

Information and Instructions for Completing the *Request for a Second-Level Desk Review of Pass-through Payment or Cumulative Excess Support Payment*

A request for a second-level desk review must be made to the New York State Office of Temporary and Disability Assistance (OTDA) within **20 business days** of the date of the first-level determination.

You may request a second-level desk review if you disagree with the First-Level Desk Review Determination. If you wish to request a second-level desk review, you **must** take the following actions:

1. Complete the enclosed request form titled *Request for a Second-Level Desk Review of Pass-through Payment or Cumulative Excess Support Payment*;
2. Attach a copy of your First-Level Desk Review Determination;
3. Attach a copy of any additional, but previously unavailable, documentation that supports your reason for disagreeing with the First-Level Desk Review Determination.
4. Mail the completed request form and attachments to OTDA at the address shown at the bottom of the request form.

Instructions for Completing the Form

Section A – Your Information

- Enter your full name.
- Enter your Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN). An ITIN is a nine-digit number beginning with “9” that is issued by the Internal Revenue Service to foreign nationals and others who are required to have a United States taxpayer identification number but do not have, and are not eligible to obtain, an SSN from the Social Security Administration.
- Enter your full current mailing address (Number and street address [or post office box], city, state, and zip code).
- Enter your telephone number including the area code.
- Enter your New York Case Identifier. This is your child support account number. If you have more than one account, please enter all your New York Case Identifiers.

Section B – Findings in Dispute and Attachments You Must Provide

- Tell us the reason(s) why you disagree with the First-Level Desk Review Determination.
- You **must** attach a copy of your First-Level Desk Review Determination. Please mark the check box to let us know you attached a copy of the determination.
- You **must** include any documentation that was previously unavailable to support your reason for disagreeing with the First-Level Desk Review Determination. Please mark the check box to let us know you included additional documentation.

Section C – Request for Second-Level Review, Signature, and Date

- Enter the County of the social services district (district) office that issued the First-Level Desk Review Determination. This information can be found on the determination at the top of the page.
- Enter the date of the determination.
- Sign your full name.
- Print your full name.
- Enter the date you signed the form.

After you send in your request form and attachments, OTDA will review your case, decide whether you have received the correct amount of support, and send you a written determination within 60 business days of the date your written request was received. If you are owed an additional payment, it must be given to you within 30 calendar days from the date of the determination letter. The TA Unit may put that payment on your Electronic Benefits (EBT) card or, in some situations, send you a check. If too much support has been paid to you, the TA Unit may recover the amount you were overpaid.

If you have questions regarding the request form or the instructions, or if upon reading this information, you believe you have an issue that does not require a desk review, please call the **Child Support 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 <https://www.fcc.gov/general/internet-based-trs-providers>.