

FAMILY COURT OF THE STATE OF NEW YORK
COUNTY OF _____

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

Docket No. _____

Petitioner,

OBJECTION TO AN
ADJUSTED ORDER
ISSUED BY THE
SUPPORT COLLECTION UNIT

-against-

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:

I am a Party in the above-entitled proceeding and object to the adjusted order (copy attached) received by me upon the following grounds [specify]:

Petitioner

Print or type name

Signature of Attorney, if any

Attorney's Name (Print or Type)

Attorney's Address and Telephone Number

Date: _____, _____.

THIS SECTION IS REQUIRED IN ALL CASES:
AFFIDAVIT OF SERVICE

Petitioner
against

Respondent

Docket No. _____

STATE OF NEW YORK)
 : ss.:
COUNTY OF)

I, _____, being duly sworn, depose and say: I have served this Objection to an Adjusted Order upon the [check applicable box]: Support Collection Unit NYC HRA Office of Legal Affairs¹ at [specify]:
and upon [specify name of opposing party or parties]:
by mail in person [note: service in person must be made by non-party to the case] on [specify date]:

Sworn to before me this day of

Signature of Person Serving Objection

(Notary Public)
(Deputy) Clerk

¹ In New York City, service of this objection may be made upon the New York City Human Resources Administration Office of Legal Affairs, Child Support Litigation Unit, 180 Water St., 17th Floor, New York, NY 10038, which represents the Support Collection Unit in these matters.