

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.

November 17, 1998

An envelope from the Suffolk County Hearing Examiner Department containing documentation with Docket No. F-2456-98 was addressed to me at my South Carolina residence and received by me the at the end of November 1998.

This envelope from Suffolk County contained a money judgment entered November 17, 1998 "in favor of the Suffolk County Department of Social Services at P.O. Box 18030, Hauppauge, NY 11788-8830, against Joseph Waiksnis in the amount of \$65,250 together with costs and disbursements in the amount of \$10.00, for a total sum of \$65,260.00."

Note: This November 17, 1998 judgment with this large amount was not personally signed with a physical signature but rubber stamped in bold letters by Philip Goglas, whereas his previous notices were physically signed. Why was this exceptionally large judgment amount of \$65,260.00 rubber stamped by Goglas?

Along with this large money judgment was an Order stating that I must pay \$150.00 per week. This Order with the same Docket No. F2456-98 was physically signed personally by Philip Goglas on November 02, 1998, yet the big money judgment was rubber stamped!

ering

FAMILY COURT : SUFFOLK COUNTY
400 CARLETON AVENUE
CENTRAL ISLIP, NEW YORK 11722

having
Shel

Your case has been adjourned to

NOV. 2, 1998 Part 13 at 9:00 A. M.
Date

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

RECEIPT ACKNOWLEDGED

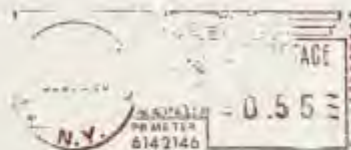
Anne Schwarzyler + Resp's
mom

DATE 9/29/98

By order of the Court,
Robert M. O'Mara
Chief Clerk
By: 6488

THE COURT WILL PROCEED BY INQUEST
AND ENTER A DEFAULT JUDGEMENT
SHOULD YOU FAIL TO APPEAR

FAMILY COURT OF THE STATE OF NEW YORK
COUNTY OF SUFFOLK
ATTN: HEARING EXAMINER DEPARTMENT
400 CARLETON AVENUE
P.O. Box 9077
CENTRAL ISLIP, N.Y. 11722-9077



JOSEPH WAIKSNIS
55A KNUTSON ST
MEM RIV PARK - NAVAL WEAPONS STA.
GOOSE CREEK



At a term of the Family Court
of the State of New York, held
in and for the County of
SUFFOLK, at CENTRAL ISLAND,
New York, on November 7, 1928

PRESENT, PHILIP DOGLAS, ESQ.
Hearing Examiner

AFTER INQUIRY

In the matter of a Petition under
Article 6 of the Family Court Act

Docket No. F-2454-28
File No.

ANNE SCHWARTZ, Petitioner

ORDER ENFORCING ORDER
MADE BY ANOTHER COURT (Support)

- against -

JOSEPH WALKSNI, Respondent

Sect. Sec. No.

NOTICE: YOUR WILLFUL FAILURE TO OBEY THIS ORDER MAY, AFTER COURT HEARING,
RESULT IN YOUR COMMITMENT TO JAIL FOR A TERM NOT TO EXCEED SIX MONTHS,
FOR CONTEMPT OF COURT.
SPECIFIC WRITTEN OBJECTIONS TO THIS ORDER MAY BE FILED WITH THIS COURT,
WITHIN 30 DAYS AFTER ENTRY OF THE ORDER.

ANNE SCHWARTZ having filed a petition in this Court for the
enforcement of a judgment granting support dated January 4, 1928, made by
the Supreme Court, Suffolk County # 7116/28; and which directed JOSEPH
WALKSNI to PAY THE SUM OF \$120.00 PER WEEK FOR CHILD SUPPORT EFFECTIVE
JANUARY 4, 1928.

RESPONDENT NOT having appeared before a Hearing Examiner of this court
to answer the petition and the matter of support having duly come on to be
heard before said Hearing Examiner, and it appearing that under the terms
of the judgment the Supreme Court, Suffolk County # 7116/28 has not
retained exclusive jurisdiction to modify the judgment and

NOW, after examination and inquiry into the facts and circumstances
of the case and after hearing the proofs and testimony offered in relation
thereto:

ADJUDGED that JOSEPH WAIKSNIS failed to obey the order of the Court:

and it is

ORDERED that the order of support dated January 4, 1990, is hereby continued;

AND it is further

ORDERED that judgment be entered in favor of the Suffolk County Department of Social Services at P.O. Box 13030, Hauppauge, NY 11788-8030, against JOSEPH WAIKSNIS in the amount of \$65250.00 together with costs and disbursements in the amount of \$10.00, for a total sum of \$65260.00;

and it is further

ORDERED that this order shall be enforceable pursuant to section 5241 or 5242 of the Civil Practice Law and Rules, or in any other manner provided by law ("Default", as defined in CPLR section 5241, means the failure to remit three payments on the date due in the full amount directed in this order, or the accumulation of arrears, including amounts arising from retroactive support, that are equal to or greater than the amount directed to be paid for one month, whichever occurs first);

and it is further

ORDERED that when the person or family to whom public assistance is being paid, no longer receives public assistance, support payment shall continue to be made to the Support Collection Unit, unless such person or family requests otherwise;

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 ADJUSTMENT 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.

42) A PARTY SEEKING SUPPORT FOR ANY CHILD(REN) RECEIVING FAMILY ASSISTANCE SHALL HAVE A CHILD SUPPORT ORDER(S) REVIEWED AND ADJUSTED AT THE DISCRETION 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, AND UPDATE 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 THEREIN 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.

SUPREME COURT ORDER ADOPTED AS FAMILY COURT ORDER AND AMENDED TO \$150.00 PER WEEK PAYABLE THROUGH SUPPICK COUNTY SCU, P. O. BOX 15389, ALBANY, NY 12212-5387 RETROACTIVE TO JANUARY 4, 1998. ALL OTHER PROVISIONS OF PRIOR ORDER REMAIN IN EFFECT.



Dated: **NOV 17 1998**

ENTER
PHILIP GOGLAS

PHILIP GOGLAS, ESQ.
Hearing Examiner

ENTERED
ROBERT M. O'MARA

CLERK OF FAMILY COURT
DATE: **NOV 17 1998**

BY:

DISTRIBUTION:
PETR: ANNE SCHNARWYLER
ATTY:
RESP: JOSEPH WAIKESHS
ATTY:


SUPPORT COLLECTION UNIT

F-2456-98 SCHNARWYLER VS WAIKSNIS
Page 4

ANNE SCHNARWYLER

*
NY

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



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 November 2, 1998

PRESENT: PHILIP GOGLAS, ESQ.
Hearing Examiner

.....
In the Matter of a Proceeding under
Article 4 of the Family Court Act

Docket No. F-2456-98
File No.

ARNE SCHNARWYLER, Petitioner

ORDER
(Entry Money Judgment)

-against-

JOSEPH WAIKSNIS, Respondent

Sec. Sec. No.
.....

An application having been made for an order directing the entry of judgment in the sum of \$65250.00 that being the amount of arrears having accrued because of non-payment by JOSEPH WAIKSNIS of sums directed to be paid by an order dated January 2, 1990, of the Supreme Court, Suffolk County # 7116/86 together with costs and disbursements, and

The matter having duly come on to be heard before a Hearing Examiner of this court:

NOW, after examination and inquiry into the facts and circumstances of the case and after hearing the proofs and testimony offered in relation thereto, and the defaulting party not having shown good cause for failure to make application for relief from the judgment or order directing such payment prior to the accrual of such arrears; it is therefore

ADJUDGED that JOSEPH WAIKSNIS failed to obey the order of this Court in that JOSEPH WAIKSNIS failed to pay the sum of \$65250.00 which amount the Court finds to be the arrears due and owing under said order;

and it is further

ORDERED that judgment be entered in favor of the Suffolk County Department of Social Services at P.O. Box 18030, Hauppauge, NY 11760-8630, against JOSEPH WAIKSNIS in the amount of \$65250.00 together with costs and disbursements in the amount of \$10.00, for a total sum of \$65260.00, (interest will accrue at the prevailing rate of interest on judgments as provided in the Civil Practice Law and Rules).

Dated: NOV 17 1998

ENTER

PHILIP GOGLAS

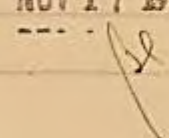
PHILIP GOGLAS, ESQ.
Hearing Examiner

ENTERED

ROBERT M. O'HARA

CLERK OF FAMILY COURT

DATE: NOV 17 1998

BY: 

DISTRIBUTION:

PETR: ANNE SCHNARMYLER

ATTY:

RESP: JOSEPH WAIKSNIS

ATTY:

SUPPORT COLLECTION UNIT

FAMILY COURT OF THE STATE OF NEW YORK
COUNTY OF SUFFOLK

In The Matter Of A Proceeding For Support Under
Article 40 Of The Family Court Act

ANNE SCHNARWYLER
Petitioner

DOCKET NO.

F-2456-98

- against -

JOSEPH WALKSMIS
Respondent

FINDINGS OF FACT

OCA 8/31/98

INQUEST

PHILIP GUGLIAS, being the Hearing Examiner to whom the issues of support in the above entitled proceeding were referred for determination, makes the following findings of fact:

Jurisdiction over the respondent's person has been established by:

- Personal Service of summons with warning
- Substituted Service of summons with warning
- Personal Appearance in court

The respondent appeared did not appear and testimony having been taken from Petitioner Respondent CSEB representative Other

Petitioner and respondent are:

- Presently married to each other and were married on
- Were divorced on 1/4/90 index no. 7116/86
- Not married to each other and never have been

The following child(ren) reside with:

- Petitioner
- Respondent

(also names and dates of birth)

[REDACTED]

Respondent's proof of income, expenses, and support of others has been received into evidence and attached:

- Financial statement affidavit Pay stubs
- Tax returns Other

(Resp A)

~~(Petitioner)(Respondent) failed without good cause to file a sworn affidavit~~

~~Petitioner-assessor has an open public assistance case, but made an assessment of support rights to the Department of Social Services and the total weekly budget is \$_____ for the~~

~~() Petitioner/assessor and child (ren)
() Child (ren)
Respondent's gross income is \$ _____ *claims more*
less FICA \$ _____
less (SIC, Div.) \$ _____
less _____
adjusted gross income \$ _____~~

Based upon the testimony and evidence presented the court finds

~~() the respondent's support obligation after determining (his) (her) Adjusted gross income \$ _____ to be \$ _____ per (week) (bi-weekly) (monthly)
(This is to be paid () directly to petitioner () to the Support Collection Unit effective through)~~

The (petitioner) (respondent) (he) (she) entitled to an
() upward modification
() downward modification *enforcement*
() suspension
() termination

of the existing order of support which exists under the above mentioned docket number. Said order was ~~last~~ issued () last amended on *1/4/90* and is currently running at a rate of \$ *150* (weekly) ~~(bi-weekly)~~

() The court amends the order of support to \$ *150* per (week) (bi-weekly) (monthly). This order allocated \$ *150* () for support () for arrears, effective () through the Support Collection Unit () directly to the petitioner.

() The court orders entry of an income deduction order for enforcement pursuant to §242 of the CPLR.

() There is good cause not to require an immediate income execution.
() _____

() See attached sheet for additional findings.

Dated: *10/2/98*

Phil [Signature]
PHILIP [Name]
HEARING EXAMINER

Petitioner filed this enforcement petition seeking the enforcement of the judgment of Divorce dated 1/4/90 index no. 7116/86 (Pet 1).

Respondent sent in his financial information. He is currently residing in South Carolina. Respondent is aware of the court proceedings.

Superior Court entered a judgment against the respondent for \$9300 arrears from January 13, 1988 to April 14, 1989. The order of support was entered at \$150 per week for the children.

Petitioner testified that respondent has not made any payments on this order and is in arrears.

The Court finds the respondent liable for \$150 per week retroactive to the date of the Superior Court order of 1/4/90

November 12, 1998

A letter dated November 12, 1998, Docket No. F2456-98, Account BD94803C1 was received at my South Carolina residence from Suffolk County Support Collection, P.O. Box 18030, Hauppauge, NY, stating this time that I now owed \$65,400.00.

November 27, 1998

A letter dated November 27, 1998, Account BD94803C1 was received from the Suffolk County Support Collection Unit's SCU (headquarters) in Albany, NY stating, that I now owed \$66,268.32.

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

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

IMPORTANT:

INCLUDE NAME AND ACCOUNT NUMBER WITH ALL PAYMENTS

ACCOUNT NUMBER: BD94803C1 DATE: 11/12/1998
DOCKET NO.(S): F0245698
JCA WORKER CODE: INT4

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

SUFFOLK COUNTY, PETITIONER
O/B/O/
ANNE SCHNARWYLER

- AGAINST -

JOSEPH WAIKSNIS, RESPONDENT
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	11/02/1998	\$0.00 WEEKLY

AS OF NOVEMBER 12, 1998 THE ARREARS OWED FOR THE ABOVE ORDER(S) ARE \$65400.00, WHICH INCLUDES A TOTAL PAST DUE AMOUNT OF \$65400.00. 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 AND EITHER FAMILY COURT ACT SECTION 440 OR DOMESTIC RELATIONS LAW SECTION 240, 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 AS A RESULT OF THE ORDER(S) LISTED ABOVE WHICH DIRECT PAYMENT TO THE SUPPORT COLLECTION UNIT.

THIS INCOME EXECUTION IS BEING 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. IF, UPON REVIEW OF THIS INCOME EXECUTION NOTICE, YOU DETERMINE THAT ISSUANCE OF THIS INCOME EXECUTION IS IN WHOLE OR IN PART IN ERROR, YOU MAY NOTIFY THE SUPPORT COLLECTION UNIT BY WRITING TO:

SUFFOLK COUNTY CSEB SUPPORT COLLECTION-IEX
PO BOX 18030 HAUPPAUGE NY 11788-8830
TELEPHONE NUMBER: (516) 853-2073

YOU SHOULD MAKE A SUBMISSION OF INFORMATION AND EVIDENCE BY MAIL TO SUPPORT YOUR ASSERTION OF AN ERROR IN THE ISSUANCE OF THIS INCOME EXECUTION. THEREAFTER, THE SUPPORT COLLECTION UNIT WILL DETERMINE THE MERITS OF YOUR OBJECTION AND WILL NOTIFY YOU OF ITS DETERMINATION WITHIN THIRTY (30) DAYS AFTER THEIR RECEIPT OF NOTIFICATION FROM YOU.

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 \$65400.00 AS OF NOVEMBER 12, 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

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



SUMMARY OF SUPPORT ACCOUNT AS OF 11/27/1998

Previous Past Due Balance:	\$600.00	DATE OF COLLECTION AND PAYMENT AMOUNT	Next Payment Due Dates:		
Obligations Charged:	\$65250.00			12/04	12/25
Interest Charged:	\$418.32			12/11	01/01
Payments Received:	\$0.00			12/18	01/08
New Past Due Balance:	\$66268.32				
TOTAL ARREARS OWED:	\$66268.32				
Current Obligation:	\$150.00	Weekly	Payments received after the summary "As Of" date will appear on next month's statement		
Arrears Obligation:	\$0.00	Weekly			

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 TO SCHEDULE AN INTERVIEW.

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:	WAIKSNIS, JOSEPH
Support Due To:	SCHNARWYLER, ANNE
Current Obligation:	\$150.00 Weekly
Arrears Obligation:	\$0.00 Weekly

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.

November 13, 1998

The Suffolk County SCU, Hauppauge, NY mailed a letter to my South Carolina address.

Case# BD94803C1

Docket# F-2456-98

As of November 13, 1998, as a result of the arrears you owe in the amount of \$65,550.00, your driving privileges will be suspended.

One of the options for action was stated as written challenge regarding the content of the notice. I mailed my challenge via certified mail with the same copies of documents I had mailed Hearing Examiner Philip Goglas.

January 06, 1999

I received a letter mailed from the Suffolk County Child Support Enforcement Bureau, Hauppauge, NY to my South Carolina address, dated January 06, 1999.

Case# BD94803C1

Docket# F-2456-98

The outcome, as a result of the written challenge, was stated as, "Your challenge has been upheld. ... Your income is less than the self-support reserve."

SUFFOLK COUNTY SCU RA#02 M
DMV PROCESS
P.O. BOX 18030
HAUPPAUGE NY 11788-8830

ACCOUNT NUMBER: BD94803C1 DATE: 11/13/1998
CLIENT: ANNE SCHNARWYLER
RESPONDENT: JOSEPH WAIKSNIS
DOCKET NO.(S): F0245698

JCA WORKER CODE: INT4 INVSTG-CD: 15

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

IMPORTANT NOTICE REGARDING YOUR DRIVING PRIVILEGES AND YOUR FAILURE TO PAY CHILD SUPPORT

ANNE SCHNARWYLER , PETITIONER

AGAINST

JOSEPH WAIKSNIS , RESPONDENT

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY:

ENTRY DATE OF COURT ORDER	PAYMENTS ORDERED	ENTRY DATE OF COURT ORDER	PAYMENTS ORDERED
09/29/1998	\$150.00 WEEKLY	11/02/1998	\$0.00 WEEKLY
11/02/1998	\$0.00 WEEKLY		

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 NOVEMBER 13, 1998, you owe support arrears in the amount of \$65550.00 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 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:

1. MAKE FULL PAYMENT OF WHAT YOU OWE; OR
2. MAKE SATISFACTORY PAYMENT ARRANGEMENTS* WITH US FOR PAYMENT OF WHAT YOU OWE AND YOUR CURRENT SUPPORT OBLIGATION; OR
3. SEND US A WRITTEN CHALLENGE** REGARDING THE CONTENT OF THIS NOTICE.

You may contact the Support Collection Unit at the following address:

SUFFOLK COUNTY SCU DMV PROCESS
P.O. BOX 18030 HAUPPAUGE NY 11788-8830
TELEPHONE NUMBER: (516) 853-2147

(OVER)

XL0387 (03/96)

* "SATISFACTORY PAYMENT ARRANGEMENTS" MEANS COMPLETION OF ALL OF THE FOLLOWING ACTIONS:

- EXECUTION OF A CONFESSION OF JUDGMENT FOR THE TOTAL AMOUNT THAT YOU OWE; AND
- EXECUTION OF A VERIFIED STATEMENT OF NET WORTH INDICATING YOUR INCOME FROM ALL SOURCES, LIQUID ASSETS AND HOLDINGS, COPIES OF YOUR DRIVERS LICENSE(S), MOST RECENT FEDERAL AND STATE TAX RETURNS, A REPRESENTATIVE PAY STUB, AND AN EIGHTEEN (18) MONTH EMPLOYMENT HISTORY; AND
- EXECUTION AND VERIFICATION OF A STIPULATION THAT YOU WILL NOTIFY US OF ALL FUTURE CHANGES OF ADDRESS UNTIL SUCH TIME AS YOUR OBLIGATION TO PAY SUPPORT IS TERMINATED; AND
- PAYMENT OF SUPPORT BY INCOME EXECUTION PURSUANT TO CPLR SECTION 5241, WHICH SHALL INCLUDE DEDUCTIONS SUFFICIENT TO ENSURE COMPLIANCE WITH THE ORDER OF SUPPORT AND AN ADDITIONAL AMOUNT TO BE APPLIED TO THE REDUCTION OF WHAT YOU OWE; OR, EXECUTION OF AN AGREEMENT FOR PAYMENT OF WHAT YOU OWE AND ANY CURRENT SUPPORT DIRECTLY TO US IN AN AMOUNT WHICH IS CONSISTENT WITH THAT WHICH WOULD HAVE BEEN MADE UNDER AN INCOME EXECUTION.

** "WRITTEN CHALLENGE" MEANS THAT YOU HAVE A RIGHT TO CHALLENGE THE SUSPENSION OF YOUR DRIVING PRIVILEGES BY SUBMITTING TO US IN WRITING WITHIN FORTY-FIVE (45) DAYS OF THE DATE OF THIS NOTICE ANY DOCUMENTATION OR INFORMATION WHICH SUPPORTS ANY OF THE FOLLOWING:

- THE INFORMATION AS STATED ABOVE WITH RESPECT TO YOUR ORDER(S) AND WHAT YOU OWE IS NOT CORRECT.
- YOU ARE NOT THE PERSON IDENTIFIED ABOVE AS THE "RESPONDENT" WHO OWES SUPPORT.
- THE ORDER(S) OF SUPPORT LISTED ABOVE DO NOT EXIST OR HAVE BEEN TERMINATED.
- YOU ARE IN RECEIPT OF PUBLIC ASSISTANCE OR SUPPLEMENTAL SECURITY INCOME (SSI).

In addition, you may avoid the suspension of your driving privileges if you provide us with certain documentation to show that your annual income falls below the self support reserve (which is \$10,449 for 1996) or that the amount of your annual income remaining after you pay the support obligations listed above would fall below the self support reserve (\$10,449 in 1996). To avoid a suspension on either of these bases, you must provide all of the following information to us within forty-five (45) days of the date of this notice:

- EXECUTION OF A CONFESSION OF JUDGMENT FOR THE TOTAL AMOUNT THAT YOU OWE; AND
- EXECUTION OF A VERIFIED STATEMENT OF NET WORTH INDICATING YOUR INCOME FROM ALL SOURCES, LIQUID ASSETS AND HOLDINGS, COPIES OF YOUR DRIVERS LICENSE(S), MOST RECENT FEDERAL AND STATE TAX RETURNS, A REPRESENTATIVE PAY STUB, AND AN EIGHTEEN (18) MONTH EMPLOYMENT HISTORY; AND
- EXECUTION AND VERIFICATION OF A STIPULATION THAT YOU WILL NOTIFY US OF ALL FUTURE CHANGES OF ADDRESS UNTIL SUCH TIME AS YOUR OBLIGATION TO PAY SUPPORT IS TERMINATED.

If you challenge this notice or provide this documentation to us within forty-five (45) days of the date of this notice, we will review your claim and we will notify you of our decision in writing within seventy-five (75) days of the date of this notice.

If your driving privileges are suspended, the suspension shall remain in effect until we notify the Department of Motor Vehicles that you have paid what you owe or have made satisfactory payment arrangements with us.

ADDITIONAL WARNING: THE INTENTIONAL SUBMISSION OF FALSE WRITTEN STATEMENTS TO THE SUPPORT COLLECTION UNIT FOR THE PURPOSE OF FRUSTRATING OR DEFEATING THE LAWFUL ENFORCEMENT OF SUPPORT OBLIGATIONS IS PUNISHABLE PURSUANT TO SECTION 175.35 OF THE NEW YORK PENAL LAW.

SUPERVISOR
SUPPORT COLLECTION UNIT

Is your 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:

*Suffolk County SCLL
Dmv Process
P.O. Box 18030
Hauppauge, NY 11788-8830*

4a. Article Number

Z140 128 621

4b. Service Type

- Registered Certified
- Express Mail Insured
- Return Receipt for Merchandise COD

7. Date of Delivery

12/21/98

5. Received By (Print Name)

6. Signature: (Addressee or Agent)

X John Ferenczo

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

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 140 128 621

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to	<i>Suffolk County SCLL</i>
Street & Number	<i>Dmv Process</i>
Post Office, State, & ZIP Code	<i>Box 18030, Hauppauge, NY 11788-8830</i>
Postage	<i>\$ 1.01</i>
Certified Fee	<i>1.35</i>
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	<i>1.10</i>
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	<i>\$ 3.46</i>
Postmark or Date	

PS Form 3800, April 1995



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

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

Joseph WaiKSNiS
55-A-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

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

PLEASE DO NOT FORWARD
ADDRESS CORRECTION REQUESTED



Joseph Waiksnis
c/o Memriv Park
55A Knutson St.
Goose Creek, SC
29445-6243



November 15, 1998

A letter dated November 15, 1998 from Suffolk County CSEB was mailed to my South Carolina address.

Case# BD94803C1

The New York State Social Service Law (SSL) is going to report to consumer reporting agencies.

Your account listed above shows an arrearage of \$65,550.00.

SUFFOLK COUNTY CSEB
SUPPORT COLLECTION UNIT
P.O. BOX 18030
HAUPPAUGE NY 11788-8830

JCA WORKER CODE: INT4 ASCU INVT CODE: 15

ACCOUNT NUMBER: BD94803C1

CLIENT: SCHNARWYLER, ANNE

SUFFOLK COUNTY SCU

P.O. BOX 15347
ALBANY NY 12212-5347

SEND PAYMENTS TO THE ADDRESS ABOVE.
Envíe los pagos a la dirección que aparece arriba.

SCU OFFICE
PHONE NO: (5) -

TO: CHILD SUPPORT PAYOR

RE: ACCOUNT

11/15/98

THE NEW YORK STATE SOCIAL SERVICES LAW (SSL), SECTION 111-C, AUTHORIZES DISCLOSURE OF INFORMATION TO CONSUMER REPORTING AGENCIES (ALSO KNOWN AS CREDIT BUREAUS) REGARDING THOSE PERSONS WHO OWE MORE THAN \$1,000 OR ARE AT LEAST TWO MONTHS DELINQUENT IN CHILD SUPPORT ARREARAGES, WHICHEVER OCCURS FIRST. SPECIFICALLY SECTION 111-C OF THE SSL PROVIDES THAT EACH SOCIAL SERVICES DISTRICT:

"REPORT TO CONSUMER REPORTING AGENCIES (AS DEFINED IN SECTION 603(F) OF THE FAIR CREDIT REPORTING ACT (15 U.S.C. 1681 A(F)) INFORMATION REGARDING PAST-DUE SUPPORT OWED BY THE PARENT OWING SUPPORT. SUCH INFORMATION MUST BE MADE AVAILABLE WHENEVER THE AMOUNT OF PAST-DUE SUPPORT EXCEEDS ONE THOUSAND DOLLARS OR IS AT LEAST TWO MONTHS DELINQUENT, WHICHEVER OCCURS FIRST."

REQUESTS HAVE BEEN RECEIVED FROM CREDIT REPORTING AGENCIES FOR INFORMATION ABOUT PERSONS WHO ARE DELINQUENT IN MAKING THEIR CHILD SUPPORT PAYMENTS. AN ARREARAGE IS ANY AMOUNT OF PAST-DUE DELINQUENT CHILD AND/OR CHILD/SPOUSAL SUPPORT, AND INCLUDES AMOUNTS REDUCED TO JUDGMENT, ARREARS SET AT BALANCE BY A COURT EVEN IF PERIODIC PAYMENTS ORDERED BY THE COURT ARE UP TO DATE AND AMOUNTS YOU ARE REPAYING DIRECTLY TO THE SUPPORT COLLECTION UNIT OR BY PAYROLL DEDUCTION.

THE INFORMATION PROVIDED TO THE CREDIT REPORTING AGENCIES WILL, AT A MINIMUM, INCLUDE INFORMATION SUFFICIENT TO UNIQUELY IDENTIFY AN ACCOUNT (E.G., NAME, ADDRESS, ETC.), TOTAL CHILD SUPPORT AND/OR CHILD/SPOUSAL SUPPORT OBLIGATIONS (E.G., \$20 PER WEEK), AND TOTAL AMOUNT OF ARREARAGES OWED (E.G. \$2,500).

EFFECTIVE **11/13/98**, YOUR ACCOUNT LISTED ABOVE SHOWS AN ARREARAGE OF **\$65,550**. THIS ACCOUNT WILL BE REPORTED TO THE CREDIT REPORTING AGENCIES UNLESS THE AMOUNT OF PAST-DUE SUPPORT IS REDUCED BELOW \$1,000 AND THE ACCOUNT IS NOT TWO MONTHS DELINQUENT OR ASSERT A MISTAKE OF FACT WITHIN TEN (10) DAYS FROM YOUR RECEIPT OF A COPY OF THIS NOTICE IN WRITING OR BY TELEPHONE TO THE **SUFFOLK COUNTY** SUPPORT COLLECTION UNIT/CHILD SUPPORT ENFORCEMENT UNIT, WHOSE ADDRESS IS AT THE TOP OF THIS NOTICE.

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. 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 THIS NOTICE. IF THE OBJECTION IS DISALLOWED, YOU WILL BE NOTIFIED IN WRITING THAT YOUR NAME WILL BE SUBMITTED TO THE CREDIT REPORTING AGENCIES.

SUBMISSION OF THIS INFORMATION TO A MAJOR CREDIT REPORTING AGENCY MAY AFFECT YOUR ABILITY TO OBTAIN CREDIT (E.G., MORTGAGE OR CAR LOAN) OR ADVERSELY AFFECT YOUR CREDIT RATING. **THE BEST WAY TO PROTECT YOUR CREDIT RATING AND AVOID HAVING YOUR NAME SUBMITTED TO A CONSUMER REPORTING AGENCY IS TO KEEP YOUR CHILD SUPPORT ACCOUNT CURRENT.**

SUPERVISOR, SUPPORT COLLECTION UNIT