

**REQUEST TO MAKE SATISFACTORY PAYMENT ARRANGEMENTS
OR TO CHALLENGE THE SUSPENSION OF YOUR
DRIVING PRIVILEGES FOR FAILURE TO PAY CHILD SUPPORT**

You may submit a request to make satisfactory payment arrangements with us to avoid suspension of your driving privileges or you may challenge the suspension of your driving privileges if you think that our decision is incorrect. If you wish to make a request to make satisfactory payment arrangements or you wish to submit a challenge, you may do so by completing and submitting this form. Your request to make satisfactory payment arrangements with us or your written challenge must be received by the Support Collection Unit **within forty-five (45) days** of the date of the enclosed notice.

Part I. Satisfactory Payment Arrangements Request

1. I wish to make satisfactory payment arrangements with you for payment of what I owe and my current support obligation. I am enclosing the following required documents:

- my executed and verified *Affidavit of Net Worth* indicating my income from all sources, liquid assets and holdings; and
- a copy of my driver license; and
- a copy of my most recently filed Federal and State tax returns and W-2 statement or a copy of my notice of non-filing received from the tax agency; and
- a representative pay stub or a signed letter from my employer, if any, stating my current income and proof of any benefits received (i.e., Social Security, Unemployment Insurance Benefits); and
- an eighteen (18) month employment history

Read the following carefully:

You may obtain an *Affidavit of Net Worth* form by visiting the New York State child support website at childsupport.ny.gov, or by contacting the **New York State 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 Video Relay Service providers can be found at (fcc.gov/encyclopedia/trs-providers).

After we review your request to make satisfactory payment arrangements and the supporting documents provided, if we agree to make satisfactory payment arrangements, we will contact you to discuss the next actions as follows:

- You will be required to execute an *Affidavit of Confession of Judgment* for the total amount that you owe.
- You will then execute a *Satisfactory Payment Arrangement* to pay support by income execution pursuant to Section 5241 of the Civil Practice Law and Rules, which shall include deductions sufficient to ensure compliance with the order of support and an additional amount to be applied to the reduction of what you owe; or, to agree to make payments directly to us for what you owe and any current support in an amount which is consistent with that which would have been made under an income execution.
- Execution of a *Satisfactory Payment Arrangement* includes execution and verification of a stipulation that you will notify us of all future changes of address until such time as your obligation to pay support is terminated.

If we do not agree with your request to make satisfactory payment arrangements, you will be notified by the New York State Department of Motor Vehicles that your driving privileges have been suspended.

Part II. Challenge

2. I wish to challenge the suspension of my driver license because of the following reason(s) (check all boxes that apply):

- a. I am not the person identified as owing support, as supported by:
 - a copy of my driver license or identification card
 - a copy of my passport or my Social Security card
 - other (identify) _____

- b. I am not under court order to pay support, or my support order was vacated, terminated or never entered by the court and no support arrears/past due support is due, as supported by:
- a copy of the court order vacating or terminating my child support order
 - other (identify) _____
- c. The amount shown as due is not correct and/or does not equal at least four months of my current support obligation because a payment or payments I made were not credited to my account, the amount was not accurately computed, or my court order was modified, as supported by:
- a copy (front and back) of a cancelled check or money order that was deposited by the child support agency but not credited to my account
 - documentation that supports my claim that my child support was not accurately computed
 - a copy of my court order modifying my child support order or setting the amount due
 - other (identify) _____
- d. I receive temporary assistance and/or Supplemental Security Income (SSI), as supported by:
- a copy of my identification card; and
 - a copy of the letter verifying the benefits I am receiving
 - other (identify) _____
- e. My income is below the self-support reserve amount of \$ 16,038 for 2016, or after paying my current support obligation my disposable income falls below the self-support reserve amount, as supported by the following enclosed proof of income:
- my executed and verified *Affidavit of Net Worth* indicating my income from all sources, liquid assets and holdings; and
 - a copy of my driver license; and
 - a copy of my most recently filed Federal and State tax returns and W-2 statement or a copy of my notice of non-filing received from the tax agency; and
 - a representative pay stub or a signed letter from my employer, if any, stating my current income and proof of any benefits received (i.e., Social Security, Unemployment Insurance Benefits); and
 - an eighteen (18) month employment history
- f. Other reason (please explain) _____
- _____
- _____

If you checked box 2(e), read the following carefully:

You may obtain an *Affidavit of Net Worth* form by visiting the New York State child support website at **childsupport.ny.gov**, or by contacting the **New York State 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 Video Relay Service providers can be found at (**fcc.gov/encyclopedia/trs-providers**).

After submitting your challenge and the documents provided, if we agree that your income is or will fall below the self-support reserve amount, we will contact you to discuss the next actions as follows:

- To avoid the suspension of your driving privileges, you will be required to execute an *Affidavit of Confession of Judgment* for the total amount that you owe.
- You will also be required to execute and verify a stipulation that you will notify us of all future changes of address until such time as your obligation to pay support is terminated.

If you submit a challenge for any of the reasons stated above, we will send you our determination to your challenge within seventy-five (75) days of the date of the enclosed notice.

New York Case Identifier: _____
Print Name: _____
Signature: _____

Social Security Number: _____ - _____ - _____
Phone: (____) _____
Date: _____