

## 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 temporary 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 as much of the information requested in this section as you have available.

Your Name: \_\_\_\_\_

Your SSN/ITIN: \_\_\_\_\_

Your Current Mailing Address: \_\_\_\_\_  
*number and street address (or post office box) apt.*

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Your Telephone Number: \_\_\_\_\_ Best Time to Contact You:  Daytime  Evening

Your Temporary Assistance Case Number(s) (CAN): \_\_\_\_\_ CIN No. \_\_\_\_\_

Noncustodial Parent Name(s): \_\_\_\_\_

Noncustodial Parent 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, or \$100 after 10-1-08 of current support collected during the month per temporary assistance family)
- excess current support payments through 6-30-09 (amount in excess of total temporary assistance paid to you for the month)
- excess arrears support payments (amount of payment in excess of total temporary 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 tell us why you believe you did not receive all support payments due to you.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

You may attach documentation to support your reason(s) for the desk review request. Are you attaching such documentation?

Yes  No

If Yes, please identify the documentation:  Monthly Report of Support Collected  Excess Support letter

Other (please identify) \_\_\_\_\_

**Conference:** A conference with SCU staff is available. Are you requesting such a conference?  Yes  No

**Completed and Submitted By:**

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Print Your Name

\_\_\_\_\_  
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. **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](http://newyorkchildsupport.com). To request a desk review, complete a “Request for a First-Level Desk Review of the Distribution of Child Support Payments,” as follows:

**Temporary assistance recipient status:** Check the appropriate box to identify if you are a current temporary assistance recipient, meaning you are currently receiving assistance, or a former temporary assistance recipient, meaning you formerly received assistance but are not receiving it now. Temporary assistance was formerly referred to as “public assistance.”

**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 temporary 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 requested based on the type of payments. Pass-through payments include: (1) an amount up to the first \$50.00 of current child support collected during the month through September 30, 2008, or the current support obligation amount collected for the month, whichever is less; and (2) an amount up to the first \$100 of current support collected during the month effective October 1, 2008, or the current support obligation amount collected for the month, whichever is less. 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 “arrear.” Excess support payments occur when support collected and retained exceeds the amount of temporary assistance paid to you. Excess support may include current support collected or collections applied to arrears. Only current support collected is considered when determining an excess current support payment, which may be requested for collections which are credited toward the monthly support obligation due through June 30, 2009. Both current support and arrears are considered when determining an excess arrears support payment.

**Time periods:** Enter the required month(s)/year(s) that applies to your request. Please note that if your desk review request is in regard to a payment which you claim was not received in a particular month but should have been received in that month, you will need to include the preceding month in your desk review request. For example, if you claim you did not receive a \$XXX.00 pass-through for July 20XX, your desk review request should include the period of June 20XX through July 20XX. Note that a desk review is limited to an accounting of the collections and disbursements (1) 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, and (2) only for the months during which an assignment of support rights was in effect. 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 \$XXX.00 pass-through payment for May 20XX.

**Documentation:** At your option, you may also include documentation to support your desk review request, such as the monthly “Report of Support Collected,” “Excess Support” letters, or any other notice(s) received from us for your case for each month 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 by selecting one of the appropriate boxes.

**Conference:** 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 form or instructions provided, or if upon reading these instructions, you believe you have an issue that does not require a desk review, contact the **NYS Child Support Helpline toll-free at 1-888-208-4485 (TTY 1-866-875-9975)**, Monday through Friday from 8:00 AM to 7:00 PM. A listing of recognized Video Relay Service providers can be found at: [http://www.fcc.gov/cgb/dro/trs\\_providers.html](http://www.fcc.gov/cgb/dro/trs_providers.html).