

FAMILY COURT OF THE STATE OF NEW YORK  
COUNTY OF ERIE

(Commissioner of Social Services, Assignee,  
on behalf of \_\_\_\_\_, Assignor)

Docket No.

PETITIONER<sup>1</sup>

-AGAINST-

OBJECTION TO  
SUPPORT COLLECTION  
UNIT DENIAL OF  
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:

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<sup>1</sup>Use caption of original petition.

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:  
AFFIDAVIT OF SERVICE**

\_\_\_\_\_  
Petitioner

against

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

\_\_\_\_\_  
Respondent

STATE OF NEW YORK )

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

I, \_\_\_\_\_, being duly sworn, depose and say: I have served this  
Objection upon the [check applicable box]:  Support Collection Unit  NYC HRA Office of Legal  
Affairs<sup>2</sup> 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

<sup>2</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, 180 Water St., 17th Floor, New York, NY 10038, which represents the Support Collection Unit in these matters.