

**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, 13th Floor
Albany, New York 12243-0001