

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 AFFIRMATION 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

¹Use caption of original petition.

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 _____:

RETURN DATE: _____
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 ___:___ a.m. p.m.

at [specify _____

address]: in the City of _____, County of _____,

State of New York, I personally served a copy of the Objection to Support Collection Unit Denial of Challenge to Driver's License Suspension on _____, in the above-mentioned action by:

If Papers

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

(Name of Person Served)

SERVED

delivering and leaving with _____ at the above time and place.

(Name / to whom papers given)

IN PERSON

I knew the person so served to be _____

(Name / to whom papers given)

Complete this

Section

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

b. I believe this person would give the papers to the Respondent Petitioner. (You must also mail a copy and complete paragraph #4)

My perception of the person served was as follows: **NOTE:** Please select the gender designation that most closely matches your perception of the person's gender.

| Gender | Race | Age | Height | Weight |
|---------------------------------|---|---|--------------------------------------|--|
| <input type="checkbox"/> Male | <input type="checkbox"/> Asian | <input type="checkbox"/> Under 21 years | <input type="checkbox"/> Under 5'0" | <input type="checkbox"/> Under 100 lbs |
| <input type="checkbox"/> Female | <input type="checkbox"/> Black/African American | <input type="checkbox"/> 21-35 years | <input type="checkbox"/> 5'0" – 5'3" | <input type="checkbox"/> 100-130 lbs |
| <input type="checkbox"/> X | <input type="checkbox"/> Middle Eastern/North African | <input type="checkbox"/> 36-50 years | <input type="checkbox"/> 5'4" – 5'8" | <input type="checkbox"/> 131-160 lbs |
| | <input type="checkbox"/> Native American/Alaskan | <input type="checkbox"/> 51-65 years | <input type="checkbox"/> 5'9" – 6'0" | <input type="checkbox"/> 161-200 lbs |
| | <input type="checkbox"/> Native Hawaiian/Pacific Islander | <input type="checkbox"/> 65-80 years | <input type="checkbox"/> 6'1" – 6'4" | <input type="checkbox"/> 201-240 lbs |
| | <input type="checkbox"/> White | <input type="checkbox"/> Over 80 years | <input type="checkbox"/> Over 6'4" | <input type="checkbox"/> 241-280 lbs |
| | <input type="checkbox"/> Other | | | <input type="checkbox"/> Over 280 lbs |

| Eye Color | Hair Color | Hair Length | Facial Hair |
|--------------------------------|--------------------------------|--|---|
| <input type="checkbox"/> Amber | <input type="checkbox"/> Black | <input type="checkbox"/> Bald | <input type="checkbox"/> None |
| <input type="checkbox"/> Blue | <input type="checkbox"/> Blond | <input type="checkbox"/> Balding | <input type="checkbox"/> Goatee |
| <input type="checkbox"/> Brown | <input type="checkbox"/> Brown | <input type="checkbox"/> Crewcut | <input type="checkbox"/> Full beard (short) |
| <input type="checkbox"/> Gray | <input type="checkbox"/> Gray | <input type="checkbox"/> Short | <input type="checkbox"/> Full beard (long) |
| <input type="checkbox"/> Green | <input type="checkbox"/> Red | <input type="checkbox"/> Medium | <input type="checkbox"/> Mustache |
| <input type="checkbox"/> Hazel | <input type="checkbox"/> White | <input type="checkbox"/> Shoulder-length | <input type="checkbox"/> Sideburns |

| | | |
|---------------------------------------|-------------------------------|--|
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Long | |
|---------------------------------------|-------------------------------|--|

Other identifying features, if any (specify): _____

4. 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.

5. 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 of Person Serving)

(Person Serving: Print or type name)