

NOTICE of Child Support Annual Service Fee

This notice is to advise you of a **new, federally required** annual service fee for never assistance recipients of child support services. "Never assistance" recipients are individuals in receipt of child support services who have never received assistance under the federal Title IV-A program (currently the Temporary Assistance for Needy Families (TANF) program; previously the Aid to Families with Dependent Children (AFDC) program). It does not include food stamps, safety net or home relief payments, Medicaid, SSI or SS-D benefits.

Beginning with federal fiscal year October 1, 2008 to September 30, 2009, and then each year thereafter, when we collect in excess of \$500 for you during the federal fiscal year for any case, an annual service fee of \$25 will be withheld from subsequent support collected for that case during that federal fiscal year.

We are providing you with this notice as a "never assistance" applicant/recipient for our services because if you have ever received assistance from the federal Title IV-A program in either New York State or any other state the fee will not be imposed. Complete the "Receipt of Title IV-A Assistance" section below. We will mark your record so that the fee is not collected from your support. If you claim that you have been in receipt of IV-A assistance at any time after you have made application for child support services any fees that have been imposed will not be refunded to you. If you have received other types of assistance or benefits, the fee will be collected. If you do not know what type of assistance you received, please contact the agency that provided the assistance.

Receipt of Title IV-A Assistance:

- ☐ Check this box if you have been **in receipt of federal Title IV-A assistance**, and complete the following certification:

I, _____ (name), _____ (date of birth),
 _____ (SSN) received Aid to Families with Dependent Children (AFDC)
 or Temporary Assistance for Needy Families (TANF) from: _____
 to _____ in _____ (county) of _____
 (State).

 (Signature)

 (Date)