

**Request for a First-Level Desk Review of the Distribution and Disbursement of Child Support Collections**

*BEFORE COMPLETING THIS FORM - Read the information and instructions for a desk review request form included with this document.*

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

**Identification:** Provide as much of the information requested in this section as you have available.

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

Your Current Mailing Address: \_\_\_\_\_

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): \_\_\_\_\_

New York Case Identifier(s): \_\_\_\_\_

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

pass-through payment of current support collected during the month per temporary assistance family (up to the first \$100.00 collected for a family with one individual under the age of 21 or up to the first \$200.00 collected for a family with two or more individuals under the age of 21, provided those individuals are active on the temporary assistance case)

cumulative excess support payment (amount of payment in excess of total temporary assistance paid to you for past months)

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

For the month \_\_\_\_\_ (month/year) OR  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 any documentation?  
 Yes  No

If Yes, please identify the documentation:  Monthly Report of Support Collected  Excess Support letter  
 Other (please identify) \_\_\_\_\_

**Conference:** A conference with Support Collection Unit 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 Support Collection Unit address identified on the cover letter. If you have obtained this form from our website, you must send this form to the Support Collection Unit handling your account regardless of where you reside. See the instructions for further information.

## **Information and Instructions for Completing the *Request for a First-Level Desk Review of the Distribution and Disbursement of Child Support Collections Form***

You may request a desk review if you believe that you did not receive a child support pass-through payment or cumulative 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 by the State Disbursement Unit before you can receive a child support pass-through payment or cumulative 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 (TA) recipient, meaning you are currently receiving assistance, or a former TA recipient, meaning you formerly received assistance but are not receiving it now. TA was formerly referred to as *public assistance*.

**Identification:** Enter your **personal information** and **case information**. Your **personal information** includes 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. Your **case information** includes your TA case number(s) (CAN), client identification number (CIN), and/or New York Case Identifier(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 allow us 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 an amount up to the first \$100.00 of current support collected during the month for a family with one individual under the age of 21 active on the TA case, or up to the first \$200.00 of current support collected during the month for a family with two or more individuals under the age of 21 active on the TA case, 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 *arrears*. *Cumulative excess support payments* occur when support collected and retained exceeds the amount of TA paid to you. *Cumulative excess support payments* may include current support collected or collections applied to arrears.

**Time periods:** Check the appropriate box and enter the time period for which you are requesting the review. Include the month and year that applies to your request. **Note:** If your desk review request is for 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 in July 20XX, your desk review request should include the period of June 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:** State the reason(s) why your desk review request is being submitted. For example, you may state “*I did not receive a \$XXX.00 pass-through payment for May 20XX.*”

**Documentation:** If you wish, you may also include documentation to support your desk review request. Examples of documentation that you may wish to include are 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 and disbursement of collections 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 the form. The conference may be in person or by telephone and will allow you to offer documentation and/or discuss the reason(s) why you believe that you are entitled to additional payments.

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

Once you have completed the *Request for a First-Level Desk Review of the Distribution and Disbursement of Child Support Collections*, **submit the completed form and documentation to the SCU at the address provided on the cover letter.** If you have obtained this form from the child support website, you must send this form to the SCU that is handling your account, regardless of where you reside. You may obtain the SCU’s address to mail the completed desk review request form from the child support website. Access the link for *Local Child Support Offices* and select the county that maintains your account. The address is provided under *FOR DESK REVIEW*. If you are uncertain about the SCU to which this should be sent, please call the **New York State Child Support Customer Service 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 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).

After you send in the completed form and documentation, the SCU and the TA Unit within the Social Services District will review your case and issue you a written response within 45 calendar days of the date that your written request is received by the SCU. The desk review results will determine whether an adjustment is necessary and whether you have received the correct amount of support. If you are owed an additional payment, the TA Unit may distribute that payment to you on your Electronic Benefits (EBT) card or, in some circumstances, by check, not later than 30 calendar days from the date of the determination letter. If too much support has been paid to you, the TA Unit may recover the overpayment through any authorized means within 30 calendar days from the date of the determination letter.

If you have questions 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 **New York State Child Support Customer Service Helpline at the telephone number provided above.**