TO: New York State Division of Child Support Enforcement  
System Operations/URA Adjustments  
Fax Number: (518) 486-3127

FROM: ____________________ Support Collection Unit

SUBJECT: LDSS Request to State for URA Adjustment as a Result of a Compromise of Arrears

DATE: ____________________

Step 1: Case Identification

New York Case Identifier: __________________ Client ID: ____________________

PA/MA CAN: __________________ Suffix (For NYC Only): ______________________

Noncustodial Parent Name: ____________________________

Custodial Parent Name: ______________________________

Step 2: Unreimbursed Assistance Reduction

1. Current Unreimbursed Assistance Amount 1. $________________________

2. Enter the amount that Unreimbursed Assistance should be adjusted by based on the arrears/past-due support compromise. 2. $________________________

3. Enter the new unreimbursed assistance amount after adjustment. 3. $________________________

Note: Unreimbursed assistance may not be reduced below zero or an excess support payment will be calculated.

Step 3: Review Completed By

SCU Worker Name Title Telephone Number Date

☐ You are required to send an E-mail to Linda.Ward@otda.ny.gov advising that this form has been faxed to the above number.

☐ You are required to notify your local district social services accounting and Temporary Assistance units by providing them with a copy of this form.