

**NYS CHILD SUPPORT PROCESSING CENTER  
PO BOX 15365  
ALBANY NY 12212-5365**

**DATE:  
NEW YORK CASE IDENTIFIER:  
CUSTODIAL PARENT:  
NONCUSTODIAL PARENT:  
JCA WORKER:  
COUNTY NAME:**

**CASE CLOSURE NOTICE**

**TO:**

**ATTENTION  
THE ABOVE CHILD SUPPORT CASE WILL BE CLOSED IN 60 DAYS**

Our records indicate that your agency, the initiating agency, requested intergovernmental Title IV-D child support enforcement services from New York State, the responding agency, on behalf of the above-referenced New York Case Identifier. We are notifying you of our intention to close this child support case in New York State after **60** days from the date of this notice. This child support case will be closed for the following reason(s):

**If you agree with our decision to close this child support case**, no further action is required on your part.

**If you do not agree with our decision to close this child support case** for the reason stated above, you may contact us at the telephone number provided in the below paragraph. The decision will be explained to you and you will have the opportunity to provide us with the necessary information so that we may proceed in providing intergovernmental child support services in this case. You may need to contact the recipient of services in your state with regard to this notice and obtain the necessary information so that we may proceed.

You may contact the **New York State Child Support Customer Service Helpline** toll-free at 888-208-4485 (TTY 866-875-9975), Monday through Friday from 8:00 AM to 7:00 PM. A listing of recognized **Relay Service providers** can be found at [www.fcc.gov/encyclopedia/trs-providers](http://www.fcc.gov/encyclopedia/trs-providers).

Sincerely,

Support Collection Unit