OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE
DIVISION OF CHILD SUPPORT EMFORCEMENT

TRAINING MANUAL

FOR

PRORATION OF PAYMENTS

CENTRALIZED SUPPORT COLLECTION AND ENFORCEMENT
2002

2007

April 2003

PRORATION OF PAYMENTS

Verify that you have all the CSMS account numbers for the Non-Custodial Parent's (NCP) cases within the respective district (refer to the Training Manual For Payment Identification).

Although multiple accounts exist for a NCP there may be situations where payments will not be prorated (e.g., account is closed, or payment is remitted by other jurisdiction).

Before payments can be prorated:

- determine which of the NCP's accounts meet the proration criteria;
- determine if any of the NCP's accounts have at least one active ledger;
- record the obligation amount and frequency for all active ledgers for each of the NCP's accounts;
- convert all obligations on each of the NCP's accounts to represent a monthly obligation.

The Proration Determination Worksheet (Attachment A) must be used to identify which of the NCP's accounts meet the proration criteria. The Proration Determination Worksheet (Attachment A) contains instructions for completing the worksheet and determining whether or not proration of the payment is required.

In order to complete the worksheet, the CSMS Fiscal Summary Screen (Attachment B) for each of the NCP's accounts must be reviewed. The screen can be accessed by following the "Signing on to CSMS" instructions found in the Training Manual for Child Support Management System (TM-CSMS). The Fiscal Summary Screen can be accessed by following the instructions provided in the TM-CSMS.

Once it is determined which of the NCP's accounts to prorate payments to, the next step is to determine the amount of the payment to be prorated to each of those accounts. The Payment Proration Worksheet (Attachment C) must be used to identify the portion of the payment to post to each of the NCP's accounts. The instructions for completing the Payment Proration Worksheet can be found on pages 2 and 3 of Attachment C.

In order to complete the worksheet, the CSMS Fiscal Summary Screen (Attachment B) for each of the NCP's accounts must be reviewed. The Fiscal Summary Screen will display all of the elements necessary for the proration determination, including: the obligation amount and frequency of all ledgers; the status of each ledger; and the delinquency switch on the account.

Proration only occurs on accounts with Status 01 ledgers. If none of the NCP's accounts have a Status 01 ledger, then the payment must be posted to the respective local district Suspense Account.

A sample proration is provided in Attachment D.

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PRORATION DETERMINATION WORKSHEET

Attachment A

RESPONDENT NAME [1] _____

ACCOUNT # [2]	DLINQUENCY SWITCH [3]	IEX/Non-IEX [4]	YES/NO PRORATE [5]

[1] Enter NCP's name.

[2] From the ASCU Fiscal Summary Screen enter the nine digit CSMS ASCU-NUMBER.

[3] From the Fiscal Summary Screen for each account enter the DELINQUENCY SWITCH.

[4] Based on the DELINQUENCY SWITCH determine whether the account is an income execution (IEX) or a non-income execution (NIEX).

NIEX DLNQ-SWITCH	
00	28
01	38
02	58
03	86
06	
08	
14	
15	
19	

IEX DLNQ-SWITCH	
04	17
05	18
07	50
09	51
10	52
11	53
12	54
13	55
16	59

[5] In order to determine whether a payment should be prorated, the PAYMENT SOURCE must be known. The following is the proration procedure for proration of NCP payments:

- If all accounts are non-IEX, NCP payments should be prorated to all accounts.
- If all accounts are IEX, NCP payments should be prorated to all accounts.
- If the accounts are a combination of non-IEX and IEXs then the NCP payment should only be prorated to non-IEX accounts.

2007

EXAMPLE OF ASCU FISCAL SUMMARY SCREEN

FISCAL SUMMARY SCREEN


```
IVDQFS     ALBANY COUNTY          ASCU FISCAL SUMMARY SCREEN        DATE: 111601
ASCU-NO [redacted]  COUNTY-ACCT-NO [redacted]      FIPS-CODE 136001   SA-IND
RESPONDENT: [redacted]                              CLIENT: [redacted]
TO DATE: PD       397.27     DUE   3750.00       APP   392.27      DISB   5895.00
DLNQ-SW     IEX/IDO   IEX-FREQ    IEX-OBLIG-AMT    IEX-ADD-AMT    IEX-PAST-DUE
028           2       M01              0.00             0.00        2800.00
DLNQ-SW-DT  UIB-IND   UIB-FREQ    UIB-OBLIG-AMT    UIB-ADD-AMT    NAFDC-FL
07/31/02        8                        0.00             0.00          0.00
LST-PYMT              IEX-ALT-FRQ IEX-ALT-AMT                       ADC-FL
08/05/88                            0                                3307.73
REV/ADJ-IND           REV/ADJ-DT   00/00/0000
PG LDGR  ST DT OBLIG  OBLIG  LST-CHG    CRT-ORD CO  PET-DOC     ASAB     NET-DUE
NO TYPE     SW FREQ    AMT     DATE       DATE   IND NUMBER
01 11AV   01 1 D07     50.00 03/13/03 01/01/98 A P-804-98        0.00     2857.73
02 12AV   01 1   W      5.00 03/13/03 01/11/98 Y P-804-98       50.00       50.00
03 322C   01 1   M     40.00 03/13/03 01/01/98 N P-804-98       50.00       80.00
04 22AV   01 1 D07     10.00 09/13/03 01/01/98 N P-804-98       70.00       70.00

KEY _____ PAGE 01 OF 02  XMT/PASSOFF - > ____ <-
```

FISCAL SUMMARY SCREEN

```
IVDQFS     ALBANY COUNTY          ASCU FISCAL SUMMARY SCREEN        DATE: 111601
ASCU-NO [redacted]  COUNTY-ACCT-NO [redacted]      FIPS-CODE 136001   SA-IND
RESPONDENT: [redacted]                              CLIENT: [redacted]
TO DATE: PD       397.27     DUE   3750.00       APP   392.27      DISB   5895.00
DLNQ-SW     IEX/IDO   IEX-FREQ    IEX-OBLIG-AMT    IEX-ADD-AMT    IEX-PAST-DUE
028           2       M01              0.00             0.00        2800.00
DLNQ-SW-DT  UIB-IND   UIB-FREQ    UIB-OBLIG-AMT    UIB-ADD-AMT    NAFDC-FL
09/24/01        1                        0.00             0.00          0.00
LST-PYMT              IEX-ALT-FRQ IEX-ALT-AMT                       ADC-FL
08/25/03                            0                                3307.73
REV/ADJ-IND           REV/ADJ-DT   00/00/0000
PG LDGR  ST DT OBLIG  OBLIG  LST-CHG    CRT-ORD CO  PET-DOC     ASAB     NET-DUE
NO TYPE     SW FREQ    AMT     DATE       DATE   IND NUMBER
01 11AV   01 1 D07     30.00 09/13/03 01/11/98 A P-804-98        0.00     2857.73
02 12AV   01 1 M01     50.00 09/01/03 01/11/98 Y P-804-98       50.00      500.00
03 32C    01 1 Q       40.00 09/13/03 01/11/98 N P-804-98       90.00       45.00

KEY _____ PAGE 01 OF 02  XMT/PASSOFF - > ____ <
```

PAYMENT PRORATION WORKSHEET

RESPONDENT NAME_____ PAYMENT AMOUNT_____
DISTRICT# _____ REMITTANCE# _____

ACCOUNT NUMBER[1]	LEDGER TYPE[2]	LEDGER STATUS[3]	OBLIGATION FREQUENCY[4]	OBLIGATION AMOUNT[5]	CONVERT FACTOR[6]	MONTHLY OBLIGATION AMOUNT[7]	ACCOUNT OBLIGATION AMOUNT[8]	PRORATION PERCENTAGE AMOUNT[10]	PRORATION AMOUNT[12]
TOTAL									
							OBLIGATION AMOUNT[9]	PRORATION PERCENTAGE[11]	PRORATION AMOUNT[13]

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PAYMENT PRORATION WORKSHEET

Enter the following information from the Fiscal Summary (IVDQFS) Screen (Attachment B) for each of the NCP's accounts identified for proration on the Payment Proration Worksheet (Attachment C).

1ACCOUNT NUMBER - verified to the account number on the corresponding Proration Determination Worksheet (Attachment A).

2LEDGER TYPE – Enter the LEDGER TYPE for each of the ledgers with a 01 STATUS. Proration only occurs for accounts with active ledgers (STATUS 01). If the account has no active ledgers then draw a line through the account number on the Proration Determination Worksheet (Attachment A)

3LEDGER STATUS - indicates if the ledger is active (STATUS 01) or closed (other than Status 01).

Note: If there are no ledgers with STATUS 01, the payment must be posted to the local district Suspense Account.

For all active ledgers:

4OBLIGATION-FREQUENCY – indicates how often the obligation amount must be paid.

5OBLIGATION AMOUNT – indicates how much the NCP is obligated to pay on the ledger.
- If all the OBLIG-FREQs in column 4 are the same go to step 8.
- If all the OBLIG-FREQs in column 4 are not the same:
  + Add the total obligation amount.

Enter from the Conversion Factor Table the appropriate conversion factor:

6To determine the appropriate conversion factor (CONVERT) take the OBLIG-FREQ value for each ledger and find the corresponding CONVERT FACTOR value.

Conversion Factor Table

OBLIGATION FREQUENCY	CONVERT FACTOR	OBLIGATION FREQUENCY	CONVERT FACTOR
B00	2.0000	M01	1.0000
W	4.3333	Q00	.3333
D07	4.3333	S00	.1667
D14	2.1667	A00	.0833

PAYMENT PRORATION WORKSHEET

Complete the following calculations after you complete steps 1 – 6 for all accounts:

7 The MONTHLY OBLIGATION AMOUNT is obtained by multiplying the OBLIG-AMT by the CONVERT FACTOR (rounded to the nearest penny).

8 The ACCOUNT OBLIGATION AMOUNT for each account is obtained by adding all of the MONTHLY OBLIGATION AMOUNTs for each of the ledgers for that account.

9 The TOTAL OBLIGATION AMOUNT is obtained by adding all of the ACCOUNT OBLIGATION AMOUNTS for the NCP's accounts.

10 The PRORATION PERCENTAGE AMOUNT is calculated by dividing the ACCOUNT OBLIGATION AMOUNT by the TOTAL OBLIGATION AMOUNT.

11 The TOTAL PRORATION PERCENTAGE is calculated by adding the PRORATION PERCENTAGE AMOUNTS. The total should equal 100.00 (rounded to the nearest penny).

12 The PRORATION AMOUNT is calculated by multiplying the PRORATION PERCENTAGE AMOUNT by the AMOUNT OF PAYMENT. The result (rounded to nearest penny) is the PRORATION AMOUNT, which should be posted to the individual account.

13 The TOTAL PRORATION AMOUNT is calculated by totaling the PRORATION AMOUNT. The TOTAL PRORATION AMOUNT should be equal to the PAYMENT AMOUNT.

If the TOTAL PRORATION AMOUNT equals the PAYMENT AMOUNT – post the PRORATION AMOUNT to each of the respective NCP accounts.

If the TOTAL PRORATION AMOUNT does not equal the PAYMENT AMOUNT -- recalculate the amounts on the Payment Proration Worksheet.

2007

SAMPLE PAYMENT PRORATION

A $250.00 payment is received from [redacted] in Albany County. Mr. [redacted] does not submit a billing coupon nor does he identify any account numbers for the payment. A CSMS name search inquiry reveals that there are three accounts, [redacted] A, [redacted] B, and [redacted] C, associated for John Smith, in Albany County.

The Fiscal Summary Screens for John Smith's accounts are found in Attachment B. In order to determine how [redacted]'s $250.00 payment must be posted, examples of a completed Proration Determination Worksheet (Attachment D, page 2 of 3) and a Payment Proration Worksheet (Attachment D – page 3 of 3) have been provided below.

The following information is presented to demonstrate the calculations for information on the sample Payment Proration Worksheet.

ACCOUNT NUMBER. [redacted] A

LEDGER TYPE	MONTHLY OBLIG-AMT
11BV	$216.67
12AV	21.67
32C	40.00
22AV	43.33
ACCOUNT OBLIG-AMT	$321.67

ACCOUNT NUMBER [redacted] C

LEDGER TYPE	MONTHLY OBLIG-AMT
11BV	$130.00
22BV	50.00
32C	15.00
ACCOUNT OBLIG-AMT	$ 195.00

To determine the total obligation amount for John Smith:

ACCOUNT NUMBER.	ACCT OBLIG-AMT
AB95704M1	$ 321.67
AB95704J3	195.00
TOTAL OBLIGATION	$ 516.67

The obligation amount of $516.67 is not equal to the payment amount of $250.00. Therefore, the payment must be prorated using the following calculations:

ACCOUNT. NUMBER. [redacted] A
PRORATION PERCENTAGE AMOUNT = 321.67/516.67 = .622583
PRORATION AMOUNT = .622583 x 250.00 = 155.6457, round to $155.65

ACCOUNT. NUMBER. [redacted] C
PRORATION PERCENTAGE AMOUNT = 194.99/516.67 = .3774169
PRORATION AMOUNT = .3774169 x 250.00 = 94.3542, round to $94.35

To check that the PRORATION AMOUNT does not exceed the PAYMENT AMOUNT:
$155.65 + $94.35 = $250.00

The verifications calculation indicates that the calculations are correct and that $155.65 should be posted to account number [redacted] A and $94.35 should be posted to account number [redacted] C

A visual verification of the amounts can also be done to determine the reasonableness of the figures.

PRORATION DETERMINATION WORKSHEET

RESPONDENT NAME [1] [redacted]

ACCOUNT # [3]	DELINQUENCY SWITCH [4]	IEX/NIEX [5]	YES/NO PRORATE [6]
[redacted] A	08	NIEX	Y
[redacted] B	05	IEX	N
[redacted] C	14	NIEX	Y

[1] Enter NCP's name.

[2] From the Fiscal Summary Screens of each account, enter the nine digit CSMS ASCU NUMBER.

[3] From the Fiscal Summary Screen for each account enter the DELINQUENCY SWITCH.

[4] Based on the DELINQUENCY SWITCH determine whether the account is an income execution (IEX) or a non-income execution (NIEX).

NIEX DELINQUENCY-SWITCH		IEX DELINQUENCY-SWITCH	
00	86	04	18
01		05	50
02		07	51
03		09	52
06		10	53
08		11	54
14		12	55
15		13	59
58		16	

[6] In order to determine whether a payment should be prorated, the PAYMENT SOURCE must be known. The following is the proration procedure for Proration of NCP Payments.

- If all accounts are non-IEX, NCP payments should be prorated to all accounts.
- If all accounts are IEX, NCP payments should be prorated to all accounts.
- If the accounts are a combination of non-IEX and IEXs then the NCP payment should only be prorated to non-IEX accounts.

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PAYMENT PRORATION WORKSHEET

RESPONDENT NAME John Smith
DISTRICT Albany 01

PAYMENT AMOUNT $ 250.00
REMITTANCE # _____

ACCOUNT NUMBER[1]	LEDGER TYPE[2]	LEDGER STATUS[3]	OBLIGATION FREQUENCY[4]	OBLIGATION AMOUNT[5]	CONVERT FACTOR[6]	MONTHLY OBLIGATION AMOUNT[7]	ACCOUNT OBLIGATION AMOUNT[8]	PRORATION PERCENTAGE AMOUNT[10]	PRORATION AMOUNT[12]
[redacted] B									
[redacted] A	11BV	01	D07	50.00	4.3333	216.67			
	12BV	01	W	5.00	4.3333	21.67			
	32C	01	M	40.00	1.0000	40.00			
	22AV	01	D07	10.00	4.3333	43.33			
							321.67	62.2583	$ 155.65
[redacted] C	11BV	01	D07	30.00	4.3333	130.00			
	12BV	01	M	50.00	1.0000	50.00			
	32C	01	Q	45.00	.3333	15.00			
							195.00	37.74169	$ 94.35
TOTAL							516.67	100.00	250.00
							OBLIGATION AMOUNT[9]	PRORATION PERCENTAGE[11]	PRORATION AMOUNT[13]

2007

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Putative Father Registry
Data Capture, Document Rejection, and/or Follow-Up Criteria
February 20, 2006

Required Information Missing	Action to be taken by NYSCSPC and/or Remitting Entity	Data Capture / Rejection Conditions
1.Father's Name and/or Signature (AOP/OOF)*	a. Reject and return document to remitting entity. b. Remitting entity completes and returns document. c. OTDA to send follow-up letter to remitting entity noting lack of re-submission and reminding of need to do so as well as remove Father's name from birth certificate.	Father's Name category must be full name (first and last name) to avoid rejection. No data capture for partial names. Any mark constitutes a signature, provided it is witnessed.
2. Child's Name (AOP)	a. Reject and return document to remitting entity. b. Remitting entity completes and returns document.	Data capture any entry. Reject will only occur if the child's name line is blank.
3. Mother's Name (AOP)	a. Data capture and return document to remitting entity. b. Remitting entity completes and returns document.	Must have full name (first and last name); without both, only data capture of the partial name will occur.
4. Mother's Signature (AOP)	a. Reject and return document to remitting entity.	
5. Child's Date of Birth (AOP)	a. Data capture and return document to remitting entity. b. Remitting entity completes and returns document.	Must have year of birth for data capture to occur.
6. Two witness signatures required for each parent's signature (AOP)	a. Reject and return document to remitting entity. b. Remitting entity completes and returns document.	

In the event that Category 3 and/or 5 is missing in combination with Category 1, 2, 4 or 6 the document will be rejected ("hard reject"), and no data capture will be completed. In this situation, the rejection process overrides the data capture process.

*Note: AOP – Acknowledgment of Paternity
OOF – Order of Filiation

New York State Child Support Processing Center

_____
Registrar's Name

Date_____

_____
Street Address

_____
City and State

Dear Registrar:

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

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

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

Putative Father Registry
PO Box 15364
Albany NY 12212-5364

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

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

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

New York State Child Support Processing Center

_____
Court Name

Date_____

_____
Street Address

_____
City and State

Dear Clerk of Court:

Attached is a Court Determination of Paternity issued by your office that cannot be processed by the Putative Father Registry (PFR) because the name of the Putative Father is missing. *At a minimum, the first and last name of the Putative Father must be provided in order for the document to be recorded on the PFR.*

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

Putative Father Registry
PO Box 15364
Albany NY 12212-5364

A copy of the completed form should also be mailed to the Department of Health at:

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

Thank you for your assistance. If you have any questions, please call the New York State Division of Child Support Enforcement at (518) 473-0574.

Revised 4/5/06

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Putative Father Registry Datafile Layout
Submitted to OTDA
Revised 04/03/06

Element	Values	Size	Data Element
DOCUMENT RECORD			
Record Type	"D" - Add "R" – Delete	PIC (X) 01	1
Source	"H" – Hospital "C" – Court "I" – Instrument "N" – Notice	PIC (X) 01	2
Location	"U" – Upstate "D" – Downstate	PIC (X) 01	3
Form Version	"O" – Old Form "N" – New Form	PIC (X) 01	4
Local District		PIC (X) 04	5
Registration # /Birth # or Entry Data		PIC (9) 12	6
Child Name - Last		PIC (X) 16	7
- First		PIC (X) 11	8
- MI		PIC (X) 01	9
Child Date Of Birth – YYMMDD		PIC (9) 06	10
Mother-Name -Last		PIC (X) 16	11
-First		PIC (X) 11	12
-MI		PIC (X) 01	13
Mother-Social-Security-Number		PIC (9) 09	14
Mother-Date Of Birth - YYMMDD		PIC (9) 06	15
Mother-Address-Street		PIC (X) 20	16
City/State		PIC (X) 15	17
Zip Code		PIC (X) 05	18
Mother-Date Signed-YYMMDD		PIC (9) 06	19
Father-Name - Last		PIC (X) 16	20
- First		PIC (X) 11	21
- MI		PIC (X) 01	22
Father-Social Security Number		PIC (9) 09	23
Father-Date Of Birth-YYMMDD		PIC (9) 06	24
Father-Address-Street		PIC (X) 20	25
- City/State		PIC (X) 15	26
- Zip Code		PIC (X) 05	27
Father-Date Signed-YYMMDD		PIC (9) 06	28
Hospital Id Number		PIC (9) 04	29
Public Assistance-Mother	"Y"/"N"	PIC (X) 01	30
Registrar Date-YYMMDD		PIC (9) 06	31
Agency Code		PIC (9) 02	32
Court Name		PIC (X) 20	33
Docket Number		PIC (X) 08	34
Court Date-YYMMDD		PIC (9) 06	35
Delete Code	"Y"/"N"	PIC (X) 01	36
TRAILER RECORD			
Record Type	"T" - Trailer	PIC (X) 01	
File Creation Date-YYMMDD		PIC (9) 06	
Total Records		PIC (9) 06	
Subtotal-Upstate-Old		PIC (9) 06	
-New		PIC (9) 06	
Subtotal-Downstate-Old		PIC (9) 06	
-New		PIC (9) 06	
Filler		PIC (X) 243	

2007

OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE
DIVISION OF CHILD SUPPORT ENFORCEMENT

DATA CAPTURE MANUAL

FOR

CASE CLOSURE

2007

CENTRALIZED SUPPORT
COLLECTION AND ENFORCEMENT

October 18, 2005

Table of Revisions

Issue Date	October 18, 2005
Revisions:	

2007

CASE CLOSURE DATA CAPTURE

I. MAIL SORTING

1) Notice to Agree or Disagree with our Decision to Close the Case ("Response")

   a. "Close the Case" checkbox marked

   b. "Do not Close the Case" checkbox marked or no box marked

2) Other Correspondence

II. DATA CAPTURE TASKS:

1) NOTICE TO AGREE OR DISAGREE WITH OUR DECISION TO CLOSE THE CASE ("RESPONSE"): (see Attachment A[1])

A Custodial Parent or a Referring State completes and returns Notice to Agree or Disagree with our Decision to Close the Case ("Response") form to NYS Child Support Processing Center, PO Box 15365, Albany, NY 12212-5365. Data capture the information provided on the Response as follows:

Process 1 – Request to Close the Case

A checkbox appears next to the statement ending "Please close the case."

A. If the checkbox is marked and no other correspondence is enclosed, then update IVDJRR with the following remark: "(datePC) Case Closure Notice returned agreeing to case closure."

B. If the checkbox is marked and other correspondence is enclosed, update IVDJRR as in "A" of this Process 1 and proceed to Process 6 (Other Correspondence)

[1] There are two different Response forms, one returned by the Custodial Parent, and the other returned by a Referring State. The procedures set forth in this Data Capture Manual for Case Closure are equally applicable to both Response forms, except where otherwise indicated.

Process 2 – Request to Keep the Case Open

A checkbox appears next to the statement ending "Please do not close the case."

A. If the checkbox is or is not marked, and/or additional information has been provided on the Response:

1. Set the Case Closure indicator on IVDJCA to "U"

2. Proceed to Process 3 (Capture Custodial Parent data)

B. If the checkbox is not marked and the Response contains no updated information:

1. Return the form to the sender with a cover letter advising that the Response form needs to be filled out.

2. Maintain records to support the returned Case Closure Responses.

Process 3 – Capture Custodial Parent data

A Response may provide additional information with respect to the Custodial Parent's Name, SSN, DOB, Address, and/or Telephone Number.

A. If the Custodial Parent Name provided on the Response differs substantially from the pre-printed Custodial Parent's Name in the header of the Response, data capture "B" through "E" in this Process 3 and outsort to the respective Local District.

B. If the Custodial Parent SSN provided on the Response is different from the current SSN on IVDJCH, load the Custodial Parent SSN provided on the Response into the SSN field on IVDJCH.

C. If the Custodial Parent DOB provided on the Response is different from the current DOB on IVDJCH and is complete, including year, update IVDJCH with the Custodial Parent DOB provided on the Response as the DOB.

D. If the Custodial Parent Address provided on the Response is different from the current Mailing Address on IVDJCH and is complete (containing street, city, state, and ZIP code):

1. If the Response has been returned by the Custodial Parent, update the IVDJCH mailing address fields with the Custodial Parent Address provided on the Response.

2. If the Response has been returned by a Referring State, update the IVDJCH residential address fields with the address provided by the Referring State.

3. Update IVDJRR with remarks: "(datePC) Case Closure Response provided new CP Mailing Address. IVDJCH updated".

E. If the Response has been returned by the Custodial Parent and the Custodial Parent Telephone Number to Contact provided on the Response is different from the current PHONE on IVDJCH and is complete (i.e., including an area code), update the PHONE field on IVDJCH with the Custodial Parent Telephone Number to Contact provided on the Response.

F. Proceed to Process 4 (Capture Non-Custodial Parent Data)

Process 4 – Capture Non-Custodial Parent data

A Response may provide additional information with respect to the Non-Custodial Parent's Name, SSN, DOB, Address, and/or Telephone Number.

A. If the Non-Custodial Parent Name provided on the Response differs substantially from the pre-printed Non-Custodial Parent Name in the header of the Response, data capture "B" through "E" of this Process 4 and outsort to the respective Local District.

B. If the Non-Custodial Parent SSN provided on the Response is different from the current SSN on IVDJRI:

1. If the SSN field on IVDJRI is blank, load the Non-Custodial Parent SSN provided on the Response into the SSN field and set APRRS-CD to "N".

2. If the SSN field on IVDJRI is not blank, load the Non-Custodial Parent SSN provided on the Response onto IVDRSS, provided the same Social Security number is not already present.

3. If CSMS is updated with a new SSN, update IVDJRR with remarks: "(datePC) Case Closure Response provides that NCP SSN is XXX-XX-XXXX, [RI or RS] updated".

2007

C. Non-Custodial Parent DOB

1. If the Non-Custodial Parent DOB provided on the Response is different from the current DOB on IVDJRI and is complete, including year and DMV-IND on IVDENF ≠ S03, S13, S23, S33, U08, or U28:

   a. Update IVDJRI with the Non-Custodial Parent DOB provided on the Response.

   b. If DMV-IND = U0I, U02, U03, U04, U05, U06, or U09, then set DMV-IND to S04.

   c. If DMV-IND = U21, U22, U23, U24, U25, U26, or U29, then set DMV-IND to S24.

2. If DOB on IVDJRI is blank:

   a. Enter the Non-Custodial Parent DOB provided on the Response as DOB on IVDJRI.

   b. If DMV-IND = E01, E02, or E03, then set DMV-IND to S04.

   c. If DMV-IND = E21, E22, or E23, then set DMV-IND to S24.

D. If the Non-Custodial Parent Address provided on the Response is significantly different from the current mailing address on IVDJRA and is complete (containing street, city, state, and ZIP code):

1. Review the IVDJRA records to determine if the reported address is resident on the IVDJRA screens.

2. If the address is not resident, build a new IVDJRA. Use the Non-Custodial Parent Address provided on the Response. Use "LPC" as the SRC-CD on the record. Generate a PCL to the new IVDJRA record.

3. If the Non-Custodial Parent Address on the Response is resident and the verification value is blank, generate a PCL to the existing IVDJRA record.

E. If the Non-Custodial Parent Telephone Number to Contact provided on the Response is different from the current PHONE on IVDJRI and is complete (i.e., including an area code), update the PHONE field on IVDJRI with the Non-Custodial Parent Telephone Number to Contact provided on the Response.

F. Proceed to Process 5 (Capture Non-Custodial Parent Employer's data)

2007

Process 5 – Capture Non-Custodial Parent Employer's data

A Response may provide additional information with respect to the Non-Custodial Parent Employer's Name, Address, and/or Telephone Number.

A. If a Non-Custodial Parent Employer is furnished on the Response, review existing IVDJRE records on case.

1. If the employer exists on IVDJRE records and the verification value is =< two months, no action is taken.

2. If the employer exists on IVDJRE records and the verification value is other than "V", "W", or "D" and payments are not being remitted by any other employer IVDJRE record, update VER-IND to "V". If DLNQ-SW ≠ 14 or 19, generate an IEX to the employer.

3. If the employer does not exist on IVDJRE records and payments are not being remitted by IEX, build a new IVDJRE screen using the information provided on the Response. Use "LPC" as the SOURCE-CD, and "V" as the VER-IND. If DLNQ-SW ≠ 14 or 19, generate an IEX to the employer.

B. If the Employer Name and/or Employer Address provided on the Response is substantially[2] different from the current record on IVDJRE and is complete (i.e., address contains street, city, state, and ZIP code) and IEX-IND on IVDJRE ≠ "1" or "2" or "3", build a new IVDJRE screen using the Employer Name and/or Employer Address provided on the Response and enter "LPC" as the SOURCE-CD. If DLNQ-SW ≠ 14 or 19, generate an IEX to the employer.

C. If the Employer Telephone Number to Contact provided on the Response is different from the current EMPLOYER-PHONE on IVDJRE and is complete (i.e., including area code), update IVDJRE with the Employer Telephone Number to Contact provided on the Response as the EMPLOYER-PHONE.

E. Proceed to Process 6 (Other Correspondence)

[2] An Employer's name is "substantially different" if it appears to be the name of a completely different entity. The names "Jack's Cars" and "Jack's Dealership", or "Jack's Cars" and "Bob's Cars", are two examples of "substantially different" names. "Jack's Cars, Inc." and "Jack's Cars", on the other hand, are not "substantially different."

2) OTHER CORRESPONDENCE:

Process 6 – Other Correspondence

If the Response has been returned to the Processing Center together with "Other Correspondence":

A. Data Capture information provided as per Processes 1 through 5.

B. Make and retain a photocopy of the Response.

C. Note the date of data capture on the original Response in the upper-right corner margin.

D. Forward the original Response together with a dated batch header indicating "Case Closure – Other Correspondence" and the additional "Other Correspondence" to the respective Local District via two-day priority mail the same day that the data capture tasks are performed.

2007

NYS CHILD SUPPORT PROCESSING CENTER
PO BOX 15365
ALBANY NY 12212-5365

DATE:

COUNTY CODE:
CSMS ID:
CUSTODIAL PARENT:
NON-CUSTODIAL PARENT:
JCA WORKER:

ATTACHMENT "A"

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

NYS CHILD SUPPORT PROCESSING CENTER
PO BOX 15365
ALBANY NY 12212-5365

DATE:

COUNTY CODE:
CSMS ID:
CUSTODIAL PARENT:
NON-CUSTODIAL PARENT:
JCA WORKER:

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 _____

2007

2007

H-8

BILLING STATEMENT EMPLOYER REMINDERS

2007

IEX-NCMP - 1

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

DATE: May 5, 2006

NAME: SMITH, JOHN
SOC SEC NO: 000-00-0000 DOB: 07/01/1980
ACCOUNT NUMBER: ZZ00000Z1
EMP NO: 00
JCA WORKER CODE: 0000
ENFORCEMENT OFFICER: MR A JOHNSON
TELEPHONE #: (888) 208-4485

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

1 2 1 0 5 1 2 3 4 0 9 0 9

EMPLOYER COMPLIANCE NOTICE

OUR RECORDS INDICATE THE ABOVE-CAPTIONED INDIVIDUAL IS EMPLOYED WITH YOUR FIRM AND THAT AN INCOME EXECUTION/DEDUCTION FOR CHILD SUPPORT HAS BEEN FILED WITH YOU IN ACCORDANCE WITH STATE LAW CPLR 5241.

FURTHER, OUR RECORDS REVEAL THAT NO PAYMENTS HAVE BEEN RECEIVED. STATE LAW REQUIRES THAT PAYMENTS BE REMITTED WITHIN SEVEN (7) BUSINESS DAYS OF THE DATE OF EACH WITHHOLDING. KINDLY REVIEW YOUR RECORDS AND FORWARD PAYMENTS TO:

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

SHOULD THIS INDIVIDUAL NO LONGER BE EMPLOYED BY YOUR FIRM, PLEASE PROVIDE THE FOLLOWING INFORMATION AND RETURN TO:

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

PRESENTLY EMPLOYED ( ) YES ( ) NO

DATE LAST EMPLOYED _____

ON LAY-OFF ( ) YES ( ) NO

EXPECTED RETURN DATE _____

LAST KNOWN ADDRESS _____

NEW EMPLOYER (IF KNOWN) _____

FIRM NAME (IF DIFFERENT) _____

ADDRESS (IF DIFFERENT) _____

TELEPHONE ( ) _____

SIGNED _____ DATE _____

YOUR COOPERATION IN THIS MATTER IS APPRECIATED.

NCMP 05/02/06

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		

PROOF

LEMPNYC - 2

SUPPORT WITHHOLDING REMINDER

XYZ CORPORATION

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		

POSTA

2007

LEMPROS - 1
LOCAL COUNTY SCU

COUNTY OFFICE BLDG
LOCALTOWN NY 10000-0000

SUPPORT WITHHOLDING REMINDER

FEDERAL EMPLOYER IDENTIFICATION NUMBER:
123456789

REMINDER DATE:
07/01/2005

All correspondence should be sent to the above address.

SEND PAYMENTS ONLY TO THIS ADDRESS:

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	ZZ0D000Z4		
SMITH, JOHN E	000000000	ZZ00000Z5		
SMITH, JOHN F	000000000	ZZ00000Z6		
SMITH, JOHN G	000000000	ZZ00000Z7		
SMITH, JOHN H	000000000	ZZ00000Z8		

LEMPROS -2

SUPPORT WITHHOLDING REMINDER

XYZ CORPORATION

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 00000000000 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 00000000000 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 00000000000 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 06/12/03

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ATTN PAYROLL DEPT
1000 ANY BUSINESS AVE
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Respondent Name: SMITH, JOHN A
Respondent SSN: 000-00-0000
Support Account: ZZ00000Z1
Client Name: SMITH, JANE A

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SMITH, JOHN A

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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 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

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ATTN PAYROLL DEPT
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Your Federal Employer ID Number (EIN)
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Respondent Name: SMITH, JOHN B
Respondent SSN: 000-00-0000
Support Account: ZZ00000Z2
Client Name: SMITH, JANE B

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AMOUNT ENCLOSED: $

DATE OF WITHHOLDING (MM/DD/YY):

SEMPNYC - 4

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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.

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SMITH, JOHN B

MAIL PAYMENTS TO:
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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.

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SMITH, JOHN B

MAIL PAYMENTS TO:
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SMITH, JOHN C

SEMPNYC - 4

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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.

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):

SEMPNYC - 5

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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 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

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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 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:
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Support Account: ZZ00000Z3
Client Name: SMITH, JANE C

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SEMPNYC - 6

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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:
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Your Federal Employer ID Number (EIN)
123456789

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

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SMITH, JOHN D

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SEMPNYC - 7

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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 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

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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

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SMITH, JOHN E

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LMEM1 08/12/03

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ATTN PAYROLL DEPT
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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

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

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SMITH, JOHN E

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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 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

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NYS CHILD SUPPORT PROCESSING CENTER

PLEASE DO NOT SEND CASH

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AMOUNT ENCLOSED: $

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

SEMPNYC - 9

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LMEM1 06/12/03

Employer Name and Address: XYZ CORPORATION
ATTN PAYROLL DEPT
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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:
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ALBANY NY 12212-5363

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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:
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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.

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SMITH, JOHN F

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AMOUNT ENCLOSED: $

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

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.

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

PLEASE DO NOT SEND CASH

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

AMOUNT ENCLOSED: $ _____

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

257 00 000000000000 000000 000000000 0

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: _____

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

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: _____

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

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

PROOF

2007

SEMTRUS - 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

PROOF

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 0000000000000 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 0000000000000 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 0000000000000 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 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.

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 0000000000000 000000 0000000000 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 06/12/03

SMITH, JOHN B

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.

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 0000000000000 000000 0000000000 0

SMITH, JOHN B

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 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.

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): / /

252 00 0000000000000 000000 0000000000 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.

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

SMITH, JOHN B

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.

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 C

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.

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):

252 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 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.

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 0000000000000 000000 0000000000 0

SMITH, JOHN C

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 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.

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 0000000000000 000000 0000000000 0

SMITH, JOHN C

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 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.

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 0000000000000 000000 0000000000 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 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.

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 00000000000 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 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.

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 00000000000 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 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.

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 00000000000 000000 000000000 0

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 0000000000000 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 0000000000000 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.

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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 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
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ALBANY NY 12212-5363

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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 0000000000000 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.

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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

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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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PO BOX 15363
ALBANY NY 12212-5363

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NYS CHILD SUPPORT PROCESSING CENTER

PLEASE DO NOT SEND CASH

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AMOUNT ENCLOSED: $

DATE OF WITHHOLDING (MM/DD/YY):

257 00 00000000000 000000 000000000 0

SEMPROS - 8

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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 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):

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SEMPROS - 8

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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.

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

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LMEM1 06/12/03

SMITH, JOHN F

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.

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

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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 F

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.

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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.

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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

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

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PLEASE DO NOT SEND CASH

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AMOUNT ENCLOSED: $

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

257 00 000000000000 000000 000000000 0

SEMPROS - 10

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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: _____
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

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NYS CHILD SUPPORT PROCESSING CENTER

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AMOUNT ENCLOSED: $

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

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

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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.

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

Mail Payments to the address below.

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

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.

LM3NB3 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

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

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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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 Pagadas 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.

LM6NB1 07/06/03

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 fechas de vencimiento.

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

CANTIDAD ADJUNTA $

[redacted] 002200 3

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.

LM3NB3 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 $

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

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

H-9

SAMPLE CHECKS
DEBIT CARD

2007

LOCAL SUPPORT COLLECTION UNIT

1000 GOVERNMENT PLZ
ANYTOWN NY 12345-6789

CHECK #: **011568885**
NOT NEGOTIABLE

RECEIPT DATE	AMOUNT
00/00/00	000000000.00
00/00/00	000000000.00
00/00/00	000000000.00
00/00/00	000000000.00

CHECK NUMBER:	011568885
DATE:	01/01/2007
AMOUNT:	00000000013.14
RESPONDENT NAME:	SMITH, JOHN
CLIENT NAME:	SMITH, JANE A
RESPONDENT SSN:	
ACCOUNT NUMBER:	ZZ12345Z1
USDL:	
FIPS:	136001

IMPORTANT

The enclosed check is only valid for 90 days. If you hold the check for more than 80 days before cashing it, the check may not clear the Chase Manhattan Bank account before the 90 days expire. If so, the check will not be paid and you may have to pay bank fees.

PLEASE CASH THE CHECK AS SOON AS POSSIBLE

LOCAL SUPPORT COLLECTION UNIT

1000 GOVERNMENT PLZ
ANYTOWN NY 12345-6789

THE CHASE MANHATTAN BANK
55 WATER STREET
NEW YORK, N.Y. 10041

618505024

DATE	CHECK NO.
01/01/2007	011568885

1 - 2
210

VOID AFTER 90 DAYS

CHECK AMOUNT
$*********13.14

- - - - /13BE

PAY THIRTEEN DOLLARS/FOURTEEN CENTS**********
TO THE ORDER OF:
SMITH, JANE A

123 ANYPLACE AVE
ANYTOWN NY 12345-6789

ACCT# ZZ12345Z1
USDL:

Editty D. Bray
DIRECTOR
CHILD SUPPORT PROCESSING CENTER

<0!11!56!88!85!< !:0!21!00!00!21!:6!18!50!50!24!<

000000002 - 000001068

LOCAL SUPPORT COLLECTION UNIT

1000 GOVERNMENT PLZ
ANYTOWN NY 12345-6789

RETURN SERVICE REQUESTED

PRESORTED
FIRST CLASS MAIL
U.S. POSTAGE
PAID
ALBANY, N.Y.
PERMIT NO. 263

**********AUTO** 3-DIGIT 104
SMITH, JANE A

123 ANYPLACE AVE
ANYTOWN NY 12345-6789

'1 0 4 5 1 5 5 3 2 8 4 2'

2007

LOCAL SUPPORT COLLECTION UNIT

1000 GOVERNMENT PLZ
ANYTOWN NY 12345-1234

CHECK #: **010411036**
NOT NEGOTIABLE

Payee Address: LOCAL COUNTY SCU
SMITH, JANE
P.O. BOX 12345
ANYTOWN NY 12345-6789

CHECK NUMBER 010411036
DATE 01/01/2007 AMOUNT 000000025.00

RECEIPT DATE	AMOUNT
12/30/1999	000000025.00
00/00/00	000000000.00
00/00/00	000000000.00
00/00/00	000000000.00

USDL:
ACCOUNT NUMBER: ZZ12345Z1
RESPONDENT SSN: 123-45-6789
RESPONDENT NAME: SMITH, JOHN
CLIENT NAME: LOCAL COUNTY SCU
FIPS: 236019

2007

LOCAL SUPPORT COLLECTION UNIT

1000 GOVERNMENT PLZ
ANYTOWN NY 12345-1234

THE CHASE MANHATTAN BANK
55 WATER STREET
NEW YORK, N.Y. 10041

618505024

DATE	CHECK NO.
01/01/2007	010411036

1-2/210

VOID AFTER 90 DAYS

CHECK AMOUNT
$********25.00

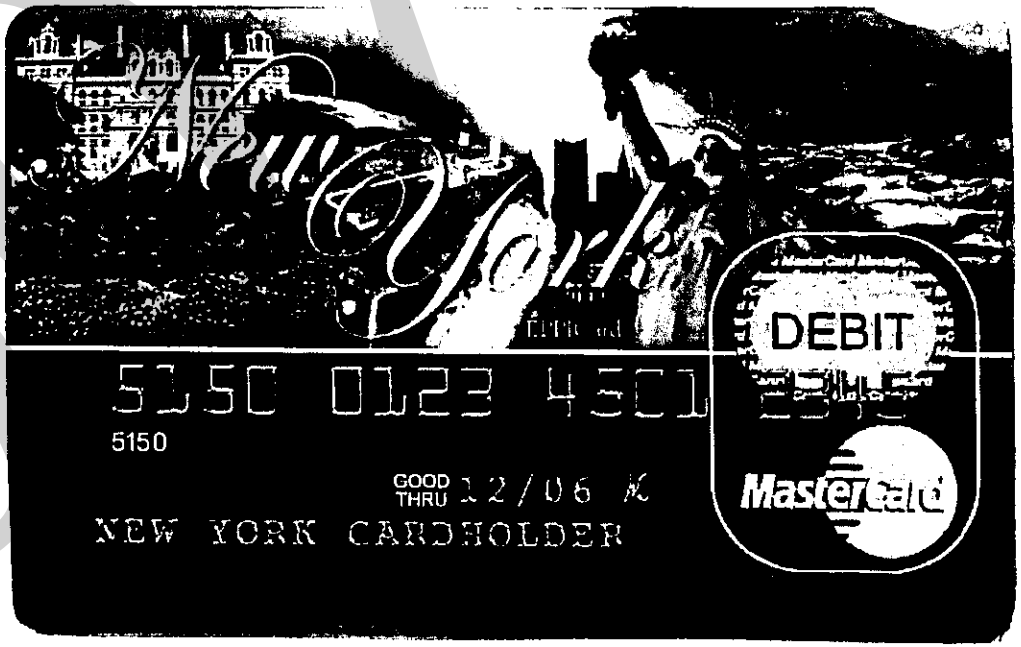
----/25AA

PAY TWENTY FIVE DOLLARS/ZERO CENTS**********
TO THE ORDER OF:
LOCAL COUNTY SCU
SMITH, JANE
P.O. BOX 12345
ANYTOWN NY 12345-6789

ACCT# ZZ12345Z1
USDL:

Edith D. Bray
DIRECTOR
CHILD SUPPORT PROCESSING CENTER

<0!10!41!10!36!< !:0!21!00!00!21!:6!18!50!50!24!<


New York
DEBIT
5150 0123 4501
5150
GOOD THRU 12/06
NEW YORK CARDHOLDER
MasterCard

2007

H-10

DOC LIB

VOL 1

2007

N.Y.S. Child Support Processing Center
Bills & Notices – Volume One

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CIEX-1 ** 001
SUFFOLK COUNTY CSEB
SUPPORT COLLECTION-IEX
PO BOX 18030
HAUPPAUGE NY 11788-8830

IMMEDIATE ACTION REQUIRED

PLEASE CAREFULLY READ ALL DOCUMENTS

[redacted]
180 LIVINGSTON ST # 4067
BROOKLYN NY 11201

01 116002815

This package contains the following important items:

- Notice to Withhold Income for Child Support [critical information marked 1, 2, & 3]
- Remittance tags to include with payments
- Withholdings Limitations Worksheet

You must take immediate action to withhold income from the Employee/Obligor named in the Notice.

If the Employee/Obligor is no longer working for you, IMMEDIATELY notify the SCU [see item #6, page 2].

Want to save time and effort?
Send in payments to us electronically via EFT/EDI.
Call 1-888-208-4485 for details.

[Employer]

CIEX - 3

NOTICE TO WITHHOLD INCOME FOR CHILD SUPPORT

(Income Execution for Support Enforcement - New York State CPLR§5241)

State of New York
SUFFOLK COUNTY SCU
Docket Number: [redacted]

Date of Notice: 01/26/2007

☐ Original Notice ☐ Amended Notice

EMPLOYER - INCOME WITHHOLDER

TO: [redacted]
BROOKLYN NY 11201

Federal EIN Number: [redacted]

Child(ren)'s Name(s) | Date of Birth

EMPLOYEE - OBLIGOR

[redacted], **RESPONDENT**
Social Security Number: [redacted]
New York Account Number: [redacted]

1

CUSTODIAL PARENT - OBLIGEE

(Commissioner of Social Services, Assignee, O/B/O)
[redacted], PETITIONER

Child(ren)'s Name(s) | Date of Birth

☐ If checked, you must enroll the above child(ren) in any health insurance plan available through the Employee's employment.

DEAR EMPLOYER/INCOME PAYOR: YOU ARE HEREBY DIRECTED TO WITHHOLD AND REMIT INCOME FROM THE ABOVE NAMED EMPLOYEE/OBLIGOR IN ACCORDANCE WITH THE PROVISIONS OF THIS NOTICE.

ORDER INFORMATION: This "Notice to Withhold Income for Child Support" is based upon an order of support issued by the Supreme or Family Court of the State of New York, SUFFOLK County. You are required by law to deduct the total amount listed below from the income of the Employee/Obligor named above until further notice.

[for itemized list of payments due, see page 2]

Arrears 12 weeks or greater?
☒ Yes ☐ No

Arrears owed as of 01/26/2007
are $ 3650.00 .

TOTAL AMOUNT TO WITHHOLD: $ 150.00 Every 14 Days * -Remit to Payee below

2

*You do not have to vary your pay cycle to comply with this "NOTICE". If your pay cycle does not match the above TOTAL AMOUNT payment frequency, find your pay cycle below to determine how much to withhold from each paycheck:

If your pay cycle is:	Withhold this amount:	If your pay cycle is:	Withhold this amount:
Weekly	$ 75.00	Semimonthly (twice a month)	$ 162.50
Biweekly (every 2 weeks)	$ 150.00	Monthly	$ 325.00

[redacted] **REMITTANCE INSTRUCTIONS:** [redacted]

1. **When remitting payments, you must provide** the date of withholding, New York account number, Employee/Obligor name and social security number, and your company or business name and EIN. **See item #10 on page 3 for withholding limits.**
2. **If the Employee/Obligor's principal place of employment is located in New York State** - You must begin withholding no later than the first pay period which occurs fourteen (14) days after service of this NOTICE, and payments must be remitted within seven (7) business days of the date of each withholding. You are not permitted to deduct a fee to defray the cost of withholding.
3. **If the Employee/Obligor's principal place of employment is located outside New York State** - You must begin withholding and remit payments in accordance with the laws of the state of the Employee/Obligor's principal place of employment, and may deduct a processing fee where such laws permit.
4. If you wish to send payments electronically via EFT/EDI, call 1-888-208-4485 for instructions.

"INCLUDE A REMITTANCE TAG WITH EVERY PAYMENT"

Make all checks payable to:
NYS CHILD SUPPORT
PROCESSING CENTER

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

3

Over

CIEX - 4

ITEMIZED LIST OF PAYMENTS DUE

Payments Due	Frequency	Type Support	Entry Date
$ 50.00	Every 14 Days	Past Due Supp	11/21/2006
$			
$			
$			
$			
$			
$			
$			
$			
$			

Payments Due	Frequency	Type Support	Entry Date
$			
$			
$			
$			
$			
$			
$			
$			
$			
$ 100.00	Every 14 Days	additional amount	n/a

ADDITIONAL INFORMATION TO EMPLOYERS AND OTHER INCOME WITHHOLDERS

1. We [redacted] voluntary compliance of Federally recognized Indian tribes, tribally-owned businesses, and Indian-owned businesses located on a reservation that choose to withhold in accordance with this NOTICE. [redacted]

2. **Priority:** Withholding under this NOTICE has priority over any other legal process under State law against the same income. Federal tax levies in effect before receipt of this NOTICE have priority. If there are Federal tax levies in effect, please contact the Support Collection Unit (issuing agency) [redacted] the end of this NOTICE. [redacted]

3. **Combining Payments:** You can combine withheld amounts from more than one Employee/Obligor's income in a single payment to the Support Collection Unit (issuing agency) listed at the end of this NOTICE. You must, however, separately identify the amount of the single payment that is attributable to each Employee/Obligor, and must provide the date of withholding, New York account number, name, and social security number of each Employee/Obligor. Be sure to include a remittance tag for each separate payment for each individual EMPLOYEE/OBLIGOR.

4. **Reporting the Date of Withholding:** You must report the date of withholding when sending the payment. The date of withholding is the date on which the amount was withheld from the Employee/Obligor's wages or other income. You must comply with the law of the state of Employee/Obligor's principal place of employment with respect to the time periods within which you must implement the withholding order and forward the child support payments.

5. **Employee/Obligor with Multiple Support Withholdings:** If there is more than one ORDER/NOTICE to Withhold Income for Child Support against this Employee/Obligor and you are unable to honor all such ORDERS or NOTICES due to Federal or State withholding limits, you must follow the law of the state of the Employee/Obligor's principal place of employment. You must honor ORDERS/NOTICES to the greatest extent possible (see paragraph 10, "Withholding Limits", on next page).

   In New York State, if an employer or income payor is served with more than one NOTICE pursuant to CPLR section 5241, ORDER pursuant to CPLR section 5242, or ORDER/NOTICE issued by another state, and if the combined total amount for the deductions to be withheld exceeds the limits set forth in paragraph 10, the employer or income payor shall withhold the maximum amount permitted thereby and pay to each creditor the proportion thereof which such creditors claim bears to the combined total. The additional deduction authorized to be applied to the reduction of a past due amount shall be applied in proportion to the past due amount owed to each creditor.

6. **Termination Notification:** If the Employee/Obligor is not working for you at the time you receive this NOTICE, or if the Employee/Obligor stops working for you at any time in the future for any reason, you must promptly notify the Support Collection Unit at **NYS Child Support Processing Center, PO Box 15368, Albany NY 12212-5368** and provide the following information:
   EMPLOYEE'S/OBLIGOR'S NAME: _____ NY Acct. Nr. _____
   REASON FOR SEPARATION: _____ DATE OF SEPARATION: _____
   LAST KNOWN HOME ADDRESS: _____
   NEW EMPLOYER'S NAME & ADDRESS: _____

7. **Lump Sum Payments:** You are required to report and withhold from lump sum payments such as bonuses, commissions, or severance pay. If you have any questions about lump sum payments, contact the Support Collection Unit (issuing agency).

8. **Liability:** Compliance with this NOTICE shall not subject you to civil liability to any individual or agency. However, if you fail to withhold and remit income as the NOTICE directs, or fail to remit any amounts that you have withheld, you are liable to the creditor and the debtor for such failure. Either party may commence a proceeding against you for both the accumulated amount you should have withheld and remitted from the Employee/Obligor's income, together with interest and reasonable attorney's fees, and any other penalties set by State law.

   In New York State, upon a finding by the Family Court that you failed to withhold or remit withholdings as directed in this NOTICE, the Court shall issue an order directing your compliance and may direct the payment of a civil penalty not to exceed $500.00 for the first instance and $1,000.00 per instance for the second and subsequent instances of noncompliance.

Continued

9. **Anti-discrimination:** You are subject to a fine or penalty as determined under State law for discharging an Employee/Obligor from employment, refusing to promote or taking disciplinary action against any Employee/Obligor or refusing to hire a prospective employee because of a child support withholding(s). In New York State pursuant to CPLR section 5252, the court may direct the payment of a civil penalty not to exceed $500.00 for the first instance and $1,000.00 per instance for the second and subsequent instances of such discrimination.

10. **Withholding Limits:** The maximum you may withhold is the lesser of: (1) the amounts allowed by the Federal Consumer Credit Protection Act (15 U.S.C. section 1673(b)); or (2) the amounts allowed by the State of the Employee/Obligor's principal place of employment. The Federal limit applies to disposable earnings, which is the amount of net income left after making mandatory deductions of State, Federal, & local taxes; Social Security tax; and Medicare tax.

New York State law requires that if arrears are owed, the amount directed by this NOTICE to be withheld for payment of child support must include an "additional amount" to satisfy the arrears. If an additional amount is required to be deducted, (see "Payments Due" on page 2), a lower withholding limit may apply. If no additional amount is required to be deducted, the lower limitation does not apply, and you should follow the Federal Consumer Credit Protection Act limits described in the preceding paragraph. See the enclosed worksheet to determine the correct amount to withhold.

NOTICE TO EMPLOYEE/OBLIGOR:

a. You are hereby notified that this Notice to Withhold Income for Child Support (Income Execution for Support Enforcement) is issued against you due to your failure to remit to the Support Collection Unit (SCU) three payments on the date due in the full amount directed by the order of support, or an accumulation of a past due amount equal to or greater than the payments ordered for one month.

b. This NOTICE will be served on your current or subsequent employer(s) or income payor(s), and the New York State Department of Labor, with respect to current or subsequent income unless you assert a "Mistake of Fact" by writing or telephoning the SCU listed below within fifteen (15) days from your receipt of a copy of this NOTICE. "Mistake of Fact" means an error in the amount of payments ordered or past due or in the identity of the debtor, or that the order of support does not exist or has been vacated. You should also make a submission of information and evidence by mail, by telephone, or (after contacting the SCU) in person to support your assertion of a "Mistake of Fact" within the fifteen (15) day period. Thereafter, the SCU will determine the merits of your objection and will notify you of its determination within forty-five (45) days from your receipt of a copy of this NOTICE. If the objection is disallowed, you will be notified in writing that this Notice to Withhold Income for Child Support will be served on your employer or income payor, and of the time that the deductions will begin. All withholdings will be sent directly to the SCU.

c. **You should begin and continue to make support payments directly to the SCU until you have determined that withholdings from your paycheck or other income sources have started. Send payments only to the SCU Post Office Box address in Albany, NY as shown on the bottom of page 1. Include a remittance tag (coupon) with each payment.**

d. The actions of your employer or income payor in failing to deduct and remit amounts specified by this NOTICE shall not relieve you of the underlying obligation to pay support.

e. If an "additional amount" is required to be deducted (see "Payments Due" on page 2) which reduces your annual income below the self-support reserve, contact the SCU and request modification or elimination of the "additional amount". The self-support reserve for the year 2007 is $13,783.

ISSUING AGENCY:

- If you have any questions, please contact the New York State Child Support Employer Helpline at 1-888-208-4485 (toll-free) Monday through Friday from 8:30 AM to 5:00 PM except for state holidays.

- If your Employee/Obligor has any questions, please have them contact the Support Collection Unit (issuing agency) by phone at (888) 208-4485 or at:

SUFFOLK COUNTY CSEB
SUPPORT COLLECTION-IEX
PO BOX 18030
HAUPPAUGE NY 11788-8830

Do NOT send checks to this address! - see page 1 -

JRE Address Number: 01
Enforcement Officer: 28F

[DEFAULT]

EIMD - 17

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.

LMEM2 06/12/03

Employer Name and Address: [redacted]

Your Federal Employer ID Number (EIN)

[redacted]

Respondent Name: [redacted]
Respondent SSN: [redacted]
Support Account: [redacted]
Client Name: [redacted]

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 15353
ALBANY NY 12212-5353

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 53 [redacted] 000000 [redacted] 8

[redacted]

EIMD - 17

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.

LMEM2 06/12/03

Employer Name and Address: [redacted]

Your Federal Employer ID Number (EIN)

[redacted]

Respondent Name: [redacted]
Respondent SSN: [redacted]
Support Account: [redacted]
Client Name: [redacted]

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 15353
ALBANY NY 12212-5353

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 53 [redacted] 000000 [redacted] 8

[redacted]

EIMD - 17

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.

LMEM2 06/12/03

Employer Name and Address: [redacted]
P.O. BOX 10128
ALBANY NY 12201-5128

Your Federal Employer ID Number (EIN)

[redacted]

Respondent Name: [redacted]
Respondent SSN: [redacted]
Support Account: [redacted]
Client Name: [redacted]

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 15353
ALBANY NY 12212-5353

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 53 [redacted] 000000 [redacted] 8

EIMD - 17

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LMEM2 06/12/03

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[redacted]

Respondent Name: [redacted]
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[redacted]

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257 53 [redacted] 000000 [redacted] 8

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LMEM2 06/12/03

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[redacted]

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257 53 [redacted] 000000 [redacted] 8

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LMEM2 06/12/03

Employer Name and Address: [redacted]
P.O. BOX 10128
ALBANY NY 12201-5128

Your Federal Employer ID Number (EIN)

[redacted]

Respondent Name: [redacted]
Respondent SSN: [redacted]
Support Account: [redacted]
Client Name: [redacted]

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AMOUNT ENCLOSED: $

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

Child Support Withholding Limitations Worksheet

Use this form with the "Notice to Withhold Income for Child Support"

Before you begin:

- ✓ Calculate employee's disposable earnings (use worksheet on reverse if necessary).
- ✓ Determine if employee is supporting a spouse or dependent child other than those covered by this matter.
- ✓ Be sure to include in your calculation all earnings paid or payable to employee (see definition on reverse).
- ✓ Identify the employee's pay period frequency (e.g. weekly, bi-weekly, monthly, etc.)

---

1. Enter the employee's pay period frequency. 1. _____
2. Enter the employee's disposable earnings for one pay period. 2. _____
3. Enter the total amount to withhold from page 1, item 2 of the Notice for the same frequency listed on line 1. 3. _____
4. Divide line 3 by line 2. (Enter the result as a percentage.) 4. _____%
5. Is line 4 equal to or less than 40%?

   ☐ Yes. Skip lines 6-11; enter the amount from line 3 on line 12.

   ☐ No. Go to line 6.

6. Enter the additional amount, if any, from page 2 of the Notice. (If $0.00 or blank, enter $0). NOTE: If frequency on page 2 does not match line 1, adjust additional amount proportionally. 6. _____
7. Is line 6 greater than $0?

   ☐ Yes. Go to line 8.

   ☐ No. Skip lines 8-10 and go to line 11.

8. Subtract line 6 from line 3. 8. _____
9. Divide line 8 by line 2. (Enter the result as a percentage.) 9. _____%
10. Is line 9 greater than 40%?

    ☐ Yes. Skip line 11; enter the amount from line 8 on line 12, but do not exceed the maximum allowable percentage under the Federal Consumer Credit Protection Act. (see table on reverse for guidance)

    ☐ No. Skip line 11; multiply line 2 by 40% and enter result on line 12.

11. Is line 4 equal to or less than 50%?

    ☐ Yes. Enter amount from line 3 on line 12.

    ☐ No. Enter amount from line 3 on line 12, but do not exceed the maximum allowable percentage under the Federal Consumer Credit Protection Act. (see table on reverse for guidance)

12. This is the amount you must withhold for child support: **12.** _____

NOTE: If you are also required to deduct health insurance premiums pursuant to a "National Medical Support Notice" (NMSN), enter the amount shown on line 12 above on line 2 of the "Health Insurance Premium Withholding Limitations Worksheet" accompanying the NMSN.

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 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%

* *see page 1 of Notice*

2007

CIMD - 11

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

IMMEDIATE ACTION REQUIRED

PLEASE CAREFULLY READ ALL DOCUMENTS

[redacted]

06 000000000

This package contains the following important items:

- Notice to Withhold Income for Child Support [critical information marked 1, 2, & 3]
- Remittance tags to include with payments
- Withholdings Limitations Worksheet

You must take immediate action to withhold income from the Employee/Obligor named in the Notice.

If the Employee/Obligor is no longer working for you, IMMEDIATELY notify the SCU [see item #6, page 2].

Want to save time and effort?
Send in payments to us electronically via EFT/EDI.
Call 1-888-208-4485 for details.

[Employer]

CIMD - 11

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

IMMEDIATE ACTION REQUIRED

PLEASE CAREFULLY READ ALL DOCUMENTS

[redacted]
QUEENS NY 11101

06 000000000

This package contains the following important items:

- Notice to Withhold Income for Child Support [critical information marked 1, 2, & 3]
- Remittance tags to include with payments
- Withholdings Limitations Worksheet

You must take immediate action to withhold income from the Employee/Obligor named in the Notice.

If the Employee/Obligor is no longer working for you, IMMEDIATELY notify the SCU [see item #6, page 2].

Want to save time and effort?
Send in payments to us electronically via EFT/EDI.
Call 1-888-208-4485 for details.

[Employer]

2007

CIMD - 13

NOTICE TO WITHHOLD INCOME FOR CHILD SUPPORT

(Income Execution for Support Enforcement - New York State CPLR§5241)

State of New York
BRONX SCU
Docket Number: [redacted]

Date of Notice: 01/26/2007

☐ Original Notice ☐ Amended Notice

EMPLOYER - INCOME WITHHOLDER

TO: [redacted]
QUEENS NY 11101

Federal EIN Number: 000000000

EMPLOYEE - OBLIGOR

[redacted], RESPONDENT
Social Security Number: [redacted]
New York Account Number: [redacted]

1

CUSTODIAL PARENT - OBLIGEE

(Commissioner of Social Services, Assignee, O/B/O)
[redacted], PETITIONER

Child(ren)'s Name(s)	Date of Birth

Child(ren)'s Name(s)	Date of Birth

☐ If checked, you must enroll the above child(ren) in any health insurance plan available through the Employee's employment.

DEAR EMPLOYER/INCOME PAYOR: YOU ARE HEREBY DIRECTED TO WITHHOLD AND REMIT INCOME FROM THE ABOVE NAMED EMPLOYEE/OBLIGOR IN ACCORDANCE WITH THE PROVISIONS OF THIS NOTICE.

ORDER INFORMATION: This "Notice to Withhold Income for Child Support" is based upon an order of support issued by the Supreme or Family Court of the State of New York, BRONX County. You are required by law to deduct the total amount listed below from the income of the Employee/Obligor named above until further notice.

[for itemized list of payments due, see page 2]

Arrears 12 weeks or greater?
☒ Yes ☐ No

Arrears owed as of 01/26/2007 are $ 1211.42.

TOTAL AMOUNT TO WITHHOLD: $ 100.00 Every 14 Days * -Remit to Payee below

2

*You do not have to vary your pay cycle to comply with this "NOTICE". If your pay cycle does not match the above TOTAL AMOUNT payment frequency, find your pay cycle below to determine how much to withhold from each paycheck:

If your pay cycle is:	Withhold this amount:	If your pay cycle is:	Withhold this amount:
Weekly	$ 50.00	Semimonthly (twice a month)	$ 108.33
Biweekly (every 2 weeks)	$ 100.00	Monthly	$ 216.67

[redacted]

REMITTANCE INSTRUCTIONS:

1. **When remitting payments, you must provide** the date of withholding, New York account number, Employee/Obligor name and social security number, and your company or business name and EIN. **See item #10 on page 3 for withholding limits.**
2. **If the Employee/Obligor's principal place of employment is located in New York State** - You must begin withholding no later than the first pay period which occurs fourteen (14) days after service of this NOTICE, and payments must be remitted within seven (7) business days of the date of each withholding. You are not permitted to deduct a fee to defray the cost of withholding.
3. **If the Employee/Obligor's principal place of employment is located outside New York State** - You must begin withholding and remit payments in accordance with the laws of the state of the Employee/Obligor's principal place of employment, and may deduct a processing fee where such laws permit.
4. If you wish to send payments electronically via EFT/EDI, call 1-888-208-4485 for instructions.

"INCLUDE A REMITTANCE TAG WITH EVERY PAYMENT"

Make all checks payable to:
NYS CHILD SUPPORT
PROCESSING CENTER

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

3

Over

CIMD - 14

ITEMIZED LIST OF PAYMENTS DUE

Payments Due	Frequency	Type Support	Entry Date
$ 0.00	Every 14 Days	Current Supp	01/07/1998
$			
$			
$			
$			
$			
$			
$			
$			
$			

Payments Due	Frequency	Type Support	Entry Date
$			
$			
$			
$			
$			
$			
$			
$			
$			
$ 100.00	Every 14 Days	additional amount	n/a

ADDITIONAL INFORMATION TO EMPLOYERS AND OTHER INCOME WITHHOLDERS

1. We appreciate the voluntary compliance of Federally recognized Indian tribes, tribally-owned businesses, and Indian-owned businesses located on a reservation that choose to withhold in accordance with this NOTICE.

2. **Priority:** Withholding under this NOTICE has priority over any other legal process under State law against the same income. Federal tax levies in effect before receipt of this NOTICE have priority. If there are Federal tax levies in effect, please contact the Support Collection Unit (issuing agency) listed at the end of this NOTICE.

3. **Combining Payments:** You can combine withheld amounts from more than one Employee/Obligor's income in a single payment to the Support Collection Unit (issuing agency) listed at the end of this NOTICE. You must, however, separately identify the amount of the single payment that is attributable to each Employee/Obligor, and must provide the date of withholding, New York account number, name, and social security number of each Employee/Obligor. Be sure to include a remittance tag for each separate payment for each individual EMPLOYEE/OBLIGOR.

4. **Reporting the Date of Withholding:** You must report the date of withholding when sending the payment. The date of withholding is the date on which the amount was withheld from the Employee/Obligor's wages or other income. You must comply with the law of the state of Employee/Obligor's principal place of employment with respect to the time periods within which you must implement the withholding order and forward the child support payments.

5. **Employee/Obligor with Multiple Support Withholdings:** If there is more than one ORDER/NOTICE to Withhold Income for Child Support against this Employee/Obligor and you are unable to honor all such ORDERS or NOTICES due to Federal or State withholding limits, you must follow the law of the state of the Employee/Obligor's principal place of employment. You must honor ORDERS/NOTICES to the greatest extent possible (see paragraph 10, "Withholding Limits", on next page).

   In New York State, if an employer or income payor is served with more than one NOTICE pursuant to CPLR section 5241, ORDER pursuant to CPLR section 5242, or ORDER/NOTICE issued by another state, and if the combined total amount for the deductions to be withheld exceeds the limits set forth in paragraph 10, the employer or income payor shall withhold the maximum amount permitted thereby and pay to each creditor the proportion thereof which such creditors claim bears to the combined total. The additional deduction authorized to be applied to the reduction of a past due amount shall be applied in proportion to the past due amount owed to each creditor.

6. **Termination Notification:** If the Employee/Obligor is not working for you at the time you receive this NOTICE, or if the Employee/Obligor stops working for you at any time in the future for any reason, you must promptly notify the Support Collection Unit at **NYS Child Support Processing Center, PO Box 15368, Albany NY 12212-5368** and provide the following information:
   EMPLOYEE'S/OBLIGOR'S NAME: _____ NY Acct. Nr. _____
   REASON FOR SEPARATION: _____ DATE OF SEPARATION: _____
   LAST KNOWN HOME ADDRESS: _____
   NEW EMPLOYER'S NAME & ADDRESS: _____

7. **Lump Sum Payments:** You are required to report and withhold from lump sum payments such as bonuses, commissions, or severance pay. If you have any questions about lump sum payments, contact the Support Collection Unit (issuing agency).

8. **Liability:** Compliance with this NOTICE shall not subject you to civil liability to any individual or agency. However, if you fail to withhold and remit income as the NOTICE directs, or fail to remit any amounts that you have withheld, you are liable to the creditor and the debtor for such failure. Either party may commence a proceeding against you for both the accumulated amount you should have withheld and remitted from the Employee/Obligor's income, together with interest and reasonable attorney's fees, and any other penalties set by State law.

   In New York State, upon a finding by the Family Court that you failed to withhold or remit withholdings as directed in this NOTICE, the Court shall issue an order directing your compliance and may direct the payment of a civil penalty not to exceed $500.00 for the first instance and $1,000.00 per instance for the second and subsequent instances of noncompliance.

Continued

PROOF

9. **Anti-discrimination:** You are subject to a fine or penalty as determined under State law for discharging an Employee/Obligor from employment, refusing to promote or taking disciplinary action against any Employee/Obligor or refusing to hire a prospective employee because of a child support withholding(s). In New York State pursuant to CPLR section 5252, the court may direct the payment of a civil penalty not to exceed $500.00 for the first instance and $1,000.00 per instance for the second and subsequent instances of such discrimination.

10. **Withholding Limits:** The maximum you may withhold is the lesser of: (1) the amounts allowed by the Federal Consumer Credit Protection Act (15 U.S.C. section 1673(b)); or (2) the amounts allowed by the State of the Employee/Obligor's principal place of employment. The Federal limit applies to disposable earnings, which is the amount of net income left after making mandatory deductions of State, Federal, & local taxes; Social Security tax, and Medicare tax.

    New York State law requires that if arrears are owed, the amount directed by this NOTICE to be withheld for payment of child support must include an "additional amount" to satisfy the arrears. If an additional amount is required to be deducted, (see "Payments Due" on page 2), a lower withholding limit may apply. If no additional amount is required to be deducted, the lower limitation does not apply, and you should follow the Federal Consumer Credit Protection Act limits described in the preceding paragraph. See the enclosed worksheet to determine the correct amount to withhold.

NOTICE TO EMPLOYEE/OBLIGOR:

a. You are hereby notified that this Notice to Withhold Income for Child Support (Income Execution for Support Enforcement) is issued against you as a result of the order(s) of support listed on page 1 of this NOTICE. All withholdings will be sent directly to the Support Collection Unit (SCU).

b. This NOTICE has been served on your current employer(s) or income payor(s), and the New York State Department of Labor, with respect to current or subsequent income, and will be served on any future employer(s) or income payor(s).

c. **You should begin and continue to make support payments directly to the SCU until you have determined that withholdings from your paycheck or other income source have started. Send payments only to the SCU Post Office Box address in Albany, NY as shown on the bottom of page 1. Include a remittance tag (coupon) with each payment.**

d. The actions of your employer or income payor in failing to deduct and remit amounts specified by this NOTICE shall not relieve you of the underlying obligation to pay support.

e. If you believe that the issuance of this NOTICE is in whole or in part in error, you may notify the SCU in writing at the address listed below. You should make a submission of information and evidence by mail, by telephone, or (after contacting the SCU) in person to support your assertion of an error. Thereafter, the SCU will determine the merits of your objection and will notify you of its determination within thirty (30) days after their receipt of notification from you.

f. If an "additional amount" is required to be deducted (see "Payments Due" on page 2) which reduces your annual income below the self-support reserve, contact the SCU and request modification or elimination of the "additional amount". The self-support reserve for the year 2007 is $13,783.

ISSUING AGENCY:

- If you have any questions, please contact the New York State Child Support Employer Helpline at 1-888-208-4485 (toll-free) Monday through Friday from 8:30 AM to 5:00 PM except for state holidays.

- If your Employee/Obligor has any questions, please have them contact the Support Collection Unit (issuing agency) by phone at (888) 208-4485 or at:

Do NOT send checks to this address! - see page 1 -

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

JRE Address Number: 08
Enforcement Officer: CS7G

[IMMEDIATE]

EIMD - 17

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LMEM2 06/12/03

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Your Federal Employer ID Number (EIN)

[redacted]

Respondent Name: [redacted]
Respondent SSN: [redacted]
Support Account: [redacted]
Client Name: [redacted]

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

PLEASE DO NOT FOLD, STAPLE OR MUTILATE.

[redacted]

MAIL PAYMENTS TO:
NYS CHILD SUPPORT PROCESSING CENTER
PO BOX 15353
ALBANY NY 12212-5353

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 53 [redacted] 000000 [redacted] 8

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Respondent SSN: [redacted]
Support Account: [redacted]
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Your Federal Employer ID Number (EIN)

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EIMO - 17

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LMEM2 08/12/03

Employer Name and Address: [redacted]

Your Federal Employer ID Number (EIN)

[redacted]

Respondent Name: [redacted]
Respondent SSN: [redacted]
Support Account: [redacted]
Client Name: [redacted]

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257 53 [redacted] 000000 [redacted] 8

[redacted]

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LMEM2 06/12/03

Employer Name and Address: [redacted]
P.O. BOX 10128
ALBANY NY 12201-5128

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Respondent Name: [redacted]
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DATE OF WITHHOLDING (MM/DD/YY): / /

257 53 [redacted] 000000 [redacted] 8

2007

EIEX-1 ** 000
ERIE COUNTY OCSE SCU

95 FRANKLIN STREET
BUFFALO NY 14202-3959

IMMEDIATE ACTION REQUIRED

PLEASE CAREFULLY READ ALL DOCUMENTS

[redacted]
[redacted] BOX 15149
WORCESTER MA 01615-0149

10

This package contains the following important items:

- Notice to Withhold Income for Child Support [critical information marked 1, 2, & 3]
- Remittance tags to include with payments
- Withholdings Limitations Worksheet

You must take immediate action to withhold income from the Employee/Obligor named in the Notice.

If the Employee/Obligor is no longer working for you, IMMEDIATELY notify the SCU [see item #6, page 2].

Want to save time and effort?
Send in payments to us electronically via EFT/EDI.
Call 1-888-208-4485 for details.

[Employer]

EIEX - 3

NOTICE TO WITHHOLD INCOME FOR CHILD SUPPORT

(Income Execution for Support Enforcement - New York State CPLR§5241)

State of New York
ERIE COUNTY SCU
Docket Number: [redacted]

Date of Notice: 01/26/2007

☐ Original Notice ☐ Amended Notice

EMPLOYER - INCOME WITHHOLDER

TO: [redacted]
[redacted]
WORCESTER MA 01615-0149

Federal EIN Number: 000000000

Child(ren)'s Name(s) | Date of Birth

EMPLOYEE - OBLIGOR

[redacted], RESPONDENT
Social Security Number: [redacted]
New York Account Number: [redacted]

1

CUSTODIAL PARENT - OBLIGEE

(Commissioner of Social Services, Assignee, O/B/O)
[redacted], PETITIONER

Child(ren)'s Name(s) | Date of Birth

☐ If checked, you must enroll the above child(ren) in any health insurance plan available through the Employee's employment.

DEAR EMPLOYER/INCOME PAYOR: YOU ARE HEREBY DIRECTED TO WITHHOLD AND REMIT INCOME FROM THE ABOVE NAMED EMPLOYEE/OBLIGOR IN ACCORDANCE WITH THE PROVISIONS OF THIS NOTICE.

ORDER INFORMATION: This "Notice to Withhold Income for Child Support" is based upon an order of support issued by the Supreme or Family Court of the State of New York, ERIE County. You are required by law to deduct the total amount listed below from the income of the Employee/Obligor named above until further notice.

[for itemized list of payments due, see page 2]

Arrears 12 weeks or greater?
☒ Yes ☐ No

Arrears owed as of 01/26/2007
are $ 8442.60

TOTAL AMOUNT TO WITHHOLD: $ 200.00 Monthly * -Remit to Payee below

2

*You do not have to vary your pay cycle to comply with this "NOTICE". If your pay cycle does not match the above TOTAL AMOUNT payment frequency, find your pay cycle below to determine how much to withhold from each paycheck:

If your pay cycle is:	Withhold this amount:
Weekly	$ 46.15
Biweekly (every 2 weeks)	$ 92.31
Semimonthly (twice a month)	$ 100.00
Monthly	$ 200.00

[redacted] REMITTANCE INSTRUCTIONS: [redacted]

1. **When remitting payments, you must provide** the date of withholding, New York account number, Employee/Obligor name and social security number, and your company or business name and EIN. **See item #10 on page 3 for withholding limits.**
2. **If the Employee/Obligor's principal place of employment is located in New York State** - You must begin withholding no later than the first pay period which occurs fourteen (14) days after service of this NOTICE, and payments must be remitted within seven (7) business days of the date of each withholding. You are not permitted to deduct a fee to defray the cost of withholding.
3. **If the Employee/Obligor's principal place of employment is located outside New York State** - You must begin withholding and remit payments in accordance with the laws of the state of the Employee/Obligor's principal place of employment, and may deduct a processing fee where such laws permit.
4. If you wish to send payments electronically via EFT/EDI, call 1-888-208-4485 for instructions.

"INCLUDE A REMITTANCE TAG WITH EVERY PAYMENT"

Make all checks payable to:
NYS CHILD SUPPORT
PROCESSING CENTER

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

3

EIEX - 4

ITEMIZED LIST OF PAYMENTS DUE

Payments Due	Frequency	Type Support	Entry Date
$ 0.00	Monthly	Past Due Supp	06/29/1993
$			
$			
$			
$			
$			
$			
$			
$			
$			

Payments Due	Frequency	Type Support	Entry Date
$			
$			
$			
$			
$			
$			
$			
$			
$			
$ 200.00	Monthly	additional amount	n/a

ADDITIONAL INFORMATION TO EMPLOYERS AND OTHER INCOME WITHHOLDERS

1. We appreciate the voluntary compliance of Federally recognized Indian tribes, tribally-owned businesses, and Indian-owned businesses located on a reservation that choose to withhold in accordance with this NOTICE.

2. **Priority:** Withholding under this NOTICE has priority over any other legal process under State law against the same income. Federal tax levies in effect before receipt of this NOTICE have priority. If there are Federal tax levies in effect, please contact the Support Collection Unit (issuing agency) listed at the end of this NOTICE.

3. **Combining Payments:** You can combine withheld amounts from more than one Employee/Obligor's income in a single payment to the Support Collection Unit (issuing agency) listed at the end of this NOTICE. You must, however, separately identify the amount of the single payment that is attributable to each Employee/Obligor, and must provide the date of withholding, New York account number, name, and social security number of each Employee/Obligor. Be sure to include a remittance tag for each separate payment for each individual EMPLOYEE/OBLIGOR.

4. **Reporting the Date of Withholding:** You must report the date of withholding when sending the payment. The date of withholding is the date on which the amount was withheld from the Employee/Obligor's wages or other income. You must comply with the law of the state of Employee/Obligor's principal place of employment with respect to the time periods within which you must implement the withholding order and forward the child support payments.

5. **Employee/Obligor with Multiple Support Withholdings:** If there is more than one ORDER/NOTICE to Withhold Income for Child Support against this Employee/Obligor and you are unable to honor all such ORDERS or NOTICES due to Federal or State withholding limits, you must follow the law of the state of the Employee/Obligor's principal place of employment. You must honor ORDERS/NOTICES to the greatest extent possible (see paragraph 10, "Withholding Limits", on next page).

   In New York State, if an employer or income payor is served with more than one NOTICE pursuant to CPLR section 5241, ORDER pursuant to CPLR section 5242, or ORDER/NOTICE issued by another state, and if the combined total amount for the deductions to be withheld exceeds the limits set forth in paragraph 10, the employer or income payor shall withhold the maximum amount permitted thereby and pay to each creditor the proportion thereof which such creditors claim bears to the combined total. The additional deduction authorized to be applied to the reduction of a past due amount shall be applied in proportion to the past due amount owed to each creditor.

6. **Termination Notification:** If the Employee/Obligor is not working for you at the time you receive this NOTICE, or if the Employee/Obligor stops working for you at any time in the future for any reason, you must promptly notify the Support Collection Unit at **NYS Child Support Processing Center, PO Box 15368, Albany NY 12212-5368** and provide the following information:
   EMPLOYEE'S/OBLIGOR'S NAME: _____ NY Acct. Nr. _____
   REASON FOR SEPARATION: _____ DATE OF SEPARATION: _____
   LAST KNOWN HOME ADDRESS: _____
   NEW EMPLOYER'S NAME & ADDRESS: _____

7. **Lump Sum Payments:** You are required to report and withhold from lump sum payments such as bonuses, commissions, or severance pay. If you have any questions about lump sum payments, contact the Support Collection Unit (issuing agency).

8. **Liability:** Compliance with this NOTICE shall not subject you to civil liability to any individual or agency. However, if you fail to withhold and remit income as the NOTICE directs, or fail to remit any amounts that you have withheld, you are liable to the creditor and the debtor for such failure. Either party may commence a proceeding against you for both the accumulated amount you should have withheld and remitted from the Employee/Obligor's income, together with interest and reasonable attorney's fees, and any other penalties set by State law.

   In New York State, upon a finding by the Family Court that you failed to withhold or remit withholdings as directed in this NOTICE, the Court shall issue an order directing your compliance and may direct the payment of a civil penalty not to exceed $500.00 for the first instance and $1,000.00 per instance for the second and subsequent instances of noncompliance.

Continued ↳

SAMPLE

9. **Anti-discrimination:** You are subject to a fine or penalty as determined under State law for discharging an Employee/Obligor from employment, refusing to promote or taking disciplinary action against any Employee/Obligor or refusing to hire a prospective employee because of a child support withholding(s). In New York State pursuant to CPLR section 5252, the court may direct the payment of a civil penalty not to exceed $500.00 for the first instance and $1,000.00 per instance for the second and subsequent instances of such discrimination.

10. **Withholding Limits:** The maximum you may withhold is the lesser of: (1) the amounts allowed by the Federal Consumer Credit Protection Act (15 U.S.C. section 1673(b)); or (2) the amounts allowed by the State of the Employee/Obligor's principal place of employment. The Federal limit applies to disposable earnings, which is the amount of net income left after making mandatory deductions of State, Federal, & local taxes; Social Security tax; and Medicare tax.

New York State law requires that if arrears are owed, the amount directed by this NOTICE to be withheld for payment of child support must include an "additional amount" to satisfy the arrears. If an additional amount is required to be deducted, (see "Payments Due" on page 2), a lower withholding limit may apply. If no additional amount is required to be deducted, the lower limitation does not apply, and you should follow the Federal Consumer Credit Protection Act limits described in the preceding paragraph. See the enclosed worksheet to determine the correct amount to withhold.

NOTICE TO EMPLOYEE/OBLIGOR:

a. You are hereby notified that this Notice to Withhold Income for Child Support (Income Execution for Support Enforcement) is issued against you due to your failure to remit to the Support Collection Unit (SCU) three payments on the date due in the full amount directed by the order of support, or an accumulation of a past due amount equal to or greater than the payments ordered for one month.

b. This NOTICE will be served on your current or subsequent employer(s) or income payor(s), and the New York State Department of Labor, with respect to current or subsequent income unless you assert a "Mistake of Fact" by writing or telephoning the SCU listed below within fifteen (15) days from your receipt of a copy of this NOTICE. "Mistake of Fact" means an error in the amount of payments ordered or past due or in the identity of the debtor, or that the order of support does not exist or has been vacated. You should also make a submission of information and evidence by mail, by telephone, or (after contacting the SCU) in person to support your assertion of a "Mistake of Fact" within the fifteen (15) day period. Thereafter, the SCU will determine the merits of your objection and will notify you of its determination within forty-five (45) days from your receipt of a copy of this NOTICE. If the objection is disallowed, you will be notified in writing that this Notice to Withhold Income for Child Support will be served on your employer or income payor, and of the time that the deductions will begin. All withholdings will be sent directly to the SCU.

c. **You should begin and continue to make support payments directly to the SCU until you have determined that withholdings from your paycheck or other income sources have started. Send payments only to the SCU Post Office Box address in Albany, NY as shown on the bottom of page 1. Include a remittance tag (coupon) with each payment.**

d. The actions of your employer or income payor in failing to deduct and remit amounts specified by this NOTICE shall not relieve you of the underlying obligation to pay support.

e. If an "additional amount" is required to be deducted (see "Payments Due" on page 2) which reduces your annual income below the self-support reserve, contact the SCU and request modification or elimination of the "additional amount". The self-support reserve for the year 2007 is $13,783.

ISSUING AGENCY:

- If you have any questions, please contact the New York State Child Support Employer Helpline at 1-888-208-4485 (toll-free) Monday through Friday from 8:30 AM to 5:00 PM except for state holidays.

- If your Employee/Obligor has any questions, please have them contact the Support Collection Unit (issuing agency) by phone at (888) 208-4485 or at:

ERIE COUNTY OCSE SCU

95 FRANKLIN STREET
BUFFALO NY 14202-3959

Do NOT send checks to this address! - see page 1 -

JRE Address Number: 10
Enforcement Officer: EN11

[DEFAULT]

EIMD - 17

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.

LMEM2 06/12/03

Employer Name and Address: [redacted]

Your Federal Employer ID Number (EIN)

[redacted]

Respondent Name: [redacted]
Respondent SSN: [redacted]
Support Account: [redacted]
Client Name: [redacted]

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 15353
ALBANY NY 12212-5353

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 53 [redacted] 000000 [redacted] B

[redacted]

EIMD - 17

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.

LMEM2 06/12/03

Employer Name and Address: [redacted]

Your Federal Employer ID Number (EIN)

[redacted]

Respondent Name: [redacted]
Respondent SSN: [redacted]
Support Account: [redacted]
Client Name: [redacted]

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 15353
ALBANY NY 12212-5353

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 53 [redacted] 000000 [redacted] B

[redacted]

EIMD - 17

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.

LMEM2 06/12/03

Employer Name and Address: [redacted]
P.O BOX 10128
ALBANY NY 12201-5128

Your Federal Employer ID Number (EIN)

[redacted]

Respondent Name: [redacted]
Respondent SSN: [redacted]
Support Account: [redacted]
Client Name: [redacted]

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 15353
ALBANY NY 12212-5353

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 53 [redacted] 000000 [redacted] B

EIMD - 17

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.

LMEM2 06/12/03

Employer Name and Address: [redacted]

Your Federal Employer ID Number (EIN)

[redacted]

Respondent Name: [redacted]
Respondent SSN: [redacted]
Support Account: [redacted]
Client Name: [redacted]

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 15353
ALBANY NY 12212-5353

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 53 [redacted] 000000 [redacted] 8

EIMD - 17

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.

LMEM2 06/12/03

Employer Name and Address: [redacted]

Your Federal Employer ID Number (EIN)

[redacted]

Respondent Name: [redacted]
Respondent SSN: [redacted]
Support Account: [redacted]
Client Name: [redacted]

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 15353
ALBANY NY 12212-5353

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 53 [redacted] 000000 [redacted] 8

EIMD - 17

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.

LMEM2 06/12/03

Employer Name and Address: [redacted]
P.O. BOX 10128
ALBANY NY 12201-5128

Your Federal Employer ID Number (EIN)

[redacted]

Respondent Name: [redacted]
Respondent SSN: [redacted]
Support Account: [redacted]
Client Name: [redacted]

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 15353
ALBANY NY 12212-5353

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): / /

252 53 [redacted] 000000 [redacted] 8

Child Support Withholding Limitations Worksheet

Use this form with the "Notice to Withhold Income for Child Support"

Before you begin:

- ✓ Calculate employee's disposable earnings (use worksheet on reverse if necessary).
- ✓ Determine if employee is supporting a spouse or dependent child other than those covered by this matter.
- ✓ Be sure to include in your calculation all earnings paid or payable to employee (see definition on reverse).
- ✓ Identify the employee's pay period frequency (e.g. weekly, bi-weekly, monthly, etc.)

---

1. Enter the employee's pay period frequency. 1. _____
2. Enter the employee's disposable earnings for one pay period. 2. _____
3. Enter the total amount to withhold from page 1, item 2 of the Notice for the same frequency listed on line 1. 3. _____
4. Divide line 3 by line 2. (Enter the result as a percentage.) 4. _____ %
5. Is line 4 equal to or less than 40%?

   ☐ Yes. Skip lines 6-11; enter the amount from line 3 on line 12.

   ☐ No. Go to line 6.

6. Enter the additional amount, if any, from page 2 of the Notice. (If $0.00 or blank, enter $0). NOTE: If frequency on page 2 does not match line 1, adjust additional amount proportionally. 6. _____
7. Is line 6 greater than $0?

   ☐ Yes. Go to line 8.

   ☐ No. Skip lines 8-10 and go to line 11.

8. Subtract line 6 from line 3. 8. _____
9. Divide line 8 by line 2. (Enter the result as a percentage.) 9. _____ %
10. Is line 9 greater than 40%?

    ☐ Yes. Skip line 11; enter the amount from line 8 on line 12, but do not exceed the maximum allowable percentage under the Federal Consumer Credit Protection Act. (see table on reverse for guidance)

    ☐ No. Skip line 11; multiply line 2 by 40% and enter result on line 12.

11. Is line 4 equal to or less than 50%?

    ☐ Yes. Enter amount from line 3 on line 12.

    ☐ No. Enter amount from line 3 on line 12, but do not exceed the maximum allowable percentage under the Federal Consumer Credit Protection Act. (see table on reverse for guidance)

12. This is the amount you must withhold for child support: **12.** _____

NOTE: If you are also required to deduct health insurance premiums pursuant to a "National Medical Support Notice" (NMSN), enter the amount shown on line 12 above on line 2 of the "Health Insurance Premium Withholding Limitations Worksheet" accompanying the NMSN.

2007

EIMD - 1 ** 001

NASSAU COUNTY CSEU #1757
SOCIAL SERVICES ADMIN BLDG
60 CHARLES LINDBERGH BLVD SUITE 160
UNIONDALE NY 11553-3686

IMMEDIATE ACTION REQUIRED

PLEASE CAREFULLY READ ALL DOCUMENTS

**********AUTO** 3-DIGIT 117

[redacted]

07 [redacted]

This package contains the following important items:

- Notice to Withhold Income for Child Support [critical information marked 1, 2, & 3]
- Remittance tags to include with payments
- Withholdings Limitations Worksheet

You must take immediate action to withhold income from the Employee/Obligor named in the Notice.

If the Employee/Obligor is no longer working for you, IMMEDIATELY notify the SCU [see item #6, page 2].

Want to save time and effort?
Send in payments to us electronically via EFT/EDI.
Call 1-888-208-4485 for details.

[Employer]

EIMD - 3

NOTICE TO WITHHOLD INCOME FOR CHILD SUPPORT

(Income Execution for Support Enforcement - New York State CPLR§5241)

State of New York
NASSAU COUNTY SCU
Docket Number: [redacted]

Date of Notice: 01/26/2007

☐ Original Notice ☐ Amended Notice

EMPLOYER - INCOME WITHHOLDER

TO: [redacted]
[redacted]
N. AMITYVILLE NY 11701

Federal EIN Number: [redacted]

Child(ren)'s Name(s) | Date of Birth

EMPLOYEE - OBLIGOR

[redacted], RESPONDENT
Social Security Number: [redacted]
New York Account Number: [redacted]

CUSTODIAL PARENT - OBLIGEE

(Commissioner of Social Services, Assignee, O/B/O)
ROBBINS, DANIELLE, PETITIONER

Child(ren)'s Name(s) | Date of Birth

1

☐ If checked, you must enroll the above child(ren) in any health insurance plan available through the Employee's employment.

DEAR EMPLOYER/INCOME PAYOR: YOU ARE HEREBY DIRECTED TO WITHHOLD AND REMIT INCOME FROM THE ABOVE NAMED EMPLOYEE/OBLIGOR IN ACCORDANCE WITH THE PROVISIONS OF THIS NOTICE.

ORDER INFORMATION: This "Notice to Withhold Income for Child Support" is based upon an order of support issued by the Supreme or Family Court of the State of New York, NASSAU County. You are required by law to deduct the total amount listed below from the income of the Employee/Obligor named above until further notice.

[for itemized list of payments due, see page 2]

Arrears 12 weeks or greater?
☒ Yes ☐ No

Arrears owed as of 01/26/2007
are $ 2377.50

TOTAL AMOUNT TO WITHHOLD: $ 150.00 Weekly * -Remit to Payee below

2

*You do not have to vary your pay cycle to comply with this "NOTICE". If your pay cycle does not match the above TOTAL AMOUNT payment frequency, find your pay cycle below to determine how much to withhold from each paycheck:

If your pay cycle is:	Withhold this amount:	If your pay cycle is:	Withhold this amount:
Weekly	$ 150.00	Semimonthly (twice a month)	$ 325.00
Biweekly (every 2 weeks)	$ 300.00	Monthly	$ 650.00

REMITTANCE INSTRUCTIONS:

1. **When remitting payments, you must provide** the date of withholding, New York account number, Employee/Obligor name and social security number, and your company or business name and EIN. **See item #10 on page 3 for withholding limits.**
2. **If the Employee/Obligor's principal place of employment is located in New York State** - You must begin withholding no later than the first pay period which occurs fourteen (14) days after service of this NOTICE, and payments must be remitted within seven (7) business days of the date of each withholding. You are not permitted to deduct a fee to defray the cost of withholding.
3. **If the Employee/Obligor's principal place of employment is located outside New York State** - You must begin withholding and remit payments in accordance with the laws of the state of the Employee/Obligor's principal place of employment, and may deduct a processing fee where such laws permit.
4. If you wish to send payments electronically via EFT/EDI, call 1-888-208-4485 for instructions.

"INCLUDE A REMITTANCE TAG WITH EVERY PAYMENT"

Make all checks payable to:
NYS CHILD SUPPORT
PROCESSING CENTER

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

3

ITEMIZED LIST OF PAYMENTS DUE

Payments Due	Frequency	Type Support	Entry Date
$ 100.00	Weekly	Current Supp	11/27/2001
$			
$			
$			
$			
$			
$			
$			
$			
$			

Payments Due	Frequency	Type Support	Entry Date
$			
$			
$			
$			
$			
$			
$			
$			
$			
$ 50.00	Weekly	additional amount	n/a

ADDITIONAL INFORMATION TO EMPLOYERS AND OTHER INCOME WITHHOLDERS

1. We appreciate the voluntary compliance of Federally recognized Indian tribes, tribally-owned businesses, and Indian-owned businesses located on a reservation that choose to withhold in accordance with this NOTICE.

2. **Priority:** Withholding under this NOTICE has priority over any other legal process under State law against the same income. Federal tax levies in effect before receipt of this NOTICE have priority. If there are Federal tax levies in effect, please contact the Support Collection Unit (issuing agency) listed at the end of this NOTICE.

3. **Combining Payments:** You can combine withheld amounts from more than one Employee/Obligor's income in a single payment to the Support Collection Unit (issuing agency) listed at the end of this NOTICE. You must, however, separately identify the amount of the single payment that is attributable to each Employee/Obligor, and must provide the date of withholding, New York account number, name, and social security number of each Employee/Obligor. Be sure to include a remittance tag for each separate payment for each individual EMPLOYEE/OBLIGOR.

4. **Reporting the Date of Withholding:** You must report the date of withholding when sending the payment. The date of withholding is the date on which the amount was withheld from the Employee/Obligor's wages or other income. You must comply with the law of the state of Employee/Obligor's principal place of employment with respect to the time periods within which you must implement the withholding order and forward the child support payments.

5. **Employee/Obligor with Multiple Support Withholdings:** If there is more than one ORDER/NOTICE to Withhold Income for Child Support against this Employee/Obligor and you are unable to honor all such ORDERS or NOTICES due to Federal or State withholding limits, you must follow the law of the state of the Employee/Obligor's principal place of employment. You must honor ORDERS/NOTICES to the greatest extent possible (see paragraph 10, "Withholding Limits", on next page).

   In New York State, if an employer or income payor is served with more than one NOTICE pursuant to CPLR section 5241, ORDER pursuant to CPLR section 5242, or ORDER/NOTICE issued by another state, and if the combined total amount for the deductions to be withheld exceeds the limits set forth in paragraph 10, the employer or income payor shall withhold the maximum amount permitted thereby and pay to each creditor the proportion thereof which such creditors claim bears to the combined total. The additional deduction authorized to be applied to the reduction of a past due amount shall be applied in proportion to the past due amount owed to each creditor.

6. **Termination Notification:** If the Employee/Obligor is not working for you at the time you receive this NOTICE, or if the Employee/Obligor stops working for you at any time in the future for any reason, you must promptly notify the Support Collection Unit at **NYS Child Support Processing Center, PO Box 15368, Albany NY 12212-5368** and provide the following information:
   EMPLOYEE'S/OBLIGOR'S NAME: [redacted] NY Acct. Nr. [redacted]
   REASON FOR SEPARATION: _____ DATE OF SEPARATION: _____
   LAST KNOWN HOME ADDRESS: _____
   NEW EMPLOYER'S NAME & ADDRESS: _____

7. **Lump Sum Payments:** You are required to report and withhold from lump sum payments such as bonuses, commissions, or severance pay. If you have any questions about lump sum payments, contact the Support Collection Unit (issuing agency).

8. **Liability:** Compliance with this NOTICE shall not subject you to civil liability to any individual or agency. However, if you fail to withhold and remit income as the NOTICE directs, or fail to remit any amounts that you have withheld, you are liable to the creditor and the debtor for such failure. Either party may commence a proceeding against you for both the accumulated amount you should have withheld and remitted from the Employee/Obligor's income, together with interest and reasonable attorney's fees, and any other penalties set by State law.

   In New York State, upon a finding by the Family Court that you failed to withhold or remit withholdings as directed in this NOTICE, the Court shall issue an order directing your compliance and may direct the payment of a civil penalty not to exceed $500.00 for the first instance and $1,000.00 per instance for the second and subsequent instances of noncompliance.

Continued

JRE Address Number: 07

EIMD - 1 ** 001
NASSAU COUNTY CSEU #1757
SOCIAL SERVICES ADMIN BLDG
60 CHARLES LINDBERGH BLVD SUITE 160
UNIONDALE NY 11553-3686

IMMEDIATE ACTION REQUIRED

PLEASE CAREFULLY READ ALL DOCUMENTS

**********AUTO** 3-DIGIT 117

[redacted]

07 [redacted]

This package contains the following important items:

- Notice to Withhold Income for Child Support [critical information marked 1, 2, & 3]
- Remittance tags to include with payments
- Withholdings Limitations Worksheet

You must take immediate action to withhold income from the Employee/Obligor named in the Notice.

If the Employee/Obligor is no longer working for you, IMMEDIATELY notify the SCU [see item #6, page 2].

Want to save time and effort?
Send in payments to us electronically via EFT/EDI.
Call 1-888-208-4485 for details.

[Employer]

9. **Anti-discrimination:** You are subject to a fine or penalty as determined under State law for discharging an Employee/Obligor from employment, refusing to promote or taking disciplinary action against any Employee/Obligor or refusing to hire a prospective employee because of a child support withholding(s). In New York State pursuant to CPLR section 5252, the court may direct the payment of a civil penalty not to exceed $500.00 for the first instance and $1,000.00 per instance for the second and subsequent instances of such discrimination.

10. **Withholding Limits:** The maximum you may withhold is the lesser of: (1) the amounts allowed by the Federal Consumer Credit Protection Act (15 U.S.C. section 1673(b)); or (2) the amounts allowed by the State of the Employee/Obligor's principal place of employment. The Federal limit applies to disposable earnings, which is the amount of net income left after making mandatory deductions of State, Federal, & local taxes; Social Security tax, and Medicare tax.

New York State law requires that if arrears are owed, the amount directed by this NOTICE to be withheld for payment of child support must include an "additional amount" to satisfy the arrears. If an additional amount is required to be deducted, (see "Payments Due" on page 2), a lower withholding limit may apply. If no additional amount is required to be deducted, the lower limitation does not apply, and you should follow the Federal Consumer Credit Protection Act limits described in the preceding paragraph. See the enclosed worksheet to determine the correct amount to withhold.

NOTICE TO EMPLOYEE/OBLIGOR:

a. You are hereby notified that this Notice to Withhold Income for Child Support (Income Execution for Support Enforcement) is issued against you as a result of the order(s) of support listed on page 1 of this NOTICE. All withholdings will be sent directly to the Support Collection Unit (SCU).

b. This NOTICE has been served on your current employer(s) or income payor(s), and the New York State Department of Labor, with respect to current or subsequent income, and will be served on any future employer(s) or income payor(s).

c. **You should begin and continue to make support payments directly to the SCU until you have determined that withholdings from your paycheck or other income source have started. Send payments only to the SCU Post Office Box address in Albany, NY as shown on the bottom of page 1. Include a remittance tag (coupon) with each payment.**

d. The actions of your employer or income payor in failing to deduct and remit amounts specified by this NOTICE shall not relieve you of the underlying obligation to pay support.

e. If you believe that the issuance of this NOTICE is in whole or in part in error, you may notify the SCU in writing at the address listed below. You should make a submission of information and evidence by mail, by telephone, or (after contacting the SCU) in person to support your assertion of an error. Thereafter, the SCU will determine the merits of your objection and will notify you of its determination within thirty (30) days after their receipt of notification from you.

f. If an "additional amount" is required to be deducted (see "Payments Due" on page 2) which reduces your annual income below the self-support reserve, contact the SCU and request modification or elimination of the "additional amount". The self-support reserve for the year 2007 is $13,783.

ISSUING AGENCY:

- If you have any questions, please contact the New York State Child Support Employer Helpline at 1-888-208-4485 (toll-free) Monday through Friday from 8:30 AM to 5:00 PM except for state holidays.

- If your Employee/Obligor has any questions, please have them contact the Support Collection Unit (issuing agency) by phone at (888) 208-4485 or at:

NASSAU COUNTY CSEU #1757
SOCIAL SERVICES ADMIN BLDG
60 CHARLES LINDBERGH BLVD SUITE 160
UNIONDALE NY 11553-3686

Do NOT send checks to this address! - see page 1 -

JRE Address Number: 07
Enforcement Officer: XH

[IMMEDIATE]

EIMD - 17

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.

LMEM2 06/12/03

Employer Name and Address: [redacted]

Your Federal Employer ID Number (EIN)

[redacted]

Respondent Name: [redacted]
Respondent SSN: [redacted]
Support Account: [redacted]
Client Name: [redacted]

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 15353
ALBANY NY 12212-5353

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 53 [redacted] 000000 [redacted] 8

EIMD - 17

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.

LMEM2 06/12/03

Employer Name and Address: [redacted]

Your Federal Employer ID Number (EIN)

[redacted]

Respondent Name: [redacted]
Respondent SSN: [redacted]
Support Account: [redacted]
Client Name: [redacted]

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

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257 53 [redacted] 000000 [redacted] 8

EIMD - 17

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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.

LMEM2 06/12/03

Employer Name and Address: [redacted]
P.O. BOX 10128
ALBANY NY 12201-5128

Your Federal Employer ID Number (EIN)

[redacted]

Respondent Name: [redacted]
Respondent SSN: [redacted]
Support Account: [redacted]
Client Name: [redacted]

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 15353
ALBANY NY 12212-5353

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AMOUNT ENCLOSED: $

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

252 53 [redacted]

EIMD - 17

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LMEM2 06/12/03

Employer Name and Address: [redacted]

Your Federal Employer ID Number (EIN)

[redacted]

Respondent Name: [redacted]
Respondent SSN: [redacted]
Support Account: [redacted]
Client Name: [redacted]

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 15353
ALBANY NY 12212-5353

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 53 [redacted] 000000 [redacted] 8

EIMD - 17

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.

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LMEM2 06/12/03

Employer Name and Address: [redacted]

Your Federal Employer ID Number (EIN)

[redacted]

Respondent Name: [redacted]
Respondent SSN: [redacted]
Support Account: [redacted]
Client Name: [redacted]

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

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PO BOX 15353
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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 53 [redacted] 000000 [redacted] 8

EIMD - 17

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.

LMEM2 06/12/03

Employer Name and Address: [redacted]
P.O. BOX 10128
ALBANY NY 12201-5128

Your Federal Employer ID Number (EIN)

[redacted]

Respondent Name: [redacted]
Respondent SSN: [redacted]
Support Account: [redacted]
Client Name: [redacted]

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

PLEASE DO NOT FOLD, STAPLE OR MUTILATE.

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NYS CHILD SUPPORT PROCESSING CENTER
PO BOX 15353
ALBANY NY 12212-5353

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 53 [redacted]

Child Support Withholding Limitations Worksheet

Use this form with the "Notice to Withhold Income for Child Support"

Before you begin:

- ✓ Calculate employee's disposable earnings (use worksheet on reverse if necessary).
- ✓ Determine if employee is supporting a spouse or dependent child other than those covered by this matter.
- ✓ Be sure to include in your calculation all earnings paid or payable to employee (see definition on reverse).
- ✓ Identify the employee's pay period frequency (e.g. weekly, bi-weekly, monthly, etc.)

---

1. Enter the employee's pay period frequency. 1. _____
2. Enter the employee's disposable earnings for one pay period. 2. _____
3. Enter the total amount to withhold from page 1, item 2 of the Notice for the same frequency listed on line 1. 3. _____
4. Divide line 3 by line 2. (Enter the result as a percentage.) 4. _____%
5. Is line 4 equal to or less than 40%?

   ☐ Yes. Skip lines 6-11; enter the amount from line 3 on line 12.

   ☐ No. Go to line 6.

6. Enter the additional amount, if any, from page 2 of the Notice. (If $0.00 or blank, enter $0). NOTE: If frequency on page 2 does not match line 1, adjust additional amount proportionally. 6. _____
7. Is line 6 greater than $0?

   ☐ Yes. Go to line 8.

   ☐ No. Skip lines 8-10 and go to line 11.

8. Subtract line 6 from line 3. 8. _____
9. Divide line 8 by line 2. (Enter the result as a percentage.) 9. _____%
10. Is line 9 greater than 40%?

    ☐ Yes. Skip line 11; enter the amount from line 8 on line 12, but do not exceed the maximum allowable percentage under the Federal Consumer Credit Protection Act. (see table on reverse for guidance)

    ☐ No. Skip line 11; multiply line 2 by 40% and enter result on line 12.

11. Is line 4 equal to or less than 50%?

    ☐ Yes. Enter amount from line 3 on line 12.

    ☐ No. Enter amount from line 3 on line 12, but do not exceed the maximum allowable percentage under the Federal Consumer Credit Protection Act. (see table on reverse for guidance)

12. This is the amount you must withhold for child support: **12.** _____

NOTE: If you are also required to deduct health insurance premiums pursuant to a "National Medical Support Notice" (NMSN), enter the amount shown on line 12 above on line 2 of the "Health Insurance Premium Withholding Limitations Worksheet" accompanying the NMSN.

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 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%

* *see page 1 of Notice*

2007

RIEX - 1 RA23

HERKIMER COUNTY SCU

301 N WASHINGTON ST SUITE 2210
HERKIMER NY 13350

IMPORTANT DOCUMENTS

PLEASE READ CAREFULLY

[redacted]
SCHENECTADY NY 12308

This package contains the following important items:

- Notice to Withhold Income for Child Support
- Remittance tags to include with payments

Carefully read the "Notice to Employee/Obligor" on page 3, with particular attention to paragraph c.

2007

RIEX - 3

NOTICE TO WITHHOLD INCOME FOR CHILD SUPPORT

(Income Execution for Support Enforcement - New York State CPLR§5241)

State of New York
HERKIMER COUNTY SCU
Docket Number: [redacted]

Date of Notice: 01/26/2007

☐ Original Notice ☐ Amended Notice

EMPLOYER - INCOME WITHHOLDER

TO: [redacted]

Federal EIN Number: [redacted]

Child(ren)'s Name(s) | Date of Birth

EMPLOYEE - OBLIGOR

[redacted], RESPONDENT
Social Security Number: [redacted]
New York Account Number: [redacted]

1

CUSTODIAL PARENT - OBLIGEE

(Commissioner of Social Services, Assignee, O/B/O)
[redacted], PETITIONER

Child(ren)'s Name(s) | Date of Birth

☐ If checked, you must enroll the above child(ren) in any health insurance plan available through the Employee's employment.

DEAR EMPLOYER/INCOME PAYOR: YOU ARE HEREBY DIRECTED TO WITHHOLD AND REMIT INCOME FROM THE ABOVE NAMED EMPLOYEE/OBLIGOR IN ACCORDANCE WITH THE PROVISIONS OF THIS NOTICE.

ORDER INFORMATION: This "Notice to Withhold Income for Child Support" is based upon an order of support issued by the Supreme or Family Court of the State of New York, HERKIMER County. You are required by law to deduct the total amount listed below from the income of the Employee/Obligor named above until further notice.

[for itemized list of payments due, see page 2]

Arrears 12 weeks or greater?
☐ Yes ☒ No

Arrears owed as of 01/26/2007 are $ 603.00.

TOTAL AMOUNT TO WITHHOLD: $ 85.00 Weekly * -Remit to Payee below

2

*You do not have to vary your pay cycle to comply with this "NOTICE". If your pay cycle does not match the above TOTAL AMOUNT payment frequency, find your pay cycle below to determine how much to withhold from each paycheck:

If your pay cycle is:	Withhold this amount:	If your pay cycle is:	Withhold this amount:
Weekly	$ 85.00	Semimonthly (twice a month)	$ 184.17
Biweekly (every 2 weeks)	$ 170.00	Monthly	$ 368.33

[redacted] **REMITTANCE INSTRUCTIONS:** [redacted]

1. **When remitting payments, you must provide** the date of withholding, New York account number, Employee/Obligor name and social security number, and your company or business name and EIN. **See item #10 on page 3 for withholding limits.**
2. **If the Employee/Obligor's principal place of employment is located in New York State** - You must begin withholding no later than the first pay period which occurs fourteen (14) days after service of this NOTICE, and payments must be remitted within seven (7) business days of the date of each withholding. You are not permitted to deduct a fee to defray the cost of withholding.
3. **If the Employee/Obligor's principal place of employment is located outside New York State** - You must begin withholding and remit payments in accordance with the laws of the state of the Employee/Obligor's principal place of employment, and may deduct a processing fee where such laws permit.
4. If you wish to send payments electronically via EFT/EDI, call 1-888-208-4485 for instructions.

"INCLUDE A REMITTANCE TAG WITH EVERY PAYMENT"

Make all checks payable to:
NYS CHILD SUPPORT
PROCESSING CENTER

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

3

RIEX - 4

ITEMIZED LIST OF PAYMENTS DUE

Payments Due	Frequency	Type Support	Entry Date
$ 150.00	Every 14 Days	Current Supp	12/13/2006
$ 20.00	Every 14 Days	Past Due Supp	12/13/2006
$			
$			
$			
$			
$			
$			
$			
$			

Payments Due	Frequency	Type Support	Entry Date
$			
$			
$			
$			
$			
$			
$			
$			
$			
$	Weekly	additional amount	n/a

ADDITIONAL INFORMATION TO EMPLOYERS AND OTHER INCOME WITHHOLDERS

1. We a[redacted] voluntary compliance of Federally recognized Indian tribes, tribally-owned businesses, and Indian-owned businesses located on a reservation that choose to withhold in accordance with this NOTICE[redacted]

2. **Priority:** Withholding under this NOTICE has priority over any other legal process under State law against the same income. Federal tax levies in effect before receipt of this NOTICE have priority. If there are Federal tax levies in effect, please contact the Support Collection Unit (i[redacted] the end of this NOTICE.

3. **Combining Payments:** You can combine withheld amounts from more than one Employee/Obligor's income in a single payment to the Support Collection Unit (issuing agency) listed at the end of this NOTICE. You must, however, separately identify the amount of the single payment that is attributable to each Employee/Obligor, and must provide the date of withholding, New York account number, name, and social security number of each Employee/Obligor. Be sure to include a remittance tag for each separate payment for each individual EMPLOYEE/OBLIGOR.

4. **Reporting the Date of Withholding:** You must report the date of withholding when sending the payment. The date of withholding is the date on which the amount was withheld from the Employee/Obligor's wages or other income. You must comply with the law of the state of Employee/Obligor's principal place of employment with respect to the time periods within which you must implement the withholding order and forward the child support payments.

5. **Employee/Obligor with Multiple Support Withholdings:** If there is more than one ORDER/NOTICE to Withhold Income for Child Support against this Employee/Obligor and you are unable to honor all such ORDERS or NOTICES due to Federal or State withholding limits, you must follow the law of the state of the Employee/Obligor's principal place of employment. You must honor ORDERS/NOTICES to the greatest extent possible (see paragraph 10, "Withholding Limits", on next page).

   In New York State, if an employer or income payor is served with more than one NOTICE pursuant to CPLR section 5241, ORDER pursuant to CPLR section 5242, or ORDER/NOTICE issued by another state, and if the combined total amount for the deductions to be withheld exceeds the limits set forth in paragraph 10, the employer or income payor shall withhold the maximum amount permitted thereby and pay to each creditor the proportion thereof which such creditors claim bears to the combined total. The additional deduction authorized to be applied to the reduction of a past due amount shall be applied in proportion to the past due amount owed to each creditor.

6. **Termination Notification:** If the Employee/Obligor is not working for you at the time you receive this NOTICE, or if the Employee/Obligor stops working for you at any time in the future for any reason, you must promptly notify the Support Collection Unit at **NYS Child Support Processing Center, PO Box 15368, Albany NY 12212-5368** and provide the following information:
   EMPLOYEE'S/OBLIGOR'S NAME: _____ NY Acct. Nr. _____
   REASON FOR SEPARATION: _____ DATE OF SEPARATION: _____
   LAST KNOWN HOME ADDRESS: _____
   NEW EMPLOYER'S NAME & ADDRESS: _____

7. **Lump Sum Payments:** You are required to report and withhold from lump sum payments such as bonuses, commissions, or severance pay. If you have any questions about lump sum payments, contact the Support Collection Unit (issuing agency).

8. **Liability:** Compliance with this NOTICE shall not subject you to civil liability to any individual or agency. However, if you fail to withhold and remit income as the NOTICE directs, or fail to remit any amounts that you have withheld, you are liable to the creditor and the debtor for such failure. Either party may commence a proceeding against you for both the accumulated amount you should have withheld and remitted from the Employee/Obligor's income, together with interest and reasonable attorney's fees, and any other penalties set by State law.

   In New York State, upon a finding by the Family Court that you failed to withhold or remit withholdings as directed in this NOTICE, the Court shall issue an order directing your compliance and may direct the payment of a civil penalty not to exceed $500.00 for the first instance and $1,000.00 per instance for the second and subsequent instances of noncompliance.

Continued ↳

9. **Anti-discrimination:** You are subject to a fine or penalty as determined under State law for discharging an Employee/Obligor from employment, refusing to promote or taking disciplinary action against any Employee/Obligor or refusing to hire a prospective employee because of a child support withholding(s). In New York State pursuant to CPLR section 5252, the court may direct the payment of a civil penalty not to exceed $500.00 for the first instance and $1,000.00 per instance for the second and subsequent instances of such discrimination.

10. **Withholding Limits:** The maximum you may withhold is the lesser of: (1) the amounts allowed by the Federal Consumer Credit Protection Act (15 U.S.C. section 1673(b)); or (2) the amounts allowed by the State of the Employee/Obligor's principal place of employment. The Federal limit applies to disposable earnings, which is the amount of net income left after making mandatory deductions of State, Federal, & local taxes; Social Security tax; and Medicare tax.

New York State law requires that if arrears are owed, the amount directed by this NOTICE to be withheld for payment of child support must include an "additional amount" to satisfy the arrears. If an additional amount is required to be deducted, (see "Payments Due" on page 2), a lower withholding limit may apply. If no additional amount is required to be deducted, the lower limitation does not apply, and you should follow the Federal Consumer Credit Protection Act limits described in the preceding paragraph. See the enclosed worksheet to determine the correct amount to withhold.

NOTICE TO EMPLOYEE/OBLIGOR:

a. You are hereby notified that this Notice to Withhold Income for Child Support (Income Execution for Support Enforcement) is issued against you due to your failure to remit to the Support Collection Unit (SCU) three payments on the date due in the full amount directed by the order of support, or an accumulation of a past due amount equal to or greater than the payments ordered for one month.

b. This NOTICE will be served on your current or subsequent employer(s) or income payor(s), and the New York State Department of Labor, with respect to current or subsequent income unless you assert a "Mistake of Fact" by writing or telephoning the SCU listed below within fifteen (15) days from your receipt of a copy of this NOTICE. "Mistake of Fact" means an error in the amount of payments ordered or past due or in the identity of the debtor, or that the order of support does not exist or has been vacated. You should also make a submission of information and evidence by mail, by telephone, or (after contacting the SCU) in person to support your assertion of a "Mistake of Fact" within the fifteen (15) day period. Thereafter, the SCU will determine the merits of your objection and will notify you of its determination within forty-five (45) days from your receipt of a copy of this NOTICE. If the objection is disallowed, you will be notified in writing that this Notice to Withhold Income for Child Support will be served on your employer or income payor, and of the time that the deductions will begin. All withholdings will be sent directly to the SCU.

c. **You should begin and continue to make support payments directly to the SCU until you have determined that withholdings from your paycheck or other income sources have started. Send payments only to the SCU Post Office Box address in Albany, NY as shown on the bottom of page 1. Include a remittance tag (coupon) with each payment.**

d. The actions of your employer or income payor in failing to deduct and remit amounts specified by this NOTICE shall not relieve you of the underlying obligation to pay support.

e. If an "additional amount" is required to be deducted (see "Payments Due" on page 2) which reduces your annual income below the self-support reserve, contact the SCU and request modification or elimination of the "additional amount". The self-support reserve for the year 2007 is $13,783.

ISSUING AGENCY:

- If you have any questions, please contact the New York State Child Support Employer Helpline at 1-888-208-4485 (toll-free) Monday through Friday from 8:30 AM to 5:00 PM except for state holidays.

- If your Employee/Obligor has any questions, please have them contact the Support Collection Unit (issuing agency) by phone at (888) 208-4485 or at:

HERKIMER COUNTY SCU

301 N WASHINGTON ST SUITE 2210
HERKIMER NY 13350

Do NOT send checks to this address! - see page 1 -

JRE Address Number: 12
Enforcement Officer: 03

[DEFAULT]

EIMD - 17

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.

LMEM2 08/12/03

Employer Name and Address: [redacted]

Your Federal Employer ID Number (EIN)

[redacted]

Respondent Name: [redacted]
Respondent SSN: [redacted]
Support Account: [redacted]
Client Name: [redacted]

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

PLEASE DO NOT FOLD, STAPLE OR MUTILATE.

[redacted]

MAIL PAYMENTS TO:
NYS CHILD SUPPORT PROCESSING CENTER
PO BOX 15353
ALBANY NY 12212-5353

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 53 [redacted] 000000 [redacted] 8

EIMD - 17

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.

LMEM2 06/12/03

Employer Name and Address: [redacted]

Your Federal Employer ID Number (EIN)

[redacted]

Respondent Name: [redacted]
Respondent SSN: [redacted]
Support Account: [redacted]
Client Name: [redacted]

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

PLEASE DO NOT FOLD, STAPLE OR MUTILATE.

[redacted]

MAIL PAYMENTS TO:
NYS CHILD SUPPORT PROCESSING CENTER
PO BOX 15353
ALBANY NY 12212-5353

Make your check or money order payable to:

NYS CHILD SUPPORT PROCESSING CENTER

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LMEM2 06/12/03

Employer Name and Address: [redacted]
P.O. BOX 10128
ALBANY NY 12201-5128

Your Federal Employer ID Number (EIN)

[redacted]

Respondent Name: [redacted]
Respondent SSN: [redacted]
Support Account: [redacted]
Client Name: [redacted]

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

PLEASE DO NOT FOLD, STAPLE OR MUTILATE.

[redacted]

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Support Account: [redacted]
Client Name: [redacted]

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LMEM2 06/12/03

Employer Name and Address: P.O. BOX 10128
ALBANY NY 12201-5128

Your Federal Employer ID Number (EIN)

[redacted]

Respondent Name: [redacted]
Respondent SSN: [redacted]
Support Account: [redacted]
Client Name: [redacted]

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ALBANY NY 12212-5353

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

AMOUNT ENCLOSED: $

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

257 53 [redacted] 000000 [redacted] 8

RIMD - 11 RA24 ** 000
SUPPORT ENFORCEMENT UNIT
POST OFFICE BOX 618
CANAL STREET STATION
NEW YORK NY 10013

IMPORTANT DOCUMENTS

PLEASE READ CAREFULLY

**********AUTO** 3-DIGIT 100
[redacted]
[redacted]
NEW YORK NY 10001

This package contains the following important items:

- Notice to Withhold Income for Child Support
- Remittance tags to include with payments

Carefully read the "Notice to Employee/Obligor" on page 3, with particular attention to paragraph c.

2007

[Obligor]

RIMD - 13

NOTICE TO WITHHOLD INCOME FOR CHILD SUPPORT

(Income Execution for Support Enforcement - New York State CPLR§5241)

State of New York
NEW YORK SCU
Docket Number: [redacted]

Date of Notice: 01/26/2007

☐ Original Notice ☐ Amended Notice

EMPLOYER - INCOME WITHHOLDER

TO:

EMPLOYEE - OBLIGOR

[redacted], **RESPONDENT**
Social Security Number: [redacted]
New York Account Number: [redacted]

1

CUSTODIAL PARENT - OBLIGEE
(Commissioner of Social Services, Assignee, O/B/O)
[redacted], PETITIONER

Federal EIN Number: _____

Child(ren)'s Name(s) | Date of Birth

Child(ren)'s Name(s) | Date of Birth

☐ If checked, you must enroll the above child(ren) in any health insurance plan available through the Employee's employment.

DEAR EMPLOYER/INCOME PAYOR: YOU ARE HEREBY DIRECTED TO WITHHOLD AND REMIT INCOME FROM THE ABOVE NAMED EMPLOYEE/OBLIGOR IN ACCORDANCE WITH THE PROVISIONS OF THIS NOTICE.

ORDER INFORMATION: This "Notice to Withhold Income for Child Support" is based upon an order of support issued by the Supreme or Family Court of the State of New York, NEW YORK County. You are required by law to deduct the total amount listed below from the income of the Employee/Obligor named above until further notice.

[for itemized list of payments due, see page 2]

Arrears 12 weeks or greater?
☒ Yes ☐ No

Arrears owed as of 01/26/2007 are $ 46624.00

TOTAL AMOUNT TO WITHHOLD: $ 139.00 Weekly * -Remit to Payee below

2

*You do not have to vary your pay cycle to comply with this "NOTICE". If your pay cycle does not match the above TOTAL AMOUNT payment frequency, find your pay cycle below to determine how much to withhold from each paycheck:

If your pay cycle is:	Withhold this amount:	If your pay cycle is:	Withhold this amount:
Weekly	$ 139.00	Semimonthly (twice a month)	$ 301.17
Biweekly (every 2 weeks)	$ 278.00	Monthly	$ 602.33

REMITTANCE INSTRUCTIONS:

1. **When remitting payments, you must provide** the date of withholding, New York account number, Employee/Obligor name and social security number, and your company or business name and EIN. **See item #10 on page 3 for withholding limits.**
2. **If the Employee/Obligor's principal place of employment is located in New York State** - You must begin withholding no later than the first pay period which occurs fourteen (14) days after service of this NOTICE, and payments must be remitted within seven (7) business days of the date of each withholding. You are not permitted to deduct a fee to defray the cost of withholding.
3. **If the Employee/Obligor's principal place of employment is located outside New York State** - You must begin withholding and remit payments in accordance with the laws of the state of the Employee/Obligor's principal place of employment, and may deduct a processing fee where such laws permit.
4. If you wish to send payments electronically via EFT/EDI, call 1-888-208-4485 for instructions.

"INCLUDE A REMITTANCE TAG WITH EVERY PAYMENT"

Make all checks payable to:
NYS CHILD SUPPORT
PROCESSING CENTER

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

3

RIMD - 14

ITEMIZED LIST OF PAYMENTS DUE

Payments Due	Frequency	Type Support	Entry Date
$ 89.00	Weekly	Current Supp	08/19/1997
$	Weekly	Past Due Supp	08/19/1997
$	Weekly	Past Due Supp	08/19/1997
$			
$			
$			
$			
$			
$			
$			

Payments Due	Frequency	Type Support	Entry Date
$			
$			
$			
$			
$			
$			
$			
$			
$			
$ 50.00	Weekly	additional amount	n/a

ADDITIONAL INFORMATION TO EMPLOYERS AND OTHER INCOME WITHHOLDERS

1. We appreciate the voluntary compliance of Federally recognized Indian tribes, tribally-owned businesses, and Indian-owned businesses located on a reservation that choose to withhold in accordance with this NOTICE.

2. **Priority:** Withholding under this NOTICE has priority over any other legal process under State law against the same income. Federal tax levies in effect before receipt of this NOTICE have priority. If there are Federal tax levies in effect, please contact the Support Collection Unit (issuing agency) listed at the end of this NOTICE.

3. **Combining Payments:** You can combine withheld amounts from more than one Employee/Obligor's income in a single payment to the Support Collection Unit (issuing agency) listed at the end of this NOTICE. You must, however, separately identify the amount of the single payment that is attributable to each Employee/Obligor, and must provide the date of withholding, New York account number, name, and social security number of each Employee/Obligor. Be sure to include a remittance tag for each separate payment for each individual EMPLOYEE/OBLIGOR.

4. **Reporting the Date of Withholding:** You must report the date of withholding when sending the payment. The date of withholding is the date on which the amount was withheld from the Employee/Obligor's wages or other income. You must comply with the law of the state of Employee/Obligor's principal place of employment with respect to the time periods within which you must implement the withholding order and forward the child support payments.

5. **Employee/Obligor with Multiple Support Withholdings:** If there is more than one ORDER/NOTICE to Withhold Income for Child Support against this Employee/Obligor and you are unable to honor all such ORDERS or NOTICES due to Federal or State withholding limits, you must follow the law of the state of the Employee/Obligor's principal place of employment. You must honor ORDERS/NOTICES to the greatest extent possible (see paragraph 10, "Withholding Limits", on next page).

   In New York State, if an employer or income payor is served with more than one NOTICE pursuant to CPLR section 5241, ORDER pursuant to CPLR section 5242, or ORDER/NOTICE issued by another state, and if the combined total amount for the deductions to be withheld exceeds the limits set forth in paragraph 10, the employer or income payor shall withhold the maximum amount permitted thereby and pay to each creditor the proportion thereof which such creditors claim bears to the combined total. The additional deduction authorized to be applied to the reduction of a past due amount shall be applied in proportion to the past due amount owed to each creditor.

6. **Termination Notification:** If the Employee/Obligor is not working for you at the time you receive this NOTICE, or if the Employee/Obligor stops working for you at any time in the future for any reason, you must promptly notify the Support Collection Unit at **NYS Child Support Processing Center, PO Box 15368, Albany NY 12212-5368** and provide the following information:
   EMPLOYEE'S/OBLIGOR'S NAME: _____ NY Acct. Nr. _____
   REASON FOR SEPARATION: _____ DATE OF SEPARATION: _____
   LAST KNOWN HOME ADDRESS: _____
   NEW EMPLOYER'S NAME & ADDRESS: _____

7. **Lump Sum Payments:** You are required to report and withhold from lump sum payments such as bonuses, commissions, or severance pay. If you have any questions about lump sum payments, contact the Support Collection Unit (issuing agency).

8. **Liability:** Compliance with this NOTICE shall not subject you to civil liability to any individual or agency. However, if you fail to withhold and remit income as the NOTICE directs, or fail to remit any amounts that you have withheld, you are liable to the creditor and the debtor for such failure. Either party may commence a proceeding against you for both the accumulated amount you should have withheld and remitted from the Employee/Obligor's income, together with interest and reasonable attorney's fees, and any other penalties set by State law.

   In New York State, upon a finding by the Family Court that you failed to withhold or remit withholdings as directed in this NOTICE, the Court shall issue an order directing your compliance and may direct the payment of a civil penalty not to exceed $500.00 for the first instance and $1,000.00 per instance for the second and subsequent instances of noncompliance.

Continued ↳

9. **Anti-discrimination:** You are subject to a fine or penalty as determined under State law for discharging an Employee/Obligor from employment, refusing to promote or taking disciplinary action against any Employee/Obligor or refusing to hire a prospective employee because of a child support withholding(s). In New York State pursuant to CPLR section 5252, the court may direct the payment of a civil penalty not to exceed $500.00 for the first instance and $1,000.00 per instance for the second and subsequent instances of such discrimination.

10. **Withholding Limits:** The maximum you may withhold is the lesser of: (1) the amounts allowed by the Federal Consumer Credit Protection Act (15 U.S.C. section 1673(b)); or (2) the amounts allowed by the State of the Employee/Obligor's principal place of employment. The Federal limit applies to disposable earnings, which is the amount of net income left after making mandatory deductions of State, Federal, & local taxes; Social Security tax, and Medicare tax.

New York State law requires that if arrears are owed, the amount directed by this NOTICE to be withheld for payment of child support must include an "additional amount" to satisfy the arrears. If an additional amount is required to be deducted, (see "Payments Due" on page 2), a lower withholding limit may apply. If no additional amount is required to be deducted, the lower limitation does not apply, and you should follow the Federal Consumer Credit Protection Act limits described in the preceding paragraph. See the enclosed worksheet to determine the correct amount to withhold.

NOTICE TO EMPLOYEE/OBLIGOR:

a. You are hereby notified that this Notice to Withhold Income for Child Support (Income Execution for Support Enforcement) is issued against you as a result of the order(s) of support listed on page 1 of this NOTICE. All withholdings will be sent directly to the Support Collection Unit (SCU).

b. This NOTICE has been served on your current employer(s) or income payor(s), and the New York State Department of Labor, with respect to current or subsequent income, and will be served on any future employer(s) or income payor(s).

c. **You should begin and continue to make support payments directly to the SCU until you have determined that withholdings from your paycheck or other income source have started. Send payments only to the SCU Post Office Box address in Albany, NY as shown on the bottom of page 1. Include a remittance tag (coupon) with each payment.**

d. The actions of your employer or income payor in failing to deduct and remit amounts specified by this NOTICE shall not relieve you of the underlying obligation to pay support.

e. If you believe that the issuance of this NOTICE is in whole or in part in error, you may notify the SCU in writing at the address listed below. You should make a submission of information and evidence by mail, by telephone, or (after contacting the SCU) in person to support your assertion of an error. Thereafter, the SCU will determine the merits of your objection and will notify you of its determination within thirty (30) days after their receipt of notification from you.

f. If an "additional amount" is required to be deducted (see "Payments Due" on page 2) which reduces your annual income below the self-support reserve, contact the SCU and request modification or elimination of the "additional amount". The self-support reserve for the year 2007 is $13,783.

ISSUING AGENCY:

- If you have any questions, please contact the New York State Child Support Employer Helpline at 1-888-208-4485 (toll-free) Monday through Friday from 8:30 AM to 5:00 PM except for state holidays.

- If your Employee/Obligor has any questions, please have them contact the Support Collection Unit (issuing agency) by phone at (888) 208-4485 or at:

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

Do NOT send checks to this address! - see page 1 -

JRE Address Number: ____
Enforcement Officer: AVN9

[IMMEDIATE]

EIMD - 17

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.

LMEM2 06/12/03

Employer Name and Address: [redacted]

Your Federal Employer ID Number (EIN)

[redacted]

Respondent Name: [redacted]
Respondent SSN: [redacted]
Support Account: [redacted]
Client Name: [redacted]

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 15353
ALBANY NY 12212-5353

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 53 [redacted] 000000 [redacted] 8

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LMEM2 06/12/03

Employer Name and Address: [redacted]
P.O. BOX 10126
ALBANY NY 12201-5128

Your Federal Employer ID Number (EIN)

[redacted]

Respondent Name: [redacted]
Respondent SSN: [redacted]
Support Account: [redacted]
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LMEM2 06/12/03

Employer Name and Address: [redacted]
P.O. BOX 10128
ALBANY NY 12201-5128

Your Federal Employer ID Number (EIN)

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Respondent Name: [redacted]
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DATE OF WITHHOLDING (MM/DD/YY): / /

252 53 [redacted] 000000 [redacted]

IEX-PCL - 1

LOCAL COUNTY SCU
SUPPORT COLLECTION-IEX
COUNTY OFFICE BLDG
LOCALTOWN NY 10000-1000

DATE: July 1, 2005

COUNTY CODE: 00
CASE NUMBER: ZZ00000Z1
JCA WORKER CODE: ZZZZ
JRA NUMBER: 00

POSTMASTER
ANYTOWN NY 10000-1000

ADDRESS INFORMATION REQUEST

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

Name and Last Known Address:

SMITH, JOHN
C/O J A SMITH
ANYPLACE APARTMENTS
123 ANYWHERE ST APT 1
ANYTOWN NY 10000-1000

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

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

FOR POST OFFICE USE ONLY

☐ MAIL IS DELIVERED TO ADDRESS GIVEN

Boxholder's Street Address

_____
_____
_____

☐ MAIL FORWARDED TO NEW ADDRESS

New Address

_____
_____
_____

☐ NOT KNOWN AT ADDRESS GIVEN
☐ MOVED, LEFT NO FORWARDING ADDRESS
☐ NO SUCH ADDRESS
☐ OTHER (SPECIFY): _____

Postmark/Date Stamp

PLEASE RETURN THIS ENTIRE FORM TO:

LOCAL COUNTY SCU
SUPPORT COLLECTION-IEX
COUNTY OFFICE BLDG
LOCALTOWN NY 10000-1000

WHBR - 1

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

WAGE and HEALTH BENEFITS REPORT

Case Number:	ZZ00000Z1	
JCA Worker Code:	ZZZZ	
Employer Number:	00	
Source Code:	ZZZ	
Qtr/Yr Last Wages:	1/2005	
CIN Numbers:	ZZ00001Z	ZZ00002Z
	ZZ00003Z	ZZ00004Z
	ZZ00005Z	ZZ00006Z
	ZZ00007Z	ZZ00008Z

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

Date: 07/01/2005 County Code: 66

Regarding: SMITH, JOHN
Date of Birth: 01/01/1970
Social Security Number: 000-00-0000

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

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

EMPLOYER INFORMATION

Name: _____

Address: _____

Telephone number: (_____) _____

Federal Employer Identification Number (FEIN): _____

STATUS OF EMPLOYEE

Date hired or rehired: _____/_____/_____

Current or most recent position held: _____

Is individual still employed by you? ☐ YES ☐ NO

Circle employee work days: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Employee work hours: _____ AM / PM to _____ AM / PM

☐ Full time ☐ Part time ☐ Seasonal from _____ to _____

Pay rate: $ _____ per _____

Employee worksite address, if different from employer address: _____

Date of termination (if appropriate): _____/_____/_____ Reason for termination: _____

New employer name, if known: _____

New employer address: _____

IEX-NCMP - 1

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

DATE: May 5, 2006

NAME: SMITH, JOHN
SOC SEC NO: 000-00-0000 DOB: 07/01/1980
ACCOUNT NUMBER: ZZ0000021
EMP NO: 00
JCA WORKER CODE: 0000
ENFORCEMENT OFFICER: MR A JOHNSON
TELEPHONE #: (888) 208-4485

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

1 2 1 0 5 1 2 3 4 0 9 0 9

EMPLOYER COMPLIANCE NOTICE

OUR RECORDS INDICATE THE ABOVE-CAPTIONED INDIVIDUAL IS EMPLOYED WITH YOUR FIRM AND THAT AN INCOME EXECUTION/DEDUCTION FOR CHILD SUPPORT HAS BEEN FILED WITH YOU IN ACCORDANCE WITH STATE LAW CPLR 5241.

FURTHER, OUR RECORDS REVEAL THAT NO PAYMENTS HAVE BEEN RECEIVED. STATE LAW REQUIRES THAT PAYMENTS BE REMITTED WITHIN SEVEN (7) BUSINESS DAYS OF THE DATE OF EACH WITHHOLDING. KINDLY REVIEW YOUR RECORDS AND FORWARD PAYMENTS TO:

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

SHOULD THIS INDIVIDUAL NO LONGER BE EMPLOYED BY YOUR FIRM, PLEASE PROVIDE THE FOLLOWING INFORMATION AND RETURN TO:

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

PRESENTLY EMPLOYED ( ) YES ( ) NO

DATE LAST EMPLOYED _____

ON LAY-OFF ( ) YES ( ) NO

EXPECTED RETURN DATE _____

LAST KNOWN ADDRESS _____

NEW EMPLOYER (IF KNOWN) _____

FIRM NAME (IF DIFFERENT) _____

ADDRESS (IF DIFFERENT) _____

TELEPHONE ( ) _____

SIGNED _____ DATE _____

YOUR COOPERATION IN THIS MATTER IS APPRECIATED.

NCMP 05/02/06

IEX-TERM - 1

LOCAL COUNTY SCU
ENFORCEMENT UNIT
100 GOVERNMENT CTR
ANYTOWN NY 10000-1000

DATE: April 12, 2006

TERMINATION OF INCOME EXECUTION FOR SUPPORT ENFORCEMENT PURSUANT TO SECTION 5241 OF THE CIVIL PRACTICE LAW AND RULES

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

CSMS Case ID: ZZ00000Z1
Worker Code: 0000
Employer No: 00

SUBJECT: Termination of Income Execution

RE: SMITH, JOHN
SSN: 000-00-0000

Dear Employer/Withholder:

This letter is to advise you that the Income Execution pertaining to the above CSMS Case ID and employee/obligor is hereby terminated. Effective immediately, you are to cease deducting the sum of money as directed in that income execution.

This termination does not affect Income Executions which you may have for the same employee/obligor on any different CSMS Case ID, for which you are deducting and sending payments to a Support Collection Unit. Until further notice, those income executions, if any, remain in effect.

If you have any questions, please visit our website **newyorkchildsupport.com** , or call the New York State Child Support Employer Helpline at 1-888-208-4485 (toll-free) Monday through Friday from 8:30 AM to 5:00 PM except for state holidays.

Supervisor,
Support Collection Unit

2007

CONTSER/DD/NYC-2
LOCAL CITY COUNTY SCU

CITY OFFICE BLDG
LOCAL CITY NY 10000-0000

Date: July 1, 2005

CONTINUATION OF CHILD SUPPORT SERVICES

CSMS Case No: Z:ZZ00000Z1
CA Worker Code: ZZ
RI: ZZ
Inv. Code: ZZ

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

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

SMITH, JOHN JR	000-00-0000 07/01/1995	SMITH, JANETTE	000-00-0000 08/01/2000

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

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

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

Sincerely,

Supervisor
Support Collection Unit

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

There are now two new FASTER and SAFER ways for you to receive your child support!

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

County Code	CSMS Case ID
00	ZZ00000Z1

Direct Deposit

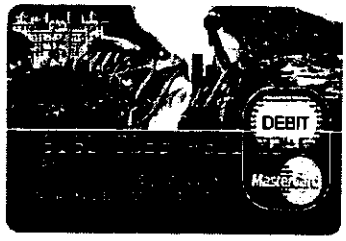
Your child support payment can be deposited directly into your account at your financial institution - it's automatic and it's safe! All you have to do is enroll.

- ✓ It's safe and confidential because your money goes directly into your account.
- ✓ It's convenient and saves you time.
- ✓ There is no need to go to the bank to cash or deposit your check.
- ✓ It helps you manage your finances.
- ✓ Your payment will be deposited automatically.
- ✓ You will have a record of your deposit on the statement you receive from your financial institution.

New York EPPICard™ Prepaid MasterCard® Card

Get your child support payments faster and easier with the New York EPPICard™.

- ✓ Works as a debit card and is accepted anywhere MasterCard is accepted.
- ✓ Receive cash back when making purchases at many stores that accept Maestro.
- ✓ Access cash at ATMs.
- ✓ Enrollment is quick and guaranteed.
- ✓ It's convenient and saves you time.
- ✓ There's no need to go to the bank to cash or deposit your check.



The New York EPPICard™ MasterCard is issued by Comerica Bank. ACS is an authorized representetive of Comerica Bank.

Please read the enclosed information carefully as some fees may apply to these services.

Enrollment in either program is fast and easy! Just use the enclosed enrollment form!

CONTSER/DD/NYC - 4

Child Support Payment Options

The New York Debit MasterCard® Card or Direct Deposit

Below are the two payment options for receiving your Child Support payments. Let us know what works for you - the choice is yours. You must choose one of these two options. If you have any questions, please call 1-888-208-4485.

Required Information (PLEASE PRINT)

Your Name

Last _____ First _____ MI ____

Email Address (optional) _____

Phone Number (____) _____-_____

Your Address:

Street _____

City _____ State _____ Zip Code _____

CSMS County Code ____ ____

CSMS Case ID ____ ____ ____ ____ ____ ____ ____ ____

Required Information for Direct Deposit

_____ I would like to enroll in Direct Deposit.

Please enter your bank information

Account Number _____

Routing Transit Number ____ ____ ____ ____ ____ ____ ____ ____ ____

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

Signature _____ Date ___ / ___ / ___

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

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

_____

Address _____

City _____ State _____ Zip _____

Account Information: _____Checking _____Savings

Account Number _____

Routing Transit Number ____ ____ ____ ____ ____ ____ ____ ____ ____

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

Representative Signature _____

Representative Printed Name _____

Date _____

Required Information for Debit Card

_____ I would like the New York EPPICard™

I understand that by signing this enrollment form and returning it, I am authorizing the Support Collection Unit to post all my child support payments onto the New York EPPICard™ Debit MasterCard® Card, issued by Comerica Bank. I authorize my child support and/or spousal support payments to be sent to Comerica Bank, where they will be held until I use them with my EPPICard™. This authorization will remain in force until the Support Collection Unit receives a written notification from me of termination. The Support Collection Unit shall have a reasonable time to process the termination. I certify that I am at least 18 years of age. I also certify that I am entitled to child support and/or spousal support payments for this child support account.

Signature _____ Date ___ / ___ / ___

Social Security Number: ___ ___ ___ - ___ ___ - ___ ___ ___ ___

Date of Birth (MM/DD/YYYY) ___ / ___ / _____

Benefits associated with the New York Debit Card

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

Child Support Notice

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

- ✓ After the public assistance (TANF) payments for your child(ren) have ended, you are entitled to receive those payments for child support which become due and have been collected by the New York City SCU.

- ✓ For payment information, you may call the 24 hour toll free Child Support Information Line at 1-800-846-0773. You will need to provide your Social Security Number and your Personal Identification Number (PIN). If you cannot remember your PIN or have lost it, please send a signed request for your PIN to the following address:

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

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

- ✓ If your child(ren)'s public assistance case remains closed, the SCU will provide you with each payment which is owed to you within two days of having received each payment. If the Child Support Information Line listed above indicates that payments are being regularly collected in accordance with your child support order and you still have not received your first child support payment within 45 days of this Notice, call the Child Support Helpline at 1-888-208-4485.

- ✓ You must let the New York City SCU know if you or your child(ren) move, so that the New York City SCU can continue to provide you with child support payments collected on your behalf. Please call the Child Support Helpline at 1-888-208-4485 with this information or send a letter with your new address and your account number to:

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

Desk Review to Resolve Potential Problems

- ✓ You are entitled to request the New York City SCU to conduct a Desk Review of any problems regarding the support payments which have been collected on your child(ren)'s behalf after the public assistance (TANF) payments have ended.

- ✓ You may request a Desk Review for any and all payments collected during the year of your request and for the year before the year of your request.

- ✓ You can request a Desk Review:

  - By calling the Child Support Helpline at 1-888-208-4485, Monday through Friday between 8:30 a.m. and 5:00 p.m.

  or

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

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

2007

Frequently Asked Questions
Regarding
Direct Deposit of Child Support Payments

- **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 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 calling the Child Support Information Line at 1-800-846-0773, a toll-free, 24 hour a day, seven days a week service. You may also access payment information by visiting our Web site newyorkchildsupport.com. 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 send a signed request for your PIN to the following address: NYS DCSE, ATTN: PIN, 40 N Pearl Street, 13-C, Albany, NY 12243-0001. Please include your social security number and child support account number(s) with your request.

- **How do I find out that the Direct Deposit was completed?**
  First, call the Child Support Information Line or log onto the Web site noted above 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, you should contact your Support Collection Unit.

2007

- **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. An authorization form can be obtained from your Support Collection Unit.

- **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 an "Authorization/Cancellation for Direct Deposit of Child Support Payments" for your new bank, and a second "Authorization/Cancellation for Direct Deposit of Child Support Payments" canceling the current Direct Deposit with your bank, and forward both documents to the address provided on the form.

- **Can I cancel Direct Deposit anytime?**
  Yes, Direct Deposit of your funds can be cancelled anytime. You will need to complete Sections 1 and 3 of the "Authorization/Cancellation for Direct Deposit of Child Support Payments" and forward it to the address provided on the form. It may take two to three weeks for the cancellation to occur.

- **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

CONTSER/DD/ROS - 1
NYS CHILD SUPPORT PROCESSING CENTER
PO BOX 15367
ALBANY NY 12212-5367

DATE: July 1, 2005

IMPORTANT DOCUMENTS
PLEASE READ CAREFULLY

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

COUNTY CODE: 00
CSMS CASE ID: ZZ00000Z1

This package contains:

- **"Continuation of Child Support Services" Notice**
- **An Important Announcement Regarding the New York Direct Deposit and EPPICard™ Programs**
- **Direct Deposit / EPPICard™ Enrollment Form**
- **"Important Information Regarding Your Support Payments"**

2007

CONTSERVDURUS-2
LOCAL COUNTY SCU

COUNTY OFFICE BLDG
LOCALTOWN NY 10000-0000

Date: July 1, 2005

CONTINUATION OF CHILD SUPPORT SERVICES

CSMS Case No: Z:ZZ00000Z1
CA Worker Code: ZZ
RI: ZZ
Inv. Code: ZZ

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

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

SMITH, JOHN JR	000-00-0000 07/01/1995	SMITH, JANETTE	000-00-0000 08/01/2000

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

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

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

Sincerely,

Supervisor
Support Collection Unit

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

There are now two new FASTER and SAFER ways for you to receive your child support!

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

County Code	CSMS Case ID
00	ZZ00000Z1

Direct Deposit

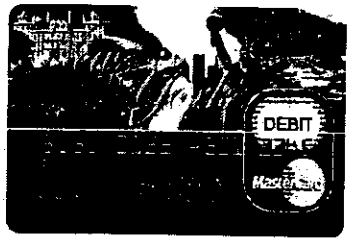
Your child support payment can be deposited directly into your account at your financial institution - it's automatic and it's safe! All you have to do is enroll.

- ✓ It's safe and confidential because your money goes directly into your account.
- ✓ It's convenient and saves you time.
- ✓ There is no need to go to the bank to cash or deposit your check.
- ✓ It helps you manage your finances.
- ✓ Your payment will be deposited automatically.
- ✓ You will have a record of your deposit on the statement you receive from your financial institution.

New York EPPICard™ Prepaid MasterCard® Card

Get your child support payments faster and easier with the New York EPPICard™.

- ✓ Works as a debit card and is accepted anywhere MasterCard is accepted.
- ✓ Receive cash back when making purchases at many stores that accept Maestro.
- ✓ Access cash at ATMs.
- ✓ Enrollment is quick and guaranteed.
- ✓ It's convenient and saves you time.
- ✓ There's no need to go to the bank to cash or deposit your check.



The New York EPPICard™ MasterCard is issued by Comerica Bank. ACS is an authorized representative of Comerica Bank.

Please read the enclosed information carefully as some fees may apply to these services.

Enrollment in either program is fast and easy! Just use the enclosed enrollment form!

Child Support Payment Options

The New York Debit MasterCard® Card or Direct Deposit

Below are the two payment options for receiving your Child Support payments. Let us know what works for you - the choice is yours. You must choose one of these two options. If you have any questions, please call 1-888-208-4485.

Required Information (PLEASE PRINT)

Your Name

Last _____ First _____ MI ____

Email Address (optional) _____

Phone Number (____) _____-_____

Your Address:

Street _____

City _____ State _____ Zip Code _____

CSMS County Code ____ ____

CSMS Case ID ____ ____ ____ ____ ____ ____ ____ ____

Required Information for Direct Deposit

_____ I would like to enroll in Direct Deposit.

Please enter your bank information

Account Number _____

Routing Transit Number ____ ____ ____ ____ ____ ____ ____ ____ ____

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

Signature _____ Date ___ / ___ / ___

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

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

_____

Address _____

City _____ State _____ Zip _____

Account Information: _____Checking _____Savings

Account Number _____

Routing Transit Number ____ ____ ____ ____ ____ ____ ____ ____ ____

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

Representative Signature _____

Representative Printed Name _____

Date _____

Required Information for Debit Card

_____ I would like the New York EPPICard™

I understand that by signing this enrollment form and returning it, I am authorizing the Support Collection Unit to post all my child support payments onto the New York EPPICard™ Debit MasterCard® Card, issued by Comerica Bank. I authorize my child support and/or spousal support payments to be sent to Comerica Bank, where they will be held until I use them with my EPPICard™. This authorization will remain in force until the Support Collection Unit receives a written notification from me of termination. The Support Collection Unit shall have a reasonable time to process the termination. I certify that I am at least 18 years of age. I also certify that I am entitled to child support and/or spousal support payments for this child support account.

Signature _____ Date ___ / ___ / ___

Social Security Number: ___ ___ ___ - ___ ___ - ___ ___ ___ ___

Date of Birth (MM/DD/YYYY) ___ / ___ / _____

Benefits associated with the New York Debit Card

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

Frequently Asked Questions
Regarding
Direct Deposit of Child Support Payments

- **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 checking or savings account.

- **Are all child support payments eligible for Direct Deposit?**
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- **Is Direct Deposit safe?**
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- **How soon after a child support payment is received will it be deposited?**
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- **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 calling the Child Support Information Line at 1-800-846-0773, a toll-free, 24 hour a day, seven days a week service. You may also access payment information by visiting our Web site newyorkchildsupport.com. 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 send a signed request for your PIN to the following address: NYS DCSE, ATTN: PIN, 40 N Pearl Street, 13-C, Albany, NY 12243-0001. Please include your social security number and child support account number(s) with your request.

- **How do I find out that the Direct Deposit was completed?**
  First, call the Child Support Information Line or log onto the Web site noted above 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, you should contact your Support Collection Unit.

- **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. An authorization form can be obtained from your Support Collection Unit.

- **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 an "Authorization/Cancellation for Direct Deposit of Child Support Payments" for your new bank, and a second "Authorization/Cancellation for Direct Deposit of Child Support Payments" canceling the current Direct Deposit with your bank, and forward both documents to the address provided on the form.

- **Can I cancel Direct Deposit anytime?**
  Yes, Direct Deposit of your funds can be cancelled anytime. You will need to complete Sections 1 and 3 of the "Authorization/Cancellation for Direct Deposit of Child Support Payments" and forward it to the address provided on the form. It may take two to three weeks for the cancellation to occur.

- **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

2007

Reminders...

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

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

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

Commissioner of Social Services Assignee
SMITH, JANE

Petitioner

Docket No.
F-0000-00

Adjusted Order of Support

- 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	07/01/2001	000000000
SMITH, JANETTE	08/01/2002	000000000
SMITH, JOHN III	08/01/2003	000000003
SMITH, JOHN IV	08/01/2004	000000004
SMITH, JOHN V	08/01/2005	000000005
SMITH, JOHN VI	08/01/2006	000000006
SMITH, JOHN VII	08/01/2007	000000007
SMITH, JOHN VIII	08/01/2008	000000008
SMITH, JOHN IX	08/01/2009	000000009
SMITH, JOHN X	08/01/2010	000000010

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.

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

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 (100)100-1000 EXT. 1000

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

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

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

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

Commissioner of Social Services Assignee

SMITH, JANE

Petitioner

Docket No. F-0000-00

Adjusted Order of Support

- 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	000000001
SMITH, JANETTE	08/02/2000	000000002
SMITH, JOHN III	07/03/1993	000000003
SMITH, JOHN IV	07/04/1994	000000004
SMITH, JOHN V	07/05/1995	000000005
SMITH, JOHN VI	07/06/1996	000000006
SMITH, JOHN VII	07/07/1997	000000007
SMITH, JOHN VIII	07/08/1998	000000008
SMITH, JOHN IX	07/09/1999	000000009
SMITH, JOHN X	07/10/2000	000000010

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.

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

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

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 (100)100-1000 EXT. 1000

2007

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

C

COLA3a

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

********** AUTO 4-DIGIT
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
(100)100-1000 EXT. 1000

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

Commissioner of Social Services Assignee

SMITH, JANE

Petitioner

Docket No. F-0000-00

Adjusted Order of Support

- 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	07/01/1991	000000001
SMITH, JANETTE	07/02/1992	000000002
SMITH, JOHN III	07/03/1993	000000003
SMITH, JOHN IV	07/04/1994	000000004
SMITH, JOHN V	07/05/1995	000000005
SMITH, JOHN VI	07/06/1996	000000006
SMITH, JOHN VII	07/07/1997	000000007
SMITH, JOHN VIII	07/08/1998	000000008
SMITH, JOHN IX	07/09/1999	000000009
SMITH, JOHN X	07/10/2000	000000010

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.

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.

2007

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

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

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 (100)100-1000 EXT. 1000

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

********** AUTO 4-DIGIT
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%.

- 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 EXT. 1000

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

Commissioner of Social Services Assignee
SMITH, JANE

Petitioner

Docket No.
F-0000-00

Adjusted Order of Support

- 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	000000001
SMITH, JANETTE	08/01/2000	000000002
SMITH, JOHN III	07/03/1993	000000003
SMITH, JOHN IV	07/04/1994	000000004
SMITH, JOHN V	07/05/1995	000000005
SMITH, JOHN VI	07/06/1996	000000006
SMITH, JOHN VII	07/07/1997	000000007
SMITH, JOHN VIII	07/08/1998	000000008
SMITH, JOHN IX	07/09/1999	000000009
SMITH, JOHN X	07/10/2000	000000010

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.

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

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

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 EXT. 1000

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

COLA5

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

Commissioner of Social Services Assignee

SMITH, JANE

Petitioner

Index No.
F-0000-00
Adjusted Order of Support

- 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.

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

2007

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

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

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

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LOCAL COUNTY SCU

Order of LOCAL COUNTY SUPREME COURT

COLA5

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

Commissioner of Social Services Assignee
SMITH, JANE

Petitioner

Index No.
F-0000-00

Adjusted Order of Support

- 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

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

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 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 EXT. 1000

LOCAL COUNTY SCU

Order of LOCAL COUNTY SUPREME COURT

COLA5

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

Commissioner of Social Services Assignee
SMITH, JANE

Petitioner

Index No.
F-0000-00

Adjusted Order of Support

- 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.

[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

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

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
COLA UNIT

Address COUNTY OFFICE BLDG
LOCALTOWN NY 10000-0000

Phone (000)000-0000 EXT. 1000

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%.

- 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

2007

LOCAL COUNTY SCU

Order of LOCAL COUNTY SUPREME COURT

COLA5

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

Commissioner of Social Services Assignee
SMITH, JANE

Petitioner

Index No.
F-0000-00

Adjusted Order of Support

- 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

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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

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

COLA1

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 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

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.

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