

Request to Make Payment Arrangements or Challenge the Suspension of Driving Privileges for Failure to Pay Child Support

You may submit a request to make payment arrangements to avoid suspension of your driving privileges or you may challenge the suspension of your driving privileges by completing and submitting this form to the Support Collection Unit (SCU) **within forty-five (45) days** of the date of the enclosed notice.

- Complete Part I to request payment arrangements to avoid suspension of your driving privileges.
- Complete Part II to challenge the suspension of your driving privileges.

Use Black Ink Only

Part I. Payment Arrangements Request

1. I wish to make a payment arrangement. I am enclosing the following required documents:

- my executed and verified *Affidavit of Net Worth* indicating my income from all sources, liquid assets and holdings; and
- a copy of my driver license; and
- a copy of my most recently filed federal and State tax returns and W-2 statement or a copy of my notice of non-filing received from the tax agency; and
- a pay 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
- an eighteen (18) month employment history

Read the following carefully:

You may obtain an *Affidavit of Net Worth* form by visiting the New York State child support website at childsupport.ny.gov, or by contacting the **New York State Child Support Helpline** toll-free at **888-208-4485** (TTY 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 (www.fcc.gov/general/internet-based-trs-providers).

If it is determined that you are eligible for payment arrangements, we will contact you to discuss the next actions as follows:

- You will be required to execute an *Affidavit of Confession of Judgment* for the total amount that you owe. This will place the past-due support in judgment which will accrue interest at an annual rate of 9 percent in accordance with NYS law.
- You will then execute a *Satisfactory Payment Arrangement* to pay support by income execution pursuant to Section 5241 of the Civil Practice Law and Rules, which shall include deductions sufficient to ensure compliance with the current support obligation and an additional amount to be applied to past-due support; or, to agree to make payments directly to us for what you owe in an amount which is consistent with that which would have been made under an income execution.
- Execution of a *Satisfactory Payment Arrangement* includes signing and verification that you will notify the SCU of any future change of address until such time as your obligation to pay support is terminated.

If your request to make payment arrangements is denied, you will be notified by the New York State Department of Motor Vehicles that your driving privileges have been suspended.

Part II. Challenge

2. I wish to challenge the suspension of my driver license because (check all boxes that apply):

- a. I am not the person identified as owing support, as supported by:
 - a copy of my driver license or identification card
 - a copy of my passport or my Social Security card
 - other _____

- b. 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 is due, as supported by:
 - a copy of the court order vacating or terminating my child support order
 - other _____

- c. The amount shown as due is not correct and/or does not equal at least four (4) months of my current support obligation 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 _____

- d. I receive temporary assistance and/or Supplemental Security Income (SSI), as supported by:
 - a copy of my identification card; and
 - a copy of the letter verifying the benefits I am receiving
 - other (identify) _____

- e. My income is below the self-support reserve amount of \$21,546 for 2026, or after paying my current support obligation my disposable income is below the self-support reserve amount, as supported by the following enclosed proof of income:
 - my executed and verified *Affidavit of Net Worth* indicating my income from all sources, liquid assets and holdings (Note: obtain an *Affidavit of Net Worth* form by visiting the New York State child support website at childsupport.ny.gov, or by contacting the **New York State Child Support Helpline** toll-free at **888-208-4485** (TTY 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 (www.fcc.gov/general/internet-based-trs-providers); and
 - a copy of my driver license; and
 - a copy of my most recently filed federal and State tax returns and W-2 statement or a copy of my notice of non-filing received from the tax agency; and
 - a pay stub or a signed letter from my employer, if any, stating my current income and proof of any benefits received (i.e., Social Security, Unemployment Insurance Benefits); and
 - an eighteen (18) month employment history

- f. Other reason: _____

If it is found that your income is or will fall below the self-support reserve amount, we will contact you to discuss the next actions as follows:

- To avoid the suspension of your driving privileges, you will be required to execute an *Affidavit of Confession of Judgment* for the total amount that you owe. This will place the past-due support in judgment which will accrue interest at an annual rate of 9 percent in accordance with law.
- You will also be required to execute and verify a stipulation that you will notify the SCU of any future change of address until such time as your obligation to pay support is terminated.

If you submit a challenge for any of the reasons stated above, we will send you our determination to your challenge within seventy-five (75) days of the date of the enclosed notice.

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