

FAMILY COURT OF THE STATE OF NEW YORK
COUNTY OF

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

Docket No.

PETITIONER¹

OBJECTION TO
SUPPORT COLLECTION
UNIT DENIAL OF
CHALLENGE TO DRIVER'S
LICENSE SUSPENSION

-AGAINST-

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

¹Use caption of original petition.

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: _____

FAMILY COURT
STATE OF NEW YORK
COUNTY OF _____:
PART _____

RETURN DATE: _____

DOCKET NO.

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:

2. On [specify
date and time]:
at [specify _____ in the City of _____, County of _____,
address]:

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:

3. I personally served _____ copies of the papers
by _____

(Name of Person Served)

If Papers delivered and leaving with _____ at the above time and place.
(Name / to whom papers given)

SERVED

I knew the person so served to be _____
(Name / to whom papers given)

IN PERSON

Complete this

4.

a. the person named in the papers as the Respondent Petitioner in this action

Section

b. 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 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)