Request for a First-Level Desk Review of the Distribution of Child Support Payments BEFORE COMPLETING THIS FORM - Please read the other side of this form for information regarding the desk review and further

elow:				
•	vide all information reques		CONTINUE	
Recipient Name:			55N/111N:	
Current Mailing Address:	number and street address	s (or post office box)	apt.	
City:		State:		<u>-</u>
Telephone Number:		Best Time to Contac	et You: Daytime	Evening
Public Assistance Case Nu	mber(s) (CAN):		CIN	No
Noncustodial Parent Na	ne(s):			
SSN/ITIN(s):				
	mber(s):			
Type of Payment in Oues	stion: Please check the app	propriate box(es) and id	entify the type of desk	review request:
excess current support percess arrears support p	(up to the first \$50 of curre payments (amount in excess payments (amount of payments) (amoun	s of total public assistar ent in excess of total pu	ce paid to you for the blic assistance paid to	month)
	(month/year) throug		-	
Reason(s) for Desk Revie	w Request: Please state ye	our reason(s) for reques	ting a desk review. Bo	e specific:
Are you attaching docume	ntation to support your reas	son(s) for the desk revie	w request? yes	no
If yes, please identify the o	locumentation:			
A conference with SCU sta	aff is available. Are you re	equesting such a confer	ence? yes 1	10
Completed and Submitted	By:			
Completed and Submitted I		f person requesting desk review	date	

Return completed form to the SCU address identified on the cover letter.