

FAMILY COURT OF THE STATE OF NEW YORK  
COUNTY OF ERIE

.....  
ERIE COUNTY SUPPORT COLLECTION UNIT o/b/o

95 Franklin Street, Buffalo, New York 14202

Petitioner

Docket No.

-against-

Objection to Support  
Collection Unit Denial  
Of Challenge to  
Driver's License Suspension

Name  
Address

DOB:

Respondent

.....  
NOTICE: IF YOU OBJECT TO THE DETERMINATION OF THE SUPPORT COLLECTION UNIT DENYING YOUR CHALLENGE TO THE SUSPENSION OF YOUR DRIVING PRIVILEGES, THIS FORM MUST BE FILED WITH THE CLERK OF THE FAMILY COURT WITHIN 35 DAYS OF THE DATE OF MAILING OF THE NOTICE FROM THE SUPPORT COLLECTION UNIT DENYING YOUR CHALLENGE. THIS FORM MUST BE ACCOMPANIED BY PROOF, WHICH MAY INCLUDE THE AFFIDAVIT OF SERVICE BELOW, THAT IT HAS BEEN SERVED UPON THE SUPPORT COLLECTION UNIT AND TO THE OPPOSING PARTY AT HIS/HER LAST KNOWN ADDRESS BY FIRST CLASS MAIL. THE SUPPORT COLLECTION UNIT HAS TEN DAYS FROM SUCH SERVICE IN WHICH TO FILE A WRITTEN REBUTTAL.

I am a party in the above-entitled proceeding and object to the denial by the Support Collection Unit of my challenge, dated \_\_\_\_\_, 19\_\_\_\_, to the Support Collection Unit's determination to notify the Department of Motor Vehicles to suspend my driving privileges. The grounds for my objections are as follows:

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(Continue on back, if necessary)

Date: \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Petitioner

\_\_\_\_\_  
Print or type name

\_\_\_\_\_  
Signature of Attorney, if any

\_\_\_\_\_  
Attorney's Name (Print or Type)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Attorney's Address and Telephone Number

I, \_\_\_\_\_, being duly sworn, depose and say: I, \_\_\_\_\_, have served the foregoing Objection to the Support Collection Unit Denial of Challenge to Driver's License Suspension upon the Support Collection Unit\* (in person) (by mail) at

\_\_\_\_\_, \_\_\_\_\_,  
, \_\_\_\_\_  
Number and Street City, State, and Zip Code

on \_\_\_\_\_, 19\_\_\_\_\_, and upon \_\_\_\_\_, (in person)  
(Name of Opposing Party)

(by mail) at \_\_\_\_\_,  
Number and Street City, State, and Zip Code

on \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature (Petitioner, Respondent  
or other Person Serving Objection)

Sworn to before me this day \_\_\_\_\_ of

\_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_

(Notary Public)

\*In Erie County, service of this objection must be made upon the Support Collection Unit, 95 Franklin Street, Buffalo, New York 14202.