

FAMILY COURT OF THE STATE OF NEW YORK
COUNTY OF _____

(Commissioner of Social Services, Assignee,
on behalf of _____, Assignor)

Docket No. _____

OBJECTION TO AN
ADJUSTED ORDER
ISSUED BY THE
SUPPORT COLLECTION UNIT

S.S.# _____
Petitioner,

-against-

S.S.# _____
Respondent.

NOTICE: IF YOU OBJECT TO AN ADJUSTED ORDER ISSUED BY THE SUPPORT COLLECTION UNIT, THIS FORM MUST BE FILED WITH THE CLERK OF THE FAMILY COURT IN THE COUNTY WHERE THE ADJUSTED ORDER HAS BEEN FILED WITHIN 35 DAYS OF THE DATE THE ADJUSTED ORDER WAS MAILED TO YOU. YOU MUST SEND COPIES OF SUCH OBJECTIONS TO THE SUPPORT COLLECTION UNIT AND TO THE OPPOSING PARTY OR PARTIES. YOU MUST PROVIDE PROOF THAT THE OPPOSING PARTY OR PARTIES AND THE SUPPORT COLLECTION UNIT HAVE BEEN PROVIDED WITH COPIES OF THE OBJECTIONS (SEE AFFIDAVIT OF SERVICE ATTACHED).

USE THIS SECTION IF YOU ARE OBJECTING TO AN ADJUSTED ORDER ISSUED AS A RESULT OF A COST OF LIVING ADJUSTMENT (COLA):

I am a Party in the above-entitled proceeding and object to the adjusted order (copy attached) resulting from application of a cost of living adjustment by the Support Collection Unit upon the following grounds [specify]:

Signature (Petitioner or Respondent)

Print or Type Name

Signature of Attorney, if any

(Attorney's name) Print or Type

Dated: _____, _____.

Attorney's Address and Telephone Number

USE THIS SECTION IF YOU ARE OBJECTING TO AN ADJUSTED ORDER RESULTING FROM A REVIEW OF AN ORDER ISSUED PRIOR TO SEPTEMBER 15, 1989 THAT HAD NOT BEEN REVIEWED, ADJUSTED OR MODIFIED SINCE THAT DATE:

