

FAMILY COURT OF THE STATE OF NEW YORK
COUNTY OF

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

Docket No.

PETITIONER¹

-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:

¹Use caption of original petition.

