

**REQUEST FOR REVIEW OF THE ADDITIONAL AMOUNT ON THE  
INCOME WITHHOLDING ORDER/NOTICE FOR SUPPORT**

**BEFORE COMPLETING THIS FORM** - Please read the process and instructions for information regarding a review and further instructions.

I cannot afford to pay the additional amount of support indicated on the **Income Withholding Order/Notice for Support (IWO)**. Check all of the reasons that apply:

**Use Black Ink Only**

**Custody and Financial Need**

- I have physical custody of the minor child(ren) who is/are subjects of the support order, a current support obligation no longer exists for the child(ren), and the income withholding affects my ability to support my minor child(ren) as supported by the following enclosed proof of physical custody:
- copy of the court order showing that the minor child(ren) live(s) with me; or
  - school or other governmental records indicating the child(ren)'s residence; or
  - other (identify) \_\_\_\_\_;
- AND**, proof of terminated current support:
- copy of the court order showing that the current support order is terminated;
- AND**, proof of income:
- copy of my most recently filed State and Federal tax return and W-2 statement; and
  - copy of my current paycheck stub, or a signed letter from my employer, stating my current income; and/or
  - proof of any benefits received (i.e., Social Security, Unemployment Insurance Benefits); and/or
  - other (identify) \_\_\_\_\_;
- AND**,
- Statement of Income and Expenses form.

**Annual Income Below the Self-Support Reserve (SSR)**

- The additional amount required to be deducted will reduce my disposable income (income minus deductions required by law) below the self-support reserve amount of \$17,388 for 2021, as supported by the following enclosed proof of income:
- copy of my most recently filed State and Federal tax return and W-2 statement; and
  - copy of my current paycheck stub, or a signed letter from my employer, stating my current income; and/or
  - proof of any benefits received (i.e., Social Security, Unemployment Insurance Benefits); and/or
  - other (identify) \_\_\_\_\_.

**Completed and Submitted By:**

Name \_\_\_\_\_ Dated \_\_\_\_\_  
Address \_\_\_\_\_ Social Security Number \_\_\_\_\_  
\_\_\_\_\_ Daytime phone Number \_\_\_\_\_

New York Case Identifier and county listed on the IWO for each of your cases:

ID _____	County _____	ID _____	County _____
ID _____	County _____	ID _____	County _____
ID _____	County _____	ID _____	County _____

Copies of this form and all documentary proof must be sent to each county that you request a review of the additional amount that was issued by that county.

## **Process and Instructions for Request for Review of the Additional Amount on the Income Withholding Order/Notice for Support**

**Before completing the form, please read the following:**

You may ask for a review of the additional amount to be withheld as stated on the “Income Withholding Order/Notice for Support” (IWO) for the following reasons:

- You have physical custody of the minor child(ren) who is/are the subject(s) of the support order, a current support obligation no longer exists, and the income withholding affects your ability to support the minor child(ren); or
- The additional amount required to be deducted will reduce your disposable income (income minus deductions required by law) below the self-support reserve amount of \$17,388 for 2021.

To request a review, you must complete this form by:

- placing a checkmark ( √ ) in the appropriate boxes on this form identifying your request and identifying the required documentary proof included to support your request;
- providing your personal information, all of your New York Case identifiers (account numbers) and counties listed on the IWO(s) that you received; and
- submitting this completed form and documentary proof to the address of your local child support office.

You must provide the identified documentary proof to support your request. If you wish to provide relevant supporting documentation that is not listed on the form, you may check the box labeled “other” where applicable and provide a description of the documentation included. If you do not file State and/or federal tax returns you must indicate the reason why you do not have to file the tax return(s) on the “other” line.

After completion of this form, you must submit this form, the Statement of Income and Expenses form (if custody is the basis of your request), and required documents to the address of your local child support office. Upon receipt, we will review the documentation and provide you with a written decision stating whether or not we agree with you.

If we agree with your request, wholly or in part, we will adjust your account and send an amended IWO to your employer and send a copy of the IWO to you. If we do not agree with your request, there will be no change to your additional amount. Our decision will be based solely upon consideration of relevant court orders and findings, the Support Collection Unit records and any written documentation submitted by you. Our written decision will be the final determination.