

**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 instructions.*

I am (check one box)  a current  a former temporary assistance recipient and I request that a desk review be conducted of the collections and disbursements made on my behalf for the type of payment(s), time period(s) and reason(s) indicated below:

**Identification:** Please provide as much of the information requested in this section as you have available.

Your Name: \_\_\_\_\_ Your SSN/ITIN: \_\_\_\_\_

Your Current Mailing Address: \_\_\_\_\_  
number and street address (or post office box) apt.

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

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

Your Temporary Assistance Case Number(s) (CAN): \_\_\_\_\_ CIN No. \_\_\_\_\_

Noncustodial Parent Name(s): \_\_\_\_\_

Noncustodial Parent SSN/ITIN(s): \_\_\_\_\_

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

**Type of Payment in Question:** Please check the appropriate box(es) and identify the type of desk review request:

pass-through payments (up to the first \$50, or \$100 after 10-1-08) of current support collected during the month per temporary assistance family

excess current support payments through 6-30-09 (amount in excess of total temporary assistance paid to you for the month)

excess arrears support payments (amount of payment in excess of total temporary assistance paid to you for past months)

**Time Periods of Desk Review:** Please identify the correct month(s) and year(s) of your request:

For the period \_\_\_\_\_ (month/year) through \_\_\_\_\_ (month/year)

**Reason(s) for Desk Review Request:** Please tell us why you believe you did not receive all support payments due to you.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

You may attach documentation to support your reason(s) for the desk review request. Are you attaching such documentation?  
 Yes  No

If Yes, please identify the documentation:  Monthly Report of Support Collected  Excess Support letter  
 Other (please identify) \_\_\_\_\_

**Conference:** A conference with SCU staff is available. Are you requesting such a conference?  Yes  No

**Completed and Submitted By:**

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Print Your Name

\_\_\_\_\_  
Date

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