CLAIM FORM IN RESPONSE TO PROFESSIONAL OR RECREATIONAL LICENSE SUSPENSION/REVOCATION WARNING NOTICE

DIRECTIONS: As explained in the *Warning Notice*, you may avoid suspension/revocation proceedings if you are receiving public assistance or supplemental security income (SSI); your annual income is below the self-support reserve (SSR) of $17,388 for 2021 or falls below the SSR after paying your current support obligation; or information shown in the *Warning Notice* is incorrect.

Complete Section 1 if you are claiming that you are in receipt of public assistance or SSI, or your annual income falls below the SSR or falls below the SSR after paying your current support obligation. Complete Section 2 if you are claiming that information shown in the *Warning Notice* is incorrect and a mistake of fact has been made. Check all appropriate boxes and enter the specific information requested. Print your name, sign, and date this form. Return this form and any supporting documentation to the Support Collection Unit (SCU) at the SCU address provided at the top of the accompanying *Warning Notice* **within fifteen (15) days** from the date the notice was mailed to you. A written notice of our decision regarding your claim will be sent to you.

Use Black Ink Only

SECTION 1: INCOME CLAIM

☐ I should not be subject to a professional or recreational license suspension/revocation action for the following reason(s) (*check each box that applies to you)*:

- ☐ I am receiving public assistance.
- ☐ I am receiving Supplemental Security Income (SSI) benefits.
- ☐ My annual income falls below the self-support reserve ($17,388 for 2021).
- ☐ My annual income falls below the self-support reserve ($17,388 for 2021) after paying the current support obligation.

☐ I am attaching the following documents to support my claim (examples: a benefits notice from the local Department of Social Services or an SSI award letter from the Social Security Administration, copies of my most recently filed state and federal income tax returns and a copy of the W-2 wage and tax statements submitted with the returns):

_____

_____

SECTION 2: MISTAKE OF FACT CLAIM

☐ I assert a mistake of fact as follows (*check each box that applies to you*):

- ☐ I am not the person identified as the noncustodial parent.
- ☐ The order of support does not exist.
- ☐ The support arrears/past due support amount is not equivalent to or greater than the amount of support due pursuant to court order for a period of four months.
- ☐ The Support Collection Unit has made an error in the amount of child support debt that is owed.
- ☐ Other. Provide an explanation of your claim: _____

_____

☐ I am attaching the following documents to support my claim (examples: proof of identity, copies of orders terminating, vacating or modifying the support award):

_____

_____

Completed and Submitted by:

_____ _____ _____

Name of Claimant (Print) Signature of Claimant Date

New York Case Identifier: _____ SCU County Name: _____