

FAMILY COURT OF THE STATE OF NEW YORK
COUNTY OF _____

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

Docket No. _____

S.S. # (Assignor) _____
Petitioner,

OBJECTION TO AN
ADJUSTED ORDER
ISSUED BY THE
SUPPORT COLLECTION
UNIT

-against-

S.S. # _____
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. YOU MUST PROVIDE PROOF THAT THE OPPOSING PARTY 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.

Signature (Petitioner or Respondent)

Print or Type Name

Signature of Attorney, if any

(Attorney's name) Print or Type

Attorney's Address and Telephone Number

Dated: _____, 19 ____ .

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 SUBSEQUENT TO 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:

Petitioner

Print or type name

Signature of Attorney, if any

Attorney's Name (Print or Type)

Attorney's Address and Telephone Number

Date: _____, 19 ____ .

Petitioner

against

Docket No. _____

Respondent

STATE OF NEW YORK)

: ss.:

COUNTY OF)

AFFIDAVIT OF SERVICE

I, _____, being duly sworn, depose and say: I have served the foregoing Objection to an Adjusted Order upon the (Support Collection Unit) (Division of Legal Services)¹ at

_____, and upon [Name of Opposing Party] _____,

(in person) (by mail) on _____.

Sworn to before me this day of _____, 19 _____.

(Notary Public)

¹Delete inapplicable provision. In New York City, service of this objection may be made upon the Division of Legal Services, 60 Lafayette Street, Room 8k7 New York, N.Y. 10013, which represents the Support Collection Unit in these matters.