

CHALLENGE TO DENIAL OF MILESTONE ARREARS REDUCTION

You may challenge the denial of a milestone arrears reduction associated with the Arrears Pilot Program by completing and submitting this form to the address listed on the enclosed notice

Your written challenge must be received by the Support Collection Unit **within forty-five (45) days of the date of the enclosed notice**. We will send you our determination on your challenge within forty-five (45) days of receiving this completed form.

I wish to challenge the denial of the milestone arrears reduction of arrears I owe to the social services district because of the following reason(s) (check all boxes that apply):

- My account was not credited for payment(s) made, as supported by:
 - A copy (front and back) of a cancelled check or money order proving that it was deposited but not credited to my account
 - A paystub or paystubs showing that my child support obligation was withheld from my income
 - Other (identify) _____
- The amount shown as due is not correct because my court order was modified or terminated, as supported by:
 - A copy of my court order modifying or terminating my support order
 - Other (identify) _____
- Other reason(please explain) _____

Completed and Submitted By:

New York Case Identifier:	County:
Print Name:	Social Security Number:
Signature:	Phone:
Address:	Date: