

**MISTAKE OF FACT AND/OR EXEMPT MONEY  
CLAIM FORM**

**DIRECTIONS:** As explained in the *Notice to Judgment Debtor/Obligor*, you may claim a mistake of fact and/or that your account contains money that is exempt from restraint or levy. If you are claiming a mistake of fact, complete Section 1. If you are claiming that all or part of the money restrained is exempt from restraint or levy, complete Section 2. Check all appropriate boxes and enter the specific information requested. Return this form and any supporting documentation to the Support Collection Unit (SCU) that issued the *Notice to Judgment Debtor/Obligor* at the SCU address within fifteen (15) days from the day this notice was mailed to you. Remember to print your name, and sign and date the form.

**SECTION 1: MISTAKE OF FACT CLAIM**

I assert a mistake of fact as follows (*check each box that applies to you*):

- The Support Collection Unit has made an error in the amount of child support debt that is owed.
- I am not the person identified as the Respondent (Judgment Debtor/Obligor).
- The order of support does not exist.
- The order of support has been vacated.

Provide an explanation of your claim: \_\_\_\_\_

I am attaching the following documents to support my claim (examples: canceled checks, copies of orders terminating, vacating or modifying the support award, proof of identity, etc.):

**SECTION 2: EXEMPT MONEY**

I state that my account contains the following type(s) of funds (*check all that apply*):

- Supplemental Security Income (SSI)
- Public assistance (welfare) or employment earning considered in calculating the public assistance grant
- Child support payments
- Spousal support or maintenance (alimony) payments

I am attaching the following documents to support my claim (examples: court orders of support, an award letter from the government, pay stubs, copies of canceled checks, bank records showing the last two months of account activity, or other papers showing that the money in your bank account is exempt):

**Completed and Submitted by:**

\_\_\_\_\_  
Name of Claimant (Print)

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
Date

New York Case Identifier: \_\_\_\_\_

SCU County Name: \_\_\_\_\_