and timeframes for filing objections are provided with the adjusted order. Where objections are filed, the COLA will not be applied. Instead, a hearing which you and the other party will be required to attend will be held in family court. You and the other party will be required to provide full financial disclosure.

As a result of this hearing, the court will determine the new amount of your child support order based on the Child Support Standards Act (CSSA) and the actual income and resources of both parties. Under the CSSA, the person who pays child support is generally expected to pay the following percent of gross income: one child, 17%; two children, 25%; three children, 29%; four children, 31%; five or more children, no less than 35%. The CSSA and other New York law provide for the enrollment of the children in a parent's health insurance plan, and the award of future reasonable health care expenses of the children not covered by insurance, and, where appropriate, for the award of child care and educational expenses for the child.

AS A RESULT OF AN OBJECTION TO THE COLA, THE ORDER ISSUED BY THE COURT COULD BE:

HIGHER THAN YOUR CURRENT ORDER, OR
LOWER THAN YOUR CURRENT ORDER, OR
THE SAME AS YOUR CURRENT ORDER.

*****PLEASE NOTE*****

- **Carefully review the enclosed adjusted order of child support.**
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LOCAL COUNTY SCU
COLA UNIT
COUNTY OFFICE BLDG
LOCALTOWN NY 10000-0000
(000)000-0000

2007

LOCAL COUNTY SCU

Order of LOCAL COUNTY SUPREME COURT

In the matter of an Adjustment of an Order of Support under Section 111-n of the Social Services Law and Section 413-a of the Family Court Act or Section 240-c of the Domestic Relations Law

COLA5

Index No.
F-0000-00

Adjusted Order of Support

SMITH, JANE

Petitioner

- against -

SMITH, JOHN

Respondent

Respondent's Soc. Sec. No. 000-00-0000

CSMS Case Number: ZZ00000Z1

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2007

NOTICE: YOUR WILLFUL FAILURE TO OBEY THIS ORDER MAY RESULT IN INCARCERATION FOR CRIMINAL NON-SUPPORT OR CONTEMPT; YOUR FAILURE TO OBEY THIS ORDER MAY ALSO RESULT IN SUSPENSION OF YOUR DRIVER LICENSE, STATE-ISSUED PROFESSIONAL, TRADE, BUSINESS AND OCCUPATIONAL LICENSES, AND RECREATIONAL AND SPORTING LICENSES AND PERMITS, IMPOSITION OF REAL OR PERSONAL PROPERTY LIENS, AND ENFORCEMENT IN ANY MANNER PROVIDED BY LAW.

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(a) Identify the CPI-U "percent change from the previous annual average" for each year preceding the year of the review, beginning with and including the later of the year in which the most recent order was issued or nineteen hundred ninety-four, and calculate the sum of the percentage changes for those years.

(b) Where the sum as calculated pursuant to subparagraph one of this paragraph equals or exceeds ten percent, multiply the support obligation in the order under review by such percentage. The product is the cost of living adjustment.

2007

NOW, therefore, it is hereby

ORDERED that the new child support obligation amount that the above-named Respondent is required to pay under this adjusted order is $110.00 Monthly[2] which is the result of adding a 10.00 % COLA in the amount of $10.00 to the current child support obligation amount of $100.00 Monthly.

ORDERED that the aforesaid amount is payable to the following address in the same manner required by the Support Collection Unit for the order being adjusted:

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

ORDERED that the effective date of this adjusted order shall be sixty days from the date of this order or twenty-four months after the date of the order which was reviewed and adjusted, whichever is later. The effective date has been provided above.

ORDERED that the child support obligation amount under this adjusted order is due and owing on the date the first payment is due under the terms of the order of support which was reviewed and adjusted, occurring on or after the effective date of the adjusted order.

[2] The child support obligation amount, as increased by the COLA, has been rounded to the nearest dollar.

BE ADVISED THAT

(1) ALL OTHER PROVISIONS OF THE JUDGMENT WHICH WAS REVIEWED AND ADJUSTED REMAIN IN FULL FORCE AND EFFECT, including but not limited to the provision that this order shall be enforceable pursuant to Section 5241 or 5242 of the Civil Practice Law and Rules, or in any other manner provided by law;

(2) Where either party objects to the cost of living adjustment, the party has the right to be heard by the court which issued the order being adjusted, and to present evidence to the court which the court will consider in adjusting the child support order in compliance with Section 413 of the Family Court Act or Section 240 of the Domestic Relations Law, known as the Child Support Standards Act; provided, however, that written objections are filed with the court within thirty-five days from the date the adjusted order was mailed by the Support Collection Unit and a copy of the objection is provided by the objecting party to the other party and to the Support Collection Unit at the address provided at the end of this order. The date by which objections to this adjusted order must be filed and the court which issued the order being adjusted have been provided above. When filing objections, the objecting party should attach a copy of the adjusted order, if available.

(3) Pursuant to Section 240-b of the Domestic Relations Law and Section 443 of the Family Court Act, each party is required to provide, and update upon any change, the following information to the Support Collection Unit: social security number, residential and mailing addresses, telephone number, driver's license number; and name, address and telephone number of the parties' employers.

(4) Where any party fails to provide, and update upon any change, the Support Collection Unit with a current address to which an adjusted order can be

2007

sent, the support obligation amount contained therein shall become due and owing on the date the first payment is due under the order of support which was reviewed and adjusted occurring on or after the effective date of the adjusted order, regardless of whether or not the party has received a copy of the adjusted order.

(5) The application of a COLA in no way limits, restricts, expands, or impairs the rights of any party to file for a modification of a child support order as otherwise provided by law.

NOTE: (1) THIS ORDER OF CHILD SUPPORT SHALL BE ADJUSTED BY THE APPLICATION OF A COST OF LIVING ADJUSTMENT AT THE DIRECTION OF THE SUPPORT COLLECTION UNIT NO EARLIER THAN TWENTY-FOUR MONTHS AFTER THIS ORDER IS ISSUED, LAST MODIFIED OR LAST ADJUSTED, UPON THE REQUEST OF ANY PARTY TO THE ORDER OR PURSUANT TO PARAGRAPH (2) BELOW. UPON APPLICATION OF A COST OF LIVING ADJUSTMENT AT THE DIRECTION OF THE SUPPORT COLLECTION UNIT, AN ADJUSTED ORDER SHALL BE SENT TO THE PARTIES WHO, IF THEY OBJECT TO THE COST OF LIVING ADJUSTMENT, SHALL HAVE THIRTY-FIVE (35) DAYS FROM THE DATE OF MAILING TO SUBMIT A WRITTEN OBJECTION TO THE COURT INDICATED ON SUCH ADJUSTED ORDER. UPON RECEIPT OF SUCH WRITTEN OBJECTION, THE COURT SHALL SCHEDULE A HEARING AT WHICH THE PARTIES MAY BE PRESENT TO OFFER EVIDENCE WHICH THE COURT WILL CONSIDER IN ADJUSTING THE CHILD SUPPORT ORDER IN ACCORDANCE WITH THE CHILD SUPPORT STANDARDS ACT.

(2) A RECIPIENT OF FAMILY ASSISTANCE SHALL HAVE

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THE CHILD SUPPORT ORDER REVIEWED AND ADJUSTED AT THE DIRECTION OF THE SUPPORT COLLECTION UNIT NO EARLIER THAN TWENTY-FOUR MONTHS AFTER SUCH ORDER IS ISSUED, LAST MODIFIED OR LAST ADJUSTED WITHOUT FURTHER APPLICATION OF ANY PARTY. ALL PARTIES WILL RECEIVE NOTICE OF ADJUSTMENT FINDINGS.

(3) WHERE ANY PARTY FAILS TO PROVIDE, AND UPDATE UPON ANY CHANGE, THE SUPPORT COLLECTION UNIT WITH A CURRENT ADDRESS, AS REQUIRED BY SECTION TWO HUNDRED AND FORTY-B OF THE DOMESTIC RELATIONS LAW, TO WHICH AN ADJUSTED ORDER CAN BE SENT, THE SUPPORT OBLIGATION AMOUNT CONTAINED THEREIN SHALL BECOME DUE AND OWING ON THE DATE THE FIRST PAYMENT IS DUE UNDER THE TERMS OF THE ORDER OF SUPPORT WHICH WAS REVIEWED AND ADJUSTED OCCURRING ON OR AFTER THE EFFECTIVE DATE OF THE ORDER, REGARDLESS OF WHETHER OR NOT THE PARTY HAS RECEIVED A COPY OF THE ADJUSTED ORDER.

Dated: 07/01/2005

Ordered by LOCAL COUNTY SCU
COLA UNIT

Address COUNTY OFFICE BLDG
LOCALTOWN NY 10000-0000

Phone (000)000-0000

2007

NYS Office of Child Support Enforcement
P.O. Box 15364 R
Albany, NY 12212-5364

COLA12

Non-Custodial Parent Name:	SMITH, JOHN
CSMS Case #:	ZZ00000Z1
Custodial Parent Name:	SMITH, JANE
Local District Code:	00
Date:	07/01/2005

SMITH, JOHN
ANYPLACE ELSE APARTMENTS
456 ANYWHERE ST APT 2
ANYTOWN NY 10000-0000

Respondent

Important Notice Regarding Right to Request Review and Adjustment of Your Support Order

This notice is being sent to both parties.

You recently received either a "Notice of Your Right to Request a Cost of Living Adjustment to Your Child Support Order" or a "Notice of Your Right to Request a Cost of Living Adjustment to Your Child Support Order or a One-Time Review and Adjustment of Your Child Support Order." **This notice is to advise you that the Support Collection Unit hereby withdraws that Notice.**

This action has been taken because new information was provided to or discovered by the SCU which changes the information contained in the notice or makes your current order ineligible for a cost of living adjustment (COLA) (or, if applicable, a one-time review and adjustment). If and when your current order of child support becomes eligible for a COLA (or, if applicable, one-time review and adjustment), you will receive a new notice from the SCU.

If you have any questions regarding this action, contact the SCU at:

LOCAL COUNTY SCU
COLA UNIT
COUNTY OFFICE BLDG
LOCALTOWN NY 10000-0000
(000)000-0000 EXT. 0000

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COLA 9, 1

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NYS Office of Child Support Enforcement
P.O. Box 15364 R
Albany, NY 12212-5364

COLA13

Non-Custodial Parent Name: SMITH, JOHN
CSMS Case #: ZZ00000Z1
Custodial Parent Name: SMITH, JANE
Local District Code: 00
Date: 07/01/2005

SMITH, JOHN
ANYPLACE ELSE APARTMENTS
456 ANYWHERE ST APT 2
ANYTOWN NY 10000-0000

Docket No.: F-0000-00

Respondent

Notice to Withdraw Adjusted Order of Support

This notice is being sent to both parties and to the court.

This notice is to inform you that the Support Collection Unit (SCU) withdraws the adjusted order of child support issued 01/01/2005.

This action has been taken because new information was provided to the SCU or discovered by the SCU which made us aware that your case is not eligible for the COLA process or that information contained in the Adjusted Order is incorrect.

If your case is still eligible for a COLA, you will receive a new Notice with the updated information.

PLEASE BE ADVISED THAT ALL THE TERMS AND CONDITIONS OF YOUR CURRENT ORDER OF SUPPORT CONTINUE TO REMAIN IN FULL FORCE AND EFFECT.

If you have any questions regarding this action, contact the SCU at:

LOCAL COUNTY SCU
COLA UNIT
COUNTY OFFICE BLDG
LOCALTOWN NY 10000-0000
(000)000-0000 EXT. 0000

2007

COLA 9, 2

2007

NYS Office of Child Support Enforcement
P.O. Box 15364
Albany, NY 12212-5364

COLA13

Non-Custodial Parent Name:	SMITH, JOHN
CSMS Case #:	ZZ00000Z1
Custodial Parent Name:	SMITH, JANE
Local District Code:	00
Date:	07/01/2005

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

Docket No.: F-0000-00

Client

Notice to Withdraw Adjusted Order of Support

This notice is being sent to both parties and to the court.

This notice is to inform you that the Support Collection Unit (SCU) withdraws the adjusted order of child support issued 01/01/2005.

This action has been taken because new information was provided to the SCU or discovered by the SCU which made us aware that your case is not eligible for the COLA process or that information contained in the Adjusted Order is incorrect.

If your case is still eligible for a COLA, you will receive a new Notice with the updated information.

PLEASE BE ADVISED THAT ALL THE TERMS AND CONDITIONS OF YOUR CURRENT ORDER OF SUPPORT CONTINUE TO REMAIN IN FULL FORCE AND EFFECT.

If you have any questions regarding this action, contact the SCU at:

LOCAL COUNTY SCU
COLA UNIT
COUNTY OFFICE BLDG
LOCALTOWN NY 10000-0000
(000)000-0000 EXT. 0000

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COLA 9, 3

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NYS Office of Child Support Enforcement
P.O. Box 15364
Albany, NY 12212-5364

COLA13

Non-Custodial Parent Name:	SMITH, JOHN
CSMS Case #:	ZZ00000Z1
Custodial Parent Name:	SMITH, JANE
Local District Code:	00
Date:	07/01/2005

FAMILY COURT, COUNTY OF LOCAL
COUNTY COURTHOUSE
100 ANY COURT AVE
ANYTOWN NY 10000-0000

Docket No.: F-0000-00

Notice to Withdraw Adjusted Order of Support

This notice is being sent to both parties and to the court.

This notice is to inform you that the Support Collection Unit (SCU) withdraws the adjusted order of child support issued 01/01/2005.

This action has been taken because new information was provided to the SCU or discovered by the SCU which made us aware that your case is not eligible for the COLA process or that information contained in the Adjusted Order is incorrect.

If your case is still eligible for a COLA, you will receive a new Notice with the updated information.

PLEASE BE ADVISED THAT ALL THE TERMS AND CONDITIONS OF YOUR CURRENT ORDER OF SUPPORT CONTINUE TO REMAIN IN FULL FORCE AND EFFECT.

If you have any questions regarding this action, contact the SCU at:

LOCAL COUNTY SCU
COLA UNIT
COUNTY OFFICE BLDG
LOCALTOWN NY 10000-0000
(000)000-0000 EXT. 0000

Respondent Address
SMITH, JOHN
ANYPLACE ELSE APARTMENTS
456 ANYWHERE ST APT 2
ANYTOWN NY 10000-0000

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

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COLA 9, 4

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NYS Office of Child Support Enforcement
P.O. Box 15364
Albany, NY 12212-5364

COLA13

Non-Custodial Parent Name:	SMITH, JOHN
CSMS Case #:	ZZ00000Z1
Custodial Parent Name:	SMITH, JANE
Local District Code:	00
Date:	07/01/2005

LOCAL COUNTY SCU
COLA UNIT
COUNTY OFFICE BLDG
LOCALTOWN NY 10000-0000

Docket No.: F-0000-00

Notice to Withdraw Adjusted Order of Support

This notice is being sent to both parties and to the court.

This notice is to inform you that the Support Collection Unit (SCU) withdraws the adjusted order of child support issued 01/01/2005.

This action has been taken because new information was provided to the SCU or discovered by the SCU which made us aware that your case is not eligible for the COLA process or that information contained in the Adjusted Order is incorrect.

If your case is still eligible for a COLA, you will receive a new Notice with the updated information.

PLEASE BE ADVISED THAT ALL THE TERMS AND CONDITIONS OF YOUR CURRENT ORDER OF SUPPORT CONTINUE TO REMAIN IN FULL FORCE AND EFFECT.

If you have any questions regarding this action, contact the SCU at:

LOCAL COUNTY SCU
COLA UNIT
COUNTY OFFICE BLDG
LOCALTOWN NY 10000-0000
(000)000-0000 EXT. 0000

Respondent Address
SMITH, JOHN
ANYPLACE ELSE APARTMENTS
456 ANYWHERE ST APT 2
ANYTOWN NY 10000-0000

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

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  - **Notice of Intent** to File a Lien – NCP - ROS
  - **Notice of Intent** to File a Lien – NCP - NYC
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  - **Notice of Lien** – NCP
  - **Release of Lien**
  - **Release of Lien** – NCP

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➢ **Velazquez Notices**

- **Notice of Court Order Affecting Your Child Support to Non-Custodial Parent**
- **Notice of Court Order Affecting Your Child Support to Custodial Parent**

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CRRPNYC-1 RA488 ** 000001
LOCAL CITY COUNTY SCU

CITY OFFICE BLDG
LOCAL CITY NY 10000-0000

REPORT TO CONSUMER REPORTING AGENCIES

Send correspondence only to the address above or
Phone: (123) 456-7890

Account Number: ZZ00000Z1
Client Name: SMITH, JANE
Worker Code: ZZZZ
Investigator No: ZZZZ

#BWNMVWF
#CRRP 1234 1234 1234#

Date: 07/01/05

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

TO: Child Support Obligor (Non-Custodial Parent)

As of 07/01/05, your account listed above shows a past-due amount of $1,000.00. Under the federal law and New York State Social Services Law section 111-c, we must provide that information to consumer reporting agencies (also known as credit bureaus) if you owe more than $1,000 or are at least two months delinquent in making your child support payments.

Information about your account will be reported to the credit reporting agencies unless:

- You reduce the amount of past-due support below $1,000, or
- Your account is not two months delinquent, or
- You claim a mistake of fact in writing or by telephone within ten (10) days from receipt of this notice, to the LOCAL CITY COUNTY SCU at the above address and the Support Collection Unit (SCU) agrees with your claim.

  Note: Mistake of fact means an error in the amount past due; an error in the identity of the respondent (debtor), or that the order of support does not exist or has been vacated.

You may submit information and evidence by mail, telephone, or in person, to support your claim of a mistake of fact. An attorney or other person may represent you. Prior to submitting any written documentation, you or your representative may review the SCU payment records relating to the proposed release of information to the consumer reporting agencies and obtain a copy of such SCU payment records. The SCU will then determine the merits of your claim and will notify you of its determination. If your claim is disallowed, you will be notified in writing that your name will be submitted to the credit reporting agencies. If you disagree with the decision made by the SCU to release information to consumer reporting agencies, you may seek judicial review of that determination pursuant to article 78 of the Civil Practice Law and Rules, within the time limits provided in law.

If the past-due amount indicated above is paid in part or in full after the release of information, the appropriate credit reporting agencies will be notified. **Submission of past due support information to a major credit reporting agency may affect your ability to obtain credit (e.g. mortgage or car loan) or otherwise adversely affect your credit rating. To avoid having your name submitted to a consumer reporting agency, keep your child support account current. Send Payments Only to the Address Below and include your account number with your payment:**

(Envíe los pagos a la dirección que aparece arriba.)
NYS CHILD SUPPORT PROCESSING CENTER
PO BOX 15363
ALBANY NY 12212-5363

Supervisor, Support Collection Unit

2007

CRRPNYC - 2

LOCAL CITY COUNTY SCU

CITY OFFICE BLDG
LOCAL CITY NY 10000-0000

INFORME A AGENCIAS INFORMANTES SOBRE EL CONSUMIDOR (AGENCIAS INFORMANTES DE CREDITO)

Sólo envíe correspondencia a la dirección que aparece arriba.
Teléfono: (123) 456-7890

No. de Cuenta: ZZ00000Z1
Nombre del Cliente: SMITH, JANE
Código del Trabajador(a): ZZZZ
No. de Investigador(a): ZZZZ

Fecha: 07/01/05

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

AL: Pagador(a) de Manutención Infantil (Padre/Madre que No Tiene Custodia)

A partir del 07/01/05, su cuenta, indicada arriba, tiene una cantidad de atrasos de $1,000.00. Bajo la ley federal y la sección 111-c de la Ley de Servicios Sociales del Estado de Nueva York, nosotros debemos proveer esta información a agencias informantes sobre el consumidor (conocidas también como agencias informantes de crédito) si usted debe más de $1,000 o por lo menos cuenta con una delincuencia de dos meses en cuanto a sus pagos de manutención infantil.

Información acerca de su cuenta será reportada a las agencias informantes de crédito, a menos que:

- Usted reduzca la cantidad de sus deudas de manutención a un nivel inferior de $1,000, o
- Su cuenta no esté en delincuencia por dos meses, o
- Usted cite un error de hecho ya sea por escrito o llamando por teléfono dentro de diez (10) dias de recibir esta notificación a laLOCAL CITY COUNTY SCU a la dirección indicada arriba, y la Support Collection Unit (SCU) esté de acuerdo con su demanda.
  Nota: Error de hecho significa un error en la cantidad de la deuda; un error en la identidad del respondiente (deudor/deudora), o que la orden de manutención no exista o haya sido revocada.

Usted puede someter información y evidencia por correo, teléfono o en persona para apoyar su demanda de error de hecho. Un abogado u otra persona puede representarle. Antes de presentar cualquier documentación por escrito, usted o su representante puede revisar los récords de pago de la SCU en relación a la propuesta diseminación de información a las agencias informantes de crédito y obtener una copia de tales récords de pago de la SCU. La Unidad de Colecta de Manutención determinará entonces los méritos de su demanda, y le notificará sobre su determinación. Si su demanda es desaprobada, usted será notificado(a) por escrito que su nombre será sometido a las agencias informantes de crédito. Si usted está en desacuerdo con la decisión hecha por la SCU de diseminar información a las agencias informantes de crédito, usted puede buscar una revisión judicial de esa determinación de acuerdo al articulo 78 de la Ley y Regulaciones de Práctica Civil, dentro de los límites de tiempo provistos en la ley.

Si la cantidad de la deuda indicada arriba se paga en parte o por completo después de diseminar la información, las agencias informantes de crédito serán notificadas. El proveer información de deudas de manutención a importantes agencias informantes de crédito puede afectar su habilidad de obtener crédito (por ejemplo, hipoteca o préstamo para un automóbil) o afectar adversamente su clasificación de crédito. Para evitar que su nombre se someta a una agencia informante de crédito, mantenga su cuenta de manutención infantil al día. Envíe sus Pagos Solamente a la Dirección de Abajo, e incluya su número de cuenta con su pago:

(Envíe los pagos a la dirección que aparece arriba)
NYS CHILD SUPPORT PROCESSING CENTER
PO BOX 15363
ALBANY NY 12212-5363

Supervisor(a), Unidad de Colecta de Manutención

2007

CRRPROS-1 RA488 ** 000001
LOCAL COUNTY SCU

COUNTY OFFICE BLDG
LOCALTOWN NY 10000-0000

REPORT TO CONSUMER REPORTING AGENCIES

Send correspondence only to the address above or
Phone: (123) 456-7890

Account Number: ZZ00000Z1
Client Name: SMITH, JANE
Worker Code: ZZZZ
Investigator No: ZZZZ

#BWNMVWF
#CRRP 1234 1234 1234#

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

Date: 07/01/05

TO: Child Support Obligor (Non-Custodial Parent)

As of 07/01/05, your account listed above shows a past-due amount of $1,000.00. Under the federal law and New York State Social Services Law section 111-c, we must provide that information to consumer reporting agencies (also known as credit bureaus) if you owe more than $1,000 or are at least two months delinquent in making your child support payments.

Information about your account will be reported to the credit reporting agencies unless:

- You reduce the amount of past-due support below $1,000, or
- Your account is not two months delinquent, or
- You claim a mistake of fact in writing or by telephone within ten (10) days from receipt of this notice, to the LOCAL COUNTY SCU at the above address and the Support Collection Unit (SCU) agrees with your claim.

Note: Mistake of fact means an error in the amount past due; an error in the identity of the respondent (debtor), or that the order of support does not exist or has been vacated.

You may submit information and evidence by mail, telephone, or in person, to support your claim of a mistake of fact. An attorney or other person may represent you. Prior to submitting any written documentation, you or your representative may review the SCU payment records relating to the proposed release of information to the consumer reporting agencies and obtain a copy of such SCU payment records. The SCU will then determine the merits of your claim and will notify you of its determination. If your claim is disallowed, you will be notified in writing that your name will be submitted to the credit reporting agencies. If you disagree with the decision made by the SCU to release information to consumer reporting agencies, you may seek judicial review of that determination pursuant to article 78 of the Civil Practice Law and Rules, within the time limits provided in law.

If the past-due amount indicated above is paid in part or in full after the release of information, the appropriate credit reporting agencies will be notified. **Submission of past due support information to a major credit reporting agency may affect your ability to obtain credit (e.g. mortgage or car loan) or otherwise adversely affect your credit rating. To avoid having your name submitted to a consumer reporting agency, keep your child support account current. Send Payments Only to the Address Below and include your account number with your payment:**

(Envíe los pagos a la dirección que aparece arriba.)
NYS CHILD SUPPORT PROCESSING CENTER
PO BOX 15363
ALBANY NY 12212-5363

Supervisor, Support Collection Unit

2007

2007

LEMPNYC - 1
LOCAL CITY COUNTY SCU

CITY OFFICE BLDG
LOCAL CITY NY 10000-0000

SUPPORT WITHHOLDING REMINDER

FEDERAL EMPLOYER IDENTIFICATION NUMBER:
123456789

REMINDER DATE:
07/11/2005

All correspondence should be sent to the above address.

SEND PAYMENTS ONLY TO THIS ADDRESS:

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

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

II

PLEASE CHECK BOX IF YOU HAVE MADE ANY CORRECTIONS OR ADDITIONS	☐
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		

LEMPNYC - 2

XYZ CORPORATION

SUPPORT WITHHOLDING REMINDER

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 I	000000000	ZZ00000Z9		
SMITH, JOHN J	000000000	ZZ00000Z0		

2007

LEMPNYC - 3
LOCAL CITY COUNTY SCU

CITY OFFICE BLDG
LOCAL CITY NY 10000-0000

RECORDATORIO DE RETENCIÓN PARA MANUTENCIÓN

FEIN:
123456789

FECHA DEL RECORDATORIO:
07/11/2005

Envié sus preguntas a la dirección antedicha.

Envié los pagos a esta dirección:

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

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

SÍRVASE MARCAR SI HA HECHO ALGUNA CORRECCIÓN O AGREGADO	☐
SÍRVASE INGRESAR LA CANTIDAD QUE SE ADJUNTA	**$**

INFORMACIÓN IMPORTANTE

NUESTROS REGISTROS DE LA UNIDAD DE COBRANZA DE MANUTENCIÓN INDICAN QUE LE HEMOS ENVIAD UNA EJECUCIÓN DE INGRESOS PARA QUE RETENGA LOS INGRESOS DEL RESPONDIENTE(S) ABAJO MENCIONADO(S). LA EJECUCIÓN DE INGRESOS REQUIERE QUE USTED REMITA LO SIGUIENTE CON CADA PAGO: EL NOMBRE Y SEGURO SOCIAL DEL RESPONDIENTE; EL NUMERO DE CUENTA PROVISTO EN EL DOCUMENTO DE EJECUCIÓ N DE INGRESOS, Y LA FECHA Y LA CANTIDAD DE CADA RETENCIÓN DE LOS INGRESOS DEL RESPONDIENTE QUE SE INCLUYAN EN EL PAGO.

ESTE RECORDATORIO INCLUYE LA MAYORÍA DE LA INFORMACIÓN QUE USTED DEBE PROPORCIONAR CON CADA PAGO. SIMPLEMENTE AGREGUE LA INFORMACIÓN RELATIVA A LAS FECHAS Y CANTIDADES DE LA RETENCI N A CONTINUACIÓN DEL NUMERO DE CUENTA DE CADA LOS RESPONDIENTE.

TODAS LAS PÁGINAS DE ESTE RECORDATORIO DEBEN INCLUIRSE CON SU CHEQUE O GIRO POSTAL POR LA CANTIDAD TOTAL DE LA RETENCIÓN DE TODOS RESPONDIENTES.

NOTIFICACIÓN A EMPLEADORES - NUEVO SERVICIO DISPONIBLE

EL CENTRO DE PROCESAMIENTO DE MANUTENCIÓN INFANTIL ESTA BUSCANDO EMPLEADORES QUE TENGAN INTERÉS EN REMITIR PAGOS DE MANUTENCIÓN INFANTIL DEL EMPLEADOR MEDIANTE LA TRANSFERENCIA ELECTRÓNICA DE FONDOS (ELECTRONIC FUNDS TRANSFER - EFT). UNA EFT TIENE LOS SIGUIENTES BENEFICIOS: COSTO REDUCIDO, SUMISIÓN CORRECTA Y PROCESAMIENTO MÁS ACELERADO DE LOS PAGOS DE MANUTENCIÓN INFANTIL. PARA VARIOS EMPLEADORES, LA EFT PUEDE REPRESENTAR AHORROS SUSTANCIALES EN COMPARACIÓN CON LA PREPARACIÓN DE CHEQUES INDIVIDUALES.

SI USTED QUISIERA RECIBIR MAS INFORMACIÓN ACERCA DE LA EFT INICIADOS POR EL EMPLEADOR, POR FAVOR PONGAS EN CONTACTO CON EL REPRESENTANTE DE CONTACTOS DEL EMPLEADOR, LLAMANDO AL 1-888-208-4485 O SOLICITANDO POR ESCRITO UN PAQUETE INFORMATIVO DEL NEW YORK STATE CHILD SUPPORT PROCESSING CENTER, P.O. BOX 15363, ALBANY, NEW YORK 12212-5363.

REGISTRE CADA FECHA EN QUE SE RETENGA UN PAGO DE MANUTENCIÓN, ASÍ COMO TAMBIÉN LA CANTIDAD DE CADA REATENCIÓN. TACHE EL NOMBRE DEL RESPONDIENTE SI EL RESPONDIENTE YA NO TRABAJA PARA SU EMPRESA O SI LA EJECUCIÓN DE SALARIOS SE HA CANCELADO. INCLUYA CUALQUIER EJECUCIÓN DE SALARIO ADICIONAL QUE HAYA RECIBIDO DE LA UNIDAD DE COBRANZA DE MANUTENCIÓN MENCIONADA EN ESTE DOCUMENTO PARA UN RESPONDIENTE NO MENCIONADO. SÍRVASE CONSULTAR EL DOCUMENTO DE EJECUCIÓN DE INGRESOS PARA OBTENER INFORMACIÓN COMPLETA Y ADECUADA. SE DEBE REGISTRAR TODA LA INFORMACIÓN PARA ASEGURARSE DE QUE AL RESPONDIENTE SE LE ACREDITE POR LA MANUTENCIÓN RETENIDA.

NOMBRE DEL RESPONDIENTE	NO. DE S.S. DEL RESPONDIENTE	NUMERO DE CUENTA	FECHA DE LA RETENCIÓN	CANTIDAD DE LA RETENCIÓN
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		

2007

LEMPROS - 1
LOCAL COUNTY SCU

COUNTY OFFICE BLDG
LOCALTOWN NY 10000-0000

SUPPORT WITHHOLDING REMINDER

FEDERAL EMPLOYER IDENTIFICATION NUMBER:
123456789

All correspondence should be sent to the above address.

REMINDER DATE:
07/01/2005

SEND PAYMENTS ONLY TO THIS ADDRESS:

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

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

II

PLEASE CHECK BOX IF YOU HAVE MADE ANY CORRECTIONS OR ADDITIONS	☐
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		

LEMPROS -2

XYZ CORPORATION

SUPPORT WITHHOLDING REMINDER

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 I	000000000	ZZ00000Z9		
SMITH, JOHN J	000000000	ZZ00000Z0		

2007

2007

SEMPNYC - 1
LOCAL CITY COUNTY SCU

CITY OFFICE BLDG
LOCAL CITY NY 10000-0000

SUPPORT WITHHOLDING REMINDER

FEDERAL EMPLOYER IDENTIFICATION:
123456789

All correspondence should be sent to the above address.

REMINDER DATE:
07/11/2005

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

SEND PAYMENTS ONLY TO THIS ADDRESS:

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

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

SEMPNYC - 2

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

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.

LMEM1 06/12/03

Employer Name and Address: XYZ CORPORATION
ATTN PAYROLL DEPT
1000 ANY BUSINESS AVE
ANY CITY NY 10000-0000

Your Federal Employer ID Number (EIN)
123456789

Respondent Name: SMITH, JOHN A
Respondent SSN: 000-00-0000
Support Account: ZZ00000Z1
Client Name: SMITH, JANE A

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

PLEASE DO NOT FOLD, STAPLE OR MUTILATE.

SMITH, JOHN A

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 respondent is paid.

AMOUNT ENCLOSED: $, .

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

257 00 000000000000 000000 000000000 0

SEMPNYC - 2

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

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.

LMEM1 06/12/03

Employer Name and Address: XYZ CORPORATION
ATTN PAYROLL DEPT
1000 ANY BUSINESS AVE
ANY CITY NY 10000-0000

Your Federal Employer ID Number (EIN)
123456789

Respondent Name: SMITH, JOHN A
Respondent SSN: 000-00-0000
Support Account: ZZ00000Z1
Client Name: SMITH, JANE A

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

PLEASE DO NOT FOLD, STAPLE OR MUTILATE.

SMITH, JOHN A

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 respondent is paid.

AMOUNT ENCLOSED: $, .

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

257 00 000000000000 000000 000000000 0

SEMPNYC - 2

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

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.

LMEM1 06/12/03

Employer Name and Address: XYZ CORPORATION
ATTN PAYROLL DEPT
1000 ANY BUSINESS AVE
ANY CITY NY 10000-0000

Your Federal Employer ID Number (EIN)
123456789

Respondent Name: SMITH, JOHN A
Respondent SSN: 000-00-0000
Support Account: ZZ00000Z1
Client Name: SMITH, JANE A

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

PLEASE DO NOT FOLD, STAPLE OR MUTILATE.

SMITH, JOHN A

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 respondent is paid.

AMOUNT ENCLOSED: $, .

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

257 00 000000000000 000000 000000000 0

2007

SEMPNYC - 3

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

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.

LMEM1 08/12/03

Employer Name and Address: XYZ CORPORATION
ATTN PAYROLL DEPT
1000 ANY BUSINESS AVE
ANY CITY NY 10000-0000

Your Federal Employer ID Number (EIN)
123456789

Respondent Name: SMITH, JOHN A
Respondent SSN: 000-00-0000
Support Account: ZZ00000Z1
Client Name: SMITH, JANE A

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

PLEASE DO NOT FOLD, STAPLE OR MUTILATE.

SMITH, JOHN A

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 respondent is paid.

AMOUNT ENCLOSED: $

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

257 00 000000000000 000000 000000000 0

SEMPNYC - 3

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

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.

LMEM1 08/12/03

Employer Name and Address: XYZ CORPORATION
ATTN PAYROLL DEPT
1000 ANY BUSINESS AVE
ANY CITY NY 10000-0000

Your Federal Employer ID Number (EIN)
123456789

Respondent Name: SMITH, JOHN B
Respondent SSN: 000-00-0000
Support Account: ZZ00000Z2
Client Name: SMITH, JANE B

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

PLEASE DO NOT FOLD, STAPLE OR MUTILATE.

SMITH, JOHN B

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 respondent is paid.

AMOUNT ENCLOSED: $

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

257 00 000000000000 000000 000000000 0

SEMPNYC - 3

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

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.

LMEM1 08/12/03

Employer Name and Address: XYZ CORPORATION
ATTN PAYROLL DEPT
1000 ANY BUSINESS AVE
ANY CITY NY 10000-0000

Your Federal Employer ID Number (EIN)
123456789

Respondent Name: SMITH, JOHN B
Respondent SSN: 000-00-0000
Support Account: ZZ00000Z2
Client Name: SMITH, JANE B

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

PLEASE DO NOT FOLD, STAPLE OR MUTILATE.

SMITH, JOHN B

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 respondent is paid.

AMOUNT ENCLOSED: $

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

2007

SEMPNYC - 4

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

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.

LMEM1 08/12/03

Employer Name and Address: XYZ CORPORATION
ATTN PAYROLL DEPT
1000 ANY BUSINESS AVE
ANY CITY NY 10000-0000

Your Federal Employer ID Number (EIN)
123456789

Respondent Name: SMITH, JOHN B
Respondent SSN: 000-00-0000
Support Account: ZZ00000Z2
Client Name: SMITH, JANE B

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

PLEASE DO NOT FOLD, STAPLE OR MUTILATE.

SMITH, JOHN B

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 respondent is paid.

AMOUNT ENCLOSED: $

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

257 00 000000000000 000000 000000000 0

SEMPNYC - 4

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

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.

LMEM1 08/12/03

Employer Name and Address: XYZ CORPORATION
ATTN PAYROLL DEPT
1000 ANY BUSINESS AVE
ANY CITY NY 10000-0000

Your Federal Employer ID Number (EIN)
123456789

Respondent Name: SMITH, JOHN B
Respondent SSN: 000-00-0000
Support Account: ZZ00000Z2
Client Name: SMITH, JANE B

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

PLEASE DO NOT FOLD, STAPLE OR MUTILATE.

SMITH, JOHN B

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 respondent is paid.

AMOUNT ENCLOSED: $

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

257 00 000000000000 000000 000000000 0

SEMPNYC - 4

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

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.

LMEM1 08/12/03

Employer Name and Address: XYZ CORPORATION
ATTN PAYROLL DEPT
1000 ANY BUSINESS AVE
ANY CITY NY 10000-0000

Your Federal Employer ID Number (EIN)
123456789

Respondent Name: SMITH, JOHN C
Respondent SSN: 000-00-0000
Support Account: ZZ00000Z3
Client Name: SMITH, JANE C

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

PLEASE DO NOT FOLD, STAPLE OR MUTILATE.

SMITH, JOHN C

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 respondent is paid.

AMOUNT ENCLOSED: $

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

2007

SEMPNYC - 5

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

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.

LMEM1 06/12/03

Employer Name and Address: XYZ CORPORATION
ATTN PAYROLL DEPT
1000 ANY BUSINESS AVE
ANY CITY NY 10000-0000

Your Federal Employer ID Number (EIN)
123456789

Respondent Name: SMITH, JOHN C
Respondent SSN: 000-00-0000
Support Account: ZZ00000Z3
Client Name: SMITH, JANE C

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

PLEASE DO NOT FOLD, STAPLE OR MUTILATE.

SMITH, JOHN C

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 respondent is paid.

AMOUNT ENCLOSED: $

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

257 00 000000000000 000000 000000000 0

SEMPNYC - 5

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

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.

LMEM1 06/12/03

Employer Name and Address: XYZ CORPORATION
ATTN PAYROLL DEPT
1000 ANY BUSINESS AVE
ANY CITY NY 10000-0000

Your Federal Employer ID Number (EIN)
123456789

Respondent Name: SMITH, JOHN C
Respondent SSN: 000-00-0000
Support Account: ZZ00000Z3
Client Name: SMITH, JANE C

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

PLEASE DO NOT FOLD, STAPLE OR MUTILATE.

SMITH, JOHN C

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 respondent is paid.

AMOUNT ENCLOSED: $

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

257 00 000000000000 000000 000000000 0

SEMPNYC - 5

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

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.

LMEM1 06/12/03

Employer Name and Address: XYZ CORPORATION
ATTN PAYROLL DEPT
1000 ANY BUSINESS AVE
ANY CITY NY 10000-0000

Your Federal Employer ID Number (EIN)
123456789

Respondent Name: SMITH, JOHN C
Respondent SSN: 000-00-0000
Support Account: ZZ00000Z3
Client Name: SMITH, JANE C

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2007

SEMPNYC - 6

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Employer Name and Address: XYZ CORPORATION
ATTN PAYROLL DEPT
1000 ANY BUSINESS AVE
ANY CITY NY 10000-0000

Your Federal Employer ID Number (EIN)
123456789

Respondent Name: SMITH, JOHN D
Respondent SSN: 000-00-0000
Support Account: ZZ00000Z4
Client Name: SMITH, JANE D

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

PLEASE DO NOT FOLD, STAPLE OR MUTILATE.

SMITH, JOHN D

MAIL PAYMENTS TO:
NYS CHILD SUPPORT PROCESSING CENTER
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SEMPNYC - 7

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Employer Name and Address: XYZ CORPORATION
ATTN PAYROLL DEPT
1000 ANY BUSINESS AVE
ANY CITY NY 10000-0000

Your Federal Employer ID Number (EIN)
123456789

Respondent Name: SMITH, JOHN E
Respondent SSN: 000-00-0000
Support Account: ZZ00000Z5
Client Name: SMITH, JANE E

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

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SMITH, JOHN E

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2007

SEMPNYC - 8

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Employer Name and Address: XYZ CORPORATION
ATTN PAYROLL DEPT
1000 ANY BUSINESS AVE
ANY CITY NY 10000-0000

Your Federal Employer ID Number (EIN)
123456789

Respondent Name: SMITH, JOHN F
Respondent SSN: 000-00-0000
Support Account: ZZ00000Z6
Client Name: SMITH, JANE F

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

PLEASE DO NOT FOLD, STAPLE OR MUTILATE.

SMITH, JOHN F

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2007

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123456789

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Respondent SSN: 000-00-0000
Support Account: ZZ00000Z6
Client Name: SMITH, JANE F

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AMOUNT ENCLOSED: $

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2007

SEMPNYC - 10

Use this coupon for new employees who pay support to the SCU noted below. You Must provide the Respondent name Social Security Number, Support Account Number Date(s) and Amount(s) for each payment. Please use a separate coupon for each withholding date for which you withhold support from an employee and provide only the date the payment was withheld from the employee's wages.

LMEM1 06/12/03

Employer Name and Address: XYZ CORPORATION
ATTN PAYROLL DEPT
1000 ANY BUSINESS AVE
ANY CITY NY 10000-0000

Your Federal Employer ID Number (EIN)
123456789

Respondent Name: _____
Respondent SSN: _____
Support Account: _____
Client Name: _____

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ANY CITY NY 10000-0000

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123456789

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257 00 000000000000 000000 000000000 0

2007

SEMPNYC - 11
LOCAL CITY COUNTY SCU

CITY OFFICE BLDG
LOCAL CITY NY 10000-0000

RECORDATORIO DE RETENCIÓN PARA MANUTENCIÓN

FEIN:
123456789

Envie sus preguntas a la dirección antedicha.

FECHA DEL RECORDATORIO:
07/11/2005

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

Envié los pagos a esta dirección:

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

INFORMACIÓN IMPORTANTE

NUESTROS REGISTROS DE LA UNIDAD DE COBRANZA DE MANUTENCIÓN INDICAN QUE LE HEMOS ENVIADO UNA EJECUCIÓN DE INGRESOS PARA QUE RETENGA LOS INGRESOS DEL RESPONDIENTE ABAJO MENCIONADO. LA EJECUCIÓN DE INGRESOS REQUIERE QUE USTED REMITA LO SIGUIENTE CON CADA PAGO: EL NOMBRE Y SEGURO SOCIAL DEL RESPONDIENTE; EL NUMERO DE CUENTA PROVISTO EN EL DOCUMENTO DE EJECUCIÓN DE INGRESOS, Y LA FECHA Y LA CANTIDAD DE CADA RETENCIÓN DE LOS INGRESOS DEL RESPONDIENTE QUE SE INCLUYAN EN EL PAGO.

ESTE RECORDATORIO INCLUYE CUPONES QUE CONTIENEN LA MAYORÍA DE LA INFORMACIÓN QUE USTED DEBE PROPORCIONAR CON CADA PAGO, SIMPLEMENTE AGREGAR EN EL CUPÓN LA INFORMACIÓN RELATIVA A LAS FECHAS Y CANTIDADES DE LA RETENCIÓN. USTED DEBE INCLUIR UNO DE LOS CUPONES ADJUNTOS CON CADA UNO DE SUS PAGOS PARA ASEGURAR QUE EL RESPONDIENTE RECIBA CRÉDITO POR EL PAGO.

NOTIFICACIÓN A EMPLEADORES - NUEVO SERVICIO DISPONIBLE

EL CENTRO DE PROCESAMIENTO DE MANUTENCIÓN INFANTIL ESTA BUSCANDO EMPLEADORES QUE TENGAN INTERÉS EN REMITIR PAGOS DE MANUTENCIÓN INFANTIL DEL EMPLEADOR MEDIANTE LA TRANSFERENCIA ELECTRÓNICA DE FONDOS (ELECTRONIC FUNDS TRANSFER - EFT). UNA TRANSFERENCIA ELECTRÓNICA DE FONDOS TIENE LOS SIGUIENTES BENEFICIOS: COSTO REDUCIDO, SUMISIÓN CORRECTA Y PROCESAMIENTO MÁS ACELERADO DE LOS PAGOS MANUTENCIÓN INFANTIL. PARA VARIOS EMPLEADORES, LA TRANSFERENCIA ELECTRÓNICA DE FONDOS PUEDE REPRESENTAR AHORROS SUSTANCIALES EN COMPARACIÓN CON LA PREPARACIÓN DE CHEQUES INDIVIDUALES.

SI USTED QUISIERA RECIBIR MÁS INFORMACIÓN ACERCA DE LA TRANSFERENCIA ELECTRÓNICA DE FONDOS INICIADOS POR EL EMPLEADOR, POR FAVOR PONGASE EN CONTACTO CON CUALQUIER REPRESENTANTE DE CONTACTOS DEL EMPLEADOR. LLAMANDO AL 1-888-208-4485 O SOLICITANDO POR ESCRITO UN PAQUETE INFORMATIVO DEL NEW YORK STATE CHILD SUPPORT PROCESSING CENTER, P.O. BOX 15363, ALBANY, NEW YORK 12212-5363.

LOS RECORDS DE LA UNIDAD DE COBRANZA DE MANUTENCIÓN INDICAN QUE USTED RETIENE PAGOS DE MANUTENCIÓN PARA LOS SIGUIENTES EMPLEADOS. ADJUNTO A ESTA PAGINA DE INFORMACIÓN, USTED ENCONTRARA CUPONES PARA CADA EMPLEADO(A) ENUMERADO. POR FAVOR UTILICE ESTOS CUPONES PARA ENVIAR PAGOS DE MANUTENCIÓN, UNO PARA CADA FECHA DE RETENCIÓN. USTED PUEDE ENVIAR UN CHEQUE SOLAMENTE PARA TODOS LOS EMPLEADOS O CHEQUES INDIVIDUALES SIEMPRE Y CUANDO SE INCLUYA UN CUPÓN POR CADA EMPLEADO(A) PARA CADA FECHA DE RETENCIÓN. ADEMÁS, LE ADJUNTAMOS UNA PÁGINA DE CUPONES EN BLANCO PARA UTILIZARLOS CON EMPLEADOS QUE NO ESTÁN INCLUIDOS EN LA LISTA DE ABAJO. **POR FAVOR PROVEA EL NOMBRE, EL NUMERO DE SEGURO SOCIAL Y EL NUMERO DE CUENTA DEL RESPONDIENTE, ASÍ COMO LA(S) FECHA(S) DE RETENCIÓN Y LA(S) CANTIDAD(ES) RETENIDA(S).**

NOMBRE DEL RESPONDIENTE	NO. DE S.S. DEL RESPONDIENTE	NUMERO DE CUENTA	NOMBRE DEL CLIENTE
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

ESTA NO ES UN CUPÓN NO ENVÍE DINERO EN EFECTIVO

2007

SEMPROS - 1
LOCAL COUNTY SCU

COUNTY OFFICE BLDG
LOCALTOWN NY 10000-0000

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:

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

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

SEMPROS - 2

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

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.

LMEM1 06/12/03

Employer Name and Address: XYZ CORPORATION
ATTN PAYROLL DEPT
1000 ANY BUSINESS AVE
ANY CITY NY 10000-0000

Your Federal Employer ID Number (EIN)
123456789

Respondent Name: SMITH, JOHN A
Respondent SSN: 000-00-0000
Support Account: ZZ00000Z1
Client Name: SMITH, JANE A

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

PLEASE DO NOT FOLD, STAPLE OR MUTILATE.

SMITH, JOHN A

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 respondent is paid.

AMOUNT ENCLOSED: $

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

257 00 000000000000 000000 000000000 0

SEMPROS - 2

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

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.

LMEM1 06/12/03

Employer Name and Address: XYZ CORPORATION
ATTN PAYROLL DEPT
1000 ANY BUSINESS AVE
ANY CITY NY 10000-0000

Your Federal Employer ID Number (EIN)
123456789

Respondent Name: SMITH, JOHN A
Respondent SSN: 000-00-0000
Support Account: ZZ00000Z1
Client Name: SMITH, JANE A

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

PLEASE DO NOT FOLD, STAPLE OR MUTILATE.

SMITH, JOHN A

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 respondent is paid.

AMOUNT ENCLOSED: $

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

257 00 000000000000 000000 000000000 0

SEMPROS - 2

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

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.

LMEM1 06/12/03

Employer Name and Address: XYZ CORPORATION
ATTN PAYROLL DEPT
1000 ANY BUSINESS AVE
ANY CITY NY 10000-0000

Your Federal Employer ID Number (EIN)
123456789

Respondent Name: SMITH, JOHN A
Respondent SSN: 000-00-0000
Support Account: ZZ00000Z1
Client Name: SMITH, JANE A

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

PLEASE DO NOT FOLD, STAPLE OR MUTILATE.

SMITH, JOHN A

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 respondent is paid.

AMOUNT ENCLOSED: $

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

SEMPROS - 3

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

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.

LMEM1 08/12/03

Employer Name and Address: XYZ CORPORATION
ATTN PAYROLL DEPT
1000 ANY BUSINESS AVE
ANY CITY NY 10000-0000

Your Federal Employer ID Number (EIN)
123456789

Respondent Name: SMITH, JOHN A
Respondent SSN: 000-00-0000
Support Account: ZZ00000Z1
Client Name: SMITH, JANE A

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

PLEASE DO NOT FOLD, STAPLE OR MUTILATE.

SMITH, JOHN A

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 respondent is paid.

AMOUNT ENCLOSED: $

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

257 00 000000000000 000000 000000000 0

SEMPROS - 3

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

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.

LMEM1 08/12/03

Employer Name and Address: XYZ CORPORATION
ATTN PAYROLL DEPT
1000 ANY BUSINESS AVE
ANY CITY NY 10000-0000

Your Federal Employer ID Number (EIN)
123456789

Respondent Name: SMITH, JOHN B
Respondent SSN: 000-00-0000
Support Account: ZZ00000Z2
Client Name: SMITH, JANE B

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

PLEASE DO NOT FOLD, STAPLE OR MUTILATE.

SMITH, JOHN B

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 respondent is paid.

AMOUNT ENCLOSED: $

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

257 00 000000000000 000000 000000000 0

SEMPROS - 3

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

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.

LMEM1 08/12/03

Employer Name and Address: XYZ CORPORATION
ATTN PAYROLL DEPT
1000 ANY BUSINESS AVE
ANY CITY NY 10000-0000

Your Federal Employer ID Number (EIN)
123456789

Respondent Name: SMITH, JOHN B
Respondent SSN: 000-00-0000
Support Account: ZZ00000Z2
Client Name: SMITH, JANE B

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

PLEASE DO NOT FOLD, STAPLE OR MUTILATE.

SMITH, JOHN B

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 respondent is paid.

AMOUNT ENCLOSED: $

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

2007

SEMPROS - 4

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

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.

LMEM1 06/12/03

Employer Name and Address: XYZ CORPORATION
ATTN PAYROLL DEPT
1000 ANY BUSINESS AVE
ANY CITY NY 10000-0000

Your Federal Employer ID Number (EIN)
123456789

Respondent Name: SMITH, JOHN B
Respondent SSN: 000-00-0000
Support Account: ZZ00000Z2
Client Name: SMITH, JANE B

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

PLEASE DO NOT FOLD, STAPLE OR MUTILATE.

SMITH, JOHN B

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 respondent is paid.

AMOUNT ENCLOSED: $

DATE OF WITHHOLDING (MM/DD/YY):

257 00 000000000000 000000 000000000 0

SEMPROS - 4

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

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.

LMEM1 06/12/03

Employer Name and Address: XYZ CORPORATION
ATTN PAYROLL DEPT
1000 ANY BUSINESS AVE
ANY CITY NY 10000-0000

Your Federal Employer ID Number (EIN)
123456789

Respondent Name: SMITH, JOHN B
Respondent SSN: 000-00-0000
Support Account: ZZ00000Z2
Client Name: SMITH, JANE B

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

PLEASE DO NOT FOLD, STAPLE OR MUTILATE.

SMITH, JOHN B

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 respondent is paid.

AMOUNT ENCLOSED: $

DATE OF WITHHOLDING (MM/DD/YY):

257 00 000000000000 000000 000000000 0

SEMPROS - 4

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

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.

LMEM1 06/12/03

Employer Name and Address: XYZ CORPORATION
ATTN PAYROLL DEPT
1000 ANY BUSINESS AVE
ANY CITY NY 10000-0000

Your Federal Employer ID Number (EIN)
123456789

Respondent Name: SMITH, JOHN C
Respondent SSN: 000-00-0000
Support Account: ZZ00000Z3
Client Name: SMITH, JANE C

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

PLEASE DO NOT FOLD, STAPLE OR MUTILATE.

SMITH, JOHN C

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 respondent is paid.

AMOUNT ENCLOSED: $

DATE OF WITHHOLDING (MM/DD/YY):

257 00 000000000000 000000 000000000 0

2007

SEMPROS - 5

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

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.

LMEM1 06/12/03

Employer Name and Address: XYZ CORPORATION
ATTN PAYROLL DEPT
1000 ANY BUSINESS AVE
ANY CITY NY 10000-0000

Your Federal Employer ID Number (EIN)
123456789

Respondent Name: SMITH, JOHN C
Respondent SSN: 000-00-0000
Support Account: ZZ00000Z3
Client Name: SMITH, JANE C

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

PLEASE DO NOT FOLD, STAPLE OR MUTILATE.

SMITH, JOHN C

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 respondent is paid.

AMOUNT ENCLOSED: $

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

257 00 000000000000 000000 000000000 0

SEMPROS - 5

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

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.

LMEM1 06/12/03

Employer Name and Address: XYZ CORPORATION
ATTN PAYROLL DEPT
1000 ANY BUSINESS AVE
ANY CITY NY 10000-0000

Your Federal Employer ID Number (EIN)
123456789

Respondent Name: SMITH, JOHN C
Respondent SSN: 000-00-0000
Support Account: ZZ00000Z3
Client Name: SMITH, JANE C

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

PLEASE DO NOT FOLD, STAPLE OR MUTILATE.

SMITH, JOHN C

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 respondent is paid.

AMOUNT ENCLOSED: $

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

257 00 000000000000 000000 000000000 0

SEMPROS - 5

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

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.

LMEM1 06/12/03

Employer Name and Address: XYZ CORPORATION
ATTN PAYROLL DEPT
1000 ANY BUSINESS AVE
ANY CITY NY 10000-0000

Your Federal Employer ID Number (EIN)
123456789

Respondent Name: SMITH, JOHN C
Respondent SSN: 000-00-0000
Support Account: ZZ00000Z3
Client Name: SMITH, JANE C

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

PLEASE DO NOT FOLD, STAPLE OR MUTILATE.

SMITH, JOHN C

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 respondent is paid.

AMOUNT ENCLOSED: $

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

257 00 000000000000 000000 000000000 0

2007

SEMPROS - 6

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

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.

LMEM1 08/12/03

Employer Name and Address: XYZ CORPORATION
ATTN PAYROLL DEPT
1000 ANY BUSINESS AVE
ANY CITY NY 10000-0000

Your Federal Employer ID Number (EIN)
123456789

Respondent Name: SMITH, JOHN D
Respondent SSN: 000-00-0000
Support Account: ZZ00000Z4
Client Name: SMITH, JANE D

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

PLEASE DO NOT FOLD, STAPLE OR MUTILATE.

SMITH, JOHN D

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 respondent is paid.

AMOUNT ENCLOSED: $

DATE OF WITHHOLDING (MM/DD/YY):

257 00 000000000000 000000 000000000 0

SEMPROS - 6

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

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.

LMEM1 08/12/03

Employer Name and Address: XYZ CORPORATION
ATTN PAYROLL DEPT
1000 ANY BUSINESS AVE
ANY CITY NY 10000-0000

Your Federal Employer ID Number (EIN)
123456789

Respondent Name: SMITH, JOHN D
Respondent SSN: 000-00-0000
Support Account: ZZ00000Z4
Client Name: SMITH, JANE D

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

PLEASE DO NOT FOLD, STAPLE OR MUTILATE.

SMITH, JOHN D

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 respondent is paid.

AMOUNT ENCLOSED: $

DATE OF WITHHOLDING (MM/DD/YY):

257 00 000000000000 000000 000000000 0

SEMPROS - 6

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

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.

LMEM1 08/12/03

Employer Name and Address: XYZ CORPORATION
ATTN PAYROLL DEPT
1000 ANY BUSINESS AVE
ANY CITY NY 10000-0000

Your Federal Employer ID Number (EIN)
123456789

Respondent Name: SMITH, JOHN D
Respondent SSN: 000-00-0000
Support Account: ZZ00000Z4
Client Name: SMITH, JANE D

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

PLEASE DO NOT FOLD, STAPLE OR MUTILATE.

SMITH, JOHN D

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 respondent is paid.

AMOUNT ENCLOSED: $

DATE OF WITHHOLDING (MM/DD/YY):

257 00 000000000000 000000 000000000 0

2007

SMITH, JOHN D

SEMPROS - 7

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

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.

LMEM1 06/12/03

Employer Name and Address: XYZ CORPORATION
ATTN PAYROLL DEPT
1000 ANY BUSINESS AVE
ANY CITY NY 10000-0000

Your Federal Employer ID Number (EIN)
123456789

Respondent Name: SMITH, JOHN D
Respondent SSN: 000-00-0000
Support Account: ZZ00000Z4
Client Name: SMITH, JANE D

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 respondent is paid.

AMOUNT ENCLOSED: $, .

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

257 00 000000000000 000000 000000000 0

SMITH, JOHN E

SEMPROS - 7

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

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.

LMEM1 06/12/03

Employer Name and Address: XYZ CORPORATION
ATTN PAYROLL DEPT
1000 ANY BUSINESS AVE
ANY CITY NY 10000-0000

Your Federal Employer ID Number (EIN)
123456789

Respondent Name: SMITH, JOHN E
Respondent SSN: 000-00-0000
Support Account: ZZ00000Z5
Client Name: SMITH, JANE E

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 respondent is paid.

AMOUNT ENCLOSED: $, .

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

257 00 000000000000 000000 000000000 0

SMITH, JOHN E

SEMPROS - 7

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

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.

LMEM1 06/12/03

Employer Name and Address: XYZ CORPORATION
ATTN PAYROLL DEPT
1000 ANY BUSINESS AVE
ANY CITY NY 10000-0000

Your Federal Employer ID Number (EIN)
123456789

Respondent Name: SMITH, JOHN E
Respondent SSN: 000-00-0000
Support Account: ZZ00000Z5
Client Name: SMITH, JANE E

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 respondent is paid.

AMOUNT ENCLOSED: $, .

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

257 00 000000000000 000000 000000000 0

2007

SEMPROS - 8

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

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.

LMEM1 06/12/03

Employer Name and Address: XYZ CORPORATION
ATTN PAYROLL DEPT
1000 ANY BUSINESS AVE
ANY CITY NY 10000-0000

Your Federal Employer ID Number (EIN)
123456789

Respondent Name: SMITH, JOHN E
Respondent SSN: 000-00-0000
Support Account: ZZ00000Z5
Client Name: SMITH, JANE E

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

PLEASE DO NOT FOLD, STAPLE OR MUTILATE.

SMITH, JOHN E

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 respondent is paid.

AMOUNT ENCLOSED: $

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

257 00 000000000000 000000 000000000 0

SEMPROS - 8

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

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.

LMEM1 06/12/03

Employer Name and Address: XYZ CORPORATION
ATTN PAYROLL DEPT
1000 ANY BUSINESS AVE
ANY CITY NY 10000-0000

Your Federal Employer ID Number (EIN)
123456789

Respondent Name: SMITH, JOHN E
Respondent SSN: 000-00-0000
Support Account: ZZ00000Z5
Client Name: SMITH, JANE E

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

PLEASE DO NOT FOLD, STAPLE OR MUTILATE.

SMITH, JOHN E

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 respondent is paid.

AMOUNT ENCLOSED: $

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

257 00 000000000000 000000 000000000 0

SEMPROS - 8

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

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.

LMEM1 06/12/03

Employer Name and Address: XYZ CORPORATION
ATTN PAYROLL DEPT
1000 ANY BUSINESS AVE
ANY CITY NY 10000-0000

Your Federal Employer ID Number (EIN)
123456789

Respondent Name: SMITH, JOHN F
Respondent SSN: 000-00-0000
Support Account: ZZ00000Z6
Client Name: SMITH, JANE F

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

PLEASE DO NOT FOLD, STAPLE OR MUTILATE.

SMITH, JOHN F

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 respondent is paid.

AMOUNT ENCLOSED: $

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

SEMPROS - 9

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

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.

LMEM1 06/12/03

Employer Name and Address: XYZ CORPORATION
ATTN PAYROLL DEPT
1000 ANY BUSINESS AVE
ANY CITY NY 10000-0000

Your Federal Employer ID Number (EIN)
123456789

Respondent Name: SMITH, JOHN F
Respondent SSN: 000-00-0000
Support Account: ZZ00000Z6
Client Name: SMITH, JANE F

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

PLEASE DO NOT FOLD, STAPLE OR MUTILATE.

SMITH, JOHN F

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 respondent is paid.

AMOUNT ENCLOSED: $, .

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

257 00 000000000000 000000 000000000 0

SEMPROS - 9

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

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.

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ATTN PAYROLL DEPT
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ANY CITY NY 10000-0000

Your Federal Employer ID Number (EIN)
123456789

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Respondent SSN: 000-00-0000
Support Account: ZZ00000Z6
Client Name: SMITH, JANE F

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

PLEASE DO NOT FOLD, STAPLE OR MUTILATE.

SMITH, JOHN F

MAIL PAYMENTS TO:
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ALBANY NY 12212-5363

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PLEASE DO NOT SEND CASH

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

AMOUNT ENCLOSED: $, .

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

257 00 000000000000 000000 000000000 0

SEMPROS - 9

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LMEM1 06/12/03

Employer Name and Address: XYZ CORPORATION
ATTN PAYROLL DEPT
1000 ANY BUSINESS AVE
ANY CITY NY 10000-0000

Your Federal Employer ID Number (EIN)
123456789

Respondent Name: SMITH, JOHN F
Respondent SSN: 000-00-0000
Support Account: ZZ00000Z6
Client Name: SMITH, JANE F

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

PLEASE DO NOT FOLD, STAPLE OR MUTILATE.

SMITH, JOHN F

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 respondent is paid.

AMOUNT ENCLOSED: $, .

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

257 00 000000000000 000000 000000000 0

2007

SEMPROS - 10

Use this coupon for new employees who pay support to the SCU noted below. You Must provide the Respondent name Social Security Number, Support Account Number Date(s) and Amount(s) for each payment. Please use a separate coupon for each withholding date for which you withhold support from an employee and provide only the date the payment was withheld from the employee's wages.

LMEM1 06/12/03

Employer Name and Address: XYZ CORPORATION
ATTN PAYROLL DEPT
1000 ANY BUSINESS AVE
ANY CITY NY 10000-0000

Your Federal Employer ID Number (EIN)

123456789

Respondent Name: _____
Respondent SSN: _____
Support Account: _____
Client Name: _____

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 respondent is paid.

AMOUNT ENCLOSED: $, .

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

257 00 000000000000 000000 000000000 0

SEMPROS - 10

Use this coupon for new employees who pay support to the SCU noted below. You Must provide the Respondent name Social Security Number, Support Account Number Date(s) and Amount(s) for each payment. Please use a separate coupon for each withholding date for which you withhold support from an employee and provide only the date the payment was withheld from the employee's wages.

LMEM1 06/12/03

Employer Name and Address: XYZ CORPORATION
ATTN PAYROLL DEPT
1000 ANY BUSINESS AVE
ANY CITY NY 10000-0000

Your Federal Employer ID Number (EIN)

123456789

Respondent Name: _____
Respondent SSN: _____
Support Account: _____
Client Name: _____

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 respondent is paid.

AMOUNT ENCLOSED: $, .

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

257 00 000000000000 000000 000000000 0

SEMPROS - 10

Use this coupon for new employees who pay support to the SCU noted below. You Must provide the Respondent name Social Security Number, Support Account Number Date(s) and Amount(s) for each payment. Please use a separate coupon for each withholding date for which you withhold support from an employee and provide only the date the payment was withheld from the employee's wages.

LMEM1 06/12/03

Employer Name and Address: XYZ CORPORATION
ATTN PAYROLL DEPT
1000 ANY BUSINESS AVE
ANY CITY NY 10000-0000

Your Federal Employer ID Number (EIN)

123456789

Respondent Name: _____
Respondent SSN: _____
Support Account: _____
Client Name: _____

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 respondent is paid.

AMOUNT ENCLOSED: $

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

2007

RESPNYC - 168301 RA001
SUPPORT ENFORCEMENT UNIT
POST OFFICE BOX 818
CANAL STREET STATION
NEW YORK NY 10013

SUMMARY OF SUPPORT ACCOUNT AS OF 09/29/2006

Account Number:
[redacted]

Support Due To:
[redacted]

*Mail **Inquiries** to the address above.*

*Mail **Payments** to the address below.*

NYS CHILD SUPPORT PROCESSING CENTER
P.O. BOX 15363
ALBANY NY 12212-5363

******AUTO** SCH 5-DIGIT 11431
[redacted]

Previous Past Due Balance:	$1,493.00
Obligations Charged:	$162.00
Interest Charged:	$0.00
Payments Received:	$212.00
New Past Due Balance:	$1,443.00
TOTAL ARREARS OWED:	$1,443.00

Current Obligation:	$27.00	Weekly
Arrears Obligation:	$0.00	Weekly

DATE OF COLLECTION AND PAYMENT AMOUNT:

09/28/06	$50.00
09/28/06	$27.00
09/28/06	$27.00
09/17/06	$54.00
09/01/06	$27.00
09/01/06	$27.00

Payments received after the summary "As Of" date will appear on next month's statement.

Next Payment Due Dates:

09/30	10/21
10/07	10/28
10/14	11/04

IMPORTANT INFORMATION

YOU MUST INCLUDE ONE OF THE ATTACHED COUPONS WITH EACH OF YOUR PAYMENTS TO ENSURE YOU RECEIVE PROPER CREDIT FOR YOUR PAYMENTS. PAY AT LEAST THE AMOUNT SHOWN ON THE COUPON BELOW "PAY THIS AMOUNT".

2007

RESPNYC - 168301

You MUST return the attached coupon with your payment to ensure you receive proper credit.

Support Payments must be received by the Support Collection Unit on or before the due date to prevent enforcement action which may require you to appear in court. Failure to make support payments on time will result in further enforcement action including suspension of your driver's and/or professional licenses and seizure of your personal property.

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

Make your check or money order payable to:

NYS CHILD SUPPORT PROCESSING CENTER

PLEASE DO NOT SEND CASH

To be compliant with your court order, YOU MUST RECORD YOUR CHANGE OF ADDRESS HERE

Print Change of Address Here

Do not write above this line except to submit an address change.

Account Number:	[redacted]	
Support Payer:	[redacted]	
Support Due To:	[redacted]	
Current Obligation:	$27.00	Weekly
Arrears Obligation:	$0.00	Weekly

PAY THIS AMOUNT
$27.00

*If no payment amount is shown above pay at least the amount of the current or arrears obligation as they become due.

Include this coupon with your payment.
Do NOT fold, staple or mutilate.
Please record your account number on the check.

AMOUNT ENCLOSED $

LM3NB3 07/07/03

150 66 [redacted] 002700 3

RESPNYC - 168302

You MUST return the attached coupon with your payment to ensure you receive proper credit.

Support Payments must be received by the Support Collection Unit on or before the due date to prevent enforcement action which may require you to appear in court. Failure to make support payments on time will result in further enforcement action including suspension of your driver's and/or professional licenses and seizure of your personal property.

LM41N1 07/07/03

MAIL PAYMENTS TO:

NYS CHILD SUPPORT PROCESSING CENTER
P.O. BOX 15363
ALBANY NY 12212-5363

Make your check or money order payable to:

NYS CHILD SUPPORT PROCESSING CENTER

PLEASE DO NOT SEND CASH

To be compliant with your court order, YOU MUST RECORD YOUR CHANGE OF ADDRESS HERE

Print Change of Address Here

Do not write above this line except to submit an address change.

Account Number:	[redacted]	
Support Payer:	[redacted]	
Support Due To:	[redacted]	
Current Obligation:	$27.00	Weekly
Arrears Obligation:	$0.00	Weekly

PAY THIS AMOUNT

$27.00

*If no payment amount is shown above pay at least the amount of the current or arrears obligation as they become due.

Include this coupon with your payment.
Do NOT fold, staple or mutilate.
Please record your account number on the check.

AMOUNT ENCLOSED $

150 66 [redacted] 002700 3

RESPNYC - 168302

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Support Payments must be received by the Support Collection Unit on or before the due date to prevent enforcement action which may require you to appear in court. Failure to make support payments on time will result in further enforcement action including suspension of your driver's and/or professional licenses and seizure of your personal property.

LM41N1 07/07/03

MAIL PAYMENTS TO:

NYS CHILD SUPPORT PROCESSING CENTER
P.O. BOX 15363
ALBANY NY 12212-5363

Make your check or money order payable to:

NYS CHILD SUPPORT PROCESSING CENTER

PLEASE DO NOT SEND CASH

To be compliant with your court order, YOU MUST RECORD YOUR CHANGE OF ADDRESS HERE

Print Change of Address Here

Do not write above this line except to submit an address change.

Account Number:	[redacted]	
Support Payer:	[redacted]	
Support Due To:	[redacted]	
Current Obligation:	$27.00	Weekly
Arrears Obligation:	$0.00	Weekly

PAY THIS AMOUNT

$27.00

*If no payment amount is shown above pay at least the amount of the current or arrears obligation as they become due.

Include this coupon with your payment.
Do NOT fold, staple or mutilate.
Please record your account number on the check.

AMOUNT ENCLOSED $

150 66 [redacted] 002700 3

RESPNYC - 168302

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LM41N1 07/07/03

MAIL PAYMENTS TO:

NYS CHILD SUPPORT PROCESSING CENTER
P.O. BOX 15363
ALBANY NY 12212-5363

Make your check or money order payable to:

NYS CHILD SUPPORT PROCESSING CENTER

PLEASE DO NOT SEND CASH

To be compliant with your court order, YOU MUST RECORD YOUR CHANGE OF ADDRESS HERE

Print Change of Address Here

Do not write above this line except to submit an address change.

Account Number:	[redacted]	
Support Payer:	[redacted]	
Support Due To:	[redacted]	
Current Obligation:	$27.00	Weekly
Arrears Obligation:	$0.00	Weekly

PAY THIS AMOUNT

$27.00

*If no payment amount is shown above pay at least the amount of the current or arrears obligation as they become due.

Include this coupon with your payment.
Do NOT fold, staple or mutilate.
Please record your account number on the check.

AMOUNT ENCLOSED $

RESPNYC - 168303
SUPPORT ENFORCEMENT UNIT
POST OFFICE BOX 818
CANAL STREET STATION
NEW YORK NY 10013

RESUMEN DE LA CUENTA DE MANUTENCIÓN A PARTIR DEL 09/29/2006

Número de Cuenta:
[redacted]

Manutención Debida a:
[redacted]

Envie preguntas a la dirección de arriba.

Envie Pagos A:

NYS CHILD SUPPORT PROCESSING CENTER
P.O. BOX 15363
ALBANY NY 12212-5363

[redacted]

Balance de Deudas no Pagudas Previas:	$1,493.00
Obligaciones Cargados:	$162.00
Intereses Cargados:	$0.00
Pagos Recibidos:	$212.00
Balance de Nuevas Deudas No Pagadas:	$1,443.00
TOTAL DE ATRASOS DEBIDOS NO PAGADOS:	$1,443.00

Obligacion Actual:	$27.00	Weekly
Obligaciones AtrasAdas:	$0.00	Weekly

Fecha de Colecta y Cantidad de Pago:

09/28/06	$50.00
09/28/06	$27.00
09/28/06	$27.00
09/17/06	$54.00
09/01/06	$27.00
09/01/06	$27.00

Pagos recibidos despues de la fecha de resumen "A partir de/del" apareceran en el balance del proximo mes.

Fechas futuras de Vencimiento de Deudas:

09/30	10/21
10/07	10/28
10/14	11/04

IMPORTANTE

USTED DEBE INCLUIR UNO DE LOS CUPONES ADJUNTOS CON CADA UNO DE SUS PAGOS PARA ASEGURAR QUE USTED RECIBA EL CREDITO APROPIADO POR SUS PAGOS. PAGUE POR LO MENOS LA CANTIDAD QUE SE INDICA EN EL CUPON. AL LADO DE PAGUE ESTA CANTIDAD.

RESPNYC - 168303

POR FAVOR DEVUELVA ESTE CUPON CON SU PAGO A LA DIRECCIÓN INDICADA ABAJO: (no doble y no use grapes)

Los pagos de manutención deben ser recibidos por la Unidad de Colecta de Manutención ya sea el mismo día o antes de la fecha de vencimiento para prevenir acciones de coacción, lo que puede requerir su aparición en la corte.

ENVÍE SUS PAGOS:

NYS CHILD SUPPORT PROCESSING CENTER
P.O. BOX 15363
ALBANY NY 12212-5363

Envie su cheque o giro postal a:

NYS CHILD SUPPORT PROCESSING CENTER

POR FAVOR NO ENVIE DINERO EN EFECTIVO

Para cumplir con su mandato judiciao Usted debe indicar su cambio de direccíon aqui.

Escriba en letras de molde

No escriba debajo de esta linea si no indica cambio de direccion.

Número de cuenta:	[redacted]	
Pagador(a) de Manutención:	[redacted]	
Manutención Debida a:	[redacted]	
Obligación Actual:	$27.00	Weekly
Obligación de Atrasos:	$0.00	Weekly

PAGAS ESTA CANTIDAD

$27.00

*Si no se indica una cantidada de pago abajo, pague por lo menos la cantidad de la obligacion actual o de la obligacion de atrasos, de acuerdo a sus fechus de vencimiento.

INCLUYA ESTE VOLANTE CON SU PAGO.
NO lo doble, grape o recorte.

CANTIDAD ADJUNTA $

LM9NB1 07/09/03

2007

2007

RESPROS - 140001 RA002 ** 0001
SULLIVAN COUNTY SCU

PO BOX 231
LIBERTY NY 12754

SUMMARY OF SUPPORT ACCOUNT AS OF 09/29/2006

Account Number:
[redacted]

Support Due To:
[redacted]

*Mail **Inquiries** to the address above.*

*Mail **Payments** to the address below.*

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

******AUTO** SCH 5-DIGIT 10940
[redacted]

Previous Past Due Balance:	$3,977.00
Obligations Charged:	$231.00
Interest Charged:	$0.00
Payments Received:	$0.00
New Past Due Balance:	$4,208.00
TOTAL ARREARS OWED:	$4,208.00

Current Obligation:	$231.00	Monthly
Arrears Obligation:	$0.00	Monthly

DATE OF COLLECTION AND PAYMENT AMOUNT:

Payments received after the summary "As Of" date will appear on next month's statement.

Next Payment Due Dates:

10/11	01/11
11/11	02/11
12/11	03/11

IMPORTANT INFORMATION

YOU MUST INCLUDE ONE OF THE ATTACHED COUPONS WITH EACH OF YOUR PAYMENTS TO ENSURE YOU RECEIVE PROPER CREDIT FOR YOUR PAYMENTS. PAY AT LEAST THE AMOUNT SHOWN ON THE COUPON BELOW "PAY THIS AMOUNT".

*** SPECIAL NOTICE ***
Effective September 1, 2006, our new toll free
Child Support Helpline number is 1-888-208-4485.
The calling hours for the helpline are
Monday - Friday, except Holidays 8:30 am - 5:00 pm

RESPROS - 140001

You MUST return the attached coupon with your payment to ensure you receive proper credit.

Support Payments must be received by the Support Collection Unit on or before the due date to prevent enforcement action which may require you to appear in court. Failure to make support payments on time will result in further enforcement action including suspension of your driver's and/or professional licenses and seizure of your personal property.

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

To be compliant with your court order,
YOU MUST RECORD YOUR CHANGE OF ADDRESS HERE

Print Change of Address Here

_____
_____
_____

Do not write above this line except to submit an address change.

Account Number:	[redacted]	
Support Payer:	[redacted]	
Support Due To:	[redacted]	
Current Obligation:	$231.00	Monthly
Arrears Obligation:	$0.00	Monthly

PAY THIS AMOUNT
$231.00

*If no payment amount is shown above pay at least the amount of the current or arrears obligation as they become due.

Include this coupon with your payment.
Do NOT fold, staple or mutilate.
Please record your account number on the check.

AMOUNT ENCLOSED $

LM3N83 07/07/03

RESPROS - 140002

You MUST return the attached coupon with your payment to ensure you receive proper credit.

Support Payments must be received by the Support Collection Unit on or before the due date to prevent enforcement action which may require you to appear in court. Failure to make support payments on time will result in further enforcement action including suspension of your driver's and/or professional licenses and seizure of your personal property.

LM41N1 07/07/03

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

To be compliant with your court order, YOU MUST RECORD YOUR CHANGE OF ADDRESS HERE

Print Change of Address Here

Do not write above this line except to submit an address change.

Account Number:	[redacted]	
Support Payer:	[redacted]	
Support Due To:	[redacted]	
Current Obligation:	$231.00	Monthly
Arrears Obligation:	$0.00	Monthly

PAY THIS AMOUNT

$231.00

*If no payment amount is shown above pay at least the amount of the current or arrears obligation as they become due.

Include this coupon with your payment.
Do NOT fold, staple or mutilate.
Please record your account number on the check.

AMOUNT ENCLOSED $

150 48 [redacted] 023100 6

RESPROS - 140002

You MUST return the attached coupon with your payment to ensure you receive proper credit.

Support Payments must be received by the Support Collection Unit on or before the due date to prevent enforcement action which may require you to appear in court. Failure to make support payments on time will result in further enforcement action including suspension of your driver's and/or professional licenses and seizure of your personal property.

LM41N1 07/07/03

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

To be compliant with your court order, YOU MUST RECORD YOUR CHANGE OF ADDRESS HERE

Print Change of Address Here

Do not write above this line except to submit an address change.

Account Number:	[redacted]	
Support Payer:	[redacted]	
Support Due To:	[redacted]	
Current Obligation:	$231.00	Monthly
Arrears Obligation:	$0.00	Monthly

PAY THIS AMOUNT

$231.00

*If no payment amount is shown above pay at least the amount of the current or arrears obligation as they become due.

Include this coupon with your payment.
Do NOT fold, staple or mutilate.
Please record your account number on the check.

AMOUNT ENCLOSED $

150 48 [redacted] 023100 6

RESPROS - 140002

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Support Payments must be received by the Support Collection Unit on or before the due date to prevent enforcement action which may require you to appear in court. Failure to make support payments on time will result in further enforcement action including suspension of your driver's and/or professional licenses and seizure of your personal property.

LM41N1 07/07/03

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

To be compliant with your court order, YOU MUST RECORD YOUR CHANGE OF ADDRESS HERE

Print Change of Address Here

Do not write above this line except to submit an address change.

Account Number:	[redacted]	
Support Payer:	[redacted]	
Support Due To:	[redacted]	
Current Obligation:	$231.00	Monthly
Arrears Obligation:	$0.00	Monthly

PAY THIS AMOUNT

$231.00

*If no payment amount is shown above pay at least the amount of the current or arrears obligation as they become due.

Include this coupon with your payment.
Do NOT fold, staple or mutilate.
Please record your account number on the check.

AMOUNT ENCLOSED $

150 48 [redacted] 023100 6

2007

CLMTHNYC-1
LOCAL CITY COUNTY SCU
HUMAN RESOURCES ADMIN
CITY OFFICE BLDG
LOCAL CITY NY 10000-0000

(000)000-0000

JULY 1, 2005

Monthly Notice of Support Payments

Notificacion Mensual Sobre los pagos de Manutencion

Respondent Name: SMITH, JOHN
Nombre del Demandado(a)

Respondent SSN: 000-00-0000
No. de S.S. Demandado(a)

Account Number: ZZ00000Z1
Numero De Cuenta

Worker Number: ZZZZ
Numero Del Trabajador(a)

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

For the period JUNE 01, 2005 through JUNE 24, 2005 the following payment transactions occurred on your case.

Para el periodo JUNE 01, 2005 a JUNE 24, 2005 las siguientes transacciones de pago occurrieron en su caso.

PAYMENTS COLLECTED (Pagos Colectados)

Payments collected and credited to current support (Pagos colectados y acreditados a la manutencion actual)	$400.00
Payments collected and credited to past due/arrears (Pagos colectados y acreditados a deudas o atrasos)	$100.00

PAYMENTS SENT (Pagos Enviados)

Payments sent to you (Pagos enviados a usted)	$500.00
Payments sent to the Department of Social Services (Pagos enviados al Departmento de Servicios Sociales)	$0.00
Payments sent to others (e.g. hospitals, doctors, lawyers) (Pagos enviados a otros (p.ej. hospitales, medicos, abogados))	$0.00

Note: The total payments collected and the total payments sent may not agree because all collections received during one month may not be sent during that same month. Any IRS refund intercepted will first be used to satisfy certified arrears owed to the Department of Social Services.

IF YOU HAVE QUESTIONS REGARDING THIS NOTICE, PLEASE WRITE THE LOCAL DISTRICT SUPPORT COLLECTION UNIT (SCU) AT THE ADDRESS LISTED ABOVE.

Nota: Los pagos totales colectados y los pagos totales enviados posiblemente no esten en correspondencia, debido a que puede ser que todas las colectas recibidas durante el mes no hayan sido enviadas durante ese mismo mes. Cualquier reembolso de IRS que haya sido interceptado sera utilizado primeramente para satisfacer atrasos certificados que se deben al Departmento de Servicios Sociales.

SI USTED TIENE ALGUNA PREGUNTA CON RESPECTO A ESTA NOTIFICACION, POR FAVOR ESCRIBA A LA UNIDAD DE COLECTA (SUPPORT COLLECTION UNIT - SCU), CUYA DIRECCION APARECE ARRIBA.

2007

IMPORTANT INFORMATION

If your social services district received support payments for you last month, you may receive a "pass-through payment" of up to $50 of the amount of child and/or spousal support that was paid in the month it was due. However, a support payment that was not paid in the month it was due will not result in a pass-through payment for you. Also, payments for medical support, education, child care, for children in foster care, and for arrears will not result in a pass-through payment for you.

If you are eligible for a pass-through payment, you will receive it when you receive your public assistance payment. Your benefits receipt will note the amount of the payment and will identify the pass-through payment as Code 70, 54 or 56, or as "CHLD SP", depending on where you live.

You also will receive a "Report of Support Collected" notice which contains information about your pass-through payments and about your support payments. You also can find general information about pass-through payments in your Client Information Book, which you received when you applied or re-certified for public assistance. You also may call the Child Support Information Line at 1-800-846-0773.

2007

2007

LOCAL COUNTY SCU
HUMAN RESOURCES ADMIN
COUNTY OFFICE BLDG
LOCALTOWN NY 10000-0000

(000) 000-0000

JULY 1, 2005

Monthly Notice of Support Payments

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

Respondent Name: SMITH, JOHN

Respondent SSN: 000-00-0000

Account Number: ZZ00000Z1

Worker Number: ZZZZ

For the period JUNE 01, 2005 through JUNE 24, 2005 the following payment transactions occurred on your case.

PAYMENTS COLLECTED

Payments collected and credited to current support	$400.00
Payments collected and credited to past due/arrears	$100.00

PAYMENTS SENT

Payments sent to you	$500.00
Payments sent to the Department of Social Services	$0.00
Payments sent to others (e.g. hospitals, doctors, lawyers)	$0.00

Note: The total payments collected and the total payments sent may not agree because all collections received during one month may not be sent during that same month. Any IRS refund intercepted will first be used to satisfy certified arrears owed to the Department of Social Services.

IF YOU HAVE QUESTIONS REGARDING THIS NOTICE, PLEASE WRITE THE LOCAL DISTRICT SUPPORT COLLECTION UNIT (SCU) AT THE ADDRESS LISTED ABOVE.

2007

IMPORTANT INFORMATION

If your social services district received support payments for you last month, you may receive a "pass-through payment" of up to $50 of the amount of child and/or spousal support that was paid in the month it was due. However, a support payment that was not paid in the month it was due will not result in a pass-through payment for you. Also, payments for medical support, education, child care, for children in foster care, and for arrears will not result in a pass-through payment for you.

If you are eligible for a pass-through payment, you will receive it when you receive your public assistance payment. Your benefits receipt will note the amount of the payment and will identify the pass-through payment as Code 70, 54 or 56, or as "CHLD SP", depending on where you live.

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2007

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LOCA - 1

LOCAL COUNTY SCU

COUNTY OFFICE BLDG
LOCALTOWN NY 10000-0000

LOCATE DATA SHEET

[X] 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

ANYSTATE 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 [X] UIFSA

Petitioner

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

Respondent

SMITH, JOHN

[X] 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 (X) 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.
M				6 00		

Last Known Address ( ) Residence ( ) Mailing ( )Confirmed

Date _____

Telephone ( ) _____

Usual Occupation/Professional Licenses

Last Known Employer (Name, Full Address, Federal EIN) ( )Confirmed

Date _____

Telephone ( ) _____

Other Information, Including Assets, Education, Police Record, Public Assistance History

Employment
Wage Qtr _____

Wage Year _____

Attachments: ( ) Photograph ( ) Other Items, e.g. Fingerprints

Wage Amount _____

07/01/05
Date

LOCAL COUNTY SCU
Initiating Contact Person (Print or type)

( ) _____
Telephone Number and Extension

( ) _____
Fax Number

2007

VRU/DD/NYC - 9
NYS CHILD SUPPORT PROCESSING CENTER
PO BOX 15367
ALBANY NY 12212-5367

DATE: March 21, 2007

IMPORTANT DOCUMENTS PLEASE READ CAREFULLY

[redacted]

COUNTY CODE: 66
NEW YORK CASE IDENTIFIER: [redacted]

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"

2007

VRU/DD/NYC - 11

SUPPORT ENFORCEMENT UNIT
P. O. BOX 814
CANAL STREET STATION
NY NY 10013

Child Support Information Line

IMPORTANT NOTICE

[redacted]

DATE: March 21, 2007
NON-CUSTODIAL PARENT: [redacted]
NEW YORK CASE IDENTIFIER: [redacted]
COUNTY CODE: 66

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 [redacted] is [redacted].

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

To obtain payment information for case number NT89301C1, 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

[redacted]

Date: March 21, 2007

County Code	***New York Case Identifier***
66	[redacted]

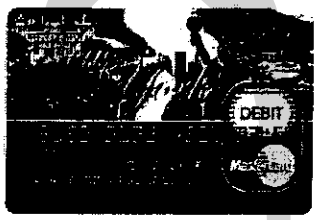
The New York State Division of Child Support Enforcement has implemented a new debit card program to provide custodial parents with a more efficient and effective means of receiving and accessing their child support money. The new debit card program automatically enrolls custodial parents who are not currently receiving child support by direct deposit or debit card to receive their child support by debit card. 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 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 wish to stay enrolled in Debit Card:
1. Do nothing. Wait for your card to come in the mail.

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:
1. Please submit your request in writing identifying your hardship 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

_____ _____ _____
Last First MI

Email Address (optional)_____

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.

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NYS CHILD SUPPORT PROCESSING CENTER
P.O. BOX 15367
ALBANY, NY 12212-5367

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Reminders...

- Sign and date the form
- Do not include any checks

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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 #** (previously sent to you by mail).

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 #** (previously sent to you by mail). 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→ (call 1-212-274-6482 or 1-212-274-4920 Mon.-Fri., 9 a.m.-5 p.m. to schedule Saturday appointment)

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

Directions by Train:

Train Line	Station
#1, 2, 3, 9, A, C, J, M	Chambers St. Station
#4, 5, 6	Brooklyn Bridge–City Hall

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

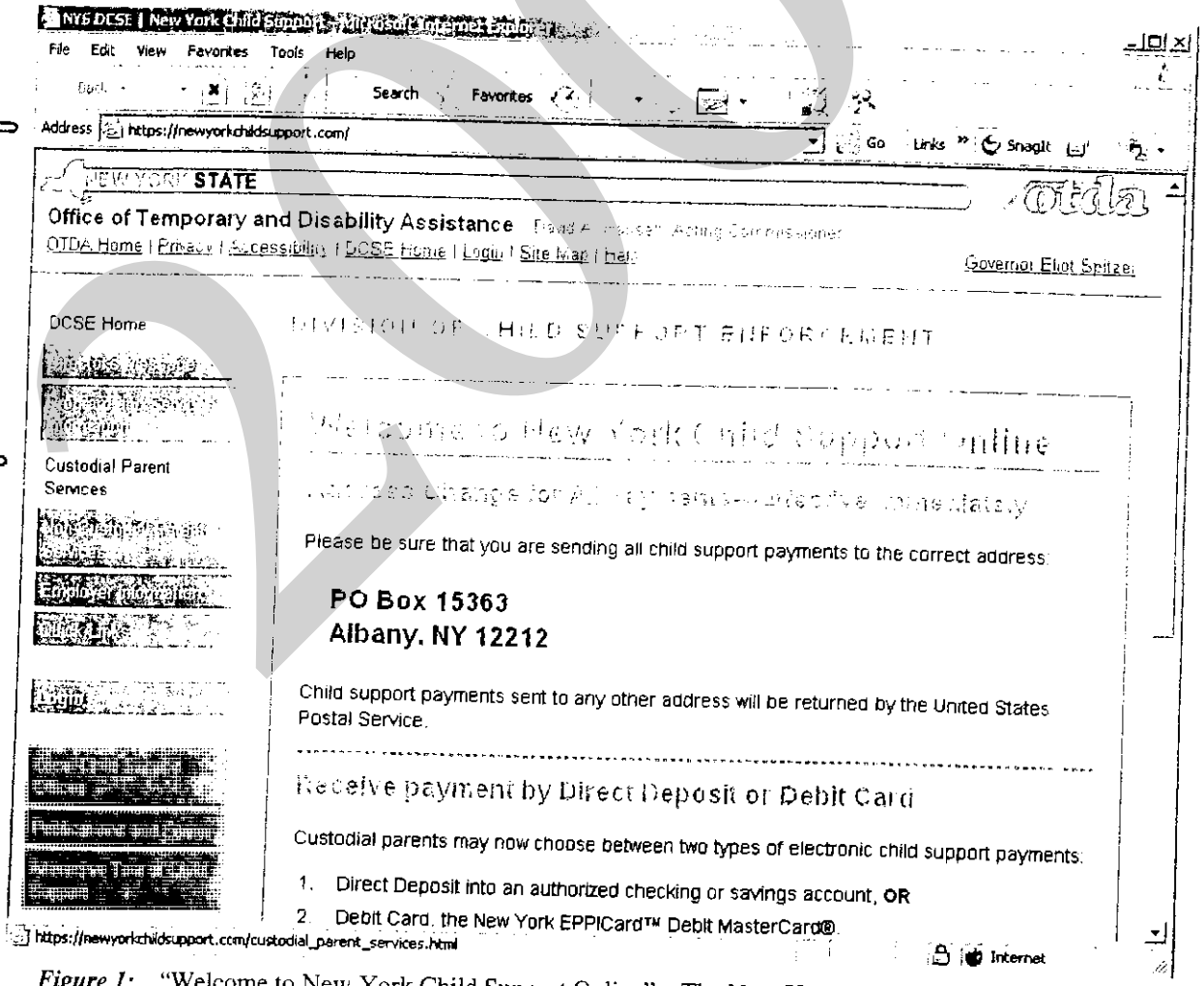
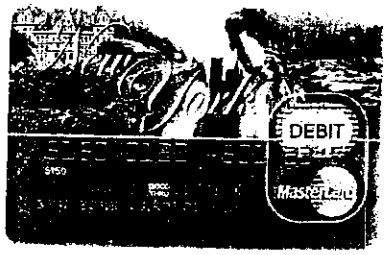


Figure 1: "Welcome to New York Child Support Online" – The New York Child Support home page.

2007



[illegible]

The New York debit MasterCard 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 Maestro, 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, Maestro or Cirrus 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 Wachovia Bank ATMs without a surcharge. (Only the $0.90 transaction fee will be charged.) Wachovia Bank, N.A., Member FDIC, Wachovia is a registered trademark of Wachovia Corporation.

Cash Back with a Purchase

- Many retailers that accept Maestro, 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.

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 MasterCard debit 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 5th 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.

[illegible]

The New York Debit MasterCard® is issued by Comerica Bank. ACS is an authorized representative of Comerica Bank.

NOTE: If you feel that selecting one of these electronic options for receiving your child support payments will be a hardship, please document these reasons and send them to NYS Child Support Processing Center, PO Box 15367, Albany, NY 12212-5367.

www.EPPICard.com

See Reverse Side for Information Regarding Direct Deposit

VRU/DD/ROS-5 ** 001
NYS CHILD SUPPORT PROCESSING CENTER
PO BOX 15367
ALBANY NY 12212-5367

DATE: March 21, 2007

IMPORTANT DOCUMENTS PLEASE READ CAREFULLY

[redacted]

COUNTY CODE: 10
NEW YORK CASE IDENTIFIER: [redacted]

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"

2007

COLUMBIA COUNTY SCU

PO BOX 458 25 RAILROAD AVE
HUDSON NY 12534

Child Support Information Line

IMPORTANT NOTICE

[redacted]

DATE: March 21, 2007
NON-CUSTODIAL PARENT: [redacted]
NEW YORK CASE IDENTIFIER: BG9842521
COUNTY CODE: 10

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 [redacted] is [redacted].

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

To obtain payment information for case number BG9842521, 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

[redacted]

[redacted]

Date: March 21, 2007

County Code	***New York Case Identifier***
10	[redacted]

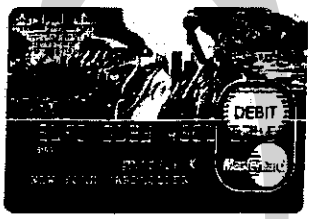
The New York State Division of Child Support Enforcement has implemented a new debit card program to provide custodial parents with a more efficient and effective means of receiving and accessing their child support money. The new debit card program automatically enrolls custodial parents who are not currently receiving child support by direct deposit or debit card to receive their child support by debit card. 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 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 wish to stay enrolled in Debit Card:
1. Do nothing. Wait for your card to come in the mail.

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:
1. Please submit your request in writing identifying your hardship 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

_____ _____ _____
Last First MI

Email Address (optional)_____

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.

2007

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

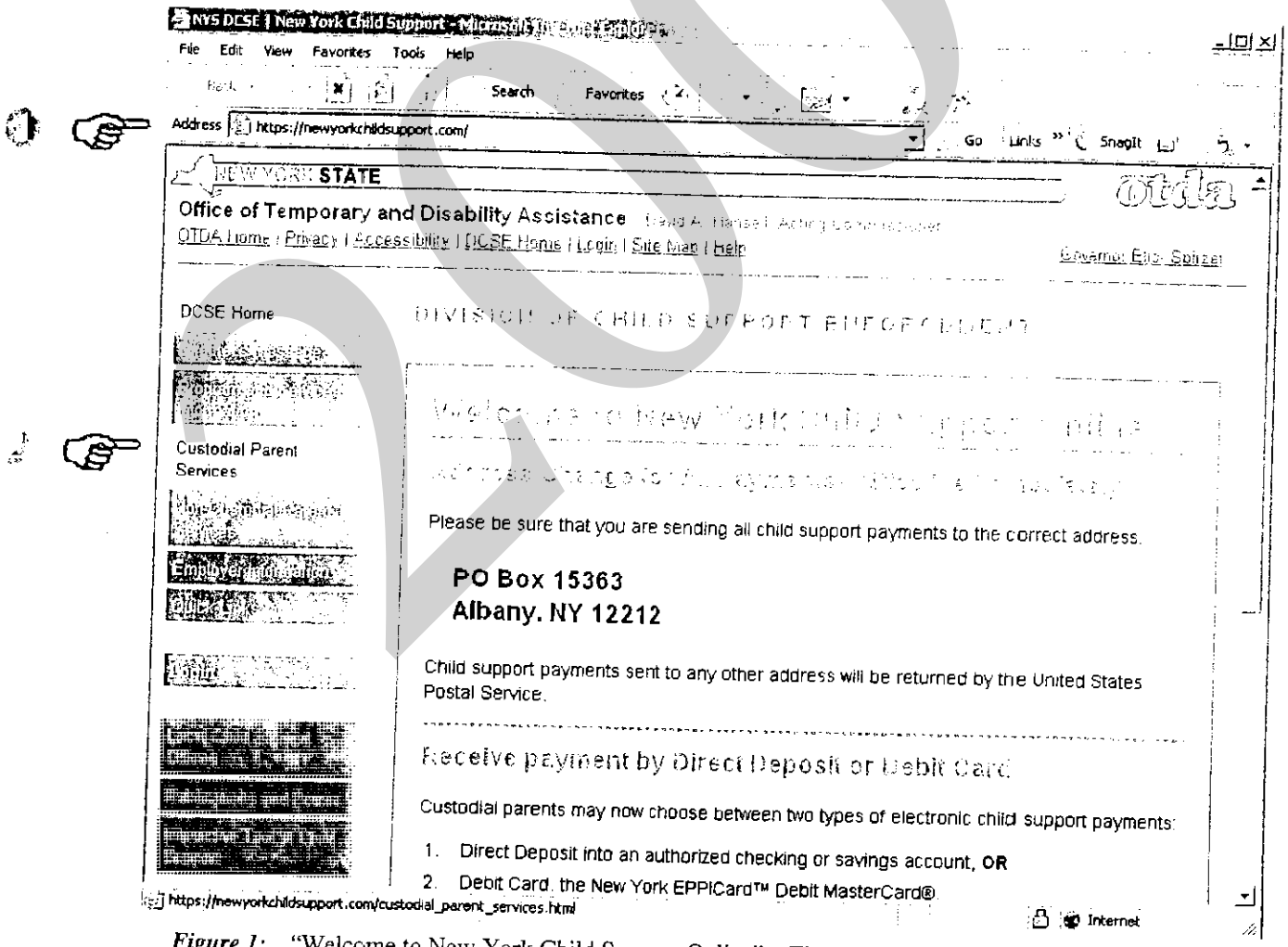


Figure 1: "Welcome to New York Child Support Online" – The New York Child Support home page.

2007

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

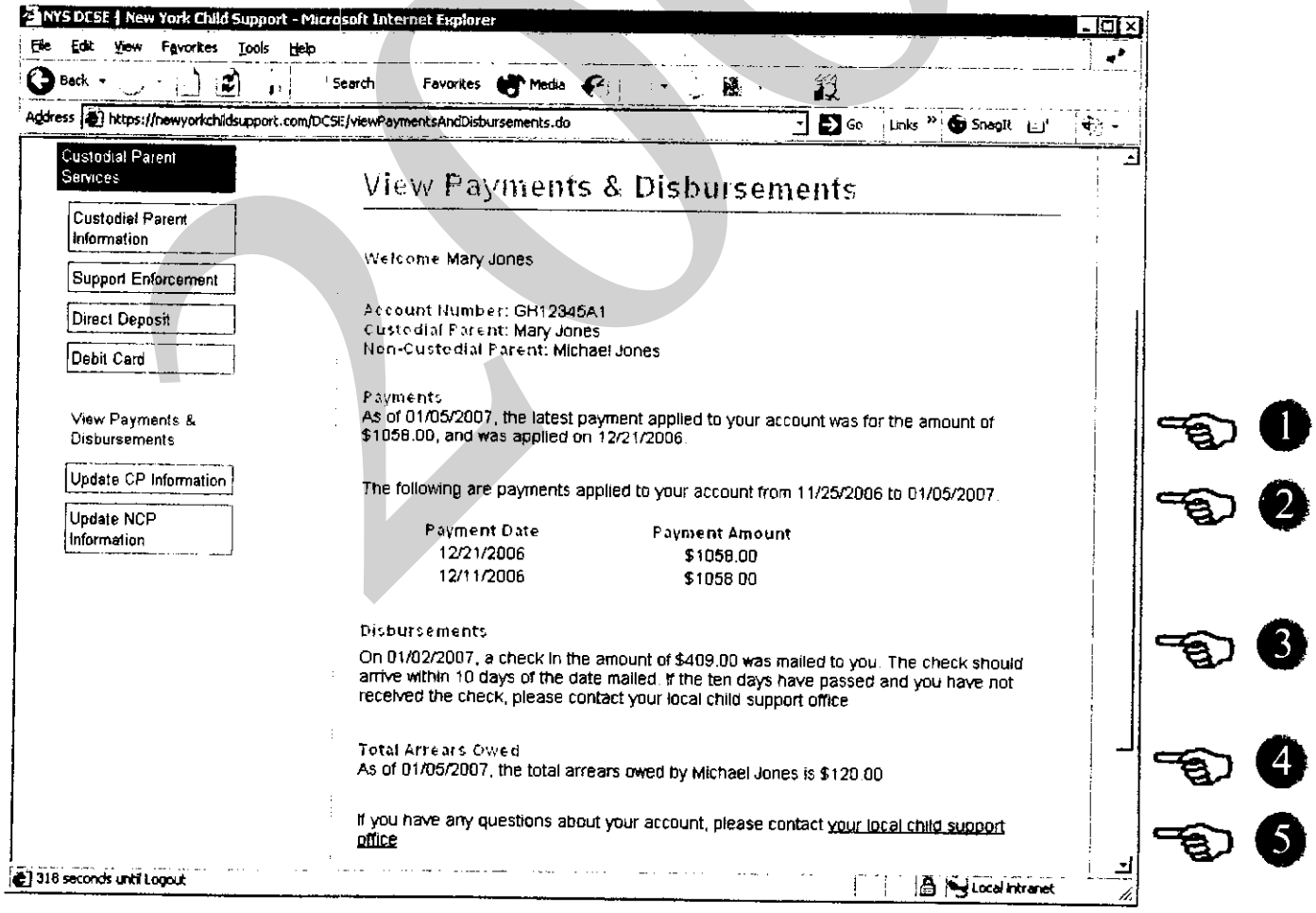
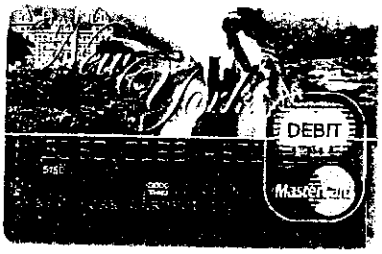


Figure 2: "View Payments & Disbursements" in the *Custodial Parent Services* section of the New York Child Support website.

newyorkchildsupport.com



The New York debit MasterCard 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 Maestro, 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, Maestro or Cirrus 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.

WACHOVIA

New York EPPICard™ cardholders can use Wachovia Bank ATMs without a surcharge. (Only the $0.90 transaction fee will be charged.) Wachovia Bank, N.A., Member FDIC, Wachovia is a registered trademark of Wachovia Corporation.

Cash Back with a Purchase

- Many retailers that accept Maestro, 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.

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 MasterCard debit 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 5th 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 these MasterCard brand marks:

The New York Debit MasterCard® is issued by Comerica Bank. ACS is an authorized representative of Comerica Bank.

NOTE: If you feel that selecting one of these electronic options for receiving your child support payments will be a hardship, please document these reasons and send them 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 non-custodial 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 on your case by visiting our Web site at www.newyorkchildsupport.com. You may also access payment information 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 Web site 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.

www.newyorkchildsupport.com

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. 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 Web site 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 20 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 until a subsequent authorization form is received and accepted for Direct Deposit.

What if I receive support from more than one non-custodial 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.

NYS CHILD SUPPORT PROCESSING CENTER
P.O. BOX 15367
ALBANY, NY 12212-5367

2007

NYS CHILD SUPPORT PROCESSING CENTER
P.O. BOX 15367
ALBANY, NY 12212-5367

2007

2007

TAXNYC - 1

96252000000 RA:000
LOCAL CITY COUNTY SCU
TAX OFFSET UNIT
CITY OFFICE BLDG
LOCAL CITY NY 10000-0000

Mail Inquiries to the Above Address.
Telephone number: (888) 208-4485

Account Number: ZZ00000Z1

Support Due To: SMITH, JANE

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

MAIL PAYMENTS TO:

NYS Child Support Processing Center
PO Box 15363
Albany NY 12212-5363

Special Notice

As of August 25, 2006, our records show that you owe support in the amount of $ 1,000.00 .

Please read the enclosed "Notice Regarding Child Support You Owe and Certification for Tax Refund Offset/Passport Denial" for actions you must take.

2007

MUST return this on with your payment to ldress on the coupon. NOT FOLD, STAPLE MUTILATE.

NOT SEND CASH

rt payments must be ed by the NYS Child rt Processing Center on ore October 13, 2006 vent certification for

Account Number: ZZ00000Z1

Support Payor: SMITH, JOHN

Support Due To: SMITH, JANE

Total Overdue Payments and Unpaid Arrears: $1,000.00

PAY THIS AMOUNT

$1,000.00

AMOUNT ENCLOSED

Mail To: NYS Child Support Processing Center
PO Box 15363

TAXNYC - 1

96252000000 RA:000
LOCAL CITY COUNTY SCU
TAX OFFSET UNIT
CITY OFFICE BLDG
LOCAL CITY NY 10000-0000

Preguntas por correo a la dirección que figura arriba.
Número de teléfono: (888) 208-4485

Número de cuenta: ZZ00000Z1

Sustento a favor de: SMITH, JANE

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

ENVÍE SUS PAGOS POR CORREO A:

NYS Child Support Processing Center
PO Box 15363
Albany NY 12212-5363

Notificación Especial

Según nuestros archivos, al día 25 de agosto de 2006, usted adeuda la cantidad de $ 1,000.00 en concepto de sustento de menores.

Lea el adjunto titulado: «Notificación sobre el Sustento de Menores que usted adeuda y reporte de dicha deuda con motivo de retención compensatoria de reembolsos tributarios/denegación de pasaporte», para informarse acerca de las medidas que debe tomar.

2007

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Usted **DEBE** enviar este cupón junto con su pago a la dirección que figura en el cupón. **NO PLIEGUE, ABROCHE O ROMPA.**

NO ENVÍE DINERO EN EFECTIVO.

A fin de evitar que se reporte la deuda con motivos de una retención compensatoria de reembolsos tributarios / denegación de pasaporte, los pagos de sustento de menores deben ser recibidos por el Centro de Procesamiento de Sustento de Menores del Estado de Nueva York, a más tardar, el **13 de octubre de 2006**.

SLOC2 07/31/06

Número de cuenta: ZZ00000Z1

Persona que paga el sustento: SMITH, JOHN

Sustento a favor de: SMITH, JANE

Totalidad de pagos vencidos y montos atrasados impagos: $1,000.00

PAGUE ESTE MONTO

$1,000.00

MONTO INCLUIDO

Envíe por correo a: NYS Child Support Processing Center
PO Box 15363
Albany NY 12212-5363

NEW TAX CREDIT FOR NONCUSTODIAL PARENTS PAYING CHILD SUPPORT

Effective beginning in the 2006 tax year, low income noncustodial parents may be eligible for a **new** enhanced earned income tax credit.

One requirement to receive this credit is that you have made your child support payments to the New York State Support Collection Unit in an amount equal to the current child support payments due for the tax year.

If you meet all of the eligibility requirements to claim this new credit you may complete NYS Tax Form IT-209, and submit it beginning with your 2006 Personal Income Tax Return. The form and instructions will be available beginning in December 2006 on the New York State Department of Taxation and Finance website at www.nystax.gov.

2007

NOTICE REGARDING CHILD SUPPORT YOU OWE
AND
CERTIFICATION FOR TAX REFUND OFFSET/ PASSPORT DENIAL

August 25, 2006, our records show that you owe support in the amount shown on the **Special Notice.** v says that we may certify this amount to the state and federal government who may offset all or part of ate, federal or city tax refunds to reduce or satisfy the amount owed. If you file jointly your spouse's f any refund may be offset unless you have filed the appropriate tax forms to protect your spouse's share efund. Please refer to the applicable tax agency for further guidance. If the amount you owe exceeds **effective October 1, 2006**, your debt will be certified to the federal State Department. Once certified, retary of State will refuse to issue a passport to you, and may revoke, restrict, or limit a passport that was sly issued.

certify your name and the support you owe to the state and federal government on or after **October 13,** r tax refund offset and passport denial, without further notice to you, unless you either:

- **Make full payment of the support you owe (including the support amount shown on the Special Notice and any support which becomes due after August 25, 2006) before October 13, 2006 by certified check or money order** (be sure to include a payment coupon, attached to the **Special Notice**, with your payment);

OR

- **Challenge the certification by requesting an administrative review** and you demonstrate to us that you have an allowable defense(s) for not certifying the support you owe. Examples of defenses include: you are not the person identified as owing support; there is no court order; the amount of support you owe is wrong; or you do not owe support. **To request an administrative review, complete and send to us the "Request for Administrative Review" form attached within 30 days of the date of this Notice.**

ort amount owed on the **Special Notice** will remain subject to certification for offset of your tax nd passport denial until it is paid in full. Your tax refunds cannot be held, if the arrears have been paid t owed. In addition, any current support payments you may be required to make after the date of this hich you do not make, will be subject to the application of any offset we receive up to the amount we for tax refund offset without further notice to you. To determine additional amounts owed after the is Notice, you may contact us at the address or telephone number shown at the top of the **Special** You have the right to petition the appropriate court for a modification, because of a change in nces, of the terms of the support order, including the amount of support and payment of arrears, and larly seek enforcement of visitation rights.

Sincerely,

Supervisor
Support Collection Unit

NOTIFICACIÓN SOBRE EL SUSTENTO DE MENORES QUE USTED ADEUDA
Y
REPORTE DE DICHA DEUDA CON MOTIVO DE RETENCIÓN COMPENSATORIA DE REEMBOLSOS TRIBUTARIOS / DENEGACIÓN DE PASAPORTE

Según nuestros archivos, **al día 25 de agosto de 2006**, usted adeuda la cantidad de dinero indicada en la **Notificación Especial**, en concepto de sustento de menores. La ley establece que podemos advertir al gobierno estatal y federal de la existencia de dicha deuda. El gobierno puede utilizar la totalidad o parte de los reembolsos tributarios del contribuyente, ya sean, estatales, federales o de la ciudad, para reducir o cubrir la totalidad del monto adeudado. Si usted hace una declaración tributaria conjunta, la porción de todo reembolso correspondiente a su cónyuge puede ser utilizada, a menos que usted haya presentado los formularios tributarios necesarios para proteger la porción del reembolso correspondiente a su cónyuge. Para mayor información, consulte con la agencia impositiva pertinente. Si el monto que usted adeuda excede la cantidad de **$2,500 al 1 de octubre de 2006**, su deuda será reportada al Departamento de Estado del gobierno federal. Una vez se reporten dichos datos, la Secretaría de Estado se negará a emitirle un pasaporte y podrá revocar, restringir o limitar un pasaporte previamente emitido.

Reportaremos al gobierno estatal y federal su nombre y el monto que usted adeuda el día **13 de octubre de 2006** o después, con motivo de llevar a cabo una retención compensatoria de reembolsos tributarios y denegación de pasaporte, sin que se le envíe ninguna notificación adicional, a menos que usted tome una de las siguientes medidas:

- **Pague la totalidad del monto en concepto de sustento de menores que adeuda (incluyendo el monto de sustento de menores indicado en la Notificación Especial y todo otro sustento que deba ser pagado después del 25 de agosto de 2006) antes del 13 de octubre de 2006, por medio de un cheque certificado o un giro postal** (asegúrese de enviar con su pago el cupón de pago incluido en la **Notificación Especial**).

Ó

- **Se oponga al reporte de la deuda, solicitando una revisión administrativa** y demostrándonos que tiene (un) argumento(s) válido(s) de defensa para evitar que reportemos el monto del sustento que usted adeuda. Algunos ejemplos de argumentos de defensa son: usted no es la persona a quien se identifica como deudor de sustento de menores; no existe una orden judicial; el monto de sustento de menores que usted adeuda es incorrecto; o usted no adeuda sustento de menores. **Para solicitar una revisión administrativa, complete y envíenos el formulario de «Solicitud de Revisión Administrativa» adjunto, dentro de los 30 días de la fecha de esta notificación.**

El monto adeudado en concepto de sustento de menores que se indica en la **Notificación Especial** continuará pendiente a que se reporte con motivo de una retención compensatoria de reembolsos tributarios y denegación de pasaporte hasta que haya sido pagado en su totalidad. Sus reembolsos tributarios no pueden ser retenidos si los montos atrasados han sido pagados o no se adeudan. Además, todo pago actual de sustento de menores que usted deba efectuar después de la fecha de esta notificación y que no efectúe, estará sujeto a la retención de todo monto compensatorio que recibamos hasta cubrir el monto reportado para retención compensatoria de reembolsos tributarios, sin que usted reciba ninguna otra notificación. Para determinar los montos adicionales adeudados después de la fecha de esta notificación, usted puede ponerse en contacto con nosotros a la dirección o el número telefónico que figuran en la parte superior de la **Notificación Especial**. Usted tiene el derecho de peticionar ante la corte pertinente una modificación, por cambio de circunstancias, de los términos de la orden de sustento, incluyendo el monto de sustento y el pago de montos atrasados; de la misma manera, puede tramitar el cumplimiento de sus derechos de visita.

Atentamente,

Supervisor
Unidad de Cobro de Sustento de Menores

Administrative Review
Process and Instructions

ay request an administrative review if you believe that you do not owe the support amount provided on losed **Special Notice**. You may do so by using the form on the back of this page and by:

- placing a checkmark in the (√) appropriate boxes identifying your defense(s) on the form on the back of this page and identifying the required supporting documentation included to support your defense;

- providing your personal information, and your account number and county name (located on the **Special Notice**) in the spaces provided on the form on the back of this page; and

- submitting the completed form and documentation to the address shown at the top of the **Special Notice**. If you provided relevant documentation that is not listed, you may check the box labeled "other" and provide a description of the documentation included.

ocess of review of a proposed certification, you may be represented by an attorney or other person.

u send in this request form and documentation, we will review the documents and decide if your claim is If you do not have written documentation or, if you need to present evidence other than written documents, request a conference by contacting us at the telephone number shown at the top of the **Special Notice.** At erence you will be able to present evidence about your defense(s). We will review the documents and your and decide if your claim is correct. You will receive a written decision from us saying whether or not we th you.

sion will be based solely upon consideration of the SCU records, any written documentation submitted by or, if applicable, any evidence presented at a conference which you requested. Our written decision will be administrative determination. Upon the making of a final administrative determination that certification efund offset/passport denial should not occur, wholly or in part, we will adjust the certification. In the offset has already occurred, we will repay you for amounts which were improperly offset. Upon receipt of administrative determination, you may seek judicial review of the determination pursuant to article 78 of Practice Law and Rules within the time limits provided in law.

your support order was not issued in New York State, we can conduct the review or, if you prefer, the an be conducted in the state that issued the support order. If you request, we will contact that state within after we receive your request and you will be notified of the time and place of your administrative review ate which issued the order. All requests for administrative review must be made by contacting us at the number shown on the **Special Notice.**

REQUEST FOR ADMINISTRATIVE REVIEW OF THE CERTIFICATION OF SUPPORT OWED FOR TAX REFUND OFFSET/PASSPORT DENIAL

BEFORE COMPLETING THIS FORM - Please read the other side of this form for information regarding an administrative review and further instructions

Prior to submitting any written documentation or appearing at any scheduled conference, you or your representative may review Support Collection Unit payment records relating to the proposed certification and obtain a copy thereof.

I believe that I do not owe the amount of child support indicated on the **Special Notice** and wish to challenge the certification based on the defense(s) and documentation checked below, and on the documentation enclosed:

☐ I am not the person identified as owing support, as supported by the following enclosed documentation:
- ☐ a copy of my driver's license or identification card
- ☐ a copy of my passport, my Social Security card, or my individual taxpayer identification number issued by the Internal Revenue Service
- ☐ other (identify) _____

☐ I am not under court order to pay support, or my support order was vacated, terminated or never entered by the court, as supported by the following enclosed documentation:
- ☐ a copy of the court order vacating or terminating my child support order
- ☐ other (identify) _____

☐ The amount shown as due is not right because a payment or payments I made were not credited to my account, the amount was not accurately computed, or my court order was modified, as supported by the following enclosed documentation.*
- ☐ a copy (front and back) of a non-credited check or money order proving that it was deposited by the child support agency
- ☐ documentation that supports my claim that my child support was not accurately computed
- ☐ a copy of my court order modifying my child support order or setting the amount due
- ☐ other (identify)_____

*If the documentation provided does not challenge the entire amount due, I am including payment for the amount I do owe and reflecting that amount on the payment coupon and I am sending the payment as the billing coupon directs.

☐ The New York State court order of support which established an arrears amount (1) was made before September 1, 1984, directed me to make periodic payments toward an established arrears amount, and I am not delinquent in making those payments; or (2) was made on or after September 1, 1984, includes a finding that the court has taken into account anticipated tax refunds in determining the amount of periodic payments towards those arrears, and provides that such arrears are not to be certified for the tax refund offset process, and I have made all the periodic payments, as supported by the following enclosed documentation:
- ☐ a copy of my court order supporting my claim; and,
- ☐ a copy of my check or money orders proving that I have made my periodic payments; or
- ☐ a copy of my tax refund offset letters received proving that my tax refunds were applied to my child support case

Completed and Submitted By:

Name: _____ Daytime Telephone Number: _____

Address: _____ Social Security Number: _____

Account Number: _____ County Name: _____

Date: _____

Proceso e Instrucciones de la Revisión Administrativa

uede solicitar una revisión administrativa si considera que no adeuda el monto en concepto de sustento ores indicado en la **Notificación Especial** adjunta. Esto puede hacerse por medio del formulario ubicado verso de esta página y:

- marcando (✓) los casilleros adecuados que identifiquen su(s) argumento(s) de defensa en el formulario ubicado en el reverso de esta página e identificando los comprobantes necesarios que adjunta para respaldar su defensa;

- proporcionando su información personal, su número de cuenta y el nombre del condado (que figura en la **Notificación Especial**) en los espacios proporcionados en el formulario, al reverso de esta página; y

- presentando el formulario completo y la documentación pertinente a la dirección que figura en la parte superior de la **Notificación Especial**. Si usted proporcionó documentación relevante que no figura en la lista, puede marcar el casillero que dice "otro(s)" y describir la documentación incluida.

el proceso de revisión del reporte oficial pendiente de la deuda, usted puede ser representado por un o por otra persona.

que usted nos haya enviado este formulario de solicitud, revisaremos los documentos y decidiremos si su ción es correcta. Si usted no tiene documentación escrita o si necesita presentar otra evidencia que no de documentos escritos, puede solicitar una conferencia llamándonos por teléfono al número que figura en superior de la **Notificación Especial**. En la conferencia usted podrá presentar evidencia que respalde su(s) to(s) de defensa. Revisaremos tanto los documentos como su evidencia y decidiremos si su reclamación es Le enviaremos una notificación por escrito donde se le informará si estamos o no de acuerdo con usted.

decisión se basará exclusivamente en el análisis de los expedientes de la Unidad de Cobros de Sustento de , toda documentación presentada por usted y/o, de ser pertinente, toda evidencia presentada en la cia solicitada por usted. Nuestra decisión por escrito será la determinación administrativa final. Una vez a determinación administrativa final de que el reporte oficial de la deuda con motivos de una retención atoria de reembolsos tributarios / denegación de pasaporte no debe ocurrir, ya sea en su totalidad o en odificaremos el reporte correspondiente. En el caso de que la retención ya haya ocurrido, le devolveremos nto que hubiera sido utilizado para la compensación. Una vez recibida la determinación administrativa ed puede solicitar una revisión judicial de la determinación, de acuerdo a lo estipulado en el artículo 78 de as Normas de Derecho Civil, dentro de los límites de tiempo legalmente establecidos.

len de sustento de menores no hubiera sido emitida en el Estado de Nueva York, podemos realizar la o, si lo prefiere, dicha revisión puede ser realizada en el Estado que emitió la orden. Si usted lo solicita, remos en contacto con el Estado en cuestión dentro de los 10 días de haber recibido su solicitud, y a usted ficará la hora y el lugar de la revisión administrativa a cargo del Estado que emitiera la orden. Todas las s de revisión administrativa deben ser hechas por teléfono al número que figura en la **Notificación**

SOLICITUD DE REVISIÓN ADMINISTRATIVA DEL REPORTE DE LA DEUDA DE SUSTENTO DE MENORES CON MOTIVO DE UNA RETENCIÓN COMPENSATORIA DE REEMBOLSOS TRIBUTARIOS / DENEGACIÓN DE PASAPORTE

ANTES DE COMPLETAR ESTE FORMULARIO – Lea el reverso de esta página para informarse acerca del proceso de revisión administrativa y para obtener instrucciones adicionales.

Antes de presentar cualquier documentación escrita o comparecer a una conferencia programada, usted o su representante pueden revisar los expedientes de pago de la Unidad de Cobro de Sustento de Menores en relación con el reporte de la supuesta deuda, como también obtener una copia de los mismos.

Yo considero que no adeudo el monto en concepto de sustento de menores indicado en la **Notificación Especial** y deseo oponerme al reporte de la deuda sobre la base de mi(s) argumento(s) de defensa, la documentación indicada a continuación y la documentación adjunta:

☐ Yo no soy la persona a quien se identifica como deudor de sustento de menores, de lo que adjunto comprobantes:

- ☐ Una copia de mi licencia de conducir o tarjeta de identificación.
- ☐ Una copia de mi pasaporte, tarjeta de Seguro Social o número de identificación tributaria emitido por el Servicio de Impuestos Internos.
- ☐ Otro(s) (especifique) _____

☐ No se me ha extendido una orden judicial que exija el pago de sustento de menores, o mi orden de sustento de menores fue revocada, suspendida o nunca registrada por la corte, de lo que adjunto comprobantes:

- ☐ Una copia de la orden judicial que revoca o suspende la orden de sustento de menores.
- ☐ Otro(s) (especifique) _____

☐ El monto indicado como monto adeudado no es correcto porque un pago / algunos pagos que yo hice no fue(ron) acreditado(s) a mi cuenta, el monto no fue computado con exactitud, o mi orden judicial fue modificada, de lo que adjunto comprobantes.*

- ☐ Una copia (de ambos lados) de un cheque no abonado en cuenta o un giro postal que comprueba el depósito por parte de la agencia de sustento de menores.
- ☐ Documentación que respalda la reclamación de que el monto en concepto de sustento de menores que me corresponde pagar no fue computado con exactitud.
- ☐ Una copia de la orden judicial que modifica mi orden de sustento de menores o que establece el monto adeudado.
- ☐ Otro(s) (especifique) _____

*Si la documentación proporcionada no refuta la cantidad total del monto adeudado, yo incluyo el pago del monto que sí adeudo, haciendo constar dicho monto en el cupón de pago, y envío el pago, tal como el cupón de pago lo indica.

☐ La orden judicial de sustento de menores emitida por el Estado de Nueva York estipulando un monto atrasado (1), redactada antes del 1 de septiembre de 1984, establece que debo hacer pagos periódicos para amortizar montos atrasados, no siendo yo deudor moroso de dichos pagos; o (2), redactada el, o después del, 1 de septiembre de 1984, incluye el fallo que estipula que la corte tuvo en cuenta ciertos reembolsos tributarios anticipados al momento de determinar el monto de los pagos periódicos de amortización de dichos montos atrasados, y dispone que tales montos atrasados no deberán ser reportados con el fin de realizar una retención compensatoria de reembolsos tributarios, habiendo hecho yo todos los pagos periódicos, de lo que adjunto comprobantes:

- ☐ Una copia de la orden judicial que respalda mi reclamación; y
- ☐ Una copia del cheque o giro postal, comprobantes de que he hecho los pagos periódicos correspondientes; o
- ☐ Una copia de las cartas de retención compensatoria de reembolsos tributarios recibidas, las que prueban que mis reembolsos tributarios fueron asignados a mi caso de sustento de menores.

Completado y presentado por:

Nombre: _____ Número telefónico durante el día: _____

Domicilio: _____ Número de Seguro Social: _____

Número de cuenta: _____ Nombre del condado: _____ Fecha: _____

2007

TAXROS - 1

96252000000 RA:000
LOCAL COUNTY SCU
TAX OFFSET UNIT
COUNTY OFFICE BLDG
LOCALTOWN NY 10000-0000

Mail Inquiries to the Above Address.
Telephone number: (100) 100-1000 EXT 1000

Account Number: ZZ00000Z1

Support Due To: SMITH, JANE

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

MAIL PAYMENTS TO:

NYS Child Support Processing Center
PO Box 15363
Albany NY 12212-5363

Special Notice

As of August 25, 2006, our records show that you owe support in the amount of $ 1,000.00 .

Please read the enclosed "Notice Regarding Child Support You Owe and Certification for Tax Refund Offset/Passport Denial" for actions you must take.

96252
You **MUST** return this coupon with your payment to the address on the coupon.
DO NOT FOLD, STAPLE OR MUTILATE.

DO NOT SEND CASH

Support payments must be received by the NYS Child Support Processing Center on or before **October 13, 2006** to prevent certification for Tax Refund Offset/Passport Denial.

ELOC2 07/31/06

Account Number: ZZ00000Z1

Support Payor: SMITH, JOHN

Support Due To: SMITH, JANE

Total Overdue Payments and Unpaid Arrears: $1,000.00

Mail To: NYS Child Support Processing Center
PO Box 15363
Albany NY 12212-5363

PAY THIS AMOUNT

$1,000.00

AMOUNT ENCLOSED

150 00 000000000000 000000 0

SPECIAL NOTICE – TAX OFFSET
FREQUENTLY ASKED QUESTIONS AND ANSWERS

1. **Question: Will a tax refund intercept be done on my case?**

   Answer: As indicated in the **Notice Regarding Child Support You Owe and Certification for Tax Refund Offset/Passport Denial**, you must pay the amount shown on the "Special Notice" in full by October 13, 2006 or we will take the actions indicated on these documents. However, if you disagree with information provided on the Notice, please see question number 2.

2. **Question: I disagree with the information provided on the Special Notice that I received and I disagree that I should have my tax offset certified for child support. What do I need to do to resolve this matter?**

   Answer: Please carefully review the instructions and fill out the form entitled "Request for Administrative Review of the Certification of Support Owed for Tax Refund Offset/Passport Denial" and forward it to the SCU within the time period indicated on the **Notice Regarding Child Support You Owe and Certification for Tax Refund Offset/Passport Denial**. The SCU will review your request and issue you a final determination.

2007

NEW TAX CREDIT FOR NONCUSTODIAL PARENTS PAYING CHILD SUPPORT

Effective beginning in the 2006 tax year, low income noncustodial parents may be eligible for a **new** enhanced earned income tax credit.

One requirement to receive this credit is that you have made your child support payments to the New York State Support Collection Unit in an amount equal to the current child support payments due for the tax year.

If you meet all of the eligibility requirements to claim this new credit you may complete NYS Tax Form IT-209, and submit it beginning with your 2006 Personal Income Tax Return. The form and instructions will be available beginning in December 2006 on the New York State Department of Taxation and Finance website at www.nystax.gov.

2007

NOTICE REGARDING CHILD SUPPORT YOU OWE
AND
CERTIFICATION FOR TAX REFUND OFFSET/ PASSPORT DENIAL

As of **August 25, 2006,** our records show that you owe support in the amount shown on the **Special Notice.** The law says that we may certify this amount to the state and federal government who may offset all or part of your state, federal or city tax refunds to reduce or satisfy the amount owed. If you file jointly your spouse's share of any refund may be offset unless you have filed the appropriate tax forms to protect your spouse's share of the refund. Please refer to the applicable tax agency for further guidance. If the amount you owe exceeds **$2,500 effective October 1, 2006**, your debt will be certified to the federal State Department. Once certified, the Secretary of State will refuse to issue a passport to you, and may revoke, restrict, or limit a passport that was previously issued.

We will certify your name and the support you owe to the state and federal government on or after **October 13, 2006** for tax refund offset and passport denial, without further notice to you, unless you either:

- **Make full payment of the support you owe (including the support amount shown on the Special Notice and any support which becomes due after August 25, 2006) before October 13, 2006 by certified check or money order** (be sure to include a payment coupon, attached to the **Special Notice**, with your payment);

OR

- **Challenge the certification by requesting an administrative review** and you demonstrate to us that you have an allowable defense(s) for not certifying the support you owe. Examples of defenses include: you are not the person identified as owing support; there is no court order; the amount of support you owe is wrong; or you do not owe support. **To request an administrative review, complete and send to us the "Request for Administrative Review" form attached within 30 days of the date of this Notice.**

The support amount owed on the **Special Notice** will remain subject to certification for offset of your tax refunds and passport denial until it is paid in full. Your tax refunds cannot be held, if the arrears have been paid or are not owed. In addition, any current support payments you may be required to make after the date of this Notice, which you do not make, will be subject to the application of any offset we receive up to the amount we certified for tax refund offset without further notice to you. To determine additional amounts owed after the date of this Notice, you may contact us at the address or telephone number shown at the top of the **Special Notice**. You have the right to petition the appropriate court for a modification, because of a change in circumstances, of the terms of the support order, including the amount of support and payment of arrears, and may similarly seek enforcement of visitation rights.

Sincerely,

Supervisor
Support Collection Unit

2007

Administrative Review
Process and Instructions

You may request an administrative review if you believe that you do not owe the support amount provided on the enclosed **Special Notice**. You may do so by using the form on the back of this page and by:

- placing a checkmark in the (√) appropriate boxes identifying your defense(s) on the form on the back of this page and identifying the required supporting documentation included to support your defense;

- providing your personal information, and your account number and county name (located on the **Special Notice**) in the spaces provided on the form on the back of this page; and

- submitting the completed form and documentation to the address shown at the top of the **Special Notice**. If you provided relevant documentation that is not listed, you may check the box labeled "other" and provide a description of the documentation included.

In the process of review of a proposed certification, you may be represented by an attorney or other person.

After you send in this request form and documentation, we will review the documents and decide if your claim is correct. If you do not have written documentation or, if you need to present evidence other than written documents, you may request a conference by contacting us at the telephone number shown at the top of the **Special Notice.** At the conference you will be able to present evidence about your defense(s). We will review the documents and your evidence and decide if your claim is correct. You will receive a written decision from us saying whether or not we agree with you.

Our decision will be based solely upon consideration of the SCU records, any written documentation submitted by you and/or, if applicable, any evidence presented at a conference which you requested. Our written decision will be the final administrative determination. Upon the making of a final administrative determination that certification for tax refund offset/passport denial should not occur, wholly or in part, we will adjust the certification. In the event the offset has already occurred, we will repay you for amounts which were improperly offset. Upon receipt of the final administrative determination, you may seek judicial review of the determination pursuant to article 78 of the Civil Practice Law and Rules within the time limits provided in law.

Also, if your support order was not issued in New York State, we can conduct the review or, if you prefer, the review can be conducted in the state that issued the support order. If you request, we will contact that state within 10 days after we receive your request and you will be notified of the time and place of your administrative review by the State which issued the order. All requests for administrative review must be made by contacting us at the telephone number shown on the **Special Notice**.

REQUEST FOR ADMINISTRATIVE REVIEW OF THE CERTIFICATION OF SUPPORT OWED FOR TAX REFUND OFFSET/PASSPORT DENIAL

BEFORE COMPLETING THIS FORM - Please read the other side of this form for information regarding an administrative review and further instructions

Prior to submitting any written documentation or appearing at any scheduled conference, you or your representative may review Support Collection Unit payment records relating to the proposed certification and obtain a copy thereof.

I believe that I do not owe the amount of child support indicated on the **Special Notice** and wish to challenge the certification based on the defense(s) and documentation checked below, and on the documentation enclosed:

☐ I am not the person identified as owing support, as supported by the following enclosed documentation:
- ☐ a copy of my driver's license or identification card
- ☐ a copy of my passport, my Social Security card, or my individual taxpayer identification number issued by the Internal Revenue Service
- ☐ other (identify) _____

☐ I am not under court order to pay support, or my support order was vacated, terminated or never entered by the court, as supported by the following enclosed documentation:
- ☐ a copy of the court order vacating or terminating my child support order
- ☐ other (identify) _____

☐ The amount shown as due is not right because a payment or payments I made were not credited to my account, the amount was not accurately computed, or my court order was modified, as supported by the following enclosed documentation.*
- ☐ a copy (front and back) of a non-credited check or money order proving that it was deposited by the child support agency
- ☐ documentation that supports my claim that my child support was not accurately computed
- ☐ a copy of my court order modifying my child support order or setting the amount due
- ☐ other (identify)_____

*If the documentation provided does not challenge the entire amount due, I am including payment for the amount I do owe and reflecting that amount on the payment coupon and I am sending the payment as the billing coupon directs.

☐ The New York State court order of support which established an arrears amount (1) was made before September 1, 1984, directed me to make periodic payments toward an established arrears amount, and I am not delinquent in making those payments; or (2) was made on or after September 1, 1984, includes a finding that the court has taken into account anticipated tax refunds in determining the amount of periodic payments towards those arrears, and provides that such arrears are not to be certified for the tax refund offset process, and I have made all the periodic payments, as supported by the following enclosed documentation:
- ☐ a copy of my court order supporting my claim; and,
- ☐ a copy of my check or money orders proving that I have made my periodic payments; or
- ☐ a copy of my tax refund offset letters received proving that my tax refunds were applied to my child support case

Completed and Submitted By:

Name: _____ Daytime Telephone Number: _____

Address: _____ Social Security Number: _____

Account Number: _____ County Name: _____

2007

PEX1-1

LOCAL COUNTY SCU
PEX UNIT
COUNTY OFFICE BLDG
LOCALTOWN NY 10000-0000
TELEPHONE: (888) 208-4485

XYZ SAVINGS BANK
ATTN PROPERTY EXECUTION DEPT
1001 ANY BANK AVE
ANY CITY NY 10000-0000

THE STATE OF NEW YORK, COUNTY OF LOCAL

SMITH, JANE **Petitioner,**

RESTRAINING NOTICE
Pursuant to CPLR § 5222

against

SMITH, JOHN **Respondent (Judgment Debtor/Obligor)**
Social Security Number 000-00-0000

Our Account Number: ZZ00000Z1
Our Worker Code: ZZZZ

ATTENTION: XYZ SAVINGS BANK

FEIN: ZZ00000Z1

WHEREAS, in an action in the Supreme or Family Court of the State of New York, LOCAL County, between the above named parties, in favor of SMITH, JANE, petitioner (judgment creditor/obligee) and against SMITH, JOHN respondent (judgment debtor/obligor), the following order(s) were entered:

ENTRY DATE	PAYMENT/FREQUENCY
01/01/2005	$100.00 / Monthly

ENTRY DATE	PAYMENT/FREQUENCY

As of 07/01/2005, the total arrears/past due support which is due and unpaid is $10,000.00.

RESTRAINING NOTICE

WHEREAS, it appears that you are in possession or in custody of property in which the judgment debtor/obligor has an interest or you owe a debt to the judgment debtor/obligor;

TAKE NOTICE that pursuant to New York Civil Practice Law and Rules (CPLR) section 5222(b), which is set forth in full herein, you are hereby forbidden to make or suffer any sale, assignment or transfer of, or any interference with, any such property or pay over or otherwise dispose of any such debt except as therein provided.

TAKE FURTHER NOTICE that this notice also covers all property in which the judgment debtor/obligor has an interest hereafter coming into your possession or custody, and all debts hereafter coming due from you to the judgment debtor/obligor.

CPLR SECTION 5222(b): "Effect of restraint; prohibition of transfer; duration. A judgment debtor or obligor served with a restraining notice is forbidden to make or suffer any sale, assignment, transfer or interference with any property in which he or she has an interest, except upon direction of the sheriff or pursuant to an order of the court, until the judgment or order is satisfied or vacated. A restraining notice served upon a person other than the judgment debtor or obligor is effective only if, at the time of service, he or she owes a debt to the judgment debtor or obligor or he or she is in the possession or custody of property in which he or she knows or has reason to believe the judgment debtor or obligor has an interest, or if the judgment creditor or support collection unit has stated in the notice that a specified debt is owed by the person served to the judgment debtor or obligor or that the judgment debtor or obligor has an interest in specified property in the possession or custody of the person served. All property in which the judgment debtor or obligor is known or believed to have an interest then in and thereafter coming into the possession or custody of such a person, including any specified in the notice, and all debts of such a person, including any specified in the notice, then due and thereafter coming due to the judgment debtor or obligor, shall be subject to the notice. Such a person is forbidden to make or suffer any sale, assignment or transfer of, or any interference with, any such property, or pay over or otherwise dispose of any such debt, to any person other than the sheriff or the support collection unit, except upon direction of the sheriff or pursuant to any order of the court, until the expiration of one year after the notice is served upon him or her, or until the judgment or order is satisfied or vacated, whichever event first occurs. A judgment creditor or support collection unit which has specified personal property or debt in a restraining notice shall be liable to the owner of the property or the person to whom the debt is owed, if other than the judgment debtor or obligor, for any damages sustained by reason of the restraint. If a garnishee served with a restraining notice withholds the payment of money belonging or owed to the judgment debtor or obligor in an amount equal to twice the amount due on the judgment or order, the restraining notice is not effective as to other property or money."

TAKE FURTHER NOTICE that disobedience of this Restraining Notice is punishable as a contempt of court.

SPECIAL INSTRUCTIONS: When Supplemental Security Income (SSI) is the sole basis for the property in your possession or custody, this notice shall not be effective. If that condition applies, please complete the applicable statement at the bottom of this page and return this notice to the Support Collection Unit at the address indicated at the top left-hand corner of the first page of this notice.

Dated: 07/01/2005

Issued by:
SCU Supervisor

LOCAL County Support Collection Unit

Your Reply to the Special Instructions: (Check the appropriate box)

☐ The sole basis for the property in our possession is Supplemental Security Income (SSI) and, therefore, we have not restrained the property pursuant to your instructions.

☐ The account is closed and there are no other open and/or active accounts belonging to the judgment debtor/obligor in our possession or custody.

(signed) _____ Date: _____
Compliance Officer or Designee

2007

PEX3-1 RA488
LOCAL COUNTY SCU
PEX UNIT
COUNTY OFFICE BLDG
LOCALTOWN NY 10000-0000
TELEPHONE: (518) 555-1212 Ext. 4321

#BWNMVWF
#PEX3 1234 1234 1234#
1 2 3 4 5 6 7 8 9 0 9 0
SMITH, JOHN
ANYPLACE APARTMENTS
123 ANYWHERE ST APT 1
ANYTOWN NY 10000-0000

THE STATE OF NEW YORK, COUNTY OF LOCAL

SMITH, JANE **Petitioner,**

NOTICE TO JUDGMENT DEBTOR/OBLIGOR OF RESTRAINING NOTICE
Pursuant to CPLR § 5222 (d) and (e)

against

SMITH, JOHN **Respondent (Judgment Debtor/Obligor)**
Social Security Number 000-00-0000

ATTENTION: XYZ SAVINGS BANK
Respondent (Judgment Debtor/Obligor)

Our Account Number: ZZ00000Z1
Our Worker Code: ZZZZ

READ THIS CAREFULLY:
You are hereby notified that money or property belonging to you may have been taken or held ("restrained") in order to satisfy the arrears due and unpaid from the support order(s) entered against you and noted in the enclosed Restraining Notice. The money or property may be restrained legally due to your accumulation of arrears at least equal to the amount directed by your court order to be paid for two (2) months [See 18 NYCRR 346.11(b)(1)].

YOU MAY ASSERT A MISTAKE OF FACT IF YOU THINK YOU DO NOT OWE THE ARREARS OR YOU MAY CLAIM THAT YOUR MONEY OR PROPERTY SHOULD NOT BE USED TO SATISFY ANY ARREARS BECAUSE IT IS EXEMPT (see below for more information). AN EXECUTION WILL BE SERVED TO SEIZE YOUR MONEY OR PROPERTY UNLESS YOU ASSERT A MISTAKE OF FACT BY WRITING TO THE SUPPORT COLLECTION UNIT AT:

LOCAL COUNTY SCU
PEX UNIT
COUNTY OFFICE BLDG
LOCALTOWN NY 10000-0000

WITHIN FIFTEEN (15) DAYS FROM YOUR RECEIPT OF A COPY OF THIS NOTICE.

"MISTAKE OF FACT" MEANS THAT YOU THINK THAT WE HAVE MADE AN ERROR IN THE AMOUNT OF ARREARS OR PAST DUE SUPPORT WHICH IS OWED, OR IN THE IDENTITY OF THE DEBTOR, OR THAT THE ORDER OF SUPPORT DOES NOT EXIST OR HAS BEEN VACATED. YOU SHOULD ALSO SUBMIT ADDITIONAL INFORMATION AND EVIDENCE BY MAIL OR, IF PERMITTED BY THE SUPPORT COLLECTION UNIT, BY TELEPHONE TO SUPPORT YOUR ASSERTION OF A MISTAKE OF FACT WITHIN THE FIFTEEN (15) DAY PERIOD. THEREAFTER, THE SUPPORT COLLECTION UNIT WILL DETERMINE THE MERITS OF YOUR OBJECTION AND WILL NOTIFY YOU OF ITS DETERMINATION WITHIN FORTY-FIVE (45) DAYS FROM THE RECEIPT OF A COPY OF THIS NOTICE. IF THE OBJECTION IS DISALLOWED, YOU WILL BE NOTIFIED IN WRITING THAT THE EXECUTION WILL BE SERVED TO SEIZE THE PROPERTY.

YOU MAY BE ABLE TO GET YOUR MONEY BACK

State and Federal Laws prevent certain money or property from being taken to satisfy most judgments or orders. Such money or property is said to be "exempt". The following is a **partial** list of money that may be exempt:

1. Supplemental security income (SSI);
2. Social Security;
3. Public assistance (welfare);
4. Alimony or child support;
5. Unemployment benefits;
6. Disability benefits;
7. Workers' compensation benefits;
8. Public or private pensions; and
9. Veterans benefits.

IMPORTANT NOTE ABOUT CHILD SUPPORT JUDGMENTS OR ORDERS AND EXEMPT PROPERTY:

Please be advised that certain money or property that otherwise may be exempt from payment of a judgment or order may not be exempt from payment of a judgment or order for child support arrears. For your information, the following types of money or property are always exempt from the payment of a judgment or order for child support arrears:
1. Supplemental security income (SSI); 2. Public assistance (welfare); and 3. Alimony or child support.

If you think that any of your money that has been taken or held is exempt, you must act promptly because the money may have been applied to satisfy the judgment or child support order arrears. If you claim that any of your money that has been taken or held is exempt, you may contact the Support Collection Unit sending this notice.

Also, YOU MAY CONSULT AN ATTORNEY, INCLUDING LEGAL AID IF YOU QUALIFY. The Law (New York Civil Practice Law and Rules, Article 4 and Sections 5239 and 5240) provides a procedure for determination of a claim to an exemption.

Enclosed is a copy of the "Restraining Notice" issued for your account.

Dated: 07/01/2005 Supervisor

LOCAL County Support Collection Unit

Enclosure

2007

PEX3-3

LOCAL COUNTY SCU
PEX UNIT
COUNTY OFFICE BLDG
LOCALTOWN NY 10000-0000
TELEPHONE: (518) 555-1212 Ext. 4321

XYZ SAVINGS BANK
ATTN PROPERTY EXECUTION DEPT
1001 ANY BANK AVE
ANY CITY NY 10000-0000

THE STATE OF NEW YORK, COUNTY OF LOCAL

SMITH, JANE **Petitioner,**

RESTRAINING NOTICE
Pursuant to CPLR § 5222

against

SMITH, JOHN **Respondent (Judgment Debtor/Obligor)**
Social Security Number 000-00-0000

Our Account Number: ZZ00000Z1
Our Worker Code: ZZZZ

ATTENTION: XYZ SAVINGS BANK

FEIN: 000000000

WHEREAS, in an action in the Supreme or Family Court of the State of New York, LOCAL County, between the above named parties, in favor of SMITH, JANE, petitioner (judgment creditor/obligee) and against SMITH, JOHN respondent (judgment debtor/obligor), the following order(s) were entered:

ENTRY DATE	PAYMENT/FREQUENCY
01/01/2005	$99,999,999.00/ Semi-Annually
01/02/2005	$200.00/ Monthly2
01/03/2005	$300.00/ Monthly3
01/04/2005	$400.00/ Monthly4
01/05/2005	$500.00/ Monthly5
01/06/2005	$600.00/ Monthly6
01/07/2005	$700.00/ Monthly7
01/08/2005	$800.00/ Monthly8
01/09/2005	$900.00/ Monthly9

ENTRY DATE	PAYMENT/FREQUENCY
01/10/2005	$99,999,999.00/ Semi-Annually
01/11/2005	$1,100.00/ Monthly11
01/12/2005	$1,200.00/ Monthly12
01/13/2005	$1,300.00/ Monthly13
01/14/2005	$1,400.00/ Monthly14
01/15/2005	$1,500.00/ Monthly15
01/16/2005	$1,600.00/ Monthly16
01/17/2005	$1,700.00/ Monthly17
01/18/2005	$1,800.00/ Monthly18

As of 07/01/2005 the total arrears/past due support which is due and unpaid is $999,999.99

2007

RESTRAINING NOTICE

WHEREAS, it appears that you are in possession or in custody of property in which the judgment debtor/obligor has an interest or you owe a debt to the judgment debtor/obligor;

TAKE NOTICE that pursuant to New York Civil Practice Law and Rules (CPLR) section 5222(b), which is set forth in full herein, you are hereby forbidden to make or suffer any sale, assignment or transfer of, or any interference with, any such property or pay over or otherwise dispose of any such debt except as therein provided.

TAKE FURTHER NOTICE that this notice also covers all property in which the judgment debtor/obligor has an interest hereafter coming into your possession or custody, and all debts hereafter coming due from you to the judgment debtor/obligor.

CPLR SECTION 5222(b): "Effect of restraint; prohibition of transfer; duration. A judgment debtor or obligor served with a restraining notice is forbidden to make or suffer any sale, assignment, transfer or interference with any property in which he or she has an interest, except upon direction of the sheriff or pursuant to an order of the court, until the judgment or order is satisfied or vacated. A restraining notice served upon a person other than the judgment debtor or obligor is effective only if, at the time of service, he or she owes a debt to the judgment debtor or obligor or he or she is in the possession or custody of property in which he or she knows or has reason to believe the judgment debtor or obligor has an interest, or if the judgment creditor or support collection unit has stated in the notice that a specified debt is owed by the person served to the judgment debtor or obligor or that the judgment debtor or obligor has an interest in specified property in the possession or custody of the person served. All property in which the judgment debtor or obligor is known or believed to have an interest then in and thereafter coming into the possession or custody of such a person, including any specified in the notice, and all debts of such a person, including any specified in the notice, then due and thereafter coming due to the judgment debtor or obligor, shall be subject to the notice. Such a person is forbidden to make or suffer any sale, assignment or transfer of, or any interference with, any such property, or pay over or otherwise dispose of any such debt, to any person other than the sheriff or the support collection unit, except upon direction of the sheriff or pursuant to any order of the court, until the expiration of one year after the notice is served upon him or her, or until the judgment or order is satisfied or vacated, whichever event first occurs. A judgment creditor or support collection unit which has specified personal property or debt in a restraining notice shall be liable to the owner of the property or the person to whom the debt is owed, if other than the judgment debtor or obligor, for any damages sustained by reason of the restraint. If a garnishee served with a restraining notice withholds the payment of money belonging or owed to the judgment debtor or obligor in an amount equal to twice the amount due on the judgment or order, the restraining notice is not effective as to other property or money."

TAKE FURTHER NOTICE that disobedience of this Restraining Notice is punishable as a contempt of court.

SPECIAL INSTRUCTIONS: When Supplemental Security Income (SSI) is the sole basis for the property in your possession or custody, this notice shall not be effective. If that condition applies, please complete the applicable statement at the bottom of this page and return this notice to the Support Collection Unit at the address indicated at the top left-hand corner of the first page of this notice.

Dated: 07/01/2005

Issued by:
SCU Supervisor

LOCAL County Support Collection Unit

Your Reply to the Special Instructions: (Check the appropriate box)

☐ The sole basis for the property in our possession is Supplemental Security Income (SSI) and, therefore, we have not restrained the property pursuant to your instructions.

☐ The account is closed and there are no other open and/or active accounts belonging to the judgment debtor/obligor in our possession or custody.

(signed) _____ Date: _____
Compliance Officer or Designee

2007

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LOCAL CITY SCU
PEX UNIT
CITY OFFICE BLDG
LOCAL CITY NY 10000-0000
TELEPHONE: (000) 000-0000

#BWNMVWF
#PEX3 1234 1234 1234#
1 2 3 4 5 6 7 8 9 0 9 0
SMITH, JOHN
ANYPLACE APARTMENTS
123 ANYWHERE ST APT 1
ANYTOWN NY 10000-0000

THE STATE OF NEW YORK, COUNTY OF LOCAL

SMITH, JANE **Petitioner,**

NOTICE TO JUDGMENT DEBTOR/OBLIGOR OF RESTRAINING NOTICE
Pursuant to CPLR § 5222 (d) and (e)

against

SMITH, JOHN **Respondent (Judgment Debtor/Obligor)**
Social Security Number 000-00-0000

ATTENTION: SMITH, JOHN
Respondent (Judgment Debtor/Obligor)

Our Account Number: ZZ00000Z1
Our Worker Code: ZZZZ

READ THIS CAREFULLY:
You are hereby notified that money or property belonging to you may have been taken or held ("restrained") in order to satisfy the arrears due and unpaid from the support order(s) entered against you and noted in the enclosed Restraining Notice. The money or property may be restrained legally due to your accumulation of arrears at least equal to the amount directed by your court order to be paid for two (2) months [See 18 NYCRR 346.11(b)(1)].

YOU MAY ASSERT A MISTAKE OF FACT IF YOU THINK YOU DO NOT OWE THE ARREARS OR YOU MAY CLAIM THAT YOUR MONEY OR PROPERTY SHOULD NOT BE USED TO SATISFY ANY ARREARS BECAUSE IT IS EXEMPT (see below for more information). AN EXECUTION WILL BE SERVED TO SEIZE YOUR MONEY OR PROPERTY UNLESS YOU ASSERT A MISTAKE OF FACT BY WRITING TO THE SUPPORT COLLECTION UNIT AT:

LOCAL CITY SCU
PEX UNIT
CITY OFFICE BLDG
LOCAL CITY NY 10000-0000

WITHIN FIFTEEN (15) DAYS FROM YOUR RECEIPT OF A COPY OF THIS NOTICE.

"MISTAKE OF FACT" MEANS THAT YOU THINK THAT WE HAVE MADE AN ERROR IN THE AMOUNT OF ARREARS OR PAST DUE SUPPORT WHICH IS OWED, OR IN THE IDENTITY OF THE DEBTOR, OR THAT THE ORDER OF SUPPORT DOES NOT EXIST OR HAS BEEN VACATED. YOU SHOULD ALSO SUBMIT ADDITIONAL INFORMATION AND EVIDENCE BY MAIL OR, IF PERMITTED BY THE SUPPORT COLLECTION UNIT, BY TELEPHONE TO SUPPORT YOUR ASSERTION OF A MISTAKE OF FACT WITHIN THE FIFTEEN (15) DAY PERIOD. THEREAFTER, THE SUPPORT COLLECTION UNIT WILL DETERMINE THE MERITS OF YOUR OBJECTION AND WILL NOTIFY YOU OF ITS DETERMINATION WITHIN FORTY-FIVE (45) DAYS FROM THE RECEIPT OF A COPY OF THIS NOTICE. IF THE OBJECTION IS DISALLOWED, YOU WILL BE NOTIFIED IN WRITING THAT THE EXECUTION WILL BE SERVED TO SEIZE THE PROPERTY.

2007

YOU MAY BE ABLE TO GET YOUR MONEY BACK

State and Federal Laws prevent certain money or property from being taken to satisfy most judgments or orders. Such money or property is said to be "exempt". The following is a **partial** list of money that may be exempt:

1. Supplemental security income (SSI);
2. Social Security;
3. Public assistance (welfare);
4. Alimony or child support;
5. Unemployment benefits;
6. Disability benefits;
7. Workers' compensation benefits;
8. Public or private pensions; and
9. Veterans benefits.

IMPORTANT NOTE ABOUT CHILD SUPPORT JUDGMENTS OR ORDERS AND EXEMPT PROPERTY:

Please be advised that certain money or property that otherwise may be exempt from payment of a judgment or order may not be exempt from payment of a judgment or order for child support arrears. For your information, the following types of money or property are always exempt from the payment of a judgment or order for child support arrears:
1. Supplemental security income (SSI); 2. Public assistance (welfare); and 3. Alimony or child support.

If you think that any of your money that has been taken or held is exempt, you must act promptly because the money may have been applied to satisfy the judgment or child support order arrears. If you claim that any of your money that has been taken or held is exempt, you may contact the Support Collection Unit sending this notice.

Also, YOU MAY CONSULT AN ATTORNEY, INCLUDING LEGAL AID IF YOU QUALIFY. The Law (New York Civil Practice Law and Rules, Article 4 and Sections 5239 and 5240) provides a procedure for determination of a claim to an exemption.

Enclosed is a copy of the "Restraining Notice" issued for your account.

Dated: 07/01/2005

Supervisor

LOCAL County Support Collection Unit

Enclosure

2007

PEX8-3

LOCAL CITY SCU
PEX UNIT
CITY OFFICE BLDG
LOCAL CITY NY 10000-0000

TELEPHONE: (000) 000-0000

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

ESTADO DE NUEVA YORK, CONDADO DE LOCAL

SMITH, JANE **Solicitante,**

NOTICIA AL DEUDOR DEL JUCIO/OBLIGOR DE REFRENAR
Pursuant to CPLR § 5222 (d) and (e)

Contra

SMITH, JOHN **Demandado (Deudor del Juicio/Obligor)**
Numero de seguro social 000-00-0000

ATENCIÓN: SMITH, JOHN
Demandado (Deudor del Juicio/Obligor)

Nuestro numero de cuenta: ZZ00000Z1
Nuestro código del trabajador: ZZZZ

LEA ESTO CUIDADOSAMENTE:

Por medio del presente queda notificado que dinero o propiedad pertenecientes a usted pueden quedar tomadas o retenidas (refrenada) para cumplir con las ordenes judiciales del pago de manutención atrasados y notado en adjunto Noticia de Refrenar. El dinero o propiedad pueden quedar sujetos a restricciones legales debido a la acumulación de pagos atrasados en una cantidad por lo menos igual a la cantidad mandada a ser pagada según la orden de la Corte por el periodo de dos meses.

UD. PUEDE ALEGAR UN ERROR DE HECHO SI SUS PAGOS ATRASADOS NO HAN SIDO SOMETIDOS A JUICIO O UD. PUEDE RECLAMAR QUE SU DINERO O PROPIEDAD NO DEBEN SER USADOS PARA CUMPLIR CON PAGOS ATRASADOS EN RAZÓN DE QUE ESTA EXENTO. (Vea abajo para mas información.) LA EJECUCIÓN JUDICIAL SERÁ NOTIFICADA PARA EMBARGARLE SU DINERO O PROPIEDAD A MENOS QUE UD. ALEGUE ERROR DE DICHO POR ESCRITO ANTE LA UNIDAD DE COBRANZA DE:

LOCAL CITY SCU
PEX UNIT
CITY OFFICE BLDG
LOCAL CITY NY 10000-0000

DENTRO DE QUINCE (15) DÍAS DE LA FECHA DE SU RECEPCIÓN DE UNA COPIA DE ESTA NOTICIA.

"ERROR DE HECHO" SIGNIFICA QUE USTED CONSIDERA QUE NOSOTROS HEMOS COMETIDO UN ERROR EN LA CANTIDAD DEL PAGO ATRASADO O PAGO DE MANUTENCIÓN VENCIDO QUE USTED DEBE O EN LA IDENTIDAD DEL DEUDOR O QUE LA ORDEN DE PAGO DE MANUTENCIÓN NO EXISTE O HA SIDO ANULADA. USTED DEBE TAMBIÉN PRESENTAR INFORMACIÓN U PRUEBAS POR CORREO O LA UNIDAD DE COBRANZA DE MANUTENCIÓN DETERMINARA LOS MERITOS DE SU OBJECIÓN Y LE NOTIFICARA SU DETERMINACIÓN DENTRO DE CUARENTA Y CINCO (45) DÍAS DE SU RECEPCIÓN DE UNA COPIA DE ESTA NOTIFICACIÓN. SI LA OBJECIÓN ES DENEGADA, USTED SERÁ NOTIFICADO POR ESCRITO DE LA APLICACIÓN DE LA EJECUCIÓN JUDICIAL PARA EL EMBARGO DE PROPIEDAD.

2007

USTED PODRIA OBTENER LA DEVOLUCION DE SU DINERO

Las leyes estatales y federales previenen el que se tome cierto dinero o propiedad para satisfacer **la mayoría** de las decisiones judiciales o ordenes judiciales. Se dice que dicho dinero o propiedad están "exentos." Lo que sigue es una lista *parcial* del dinero que puede estar exento.

1. El programa de ingresos suplementarios del seguro social (SSI);
2. El seguro social;
3. El programa de asistencia pública (welfare);
4. Pensión alimentaría o manutención de los hijos;
5. Beneficios de desempleo;
6. Beneficios por incapacidad o invalidez;
7. Beneficios por accidentes de trabajo;
8. Pensiones publicas o privadas; y
9. Beneficios de veterana.

NOTA IMPORTANE ACERCA DE JUICIOS DE MANUTENCIÓN INFANTIL U ORDENES Y LA PROPIEDAD EXENTA:

Por favor sea avisado que cierto dinero o la propiedad que de otro modo pueden ser exentos del pago de un juicio o la orden no puede ser exento del pago de un juicio o la orden para atrasos de la manutención infantil. Para su información, los tipos siguientes de dinero o propiedad son siempre exentos del pago de un juicio o la orden para atrasos de la manutención infantil: 1. El programa de los ingresos suplementarios del seguro social (SSI); 2. El programa de asistencia publica (welfare); 3.Pensión alimentaria o manutención de los hijos.

Si usted cree que cualquier monto de su dinero que haya sido tomado o retenido esta exento, debe actuar inmediatamente, ya que el dinero puede ser utilizado para cumplir con la decisión judicial o pagos atrasados de la orden de manutención de los hijos. Si usted reclama que cualquier dinero que haya sido tomado o retenido esta exento, debe ponerse en contacto con la persona que le envío esta notificación.

También, USTED PUEDE CONSULTAR A UN ABAGADO, INCLUSO RECURRIR AL PROGRAMA DE ASISTENCIA LEGAL si usted llena los requisitos para ello. La ley (Articulo 4 y Secciones 5239 y 5240 de la Ley y Normas de Procedimiento Civil de Nueva York) disponen de un procedimiento para la decisión de un reclamo a una exención.

Adjunto a la presente una copia de la "Notificación de Restricciones" emitida para aplicarse a su cuenta.

Fechado: 07/01/2005

Supervisor:

LOCAL Condado SCIJ
(County Support Collection Unit)

Se adjuntan documentos

2007

YOU MAY BE ABLE TO GET YOUR MONEY BACK

State and Federal Laws prevent certain money or property from being taken to satisfy most judgments or orders. Such money or property is said to be "exempt". The following is a **partial** list of money that may be exempt:

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2. Social Security;
3. Public assistance (welfare);
4. Alimony or child support;
5. Unemployment benefits;
6. Disability benefits;
7. Workers' compensation benefits;
8. Public or private pensions; and
9. Veterans benefits.

IMPORTANT NOTE ABOUT CHILD SUPPORT JUDGMENTS OR ORDERS AND EXEMPT PROPERTY:

Please be advised that certain money or property that otherwise may be exempt from payment of a judgment or order may not be exempt from payment of a judgment or order for child support arrears. For your information, the following types of money or property are always exempt from the payment of a judgment or order for child support arrears:
1. Supplemental security income (SSI); 2. Public assistance (welfare); and 3. Alimony or child support.

If you think that any of your money that has been taken or held is exempt, you must act promptly because the money may have been applied to satisfy the judgment or child support order arrears. If you claim that any of your money that has been taken or held is exempt, you may contact the Support Collection Unit sending this notice.

Also, YOU MAY CONSULT AN ATTORNEY, INCLUDING LEGAL AID IF YOU QUALIFY. The Law (New York Civil Practice Law and Rules, Article 4 and Sections 5239 and 5240) provides a procedure for determination of a claim to an exemption.

Enclosed is a copy of the "Restraining Notice" issued for your account.

Dated: 07/01/2005 Supervisor

LOCAL County Support Collection Unit

Enclosure

2007

2007

LOCAL COUNTY SCU
PEX UNIT
COUNTY OFFICE BLDG
LOCALTOWN NY 10000-0000

TELEPHONE: 1-888-208-4485

XYZ SAVINGS BANK
ATTN PROPERTY EXECUTION DEPT
1001 ANY BANK AVE
ANY CITY NY 10000-0000

THE STATE OF NEW YORK, COUNTY OF LOCAL

SMITH, JANE **Petitioner,**

against

SMITH, JOHN **Respondent (Judgment Debtor/Obligor)**
Social Security Number 000-00-0000

RESTRAINING NOTICE with INFORMATION SUBPOENA Pursuant to CPLR § 5222 and Rule 5224

Our Account Number: ZZ00000Z1
Our Worker Code: ZZZZ

ATTENTION: XYZ SAVINGS BANK

WHEREAS, in an action in the Supreme or Family Court of the State of New York, LOCAL County, between the above named parties, in favor of SMITH, JANE petitioner (judgment creditor/obligee) and against SMITH, JOHN respondent (judgment debtor/obligor), the following order(s) were entered:

ENTRY DATE	PAYMENT/FREQUENCY
01/01/2005	$100.00 / Monthly

ENTRY DATE	PAYMENT/FREQUENCY

As of 07/01/2005, the total arrears/past due support that is due and unpaid is $10,000.00.

RESTRAINING NOTICE

WHEREAS, it appears that you are in possession or in custody of property in which the judgment debtor/obligor has an interest or you owe a debt to the judgment debtor/obligor;

TAKE NOTICE that pursuant to New York Civil Practice Law and Rules (CPLR) section 5222(b), which is set forth in full herein, you are hereby forbidden to make or suffer any sale, assignment or transfer of, or any interference with, any such property or pay over or otherwise dispose of any such debt except as therein provided.

TAKE FURTHER NOTICE that this notice also covers all property in which the judgment debtor/obligor has an interest hereafter coming into your possession or custody, and all debts hereafter coming due from you to the judgment debtor/obligor.

CPLR SECTION 5222(b). "Effect of restraint; prohibition of transfer; duration. A judgment debtor or obligor served with a restraining notice is forbidden to make or suffer any sale, assignment, transfer or interference with any property in which he or she has an interest, except upon direction of the sheriff or pursuant to an order of the court, until the judgment or order is satisfied or vacated. A restraining notice served upon a person other than the judgment debtor or obligor is effective only if, at the time of service, he or she owes a debt to the judgment debtor or obligor or he or she is in the possession or custody of property in which he or she knows or has reason to believe the judgment debtor or obligor has an interest, or if the judgment creditor or support collection unit has stated in the notice that a specified debt is owed by the person served to the judgment debtor or obligor or that the judgment debtor or obligor has an interest in specified property in the possession or custody of the person served. All property in which the judgment debtor or obligor is known or believed to have an interest then in and thereafter coming into the possession or custody of such a person, including any specified in the notice, and all debts of such a person, including any specified in the notice, then due and thereafter coming due to the judgment debtor or obligor, shall be subject to the notice. Such a person is forbidden to make or suffer any sale, assignment or transfer of, or any interference with, any such property, or pay over or otherwise dispose of any such debt, to any person other than the sheriff or the support collection unit, except upon direction of the sheriff or pursuant to any order of the court, until the expiration of one year after the notice is served upon him or her, or until the judgment or order is satisfied or vacated, whichever event first occurs. A judgment creditor or support collection unit which has specified personal property or debt in a restraining notice shall be liable to the owner of the property or the person to whom the debt is owed, if other than the judgment debtor or obligor, for any damages sustained by reason of the restraint. If a garnishee served with a restraining notice withholds the payment of money belonging or owed to the judgment debtor or obligor in an amount equal to twice the amount due on the judgment or order, the restraining notice is not effective as to other property or money."

TAKE FURTHER NOTICE that disobedience of this Restraining Notice is punishable as a contempt of court.

SPECIAL INSTRUCTIONS: When Supplemental Security Income (SSI) is the sole basis for the property in your possession or custody, this notice shall not be effective. If the property in your possession or custody consists of a demand deposit account, checking or negotiable withdrawal account, savings account, time deposit account, or money market mutual fund account, or similar account, **and such account(s) is closed**, this notice shall not be effective, **provided there are no other open and/or active accounts in your possession or custody**. If either condition indicated in these special instructions apply, please complete the applicable statement at the bottom of this page and return this notice to the Support Collection Unit at the address indicated at the top left-hand corner of the first page of this notice.

Issued by:
SCU Supervisor

Dated: 07/01/2005

LOCAL County Support Collection Unit

Your reply to the Special Instructions: (Check the appropriate box)

☐ The sole basis for the property in our possession or property is Supplemental Security Income (SSI) and, therefore, we have not restrained the property pursuant to your instructions.

☐ The account is closed and there are no other open and/or active accounts belonging to the judgment debtor/obligor in our possession or custody.

NOTE: If you reply to the special instructions by checking either box above and sign below, the Information Subpoena does not apply to you. You need not respond to the Questions and Answers In Connection With Information Subpoena.

(signed)_____ Date:_____
Compliance Officer or Designee

INFORMATION SUBPOENA

WHEREAS, the Witness resides; is regularly employed; has an office for the regular transaction of business in person;
in County;

NOW, THEREFORE WE COMMAND YOU, that you answer in writing under oath, separately and fully, each question in the questionnaire accompanying this subpoena, each answer referring to the question to which it responds; and that you return the answers together with the original of the questions within 7 days after your receipt of the questions and this subpoena.

TAKE NOTICE that false swearing or failure to comply with this subpoena is punishable as a contempt of court.

COUNTY OF LOCAL

SMITH, JANE Petitioner

against

SMITH, JOHN Respondent

QUESTIONS AND ANSWERS
IN CONNECTION WITH
INFORMATION SUBPOENA

RE: SMITH, JOHN Respondent (Judgment Debtor/Obligor)

Respondent Social Security Number: 000-00-0000 Our Account Number ZZ00000Z1

STATE OF NEW YORK, COUNTY OF LOCAL

being duly sworn deposes and says: that deponent is the of recipient of an information subpoena herein and of the original and a copy of questions accompanying said subpoena. The answers set forth below are made from information obtained from the records of the recipient.

Question Number 1:
Do you have a record of any account in which the (judgment debtor/obligor) may have an interest, whether under the name of the debtor, under a trade or corporate name, or in association with others, as of the date of the subpoena or within 1 year prior thereto?
Answer Number 1:

Question Number 2:
As to each such account, what is the exact title of the account, the date opened, amounts presently on deposit; if closed, the amount on deposit when closed and the date closed?
Answer Number 2:

TITLE	DATE OPENED	AMOUNT ON DEPOSIT	DATE CLOSED

Question Number 3:
Do you have a record of any safe deposit box in which the (judgment debtor/obligor) may have an interest, whether under the name of the judgment debtor/obligor, under a trade or corporate name, or in association with others, as of the date of the subpoena or within 1 year prior thereto?
Answer Number 3:

2007

QUESTIONS AND ANSWERS
IN CONNECTION WITH
INFORMATION SUBPOENA

Question Number 4:
As to each such box what is the exact designation of the lessees thereof, the date hired, the date discontinued, the names of those having access?
Answer Number 4:

LESSEES	DATE HIRED	DATE DISCONTINUED	THOSE HAVING ACCESS

Question Number 5:
Do you hold collateral in which the (judgment debtor/obligor) has an interest?
Answer Number 5:

Question Number 6:
What is the description and value of each item of collateral?
Answer Number 6:

DESCRIPTION	VALUE

Question Number 7:
What interest does the (judgment debtor/obligor)appear to have in each item of collateral?
Answer Number 7:

Question Number 8:
Is the (judgment debtor/obligor) indebted to you?
Answer Number 8:

Question Number 9:
As to each indebtedness, what is the amount of the original indebtedness, the date incurred, amount repaid and date of such repayment?
Answer Number 9:

AMOUNT	DATE INCURRED	AMOUNT REPAID	DATE REPAID

Question Number 10:
Do you hold any lien, mortgage or otherwise, against property of the (judgment debtor/obligor)?
Answer Number 10:

Question Number 11:
What is the nature of each such lien, the full description of the property affected by the lien, the location and identity of the office of the filing or recording and full indexing information?
Answer Number 11:

LIEN	PROPERTY	WHERE RECORDED OR FILED	BOOK AND PAGE NO.

2007

Question Number 12:
Are any of the assets of the (judgment debtor/obligor) in your possession or care, subject to liens, attachments or other encumbrances?
Answer Number 12:

Question Number 13:
What are the full details of the same in regard to each asset?
Answer Number 13:

Question Number 14:
Do you have any other transaction with the (judgment debtor/obligor), directly or indirectly, as a result of which the (judgment debtor/obligor) may now have , or may in the future become entitled to, money or credit?
Answer Number 14:

Question Number 15:
Has the (judgment debtor/obligor) given you a statement of his financial condition?
Answer Number 15:

Question Number 16:
What assets are disclosed therein (or in the alternative supply a copy thereof)?
Answer Number 16:

Question Number 17:
What is the (judgment debtor/obligor's) social security number and last place of employment?
Answer Number 17:

2007

_____
Signature - print or type name beneath

Sworn to before me this Day of 20 _ _

Please return this form to:
LOCAL COUNTY SCU
PEX UNIT
COUNTY OFFICE BLDG
LOCALTOWN NY 10000-0000

Name of Financial Institution: XYZ SAVINGS BANK

Federal Employer Identification Number: 123456789

PEX2-7
LOCAL COUNTY SCU
PEX UNIT
COUNTY OFFICE BLDG
LOCALTOWN NY 10000-0000

TELEPHONE: 1-888-208-4485

XYZ SAVINGS BANK
ATTN PROPERTY EXECUTION DEPT
1001 ANY BANK AVE
ANY CITY NY 10000-0000

THE STATE OF NEW YORK, COUNTY OF LOCAL

SMITH, JANE **Petitioner,**

against

SMITH, JOHN **Respondent (Judgment Debtor/Obligor)**
Social Security Number 000-00-0000

RESTRAINING NOTICE with INFORMATION SUBPOENA Pursuant to CPLR § 5222 and Rule 5224

Our Account Number: ZZ00000Z1
Our Worker Code: ZZZZ

ATTENTION: XYZ SAVINGS BANK

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01/01/2005	$100.00 / Monthly

ENTRY DATE	PAYMENT/FREQUENCY

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Dated: 07/01/2005

Issued by:
SCU Supervisor

LOCAL County Support Collection Unit

Your reply to the Special Instructions: (Check the appropriate box)

☐ The sole basis for the property in our possession or property is Supplemental Security Income (SSI) and, therefore, we have not restrained the property pursuant to your instructions.

☐ The account is closed and there are no other open and/or active accounts belonging to the judgment debtor/obligor in our possession or custody.

NOTE: If you reply to the special instructions by checking either box above and sign below, the Information Subpoena does not apply to you. You need not respond to the Questions and Answers In Connection With Information Subpoena.

(signed)_____ Date:_____
Compliance Officer or Designee

INFORMATION SUBPOENA

WHEREAS, the Witness resides; is regularly employed; has an office for the regular transaction of business in person;
in County;

NOW, THEREFORE WE COMMAND YOU, that you answer in writing under oath, separately and fully, each question in the questionnaire accompanying this subpoena, each answer referring to the question to which it responds; and that you return the answers together with the original of the questions within 7 days after your receipt of the questions and this subpoena.

TAKE NOTICE that false swearing or failure to comply with this subpoena is punishable as a contempt of court.

COUNTY OF LOCAL

SMITH, JANE Petitioner

against

SMITH, JOHN Respondent

QUESTIONS AND ANSWERS IN CONNECTION WITH INFORMATION SUBPOENA

RE: SMITH, JOHN Respondent (Judgment Debtor/Obligor)

Respondent Social Security Number: 000-00-0000 Our Account Number ZZ00000Z1

STATE OF NEW YORK, COUNTY OF LOCAL

being duly sworn deposes and says: that deponent is the of recipient of an information subpoena herein and of the original and a copy of questions accompanying said subpoena. The answers set forth below are made from information obtained from the records of the recipient.

Question Number 1:
Do you have a record of any account in which the (judgment debtor/obligor) may have an interest, whether under the name of the debtor, under a trade or corporate name, or in association with others, as of the date of the subpoena or within 1 year prior thereto?
Answer Number 1:

Question Number 2:
As to each such account, what is the exact title of the account, the date opened, amounts presently on deposit; if closed, the amount on deposit when closed and the date closed?
Answer Number 2:

TITLE	DATE OPENED	AMOUNT ON DEPOSIT	DATE CLOSED

Question Number 3:
Do you have a record of any safe deposit box in which the (judgment debtor/obligor) may have an interest, whether under the name of the judgment debtor/obligor, under a trade or corporate name, or in association with others, as of the date of the subpoena or within 1 year prior thereto?
Answer Number 3:

2007

QUESTIONS AND ANSWERS
IN CONNECTION WITH
INFORMATION SUBPOENA

Question Number 4:
As to each such box what is the exact designation of the lessees thereof, the date hired, the date discontinued, the names of those having access?
Answer Number 4:

LESSEES	DATE HIRED	DATE DISCONTINUED	THOSE HAVING ACCESS

Question Number 5:
Do you hold collateral in which the (judgment debtor/obligor) has an interest?
Answer Number 5:

Question Number 6:
What is the description and value of each item of collateral?
Answer Number 6:

DESCRIPTION	VALUE

Question Number 7:
What interest does the (judgment debtor/obligor)appear to have in each item of collateral?
Answer Number 7:

Question Number 8:
Is the (judgment debtor/obligor) indebted to you?
Answer Number 8:

Question Number 9:
As to each indebtedness, what is the amount of the original indebtedness, the date incurred, amount repaid and date of such repayment?
Answer Number 9:

AMOUNT	DATE INCURRED	AMOUNT REPAID	DATE REPAID

Question Number 10:
Do you hold any lien, mortgage or otherwise, against property of the (judgment debtor/obligor)?
Answer Number 10:

Question Number 11:
What is the nature of each such lien, the full description of the property affected by the lien, the location and identity of the office of the filing or recording and full indexing information?
Answer Number 11:

LIEN	PROPERTY	WHERE RECORDED OR FILED	BOOK AND PAGE NO.

2007

QUESTIONS AND ANSWERS
IN CONNECTION WITH
INFORMATION SUBPOENA

Question Number 12:
Are any of the assets of the (judgment debtor/obligor) in your possession or care, subject to liens, attachments or other encumbrances?
Answer Number 12:

Question Number 13:
What are the full details of the same in regard to each asset?
Answer Number 13:

Question Number 14:
Do you have any other transaction with the (judgment debtor/obligor), directly or indirectly, as a result of which the (judgment debtor/obligor) may now have , or may in the future become entitled to, money or credit?
Answer Number 14:

Question Number 15:
Has the (judgment debtor/obligor) given you a statement of his financial condition?
Answer Number 15:

Question Number 16:
What assets are disclosed therein (or in the alternative supply a copy thereof)?
Answer Number 16:

Question Number 17:
What is the (judgment debtor/obligor's) social security number and last place of employment?
Answer Number 17:

2007

Signature - print or type name beneath

Sworn to before me this Day of 20 _ _

Please return this form to:
LOCAL COUNTY SCU
PEX UNIT
COUNTY OFFICE BLDG
LOCALTOWN NY 10000-0000

Name of Financial Institution: XYZ SAVINGS BANK

Federal Employer Identification Number: 123456789

2007

PEX4-1 RA488
LOCAL COUNTY SCU
PEX UNIT
COUNTY OFFICE BLDG
LOCALTOWN NY 10000-0000
TELEPHONE: (123) 456-7890

#BWNMVWF
#PEX3 1234 1234 1234#
1 2 3 4 5 6 7 8 9 0 9 0
SMITH, JOHN
ANYPLACE APARTMENTS
123 ANYWHERE ST APT 1
ANYTOWN NY 10000-0000

THE STATE OF NEW YORK, COUNTY OF LOCAL

SMITH, JANE **Petitioner,**

NOTICE TO JUDGMENT DEBTOR/OBLIGOR OF RESTRAINING NOTICE
Pursuant to CPLR § 5222 (d) and (e)

against

SMITH, JOHN **Respondent (Judgment Debtor/Obligor)**
Social Security Number 000-00-0000

ATTENTION: XYZ SAVINGS BANK
Respondent (Judgment Debtor/Obligor)

Our Account Number: ZZ00000Z1
Our Worker Code: ZZZZ

READ THIS CAREFULLY:
You are hereby notified that money or property belonging to you may have been taken or held ("restrained") in order to satisfy the arrears due and unpaid from the support order(s) entered against you and noted in the enclosed Restraining Notice. The money or property may be restrained legally due to your accumulation of arrears at least equal to the amount directed by your court order to be paid for two (2) months [See 18 NYCRR 346.11(b)(1)].

YOU MAY ASSERT A MISTAKE OF FACT IF YOU THINK YOU DO NOT OWE THE ARREARS OR YOU MAY CLAIM THAT YOUR MONEY OR PROPERTY SHOULD NOT BE USED TO SATISFY ANY ARREARS BECAUSE IT IS EXEMPT (see below for more information). AN EXECUTION WILL BE SERVED TO SEIZE YOUR MONEY OR PROPERTY UNLESS YOU ASSERT A MISTAKE OF FACT BY WRITING TO THE SUPPORT COLLECTION UNIT AT:

LOCAL COUNTY SCU
PEX UNIT
COUNTY OFFICE BLDG
LOCALTOWN NY 10000-0000

WITHIN FIFTEEN (15) DAYS FROM YOUR RECEIPT OF A COPY OF THIS NOTICE.

"MISTAKE OF FACT" MEANS THAT YOU THINK THAT WE HAVE MADE AN ERROR IN THE AMOUNT OF ARREARS OR PAST DUE SUPPORT WHICH IS OWED, OR IN THE IDENTITY OF THE DEBTOR, OR THAT THE ORDER OF SUPPORT DOES NOT EXIST OR HAS BEEN VACATED. YOU SHOULD ALSO SUBMIT ADDITIONAL INFORMATION AND EVIDENCE BY MAIL OR, IF PERMITTED BY THE SUPPORT COLLECTION UNIT, BY TELEPHONE TO SUPPORT YOUR ASSERTION OF A MISTAKE OF FACT WITHIN THE FIFTEEN (15) DAY PERIOD. THEREAFTER, THE SUPPORT COLLECTION UNIT WILL DETERMINE THE MERITS OF YOUR OBJECTION AND WILL NOTIFY YOU OF ITS DETERMINATION WITHIN FORTY-FIVE (45) DAYS FROM THE RECEIPT OF A COPY OF THIS NOTICE. IF THE OBJECTION IS DISALLOWED, YOU WILL BE NOTIFIED IN WRITING THAT THE EXECUTION WILL BE SERVED TO SEIZE THE PROPERTY.

2007

YOU MAY BE ABLE TO GET YOUR MONEY BACK

State and Federal Laws prevent certain money or property from being taken to satisfy most judgments or orders. Such money or property is said to be "exempt". The following is a **partial** list of money that may be exempt:

1. Supplemental security income (SSI);
2. Social Security;
3. Public assistance (welfare);
4. Alimony or child support;
5. Unemployment benefits;
6. Disability benefits;
7. Workers' compensation benefits;
8. Public or private pensions; and
9. Veterans benefits.

IMPORTANT NOTE ABOUT CHILD SUPPORT JUDGMENTS OR ORDERS AND EXEMPT PROPERTY:

Please be advised that certain money or property that otherwise may be exempt from payment of a judgment or order may not be exempt from payment of a judgment or order for child support arrears. For your information, the following types of money or property are always exempt from the payment of a judgment or order for child support arrears:
1. Supplemental security income (SSI); 2. Public assistance (welfare); and 3. Alimony or child support.

If you think that any of your money that has been taken or held is exempt, you must act promptly because the money may have been applied to satisfy the judgment or child support order arrears. If you claim that any of your money that has been taken or held is exempt, you may contact the Support Collection Unit sending this notice.

Also, YOU MAY CONSULT AN ATTORNEY, INCLUDING LEGAL AID IF YOU QUALIFY. The Law (New York Civil Practice Law and Rules, Article 4 and Sections 5239 and 5240) provides a procedure for determination of a claim to an exemption.

Enclosed is a copy of the "Restraining Notice" issued for your account.

Dated: 07/01/2005 Supervisor

LOCAL County Support Collection Unit

Enclosure

2007

PEX4-3

LOCAL COUNTY SCU
PEX UNIT
COUNTY OFFICE BLDG
LOCALTOWN NY 10000-0000
TELEPHONE: (123) 456-7890

XYZ SAVINGS BANK
ATTN PROPERTY EXECUTION DEPT
1001 ANY BANK AVE
ANY CITY NY 10000-0000

THE STATE OF NEW YORK, COUNTY OFLOCAL

SMITH, JANE **Petitioner,**

against

SMITH, JOHN **Respondent (Judgment Debtor/Obligor)**
Social Security Number 000-00-0000

RESTRAINING NOTICE with INFORMATION SUBPOENA Pursuant to CPLR § 5222 and Rule 5224

Our Account Number: ZZ00000Z1
Our Worker Code: ZZZZ

ATTENTION: XYZ SAVINGS BANK

WHEREAS, in an action in the Supreme or Family Court of the State of New York, LOCAL County, between the above named parties, in favor of SMITH, JANE petitioner (judgment creditor/obligee) and against SMITH, JOHN respondent (judgment debtor/obligor), the following order(s) were entered:

ENTRY DATE	PAYMENT/FREQUENCY
01/01/2005	$100.00/ Monthly

ENTRY DATE	PAYMENT/FREQUENCY

As of 07/01/2005, the total arrears/past due support that is due and unpaid is $10,000.00

2007

RESTRAINING NOTICE

WHEREAS, it appears that you are in possession or in custody of property in which the judgment debtor/obligor has an interest or you owe a debt to the judgment debtor/obligor;

TAKE NOTICE that pursuant to New York Civil Practice Law and Rules (CPLR) section 5222(b), which is set forth in full herein, you are hereby forbidden to make or suffer any sale, assignment or transfer of, or any interference with, any such property or pay over or otherwise dispose of any such debt except as therein provided.

TAKE FURTHER NOTICE that this notice also covers all property in which the judgment debtor/obligor has an interest hereafter coming into your possession or custody, and all debts hereafter coming due from you to the judgment debtor/obligor.

CPLR SECTION 5222(b). "Effect of restraint; prohibition of transfer; duration. A judgment debtor or obligor served with a restraining notice is forbidden to make or suffer any sale, assignment, transfer or interference with any property in which he or she has an interest, except upon direction of the sheriff or pursuant to an order of the court, until the judgment or order is satisfied or vacated. A restraining notice served upon a person other than the judgment debtor or obligor is effective only if, at the time of service, he or she owes a debt to the judgment debtor or obligor or he or she is in the possession or custody of property in which he or she knows or has reason to believe the judgment debtor or obligor has an interest, or if the judgment creditor or support collection unit has stated in the notice that a specified debt is owed by the person served to the judgment debtor or obligor or that the judgment debtor or obligor has an interest in specified property in the possession or custody of the person served. All property in which the judgment debtor or obligor is known or believed to have an interest then in and thereafter coming into the possession or custody of such a person, including any specified in the notice, and all debts of such a person, including any specified in the notice, then due and thereafter coming due to the judgment debtor or obligor, shall be subject to the notice. Such a person is forbidden to make or suffer any sale, assignment or transfer of, or any interference with, any such property, or pay over or otherwise dispose of any such debt, to any person other than the sheriff or the support collection unit, except upon direction of the sheriff or pursuant to any order of the court, until the expiration of one year after the notice is served upon him or her, or until the judgment or order is satisfied or vacated, whichever event first occurs. A judgment creditor or support collection unit which has specified personal property or debt in a restraining notice shall be liable to the owner of the property or the person to whom the debt is owed, if other than the judgment debtor or obligor, for any damages sustained by reason of the restraint. If a garnishee served with a restraining notice withholds the payment of money belonging or owed to the judgment debtor or obligor in an amount equal to twice the amount due on the judgment or order, the restraining notice is not effective as to other property or money."

TAKE FURTHER NOTICE that disobedience of this Restraining Notice is punishable as a contempt of court.

SPECIAL INSTRUCTIONS: When Supplemental Security Income (SSI) is the sole basis for the property in your possession or custody, this notice shall not be effective. If the property in your possession or custody consists of a demand deposit account, checking or negotiable withdrawal account, savings account, time deposit account, or money market mutual fund account, or similar account, **and such account(s) is closed**, this notice shall not be effective, **provided there are no other open and/or active accounts in your possession or custody**. If either condition indicated in these special instructions apply, please complete the applicable statement at the bottom of this page and return this notice to the Support Collection Unit at the address indicated at the top left-hand corner of the first page of this notice.

Dated: 07/01/2005

Issued by:
SCU Supervisor

LOCAL County Support Collection Unit

Your reply to the Special Instructions: (Check the appropriate box)

☐ The sole basis for the property in our possession or property is Supplemental Security Income (SSI) and, therefore, we have not restrained the property pursuant to your instructions.

☐ The account is closed and there are no other open and/or active accounts belonging to the judgment debtor/obligor in our possession or custody.

NOTE: If you reply to the special instructions by checking either box above and sign below, the Information Subpoena does not apply to you. You need not respond to the Questions and Answers In Connection With Information Subpoena.

(signed)_____ Date:_____
Compliance Officer or Designee

INFORMATION SUBPOENA

WHEREAS, the Witness resides; is regularly employed; has an office for the regular transaction of business in person;
in County;

NOW, THEREFORE WE COMMAND YOU, that you answer in writing under oath, separately and fully, each question in the questionnaire accompanying this subpoena, each answer referring to the question to which it responds; and that you return the answers together with the original of the questions within 7 days after your receipt of the questions and this subpoena.

TAKE NOTICE that false swearing or failure to comply with this subpoena is punishable as a contempt of court.

COUNTY OF LOCAL

SMITH, JANE	Petitioner	QUESTIONS AND ANSWERS IN CONNECTION WITH INFORMATION SUBPOENA
against		
SMITH, JOHN	Respondent	

RE: SMITH, JOHN Respondent (Judgment Debtor/Obligor)

Respondent Social Security Number: 000-00-0000 Our Account Number ZZ00000Z1

STATE OF NEW YORK, COUNTY OF LOCAL

being duly sworn deposes and says: that deponent is the of recipient of an information subpoena herein and of the original and a copy of questions accompanying said subpoena. The answers set forth below are made from information obtained from the records of the recipient.

Question Number 1:
Do you have a record of any account in which the (judgment debtor/obligor) may have an interest, whether under the name of the debtor, under a trade or corporate name, or in association with others, as of the date of the subpoena or within 1 year prior thereto?
Answer Number 1:

Question Number 2:
As to each such account, what is the exact title of the account, the date opened, amounts presently on deposit; if closed, the amount on deposit when closed and the date closed?
Answer Number 2:

TITLE	DATE OPENED	AMOUNT ON DEPOSIT	DATE CLOSED

Question Number 3:
Do you have a record of any safe deposit box in which the (judgment debtor/obligor) may have an interest, whether under the name of the judgment debtor/obligor, under a trade or corporate name, or in association with others, as of the date of the subpoena or within 1 year prior thereto?
Answer Number 3:

2007

QUESTIONS AND ANSWERS
IN CONNECTION WITH
INFORMATION SUBPOENA

Question Number 4:
As to each such box what is the exact designation of the lessees thereof, the date hired, the date discontinued, the names of those having access?
Answer Number 4:

LESSEES	DATE HIRED	DATE DISCONTINUED	THOSE HAVING ACCESS

Question Number 5:
Do you hold collateral in which the (judgment debtor/obligor) has an interest?
Answer Number 5:

Question Number 6:
What is the description and value of each item of collateral?
Answer Number 6:

DESCRIPTION	VALUE

Question Number 7:
What interest does the (judgment debtor/obligor)appear to have in each item of collateral?
Answer Number 7:

Question Number 8:
Is the (judgment debtor/obligor) indebted to you?
Answer Number 8:

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As to each indebtedness, what is the amount of the original indebtedness, the date incurred, amount repaid and date of such repayment?
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AMOUNT	DATE INCURRED	AMOUNT REPAID	DATE REPAID

Question Number 10:
Do you hold any lien, mortgage or otherwise, against property of the (judgment debtor/obligor)?
Answer Number 10:

Question Number 11:
What is the nature of each such lien, the full description of the property affected by the lien, the location and identity of the office of the filing or recording and full indexing information?
Answer Number 11:

LIEN	PROPERTY	WHERE RECORDED OR FILED	BOOK AND PAGE NO.

2007

QUESTIONS AND ANSWERS
IN CONNECTION WITH
INFORMATION SUBPOENA

Question Number 12:
Are any of the assets of the (judgment debtor/obligor) in your possession or care, subject to liens, attachments or other encumbrances?
Answer Number 12:

Question Number 13:
What are the full details of the same in regard to each asset?
Answer Number 13:

Question Number 14:
Do you have any other transaction with the (judgment debtor/obligor), directly or indirectly, as a result of which the (judgment debtor/obligor) may now have , or may in the future become entitled to, money or credit?
Answer Number 14:

Question Number 15:
Has the (judgment debtor/obligor) given you a statement of his financial condition?
Answer Number 15:

Question Number 16:
What assets are disclosed therein (or in the alternative supply a copy thereof)?
Answer Number 16:

Question Number 17:
What is the (judgment debtor/obligor's) social security number and last place of employment?
Answer Number 17:

Signature - print or type name beneath

Sworn to before me this Day of 20 _ _

Please return this form to:
LOCAL COUNTY SCU
PEX UNIT
COUNTY OFFICE BLDG
LOCALTOWN NY 10000-0000

Name of Financial Institution: XYZ SAVINGS BANK

Federal Employer Identification Number: 123456789

2007

2007

PEX9-1 RA488
LOCAL CITY SCU
PEX UNIT
CITY OFFICE BLDG
LOCAL CITY NY 10000-0000
TELEPHONE: (000) 000-0000

#BWNMVWF
#PEX3 1234 1234 1234#
1 2 3 4 5 6 7 8 9 0 9 0
SMITH, JOHN
ANYPLACE APARTMENTS
123 ANYWHERE ST APT 1
ANYTOWN NY 10000-0000

THE STATE OF NEW YORK, COUNTY OF LOCAL

SMITH, JANE **Petitioner,**

NOTICE TO JUDGMENT DEBTOR/OBLIGOR OF RESTRAINING NOTICE
Pursuant to CPLR § 5222 (d) and (e)

against

SMITH, JOHN **Respondent (Judgment Debtor/Obligor)**
Social Security Number 000-00-0000

ATTENTION: SMITH, JOHN
Respondent (Judgment Debtor/Obligor)

Our Account Number: ZZ00000Z1
Our Worker Code: ZZZZ

READ THIS CAREFULLY:
You are hereby notified that money or property belonging to you may have been taken or held ("restrained") in order to satisfy the arrears due and unpaid from the support order(s) entered against you and noted in the enclosed Restraining Notice. The money or property may be restrained legally due to your accumulation of arrears at least equal to the amount directed by your court order to be paid for two (2) months [See 18 NYCRR 346.11(b)(1)].

YOU MAY ASSERT A MISTAKE OF FACT IF YOU THINK YOU DO NOT OWE THE ARREARS OR YOU MAY CLAIM THAT YOUR MONEY OR PROPERTY SHOULD NOT BE USED TO SATISFY ANY ARREARS BECAUSE IT IS EXEMPT (see below for more information). AN EXECUTION WILL BE SERVED TO SEIZE YOUR MONEY OR PROPERTY UNLESS YOU ASSERT A MISTAKE OF FACT BY WRITING TO THE SUPPORT COLLECTION UNIT AT:

LOCAL CITY SCU
PEX UNIT
CITY OFFICE BLDG
LOCAL CITY NY 10000-0000

WITHIN FIFTEEN (15) DAYS FROM YOUR RECEIPT OF A COPY OF THIS NOTICE.

"MISTAKE OF FACT" MEANS THAT YOU THINK THAT WE HAVE MADE AN ERROR IN THE AMOUNT OF ARREARS OR PAST DUE SUPPORT WHICH IS OWED, OR IN THE IDENTITY OF THE DEBTOR, OR THAT THE ORDER OF SUPPORT DOES NOT EXIST OR HAS BEEN VACATED. YOU SHOULD ALSO SUBMIT ADDITIONAL INFORMATION AND EVIDENCE BY MAIL OR, IF PERMITTED BY THE SUPPORT COLLECTION UNIT, BY TELEPHONE TO SUPPORT YOUR ASSERTION OF A MISTAKE OF FACT WITHIN THE FIFTEEN (15) DAY PERIOD. THEREAFTER, THE SUPPORT COLLECTION UNIT WILL DETERMINE THE MERITS OF YOUR OBJECTION AND WILL NOTIFY YOU OF ITS DETERMINATION WITHIN FORTY-FIVE (45) DAYS FROM THE RECEIPT OF A COPY OF THIS NOTICE. IF THE OBJECTION IS DISALLOWED, YOU WILL BE NOTIFIED IN WRITING THAT THE EXECUTION WILL BE SERVED TO SEIZE THE PROPERTY.

2007

YOU MAY BE ABLE TO GET YOUR MONEY BACK

State and Federal Laws prevent certain money or property from being taken to satisfy most judgments or orders. Such money or property is said to be "exempt". The following is a **partial** list of money that may be exempt:

1. Supplemental security income (SSI);
2. Social Security;
3. Public assistance (welfare);
4. Alimony or child support;
5. Unemployment benefits;
6. Disability benefits;
7. Workers' compensation benefits;
8. Public or private pensions; and
9. Veterans benefits.

IMPORTANT NOTE ABOUT CHILD SUPPORT JUDGMENTS OR ORDERS AND EXEMPT PROPERTY:

Please be advised that certain money or property that otherwise may be exempt from payment of a judgment or order may not be exempt from payment of a judgment or order for child support arrears. For your information, the following types of money or property are always exempt from the payment of a judgment or order for child support arrears:
1. Supplemental security income (SSI); 2. Public assistance (welfare); and 3. Alimony or child support.

If you think that any of your money that has been taken or held is exempt, you must act promptly because the money may have been applied to satisfy the judgment or child support order arrears. If you claim that any of your money that has been taken or held is exempt, you may contact the Support Collection Unit sending this notice.

Also, YOU MAY CONSULT AN ATTORNEY, INCLUDING LEGAL AID IF YOU QUALIFY. The Law (New York Civil Practice Law and Rules, Article 4 and Sections 5239 and 5240) provides a procedure for determination of a claim to an exemption.

Enclosed is a copy of the "Restraining Notice" issued for your account.

Dated: 07/01/2005 Supervisor

LOCAL County Support Collection Unit

Enclosure

2007

LOCAL CITY SCU
PEX UNIT
CITY OFFICE BLDG
LOCAL CITY NY 10000-0000

TELEPHONE: (000) 000-0000

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

ESTADO DE NUEVA YORK, CONDADO DE LOCAL

SMITH, JANE **Solicitante,**

NOTICIA AL DEUDOR DEL JUCIO/OBLIGOR DE REFRENAR
Pursuant to CPLR § 5222 (d) and (e)

Contra

SMITH, JOHN **Demandado (Deudor del Juicio/Obligor)**
Numero de seguro social 000-00-0000

ATENCIÓN: SMITH, JOHN
Demandado (Deudor del Juicio/Obligor)

Nuestro numero de cuenta: ZZ00000Z1
Nuestro código del trabajador: ZZZZ

LEA ESTO CUIDADOSAMENTE:

Por medio del presente queda notificado que dinero o propiedad pertenecientes a usted pueden quedar tornadas o retenidas (refrenada) para cumplir con las ordenes judiciales del pago de manutención atrasados y notado en adjunto Noticia de Refrenar. El dinero o propiedad pueden quedar sujetos a restricciones legales debido a la acumulación de pagos atrasados en una cantidad por lo menos igual a la cantidad mandada a ser pagada según la orden de la Corte por el periodo de dos meses.

UD. PUEDE ALEGAR UN ERROR DE HECHO SI SUS PAGOS ATRASADOS NO HAN SIDO SOMETIDOS A JUICIO O UD. PUEDE RECLAMAR QUE SU DINERO O PROPIEDAD NO DEBEN SER USADOS PARA CUMPLIR CON PAGOS ATRASADOS EN RAZÓN DE QUE ESTA EXENTO. (Vea abajo para mas información.) LA EJECUCIÓN JUDICIAL SERÁ NOTIFICADA PARA EMBARGARLE SU DINERO O PROPIEDAD A MENOS QUE UD. ALEGUE ERROR DE DICHO POR ESCRITO ANTE LA UNIDAD DE COBRANZA DE:

LOCAL CITY SCU
PEX UNIT
CITY OFFICE BLDG
LOCAL CITY NY 10000-0000

DENTRO DE QUINCE (15) DÍAS DE LA FECHA DE SU RECEPCIÓN DE UNA COPIA DE ESTA NOTICIA.

"ERROR DE HECHO" SIGNIFICA QUE USTED CONSIDERA QUE NOSOTROS HEMOS COMETIDO UN ERROR EN LA CANTIDAD DEL PAGO ATRASADO O PAGO DE MANUTENCIÓN VENCIDO QUE USTED DEBE O EN LA IDENTIDAD DEL DEUDOR O QUE LA ORDEN DE PAGO DE MANUTENCIÓN NO EXISTE O HA SIDO ANULADA. USTED DEBE TAMBIÉN PRESENTAR INFORMACIÓN U PRUEBAS POR CORREO O LA UNIDAD DE COBRANZA DE MANUTENCIÓN DETERMINARA LOS MERITOS DE SU OBJECIÓN Y LE NOTIFICARA SU DETERMINACIÓN DENTRO DE CUARENTA Y CINCO (45) DÍAS DE SU RECEPCIÓN DE UNA COPIA DE ESTA NOTIFICACIÓN. SI LA OBJECIÓN ES DENEGADA, USTED SERÁ NOTIFICADO POR ESCRITO DE LA APLICACIÓN DE LA EJECUCIÓN JUDICIAL PARA EL EMBARGO DE PROPIEDAD.

USTED PODRIA OBTENER LA DEVOLUCION DE SU DINERO

Las leyes estatales y federales previenen el que se tome cierto dinero o propiedad para satisfacer **la mayoría** de las decisiones judiciales o ordenes judiciales. Se dice que dicho dinero o propiedad están "exentos." Lo que sigue es una lista *parcial* del dinero que puede estar exento.

1. El programa de ingresos suplementarios del seguro social (SSI);
2. El seguro social;
3. El programa de asistencia pública (welfare);
4. Pensión alimentaría o manutención de los hijos;
5. Beneficios de desempleo;
6. Beneficios por incapacidad o invalidez;
7. Beneficios por accidentes de trabajo;
8. Pensiones publicas o privadas; y
9. Beneficios de veterana.

NOTA IMPORTANE ACERCA DE JUICIOS DE MANUTENCIÓN INFANTIL U ORDENES Y LA PROPIEDAD EXENTA:

Por favor sea avisado que cierto dinero o la propiedad que de otro modo pueden ser exentos del pago de un juicio o la orden no puede ser exento del pago de un juicio o la orden para atrasos de la manutención infantil. Para su información, los tipos siguientes de dinero o propiedad son siempre exentos del pago de un juicio o la orden para atrasos de la manutención infantil: 1. El programa de los ingresos suplementarios del seguro social (SSI); 2. El programa de asistencia publica (welfare); 3.Pensión alimentaría o manutención de los hijos.

Si usted cree que cualquier monto de su dinero que haya sido tomado o retenido esta exento, debe actuar inmediatamente, ya que el dinero puede ser utilizado para cumplir con la decisión judicial o pagos atrasados de la orden de manutención de los hijos. Si usted reclama que cualquier dinero que haya sido tomado o retenido esta exento, debe ponerse en contacto con la persona que le envío esta notificación.

También, USTED PUEDE CONSULTAR A UN ABAGADO, INCLUSO RECURRIR AL PROGRAMA DE ASISTENCIA LEGAL si usted llena los requisitos para ello. La ley (Articulo 4 y Secciones 5239 y 5240 de la Ley y Normas de Procedimiento Civil de Nueva York) disponen de un procedimiento para la decisión de un reclamo a una exención.

Adjunto a la presente una copia de la "Notificación de Restricciones" emitida para aplicarse a su cuenta.

Fechado: 07/01/2005

Supervisor:

LOCAL Condado SCIJ
(County Support Collection Unit)

Se adjuntan documentos

2007

LOCAL CITY SCU
PEX UNIT
CITY OFFICE BLDG
LOCAL CITY NY 10000-0000

TELEPHONE: (000) 000-0000

XYZ SAVINGS BANK
ATTN PROPERTY EXECUTION DEPT
1001 ANY BANK AVE
ANY CITY NY 10000-0000

THE STATE OF NEW YORK, COUNTY OF LOCAL

SMITH, JANE **Petitioner,**

against

SMITH, JOHN **Respondent (Judgment Debtor/Obligor)**
Social Security Number 000-00-0000

RESTRAINING NOTICE with INFORMATION SUBPOENA Pursuant to CPLR § 5222 and Rule 5224

Our Account Number: ZZ00000Z1
Our Worker Code: ZZZZ

ATTENTION: XYZ SAVINGS BANK

WHEREAS, in an action in the Supreme or Family Court of the State of New York, LOCAL County, between the above named parties, in favor of SMITH, JANE petitioner (judgment creditor/obligee) and against SMITH, JOHN respondent (judgment debtor/obligor), the following order(s) were entered:

ENTRY DATE	PAYMENT/FREQUENCY
01/01/2005	$100.00/ Monthly

ENTRY DATE	PAYMENT/FREQUENCY

As of 07/01/2005, the total arrears/past due support that is due and unpaid is $10,000.00

RESTRAINING NOTICE

WHEREAS, it appears that you are in possession or in custody of property in which the judgment debtor/obligor has an interest or you owe a debt to the judgment debtor/obligor;

TAKE NOTICE that pursuant to New York Civil Practice Law and Rules (CPLR) section 5222(b), which is set forth in full herein, you are hereby forbidden to make or suffer any sale, assignment or transfer of, or any interference with, any such property or pay over or otherwise dispose of any such debt except as therein provided.

TAKE FURTHER NOTICE that this notice also covers all property in which the judgment debtor/obligor has an interest hereafter coming into your possession or custody, and all debts hereafter coming due from you to the judgment debtor/obligor.

CPLR SECTION 5222(b). "Effect of restraint; prohibition of transfer; duration. A judgment debtor or obligor served with a restraining notice is forbidden to make or suffer any sale, assignment, transfer or interference with any property in which he or she has an interest, except upon direction of the sheriff or pursuant to an order of the court, until the judgment or order is satisfied or vacated. A restraining notice served upon a person other than the judgment debtor or obligor is effective only if, at the time of service, he or she owes a debt to the judgment debtor or obligor or he or she is in the possession or custody of property in which he or she knows or has reason to believe the judgment debtor or obligor has an interest, or if the judgment creditor or support collection unit has stated in the notice that a specified debt is owed by the person served to the judgment debtor or obligor or that the judgment debtor or obligor has an interest in specified property in the possession or custody of the person served. All property in which the judgment debtor or obligor is known or believed to have an interest then in and thereafter coming into the possession or custody of such a person, including any specified in the notice, and all debts of such a person, including any specified in the notice, then due and thereafter coming due to the judgment debtor or obligor, shall be subject to the notice. Such a person is forbidden to make or suffer any sale, assignment or transfer of, or any interference with, any such property, or pay over or otherwise dispose of any such debt, to any person other than the sheriff or the support collection unit, except upon direction of the sheriff or pursuant to any order of the court, until the expiration of one year after the notice is served upon him or her, or until the judgment or order is satisfied or vacated, whichever event first occurs. A judgment creditor or support collection unit which has specified personal property or debt in a restraining notice shall be liable to the owner of the property or the person to whom the debt is owed, if other than the judgment debtor or obligor, for any damages sustained by reason of the restraint. If a garnishee served with a restraining notice withholds the payment of money belonging or owed to the judgment debtor or obligor in an amount equal to twice the amount due on the judgment or order, the restraining notice is not effective as to other property or money."

TAKE FURTHER NOTICE that disobedience of this Restraining Notice is punishable as a contempt of court.

SPECIAL INSTRUCTIONS: When Supplemental Security Income (SSI) is the sole basis for the property in your possession or custody, this notice shall not be effective. If the property in your possession or custody consists of a demand deposit account, checking or negotiable withdrawal account, savings account, time deposit account, or money market mutual fund account, or similar account, **and such account(s) is closed**, this notice shall not be effective, **provided there are no other open and/or active accounts in your possession or custody**. If either condition indicated in these special instructions apply, please complete the applicable statement at the bottom of this page and return this notice to the Support Collection Unit at the address indicated at the top left-hand corner of the first page of this notice.

Issued by:
SCU Supervisor

Dated: 07/01/2005

LOCAL County Support Collection Unit

Your reply to the Special Instructions: (Check the appropriate box)

☐ The sole basis for the property in our possession or property is Supplemental Security Income (SSI) and, therefore, we have not restrained the property pursuant to your instructions.

☐ The account is closed and there are no other open and/or active accounts belonging to the judgment debtor/obligor in our possession or custody.

NOTE: If you reply to the special instructions by checking either box above and sign below, the Information Subpoena does not apply to you. You need not respond to the Questions and Answers In Connection With Information Subpoena.

(signed)_____ Date:_____
Compliance Officer or Designee

INFORMATION SUBPOENA

WHEREAS, the Witness resides; is regularly employed; has an office for the regular transaction of business in person;
in County;

NOW, THEREFORE WE COMMAND YOU, that you answer in writing under oath, separately and fully, each question in the questionnaire accompanying this subpoena, each answer referring to the question to which it responds; and that you return the answers together with the original of the questions within 7 days after your receipt of the questions and this subpoena.

TAKE NOTICE that false swearing or failure to comply with this subpoena is punishable as a contempt of court.

COUNTY OF LOCAL

SMITH, JANE Petitioner

against

SMITH, JOHN Respondent

QUESTIONS AND ANSWERS IN CONNECTION WITH INFORMATION SUBPOENA

RE: SMITH, JOHN Respondent (Judgment Debtor/Obligor)

Respondent Social Security Number: 000-00-0000 Our Account Number ZZ00000Z1

STATE OF NEW YORK, COUNTY OF LOCAL

being duly sworn deposes and says: that deponent is the of recipient of an information subpoena herein and of the original and a copy of questions accompanying said subpoena. The answers set forth below are made from information obtained from the records of the recipient.

Question Number 1:
Do you have a record of any account in which the (judgment debtor/obligor) may have an interest, whether under the name of the debtor, under a trade or corporate name, or in association with others, as of the date of the subpoena or within 1 year prior thereto?
Answer Number 1:

Question Number 2:
As to each such account, what is the exact title of the account, the date opened, amounts presently on deposit; if closed, the amount on deposit when closed and the date closed?
Answer Number 2:

TITLE	DATE OPENED	AMOUNT ON DEPOSIT	DATE CLOSED

Question Number 3:
Do you have a record of any safe deposit box in which the (judgment debtor/obligor) may have an interest, whether under the name of the judgment debtor/obligor, under a trade or corporate name, or in association with others, as of the date of the subpoena or within 1 year prior thereto?
Answer Number 3:

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Question Number 4:
As to each such box what is the exact designation of the lessees thereof, the date hired, the date discontinued, the names of those having access?
Answer Number 4:

LESSEES	DATE HIRED	DATE DISCONTINUED	THOSE HAVING ACCESS

Question Number 5:
Do you hold collateral in which the (judgment debtor/obligor) has an interest?
Answer Number 5:

Question Number 6:
What is the description and value of each item of collateral?
Answer Number 6:

DESCRIPTION	VALUE

Question Number 7:
What interest does the (judgment debtor/obligor)appear to have in each item of collateral?
Answer Number 7:

Question Number 8:
Is the (judgment debtor/obligor) indebted to you?
Answer Number 8:

Question Number 9:
As to each indebtedness, what is the amount of the original indebtedness, the date incurred, amount repaid and date of such repayment?
Answer Number 9:

AMOUNT	DATE INCURRED	AMOUNT REPAID	DATE REPAID

Question Number 10:
Do you hold any lien, mortgage or otherwise, against property of the (judgment debtor/obligor)?
Answer Number 10:

Question Number 11:
What is the nature of each such lien, the full description of the property affected by the lien, the location and identity of the office of the filing or recording and full indexing information?
Answer Number 11:

LIEN	PROPERTY	WHERE RECORDED OR FILED	BOOK AND PAGE NO.

2007

Question Number 12:
Are any of the assets of the (judgment debtor/obligor) in your possession or care, subject to liens, attachments or other encumbrances?
Answer Number 12:

Question Number 13:
What are the full details of the same in regard to each asset?
Answer Number 13:

Question Number 14:
Do you have any other transaction with the (judgment debtor/obligor), directly or indirectly, as a result of which the (judgment debtor/obligor) may now have , or may in the future become entitled to, money or credit?
Answer Number 14:

Question Number 15:
Has the (judgment debtor/obligor) given you a statement of his financial condition?
Answer Number 15:

Question Number 16:
What assets are disclosed therein (or in the alternative supply a copy thereof)?
Answer Number 16:

Question Number 17:
What is the (judgment debtor/obligor's) social security number and last place of employment?
Answer Number 17:

Signature - print or type name beneath

Sworn to before me this Day of 20 _ _

Please return this form to:
LOCAL CITY SCU
PEX UNIT
CITY OFFICE BLDG
LOCAL CITY NY 10000-0000

Name of Financial Institution: XYZ SAVINGS BANK

Federal Employer Identification Number: 123456789

2007

DSS-4163(11/89)

OFFICE OF CHILD SUPPORT ENFORCEMENT
SUPPORT ENFORCEMENT UNIT
P.O. BOX 818
CANAL STREET STATION
NEW YORK, N.Y. 10013

MISTAKE OF FACT SUBMISSION FORM

I _____ hereby assert that the following
(Print Name)
"mistake of fact" exists on my case:

Check Appropriate Box(es)

☐ Error in the amount of current support or arrears
☐ Error in the identity of the respondent (Debtor)
☐ Support order does not exist
☐ Support order has been terminated or vacated

The explanation of the above checked box(es) is as follows (you may continue on an additional sheet if needed):

_____

_____

_____

_____ _____

_____ _____

You must attach the follov e your claim.
(You must sign and compl

Signature _____ _____

Social Security Number _

CSMS/ASCU Account Num

Telephone Number (

Upon completion immediatel

2007

SUPPORT ENFORCEMENT UNIT
P.O. BOX 818
CANAL STREET STATION
NEW YORK, N.Y. 10013

Please do **not** call or come in. We can process your claim only if it is submitted in writing. You will receive a written acknowledgement that we are processing your Mistake of Fact form.

DSS-4163(11/89)Reverso

OFICINA PARA HACER CUMPLIR EL
SUSTENTO DE NIÑOS
UNIDAD PARA HACER CUMPLIR EL SUSTENTO
P.O. BOX 818
NEW YORK, N.Y. 10013

FORMA PARA INDICAR ERROR EN DATOS

Yo, _____ por la presente declaro que el siguiente "error en datos" existe en mi caso:
(imprima el nombre)

Marque el(los) encasillado(s) apropiado(s)

☐ error en la cantidad del sustento actual o atrasos

☐ error en la identidad del demandado (deudor)

☐ la orden de sustento no existe

☐ la orden de sustento ha sido cancelada

La explicación para el(los) encasillado(s) marcado(s) arriba es la siguiente:
(puede utilizar papel adicional si es necessario)

_____

_____

_____

_____

_____

Usted debe incluir la siguiente documentación (órdenes de la corte, recibos, cheques cancelados, etc.) para justificar su reclamación. (Usted debe firmar y documentar la siguiente información)

Firma _____

Número de Seguro Social _____

Número de Cuenta CSMS/ASCU _____

Número telefónico ( )_____

Tan pronto usted complete la forma, envíela inmediatamente por correo a:

Office of Child Support Enforcement
Unidad para hacer Cumplir el Sustento
P.O. BOX 818
Canal Street Station
New York, N.Y. 10013

Por favor No llame ni venga a la oficina. Nosotros podremos procesar su reclamo sólo si usted lo somete por escrito. Usted recibirá una notificación por escrito indicando que estamos procesando su formulario de "error de datos".

2007

2007

LOCAL COUNTY SCU
PEX UNIT
COUNTY OFFICE BLDG
LOCALTOWN NY 10000-0000

TELEPHONE: 1-888-208-4485

XYZ SAVINGS BANK
ATTN PROPERTY EXECUTION DEPT
1001 ANY BANK AVE
ANY CITY NY 10000-0000

THE STATE OF NEW YORK, COUNTY OF LOCAL

SMITH, JANE **Petitioner,**

EXECUTION AND NOTICE
CPLR §§ 5230 AND 5232

against

SMITH, JOHN **Respondent (Judgment Debtor/Obligor)**
Social Security Number: 000-00-0000

ATTENTION GARNISHEE: SMITH, JOHN

Our Account Number: ZZ00000Z1
Our Worker Code: ZZZZ

WHEREAS, in an action in the SUPREME or FAMILY COURT of the State of New York, LOCAL County, between the above named parties, in favor of SMITH, JANE, petitioner (judgment creditor/obligee) and against SMITH, JOHN, respondent (judgment debtor/obligor), the following order(s) were entered:

ENTRY DATE	PAYMENT/FREQUENCY
01/01/2005	$100.00 / Monthly

ENTRY DATE	PAYMENT/FREQUENCY

As of 07/01/2005, the total arrears/past due support which is due and unpaid is $10,000.00.

2007

Execution with Notice to Garnishee

YOU ARE HEREBY DIRECTED to satisfy the said judgment or order out of the real and personal property in which the above named judgment debtor/obligor who is not deceased has an interest, or the debts owed to the named judgment debtor/obligor, and that only the property in which the judgment debtor/obligor, who is not deceased, has an interest, or the debts owed to such judgment debtor/obligor shall be levied upon or sold thereunder. You are directed further to return a copy of this execution with the transfer or payment. If the amount of the payment or transfer to be made to the Support Collection Unit is less than $25, please check the box at the end of this page and return this execution to the Support Collection Unit at the address indicated at the top left-hand corner of page 1 of this notice.

The last known address of the judgment debtor/obligor is:

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

A notice in the form required by CPLR section 5222(e) has been duly served upon the judgment debtor/obligor within the past year.

NOTICE TO GARNISHEE:
WHEREAS it appears that you are indebted to the judgment debtor/obligor and/or in possession or custody of specific property not capable of delivery in which the judgment debtor/obligor has an interest.

NOW, THEREFORE, YOU ARE REQUIRED by CPLR section 5232(a) to transfer forthwith to the Support Collection Unit all personal property not capable of delivery in which the judgment debtor/obligor is known or believed to have an interest now in or hereafter coming into your possession or custody, including any property specified in this notice; and to pay to the Support Collection Unit, upon maturity, all debts now due or hereafter coming due from you to the judgment debtor/obligor, including any debts specified in this notice; and to execute any documents necessary to effect such transfer or payment.

AND TAKE NOTICE that until such transfer or payment is made or until the expiration of 90 days after the service of this execution upon you or such further time as is provided by any order of the court served upon you, whichever event first occurs, you are forbidden to make or suffer any sale, assignment or transfer of, or any interference with, any such property, or to pay over or otherwise dispose of any such debt, to any person other than the Support Collection Unit, except upon direction of the Support Collection Unit or pursuant to an order of the court.

AND TAKE FURTHER NOTICE that at the expiration of 90 days after a levy has been made by service of this execution, or such further time as the court upon motion of this judgment creditor has provided, this levy shall be void except as to property or debts which have been transferred or paid to the Support Collection Unit or as to which a proceeding under CPLR sections 5225 or 5227 has been brought.

PRIORITY AMONG EXECUTION CREDITORS PURSUANT TO CPLR 5234(b). Where two or more executions or orders of attachment are issued against the same judgment debtor/obligor and delivered to the same enforcement officer or issued by the Support Collection Unit, they shall be satisfied out of the proceeds of personal property or debt levied upon by the officer or by the support collection unit in the order in which they were delivered. However, SUCH EXECUTIONS FOR CHILD SUPPORT SHALL HAVE PRIORITY OVER ANY OTHER ASSIGNMENT, LEVY OR PROCESS. Where two or more executions or orders of attachment are issued against the same judgment debtor/obligor and delivered to different enforcement officers, and personal property or debt is levied upon within the jurisdiction of all the officers, the proceeds shall be first applied in satisfaction of the execution or order of attachment delivered to the officer who levied, and thereafter shall be applied in satisfaction of the executions or orders of attachment delivered to those of the other officers who, before the proceeds are distributed, make a demand upon the officer who levied, in the order of such demands, EXCEPT THAT SUCH EXECUTIONS FOR CHILD SUPPORT SHALL HAVE PRIORITY OVER ANY OTHER ASSIGNMENT, LEVY OR PROCESS. WHERE THERE IS MORE THAN ONE PAST-DUE CHILD SUPPORT ORDER, THE PROCEEDS SHALL BE APPLIED TO THE ORDERS IN PROPORTION TO THE AMOUNT EACH ORDER'S CLAIM BEARS TO THE COMBINED TOTAL. Nothing herein shall be deemed to defeat or impair the rights of any secured party as such term is defined in Uniform Commercial Code section 9-105(1)(m). An execution or order of attachment returned by an officer before a levy or delivered to him after the proceeds of the levy have been distributed shall not be satisfied out of those proceeds.

Instructions for Use of Enclosed Coupons:

Please enclose one coupon for each payment for the specified judgment debtor/obligor ("Respondent") and mail it to the address indicated on the coupon. This document requires that you remit with each payment: the name and social security number of the respondent, the account number provided on this document, and the date and amount of each withholding of the respondent's real or personal property.

Dated: 07/01/2005 Issued by: Supervisor

LOCAL County Support Collection Unit

☐ The amount of the payment or transfer would be less than $25, therefore, no payment or transfer is being issued.

(signed)_____ Date_____
Compliance Officer or Designee

YOU MUST RETURN THIS COUPON WITH YOUR PAYMENT TO THE ADDRESS BELOW
(Do not fold or staple.)

For each payment sent, record the date withheld and the amount on this coupon.

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

DO NOT SEND CASH

53

PXENE3 07/09/03

Respondent Name	SMITH, JOHN
Respondent SSN	000-00-0000
Bank Name	XYZ SAVINGS BANK
Support Account Number	ZZ00000Z1
FEIN	000000000
DATE OF WITHHOLDING:	
AMOUNT ENCLOSED:	

353 00 00000000000000 00000000 00 0000000000000000

PEX5 - 3

YOU MUST RETURN THIS COUPON WITH YOUR PAYMENT TO THE ADDRESS BELOW
(Do not fold or staple.)

For each payment sent, record the date withheld and the amount on this coupon.

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

DO NOT SEND CASH

53

PXENE3 07/090/3

Respondent Name	SMITH, JOHN
Respondent SSN	000-00-0000
Bank Name	XYZ SAVINGS BANK
Support Account Number	ZZ00000Z1
FEIN	000000000
DATE OF WITHHOLDING:	
AMOUNT ENCLOSED:	

353 00 00000000000000 00000000 00 0000000000000000

PEX5 - 3

YOU MUST RETURN THIS COUPON WITH YOUR PAYMENT TO THE ADDRESS BELOW
(Do not fold or staple.)

For each payment sent, record the date withheld and the amount on this coupon.

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

DO NOT SEND CASH

53

PXENE3 07/09/03

Respondent Name	SMITH, JOHN
Respondent SSN	000-00-0000
Bank Name	XYZ SAVINGS BANK
Support Account Number	ZZ00000Z1
FEIN	000000000
DATE OF WITHHOLDING:	
AMOUNT ENCLOSED:	

2007

2007

LOCAL COUNTY SCU
PEX UNIT
COUNTY OFFICE BLDG
LOCALTOWN NY 10000-0000

TELEPHONE: 1-888-208-4485

XYZ SAVINGS BANK
ATTN PROPERTY EXECUTION DEPT
1001 ANY BANK AVE
ANY CITY NY 10000-0000

THE STATE OF NEW YORK, COUNTY OF LOCAL

SMITH, JANE

Petitioner,

against

SMITH, JOHN

Respondent (Judgment Debtor/Obligor)
Social Security Number: 000-00-0000

NOTICE TO VACATE RESTRAINING NOTICE OR EXECUTION

Our Account Number: ZZ00000Z1
Our Worker Code: ZZZ

ATTENTION GARNISHEE: XYZ SAVINGS BANK

On 01/01/2005, the LOCAL County Support Collection Unit served upon you a Restraining Notice or Execution, for the above-named judgment debtor/obligor.

Please be advised that the Support Collection Unit has determined that the Restraining Notice or Execution shall be vacated.

THEREFORE, YOU ARE HEREBY DIRECTED to IMMEDIATELY vacate any action which has been taken to restrain or pay to the Support Collection Unit any property of which you are in possession or custody and in which the judgment debtor/obligor has or is believed to have an interest.

Dated: 07/01/2005

SCU Supervisor

LOCAL Support Collection Unit

CC: SMITH, JOHN

2007

2007

PEX7-1 RA488

LOCAL COUNTY SCU
PEX UNIT
COUNTY OFFICE BLDG
LOCALTOWN NY 10000-0000
TELEPHONE: (000) 000-0000

#BWNMVWF
#PEX3 1234 1234 1234#
1 2 3 4 5 6 7 8 9 0 9 0
SMITH, JOHN
ANYPLACE APARTMENTS
123 ANYWHERE ST APT 1
ANYTOWN NY 10000-0000

2007

PEX7 - 2

LOCAL COUNTY SCU
PEX UNIT
COUNTY OFFICE BLDG
LOCALTOWN NY 10000-0000
TELEPHONE: (000) 000-0000

XYZ SAVINGS BANK
ATTN PROPERTY EXECUTION DEPT
1001 ANY BANK AVE
ANY CITY NY 10000-0000

THE STATE OF NEW YORK, COUNTY OF LOCAL

NOTICE TO VACATE RESTRAINING NOTICE OR EXECUTION

SMITH, JANE

Petitioner,

against

SMITH, JOHN

Respondent (Judgment Debtor/Obligor)
Social Security Number: 000-00-0000

Our Account Number: ZZ00000Z1
Our Worker Code: ZZZ

ATTENTION GARNISHEE: XYZ SAVINGS BANK

On 01/01/2005, the LOCAL County Support Collection Unit served upon you a Restraining Notice or Execution, for the above-named judgment debtor/obligor.

Please be advised that the Support Collection Unit has determined that the Restraining Notice or Execution shall be vacated.

THEREFORE, YOU ARE HEREBY DIRECTED to IMMEDIATELY vacate any action which has been taken to restrain or pay to the Support Collection Unit any property of which you are in possession or custody and in which the judgment debtor/obligor has or is believed to have an interest.

Dated: 07/01/2005

SCU Supervisor

LOCAL Support Collection Unit

CC: SMITH, JOHN

PXVE1 07/26/03

2007

2007

IOLR -1 RA488

LOCAL COUNTY SCU
PIC UNIT
COUNTY OFFICE BLDG
LOCALTOWN NY 10000-0000

#BWNMVWF
#IOLR 1234 1234 1234#
1 2 3 4 5 6 7 8 9 0 9 0
SMITH, JOHN
ANYPLACE APARTMENTS
123 ANYWHERE ST APT 1
ANYTOWN NY 10000-0000

2007

IOLR-3

NOTICE OF INTENT TO FILE A LIEN
(Pursuant to Social Services Law §111-u)

TO: SMITH, JOHN (Obligor)
ANYPLACE APARTMENTS
123 ANYWHERE ST APT 1
ANYTOWN NY 10000-0000

Date of Birth: 01/01/1970
Social Security Number: 000-00-0000

FROM: LOCAL COUNTY SCU
PIC UNIT
COUNTY OFFICE BLDG
LOCALTOWN NY 10000-0000
TELEPHONE: (000) 000-0000

Obligee: SMITH, JANE
IV-D Case Number: ZZ00000Z1
Worker Code: ZZZ

PLEASE READ THE FOLLOWING CAREFULLY:

You are hereby notified that as of 07/01/2005, you owe support arrears/past due support in the amount of $10000.00 based on a child support order entered as indicated below in the Supreme or Family Court of the State of New York, LOCAL COUNTY :

ENTRY DATE	PAYMENT/FREQUENCY
01/01/2005	$100.00 Monthly

ENTRY DATE	PAYMENT/FREQUENCY

This accumulation of support arrears/past due support is in an amount equal to or greater than the amount of current support due for a period of four months. As a result, we are authorized by law to file a lien called a "Notice of Lien" against any real or personal property that you own, including property located outside of New York, unless you take one of the following actions within thirty-five (35) days from the date this notice was mailed:

- You make full payment of the support arrears/past due support that you owe; or
- You send us a written challenge, called a "Mistake of Fact", as described below.

2007

"Mistake of Fact" means that you have a right to challenge our right to place a lien against your real and personal property. You may assert a "Mistake of Fact" by writing to us at the above address within thirty-five (35) days from the date this notice was mailed and by submitting to us in writing any documentation or information which supports any of the following:

- The information above about your order and the amount of child support you owe is not correct, and you do not owe support arrears/past due support in an amount equal to or greater than the amount of current support due for 4 months; or
- You are not the person identified above as the "Obligor" who owes support; or
- The order of support listed above does not exist or has been terminated.

We will review the merits of your "Mistake of Fact" and will notify you of our determination within ninety (90) days from the date of this notice. If we deny your mistake of fact challenge, a "Notice of Lien" may be filed against your real or personal property and will establish our legal rights with respect to your property in satisfaction of the child support that you owe. **The lien incorporates unpaid support that accrues in the future.**

Date: 07/01/2005

Supervisor
LOCAL COUNTY
Support Collection Unit

2007

2007

IOLN-1 RA488

LOCAL CITY SCU
PIC UNIT
CITY OFFICE BLDG
LOCAL CITY NY 10000-0000

#BWNMVWF
#IOLN 1234 1234 1234#
1 2 3 4 5 6 7 8 9 0 9 0
SMITH, JOHN
ANYPLACE APARTMENTS
123 ANYWHERE ST APT 1
ANYTOWN NY 10000-0000

2007

NOTICE OF INTENT TO FILE A LIEN
(Pursuant to Social Services Law §111-u)

TO: SMITH, JOHN (Obligor)
ANYPLACE APARTMENTS
123 ANYWHERE ST APT 1
ANYTOWN NY 10000-0000

Date of Birth: 01/01/1970
Social Security Number: 000-00-0000

FROM: LOCAL CITY SCU
PIC UNIT
CITY OFFICE BLDG
LOCAL CITY NY 10000-0000
TELEPHONE: (000) 000-0000

Obligee:SMITH, JANE
IV-D Case Number: ZZ00000Z1
Worker Code: ZZZ

PLEASE READ THE FOLLOWING CAREFULLY:

You are hereby notified that as of 07/01/2005 , you owe support arrears/past due support in the amount of $10000.00 based on a child support order entered as indicated below in the Supreme or Family Court of the State of New York, LOCAL COUNTY :

ENTRY DATE	PAYMENT/FREQUENCY
01/01/2005	$100.00 Monthly

ENTRY DATE	PAYMENT/FREQUENCY

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- You make full payment of the support arrears/past due support that you owe; or
- You send us a written challenge, called a "Mistake of Fact", as described below.

2007

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- The information above about your order and the amount of child support you owe is not correct, and you do not owe support arrears/past due support in an amount equal to or greater than the amount of current support due for 4 months; or
- You are not the person identified above as the "Obligor" who owes support; or
- The order of support listed above does not exist or has been terminated.

We will review the merits of your "Mistake of Fact" and will notify you of our determination within ninety (90) days from the date of this notice. If we deny your mistake of fact challenge, a "Notice of Lien" may be filed against your real or personal property and will establish our legal rights with respect to your property in satisfaction of the child support that you owe. **The lien incorporates unpaid support that accrues in the future.**

Date: 07/01/2005

Supervisor
LOCAL COUNTY
Support Collection Unit

2007

Aviso del Intento de Clasificar un Embargo Preventivo
(Conforme a Ley de los Servicios Sociales 111-u)

Para: SMITH, JOHN (Obligor)
ANYPLACE APARTMENTS
123 ANYWHERE ST APT 1
ANYTOWN NY 10000-0000

Fecho de Nacimiento: 01/01/1970
Numero de Seguro Social: 000-00-0000

De: LOCAL CITY SCU
PIC UNIT
CITY OFFICE BLDG
LOCAL CITY NY 10000-0000
Numero de Teléfono: (000) 000-0000

Recipiente: SMITH, JANE
Numero del Caso IV-D: ZZ00000Z1
Código del Trabajador: ZZZ

LEA POR FAVOR EL SIGUIENTE CUIDADOSAMENTE:

Usted por el presente es notificado que al 07/01/2005 , usted debe apoyo los atrasos / la cantidad vencida de en el apoyo de $10000.00 basado en un apoyo de niño ordenado entrado como indicado abajo en el Supremo o el Tribunal de la Familia del Estado de Nueva York, LOCAL COUNTY:

La Fecha de la Entrada	Pago/Frecuencia
01/01/2005	$100.00 Monthly

La Fecha de la Entrada	Pago/Frecuencia

Esta acumulación de atrasos de apoyo / apoyo vencido está en una cantidad igual a o más que la cantidad de apoyo actual debido por un período de cuatro meses. Como resultado, nosotros somos autorizados por la ley para archivar un gravamen llamó una "Nota de Gravamen" contra verdadero o los bienes muebles que usted posee, inclusive la propiedad el exterior localizado de Nueva York, a menos que usted tome uno de las acciones siguientes dentro de treinta y cinco días (35) de la fecha que esta nota se envió:

- Usted hace el pago repleto de los atrasos de apoyo / apoyo vencido que usted debe; o
- Usted nos manda un desafío escrito, llamó un "Error del Hecho" como descrito abajo.

"El Error del Hecho" representa que usted tiene un derecho de desafiar nuestro derecho del colocar un gravamen contra su verdadero y los bienes muebles. Usted puede afirmar un "Error del Hecho" escribiendo a nosotros en el encima de la dirección dentro de treinta y cinco días (35) de la fecha que esta nota se envió y sometiendo a nosotros a escribar cualquier documentación o la información que sostiene cualquiera de lo siguiente:

- La información arriba acerca de su orden y la cantidad de apoyo de niño que usted debe no es correcto y usted no debe apoyo los atrasos / apoyo vencido en una cantidad igual a o más que la cantidad de apoyo actual debido por 4 meses; o
- Usted no es la persona identificada encima como el "Obligor" que debe apoyo; o
- La orden de apoyo listó encima no existe o ha sido terminado.

Revisaremos los méritos de su "El Error del Hecho" y lo notificará de nuestra determinación dentro de noventa (90) días de la fecha de esta nota. Si negamos su error del desafío del hecho, una "Noticia del Aviso del Embargo Preventivo" puede ser archivado contra su verdadero o los bienes muebles y establecerá nuestros derechos legales con respecto a su propiedad en la satisfacción del apoyo de niño que usted debe. **El embargo preventivo incorpora apoyo impagado que se acumula en el futuro.**

Fecha: 07/01/2005

El supervisor
La Unidad de la Colección de Apoyo
LOCAL Condado

2007

2007

NOLI-1

LOCAL COUNTY SCU
PIC UNIT
COUNTY OFFICE BLDG
LOCALTOWN NY 10000-0000

XYZ INSURANCE COMPANY
ATTN LIENS DEPT
1001 ANY INSURANCE AVE
ANY CITY NY 10000

2007

NOLI - 3

NOTICE OF LIEN
(Pursuant to Social Services Law §§111-t and 111-u and Lien Law §§65 and 211)

TO: XYZ INSURANCE COMPANY
ATTN LIENS DEPT
1001 ANY INSURANCE AVE
ANY CITY NY 10000

Obligor: SMITH, JOHN
Date of Birth: 01/01/1970
Social Security Number: 000-00-0000

FROM: LOCAL COUNTY SCU
PIC UNIT
COUNTY OFFICE BLDG
LOCALTOWN NY 10000-0000
TELEPHONE: 1-888-208-4485

Obligee: SMITH, JANE
IV-D Case Number: ZZ00000Z1
Worker Code: ZZZ

This lien results from a child support order entered as indicated below in the Supreme or Family Court of of the State of New York, LOCAL COUNTY :

ENTRY DATE	PAYMENT/FREQUENCY
01/01/2005	$100.00 Monthly

ENTRY DATE	PAYMENT/FREQUENCY

As of 07/01/2005, the obligor owes support arrears/past due support in the amount of $10000.00.

This judgment and/or underlying obligation may be subject to interest. Prospective amounts of child support, not paid when due, are added to the lien amount. This lien attaches to all real and/or personal property of the above-named obligor, which is located, or existing within the State/county of filing, including any subsequently acquired property and including any property specifically described below.

2007

Specific description of property: All personal injury claims and the proceeds therefrom including claim number 0000000 and the proceeds from the claim.

The law of the state where the property is located governs all aspects of this lien, including its priority and enforcement. The lien remains in effect until released by the Support Collection Unit in accordance with the laws of the State where the lien has been filed.

This lien is submitted by an IV-D agency/office on behalf of the named obligee. As an authorized agent of a State, or subdivision of a State or Tribal agency, responsible for implementing the child support enforcement program set forth in Title IV, Part D, of the Federal Social Security Act (42 U.S.C. 651 et seq.), the Support Collection Unit has authority to file this lien in any State, or U.S. Territory. For additional information regarding this lien, **including the pay-off amount,** please contact the Support Collection Unit and reference the "IV-D Case Number" listed on the first page.

Date: 07/01/2005

Supervisor, LOCAL COUNTY
Support Collection Unit
Authorized Agent

A copy of this notice has been sent to the obligor.

2007

YOU MUST RETURN THIS COUPON WITH YOUR PAYMENT TO THE ADDRESS BELOW
(Do not fold or staple.)

For each payment sent, record the date withheld and the amount on this coupon.

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

DO NOT SEND CASH

53

Respondent Name **Respondent SSN** **Insurance Carrier Name** **Support Account Number**	SMITH, JOHN 000-00-0000 XYZ INSURANCE COMPANY ZZ00000Z1
DATE OF WITHHOLDING:	
AMOUNT ENCLOSED:	

3660000000000000000000000000000

YOU MUST RETURN THIS COUPON WITH YOUR PAYMENT TO THE ADDRESS BELOW
(Do not fold or staple.)

For each payment sent, record the date withheld and the amount on this coupon.

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

DO NOT SEND CASH

53

Respondent Name **Respondent SSN** **Insurance Carrier Name** **Support Account Number**	SMITH, JOHN 000-00-0000 XYZ INSURANCE COMPANY ZZ00000Z1
DATE OF WITHHOLDING:	
AMOUNT ENCLOSED:	

3660000000000000000000000000000

YOU MUST RETURN THIS COUPON WITH YOUR PAYMENT TO THE ADDRESS BELOW
(Do not fold or staple.)

For each payment sent, record the date withheld and the amount on this coupon.

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

DO NOT SEND CASH

53

Respondent Name **Respondent SSN** **Insurance Carrier Name** **Support Account Number**	SMITH, JOHN 000-00-0000 XYZ INSURANCE COMPANY ZZ00000Z1
DATE OF WITHHOLDING:	
AMOUNT ENCLOSED:	

3660000000000000000000000000000

2007

2007

NOLR - 1 RA488

LOCAL COUNTY SCU
PIC UNIT
COUNTY OFFICE BLDG
LOCALTOWN NY 10000-0000

#BWNMVWF
#NOLR 1234 1234 1234#
1 2 3 4 5 6 7 8 9 0 9 0
SMITH, JOHN
ANYPLACE APARTMENTS
123 ANYWHERE ST APT 1
ANYTOWN NY 10000-0000

2007

NOLR - 3

NOTICE OF LIEN
(Pursuant to Social Services Law §§111-t and 111-u and Lien Law §§65 and 211)

TO: XYZ INSURANCE COMPANY
ATTN LIENS DEPT
1001 ANY INSURANCE AVE
ANY CITY NY 10000

Obligor: SMITH, JOHN
Date of Birth: 01/01/1970
Social Security Number: 000-00-0000

FROM: LOCAL COUNTY SCU
PIC UNIT
COUNTY OFFICE BLDG
LOCALTOWN NY 10000-0000
TELEPHONE: (000) 000-0000

Obligee: SMITH, JANE
IV-D Case Number: ZZ00000Z1
Worker Code: ZZZ

This lien results from a child support order entered as indicated below in the Supreme or Family Court of of the State of New York, LOCAL COUNTY :

ENTRY DATE	PAYMENT/FREQUENCY
01/01/2005	$100.00 Monthly

ENTRY DATE	PAYMENT/FREQUENCY

As of 07/01/2005, the obligor owes support arrears/past due support in the amount of $10000.00.

This judgment and/or underlying obligation may be subject to interest. Prospective amounts of child support, not paid when due, are added to the lien amount. This lien attaches to all real and/or personal property of the above-named obligor, which is located, or existing within the State/county of filing, including any subsequently acquired property and including any property specifically described below.

2007

Specific description of property: All personal injury claims and the proceeds therefrom including claim number 0000000 and the proceeds from the claim.

The law of the state where the property is located governs all aspects of this lien, including its priority and enforcement. The lien remains in effect until released by the Support Collection Unit in accordance with the laws of the State where the lien has been filed.

This lien is submitted by an IV-D agency/office on behalf of the named obligee. As an authorized agent of a State, or subdivision of a State or Tribal agency, responsible for implementing the child support enforcement program set forth in Title IV, Part D, of the Federal Social Security Act (42 U.S.C. 651 et seq.), the Support Collection Unit has authority to file this lien in any State, or U.S. Territory. For additional information regarding this lien, **including the pay-off amount,** please contact the Support Collection Unit and reference the "IV-D Case Number" listed on the first page.

Date: 07/01/2005

Supervisor, LOCAL COUNTY
Support Collection Unit
Authorized Agent

A copy of this notice has been sent to the obligor.

2007

NOLR - 5

YOU MUST RETURN THIS COUPON WITH YOUR PAYMENT TO THE ADDRESS BELOW
(Do not fold or staple.)

For each payment sent, record the date withheld and the amount on this coupon.

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

DO NOT SEND CASH

53

Respondent Name **Respondent SSN** **Insurance Carrier Name** **Support Account Number**	SMITH, JOHN 000-00-0000 XYZ INSURANCE COMPANY ZZ00000Z1
DATE OF WITHHOLDING:	
AMOUNT ENCLOSED:	

3660000000000000000000000000000

YOU MUST RETURN THIS COUPON WITH YOUR PAYMENT TO THE ADDRESS BELOW
(Do not fold or staple.)

For each payment sent, record the date withheld and the amount on this coupon.

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

DO NOT SEND CASH

53

Respondent Name **Respondent SSN** **Insurance Carrier Name** **Support Account Number**	SMITH, JOHN 000-00-0000 XYZ INSURANCE COMPANY ZZ00000Z1
DATE OF WITHHOLDING:	
AMOUNT ENCLOSED:	

3660000000000000000000000000000

YOU MUST RETURN THIS COUPON WITH YOUR PAYMENT TO THE ADDRESS BELOW
(Do not fold or staple.)

For each payment sent, record the date withheld and the amount on this coupon.

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

DO NOT SEND CASH

53

Respondent Name **Respondent SSN** **Insurance Carrier Name** **Support Account Number**	SMITH, JOHN 000-00-0000 XYZ INSURANCE COMPANY ZZ00000Z1
DATE OF WITHHOLDING:	
AMOUNT ENCLOSED:	

3660000000000000000000000000000

2007

2007

ROLI-1

LOCAL COUNTY SCU
PIC UNIT
COUNTY OFFICE BLDG
LOCALTOWN NY 10000-0000

XYZ INSURANCE COMPANY
ATTN LIENS DEPT
1001 ANY INSURANCE AVE
ANY CITY NY 10000

2007

ROLI - 2

RELEASE OF LIEN

TO: XYZ INSURANCE COMPANY
ATTN LIENS DEPT
1001 ANY INSURANCE AVE
ANY CITY NY 10000

FROM: LOCAL COUNTY SCU
PIC UNIT
COUNTY OFFICE BLDG
LOCALTOWN NY 10000-0000
TELEPHONE: 1-888-208-4485

This is to advise you that the support arrears/past due support that was the subject of the "Notice of Lien" described below has been satisfied, and that Lien is hereby RELEASED with respect to all real and personal property of the below named obligor which is located or existing within the State/county of filing, including any property described below:

Obligor: SMITH, JOHN

Date of Birth: 01/01/1970

Social Security Number: 000-00-0000

IV-D Case Number: ZZ00000Z1

Date of Notice of Lien: 03/01/2005

Claim Number: 0000000

A copy of this Release has been provided to the Obligor.

Date: 07/01/2005

Supervisor
LOCAL COUNTY
Support Collection Unit

2007

2007

ROLR - 1 RA488

LOCAL COUNTY SCU
PIC UNIT
COUNTY OFFICE BLDG
LOCALTOWN NY 10000-0000

#BWNMVWF
#ROLR 1234 1234 1234#
1 2 3 4 5 6 7 8 9 0 9 0
SMITH, JOHN
ANYPLACE APARTMENTS
123 ANYWHERE ST APT 1
ANYTOWN NY 10000-0000

2007

ROLR - 2

RELEASE OF LIEN

TO: XYZ INSURANCE COMPANY
ATTN LIENS DEPT
1001 ANY INSURANCE AVE
ANY CITY NY 10000-1000

FROM: LOCAL COUNTY SCU
PIC UNIT
COUNTY OFFICE BLDG
LOCALTOWN NY 10000-0000
TELEPHONE: (000) 000-0000

This is to advise you that the support arrears/past due support that was the subject of the "Notice of Lien" described below has been satisfied, and that Lien is hereby RELEASED with respect to all real and personal property of the below named obligor which is located or existing within the State/county of filing, including any property described below:

Obligor: SMITH, JOHN

Date of Birth: 01/01/1970

Social Security Number: 000-00-0000

IV-D Case Number: ZZ00000Z1

Date of Notice of Lien: 03/01/2005

Claim Number: 0000000

A copy of this Release has been provided to the Obligor.

Date: 07/01/2005

Supervisor
LOCAL COUNTY
Support Collection Unit

2007

2007

DTF-1 RA# 000

LOCAL COUNTY SCU
TAXATION REFERRAL UNIT
COUNTY OFFICE BLDG
LOCALTOWN NY 10000-0000

CSMS CASE ID NUMBER: ZZ00000Z1	**DATE** 07/01/05
CUSTODIAL PARENT: SMITH, JANE	
NON-CUSTODIAL PARENT: SMITH, JOHN	
DOCKET NUMBER(S): F00000-00	
JCA WORKER CODE: ZZZZ	**INVSTG-CD** ZZ

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

IMPORTANT NOTICE

REGARDING REFERRAL OF YOUR CASE TO THE NEW YORK STATE (NYS) DEPARTMENT OF TAXATION AND FINANCE FOR YOUR FAILURE TO PAY CHILD SUPPORT

PLEASE READ THE FOLLOWING CAREFULLY:

ENTRY DATE OF COURT ORDER	PAYMENTS ORDERED	ENTRY DATE OF COURT ORDER	PAYMENTS ORDERED
01/01/05	$100.00 Monthly		

Our records indicate that you are required to make payments for the order(s) noted above which were ordered by the LOCAL COUNTY SUPREME Court; and that as of July 1, 2005 you owe support arrears in the amount of $ 1,000.00 which is equal to or greater than the amount of current support due for a period of four months. As a result, we are authorized by law to notify the NYS Department of Taxation and Finance to commence collection action and they are authorized to continue such collection action until the arrears are paid in full.

This action may include any of the following:

- *Filing a lien against any real or personal property, which becomes a matter of public record and may adversely affect your credit rating.*
- *Seizure and sale of your real and personal property.*
- *Any other action the NYS Department of Taxation and Finance deems necessary to collect the debt.*

2007

DTF-1 RA# 000

LOCAL COUNTY SCU
TAXATION REFERRAL UNIT
COUNTY OFFICE BLDG
LOCALTOWN NY 10000-0000

CSMS CASE ID NUMBER: ZZ00000Z1 DATE 07/01/05
CUSTODIAL PARENT: SMITH, JANE
NON-CUSTODIAL PARENT: SMITH, JOHN
DOCKET NUMBER(S): F00000-00

JCA WORKER CODE: ZZZZ INVSTG-CD: ZZ

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

IMPORTANT NOTICE

REGARDING REFERRAL OF YOUR CASE TO THE NEW YORK STATE (NYS) DEPARTMENT OF TAXATION AND FINANCE FOR YOUR FAILURE TO PAY CHILD SUPPORT

PLEASE READ THE FOLLOWING CAREFULLY:

ENTRY DATE OF COURT ORDER	PAYMENTS ORDERED	ENTRY DATE OF COURT ORDER	PAYMENTS ORDERED
01/01/05	$100.00 Monthly		

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This action may include any of the following:

- *Filing a lien against any real or personal property, which becomes a matter of public record and may adversely affect your credit rating.*
- *Seizure and sale of your real and personal property.*
- *Any other action the NYS Department of Taxation and Finance deems necessary to collect the debt.*

2007

Therefore, we shall refer your case to the NYS Department of Taxation and Finance without further notice to you, unless you take one or more of the following actions within **forty-five (45) days** from the date of this notice:

1. MAKE FULL PAYMENT OF WHAT YOU OWE; or

2. SEND US A WRITTEN CHALLENGE* REGARDING THE CONTENT OF THIS NOTICE.

* "WRITTEN CHALLENGE" MEANS THAT YOU HAVE A RIGHT TO CHALLENGE THE REFERRAL OF YOUR CASE TO THE NYS DEPARTMENT OF TAXATION AND FINANCE BY SUBMITTING TO US IN WRITING, WITHIN FORTY-FIVE (45) DAYS OF THE DATE OF THIS NOTICE, ANY DOCUMENTATION OR INFORMATION WHICH SUPPORTS ANY OF THE FOLLOWING:

- THE INFORMATION AS STATED ABOVE WITH RESPECT TO YOUR ORDER(S) AND WHAT YOU OWE IS NOT CORRECT.
- YOU ARE NOT THE PERSON IDENTIFIED ABOVE AS THE 'NON-CUSTODIAL PARENT' WHO OWES SUPPORT.
- THE ORDER(S) OF SUPPORT LISTED ABOVE DOES (DO) NOT EXIST OR HAS (HAVE) BEEN TERMINATED.
- YOU ARE IN RECEIPT OF PUBLIC ASSISTANCE, MEDICAL ASSISTANCE, FOOD STAMPS OR SUPPLEMENTAL SECURITY INCOME (SSI).

If you challenge this notice and provide this documentation or information to us **in writing** within forty-five (45) days of the date of this notice, we will review your claim and we will notify you of our decision in writing within seventy-five (75) days of the date of this notice.

You may send your written challenge to the Support Collection Unit at the following address:

LOCAL COUNTY SCU
TAXATION REFERRAL UNIT
COUNTY OFFICE BLDG
LOCALTOWN NY 10000-0000

TELEPHONE NUMBER: (000) 000-0000

ADDITIONAL WARNING

THE INTENTIONAL SUBMISSION OF FALSE WRITTEN STATEMENTS TO THE SUPPORT COLLECTION UNIT FOR THE PURPOSE OF FRUSTRATING OR DEFEATING THE LAWFUL ENFORCEMENT OF YOUR SUPPORT OBLIGATION IS PUNISHABLE PURSUANT TO SECTION 175.35 OF THE NEW YORK PENAL LAW.

SUPERVISOR
SUPPORT COLLECTION UNIT

2007

2007

MDXEMP - 1

LOCAL COUNTY SCU
MEDICAL SUPPORT UNIT
PO BOX 15369
ALBANY NY 12212-5369

Date: July 1, 2005

IMMEDIATE ACTION REQUIRED

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

CSMS Case ID: ZZ00000Z1
Worker Code: 00
RE No: 00
Employee Name: SMITH, JOHN
Employee SSN: 000-00-0000

PLEASE CAREFULLY READ ALL DOCUMENTS

This package contains the following:

1) National Medical Support Notice (the "Notice") including Part A - Employer Response and Part B - Plan Administrator Response;
2) Plan Administrator Response Addendum; and
3) Health Insurance Premium Withholding Limitations Worksheet

Please be advised that receipt of this Notice constitutes legal service. The person or entity receiving this information is required to make every effort to ensure that these documents are submitted to the proper authority for completion. Failure of an employer or organization to comply with a qualified medical child support notice may result in legal action.

Employers are required to:

Following the "Employer Response" instructions, review Part A of the Notice. If dependent health care coverage **is not available** to the employee named in the Notice, or the employee is no longer employed by this employer, the employer must complete Part A and return it to the **Issuing Agency** at the address provided below.

If family health care coverage **is available** to the employee, do not complete Part A. Forward Part B of the Notice and the Plan Administrator Response Addendum to the health care plan administrator. If the individual named in the Notice receives health care benefits through a union, the employer must forward this letter, Part B, and the Response Addendum to the organization, or union, providing those benefits and/or acting as the plan administrator*.

Plan Administrators, Labor Organizations, or Unions providing benefits are required to:

Review and complete Part B of the Notice and the Plan Administrator Response Addendum and return the completed documents to the Issuing Agency at the address provided below.

LOCAL COUNTY SCU
Medical Support Unit
PO Box 15369
Albany NY 12212-5369

Note: If you are the employer of an individual named herein who maintains or contributes to health care benefits that are administered through another organization, or union, you must immediately forward these documents to the benefits plan administrator of that organization or union for completion. ***Part B of the Notice must be completed and submitted even if the health care benefits are already being provided.**

NATIONAL MEDICAL SUPPORT NOTICE

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

PART A
NOTICE TO WITHHOLD FOR HEALTH CARE COVERAGE

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 (ERISA), and for State and local government and church plans, sections 401(e) and (f) of the Child Support Performance and Incentive Act of 1998.

Issuing Agency:
LOCAL COUNTY SCU
Medical Support Unit
PO Box 15369
Albany NY 12212-5369
Date of Notice: 07/01/2005
Case Number: ZZ00000Z1
Telephone Number: 1-888-208-4485
Fax Number: 1-518-869-7195

Court or Administrative Authority:
LOCAL COUNTY SUPREME COURT
COUNTY COURTHOUSE
ROOM 100
LOCALTOWN NY 10000-1000
Date of Support Order: 01/01/2005
Support Order/Docket #: F00000-00
Worker Code: 00
Employer Number: 00

Employer / Withholder's Federal EIN Number
123456789
Employer / Withholder's Name
XYZ CORPORATION
Employer / Withholder's Address
ATTN HR DEPT
1000 ANY BUSINESS AVE
ANY CITY NY 10000-1000
Custodial Parent's Name (Last, First, MI)
SMITH, JANE
Custodial Parent's Mailing Address
ANYPLACE APARTMENTS
123 ANYWHERE ST APT 1
ANYTOWN NY 10000-1000

Employee's Name (Last, First, MI)
SMITH, JOHN
Employee's Social Security Number
000-00-0000
Employee's Mailing Address
ANYPLACE ELSE APARTMENTS
456 ANYWHERE ST APT 2
ANYTOWN NY 10000-1000
Substituted Official/Agency Name and 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.
SMITH, JOHN JR	01/01/1975	000-00-0000	01

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

2007

EMPLOYER RESPONSE

If either 1, 2, or 3 below applies, check the appropriate box and return this Part A to the **Issuing Agency** within 20 business days after the date of the Notice, or sooner if reasonable. NO OTHER ACTION IS NECESSARY. If neither 1, 2, nor 3 applies, forward **Part B** to the appropriate plan administrator(s) within 20 business days after the date of the Notice, or sooner if reasonable. Check number 4 and return this **Part A** to the **Issuing Agency** if the Plan Administrator informs you that the child(ren) is/are enrolled in an option under the plan for which you have determined that the employee contribution exceeds the amount that may be withheld from the employee's income due to State or Federal withholding limitations and/or prioritization.

☐ 1. Employer does not maintain or contribute to plans providing dependent or family health care coverage.

☐ 2. The employee is among a class of employees (for example, part-time or non-union) that are not eligible for family health coverage under any group health plan maintained by the employer or to which the employer contributes.

☐ 3. Health care coverage is not available because employee is no longer employed by the employer:

Date of termination: _____

Last known address: _____

_____

Last known telephone number: _____

New employer (if known): _____

New employer address: _____

_____

New employer telephone number: _____

☐ 4. State or Federal withholding limitations and/or prioritization prevent the withholding from the employee's income of the amount required to obtain coverage under the terms of the plan.

Employer Representative:

Name: _____ Telephone Number: _____

Title: _____ Date: _____

EIN (if not provided by the Issuing Agency on Notice to Withhold for Health Care Coverage): _____

CSMS Case ID: ZZ00000Z1	County Code: 00	JRE No: 00	Worker Code: 00

2007

INSTRUCTIONS TO EMPLOYER

This document serves as notice that the employee identified on this National Medical Support Notice is obligated by a court or administrative child support order to provide health care coverage for the child(ren) identified on this Notice. This National Medical Support Notice replaces any Medical Support Notice that the Issuing Agency has previously served on you with respect to the employee and the children listed on this Notice. If the employee already has enrolled the child(ren) in health care coverage, the employer should contact the Issuing Agency to provide the coverage information.

The document consists of **Part A - Notice to Withhold for Health Care Coverage** for the employer to withhold any employee contributions required by the group health plan(s) in which the child(ren) is/are enrolled; and **Part B - Medical Support Notice to the Plan Administrator**, which must be forwarded to the administrator of each group health plan identified by the employer to enroll the eligible child(ren), or completed by the employer, if the employer serves as the health plan administrator.

EMPLOYER RESPONSIBILITIES

1. If the individual named above is not your employee, or if family health care coverage is not available, please complete item 1, 2, or 3 of the Employer Response as appropriate, and return it to the Issuing Agency. NO FURTHER ACTION IS NECESSARY.

2. If family health care coverage is available for which the child(ren) identified above may be eligible, you are required to:

   a. Transfer, not later than 20 business days after the date of this Notice, a copy of **Part B - Medical Support Notice to the Plan Administrator** and **Plan Administrator Response Addendum** to the administrator of each appropriate group health plan for which the child(ren) may be eligible, and

   b. Upon notification from the plan administrator(s) that the child(ren) is/are enrolled, either:

      1) withhold from the employee's income any employee contributions required under each group health plan, in accordance with the applicable law of the employee's principal place of employment and transfer employee contributions to the appropriate plan(s), or

      2) complete item 4 of the Employer Response to notify the Issuing Agency that enrollment cannot be completed because of prioritization or limitations on withholding.

   c. If the plan administrator notifies you that the employee is subject to a waiting period that expires more than 90 days from the date of its receipt of **Part B** of this Notice, or whose duration is determined by a measure other than the passage of time (for example, the completion of a certain number of hours worked), notify the Issuing Agency of the enrollment timeframe and notify the plan administrator when the employee is eligible to enroll in the plan and that this Notice requires the enrollment of the child(ren) named in the Notice in the plan.

LIMITATIONS ON WITHHOLDING

The total amount withheld for both cash and medical support cannot exceed (***see 1. below***) ____ % of the employee's aggregate disposable weekly earnings. The employer may not withhold more under this National Medical Support Notice than the lesser of:

1. The amounts allowed by the Federal Consumer Protection Act (15 U.S.C., section 1673 (b));
2. The amounts allowed by the State of the employee's principal place of employment; or
3. The amounts allowed for health insurance premiums by the child support order, as indicated here: _____.

The Federal limit applies to the aggregate disposable weekly earnings (ADWE). ADWE is the net income left after making mandatory deductions such as State, Federal, local taxes; Social Security taxes; and Medicare taxes. As required under section 2.b.2 of the Employer Responsibilities on prior page, complete item 4 of the Employer Response to notify the Issuing Agency that enrollment cannot be completed because of prioritization or limitations on withholding.

PRIORITY OF WITHHOLDING

If withholding is required for employee contributions to one or more plans under this notice and for a support obligation under a separate notice and available funds are insufficient for withholding for both cash and medical support contributions, the employer must withhold amounts for purposes of cash support and medical support contributions in accordance with the law, if any, of the State of the employee's principal place of employment requiring prioritization between cash and medical support as described here: **if the employee's principal place of employment is New York State, deductions to satisfy cash child support obligations, including any additional deductions to satisfy past due cash child support obligation(s), shall have priority over deductions for the employee's share of health insurance premiums (NYS CPLR section 5241 (h)).** As required under section 2.b.2 of the Employer Responsibilities on prior page, complete item 4 of the Employer Response to notify the Issuing Agency that enrollment cannot be completed because of prioritization or limitations on withholding.

DURATION OF WITHHOLDING

The child(ren) shall be treated as dependents under the terms of the plan. Coverage of a child 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 may entitle the child to continuation coverage under the plan. The employer must continue to withhold employee contributions and may not disenroll (or eliminate coverage for) the child(ren) unless:

1. The employer is provided satisfactory written evidence that:

   a. The court or administrative child support order referred to above is no longer in effect; or
   b. The child(ren) is or will be enrolled in comparable coverage which will take effect no later than the effective date of disenrollment from the plan; or

2. The employer eliminates family health coverage for all of its employees.

POSSIBLE SANCTIONS

An employer may be subject to sanctions or penalties imposed under State law and/or ERISA for discharging an employee from employment, refusing to employ, or taking disciplinary action against any employee because of medical child support withholding, or for failing to withhold income, or transmit such withheld amounts to the applicable plan(s) as the Notice directs.

Pursuant to New York State law, failure of the employer, organization or group health plan administrator to enroll the eligible dependent(s) in any plan, option or coverage as the notice directs, or failure to deduct from the employee's income the employee's share of the premium or cost therefore, shall make the employer, organization or group health plan administrator jointly and severally liable for all medical expenses incurred on behalf of the employee's dependents named in this Notice while such dependents are not so enrolled to the extent of the health insurance benefits or coverages that should have been provided pursuant to this notice. (NYS CPLR section 5241 (g)(4)).

Nothing contained in this notice shall require a plan to provide any type of benefit, or any option, not otherwise provided under the plan, except to the extent necessary to meet the requirements of

a law relating to medical child support described in the Title 42 U.S.C. section 1396(g)(1). The employer, organization or group health plan administrator shall not be required to purchase or otherwise acquire health insurance benefits for such dependents that would not otherwise be available to the employee by reason of employment or membership. (See NYS CPLR 5241(c)(2)(xi) and 5241(c)(2)(vi)).

NOTICE OF TERMINATION OF EMPLOYMENT

In any case in which the above employee's employment terminates the employer must promptly notify the Issuing Agency of such termination. This requirement may be satisfied by sending to the Issuing Agency a copy of any notice the employer is required to provide under the continuation of coverage provisions of ERISA or the Health Insurance Portability and Accountability Act.

EMPLOYEE LIABILITY FOR CONTRIBUTION TO PLAN

The employee is liable for any employee contributions that are required under the plan(s) for enrollment of the child(ren) and is subject to appropriate enforcement. The employee may contest the withholding under this Notice based on a mistake of fact (such as the identity of the obligor). Should an employee contest the withholding under this Notice, the employer must proceed to comply with the employer responsibilitiesin this Notice until notified by the Issuing Agency to discontinue withholding. To contest the withholding under this Notice, the employee should contact the Issuing Agency at the address and telephone number listed on (Part A Page 1 of 5) of the Notice. With respect to plans subject to ERISA, it is the view of the Department of Labor that Federal Courts have jurisdiction if the employee challenges a determination that the Notice constitutes a Qualified Medical Child Support Order.

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 A – Notice to Withhold for Health Care Coverage** (Part A Page 1 of 5) of this Notice.

2007

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:
LOCAL COUNTY SCU
Medical Support Unit
PO Box 15369
Albany NY 12212-5369
Date of Notice: 07/01/2005
Case Number: ZZ00000Z1
Telephone Number: 1-888-208-4485
Fax Number: 1-518-869-7195

Court or Administrative Authority:
LOCAL COUNTY SUPREME COURT
COUNTY COURTHOUSE
ROOM 100
LOCALTOWN NY 10000-1000
Date of Support Order: 01/01/2005
Support Order/Docket #: F00000-00
Worker Code: 00
Employer Number: 00

Employer / Withholder's Federal EIN Number
123456789
Employer / Withholder's Name
XYZ CORPORATION
Employer / Withholder's Address
ATTN HR DEPT
1000 ANY BUSINESS AVE
ANY CITY NY 10000-1000
Custodial Parent's Name (Last, First, MI)
SMITH, JANE
Custodial Parent's Mailing Address
ANYPLACE APARTMENTS
123 ANYWHERE ST APT 1
ANYTOWN NY 10000-1000

Employee's Name (Last, First, MI)
SMITH, JOHN
Employee's Social Security Number
000-00-0000
Employee's Mailing Address
ANYPLACE ELSE APARTMENTS
456 ANYWHERE ST APT 2
ANYTOWN NY 10000-1000
Substituted Official/Agency Name and 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.
SMITH, JOHN JR	01/01/1975	000-00-0000	01

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

2007

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 dependent(s) 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: ZZ0000021	County Code: 00	JRE No: 00	Worker Code: 00

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.

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LOCAL COUNTY SCU
MEDICAL SUPPORT UNIT
PO BOX 15369
ALBANY NY 12212-5369

Date: July 1, 2005

PLAN ADMINISTRATOR RESPONSE ADDENDUM

CSMS Case ID: ZZ00000Z1
Worker Code: 00
Employee Name: SMITH, JOHN
Employee SSN: 000-00-0000

Dear Plan Administrator:

Please complete this form to provide specific information to verify the enrollment of employee children covered under the group plan. Return this completed form along with PART B – MEDICAL SUPPORT NOTICE TO PLAN ADMINISTRATOR to:

LOCAL COUNTY SCU
Medical Support Unit
PO Box 15369
Albany NY 12212-5369

EMPLOYEE INFORMATION:
Name: SMITH, JOHN
SSN: 000-00-0000
Address: ANYPLACE ELSE APARTMENTS
456 ANYWHERE ST APT 2
ANYTOWN NY 10000-1000

EMPLOYER INFORMATION:
Name: XYZ CORPORATION
EIN: 123456789
Address: ATTN HR DEPT
1000 ANY BUSINESS AVE
ANY CITY NY 10000-1000

1. The participant is subject to a waiting period that expires* ___/___/___ (more than 90 days from the date of receipt of the Notice), or has completed a waiting period 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 end of the waiting period, the plan administrator must process the enrollment.

2. Indicate **by placing a √ in the "yes" or "no" box** if the employee's dependent(s) listed is enrolled under the group health care coverage plan.

Child(ren's) Name	Date of Birth	Social Security Number	Record No.	YES	NO
SMITH, JOHN JR	01/01/1975	000-00-0000	01	☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

3. Using the list on the reverse side of this form, enter the code for the type of coverage provided under each plan in the boxes. (e.g. MM = Major Medical). Please also enter the name(s) and claims address for each group plan carrier in which the employee dependent(s) listed above is/are now enrolled.

2007

Disposable Earnings Worksheet

- "Earnings" means compensation paid or payable for personal services, such as wages, salary, commission, or bonus, and includes periodic payments pursuant to a pension or retirement program.
- "Disposable Earnings" means that part of the earnings remaining after deduction of any amounts required by law to be deducted.

The following worksheet may be used to calculate disposable earnings:

1. Gross earnings. 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. _____

   Add lines 2 a-f. These are the total deductions required by law. 2. _____

3. Subtract line 2 from line 1. This is the employee's disposable earnings. 3. _____

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

The following federal limitations apply to the withholding from disposable earnings for the satisfaction of health insurance premiums and/or child support payments:

MAXIMUM WITHHOLDING FROM DISPOSABLE EARNINGS

	No arrears, or arrears less than 12 weeks old	Arrears owed for at least 12 weeks
Employee supports spouse or child other than those covered by this matter.	50%	55%
Employee is not supporting a spouse or child other than those covered by this matter.	60%	65%

2007

Health Insurance Premium Withholding Limitations Worksheet

Use this form with the "National Medical Support Notice"

Before you begin:

- ✓ Calculate employee's disposable earnings (use worksheet on reverse if necessary).
- ✓ Be sure to include in your calculation all earnings paid or payable to employee (see definition on reverse).
- ✓ Determine if you are withholding child support from earnings based on an income execution and, if so, how much you are withholding.
- ✓ Determine if employee is supporting a spouse or dependent child other than those covered by this matter.

---

1. Ent [illegible] 1. _____
2. Ent [illegible] 2. _____*
3. En [illegible] 3. _____
4. Ad [illegible] 4. _____
5. Di [illegible] 5. _____%
6. Dc [illegible]

☐ [illegible] 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. Check Box 4 of Part A of the Employer Response (page 2 of 5) of the Notice and return the form.

☐ No. Withhold the health insurance premium amount entered on line 3 each pay period.

* Upon any future change in this amount, you must recalculate the limitations on withholding for health insurance premiums by re-doing this worksheet.

2007

MDXEMP -14

TYPE OF COVERAGE

Code(s)

Group Ins. Carrier #1: _____ NYS INS CD _____

Claims address: _____

Policyholder ID No. _____ Group No. _____ Effective Date: / /

Code(s)

Group Ins. Carrier #2: _____ NYS INS CD _____

Claims address: _____

Policyholder ID No. _____ Group No. _____ Effective Date: / /

Code(s)

Group Ins. Carrier #3: _____ NYS INS CD _____

Claims address: _____

Policyholder ID No. _____ Group No. _____ Effective Date: / /

Code(s)

Group Ins. Carrier #4: _____ NYS INS CD _____

Claims address: _____

Policyholder ID No. _____ Group No. _____ Effective Date: / /

Code(s)

Group Ins. Carrier #5: _____ NYS INS CD _____

Claims address: _____

Policyholder ID No. _____ Group No. _____ Effective Date: / /

COVERAGE CODES					
CL	Clinic	ER	Emergency Room	PO	Physician in-office
CM	Complement to Medicare	HH	Home Health	PI	Psychiatric in-patient
DN	Dental	IP	In-Patient	PS	Psychiatric out-patient
DM	Drugs (Major Medical)	MM	Major Medical	SI	Substance abuse in-patient
DR	Drugs (no card provided)	NH	Nursing Home	SO	Substance abuse out-patient
DC	Drugs (with co-pay)	OP	Optical	TR	Transportation
EQ	Durable medical equipment	PH	Physician in-hospital		

Completed By: _____ Title: _____

Phone Number: _____ Date: _____

CSMS Case ID: ZZ00000Z1 County Code: 00 JRE No: 00 Worker Code: 00

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MDXNCP - 1 RA99

LOCAL COUNTY SCU
MEDICAL SUPPORT UNIT
PO BOX 15369
ALBANY NY 12212-5369

Date: July 1, 2005

IMMEDIATE ACTION REQUIRED

CSMS Case ID: ZZ00000Z1
Worker Code: 00
Employer Name: XYZ CORPORATION

SMITH, JOHN
ANYPLACE ELSE APARTMENTS
456 ANYWHERE ST APT 2
ANYTOWN NY 10000-1000

PLEASE CAREFULLY READ ALL DOCUMENTS

This package contains your copy of the National Medical Support Notice / Medical Support Execution for Support Enforcement that has been sent to the employer listed above.

The National Medical Support Notice has 2 parts:

- Part A – Notice to Withhold for Health Care Coverage
  - Employer Response
  - Instructions to Employer; and
- Part B – Medical Support Notice to Plan Administrator
  - Plan Administrator Response
  - Instructions to Plan Administrator

Carefully read the "Employee Liability for Contribution to Plan" section on Part A, Page 5 of 5, of the National Medical Support Notice. If you have any questions concerning the Notice, contact the Issuing Agency at the address and/or telephone number provided below:

LOCAL COUNTY SCU
SUPPORT COLLECTION-MEDEX
COUNTY OFFICE BLDG
LOCALTOWN NY 10000-1000
Telephone Number: (100) 100-1000 Ext. 1000

2007

NATIONAL MEDICAL SUPPORT NOTICE

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

PART A
NOTICE TO WITHHOLD FOR HEALTH CARE COVERAGE

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 (ERISA), and for State and local government and church plans, sections 401(e) and (f) of the Child Support Performance and Incentive Act of 1998.

Issuing Agency:
LOCAL COUNTY SCU
Medical Support Unit
PO Box 15369
Albany NY 12212-5369
Date of Notice: 07/01/2005
Case Number: ZZ000C0Z1
Telephone Number:
Fax Number:

Court or Administrative Authority:
LOCAL COUNTY SUPREME COURT
COUNTY COURTHOUSE
ROOM 100
LOCALTOWN NY 10000-1000
Date of Support Order: 01/01/2005
Support Order/Docket #: F00000-00
Worker Code: 00
Employer Number: 00

Employer / Withholder's Federal EIN Number
123456789
Employer / Withholder's Name
XYZ CORPORATION
Employer / Withholder's Address
ATTN HR DEPT
1000 ANY BUSINESS AVE
ANY CITY NY 10000-1000
Custodial Parent's Name (Last, First, MI)
SMITH, JANE
Custodial Parent's Mailing Address

Employee's Name (Last, First, MI)
SMITH, JOHN
Employee's Social Security Number
000-00-0000
Employee's Mailing Address
ANYPLACE ELSE APARTMENTS
456 ANYWHERE ST APT 2
ANYTOWN NY 10000-1000
Substituted Official/Agency Name and 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.
SMITH, JOHN JR	01/01/1975	000-00-0000	01

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

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EMPLOYER RESPONSE

If either 1, 2, or 3 below applies, check the appropriate box and return this Part A to the **Issuing Agency** within 20 business days after the date of the Notice, or sooner if reasonable. NO OTHER ACTION IS NECESSARY. If neither 1, 2, nor 3 applies, forward **Part B** to the appropriate plan administrator(s) within 20 business days after the date of the Notice, or sooner if reasonable. Check number 4 and return this **Part A** to the **Issuing Agency** if the Plan Administrator informs you that the child(ren) is/are enrolled in an option under the plan for which you have determined that the employee contribution exceeds the amount that may be withheld from the employee's income due to State or Federal withholding limitations and/or prioritization.

☐ 1. Employer does not maintain or contribute to plans providing dependent or family health care coverage.

☐ 2. The employee is among a class of employees (for example, part-time or non-union) that are not eligible for family health coverage under any group health plan maintained by the employer or to which the employer contributes.

☐ 3. Health care coverage is not available because employee is no longer employed by the employer:

Date of termination: _____

Last known address: _____

_____

Last known telephone number: _____

New employer (if known): _____

New employer address: _____

_____

New employer telephone number: _____

☐ 4. State or Federal withholding limitations and/or prioritization prevent the withholding from the employee's income of the amount required to obtain coverage under the terms of the plan.

Employer Representative:

Name: _____ Telephone Number: _____

Title: _____ Date: _____

EIN (if not provided by the Issuing Agency on Notice to Withhold for Health Care Coverage): _____

CSMS Case ID: ZZ00000Z1	County Code: 00	JRE No: 0	Worker Code:

2007

INSTRUCTIONS TO EMPLOYER

This document serves as notice that the employee identified on this National Medical Support Notice is obligated by a court or administrative child support order to provide health care coverage for the child(ren) identified on this Notice. This National Medical Support Notice replaces any Medical Support Notice that the Issuing Agency has previously served on you with respect to the employee and the children listed on this Notice. If the employee already has enrolled the child(ren) in health care coverage, the employer should contact the Issuing Agency to provide the coverage information.

The document consists of **Part A - Notice to Withhold for Health Care Coverage** for the employer to withhold any employee contributions required by the group health plan(s) in which the child(ren) is/are enrolled; and **Part B - Medical Support Notice to the Plan Administrator**, which must be forwarded to the administrator of each group health plan identified by the employer to enroll the eligible child(ren), or completed by the employer, if the employer serves as the health plan administrator.

EMPLOYER RESPONSIBILITIES

1. If the individual named above is not your employee, or if family health care coverage is not available, please complete item 1, 2, or 3 of the Employer Response as appropriate, and return it to the Issuing Agency. NO FURTHER ACTION IS NECESSARY.

2. If family health care coverage is available for which the child(ren) identified above may be eligible, you are required to:

   a. Transfer, not later than 20 business days after the date of this Notice, a copy of **Part B - Medical Support Notice to the Plan Administrator** and **Plan Administrator Response Addendum** to the administrator of each appropriate group health plan for which the child(ren) may be eligible, and

   b. Upon notification from the plan administrator(s) that the child(ren) is/are enrolled, either:

      1) withhold from the employee's income any employee contributions required under each group health plan, in accordance with the applicable law of the employee's principal place of employment and transfer employee contributions to the appropriate plan(s), or

      2) complete item 4 of the Employer Response to notify the Issuing Agency that enrollment cannot be completed because of prioritization or limitations on withholding.

   c. If the plan administrator notifies you that the employee is subject to a waiting period that expires more than 90 days from the date of its receipt of **Part B** of this Notice, or whose duration is determined by a measure other than the passage of time (for example, the completion of a certain number of hours worked), notify the Issuing Agency of the enrollment timeframe and notify the plan administrator when the employee is eligible to enroll in the plan and that this Notice requires the enrollment of the child(ren) named in the Notice in the plan.

LIMITATIONS ON WITHHOLDING

The total amount withheld for both cash and medical support cannot exceed (***see 1. below***) ____% of the employee's aggregate disposable weekly earnings. The employer may not withhold more under this National Medical Support Notice than the lesser of:

1. The amounts allowed by the Federal Consumer Protection Act (15 U.S.C., section 1673 (b));
2. The amounts allowed by the State of the employee's principal place of employment; or
3. The amounts allowed for health insurance premiums by the child support order, as indicated here: _____.

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The Federal limit applies to the aggregate disposable weekly earnings (ADWE). ADWE is the net income left after making mandatory deductions such as State, Federal, local taxes; Social Security taxes; and Medicare taxes. As required under section 2.b.2 of the Employer Responsibilities on prior page, complete item 4 of the Employer Response to notify the Issuing Agency that enrollment cannot be completed because of prioritization or limitations on withholding.

PRIORITY OF WITHHOLDING

If withholding is required for employee contributions to one or more plans under this notice and for a support obligation under a separate notice and available funds are insufficient for withholding for both cash and medical support contributions, the employer must withhold amounts for purposes of cash support and medical support contributions in accordance with the law, if any, of the State of the employee's principal place of employment requiring prioritization between cash and medical support as described here: **if the employee's principal place of employment is New York State, deductions to satisfy cash child support obligations, including any additional deductions to satisfy past due cash child support obligation(s), shall have priority over deductions for the employee's share of health insurance premiums (NYS CPLR section 5241 (h)).** As required under section 2.b.2 of the Employer Responsibilities on prior page, complete item 4 of the Employer Response to notify the Issuing Agency that enrollment cannot be completed because of prioritization or limitations on withholding.

DURATION OF WITHHOLDING

The child(ren) shall be treated as dependents under the terms of the plan. Coverage of a child 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 may entitle the child to continuation coverage under the plan. The employer must continue to withhold employee contributions and may not disenroll (or eliminate coverage for) the child(ren) unless:

1. The employer is provided satisfactory written evidence that:

   a. The court or administrative child support order referred to above is no longer in effect; or
   b. The child(ren) is or will be enrolled in comparable coverage which will take effect no later than the effective date of disenrollment from the plan; or

2. The employer eliminates family health coverage for all of its employees.

POSSIBLE SANCTIONS

An employer may be subject to sanctions or penalties imposed under State law and/or ERISA for discharging an employee from employment, refusing to employ, or taking disciplinary action against any employee because of medical child support withholding, or for failing to withhold income, or transmit such withheld amounts to the applicable plan(s) as the Notice directs.

Pursuant to New York State law, failure of the employer, organization or group health plan administrator to enroll the eligible dependent(s) in any plan, option or coverage as the notice directs, or failure to deduct from the employee's income the employee's share of the premium or cost therefore, shall make the employer, organization or group health plan administrator jointly and severally liable for all medical expenses incurred on behalf of the employee's dependents named in this Notice while such dependents are not so enrolled to the extent of the health insurance benefits or coverages that should have been provided pursuant to this notice. (NYS CPLR section 5241 (g)(4)).

Nothing contained in this notice shall require a plan to provide any type of benefit, or any option, not otherwise provided under the plan, except to the extent necessary to meet the requirements of

a law relating to medical child support described in the Title 42 U.S.C. section 1396(g)(1). The employer, organization or group health plan administrator shall not be required to purchase or otherwise acquire health insurance benefits for such dependents that would not otherwise be available to the employee by reason of employment or membership. (See NYS CPLR 5241(c)(2)(xi) and 5241(c)(2)(vi)).

NOTICE OF TERMINATION OF EMPLOYMENT

In any case in which the above employee's employment terminates the employer must promptly notify the Issuing Agency of such termination. This requirement may be satisfied by sending to the Issuing Agency a copy of any notice the employer is required to provide under the continuation of coverage provisions of ERISA or the Health Insurance Portability and Accountability Act.

EMPLOYEE LIABILITY FOR CONTRIBUTION TO PLAN

The employee is liable for any employee contributions that are required under the plan(s) for enrollment of the child(ren) and is subject to appropriate enforcement. The employee may contest the withholding under this Notice based on a mistake of fact (such as the identity of the obligor). Should an employee contest the withholding under this Notice, the employer must proceed to comply with the employer responsibilities in this Notice until notified by the Issuing Agency to discontinue withholding. To contest the withholding under this Notice, the employee should contact the Issuing Agency at the address and telephone number listed on (Part A Page 1 of 5) of the Notice. With respect to plans subject to ERISA, it is the view of the Department of Labor that Federal Courts have jurisdiction if the employee challenges a determination that the Notice constitutes a Qualified Medical Child Support Order.

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 A – Notice to Withhold for Health Care Coverage** (Part A Page 1 of 5) of this Notice.

2007

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: LOCAL COUNTY SCU Medical Support Unit PO Box 15369 Albany NY 12212-5369 **Date of Notice:** 07/01/2005 **Case Number:** ZZ00000Z1 **Telephone Number:** **Fax Number:**	**Court or Administrative Authority:** LOCAL COUNTY SUPREME COURT COUNTY COURTHOUSE ROOM 100 LOCALTOWN NY 10000-1000 **Date of Support Order:** 01/01/2005 **Support Order/Docket #:** F00000-00 **Worker Code:** 00 **Employer Number:** 00

Employer / Withholder's Federal EIN Number
123456789
Employer / Withholder's Name
XYZ CORPORATION
Employer / Withholder's Address
ATTN HR DEPT
1000 ANY BUSINESS AVE
ANY CITY NY 10000-1000
Custodial Parent's Name (Last, First, MI)
SMITH, JANE
Custodial Parent's Mailing Address

Employee's Name (Last, First, MI)
SMITH, JOHN
Employee's Social Security Number
000-00-0000
Employee's Mailing Address
ANYPLACE ELSE APARTMENTS
456 ANYWHERE ST APT 2
ANYTOWN NY 10000-1000
Substituted Official/Agency Name and 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.
SMITH, JOHN JR	01/01/1975	000-00-0000	01

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

2007

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 dependent(s) 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: ZZ00000021	County Code: 00	JRE No: 0	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.

2007

MDXAVL - 1

LOCAL COUNTY SCU
MEDICAL SUPPORT UNIT
PO BOX 15369
ALBANY NY 12212-5369

Date: May 1, 2006

NOTICE OF AVAILABLE HEALTH INSURANCE COVERAGE FOR CHILDREN

SMITH, JANE
ANYPLACE APARTMENTS
123 ANYWHERE ST APT 1
ANYTOWN NY 10000-1000

CSMS Case ID: ZZ00000Z1
Worker Code: 00
Noncustodial Parent: SMITH, JOHN
Employer Name: XYZ CORPORATION

SUBJECT: Availability of Health Insurance Coverage

Dear Custodial Parent:

We are providing you with information about health insurance coverage that may be available for your child(ren). We have received information that the child(ren) named below is(are) eligible to be enrolled in the following health insurance coverage plan(s) maintained either through the noncustodial parent named above or through a third party. If you believe this information is not correct, contact the child support agency shown on the reverse side of this notice.

Child(ren) Name	Date of Birth	Child(ren) Name	Date of Birth
SMITH, JOHN JR	01/01/1975		

According to our records the health insurance carrier(s) is(are):

Group Ins. Carrier #1: XYZ INSURANCE CO

Claims Address: MEDICAL DIVISION
1000 ANY INSURANCE AVE
ANY CITY NY 10000-1000

Policyholder ID No. 000000000000000 **Group No.** 0000000000

Group Ins. Carrier #2:

Claims Address:

Policyholder ID No. **Group No.**

2007

05/06

MDXNHICCA-1 05/10/06

Group Ins. Carrier #3:

Claims Address:

Policyholder ID No. **Group No.**

Group Ins. Carrier #4:

Claims Address:

Policyholder ID No. **Group No.**

Group Ins. Carrier #5:

Claims Address:

Policyholder ID No. **Group No.**

The group health insurance carrier, or the plan administrator for the employer, should provide you with a summary plan description, insurance cards, documents, forms and any information necessary to use the coverage or to submit claims for benefits. If you have questions regarding the health insurance plan or have not received documentation, please contact the health insurance carrier directly.

If you have questions regarding this notice, please contact:

LOCAL COUNTY SCU
SUPPORT COLLECTION-MEDEX
COUNTY OFFICE BLDG
LOCALTOWN NY 10000-1000

Telephone: (100) 100-1000 ext. 1000

Supervisor,
Support Collection Unit

2007

2007

MDXUVL - 1

LOCAL COUNTY SCU
MEDICAL SUPPORT UNIT
PO BOX 15369
ALBANY NY 12212-5369

Date: July 1, 2005

NOTICE OF HEALTH INSURANCE COVERAGE FOR CHILDREN UNAVAILABLE

CSMS Case ID: ZZ00000Z1

Worker Code: 00

Non-Custodial Parent: SMITH, JOHN

Employer Name: XYZ CORPORATION

SMITH, JANE
ANYPLACE APARTMENTS
123 ANYWHERE ST APT 1
ANYTOWN NY 10000-1000

SUBJECT: National Medical Support Notice

Dear Custodial Parent:

This notice is to inform you that the child(ren) of the above named non-custodial parent and associated with the above case number is(are) not currently enrolled in a health insurance plan maintained by the non-custodial parent's employer or organization.

We have been advised by the employer or organization that dependent or family health insurance benefits are not available for the following reason:

Not provided to the non-custodial parent through the employer or organization.

If you have questions regarding this notice, please contact:

LOCAL COUNTY SCU
SUPPORT COLLECTION-MEDEX
COUNTY OFFICE BLDG
LOCALTOWN NY 12345-6789

Telephone: (100) 100-1000 ext. 1000

Supervisor,
Support Collection Unit

2007

MDXUVL - 2

LOCAL COUNTY SCU
MEDICAL SUPPORT UNIT
PO BOX 15369
ALBANY NY 12212-5369

Date: July 1, 2005

NOTICE OF HEALTH INSURANCE COVERAGE FOR CHILDREN UNAVAILABLE

SMITH, JANE
ANYPLACE APARTMENTS
123 ANYWHERE ST APT 1
ANYTOWN NY 10000-1000

CSMS Case ID: ZZ00000Z1
Worker Code: 00
Non-Custodial Parent: SMITH, JOHN
Employer Name: XYZ CORPORATION

SUBJECT: National Medical Support Notice

Dear Custodial Parent:

This notice is to inform you that the child(ren) of the above named non-custodial parent and associated with the above case number is(are) not currently enrolled in a health insurance plan maintained by the non-custodial parent's employer or organization.

We have been advised by the employer or organization that dependent or family health insurance benefits are not available for the following reason:

> The non-custodial parent is among a class of employees that are not eligible for dependent or family coverage under any group health plan maintained by the employer or to which the employer contributes.

If you have questions regarding this notice, please contact:

LOCAL COUNTY SCU
SUPPORT COLLECTION-MEDEX
COUNTY OFFICE BLDG
LOCALTOWN NY 12345-6789

Telephone: (100) 100-1000 ext. 1000

Supervisor,
Support Collection Unit

2007

MDXUVL - 3

LOCAL COUNTY SCU
MEDICAL SUPPORT UNIT
PO BOX 15369
ALBANY NY 12212-5369

Date: July 1, 2005

NOTICE OF HEALTH INSURANCE COVERAGE FOR CHILDREN UNAVAILABLE

CSMS Case ID: ZZ00000Z1

Worker Code: 00

Non-Custodial Parent: SMITH, JOHN

Employer Name: XYZ CORPORATION

SMITH, JANE
ANYPLACE APARTMENTS
123 ANYWHERE ST APT 1
ANYTOWN NY 10000-1000

SUBJECT: National Medical Support Notice

Dear Custodial Parent:

This notice is to inform you that the child(ren) of the above named non-custodial parent and associated with the above case number is(are) not currently enrolled in a health insurance plan maintained by the non-custodial parent's employer or organization.

We have been advised by the employer or organization that dependent or family health insurance benefits are not available for the following reason:

> The amount of the non-custodial parent's share of the cost of the coverage combined with any child support obligation exceeds the amount an employer is permitted to withhold from the non-custodial parent's earnings under Federal and State law.

If you have questions regarding this notice, please contact:

LOCAL COUNTY SCU
SUPPORT COLLECTION-MEDEX
COUNTY OFFICE BLDG
LOCALTOWN NY 12345-6789

Telephone: (100) 100-1000 ext. 1000

Supervisor,
Support Collection Unit

2007

MDXUVL - 4

LOCAL COUNTY SCU
MEDICAL SUPPORT UNIT
PO BOX 15369
ALBANY NY 12212-5369

Date: July 1, 2005

NOTICE OF HEALTH INSURANCE COVERAGE FOR CHILDREN UNAVAILABLE

SMITH, JANE
ANYPLACE APARTMENTS
123 ANYWHERE ST APT 1
ANYTOWN NY 10000-1000

CSMS Case ID: ZZ00000Z1
Worker Code: 00
Non-Custodial Parent: SMITH, JOHN
Employer Name: XYZ CORPORATION

SUBJECT: National Medical Support Notice

Dear Custodial Parent:

This notice is to inform you that the child(ren) of the above named non-custodial parent and associated with the above case number is(are) not currently enrolled in a health insurance plan maintained by the non-custodial parent's employer or organization.

We have been advised by the employer or organization that dependent or family health insurance benefits are not available for the following reason:

The non-custodial parent is no longer employed by the employer or organization.

If you have questions regarding this notice, please contact:

LOCAL COUNTY SCU
SUPPORT COLLECTION-MEDEX
COUNTY OFFICE BLDG
LOCALTOWN NY 12345-6789

Telephone: (100) 100-1000 ext. 1000

Supervisor,
Support Collection Unit

2007

2007

MDXRMD - 1

LOCAL COUNTY SCU
MEDICAL SUPPORT UNIT
PO BOX 15369
ALBANY NY 12212-5369

Date: May 1, 2006

REMINDER NOTICE TO RESPOND TO NATIONAL MEDICAL SUPPORT NOTICE

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

CSMS Case ID: ZZ00000Z1
Worker Code: 00
Employer No: 00

SUBJECT: National Medical Support Notice

RE: SMITH, JOHN
SSN: 000-00-0000

WARNING
You may be held liable for any medical costs that incur for the period of time during which the employee's dependent(s) should have been enrolled.

Dear Employer/Withholder:

On 04/01/2005 a National Medical Support Notice/Medical Support Execution was issued to you pursuant to NY Civil Practice Law and Rules Section 5241, on behalf of the above named employee. This employee is required by court order or administrative order to provide group health insurance coverage for dependent(s) as provided through their employer or organization. The National Medical Support Notice consists of:

Part A – Notice to Withhold for Health Care Coverage, directing you to withhold any employee contributions required by the group health plan(s) in which the participant is enrolled, or is eligible to be enrolled; and
Part B – Medical Support Notice to Plan Administrator that you must forward to each health plan administrator of a group health plan for which the employee is or may be enrolled. The notice issued to you (Part A and Part B) is deemed to be a "qualified medical child support order" as defined in section 609(a)(5)(C) of the Employee Retirement Security Act (ERISA).

You have been directed to respond to the Issuing Agency with Part A - Notice to Withhold for Health Care Coverage, **within 20 business days from the date of the notice** in the event the dependent(s) named on the notice is/are not eligible for health insurance coverage, or; forward Part B - Medical Support Notice to Plan Administrator, to the plan administrator who then shall have **40 business days** from the date of the Notice to enroll the specified dependent(s) named in the Notice in the group health care plan and respond to the Issuing Agency with verification of that enrollment.

It has been in excess of 60 days since date of issuance of the National Medical Support Notice and there is no record of response from you to either Part A or Part B of the notice as required by the Notice and applicable law.

You **must take action immediately** and **submit the appropriate response** to the Issuing Agency.
If you fail to do so, legal action may be brought against you in court. You may be held liable for any medical costs that incur for the period of time during which the employee's dependent(s) should have been enrolled.

Note: Please be advised that a response to the Notice must be submitted to verify the health care benefits even if they have already been extended to the named dependent(s) prior to the Notice. Also note that Medicaid and Child Health Plus do not qualify as alternative coverage options and may not replace the requirement for employer based coverage for dependents under Federal and State law.

If you have any questions regarding this reminder notice or the National Medical Support Notice please contact the Employer Helpline at 1-888-208-4485 (toll free).

Supervisor,
Support Collection Unit

2007

2007

MDXTRM - 1

LOCAL COUNTY SCU
MEDICAL SUPPORT UNIT
PO BOX 15369
ALBANY NY 12212-5369

Date: May 1, 2006

TERMINATION OF
NATIONAL MEDICAL SUPPORT NOTICE/
MEDICAL SUPPORT EXECUTION
New York State § CPLR 5241

CSMS Case ID: ZZ00000Z1
Worker Code: 00
Employer No: 00

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

SUBJECT: Termination of National Medical Support Notice

RE: SMITH, JOHN
SSN: 000-00-0000

Dear Employer/Withholder:

This letter is to advise you that the National Medical Support Notice/Medical Support Execution for Support Enforcement ("Notice") pertaining to the above CSMS Case ID and employee/obligoris hereby terminated effective immediately. Accordingly, please be advised that any obligations of the employer, organization or plan administrator under the Notice are hereby terminated.

This termination does not affect other Notices which you may have for the same employee/obligoron any different CSMS Case ID, for which there are other enrolled dependents in any group health care plan, and for whom you are withholding an amount which is the employee share of the premium, if any, for health care coverage benefits. Until further notice, those Notices, if any, remain in effect.

The employee/obligor may elect to continue coverage for his or her dependent(s) so long as they remain eligible and/or coverage has not expired.

If you have any questions regarding this notice, please contact the Employer Helpline at 1-888-208-4485 (toll free).

Supervisor,
Support Collection Unit

2007

2007

LSN-1 RA488 ** 000001
LOCAL COUNTY SCU
LICENSE SUSPENSION UNIT
COUNTY OFFICE BLDG
LOCALTOWN NY 10000-1000

Important!

********** AUTO 4-DIGIT
SMITH, JOHN
ANYPLACE APARTMENTS
123 ANYWHERE ST APT 1
ANYTOWN NY 10000-1000

Immediate Action Required

- Your license, permit or registration issued by the State of New York is at risk of being suspended for failure to pay child support.
- Carefully read the enclosed "Warning Notice".
- Include the remittance tag below with any payment you send to the SCU.

(tear-off here and include with payment)

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

To be compliant with your court order, YOU MUST RECORD YOUR CHANGE OF ADDRESS HERE

Account Number: ZZ00000Z1
Support Payer: SMITH, JOHN
Support Due To: SMITH, JANE
Arrears Amount: $1,000.00 **Due Now:** $1,000.00

Please record your account number on your check or money order.

PAY THIS AMOUNT
$1,000.00

Amount Enclosed $ _____

LSNCL 06/18/04

150 00 000000000000 000000 0

2007

LSN - 3

WARNING NOTICE
License, Permit or Registration Suspension

LOCAL COUNTY SCU
LICENSE SUSPENSION UNIT
COUNTY OFFICE BLDG
LOCALTOWN NY 10000-1000

Date of Notice: July 1, 2005

Account Number: ZZ00000Z1

NON-CUSTODIAL PARENT

Custodial Parent: SMITH, JANE
Docket Number: F-000-00
JCA Worker Code: 0000

TO: SMITH, JOHN
ANYPLACE APARTMENTS
123 ANYWHERE ST APT 1
ANYTOWN NY 10000-1000

IMMEDIATE ACTION REQUIRED!

Your New York State license, permit or registration, as identified on the reverse side of this notice, is at risk of being suspended for your failure to pay child support.

Our records show that you are required to make regular payments as shown on the reverse side of this page, based upon an order of support issued by the Supreme or Family Court of the State of New York. We have not received all required payments and therefore, as of July 1, 2005, you owe support arrears in the amount of $1,000.00, which is equivalent to or greater than the amount of support due pursuant to the court order for a period of four months.

TOTAL ARREARS AMOUNT: $1,000.00 - Remit to Payee below

Failure to respond to this notice may result in initiation of suspension action under New York State Family Court Act § 454 and § 458-b or § 458-c or Domestic Relations Law § 244-c and § 244-d.

To avoid suspension proceedings, you must IMMEDIATELY:

1. MAKE FULL PAYMENT OF THE ARREARS YOU OWE; **OR**
2. CONTACT US AT THE ABOVE ADDRESS and provide documentation which supports one of the following claims:
   a. You are receiving public assistance or supplemental security income (SSI) benefits.
   b. Your annual income falls below the self-support reserve ($13,783 in 2007) after paying your current support obligation.
   c. You believe the information shown in this notice is not correct (for example, you are not the person identified as "non-custodial parent", the order does not exist, the arrears amount is not equivalent to or greater than the amount of support due pursuant to court order for a period of four months).

WRITE YOUR ACCOUNT NUMBER & SOCIAL SECURITY NUMBER ON YOUR PAYMENT & INCLUDE REMITTANCE TAG

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

Send to: (Payments Only) NYS CHILD SUPPORT PROCESSING CENTER
PO BOX 15363
ALBANY NY 12212-5363

See reverse

2007

WARNING NOTICE
License, Permit or Registration Suspension
(Reverse)

Date of Notice: July 1, 2005

Account Number: ZZ00000Z1

Custodial Parent: SMITH, JANE
Docket Number: F-000-00
JCA Worker Code: 0000

LICENSE, PERMIT OR REGISTRATION ISSUED TO YOU

PROFESSIONAL LICENSE 000000

YOU SHOULD BE REGULARLY PAYING THE FOLLOWING

Amount	Frequency	Court Order Date
$100.00	Monthly	January 1, 2005

TO AVOID SUSPENSION OF YOUR LICENSE, PERMIT OR REGISTRATION, FOLLOW THE INSTRUCTIONS ON THE FRONT OF THIS WARNING NOTICE.

2007

2007

CCN1-1 ** 000000001

NYS CHILD SUPPORT PROCESSING CENTER
PO BOX 15365
ALBANY NY 12212-5365

DATE: September 7, 2005

CONTACT LETTER ABOUT CASE CLOSURE

********** MIXED AADC 120
TO: SMITH, JANE
ANYPLACE APARTMENTS
123 ANYWHERE ST APT 1
ANYTOWN NY 10000-1000

COUNTY NAME:

CSMS ID: ZZ12345Z1

CUSTODIAL PARENT: SMITH, JANE

NON-CUSTODIAL PARENT: SMITH, JOHN

JCA WORKER: ZZ0

PLEASE READ THE FOLLOWING INFORMATION AND CONTACT US IMMEDIATELY!

Our records indicate that you are in receipt of child support enforcement services from us. However, we have been unable to contact you and request that you contact us immediately to discuss your case.

We are unable to take the next step in your child support case because we need information you may have or we need you to cooperate with our efforts. Common reasons why we are unable to take the next step in your case include:

- We do not have your most recent address and telephone number on record; or
- We need basic information concerning the non-custodial parent/putative father such as: full name, social security number or current mailing, residential or business address.

Accurate names, social security numbers, and addresses are essential for effective computerized searches of various records. Addresses are also essential to give notice and/or serve court papers (service of process) for actions we may need to take in court.

Please contact us immediately to provide the information necessary for your case. You may contact us in writing at the address shown above, or by telephone at the number provided below. If we do not hear from you within **60** days of the date of this letter, we will assume you do not wish or need to have child support enforcement services and we will take action to close your case.

Sincerely,

Child Support Enforcement Unit
Telephone Number (100) 100-1000 Ext 1000

2007

2007

CCN2-1 ** 000000001

NYS CHILD SUPPORT PROCESSING CENTER
PO BOX 15365
ALBANY NY 12212-5365

DATE: September 7, 2005

CASE CLOSURE NOTICE

COUNTY NAME:

********** MIXED AADC 120
TO: SMITH, JANE
ANYPLACE APARTMENTS
123 ANYWHERE ST APT 1
ANYTOWN NY 10000-1000

CSMS ID: ZZ12345Z1

CUSTODIAL PARENT: SMITH, JANE

NON-CUSTODIAL PARENT: SMITH, JOHN

JCA WORKER: ZZ0

ATTENTION

YOUR CHILD SUPPORT CASE WILL BE CLOSED IN 60 DAYS

Our records indicate that you are in receipt of child support enforcement services from us with regard to the above referenced case. For the reason(s) indicated below, we are notifying you of our intention to close your child support case.

1. There is no longer a current child support order for your case and the past due child support totals less than $500 or is unenforceable under New York State Laws.

2. The putative father or non-custodial parent died and there is no known or available estate.

3. We cannot establish paternity for the child involved in this case because the child is at least 21 years old. State and Federal laws do not allow establishment of paternity after a child reaches that age.

If you receive a public assistance grant, this does not affect the grant.

You have **60** days from the date of this letter to contact us in regards to this decision. **Please complete and return the enclosed "Notice to Agree or Disagree with Our Decision to Close the Case" indicating to us whether you agree or disagree with our decision to close your case.** If you disagree with our decision, you must provide the requested information as indicated. If you agree with our decision to close your case, or if you do not provide a response or fail to provide the requested information on the enclosed notice within the 60 days or by **November 6, 2005**, we will close your child support case. You may contact us at any time to receive child support services again if still eligible.

NOTE: IF YOU HAVE A CHILD SUPPORT ORDER, PLEASE READ THE FOLLOWING

Your child support order requires the non-custodial parent to make payments to the Support Collection Unit. Based on the reason(s) stated above it is our intention to close your case. We will, however, continue to process and record payments received for your case for the next 60 days. We will also hold any payments we have made to you that have been returned to us for 60 days pending contact from you. After 60 days, we will refund any payments we receive that are owed to you to the non-custodial parent.

Sincerely,

Child Support Enforcement Unit
Telephone Number (100) 100-1000 ext. 1000

2007

CCN2 - 3

NYS CHILD SUPPORT PROCESSING CENTER
PO BOX 15365
ALBANY NY 12212-5365

DATE: September 7, 2005

COUNTY NAME:
CSMS ID: ZZ12345Z1
CUSTODIAL PARENT: SMITH, JANE
NON-CUSTODIAL PARENT: SMITH, JOHN
JCA WORKER: ZZO

NOTICE TO AGREE OR DISAGREE WITH OUR DECISION TO CLOSE THE CASE

Please check the appropriate box to indicate if you agree or disagree with our decision to close your case:

☐ I agree with your decision. Please close the case.

☐ I disagree with your decision. Please do not close the case.

If you disagree with our decision to close the case and want the case to remain open, please also update our records by providing the following requested information. If information is unknown to you, write "unknown" in the space provided.

Please complete and return this notice to the address above.

****

YOUR (CUSTODIAL PARENT) INFORMATION:
SSN _____
Date of Birth _____
Address _____
_____
_____
Telephone Number to Contact _____

NON-CUSTODIAL PARENT INFORMATION:
SSN _____
Date of Birth _____
Address _____
_____
_____
Telephone Number to Contact _____

Employer Name _____
Employer Address _____
_____
Employer Telephone Number to Contact _____

Completed and Submitted By:
Name _____
Address _____
_____

Telephone Number _____

2007

2007

CCN3-1 ** 000000001

NYS CHILD SUPPORT PROCESSING CENTER
PO BOX 15365
ALBANY NY 12212-5365

DATE: September 7, 2005

CASE CLOSURE NOTICE

COUNTY NAME:

********** MIXED AADC 120
TO: SMITH, JANE
C/O OTHER STATE AGENCY
1000 GOVERNMNENT AVE
CAPITAL CITY CA 90000-1000

CSMS ID: ZZ12345Z1

CUSTODIAL PARENT: SMITH, JANE

NON-CUSTODIAL PARENT: SMITH, JOHN

JCA WORKER: ZZ0

ATTENTION

THE ABOVE CHILD SUPPORT CASE WILL BE CLOSED IN 60 DAYS

Our records indicate that you, as the referring state (district), requested child support enforcement services from us on behalf of the above referenced case. For the reason(s) indicated below, we are notifying you of our intention to close that child support case in New York State.

1. You (the referring State) did not take an action essential for us to provide child support enforcement services. Please contact the recipient of services in your state with regard to this notice and, if available, supply us with the necessary information so that we may proceed.

2. We have documented that you have not cooperated with us and an action by you is essential for the next step in providing services.

You have **60** days from the date of this letter to contact us in regards to this decision. **Please complete and return the enclosed "Notice to Agree or Disagree with Our Decision to Close the Case" indicating to us whether you agree or disagree with our decision to close the above child support case.** If you disagree with our decision, you must provide the requested information as indicated. If you agree with our decision to close the case, or if you do not provide a response or fail to provide the requested information on the enclosed notice within the 60 days or by **November 6, 2005**, we will close the child support case. You may contact us at any time to receive child support services for the above case again if still eligible.

NOTE: IF THERE IS A CHILD SUPPORT ORDER, PLEASE READ THE FOLLOWING

The child support order requires the non-custodial parent to make payments to the Support Collection Unit. Based on the reason(s) stated above it is our intention to close the case. We will, however, continue to process and record payments received for the case for the next 60 days. We will also hold any payments we have made to you that have been returned to us for 60 days pending contact from you. After 60 days, we will refund any payments we receive that are owed to you to the non-custodial parent.

Sincerely,

Child Support Enforcement Unit
Telephone Number (100) 100-1000 ext. 1000

CCN3 - 3

NYS CHILD SUPPORT PROCESSING CENTER
PO BOX 15365
ALBANY NY 12212-5365

DATE: September 7, 2005

COUNTY NAME:
CSMS ID: ZZ12345Z1
CUSTODIAL PARENT: SMITH, JANE
NON-CUSTODIAL PARENT: SMITH, JOHN
JCA WORKER: ZZ0

NOTICE TO AGREE OR DISAGREE WITH OUR DECISION TO CLOSE THE CASE

Please check the appropriate box to indicate if you agree or disagree with our decision to close your case:

☐ We agree with your decision. Please close the case.

☐ We disagree with your decision. Please do not close the case.

If you disagree with our decision to close the case and want the case to remain open, please also update our records by providing the following requested information. If information is unknown to you, write "unknown" in the space provided.

Please complete and return this notice to the address above.

****

CUSTODIAL PARENT INFORMATION:
SSN _____
Date of Birth _____
Address _____
_____
_____
Telephone Number to Contact _____

NON-CUSTODIAL PARENT INFORMATION:
SSN _____
Date of Birth _____
Address _____
_____
_____
Telephone Number to Contact _____

Employer Name _____
Employer Address _____
_____
Employer Telephone Number to Contact _____

Completed and Submitted By:
Representative Name _____ Title _____
Name of Other State or Jurisdiction _____
Address _____
_____

Telephone Number _____

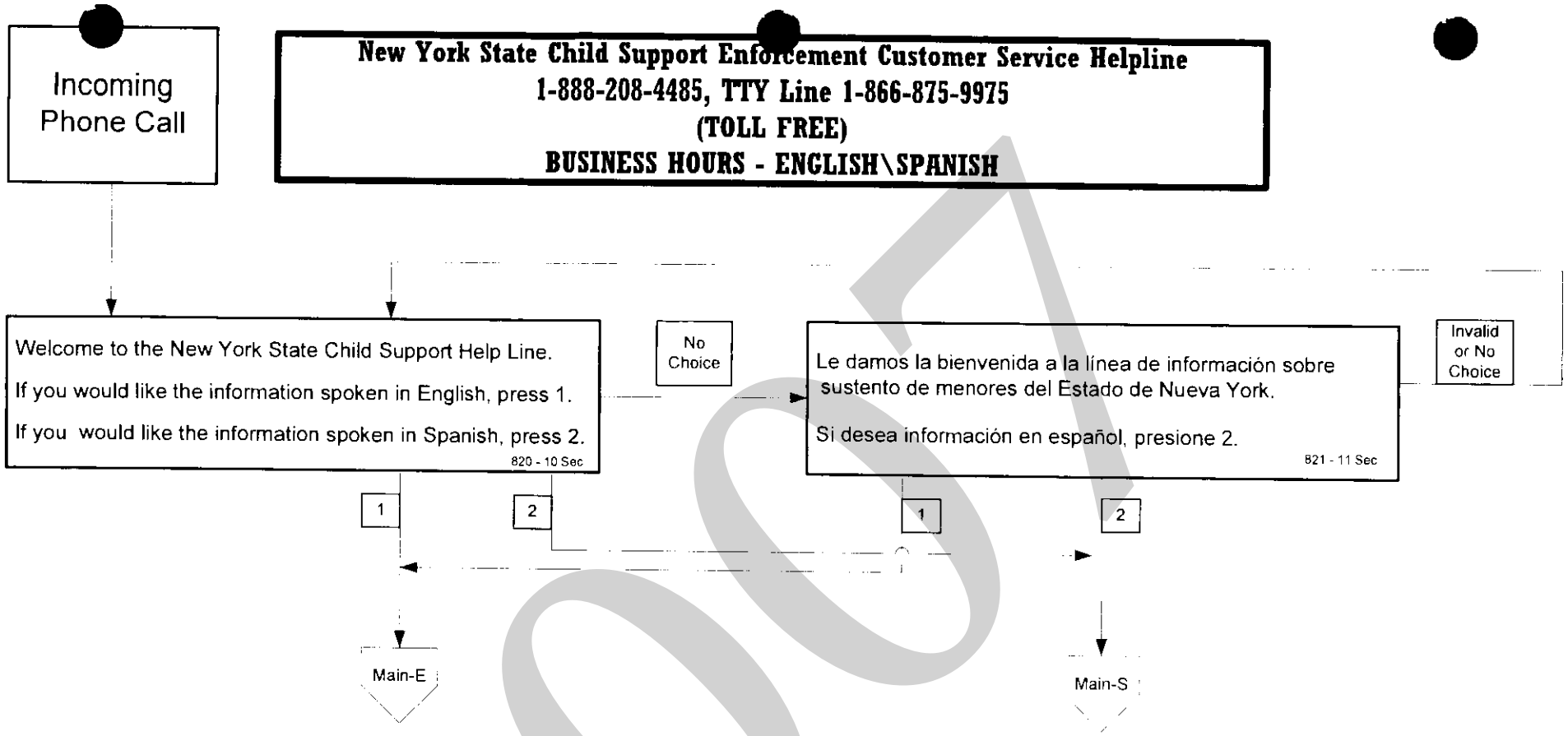
H-11

VRS

2007

New York State Child Support Enforcement Customer Service Helpline

1-888-208-4485, TTY Line 1-866-875-9975
(TOLL FREE)
BUSINESS HOURS - ENGLISH\SPANISH



2007

New York State Child Support Enforcement Customer Service Helpline
1-888-208-4485, TTY Line 1-866-875-9975
(TOLL FREE)
BUSINESS HOURS - ENGLISH

Main-E

Please listen carefully, our options have changed. 827 - 50 sec

(A)

- Child Support information is also available on our website...newyorkchildsupport.com
- If you are calling about the Tax Refund Offset\Passport Denial notice you received, press 5.
- If you are a Custodial Parent receiving Public Assistance and you did not receive your pass through payment or you believe excess support has been paid, please press 1 to speak with a representative about the desk review process.
- If you are calling about the NYS Non-Custodial Parent Earned Income Tax Credit notice you received, press 2.
- If you are a custodial, non-custodial parent, attorney or child support agency calling for general information or specific information on a child support case, press 3.
- If you are an employer or income provider, press 4.
- To repeat these options, press 9.

861 - 50 sec

Tax Offset

YES → 8:00 To 19:00 → 5

NO → CP/ NCP-E

3 → 8:00 To 19:00 → NO → CP/ NCP-E

YES → (B)

- If you are a custodial parent and would like information on payments or disbursements, press 1.
- For all other inquiries, press 2.
- To repeat these options, press 9.
- To return to the previous menu, press #.

872 - 13 Sec

Invalid Choice → (B)

Invalid Choice

- The option you selected is not valid. Please listen to the following choices and select one of these options.

871 - 6 Sec

Invalid Choices consist of any response that is not one of the numbers in the menu, including * or no choice made.

Invalid Choice → (E)

9 → Emp-S

→ (E)

(E)

- For information or questions about a Child Support Notice, press 1.
- If you are returning our call to provide payment information to us or want information on how to submit payments electronically, press 2.
- To repeat these options, press 9.
- To return to the previous menu, press #.

873 - 18 Sec

9 → (E)

2 → 8:00 To 17:00 → NO → Out Night-E

YES → Please note that your call may be monitored or recorded for quality assurance or training purposes. 875 - 5 Sec

1 → 8:30 To 17:00 → NO → EMP Night-E

YES → Please note that your call may be monitored or recorded for quality assurance or training purposes. 875 - 5 Sec

1 → (F) Emp Help

2 → (G) Outreach

2 → Please note that your call may be monitored or recorded for quality assurance or training purposes. 875 - 5 Sec

1 → (C) VRU ↔ (D) CSR

YES → CSR Available ? → YES → (C) VRU

NO → CSR QUEUE-E

2 → 8:00 To 19:00 → YES → EIC-E

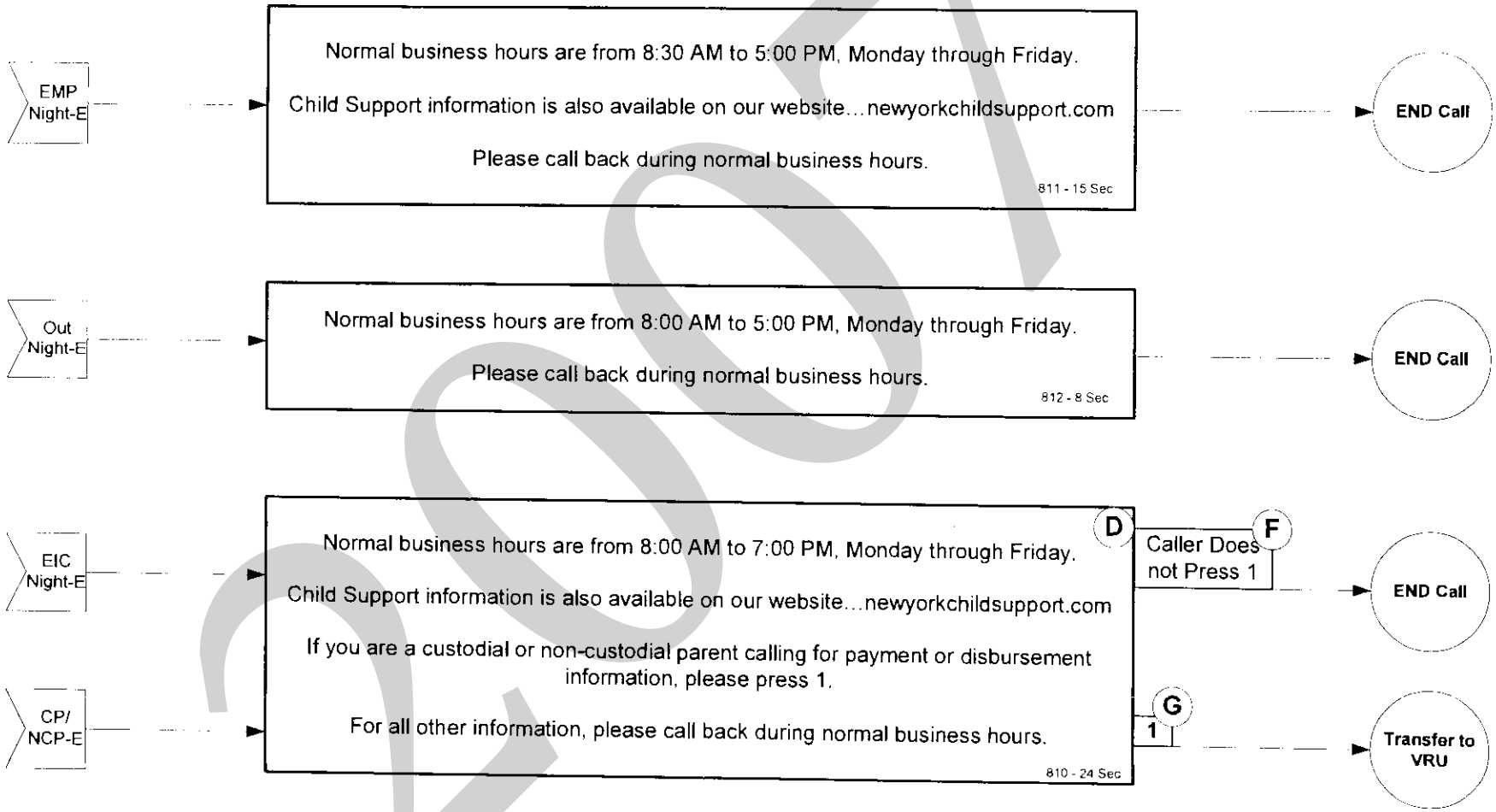
NO → EIC Night-E → NO → 8:00 To 19:00 → YES → Desk Rev - E

1 → 8:00 To 19:00 → YES → EIC-E

NO → EIC Night-E

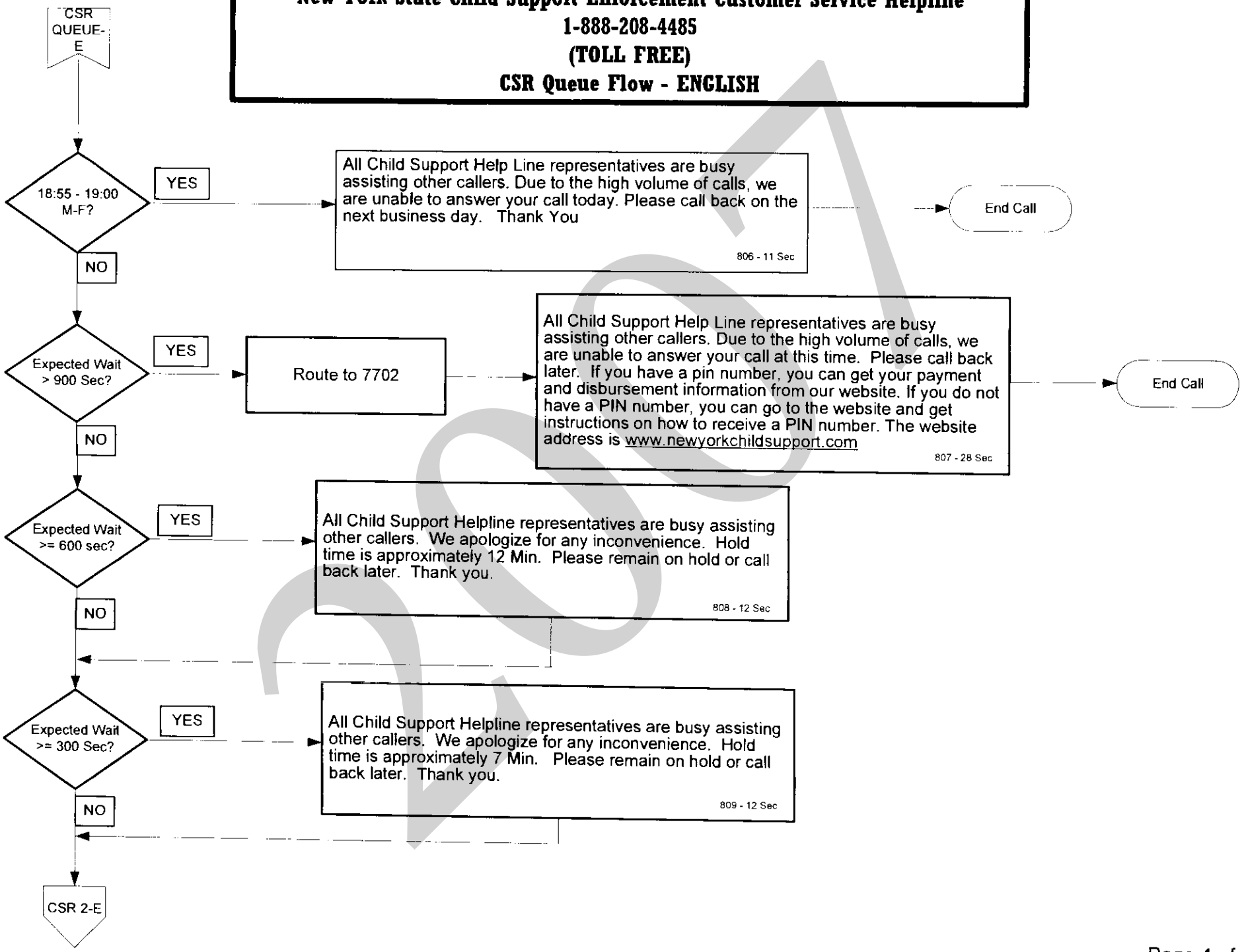
2007

New York State Child Support Enforcement Customer Service Helpline
1-888-208-4485
(TOLL FREE)
Non-Business Hours - ENGLISH



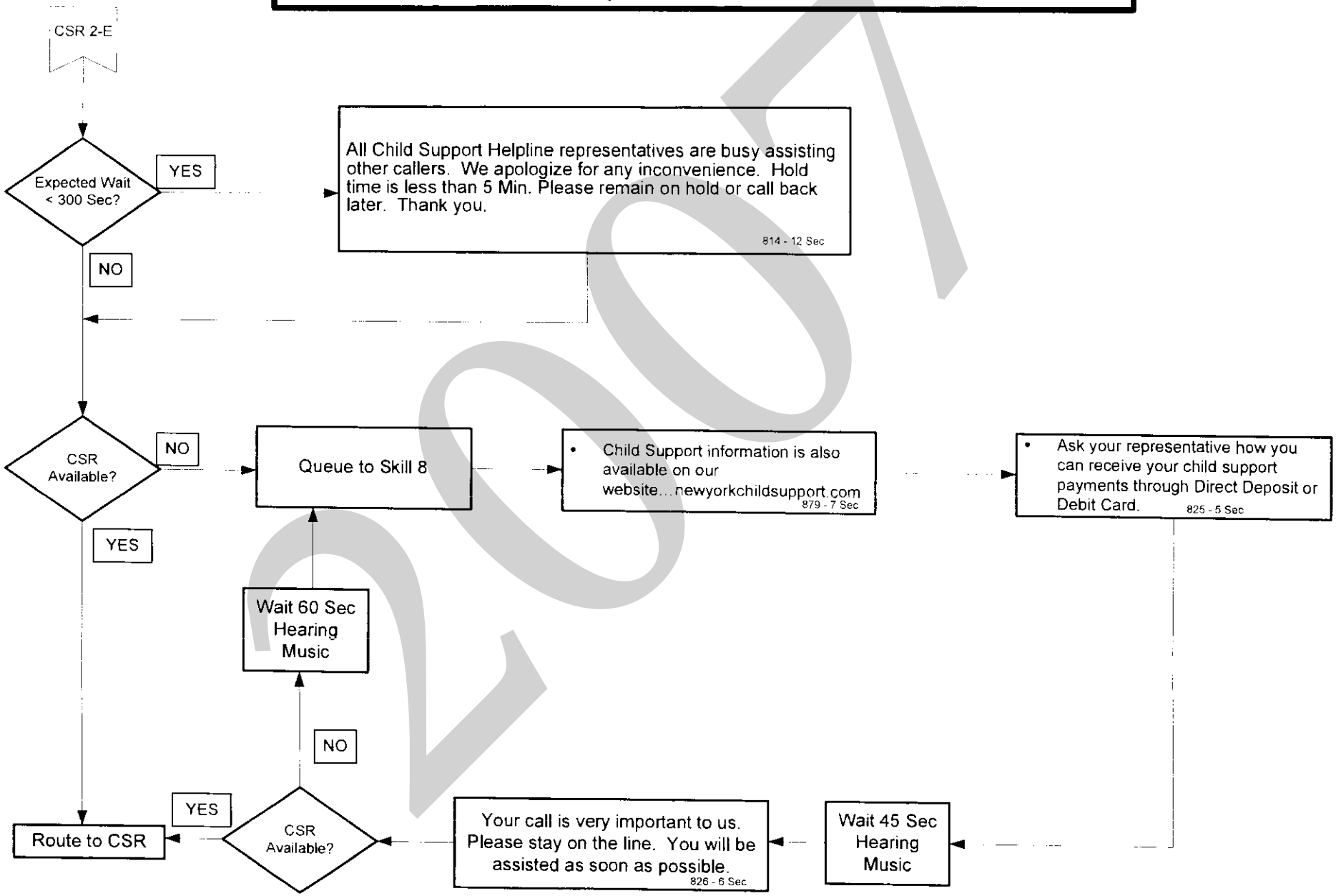
2007

New York State Child Support Enforcement Customer Service Helpline
1-888-208-4485
(TOLL FREE)
CSR Queue Flow - ENGLISH



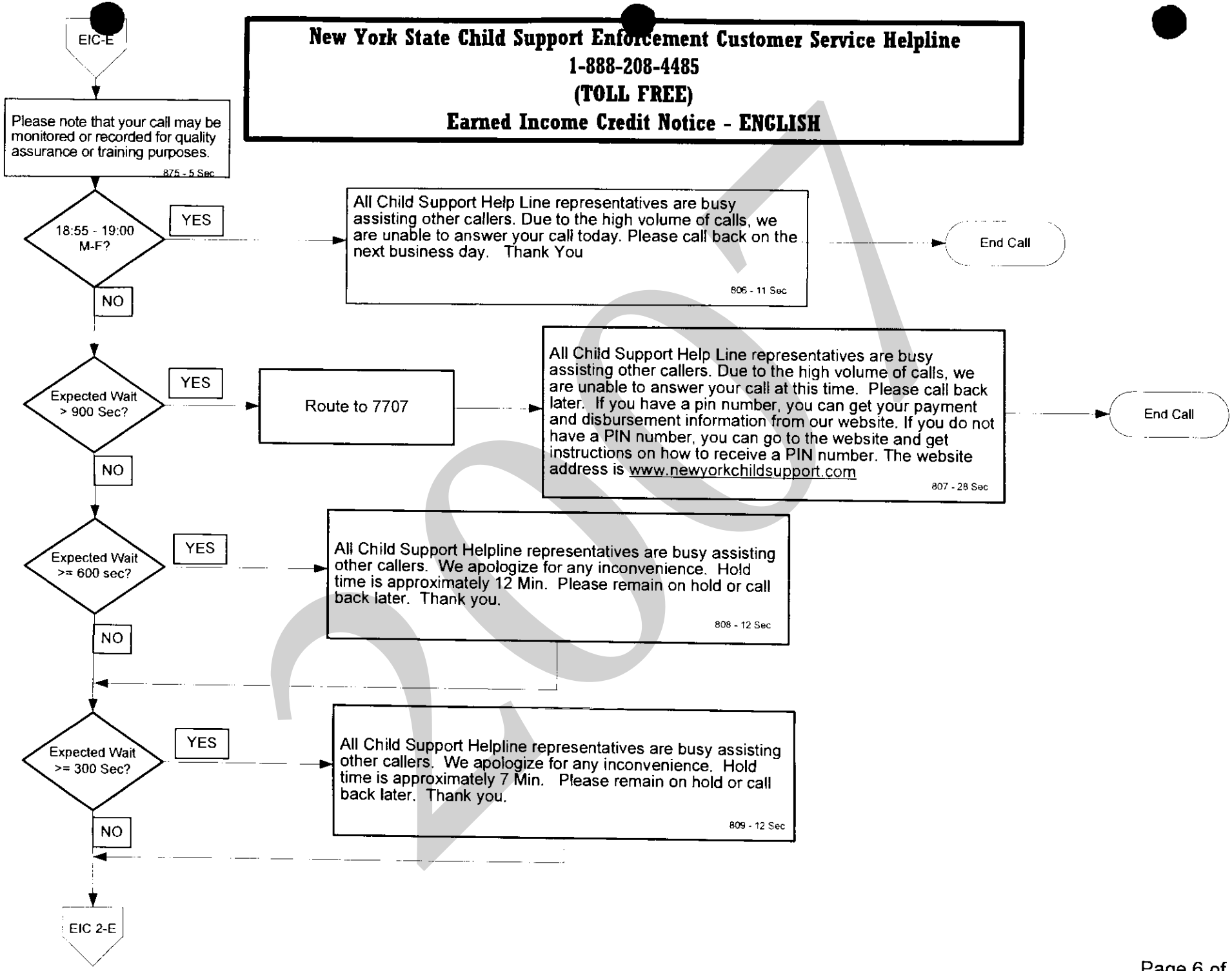
2007

New York State Child Support Enforcement Customer Service Helpline
1-888-208-4485
(TOLL FREE)
CSR Queue Flow 2 - ENGLISH



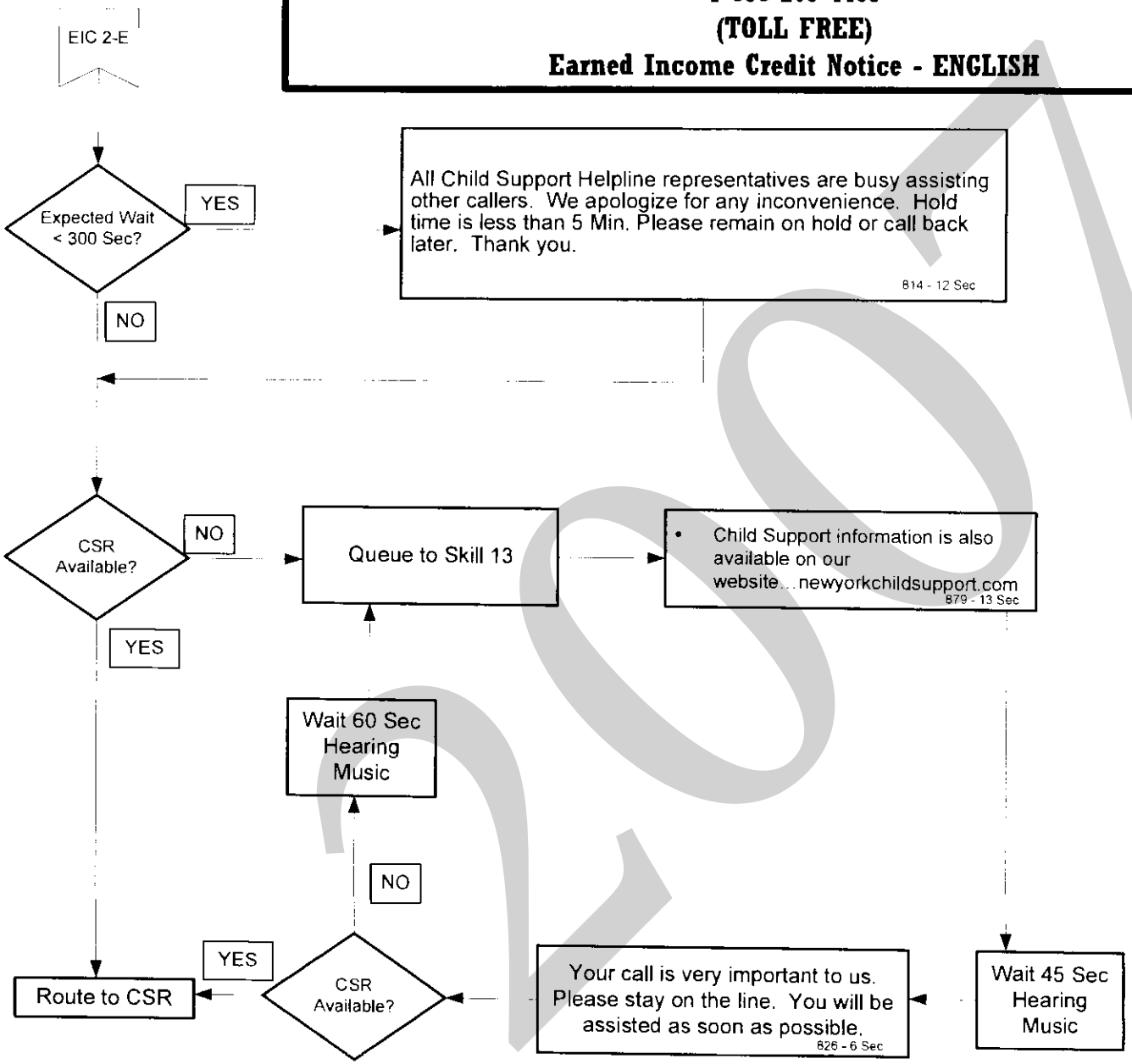
2007

New York State Child Support Enforcement Customer Service Helpline
1-888-208-4485
(TOLL FREE)
Earned Income Credit Notice - ENGLISH



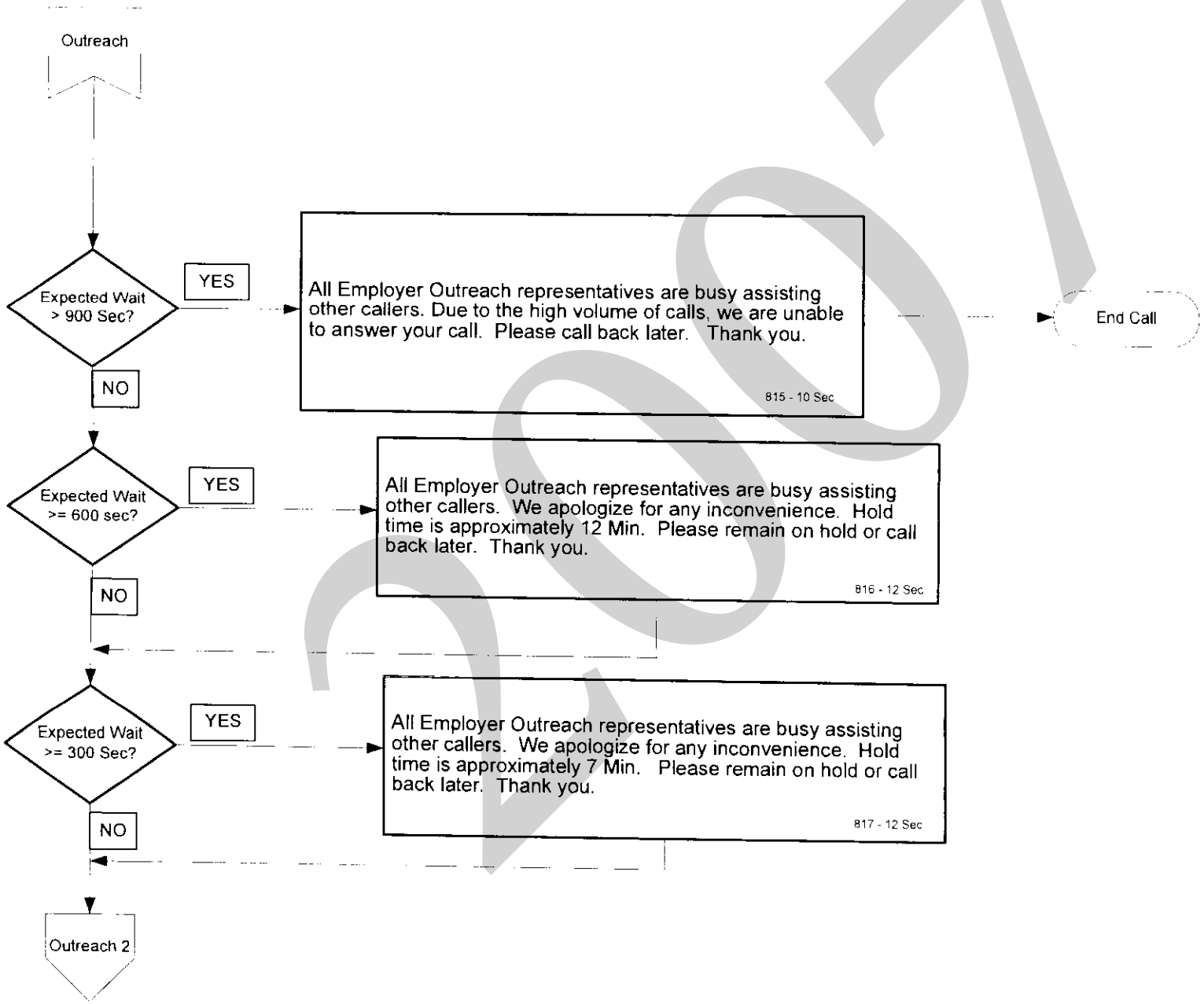
2007

New York State Child Support Enforcement Customer Service Helpline
1-888-208-4485
(TOLL FREE)
Earned Income Credit Notice - ENGLISH



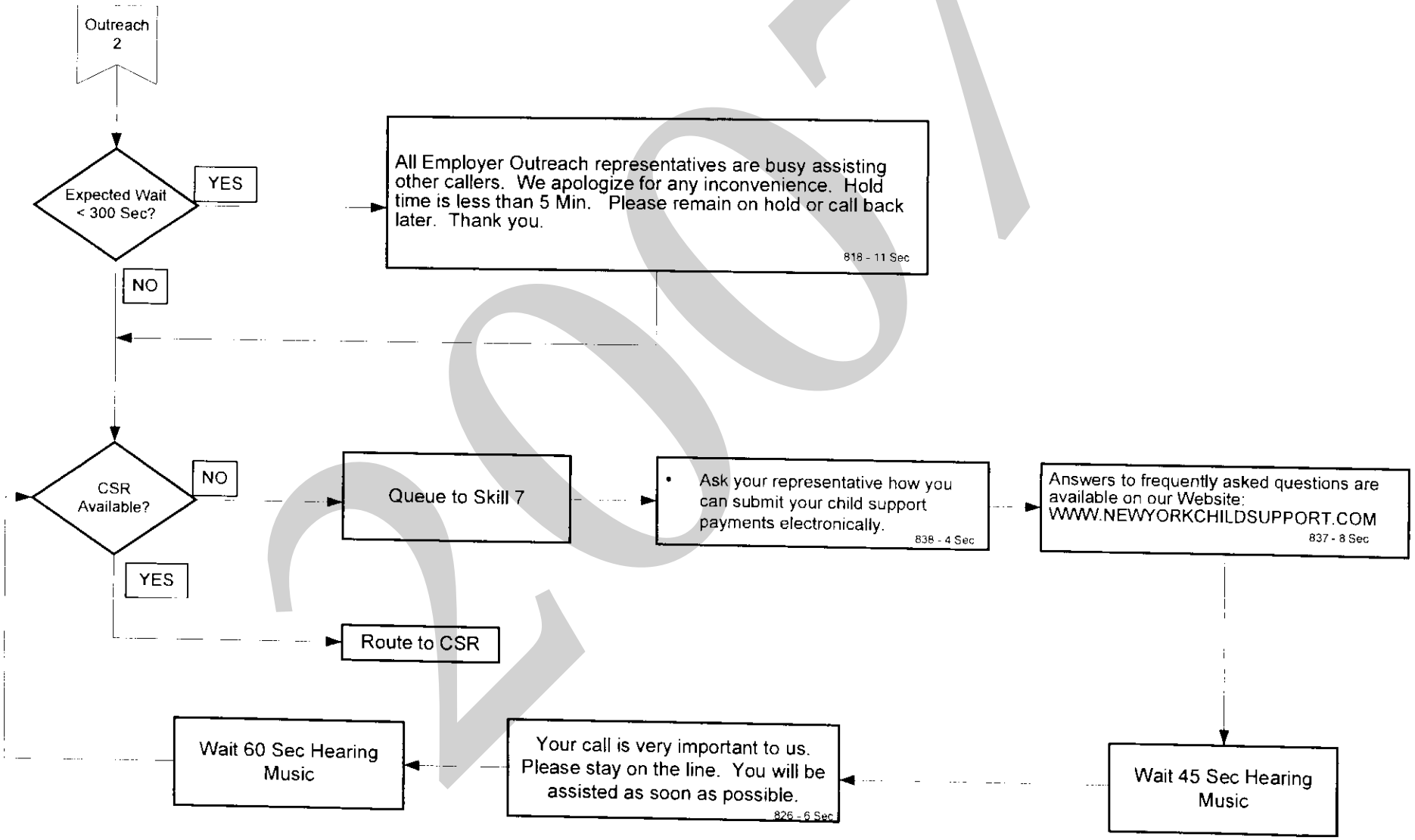
2007

New York State Child Support Enforcement Customer Service Helpline
1-888-208-4485
(TOLL FREE)
Outreach Queue Flow - ENGLISH



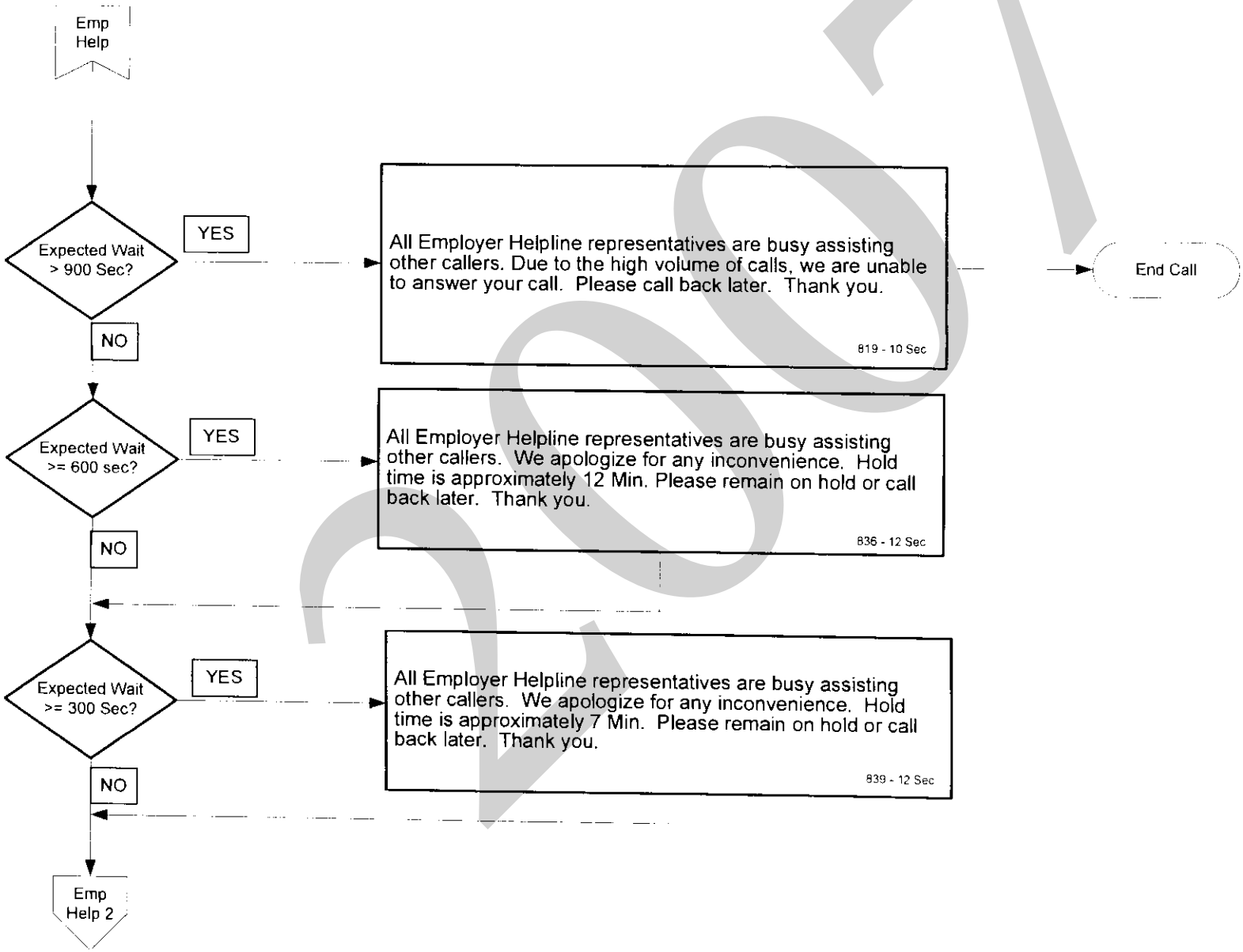
2007

New York State Child Support Enforcement Customer Service Helpline
1-888-208-4485
(TOLL FREE)
Outreach Queue Flow 2 - ENGLISH



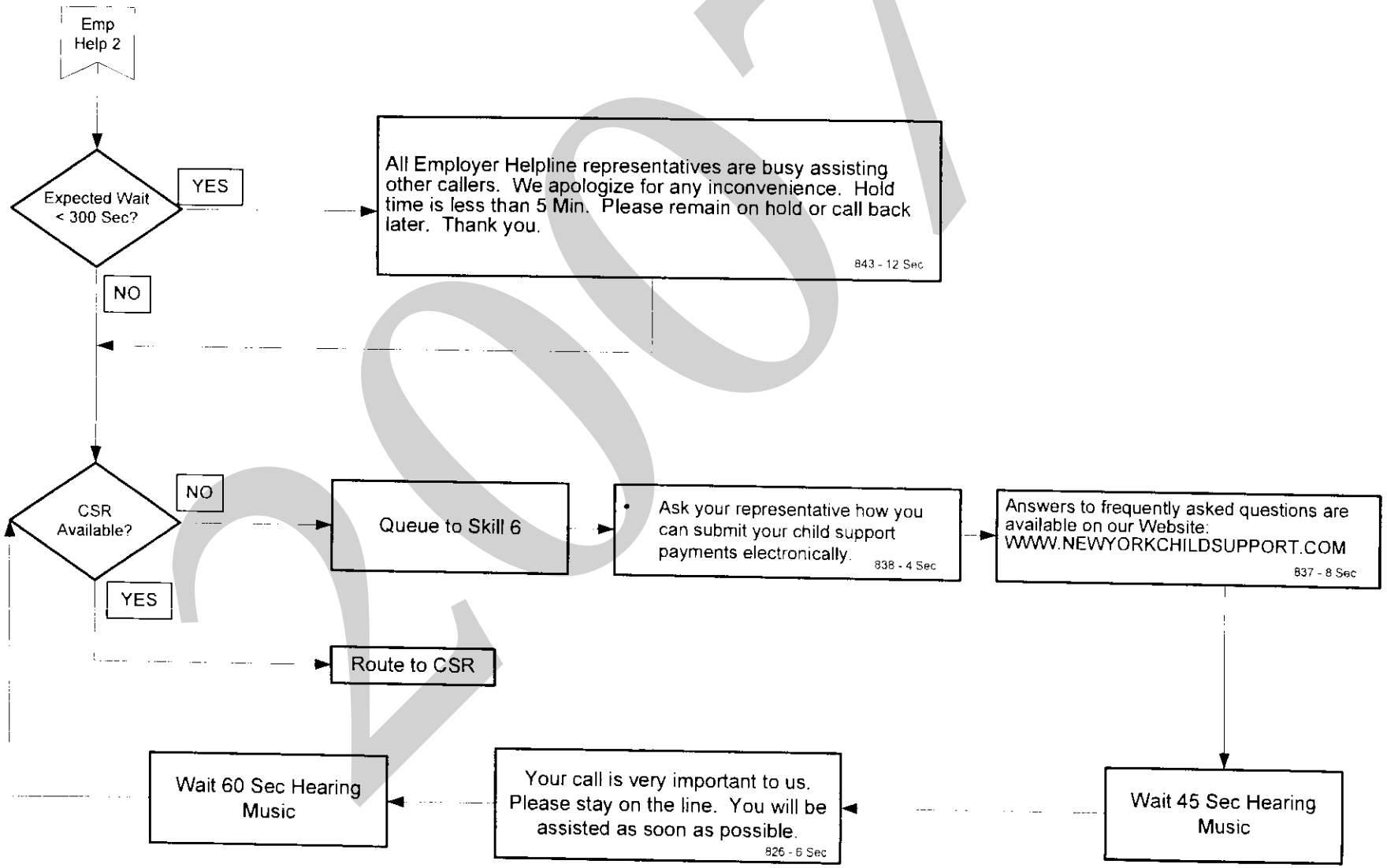
2007

New York State Child Support Enforcement Customer Service Helpline
1-888-208-4485
(TOLL FREE)
Employer Helpline Queue Flow - ENGLISH



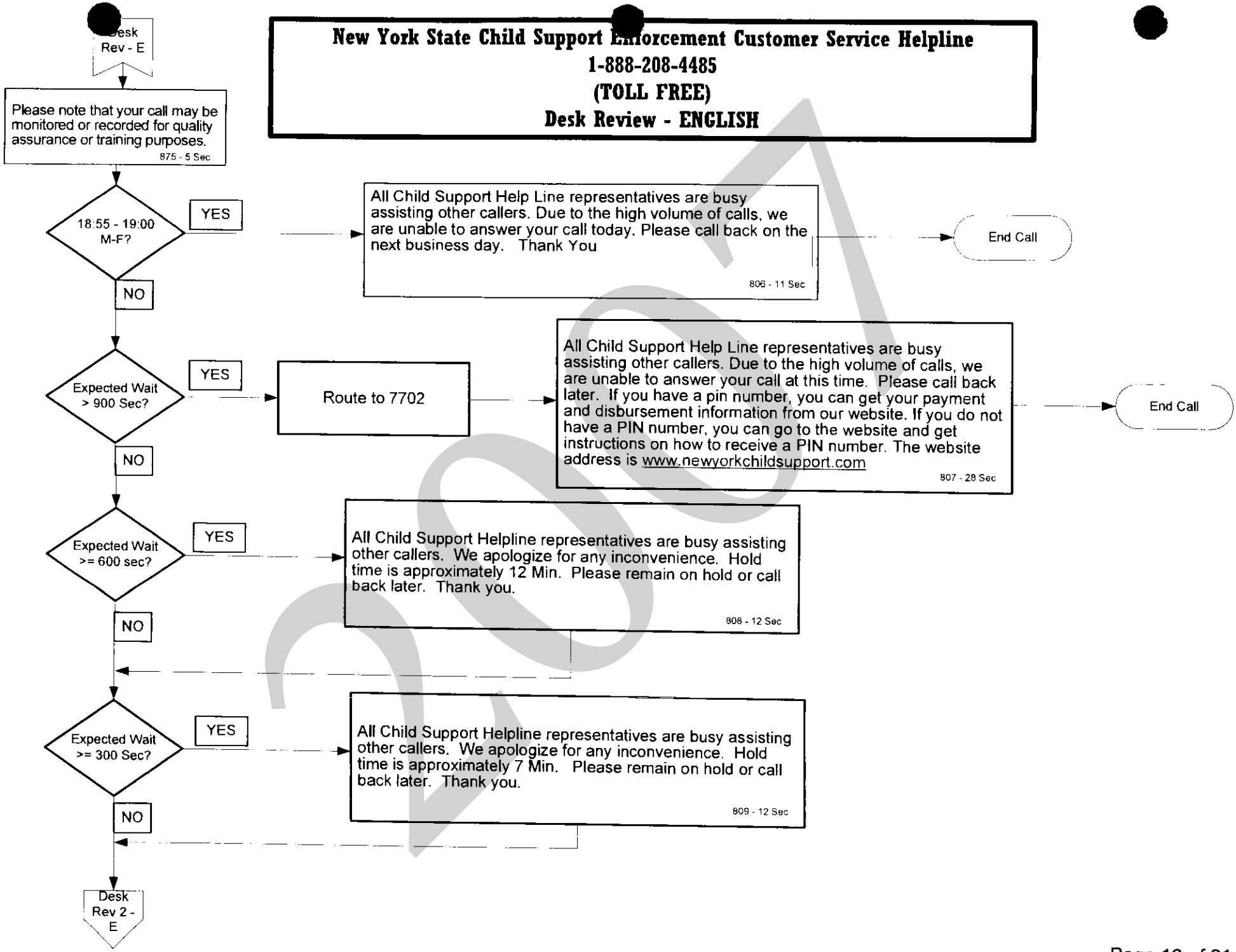
2007

New York State Child Support Enforcement Customer Service Helpline
1-888-208-4485
(TOLL FREE)
Employer Helpline Queue Flow 2 - ENGLISH



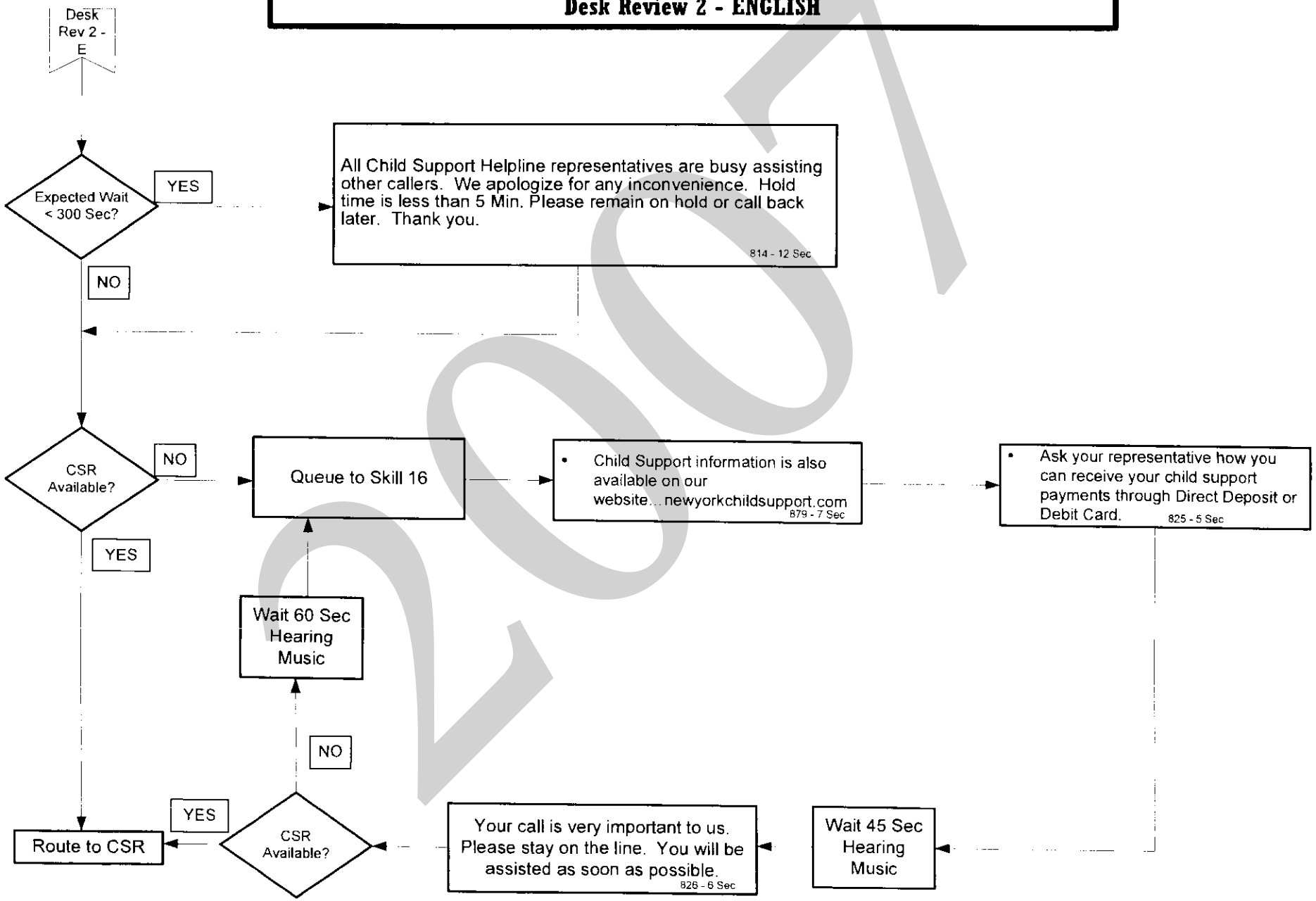
2007

New York State Child Support Enforcement Customer Service Helpline
1-888-208-4485
(TOLL FREE)
Desk Review - ENGLISH



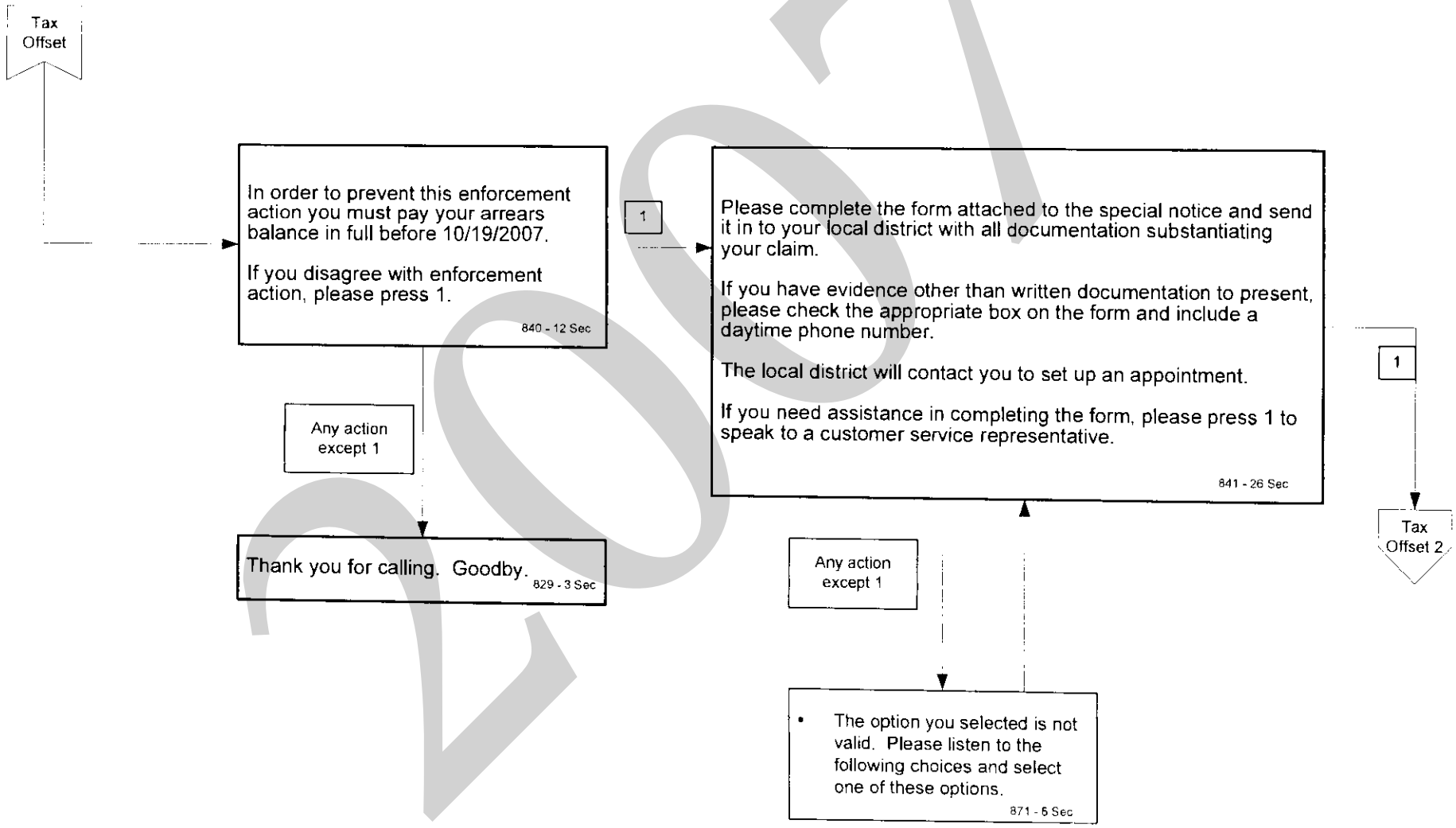
2007

New York State Child Support Enforcement Customer Service Helpline
1-888-208-4485
(TOLL FREE)
Desk Review 2 - ENGLISH



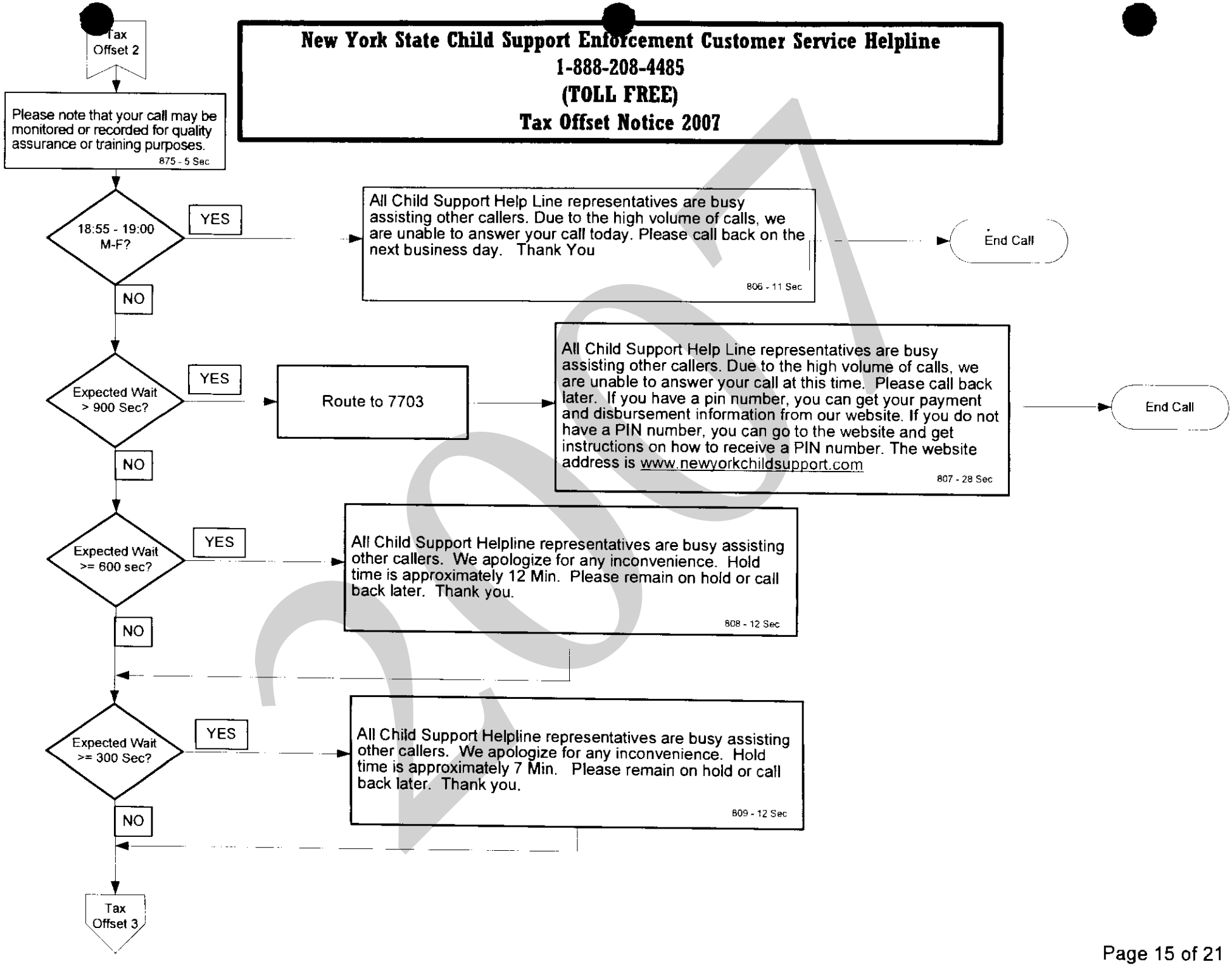
2007

New York State Child Support Enforcement Customer Service Helpline
1-888-208-4485
(TOLL FREE)
Tax Offset Notice 2007



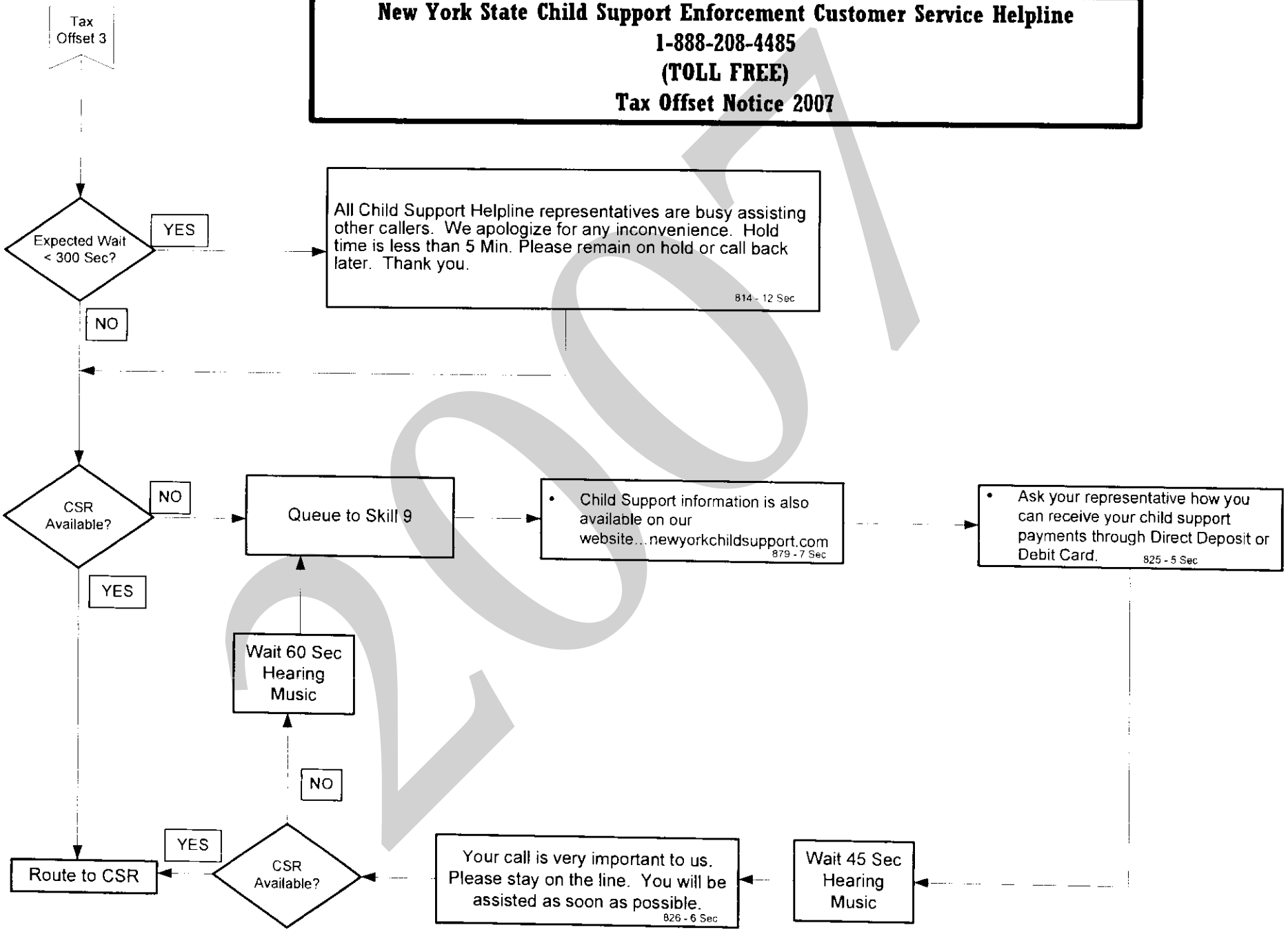
2007

New York State Child Support Enforcement Customer Service Helpline
1-888-208-4485
(TOLL FREE)
Tax Offset Notice 2007



2007

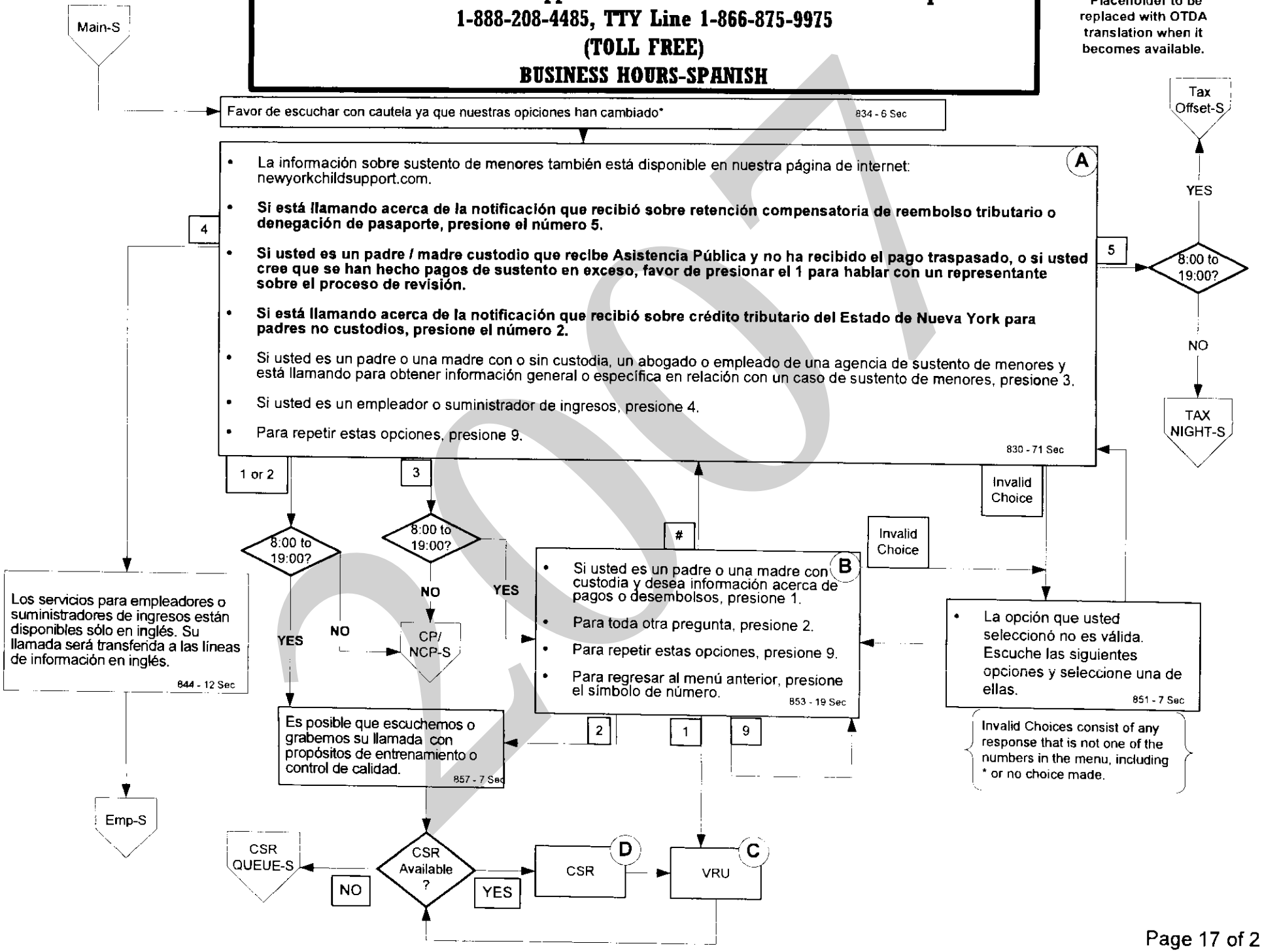
New York State Child Support Enforcement Customer Service Helpline
1-888-208-4485
(TOLL FREE)
Tax Offset Notice 2007



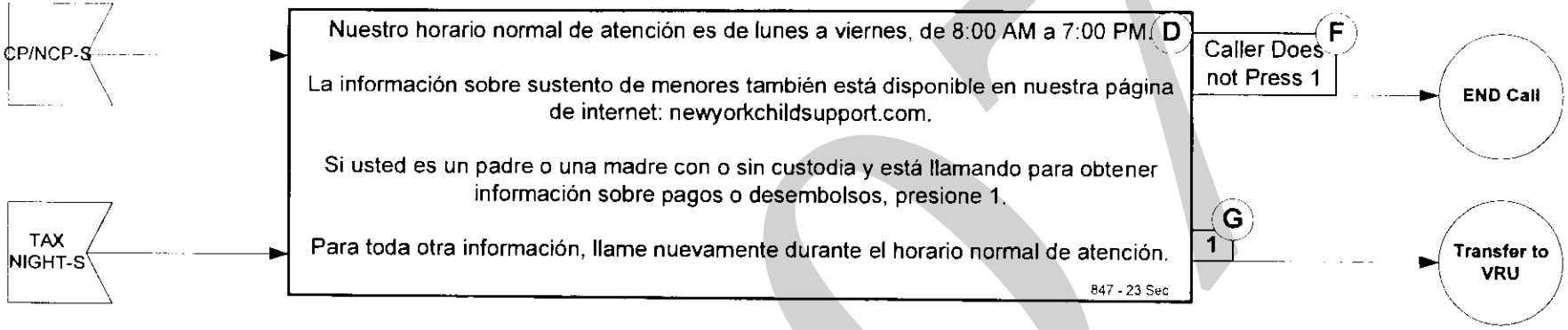
2007

New York State Child Support Enforcement Customer Service Helpline
1-888-208-4485, TTY Line 1-866-875-9975
(TOLL FREE)
BUSINESS HOURS-SPANISH

*Placeholder to be replaced with OTDA translation when it becomes available.

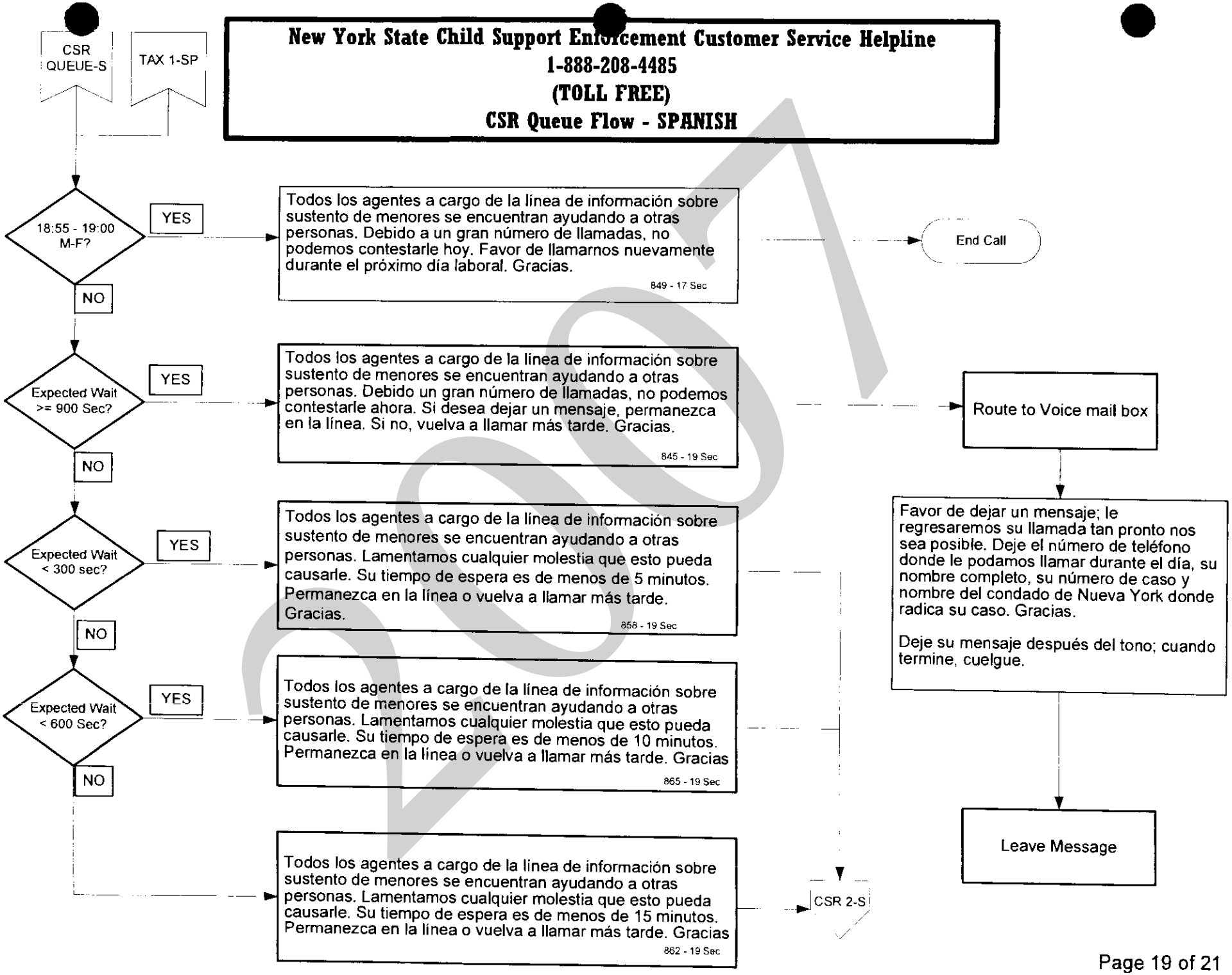


New York State Child Support Enforcement Customer Service Helpline
1-888-208-4485
(TOLL FREE)
Non-Business Hours - SPANISH



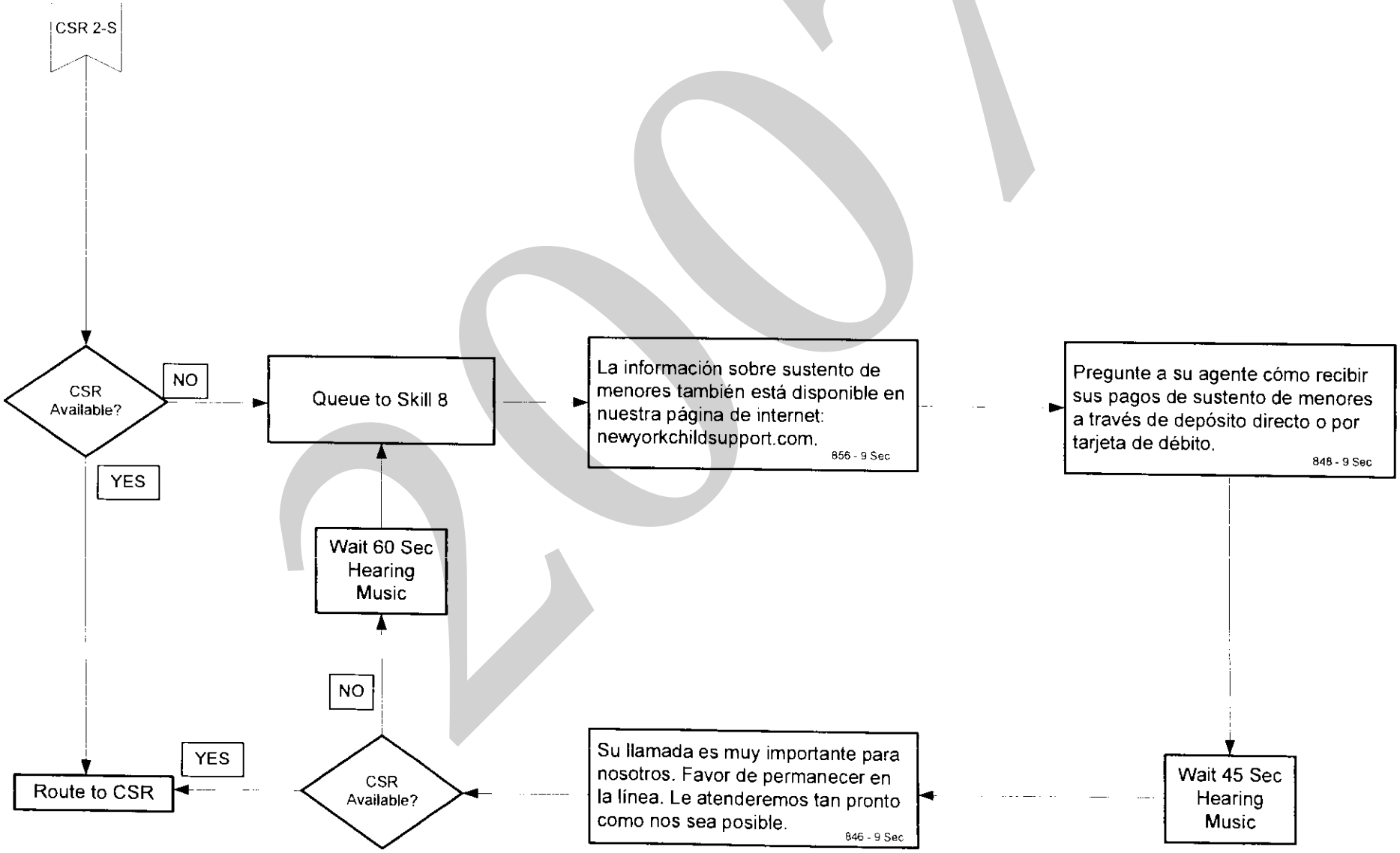
2007

New York State Child Support Enforcement Customer Service Helpline
1-888-208-4485
(TOLL FREE)
CSR Queue Flow - SPANISH



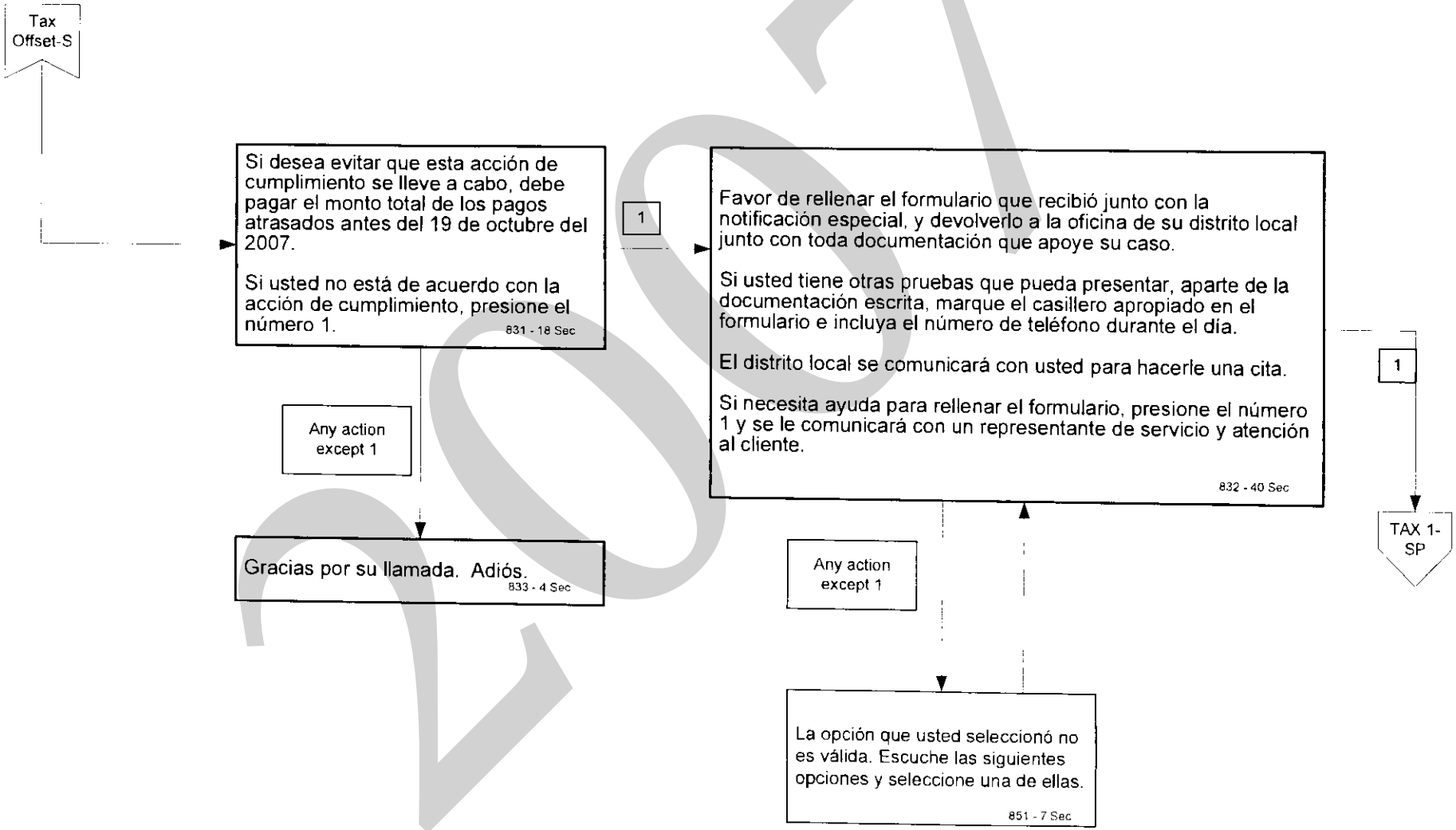
2007

New York State Child Support Enforcement Customer Service Helpline
1-888-208-4485
(TOLL FREE)
CSR Queue Flow 2 - SPANISH



2007

New York State Child Support Enforcement Customer Service Helpline
1-888-208-4485
(TOLL FREE)
Tax Offset Notice 2007 - Spanish



2007

2007

VOICE RESPONSE SYSTEM
TELECOMMUNICATIONS SPECIFICATIONS

1. The VRU consists of the incoming lines, the voice server, and the database server.

2. There are 96 cross connects (telephone lines) into the voice server with 2 T1 (PRI) lines from the telephone company. There are 48 incoming lines and 48 outgoing lines (to Customer Service Helpline).

3. The voice server is a single core xeon, 1 GB memory, 140 GB - RAID 5 disk drive.

4. The voice server uses "accessnet" software to route the telephone calls.

5. The database server is a single core xeon, 1 GB memory, 140 GB - RAID 5 disk drive.

6. The database server has an SQL2000 database of 3 GB.

7. Voice recordings are stored in .vox format.

2007