FORM 1CS

CHILD SUPPORT OBLIGATION

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Office of the Professions
Division of Professional Licensing Services
89 Washington Avenue
Albany, NY 12234-1000

ALL APPLICANTS ARE REQUIRED* TO COMPLETE THIS FORM

You must complete this form before we can issue the credential for which you have applied. Individuals who are under an obligation to pay child support but are not in compliance with the General Obligations Law can be issued a credential for no more than six months to discharge child support obligations consistent with that law.

Please complete items 1-7 clearly in ink in the boxes below. Be sure to sign and date item 8. Have a Notary Public complete item 9. Return this form to the address at the end of this form.

*New York State General Obligations Law, Section 3-503

---

1 Social Security Number

2 Birth Date

3 Print Name Exactly As It Appears On Your Licensure Application (Form 1)

4 Mailing Address

5 License or Permit No.: ____________ Not applicable

6 Profession applying for: __________________________

7 Check only A or B below. If you check B, you must check one of the five statements listed below.

   A  [ ] I am not under an obligation to pay child support:

   OR  B  [ ] I am under an obligation to pay child support and (please check only one of the following)

         [ ] I am current and am not four months or more in arrears in the payment of child support; or,

         [ ] I am making payments by income execution or by court agreed payment plan or by a plan agreed to by the parties; or,

         [ ] The child support obligation is the subject of a pending court proceeding; or,

         [ ] I am receiving public assistance or supplemental security income; or,

         [ ] None of the above four statements apply.

8 I declare and affirm that the above information is true, complete, and correct and I understand that if I am not in compliance with the General Obligations Law, my legal authority to practice a profession (my registration) will be issued for only 6 months and that practice of a profession without a current registration constitutes professional misconduct.

   Signature: ____________________________________________ Date: ________ / ________ / ________

9 NOTARY CERTIFICATION OF IDENTIFICATION (Certification by Notary Public is required.)

   State of __________________________________________ County of ______________________

   I certify that on the date set forth below the individual named above did appear personally before me and that I did identify this applicant by comparing the applicant's signature made in my presence on this form with the signature on his/her identifying document. The statements on this document are subscribed and sworn to before me by the applicant on this ______ day of _____, ________.

   Notary Public signature: __________________________

   Notary ID number: __________________________ Expiration date: ________ / ________ / ________

Return Directly to: New York State Education Department, Office of the Professions, Division of Professional Licensing Services, 89 Washington Avenue, Albany, NY 12234-1000.

Form 1CS, April 2004