

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.

\_\_\_\_\_

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

**IMPORTANT:** You have the right to file specific objections in writing to an adjusted Order issued by the Support Collection Unit. The objections must contain: the name and docket number of the case, the date and specific provisions of the order to which you are objecting and the specific grounds for your objections. You must send the objections by mail to the Support Collection Unit and the opposing party and his or her attorney, if any, within thirty-five (35) days of the date the Order was mailed to you. You must file the objections with the Clerk of Court, together with a notarized affidavit of service stating when the objections were sent to the Support Collection Unit and the opposing party and attorney, if any. The affidavit of service form is on the second page of this objection form.

**AFFIDAVIT OF SERVICE [REQUIRED]**

(Commissioner of Social Services, Assignee,

Docket No. \_\_\_\_\_

on behalf of \_\_\_\_\_, Assignor)

Petitioner,

-against-

Respondent.

STATE OF NEW YORK)

COUNTY OF \_\_\_\_\_ : ss.:  
\_\_\_\_\_ )

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 Affairs<sup>1</sup> at [specify]:

and upon [specify name of opposing party or parties]:

and upon the opposing party's attorney, if any [specify name of attorney]:

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

<sup>1</sup> 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, 150 Greenwich Street, 38<sup>th</sup> Floor, New York, NY 10007, which represents the Support Collection Unit in these matters.