F.C.A. § 454(5); Art 5-B Form 4-22

 (Objection to Support

 Collection to Unit Denial of Challenge to Driver's License

 Suspension)

 1/2024

FAMILY COURT OF THE STATE OF NEW YORK

COUNTY OF

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Commissioner of Social Services, Assignee.

on behalf of , Assignor) Docket No.

 OBJECTION TO PETITIONER[[1]](#footnote-1) SUPPORT COLLECTION

 UNIT DENIAL OF -AGAINST- CHALLENGE TO DRIVER’S LICENSE SUSPENSION

 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 THAT IT HAS BEEN SERVED UPON THE SUPPORT COLLECTION UNIT AND SENT TO THE OPPOSING PARTY AT HIS/HER LAST KNOWN ADDRESS BY FIRST CLASS MAIL.SUCH PROOF MAY INCLUDE THE AFFIDAVIT OF SERVICE AT THE END OF THIS FORM. 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 [specify]: , , 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:

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

 Petitioner

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Print or type name

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of Attorney, if any

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Attorney’s Name (Print or Type)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Attorney’s Address and Telephone Number

**THIS SECTION IS REQUIRED IN ALL CASES:**

 **AFFIRMATION OF SERVICE**

 **Affirmation of Personal Service Mail Service Other: \_\_\_\_\_\_\_\_**

FAMLY COURT RETURN DATE: \_\_\_\_\_\_\_\_\_\_\_

STATE OF NEW YORK \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_: DOCKET NO.

PART \_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, affirm and state the following:

 (Name of Person Making Service)

|  |  |  |
| --- | --- | --- |
| **YOU****MUST** |  |  |
| **Complete****This****Section** | 1. |  That I am at least 18 years of age, and I am not a party to the above action, and reside at: |

 (Street) (City) (County)

|  |  |
| --- | --- |
| 2. On [specify date and time]:  |  |
| at [specify address]: \_\_\_\_\_\_\_\_\_\_\_\_\_ |  in the City of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, |

1. On2

|  |  |
| --- | --- |
|  | State of New York, I personally served a copy of  |
| **Check All** |  |
| **that Apply** | the Objection to Support Collection Unit Denial of Challenge to Driver’s License Suspension |

 on\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, in the above-mentioned action by:

1. I personally served \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ copies of the papers by

 (Name of Person Served)

|  |  |  |  |
| --- | --- | --- | --- |
| **If Papers****SERVED****IN PERSON*****Complete this*** ***Section*** | 4. |  delivering and leaving with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at the above time and place. (Name / to whom papers given) I knew the person so served to be \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name / to whom papers given) a. the person named in the papers as the Respondent Petitioner in this actionb. I believe this person would give the papers to the Respondent Petitioner. (You must also mail a copy and complete paragraph #6) |  |

 5. DESCRIPTION OF PERSON SERVED:

 sex: \_\_\_\_\_ color of skin: \_\_\_\_\_ hair: \_\_\_\_\_ approximate age: \_\_\_\_\_ approximate height: \_\_\_\_\_ approximate weight: \_\_\_\_\_ other identifying features: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
|  |  6. | I deposited a true copy of the papers upon \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name of Person Served) |  |
| ***You Must Complete*****IF MAIL SERVICE****ORDERED BY COURT or Paragraph 4b IS CHECKED** | enclosed in a post-paid envelope in the Post Office a Branch Post Office a Post Office Box |  |
|  regularly maintained by the United States government at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, State of New York, directed to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Address papers mailed to) |  |
|  the residence of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Person papers mailed to) **OR**the address within the State designated by (him)(her) to receive communication by mail. |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  7. |  The court ordered the papers to be served by the following alternative method:  |  |
| ***Complete this Section*****IF ALTERNATIVE SERVICE OR DIRECTED BY COURT** |  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I, therefore, served the papers as follows: (Specify method ordered by Court) |  |
|  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Describe all actions taken, including dates, how and to whom papers were transmitted) |  |

|  |  |  |
| --- | --- | --- |
|  I affirm this \_\_\_ day of \_\_\_\_\_\_, \_\_\_\_, under the penalties of perjury under the laws of New York, which may include a fine or imprisonment, that the above statements are true, and I understand that this document may be filed in an action or proceeding in a court of law. |  |  |
|  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |  |

 (Signature / Person Serving)

1. Use caption of original petition. [↑](#footnote-ref-1)