

**CHALLENGE TO THE REFERRAL OF YOUR CASE TO THE  
NEW YORK STATE DEPARTMENT OF TAXATION AND FINANCE FOR  
FAILURE TO PAY CHILD SUPPORT**

You may challenge the referral of your case to the New York State Department of Taxation and Finance (NYS DTF) if you think that our decision is incorrect. If you wish to make a written challenge, you may do so by completing and submitting this form.

Your **written challenge must be received** by the Support Collection Unit **within forty-five (45) days** of the date of the enclosed notice. We will send you our determination on your challenge within seventy-five (75) days of the date of the enclosed notice.

I wish to challenge the referral of my case to the NYS DTF because of the following reason(s) (check all boxes that apply):

1. I am not the person identified as owing support, as supported by:
- a copy of my driver's license or identification card
  - a copy of my passport or my Social Security card
  - other (identify) \_\_\_\_\_
2. 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) \_\_\_\_\_
3. 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) \_\_\_\_\_
4. I receive temporary assistance, medical assistance, Supplemental Nutrition Assistance Program (SNAP) benefits (formerly food stamps), and/or Supplemental Security Income (SSI), as supported by:
- a copy of my identification card
  - a copy of the letter verifying the benefits I am receiving
  - other (identify) \_\_\_\_\_

Other Comments: \_\_\_\_\_  
\_\_\_\_\_

**New York Case Identifier:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_-\_\_\_\_-\_\_\_\_\_  
**Print Name:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_  
**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_