

TO: _____, IV-D Coordinator, _____ County

FROM: _____, New York State Office of Temporary and Disability Assistance,
Division of Child Support Services

DATE: _____

SUBJECT: Notification of a Second-Level Desk Review Request

The New York State Office of Temporary and Disability Assistance (OTDA) received a *Request for a Second-Level Desk Review of Pass-through Payment or Cumulative Excess Support Payment* on _____ for Temporary Assistance Case Number _____, New York Case Identifier(s) _____:

In order for OTDA to conduct the second-level desk review, your social services district (district) must promptly provide copies of the Temporary Assistance Unit records which are not currently available in BICS and were used in the *First-Level Desk Review Determination* issued by your district on _____. You must provide those Temporary Assistance Unit records by e-mail, fax, or mail to the following address no later than _____:

E-mail: otda.sm.cees.tabureau.@otda.ny.gov

Fax: (518) 473-0511

Mail:

New York State Office of Temporary and Disability Assistance
40 North Pearl Street, 11-A
Albany, NY 12243-0001
Attention: Bureau of Temporary Assistance, Second-Level Desk Review

- In addition, the second-level desk review includes Support Collection Unit records which are not available electronically through the automated child support system. You must provide copies of those Support Collection Unit records by e-mail, fax, or mail to the following address no later than _____:

E-mail: otda.sm.dcse.bpo@otda.state.ny.us

Fax: (518) 486-3127

Mail:

New York State Office of Temporary and Disability Assistance
40 North Pearl Street, 13-C
Albany, NY 12243-0001
Attention: Bureau of Program Operations and Contract Administration, Second-Level Desk Review

Please include a copy of this *Notification of a Second-Level Desk Review Request* with copies of the documentation requested above.