

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.

October 01, 1998

A fourth letter, dated October 01, 1998, was sent to my South Carolina address from the Suffolk County Child Support Enforcement Bureau, Hauppauge, NY. Inside this envelope was a summons, Docket No. F-2456-98, signed by an associate court clerk demanding that I appear personally before Philip Goglas on November 02, 1998. There was also a paragraph regarding a request for an adjournment.

Note: This adjournment request had to be in writing, which was done; and this request, the duplicate of the same document's financial affidavit, and the same tax return were sent back. This was the same tax return, etc. sent back previously in April of 1998 to Suffolk County Court, Attention Philip Goglas. This time the documents were sent Certified Return Receipt to Philip Goglas, and they were received on October 30, 1998.

Suffolk County  
Child Support Enforcement Bureau  
P.O. Box 18030  
Hauppauge, New York 11788-8830

PLEASE DO NOT FORWARD  
ADDRESS CORRECTION REQUESTED



Joseph Stackene  
Mum Riv Park  
55-A Kuntson St.  
Grace Creek S. C. 29445

23445/6243



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  
,  
NY

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

RE: ANNE SCHNARWYLER, PETITIONER  
VS.  
JOSEPH WAIKSNIS, RESPONDENT

DOCKET NO. F-2456-98

SUMMONS

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 November 2, 1998 at  
09:00 AM before PHILIP GOGLAS, ESQ., Part 13 which will be heard at the Family Court, 400  
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 to  
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  
Chief Clerk

Dated: October 1, 1998

By:



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.

1-(516) 853-4102

RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address
2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

*Mr. Philip GogLAS  
Family Court  
400 CARLETON AVE  
CENTRAL Islip NY 11722.*

4a. Article Number

*Z 144 480 422*

4b. Service Type

- |   |   |
|---|---|
| <input type="checkbox"/> Registered                     | <input checked="" type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail                   | <input type="checkbox"/> Insured              |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD                  |

7. Date of Delivery

*10/30/98*

5. Received By: (Print Name)

*VICTORY V. BOSSOMANO*

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

**X**

you for using Return Receipt Service.

PS Form **3811**, December 1994

102595-98-B-0229

Domestic Return Receipt

**Z 144 480 422**

US Postal Service

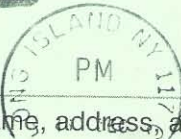
**Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to <i>Mr. Philip GogLAS</i>	
Street & Number <i>400 CARLETON AVE</i>	
Post Office, State, & ZIP Code <i>CENTRAL Islip NY 11722</i>	
Postage	<b>\$</b>
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.33</b>
Postmark or Date	<i>Postal Pal 10-27-98</i>
<b>Goose Creek, SC 29445</b>	
<b>(803) 797-2752</b>	

PS Form 3800, April 1995



- Print your name, address, and ZIP Code in this box •

1998  
 Joseph Waitkwnis  
 55A Knutson St.  
 Goose Creek SC 29445

PS Form 3800, April 1995 (Reverse)

Stick postage stamps to article to cover First-Class postage, certified mail fee, and charges for any selected optional services (See front).

1. If you want this receipt postmarked, stick the gummed stub to the right of the return address leaving the receipt attached, and present the article at a post office service window or hand it to your rural carrier (no extra charge).
2. If you do not want this receipt postmarked, stick the gummed stub to the right of the return address of the article, date, detach, and retain the receipt, and mail the article.
3. If you want a return receipt, write the certified mail number and your name and address on a return receipt card, Form 3811, and attach it to the front of the article by means of the gummed ends if space permits. Otherwise, affix to back of article. Endorse front of article **RETURN RECEIPT REQUESTED** adjacent to the number.
4. If you want delivery restricted to the addressee, or to an authorized agent of the addressee, endorse **RESTRICTED DELIVERY** on the front of the article.
5. Enter fees for the services requested in the appropriate spaces on the front of this receipt. If return receipt is requested, check the applicable blocks in item 1 of Form 3811.
6. Save this receipt and present it if you make an inquiry.

102595-97-B-0145

October 29, 1998

On October 29, 1998, a letter arrived at my South Carolina address; it was from the Suffolk County Support Collection, Hauppauge, NY, Case No. BD94803C1, Docket No. F-2456-98. The notice stated that I was past due and in arrears as of October 29, 1998 for \$450.00.

October 30, 1998

A second notice, dated October 30, 1998, was sent from the SCU (headquarters) in Albany, NY through the U.S. Mail to my home in South Carolina. This second notice stated being in arrears for \$600.00. Both notices had (identical) Account Numbers: BD94803C1.

Note: Same Case No. BD94803C1, Docket No. F-2456-98 as the petition that was signed July 07, 1998.

Petition: Case# BD94803C1, Docket# F-2456-98.

Information:

January 04, 1990, Judgement: \$9,300.00 (There is no such judgment that I am aware of. I was never in court nor received any letter in the mail.)

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

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

SUFFOLK COUNTY CSEB  
SUPPORT COLLECTION-IEX  
PO BOX 18030  
HAUPPAUGE NY 11788-8830

INCOME EXECUTION FOR SUPPORT ENFORCEMENT  
PURSUANT TO SECTION 5241 OF THE  
CIVIL PRACTICE LAW AND RULES

IMPORTANT:

INCLUDE NAME AND ACCOUNT NUMBER WITH ALL PAYMENTS

ACCOUNT NUMBER: BD94803C1 DATE: 10/29/1998  
DOCKET NO.(S): F0245698

JCA WORKER CODE: INT4

ATTN: JOSEPH WAIKSNIS  
C/O MEMRIV PARK  
55A KNUTSON STREET  
GOOSE CREEK SC

SUFFOLK COUNTY, PETITIONER - AGAINST - JOSEPH WAIKSNIS, RESPONDENT  
O/B/O/  
ANNE SCHNARWYLER SOCIAL SEC. NO: [REDACTED]

THE PEOPLE OF THE STATE OF NEW YORK  
TO THE EMPLOYER OR INCOME PAYOR, GREETINGS:

THE FOLLOWING ORDER, JUDGMENT OR DECREE, PAYABLE TO SUFFOLK COUNTY SUPPORT COLLECTION UNIT, (THE CREDITOR), WAS ENTERED IN SUFFOLK COUNTY FAMILY OR SUPREME COURT IN FAVOR OF THE PETITIONER AND AGAINST THE RESPONDENT:

ENTRY DATE	PAYMENTS ORDERED	ENTRY DATE	PAYMENTS ORDERED
09/29/1998	\$150.00 WEEKLY		

AS OF OCTOBER 29, 1998 THE ARREARS OWED FOR THE ABOVE ORDER(S) ARE \$450.00, WHICH INCLUDES A TOTAL PAST DUE AMOUNT OF \$450.00. ARREARS FOR ANY ORDERS NOT SUBJECT TO INCOME EXECUTION AND THUS NOT LISTED ABOVE, ARE NOT INCLUDED IN THAT FIGURE.

THIS INCOME EXECUTION IS ISSUED AGAINST THE RESPONDENT IDENTIFIED ABOVE, (THE DEBTOR) WHOSE LAST KNOWN ADDRESS IS C/O MEMRIV PARK, 55A KNUTSON STREET, GOOSE CREEK SC.

NOW, THEREFORE, PURSUANT TO CPLR SECTION 5241, WE DIRECT THAT YOU, THE EMPLOYER OR INCOME PAYOR, SATISFY THE ORDER(S) OUT OF ALL MONIES NOW AND HEREINAFTER DUE AND OWING TO THE DEBTOR.

**NOTICE TO THE DEBTOR (RESPONDENT):**

YOU ARE HEREBY NOTIFIED THAT THIS INCOME EXECUTION IS ISSUED AGAINST YOU DUE TO: YOUR FAILURE TO REMIT TO THE CREDITOR THREE PAYMENTS ON THE DATE IN THE FULL AMOUNT DIRECTED BY THE ORDER OF SUPPORT, OR AN ACCUMULATION OF A PAST DUE AMOUNT EQUAL TO OR GREATER THAN THE PAYMENTS ORDERED FOR ONE MONTH.

THIS INCOME EXECUTION WILL BE SERVED ON YOUR CURRENT OR SUBSEQUENT EMPLOYER(S) OR INCOME PAYOR(S) (AS LISTED ABOVE), AND THE NEW YORK STATE DEPARTMENT OF LABOR, WITH RESPECT TO CURRENT OR SUBSEQUENT INCOME UNLESS YOU ASSERT A MISTAKE OF FACT BY WRITING OR TELEPHONING THE SUFFOLK COUNTY SUPPORT COLLECTION UNIT (SCU) AT:

SUFFOLK COUNTY CSEB SUPPORT COLLECTION-IEX  
PO BOX 18030 HAUPPAUGE NY 11788-8830

TELEPHONE NUMBER: (516) 853-2073

WITHIN FIFTEEN (15) DAYS FROM YOUR RECEIPT OF A

COPY OF THIS EXECUTION. MISTAKE OF FACT MEANS AN ERROR IN THE AMOUNT OF PAYMENTS ORDERED OR PAST DUE OR IN THE IDENTITY OF THE DEBTOR, OR THAT THE ORDER OF SUPPORT DOES NOT EXIST OR HAS BEEN VACATED. YOU SHOULD ALSO MAKE A SUBMISSION OF INFORMATION AND EVIDENCE BY MAIL, BY TELEPHONE, OR (AFTER CONTACTING THE SCU) IN PERSON TO SUPPORT YOUR ASSERTION OF A MISTAKE OF FACT WITHIN THE FIFTEEN DAY PERIOD. THEREAFTER, THE SUPPORT COLLECTION UNIT WILL DETERMINE THE MERITS OF YOUR OBJECTION AND WILL NOTIFY YOU OF ITS DETERMINATION WITHIN FORTY-FIVE (45) DAYS FROM YOUR RECEIPT OF A COPY OF THIS EXECUTION. IF THE OBJECTION IS DISALLOWED, YOU WILL BE NOTIFIED IN WRITING THAT THE INCOME EXECUTION WILL BE SERVED ON YOUR EMPLOYER OR INCOME PAYOR, AND OF THE TIME THAT DEDUCTIONS WILL BEGIN.

**DIRECTIONS TO THE EMPLOYER OR INCOME PAYOR:**

YOU ARE HEREBY DIRECTED TO WITHHOLD AND PAY OVER TO SUFFOLK COUNTY SUPPORT COLLECTION UNIT, WHOSE ADDRESS IS SUFFOLK COUNTY SCU, P.O. BOX 15347, ALBANY NY 12212-5347

TELEPHONE NUMBER: ( ) - , FROM ANY INCOME NOW AND HEREAFTER OWING TO THE DEBTOR

THE FOLLOWING AMOUNT(S):

(1) \$150.00 WEEKLY TO SATISFY THE PAYMENTS ORDERED AS LISTED ABOVE NOT TO EXCEED THE LIMITATIONS SET FORTH ON THE REVERSE SIDE OF THIS FORM. IF SUCH DEDUCTION IS LESS THAN FORTY PERCENT OF THE DEBTOR'S DISPOSABLE EARNINGS REMAINING AFTER DEDUCTIONS REQUIRED BY LAW THEN ADD (2);  
(2) AN ADDITIONAL AMOUNT OF \$75.00 WEEKLY TOWARD SATISFACTION OF THE TOTAL PAST DUE AMOUNT OF \$450.00 AS OF OCTOBER 29, 1998, AND FURTHER AMOUNTS WHICH BECOME PAST DUE SUBSEQUENT TO THAT DATE. INCLUDE THIS ADDITIONAL AMOUNT IN WHOLE OR IN PART BUT ONLY TO THE EXTENT THAT SUCH DEDUCTION WHEN COMBINED WITH (1), DOES NOT EXCEED FORTY PERCENT OF THE DEBTOR'S DISPOSABLE EARNINGS.



DEDUCTIONS MUST COMMENCE NO LATER THAN THE FIRST PAY PERIOD THAT OCCURS AFTER FOURTEEN (14) DAYS FOLLOWING THE SERVICE OF THE EXECUTION AND PAYMENT MUST BE REMITTED WITHIN TEN (10) DAYS OF THE DATE THAT THE DEBTOR IS PAID. EACH PAYMENT REMITTED BY YOU MUST INCLUDE THE NAME AND SOCIAL SECURITY NUMBER OF THE DEBTOR, THE ACCOUNT NUMBER WHICH APPEARS ON THE FRONT OF THIS FORM AND THE DATE AND AMOUNT OF EACH WITHHOLDING OF THE DEBTOR'S INCOME INCLUDED IN THE PAYMENT. "DATE OF WITHHOLDING" MEANS THE DATE ON WHICH THE INCOME WOULD OTHERWISE HAVE BEEN PAID OR MADE AVAILABLE TO THE DEBTOR WERE IT NOT WITHHELD BY YOU.

THIS EXECUTION IS BINDING ON YOU UNTIL FURTHER NOTICE. THE EXECUTION IS NOT TO BE USED AS GROUNDS TO DISCHARGE, LAY OFF, OR DISCIPLINE THE DEBTOR-EMPLOYEE, OR REFUSE TO HIRE THE DEBTOR, IF (S)HE IS A PROSPECTIVE EMPLOYEE. SUCH AN ACTION IS CONTRARY TO CPLR SECTION 5252 AND A VIOLATION THEREOF IS PUNISHABLE AS CONTEMPT OF COURT BY FINE OR IMPRISONMENT, OR BOTH.

YOU ARE LIABLE TO THE CREDITOR FOR FAILURE TO WITHHOLD THE AMOUNTS SPECIFIED, PROVIDED, HOWEVER THAT DEDUCTIONS OF THE AMOUNTS SPECIFIED SHALL NOT RELIEVE THE DEBTOR OF THE UNDERLYING SUPPORT OBLIGATION. IF YOU FAIL TO SO PAY THE CREDITOR, THE CREDITOR MAY COMMENCE A PROCEEDING AGAINST YOU FOR ACCRUED DEDUCTIONS, TOGETHER WITH INTEREST AND REASONABLE ATTORNEY'S FEES.

IF THE MONEY DUE THE DEBTOR CONSISTS OF SALARY OR WAGES, AND HIS EMPLOYMENT IS TERMINATED BY RESIGNATION OR DISMISSAL AT ANY TIME AFTER SERVICE OF THIS EXECUTION, THE LEVY SHALL THEREAFTER BE INEFFECTIVE, AND YOU SHALL RETURN THE EXECUTION UNLESS THE DEBTOR IS REINSTATED OR REEMPLOYED WITHIN NINETY (90) DAYS AFTER SUCH TERMINATION.

YOU MUST NOTIFY THE CREDITOR PROMPTLY WHEN THE DEBTOR TERMINATES EMPLOYMENT AND PROVIDE THE DEBTOR'S LAST KNOWN ADDRESS AND THE NAME AND ADDRESS OF THE NEW EMPLOYER, IF KNOWN.

LIMITATIONS ON THE AMOUNT THAT CAN BE LEVIED:

WHERE THE INCOME IS COMPENSATION PAID OR PAYABLE TO THE DEBTOR FOR PERSONAL SERVICES, THE AMOUNT OF THE DEDUCTIONS TO BE WITHHELD SHALL NOT EXCEED THE FOLLOWING:

(1) WHERE A DEBTOR IS CURRENTLY SUPPORTING A SPOUSE OR DEPENDENT CHILD OTHER THAN THE PETITIONER AND/OR HIS/HER DEPENDENT CHILDREN, THE AMOUNT OF DEDUCTIONS WITHHELD MUST NOT EXCEED FIFTY PERCENT OF THE EARNINGS OF THE DEBTOR REMAINING AFTER DEDUCTIONS THEREFROM OF ANY AMOUNTS REQUIRED BY LAW TO BE WITHHELD (DISPOSABLE EARNINGS), EXCEPT THAT IF ANY PART OF SUCH DEDUCTION IS TO BE APPLIED TO THE REDUCTION OF A PAST DUE AMOUNT WHICH SHALL HAVE ACCRUED MORE THAN TWELVE WEEKS PRIOR TO THE BEGINNING OF THE WEEK FOR WHICH SUCH EARNINGS ARE PAYABLE, THE AMOUNT OF SUCH DEDUCTION SHALL NOT EXCEED FIFTY-FIVE PERCENT OF DISPOSABLE EARNINGS.

(2) WHERE A DEBTOR IS NOT CURRENTLY SUPPORTING A SPOUSE OR DEPENDENT CHILD OTHER THAN THE PETITIONER AND/OR DEPENDENT CHILDREN, THE AMOUNT OF DEDUCTIONS WITHHELD MUST NOT EXCEED SIXTY PERCENT OF THE EARNINGS OF THE DEBTOR REMAINING AFTER DEDUCTION THEREFROM OR ANY AMOUNTS REQUIRED BY LAW TO BE WITHHELD (DISPOSABLE EARNINGS), EXCEPT THAT IF ANY PART OF SUCH DEDUCTION IS TO BE APPLIED TO THE REDUCTION OF A PAST DUE AMOUNT WHICH SHALL HAVE ACCRUED MORE THAN TWELVE WEEKS PRIOR TO THE BEGINNING OF THE WEEK FOR WHICH SUCH EARNINGS ARE PAYABLE, THE AMOUNT OF SUCH DEDUCTION SHALL NOT EXCEED SIXTY-FIVE PERCENT OF DISPOSABLE EARNINGS.

PRIORITY:

THIS INCOME EXECUTION SHALL TAKE PRIORITY OVER ANY OTHER ASSIGNMENT, LEVY OR PROCESS. IF AN EMPLOYER OR INCOME PAYOR IS SERVED WITH MORE THAN ONE INCOME EXECUTION PURSUANT TO CPLR SECTION 5241, OR WITH AN EXECUTION PURSUANT TO CPLR 5241 AND ALSO AN INCOME DEDUCTION ORDER PURSUANT TO CPLR 5242, AND IF THE COMBINED TOTAL AMOUNT OF THE DEDUCTION TO BE WITHHELD EXCEEDS THE LIMITS SET FORTH ABOVE, THE EMPLOYER OR INCOME PAYOR SHALL WITHHOLD THE MAXIMUM AMOUNT PERMITTED THEREBY AND PAY TO EACH CREDITOR THE PROPORTION THEREOF WHICH SUCH CREDITORS CLAIM BEARS TO THE COMBINED TOTAL. ANY ADDITIONAL DEDUCTION AUTHORIZED TO BE APPLIED TO THE REDUCTION OF A PAST DUE AMOUNT SHALL BE APPLIED IN PROPORTION TO THE PAST DUE AMOUNT OWED TO EACH CREDITOR.

SUPERVISOR  
SUPPORT COLLECTION UNIT

SUFFOLK COUNTY CSEB  
 SUPPORT COLLECTION UNIT  
 PO BOX 18030  
 HAUPPAUGE NY 117888830

SUFFOLK County SCU

P.O. Box 15347

Albany, New York 12212-5347

Mail Inquiries to address above

Mail Payments to address above

Account Number: BD94803C1

Support Due To: SCHNARWYLER, ANNE

\*\*\*\*\* MIXED AADC 120

WAKSNIS, JOSEPH  
 C/O MEMRIV PARK  
 55A KNUTSON STREET  
 GOOSE CREEK, SC



**SUMMARY OF SUPPORT ACCOUNT AS OF 10/30/1998**

**Previous Past Due Balance:** \$0.00  
**Obligations Charged:** \$600.00  
**Interest Charged:** \$0.00  
**Payments Received:** \$0.00  
**New Past Due Balance:** \$600.00  
**TOTAL ARREARS OWED:** \$600.00

DATE OF COLLECTION AND PAYMENT  
 AMOUNT:

**Next Payment Due Dates:**  
 11/06 11/27  
 11/13 12/04  
 11/20 12/11

**Current Obligation:** \$150.00 Weekly  
**Arrears Obligation:** \$0.00

Payments received after the  
 summary "As Of" date will  
 appear on next month's  
 statement

IMPORTANT INFORMATION

YOU MUST INCLUDE ONE OF THE ATTACHED COUPONS WITH EACH OF YOUR PAYMENTS TO ENSURE YOU RECEIVE PROPER CREDIT FOR YOUR PAYMENTS.

PAY AT LEAST THE AMOUNT SHOWN ON THE COUPON BELOW 'PAY THIS AMOUNT'.

IN THE INTEREST OF EFFICIENCY AND TO REDUCE YOUR WAITING TIME, SUFFOLK COUNTY CHILD SUPPORT ENFORCEMENT BUREAU (CSEB) WILL CONDUCT INTERVIEWS ON WEDNESDAYS BY APPOINTMENT ONLY. CSEB WILL CONTINUE TO SEE INDIVIDUALS WHO WALK IN TO OUR OFFICE, WITHOUT APPOINTMENTS, ON THE OTHER WEEKDAYS. OUR OFFICE HOURS ARE 8:15 AM TO 4:15 PM, UNLESS OTHERWISE ARRANGED. PLEASE CONTACT YOUR CHILD SUPPORT WORKER IF YOU WISH TO SCHEDULE AN INTERVIEW.

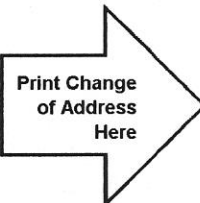
You **MUST** return the attached coupon with your payment to ensure you receive proper credit. Detach this stub from the coupon before mailing.

Support Payments must be received by the Support Collection Unit on or before the due date to prevent enforcement action which may require you to appear in court. Failure to make support payments on time will result in further enforcement action including garnishment of your driver's and/or professional licenses and seizure of your personal property.

DETACH THIS COUPON ALONG THE PERFORATION AND SUBMIT WITH YOUR PAYMENT

**MAIL PAYMENTS TO:**  
 SUFFOLK County SCU  
 P.O. Box 15347  
 Albany, New York 12212-5347  
 Make your check or money order payable to:  
 SUFFOLK County SCU  
**PLEASE DO NOT SEND CASH**

To be compliant with your court order,  
**YOU MUST RECORD YOUR CHANGE OF ADDRESS HERE**



Do not write above this line except to submit an address change.

**Account Number:** BD94803C1  
**Support Payer:** WAKSNIS, JOSEPH  
**Support Due To:** SCHNARWYLER, ANNE  
**Current Obligation:** \$150.00 Weekly  
**Arrears Obligation:** \$0.00

**PAY THIS AMOUNT**  
**\$150.00**

\* If no payment amount is shown above pay at least the amount of the current or arrears obligation as they become due.

Include this coupon with your payment. Do NOT fold, staple or mutilate. Please record your account number on the check.



150 47 111394803121 015000 5