TO:		, IV-D Coordinator, County
FRC	M:	, New York State Office of Temporary and Disability Assistance,
		Division of Child Support Services
DAT	E:	
SUB	BJECT:	Notification of a Second-Level Desk Review Request
Leve	el Desk R	k State Office of Temporary and Disability Assistance (OTDA) received a Request for a Second- eview of Pass-through Payment or Cumulative Excess Support Payment on
prov used	ide copie d in the <i>Fi</i>	TDA to conduct the second-level desk review, your social services district (district) must promptly s of the Temporary Assistance Unit records which are not currently available in BICS and were irst-Level Desk Review Determination issued by your district on You must provide rary Assistance Unit records by e-mail, fax, or mail to the following address no later than:
	Fax: Mail New 40 N Alba	ail: otda.sm.cees.tabureau.@otda.ny.gov : (518) 473-0511 : York State Office of Temporary and Disability Assistance North Pearl Street, 11-A any, NY 12243-0001 ntion: Bureau of Temporary Assistance, Second-Level Desk Review
	electron Collection	on, the second-level desk review includes Support Collection Unit records which are not available ically through the automated child support system. You must provide copies of those Support on Unit records by e-mail, fax, or mail to the following address no later than: ail: otda.sm.dcse.bpo@otda.state.ny.us
	Mail New 40 N Alba	: (518) 486-3127 I: Virk State Office of Temporary and Disability Assistance North Pearl Street, 13-C Iny, NY 12243-0001 Interior: Bureau of Program Operations and Contract Administration, Second-Level Desk Review

Please include a copy of this *Notification of a Second-Level Desk Review Request* with copies of the documentation requested above.