

**Request to New York State for a Second-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 second-level desk review and further instructions.

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
*number & street or post office box* *apt.*

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Best Time to Contact You:  Daytime  Evening

Public Assistance Case Number(s): \_\_\_\_\_

Child Support Case ID Number(s): \_\_\_\_\_

**Facts in Dispute:** Please state the facts that support your reason for disputing the SSD's desk review determination. Please be specific:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Name of the County Social Services District (SSD)** who issued the determination for your initial desk review request: \_\_\_\_\_

**Documentation:** You must attach a copy of the SCU/SSD desk review determination letter and any additional but previously unavailable documentation in support of your claim that distribution was incorrect. Please confirm this by checking the appropriate boxes:

I have attached a copy of the SCU/SSD determination and it is dated within 20 calendar days of this request.

I have also attached additional documentation to support my claim which was previously unavailable.

**Certification:** I am hereby disputing the SCU/SSD **Determination of the Request for a First-Level Desk Review of the Distribution of Child Support Payments** issued by the \_\_\_\_\_ County SSD dated \_\_\_\_\_ in regards to my claim that the SCU did not distribute child support payments correctly during a period of time I was receiving public assistance, and as a result I did not receive a pass-through or excess support child support payment(s) in an amount that I believe I was entitled to receive. As such, I request that the New York State Division of Child Support Enforcement and Division of Employment and Transitional Supports conduct a second-level desk review of my child support payments.

\_\_\_\_\_  
signature of person requesting second-level desk review      print name of person requesting desk review      date

**Return completed form to:** New York State Division Child Support Enforcement  
ATTN: Bureau of Program Operations, Second-Level Desk Review  
40 N. Pearl Street, 13<sup>th</sup> Floor  
Albany, New York 12243-0001