

Request for a First-Level Desk Review of the Distribution of Child Support Payments

BEFORE COMPLETING THIS FORM - Please read the other side of this form for information regarding the desk review and further instructions.

I am (check one box) a current a former public assistance recipient and I request that a desk review be conducted of the collections and disbursements made on my behalf for the type of payment(s), time period(s) and reason(s) indicated below:

Identification: Please provide all information requested in this section.

Recipient Name: _____ SSN/ITIN: _____

Current Mailing Address: _____
number and street address (or post office box) apt.

City: _____ State: _____ Zip: _____

Telephone Number: _____ Best Time to Contact You: Daytime Evening

Public Assistance Case Number(s) (CAN): _____ CIN No. _____

Noncustodial Parent Name(s): _____

SSN/ITIN(s): _____

Child Support Case ID Number(s): _____

Type of Payment in Question: Please check the appropriate box(es) and identify the type of desk review request:

- pass-through payments (up to the first \$50 of current support collected during the month per public assistance family)
 excess current support payments (amount in excess of total public assistance paid to you for the month)
 excess arrears support payments (amount of payment in excess of total public assistance paid to you for past months)

Time Periods of Desk Review: Please identify the correct month(s) and year(s) of your request:

For the period _____ (month/year) through _____ (month/year)

Reason(s) for Desk Review Request: Please state your reason(s) for requesting a desk review. Be specific:

Are you attaching documentation to support your reason(s) for the desk review request? yes no

If yes, please identify the documentation:

A conference with SCU staff is available. Are you requesting such a conference? yes no

Completed and Submitted By:

 signature of person requesting desk review

 print name of person requesting desk review

 date

Return completed form to the SCU address identified on the cover letter.

**Information and Instructions for Completing the
“Request for a First-Level Desk Review of the Distribution of Child Support Payments” Form**

You may request a desk review if you believe that you did not receive a child support pass-through payment or excess support payment in an amount that you believe you were entitled to receive by completing a “Request for a First-Level Desk Review of the Distribution of Child Support Payments” as follows. Note that a support payment must be received from the noncustodial parent before you can receive a child support pass-through payment or excess support payment. You may verify that a support payment was received by contacting 1-888-208-4485 or by visiting the child support website at: newyorkchildsupport.com.

Public assistance recipient status: Check the appropriate box to identify if you are a current public assistance recipient, meaning you are currently receiving assistance, or a former public assistance recipient, meaning you formerly received assistance but are not receiving it now.

Personal information: Enter your name, Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN), current mailing address, contact telephone number, and the best time to reach you at that number. An ITIN is a nine-digit number beginning with “9” which is issued by the Internal Revenue Service to foreign nationals and others who are required to have a U. S. taxpayer identification number but do not have, and are not eligible to obtain, an SSN from the Social Security Administration.

Case information: Enter your public assistance case number(s) (CAN), CIN No., and/or child support account number(s), and the identity of the noncustodial parent(s), including name(s) and SSN/ITIN(s). You must include as much of this information as you have in order to properly identify your case(s).

Type of payment in question: Check the appropriate box or boxes identifying the type of desk review based on the type of payments. Pass-through payments include up to the first \$50.00 of current child support collected during the month up to the amount of the obligation due for the month. Current support is support paid in the month when it is due. If current obligations are not paid timely, they become past-due and are called “arrears.” Excess support payments occur when support collected and retained exceeds the amount of public assistance paid to you. Excess support may include current support collected or collection towards arrears.

Time period: Enter the required month(s)/year(s) that applies to your request. Please note that if your desk review request is in regards to a payment not received in a particular month, you will need to include the preceding month in your desk review request. For example, you did not receive a \$50.00 pass-through for July 2006, so your desk review request would include the period of June 2006 through July 2006.

Note that a desk review is limited to an accounting of the collections and disbursements made during the calendar year in which the desk review is requested and the calendar year preceding the calendar year in which the desk review is requested. Your desk review time period cannot exceed this limitation.

Reason for the desk review request: Clearly state the reason(s) why your desk review request is being submitted. For example, you did not receive a \$50.00 pass-through payment for May 2006.

Documentation: You may also include documentation to support your desk review request, such as copies of the monthly “Report of Support Collected” received for each period of the review. If you wish to include documentation that supports your claim that the distribution was incorrect, select the “yes” box and describe the type of documentation you are including.

Conference with SCU: As part of your desk review, you may request a conference with the Support Collection Unit (SCU) by checking the “yes” box as indicated on this form. The conference may be in person or by telephone and will allow you to offer documentation and discuss the reasons why you believe that you are entitled to additional payments.

Completed and Submitted by: Sign and print your name and date the request for a desk review where indicated.

Once you have completed the “Request for a First-Level Desk Review of the Distribution of Child Support Payments,” **submit the completed form and documentation to the SCU at the address provided on the cover letter.** After you send in the completed form and documentation, the SCU and Social Services District (SSD) will review your case and issue you a written response within 45 calendar days of the date that your written request is received, or, under certain circumstances, within 75 calendar days.

The desk review results will determine whether you are owed an additional payment, whether you have received the correct amount of support, or whether too much support has been paid to you. If you are owed an additional payment, the SSD may distribute that payment to you on your Electronic Benefits (EBT) card or, in some circumstances, by check, not later than 15 calendar days from the determination letter. If too much support has been paid to you, the SSD may recoup the overpayment through the monthly benefits process within 30 calendar days from the date of the determination letter.

If you have questions or concerns regarding the notice or instructions provided, contact the Customer Service Helpdesk at 1-888-208-4485.