

**Request to New York State for a Second-Level Desk Review  
of the Distribution and Disbursement of Child Support Collections**

**BEFORE COMPLETING THIS FORM - Read the information and instructions for requesting a second-level desk review provided with this form.**

**Identification:** Provide your personal and case information to identify your case.

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

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

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

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

Temporary Assistance Case Number(s) (CAN): \_\_\_\_\_

New York Case Identifier(s): \_\_\_\_\_

**Facts in Dispute:** State the facts that support your reason for disputing the first-level desk review determination. Please be specific:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Name of the county** that issued the determination for your initial desk review request:

\_\_\_\_\_

**Documentation:** You must attach a copy of the first-level desk review determination letter and any additional, but previously unavailable, documentation in support of your claim that distribution and disbursement of collections for the same period of time cited on the first-level desk review was incorrect. Please confirm this by checking the appropriate boxes:

- I have attached a copy of the first-level determination and it is dated within 20 business days of this request.  
 I have attached additional documentation which was previously unavailable to support my claim.

**Certification:** I am hereby disputing the ***First-Level Desk Review Determination*** issued by the \_\_\_\_\_ County \_\_\_\_\_ dated \_\_\_\_\_ in regards to my claim that the child support collections were not distributed and disbursed correctly and, as a result, I did not receive a pass-through or cumulative excess support payment(s) in an amount that I believe I was entitled to receive. As such, I request that the New York State Office of Temporary and Disability Assistance conduct a second-level desk review of the distribution and disbursement of those child support collections.

\_\_\_\_\_  
 Signature of person requesting second-level desk review

\_\_\_\_\_  
 Print name of person requesting desk review

\_\_\_\_\_  
 Date

**Return completed form to:**

New York State Office of Temporary and Disability Assistance  
 ATTN: Center for Child Well-Being  
 Bureau of Program Operations, Second-Level Desk Review  
 40 N. Pearl Street  
 Albany, New York 12243-0001