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| REQUEST FOR CONFIRMATION |
| OF SUPPORT PAYMENTS     |
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Section I (To be completed by Support Collection Unit Staff)

Albany County SCU  
112 State Street  
Albany, NY 12207  
Telephone Number: (518)427-0000  
Facsimile Number: (518)427-0000

Date of Request: \_\_\_\_\_ 01  
Requested By: \_\_\_\_\_  
(Name)  
\_\_\_\_\_  
(Title)

To Fiscal Agent:

Please review your records and confirm that all payments for the following respondent have been received and processed.

Respondent Name: \_\_\_\_\_ CSMS Account #: \_\_\_\_\_  
Social Security #: \_\_\_\_\_  
Employer Name: \_\_\_\_\_  
Client Name: \_\_\_\_\_  
Social Security #: \_\_\_\_\_

All requests for confirmation must be faxed to the Processing Center at (518)463-0000.

Section II (To be completed by Central Collection Fiscal Agent Staff)

All payments received as of \_\_\_\_\_, except those noted below for the respondent identified in Section I, have been fully processed and transmitted to the Department of Social Services.

Payment Found in Fiscal Agent Account	Payment Placed in		Payment Pulled As	
	Suspense Account	Within	Exception Item	
	Previous Two Business Days	Within Previous Business Day		
No _ Yes _	No _ Yes _	No _ Yes _	No _ Yes _	No _ Yes _
If yes, complete the following:				
Date				
Received:	_____	_____	_____	_____
Amount of	_____	_____	_____	_____
Payment:	_____	_____	_____	_____
Remittance	_____	_____	_____	_____
Reference #:	_____	_____	_____	_____
Date of	_____	_____	_____	_____
Remittance:	_____	_____	_____	_____

We hereby confirm, to the best of our knowledge, that the information we provided for the above named respondent, is reflective of all support payments in our possession.

Researched By: \_\_\_\_\_ Confirmed By: \_\_\_\_\_  
Date: \_\_\_\_\_ (Title)