At the time I received it, and news of an attempt to seize my possessions, I was dumbfounded and didn't understand how they pulled off this \$65,000 judgment in favor of the New York State Department of Social Services. I was never aware of this nor was I in New York State and never once was I ever in a courtroom to get this judgment. That judgment is about what my house in Pennsylvania was worth at the time and it wasn't hard to figure out why they did this to me.

It was later discovered that the judgment was a complete forgery, with the "signatures" literal rubber stamps. Those responsible even tried to get it removed from court records in a cover-up but by law were unable to do so.

This is how a family court examiner in Suffolk County, New York worked with local police detectives who were looking for me to find out where I lived and to fabricate an illegal judgment against me to confiscate my grandfather's house. They abused the Family Court to cook up a weapon of mass destruction that haunts me still to this day. These are the documents and how the court examiner and others tried to cover it up over a six year period 1998 to 2004.

First Letter

In early 1998 a letter addressed to me, Joseph Waiksnis, was delivered to the 40 E. Half Hollow Road curbside mailbox of my parents, Veronica and Ed Snyder; this letter had been sent from the Suffolk County Child Support Enforcement Bureau in Hauppauge, NY. At the time I resided with my wife Dawn in South Carolina, so my mother telephoned me from New York, advising me of the mail I had received. I told her to open the envelope. It was a summons to appear in family court in Central Islip, NY.

Note: My New York State driver's license with my parents' address had never changed since the 1980s.

My mother, on my behalf, went down to the Suffolk County Family Court in Central Islip on the date scheduled. She went into the courtroom and met with Mr. Philip Goglas (Hearing Examiner), explaining the situation. He demanded to know where I lived. My mother gave him my address at the base residence in Goose Creek, SC. This very first letter was from the Hearing Examiner, Philip Goglas, from the family court.

April 27, 1998

A second letter, postmarked April 27, 1998, was sent to my South Carolina home from the Suffolk County Support Enforcement Bureau in Hauppauge, NY. It was another appearance date with Philip Goglas. Enclosed was a financial affidavit that I was required to fill out.

Note: I spoke to an attorney in South Carolina and explained to him I've had no contact with my ex-wife, Anne, or my children since my divorce back in the 1980s. It was my ex-wife's wish to have no contact with me or any part of my family. The family court had ordered me to pay \$35.00 a week. My mother felt bad about it so had been adding extra money and mailing it to Anne's parents. This went on for a while until I went to my mother-in-law's home to ask about a few of the undeposited checks my mother was wondering about. Anne's mother answered the door and stated that Anne was moving on with her life and wanted no part of me or my family. She handed me a few of the unopened letters my mother had mailed her. I called the police one time and had them meet me at my mother-in-law's house about visitation rights, and even the police couldn't help me, stating that I'd have to take it up in court. To not make it any worse, Anne got her wish as I left them alone hoping she would come to her senses. I had refused to get a divorce or have our marriage annulled, but she managed to do both and remarried into money.

It had been almost ten years since I'd seen or heard from Anne, so why now? My guess was that things hadn't worked out, and now she was looking for money. Not to worry, because it was Anne's loss since she hadn't done anything about the child support over those last years. The lawyer advised that the worst that could happen to me was that I might have to start paying minimal child support each week starting sometime that year (1998). He told me to fill out the financial affidavit and to include records of the last seven years of taxes along with an explanation as to why I could not make the New York court appearance. I was to explain that I was living in South Carolina with my wife who was full-time in the Navy, and while I was currently out of work, I was a full-time caregiver to my son.

I also included a copy of a statement from Social Security that listed my income made over the years which proved I made minimum wages. This was mailed to the personal attention of Mr. Philip Goglas in plenty of time for him to review.



September 29, 1998

A third letter, postmarked September 30, 1998, was delivered to me in South Carolina. This time the return address on the envelope was different: FAMILY COURT OF THE STATE OF NEW YORK, County of Suffolk. ATTN: Hearing Examiner Department, 400 Carlton Avenue, Central Islip, NY, 11722-9077.

Included were three different documents: a summons, a petition, and an order.

The summons, dated September 01, 1998, was that I was to appear before Philip Goglas, Esq. for Docket# F-2456-98, with a court date of September 29, 1998.

Note: I never received the summons dated September 01, 1998 in South Carolina; it was included with the petition and order.

Petition:

Case# BD94803C1

Docket# F-2456-98

Information:

January 04, 1990: Judgment \$9,300.00. (There was no such judgment that I was aware of either in court or by receiving any letter in the mail.)

Note: This January 04, 1990 forged document amount was never added to the amount I own but yet it has the same Case# BD94803C1 and Docket# F-2456-98 number. You can see all the statements doesn't show it. This is the main reason why I received several other money judgements after this one, to cover up the January 04 1990 forged judgement that Philip Goglas fabricated.

As of June 30, 1998: Arrears Due \$66,300.00. (The first time I had ever heard about this.)

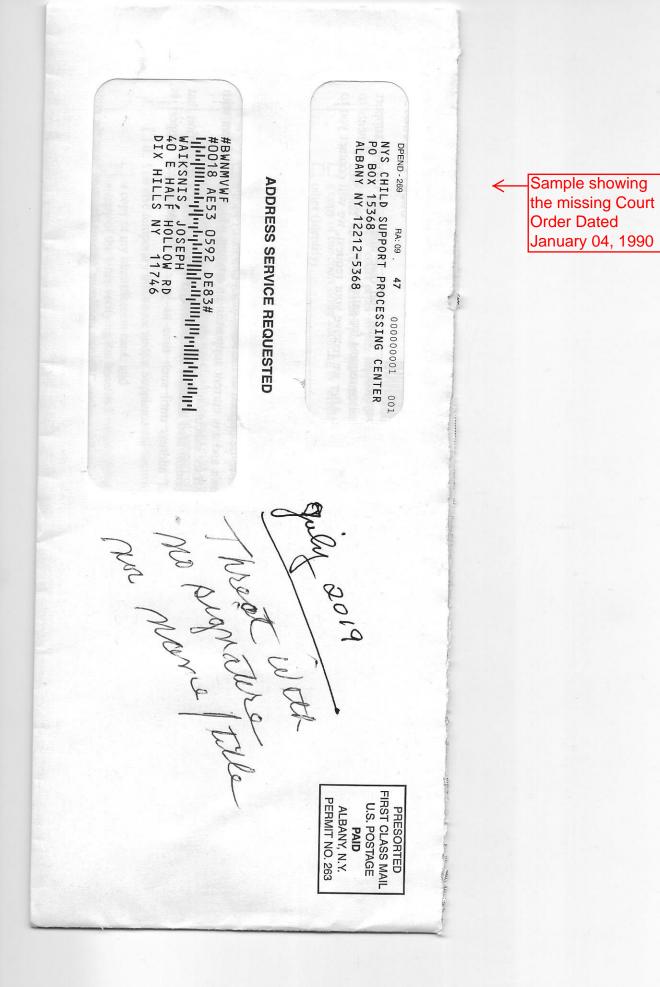
Petitioner signed: Anne Schnarwyler. (This was not Anne's signature; it had been forged. See the real signature of Anne.)

Order:

Court Order, dated September 29, 1998, for Docket No. F2456-98, signed by Philip Gogl<u>a</u>s, Hearing Examiner. I was ordered to pay the sum of \$150.00 per week to the Support Collection Unit, P.O. Box 15347, Albany, NY on behalf of the Petitioner, Anne Schnarwyler, effective 10-9-98. Someone had even printed my name, Joseph Waiksnis, on the back of the one form that I had been in attendance in court.

Note: This order had me appearing personally in front of Philip Goglas when I had indeed not personally appeared since I had been in South Carolina. None of my family on Long Island had appeared at court on September 29, 1998, either.

Note: Included with the documents was an appearance ticket, dated 9-29-98, stating that the case had been adjourned to November 02, 1998, Part 13 at 9:00 A.M.



DPEND-269 RA:09 47 00000001 001 NYS CHILD SUPPORT PROCESSING CENTER PO BOX 15368 ALBANY NY 12212-5368

հերգիլի արանդերությունը արանդերությունները հերանում

11746

#BWNMVWF

#0018 AE53 0592 DE83#

WAIKSNIS, JOSEPH 40 E HALF HOLLOW RD

DIX HILLS NY

DATE: July 12, 2019

NEW YORK CASE IDENTIFIER: BD94803C1 CSEU COUNTY NAME: SUFFOLK DOCKET/INDEX NUMBER(S): F0245698

JCA WORKER CODE: NFT INVSTG-CD: NFT



 STATE OF NEW YORK

 SUFFOLK
 FAMILY COURT

 SCHNARWYLER, ANNE
 Petitioner/Plaintiff,

 - against

 WAIKSNIS, JOSEPH
 Respondent/Defendant.

 New York Case Identifier: BD94803C1

 IMPORTANT NOTICE

 REGARDING YOUR DRIVING PRIVILEGES AND YOUR FAILURE TO PAY CHILD SUPPORT

 PLEASE READ THE FOLLOWING INFORMATION CAREFULLY:

| ENTRY DATE OF COURT ORDER 09/29/1998 11/02/1998 03/29/1999 10/20/2000 | PAYMENTS ORDERED 0.00 WEEKLY 0.00 WEEKLY 0.00 WEEKLY 0.00 WEEKLY | ENTRY DATEPAYMENTSOF COURT ORDERORDERED03/13/20010.00 WEEKLY08/25/20040.00 WEEKLY |
|--|---|---|
| 03/13/2001 08/25/2004 11/02/1998 03/29/1999 10/20/2000 | 0.00 WEEKLY 0.00 WEEKLY 0.00 WEEKLY 0.00 WEEKLY 0.00 WEEKLY | 01/04/1990 missing Order |

Our records indicate that you are required to make payments for the order(s) noted above which were ordered by the SUFFOLK FAMILY COURT and that as of July 12, 2019, you owe support arrears in the amount of \$251,410.40 which is equal to or greater than the amount of current support due for a period of four months. As a result, we are authorized by law to notify the Department of Motor Vehicles to suspend your driving privileges.

Therefore, we will notify the NYS Department of Motor Vehicles to suspend your driving privileges unless you take one or more of the following actions within **forty-five (45) days** from the date of this notice:

 Make full payment of what you owe. You may make full payment by money order, cashier's check, or certified check directly to the NYS Child Support Processing Center at PO Box 15363, Albany, NY 12212-5363. Include your name and New York Case Identifier with each payment. In addition, payments can be made through electronic funds transfer and by credit card. For further information on these payment methods, visit the New York State child support website at childsupport.ny.gov; OR

Joseph Whiksons Nen. Riv. Park (Military Base) 55A Knutson St. He has given you an opportunity that you may not yet understand. Make the most of the situation, for you are in it for a purpose, No matter how they are packaged this truth does not change. And there are rewards that you never imagined possible. Goose Creek S.C. If your child is not perfect or what you hoped for, いわりのノ切ちちのり Our children are God's greatest gift to us. Be grateful; love, honor and cherish them. God has not punished you for past deeds. FAMILY COURT OF THE STATE OF NEW YORK ATTN: HEARING EXAMINER DEPARTMENT CENTRAL ISLIP, N.Y. 11722-9077 400 CARLETON AVENUE COUNTY OF SUFFOLK P.O. BOX 9077

FAMILY COURT OF THE STATE OF NEW YORK COUNTY OF SUFFOLK

In the Matter of a Proceeding Under Article 4 or 5 of the Family Court Act

ANNE SCHNARWYLER

JOSEPH WAIKSNIS 40 EAST HALF HOLLOW RD DIX HILLS, NY 11746

RE: ANNE SCHNARWYLER, PETITIONER VS.

DOCKET NO. F-2456-98 SUMMONS

JOSEPH WAIKSNIS, RESPONDENT

IN THE NAME OF THE PEOPLE OF THE STATE OF NEW YORK TO THE ABOVE-NAMED PETITIONER AND RESPONDENT

A Petition under Article 4 or 5 of the Family Court Act having been filed with this Court and annexed hereto

YOU AND EACH OF YOU ARE HEREBY SUMMONED to appear before the Court on <u>September 29</u>, 1998 at 11:00 AM before PHILIP GOGLAS,ESQ.,Part 13 which will be heard at the Family Court, 40 Carleton Avenue, Central Islip,NY 11722 to answer the petition and to be dealt with in accordance with Article 4 or 5 of the Family Court Act.

ON YOUR FAILURE TO APPEAR AS HEREIN DIRECTED, A WARRANT MAY BE ISSUED FOR YOUR ARREST.

NOTICE

Your failure to appear will result in the entry of an order of default unless service has been made by mail alone, in which event no default may be entered without proof satisfactory t the court that you have received actual notice of the commencement of this proceeding (Section 427(c) F.C.A.). You have a right to bring a lawyer with you, if you choose.

You must provide the court with proof of your income and assets on the attached form provided for that purpose. You are required to attach a current and representative paycheck stub and most recently filed state and federal income tax returns to said form. You must provide the social security number(s) of the child(ren) involved in this proceeding and the name and address of any group health insurance plan available to you through your employment.

You may be required to furnish past and present income tax returns; employer statements; pay stubs; corporate, business or partnership books and records; corporate and business tax returns; and receipts for expenses or such other measures of verification as the court determines appropriate.

A temporary or permanent order of support will be made on the return date of the summons whether or not you appear.

Robert M. O'Mara

Dated; September 1, 1998

By:

Chief Clerk

LOUIS PELOSI Associate Court Clerk

ALL REQUESTS FOR ADJOURNMENTS MUST BE IN WRITING WITH NOTICE TO THE OTHER SIDE. ALL PERSONS ENTERING FAMILY COURT MUST PASS THROUGH A WEAPONS/METAL DETECTOR. ALL LITIGANTS WILL BE EXPECTED TO BE DRESSED APPROPRIATELY. AM. COURT OF THE STATE OF NEW YORK COUNTY OF SUFFOLK

HE MATTER OF A PROCEEDING FOR SUPPORT DER ARTICLE 4 OF THE FAMILY COURT ACT

ANNE SCHNARWYLER SSN:

-against-

JOSEPH WAIKSNIS SSN: Respondent,

TO THE FAMILY COURT:

NOTICE TO THE RESPONDENT

State law requires that the family court must presume that you should be ordered to pay at least twenty-five dollars (\$25) per month in child support. However, if your income is below the poverty level, which is \$.8,050 per year, you or your legal representative are allowed to tell the family court why you should not be ordered to pay \$25 per month in child support. If you wish to tell the family court that you should be ordered to pay less than \$25 per month, you will need to tell the court that your income is below the poverty level, what your income consists of, and the reasons you think that you should be ordered to pay less than \$25. The family court will then decide the amount of your child support order.

NOTIFICACION

La ley estatal requiere que la corte de familia suponga que a usted se le deberia ordenar que pague por los menos veinticinco dolares (\$25) al mes en manutención infantil. Sin embargo, si su ingreso esta por debajo del nivel de la pobreza, el cual es \$8,050 al año usted o su representante legal pueden notificar a la corte de familia la razón por la que a usted no se le deberia haber ordenado que pague \$25 al mes en manutención infantil. Si usted desea informar a la corte de familia que a usted se le deberia ordenar pagar menos de \$25 al mes, usted necesitará informar a la corte que su ingreso es inferior al nivel de la pobreza, de que consiste su ingreso, y las razones por las que usted piensa que a usted deberia ordenarsele que pague menos de \$25. La corte de familia entonces decidirá la cantidad de su orden de manutención infantil.

CSEB 905 (3/97)

57-290..4/97

All other provisions of existing order to remain in full effect and such other or further relief as the Court may deem just and proper.

7-2456-98

SECS. 440, 461, 466, 467, 652 FCA

PETITION FOR ENFORCEMENT OF ORDER MADE BY ANOTHER COURT

IVD STATUS: CSS APPLICATION ON FILE WITH CSEB

Petitioner,

AM. COURT OF THE STATE OF NEW YORK COUNTY OF SUFFOLK

E MATTER OF A PROCEEDING FOR SUPPORT ARTICLE 4 OF THE FAMILY COURT ACT

-against-

ARMYLER

TT:

TS

Petitioner,

Respondent,

SECS. 440, 461, 466, 467, 652 FCA

J-2456-98 DOCKET NO:

PETITION FOR ENFORCEMENT OF ORDER MADE BY ANOTHER COURT

IVD STATUS: CSS APPLICATION ON FILE WITH CSEB

IV-D CASE #: BD94803C1

ed Petitioner respectfully shows that: etitioner resides at ADDRESS CONFIDENTIAL;

Respondent's mailing address is 20 FAST HALF HOLLOW ROAD; DIX HILLS, NY 11746.

Petitioner is THE DIVORCED SPOUSE OF THE RESPONDENT and was the PLAINTIFF IN AN ACTION INSTITUTED IN THE COURT OF SUFFOLK COUNTY, INDEX # 87-00335 AND THE RESPONDENT WAS THE DEPENDANT.

3. A JUDGMENT dated 01-04-90 was made in the action whereunder the Respondent was directed to pay \$75.00 PER WEEK FOR CHILD SUPPORT FOR EACH CHILD, MAKING A TOTAL OF \$150.00 PER WEEK EFFECTIVE 01-04-90. PETITIONER WAS AWARDED JUDGMENT OF CHILD SUPPORT ARREARS FOR THE SUM OF \$9,300.00 FOR THE PERIOD OF JANUARY 15, 1988 TO APRIL 4, 1989. A true copy of the JUDGMENT is annexed hereto and made part hereof.

4. Under the terms of the JUDGMENT the SUPREME COURT OF SUFFOLK COUNTY IN THE STATE OF NEW YORK has not retained exclusive jurisdiction to enforce the JUDGMENT.

5. UPON INFORMATION AND BELIEF, RESPONDENT HAS WILLFULLY FAILED TO COMPLY WITH THE ORDER OF THE SUPREME COURT IN THAT: RESPONDENT HAS NOT MADE PAYMENTS IN A TIMELY FASHION. (S)HE IS IN ARREARS.

As of 06-30-98 the arrears due are \$66,300.00 CHILD SUPPORT; ARREARS FROM 01-15-88 TO 04-04-89 ARE \$9,300.00. Upon information and belief additional arrears may be due on the day of the hearing and Petitioner requests that these arrears be added to the aforementioned arrears.

6. NO PREVIOUS APPLICATION HAS BEEN MADE TO ANY COURT OR JUDGE FOR THE RELIEF HEREIN REQUESTED

WHEREFORE, PETITIONER PRAYS THAT THE RESPONDENT BE DEALT WITH IN ACCORDANCE WITH ARTICLE 4 OF THE FAMILY COURT ACT and requests that the court take the following actions:

- 1. ORDER THE RESPONDENT TO PAY SUPPORT THROUGH THE SUPPORT COLLECTION UNIT and;
- 2. fix arrears if any exist on the day of the hearing and reduce arrears to a money judgment and;

3. order the Respondent to pay counsel fees pursuant to FCA 438.

All other provisions of existing order to remain in full effect and such other or further relief as the Court may deem just and proper.

FORM 413

IV-D CASE #: BD94803CL ANNE SCHNARWYLER, PETITIONER / JOSEPH WAIKSNIS, RESPONDENT

NOTE: (1) A COURT ORDER OF SUPPORT RESULTING FROM A PROCEEDING COMMENCED BY THIS APPLICATION (PETITION) SHALL BE ADJUSTED BY THE APPLICATION OF A COST OF LIVING ADJUSIMENT AT THE DIRECTION OF THE SUPPORT COLLECTION UNIT NO EARLIER THAN TWENTY-FOUR MONTHS AFTER SUCH ORDER IS ISSUED, LAST MODIFIED OR LAST ADJUSTED, UPON THE REQUEST OF ANY PARTY TO THE ORDER OR PURSUANT TO PARAGRAPH (2) BELOW, SUCH COST OF LIVING ADJUSTMENT SHALL BE ON NOTICE TO BOTH PARTIES WHO, IF THEY OBJECT TO THE COST OF LIVING ADJUSTMENT, SHALL HAVE THE RIGHT TO BE HEARD BY THE COURT AND TO PRESENT EVIDENCE WHICH THE COURT WILL CONSIDER IN ADJUSTING THE CHILD SUPPORT ORDER IN ACCORDANCE WITH SECTION FOUR HUNDRED THIRTEEN OF THE FAMILY COURT ACT, KNOWN AS THE CHILD SUPPORT STANDARDS ACT.

(2) A PARTY SEEKING SUPPORT FOR ANY CHILD (REN) RECEIVING FAMILY ASSISTANCE SHALL HAVE A CHILD SUPPORT ORDER (S) REVIEWED AND ADJUSTED AT THE DIRECTION OF THE SUPPORT COLLECTION UNIT NO EARLIER THAN TWENTY-FOUR MONTHS AFTER SUCH ORDER IS ISSUED, LAST MODIFIED OR LAST ADJUSTED BY THE SUPPORT COLLECTION UNIT, WITHOUT FURTHER APPLICATION BY ANY PARTY. ALL PARTIES WILL RECEIVE A COPY OF THE ADJUSTED ORDER.

(3) WHERE ANY PARTY FAILS TO PROVIDE, AN UPDATED UPON ANY CHANGE, THE SUPPORT COLLECTION UNIT WITH A CURRENT ADDRESS, AS REQUIRED BY SECTION FOUR HUNDRED FORTY-THREE OF THE FAMILY COURT ACT, TO WHICH AN ADJUSTED ORDER CAN BE SENT, THE SUPPORT OBLIGATION AMOUNT CONTAINED THERE IN SHALL BECOME DUE AND OWING ON THE DATE THE FIRST PAYMENT IS DUE UNDER THE TERMS OF THE ORDER OF SUPPORT WHICH WAS REVIEWED AND ADJUSTED OCCURRING ON OR AFTER THE EFFECTIVE DATE OF THE ADJUSTED ORDER, REGARDLESS OF WHETHER OR NOT THE PARTY HAS RECEIVED A COPY OF THE ADJUSTED ORDER.

July 9, 1998

VERIFICATION

TTIONER

STATE OF NEW YORK) COUNTY OF SUFFOLK) SS:

ANNE SCHNARWYLER BEING DULY SWORN, SAYS THAT (S)HE IS THE PETITIONER IN THE ABOVE-ENTITLED PROCEEDING AND THAT THE FOREGOING PETITION IS TRUE TO HIS/HER OWN KNOWLEDGE, EXCEPT AS TO MATTERS THEREIN STATED TO BE ALLEGED ON INFORMATIC AND BELIEF AND AS TO THOSE MATTERS (S)HE BELIEVES IT TO BE TRUE.

, 1998 DAY OF SWORN TO BEFORE ME THIS

NOTARY PUBLIC/DEPUTY CLERK OF THE COURT

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ec. 250 D. R. L.

FAMILY COURT OF THE STATE OF NEW YORK COUNTY OF SUFFOLK

Docket No.

NANCIAL DISCLOSURE AFFIDAVIT

Date:

INSTRUCTIONS AND DIRECTIONS TO PARTIES IN SUPPORT PROCEEDINGS:

In order to expedite and simplify the hearing in this case, you should come to the Court hearing prepared to give testimony as to your financial condition. You are advised to prepare two (2) copies of this expense and earning statement and bring both copies with you on the date you appear in court. One (1) copy is for the Court and one (1) copy is for your records. In order to verify your income, bring your payroll slips for the past several months and a copy of your withholding statement for the preceding fiscal year or a letter from your employer showing the amount you are earning (including overtime, if any). If you have any income other than from salary, bring all documents to substantiate the amount. If your allegation is to the effect that your spouse has sustained a change of circumstance, any documentary evidence of the old circumstance, as well as the present one, should be brought to Court. BY ORDER OF THE FAMILY COURT, SUFFOLK COUNTY

| INCOME | ASSETS |
|---|---|
| Employer | Savings Account Balance |
| oloyer's Address | Name of Bank (\$) |
| Social Security # | Checking Account Balance |
| No. of Dependents claimed | Name of Bank (s) |
| Neekly Gross Salary | Automobile (year and make) |
| Weekly Deductions | |
| Social Security | |
| N. Y. State tax | Residence owned (address) |
| Federal Tax | |
| Other Payroll Deductions | Other real estate owned |
| Total Payroll Deductions | |
| Weekly Net Salary | Other Property i. e., Stocks, bonds, trailer, boat, etc. |
| Overtime Average No. Hrs. per week | |
| Income from other sources i. e. (part-time job, tips, rents, pensions, dividends, unemployment insurance, disability, etc.) | |
| · · · · · · · · · · · · · · · · · · · | |
| Total gross income last year | |
| | ER DURING PRECEDING THREE YEARS OR LENGTH OF |
| Description o Property To Who | om Transferred Date of Transfer Value |
| | · · · · · · · · · · · · · · · · · · · |
| | |
| | (over) |

EXPENSES (you may elect to list all expenses on a weekly basis or all expenses on a monthly basis, however, you must be consistent. If any items are paid on a monthly basis, divide by 4.3 to obtain weekly payment; if any items are paid on a weekly basis, multiply by 4.3 to obtain monthly payment.)

| | AMOUNT |
|--|--|
| Pent or Mortgage Payment: House Apt Room | |
| Real Estate Taxes (if not included in mortgage) | |
| Food: Self Children (include lunches, etc.) | |
| Utilities: Gas | |
| Gas | |
| Electric | |
| Heating Fuel | |
| Water and Garbage Removal | |
| | and the second |
| Clothing: Self Children _ | |
| Lauriory and Dry Cleaning. Self Children | |
| Medical, Dental and Medication: Self Children Insurance: Life Auto Fire | |
| Other Insurance (Health and Accident, Hospitalization) | |
| | |
| (if not deducted from pay) Transportation: Carfare Auto Maintenance Gas & Oil | |
| to Payment: Total Balance due on Loan | |
| Union Dues (if not deducted from pay) | |
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| Other (For example: baby-sitters, recreation, etc.) | Constant and the second |
| (Specify) | |
| TOTAL (weekly) (monthly) EXPENSES | |
| | |
| | C |
| BILITIES, LOANS & DEBITS | |
| | |
| Owed to Whom | · · · · · · · · · · · · · · · · · · · |
| Total Balance Due | |
| Owed to Whom | |
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| Owed to Whom | |
| Total Balance Due | |
| Owed to Whom | |
| Total Balance Due | |
| | |
| TOTAL (workhy) (monthly) LOANS | |
| TOTAL (weekly) (monthly) LOANS | |
| TOTAL (weekly) (monthly) PAYMENTS | |
| | |
| | |
| the (petitioner) (respondent) he | |
| deposes and says that the foregoing is an accurate statement of my income, assets, expenses and loans from | h all sources and state |
| ment of assets transferred of whatsoever kind and nature and wherever situated. | |
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| | |
| I reside at | |
| | |
| | |
| Sworn to before me this | |
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| day of 19 | |
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NOTARY PUBLIC

At a Term Of The Family Court Of The State of New York, held in and for the County of Suffolk, at Central Islip,

New York, on

PRESENT:

PHILIP GOGLAS HEARING EXAMINER

In the Matter of a Proceeding for Support Under Article 4 or 5 of the Family court Act

anne Schnarwyle Petitioner -against-Joseph WaiksningRespondent

DOCKET NO .: F2456-9P

TEMPORARY ORDER **OF SUPPORT**

29-98

YOUR WILLFUL FAILURE TO OBEY THIS ORDER MAY, AFTER A COURT HEARING, RESULT IN YOUR COMMITMENT TO JAIL FOR A TERM NOT TO EXCEED SIX MONTHS, FOR CONTEMPT OF COURT.

A petition having been filed for support in this Court, sworn to on alleging the above named Respondent is chargeable with support of dependents and the Respondent (having appeared) (failed to appear) before a Hearing Examiner to answer the petition, and an adjournment having been requested by either party,

Now pending a final determination, and without a showing of immediate or emergency needs, the Court herein orders temporary child support, notwithstanding that information with respect to income and assets of the Respondent may be unavailable, it is

ORDERED AND ADJUDGED, that the above named Respondent is to pay the sum of Week for the support of his dependents effective /0-9-;94 \$ 150 per and it is further

ORDERED, that the above named Respondent is to make said payments in cash, certified check, or money order payable to the

SUPPORT COLLECTION UNIT P.O. BOX 15347

ALBANY, NEW YORK 12212-5347.

ORDERED, that if the Respondent changes residence or employment, that the Respondent notify the Support Collection Unit in writing within five (5) days.

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| BZ | | 0 | | _ ! |

ENTER THIS EXAMINER

Gr+13

IMPORTANT

AnneSchnarwyler

INSTRUCTIONS REGARDING YOUR SUPPORT PAYMENTS

- 1. Income Execution means that the Support payments will be deducted from your wages by your employer.
- 2. Unless the court has ordered otherwise, your order is payable by Income Execution. Anytime, however, when the full court ordered amount is not withheld from your wages or income, you are responsible to make the payments. This includes every payment from the start date of the order. There will be a period of several weeks before your employer begins deductions. Failure on your part to make payments will subject you to the provisions of the New York State Civil Practice Laws and Rules, Section 5241. Under this law, this agency can take up to sixty-five (65) percent of your net income to apply to support and delinquency.
- 3. Even if the court has made an order which excludes immediate income execution, a default income execution will occur if you fail to comply. The agency can take up to sixty-five (65) percent of your net income to apply to support and delinquency. A default, income execution will include an administrative amount of \$50.00 or 50 percent of the court ordered amount, whichever is greater, to reduce arrears.
- 4. Do NOT send any payments direct to petitioner. You will not receive credit for payments made direct to petitioner,

5. Your payments are \$ ______50.99 per_Week____. Your 1st payment is due 10-9

- Make payments payable to: SUFFOLK COUNTY SUPPORT COLLECTION UNIT. Mail to: SUFFOLK COUNTY SUPPORT COLLECTION UNIT P.O. Box 15347 Albany, N.Y. 12212-5347
- All payments must include Family Court Docket Number, your name, and name of petitioner. When you receive billing tags by mail, you should also include them with your payment. Your account number will be on the billing tags. Put it on payments.
- 8. By law you must inform us within five (5) days of any change of address and/or employment at (516) 853-2000 or in writing at P.O. Box 5850, Hauppauge, New York 11788-0171. Please use the telephone for urgent matters only, otherwise please write. Telephone calls are only accepted between the hours of 8:15 AM and 12:00 noon, Monday through Friday. Incoming telephone calls are restricted to those hours to insure that the workers have time to perform necessary case maintenance tasks on your account. Telephone calls will not be accepted from anyone but you and you must give your account number.
- Failure to pay support as ordered shall constitute prima facie evidence of a willful violation of a court order and may subject you to contempt of court proceedings under Section 454 of the Family Court Act which carries a possible six (6) month jail sentence.
- 10. If you fail to pay, arrears will be reported to national credit bureaus. This may have a negative effect on your application for credit.
- 11. If a change in your circumstances makes it impossible for this order to be paid, you must file a petition to modify the order, and include an affidavit and proof of the change. You will not be given credit for arrears accrued before the date of filing for such credit. To file a petition to change your order you should go to the following Probation Dept. Intake office:

| Central Islip | 400 Carleton Avenue 3rd Floor Tower | 853-4246 |
|---------------|--|----------|
| Riverhead | County Center Criminal Court Building | 852-1939 |

Bring copies of any court orders; separation or divorce papers; social security number and date of birth; name and address of the other party; names and birth dates of children; proof of any alleged change in your circumstances.

12. If you are ordered to provide medical coverage for your dependents you must supply signed forms, assigning payments to the medical provider, and any other cards and documents to assure timely payment of health insurance claims.

Received by:

OSEPH WOFKSNIS Respondent's Name

IMPORTANTE

INSTRUCCIONES DE SUS PAGOS DE SUSTENTO

- 1. Ejecutación de Ganancias (Income Execution) significa que sus pagos seran deducidos de sus ingresos por su jefe.
- 2. A menos que la corte ordene de lo contrario, su orden sera pagada atraves de una Ejecutación de Ingresos. En cualquier tiempo que la suma total ordenada por la corte no se retenga de su paga o ingresos, usted es responsable de hacer los pagos. Esto incluye cada paga desde el empezar de la orden. Habra un periodo de varias semanas antes de que su jefe empieze ha hacer deducciones. Omisión en su parte de hacer pagas lo expondra a las estipulaciones de la Ley y Reglas de Practica Civil, Seccion 5241 del Estado de Nueva York. Bajo esta ley, esta agencia puede cojer hasta sesenta y cinco (65) por ciento de sus ingresos (ingresos despues de los impuestos) para aplicarlo a su manutencion y atrasos.
- 3. Aunque la corte haga una orden que excluya una ejecución de ingresos immediatamente, si usted no cumple con sus pagos una ejecución de ingresos ocurrira. Esta agencia puede coger hasta el sesenta y cinco (65) por ciento de sus ingresos (despues de impuestos) para aplicarlo para el sustento y atraso. Al no aimplir con sus pagos, la ejecucion de ingresos incluira una contidad de gastos administrativos de \$50.00 o 50 por ciento de la cantidad ordenada por la Corte, cualquiera que sea mayor, para reducir la cantidad atrasada.
- 4. NO envie pagos directos al peticionario. No recibira credito por pagos hechos directamente al peticionario.
- 5. Sus pagos son \$ _____ por _____.
 Su Primer pago se vence ______.
- Haga pagadero de sus pagos a: SUFFOLK COUNTY SUPPORT COLLECTION UNIT. Envielo a: SUFFOLK COUNTY SUPPORT COLLECTION UNIT P.O. Box 15347 Albany, N.Y. 12212-5347
- 7. Todos los pagos deben incluir el numero (Docket) asignado por la Corte de Familia, su nombre, y el nombre de el peticionario. Cuando reciba los papeles de paga por correo usted debe tambien incluirlos con su paga. Su numero de cuenta estara en los papeles de paga, incluyalo en las pagas.
- 8. Por ley usted tiene que informarnos dentro de cinco (5) dias de cualquier cambio de direccion y/o empleo al (516) 853-2000 o en escrito a P.O. Box 5850, Hauppauge, New York 11788-0171. Por favor solo use el telefono para asuntos urgentes solamente, de lo contrario por favor escriba. Llamadas telefónicas son solamente aceptadas entre las horas de 8:15 AM y 12:00 mediodia, lunes a viernes. Las llamadas de teléfono recibidas son limitadas a estas horas para asegurar que los trabajadores tengan tiempo de hacer las tareas necesarios para mantener su caso. Las llamadas de teléfono no seran aceptadas de ninguna otra persona, si no es usted, y usted debe dar su numero de cuenta.
- 9. Si falla en pagar el sustento como ordenado constituira evidencia prima facie de una violación intencionada de una orden de corte y puede ser sujeto a procedimientos de desacato contra la corte bajo la Seccion 454 del Acto de la Corte de Familia que lleva la posibilidad de seis (6) meses de sentencia en la carcel.
- 10. Si falla en pagar, los atrases seran reportados a las agencias de credito nacional. Esto puede tener un efecto negativo en su aplicacion por credito.
- 11. Si un cambio de circumstancias hace imposible que esta orden sea pagada, usted debe poner una petición para modificar su orden, y incluir una declaración jurada y prueba del cambio. No recibira credito por atrasos acumulados antes de la fecha en que aplico por este credito. Para poner una petición para cambiar su orden usted debe ir a una de las siguientes Oficinas de Probación (Probation Department Intake):

| Central Islip | 400 Carleton Avenue 3rd Floor Tower | 853-4246 |
|---------------|--|----------|
| Riverhead | County Center Criminal Court Building | 852-1939 |

Traiga copias de cualquier ordenes de Corte; separación o papeles de divorcio; numero de seguro social y fecha de nacimiento; nombre y dirección del otro partido; nombres y fechas de nacimiento de los niños; prueba del cambio de circumstancias alegado.

12. Si se le ordena proveer protección medica para sus dependientes debe dar las formas firmadas, asignando paga al proveedor medico, y cualquier otra tarjeta y documentos para asegurar la paga a tiempo de las reclamaciones del seguro de protección medica.

Aceptado por: _

Nombre del Demandado

CSEB 546 (Rev. 9/91)

Resp. Copy

At a Term Of The Family Court Of The State of New York, held in and for the County of Suffolk, at Central Islip, New York, on

1-29-98

PRESENT:

PHILIP GOGLAS HEARING EXAMINER

In the Matter of a Proceeding for Support Under Article 4 or 5 of the Family court Act

anne Schnarwyle Petitioner -against-Joseph WarkSnir Respondent

DOCKET NO .: F2456-92

TEMPORARY ORDER OF SUPPORT

YOUR WILLFUL FAILURE TO OBEY THIS ORDER MAY, AFTER A COURT HEARING, RESULT IN YOUR COMMITMENT TO JAIL FOR A TERM NOT TO EXCEED SIX MONTHS, FOR CONTEMPT OF COURT.

A petition having been filed for support in this Court, sworn to on alleging the above named Respondent is chargeable with support of dependents and the Respondent (having appeared) (failed to appear) before a Hearing Examiner to answer the petition, and an adjournment having been requested by either party,

Now pending a final determination, and without a showing of immediate or emergency needs, the Court herein orders temporary child support, notwithstanding that information with respect to income and assets of the Respondent may be unavailable, it is

ORDERED AND ADJUDGED, that the above named Respondent is to pay the sum of Week for the support of his dependents effective /1-9-;94 per \$ and it is further

ORDERED, that the above named Respondent is to make said payments in cash, certified check, or money order payable to the

SUPPORT COLLECTION UNIT

P.O. BOX 15347

ALBANY, NEW YORK 12212-5347.

ORDERED, that if the Respondent changes residence or employment, that the Respondent notify the Support Collection Unit in writing within five (5) days.

ENTERED 9-29-98 ROBERT M. O'MARA BY (C

ENTER HEARING EXAMIN

IMPORTANT

INSTRUCTIONS REGARDING YOUR SUPPORT PAYMENTS

- 1. Income Execution means that the Support payments will be deducted from your wages by your employer.
- 2. Unless the court has ordered otherwise, your order is payable by Income Execution. Anytime, however, when the full court ordered amount is not withheld from your wages or income, you are responsible to make the payments. This includes every payment from the start date of the order. There will be a period of several weeks before your employer begins deductions. Failure on your part to make payments will subject you to the provisions of the New York State Civil Practice Laws and Rules, Section 5241. Under this law, this agency can take up to sixty-five (65) percent of your net income to apply to support and delinquency.
- 3. Even if the court has made an order which excludes immediate income execution, a default income execution will occur if you fail to comply. The agency can take up to sixty-five (65) percent of your net income to apply to support and delinquency. A default, income execution will include an administrative amount of \$50.00 or 50 percent of the court ordered amount, whichever is greater, to reduce arrears.
- 4. Do NOT send any payments direct to petitioner. You will not receive credit for payments made direct to petitioner.
- 5. Your payments are \$ 15-0. per Week . Your 1st payment is due 10 -9-
- Make payments payable to: SUFFOLK COUNTY SUPPORT COLLECTION UNIT. Mail to: SUFFOLK COUNTY SUPPORT COLLECTION UNIT P.O. Box 15347 Albany, N.Y. 12212-5347
- 7. All payments must include Family Court Docket Number, your name, and name of petitioner. When you receive billing tags by mail, you should also include them with your payment. Your account number will be on the billing tags. Put it on payments.
- 8. By law you must inform us within five (5) days of any change of address and/or employment at (516) 853-2000 or in writing at P.O. Box 5850, Hauppauge, New York 11788-0171. Please use the telephone for urgent matters only, otherwise please write. Telephone calls are only accepted between the hours of 8:15 AM and 12:00 noon, Monday through Friday. Incoming telephone calls are restricted to those hours to insure that the workers have time to perform necessary case maintenance tasks on your account. Telephone calls will not be accepted from anyone but you and you must give your account number.
- Failure to pay support as ordered shall constitute prima facie evidence of a willful violation of a court order and may subject you to contempt of court proceedings under Section 454 of the Family Court Act which carries a possible six (6) month jail sentence.
- 10. If you fail to pay, arrears will be reported to national credit bureaus. This may have a negative effect on your application for credit.
- 11. If a change in your circumstances makes it impossible for this order to be paid, you must file a petition to modify the order, and include an affidavit and proof of the change. You will not be given credit for arrears accrued before the date of filing for such credit. To file a petition to change your order you should go to the following Probation Dept. Intake office:

| Central Islip | 400 Carleton Avenue 3rd Floor Tower | 853-4246 |
|---------------|--|----------|
| Riverhead | County Center Criminal Court Building | 852-1939 |

Bring copies of any court orders; separation or divorce papers; social security number and date of birth; name and address of the other party; names and birth dates of children; proof of any alleged change in your circumstances.

12. If you are ordered to provide medical coverage for your dependents you must supply signed forms, assigning payments to the medical provider, and any other cards and documents to assure timely payment of health insurance claims.

Received by: _

Respondent's Name

Date

IMPORTANTE

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Albany, N.Y. 12212-5347

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Aceptado por:

Nombre del Demandado

Fecha

FAMILY COURT : SUFFOLK COUNTY **400 CARLETON AVENUE** CENTRAL ISLIP, NEW YORK 11722 Your case has been adjourned to Part 13 at 9:00 A. M. 1060.

You are hereby directed to appear on said adjourned date without further notice.

RECEIPT ACKNOWLEDGED ANNE Schwarwyler + Resps DATE 9/29/98 FC 1A M-1663A Revised 2/36 By order of the Court, Robert M. O'Mara Chief Clerk By:CHES THE COURT WILL PROCEED BY INQUEST AND ENTER A DEFAULT JUDGEMENT SHOULD YOU FAIL TO APPEAR

Sample Below,

anne Schnarwyles

Deer Part, ny 11729

Real Signature

1174646326 45

44 min. 45 min. 45

Joseph Warksnis 40 East Hay Hollow Road Dix Hill My 11746

anne Schnarwyles Deer Part, my June 16, 2004 Joseph Warksnis 40 East Hay Hollow Road Dix Hill My 11746 1174646326 45

#562 This check represents This check # 566 child support on fehalf represents child support of Joseph Warksmis O payment on beha anne wachshis for rept C Warksnis period 9/3 89/10 \$17+ 9/24. Some Waibsnis .0 2238- PAY TO THE ORDER EUROPEAN-AMERICAN BANK For Déposit Only SUNRISE FEDERAL SAVINGS X -& LOAN ASSOCIATION Deer Park Office 00 038-05-576-0 X THUST FOR THE ORDER CRICAN BANK & SUNRISE FEDERAL SAVINGE & LOAN ASSOCIATION (Af Deer Park Offica 10130 SYNC 038-108 576-0 9861 EL NON 10 Shes ch#577 to This check #585 anne Warksnis represents represents child By Joseph Waiksnis to anne Waiksnis child support. bons sh War ser period 1987: 21 1/28 - 2/4+2/11 - > BE AY TO THE ORDER OF -38 EURE AMERICAN BANK & TRUST CO. For Deposit Only SUNRISE FEDERAL SAVINGS & LOAN ASSOCIATION Deer Park Office 58 188F 038-05-576-0 28 10 63

