

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	<input type="text"/>	2	Birth Date	<input type="text"/>	<input type="text"/>	<input type="text"/>
					Month	Day	Year

(Leave this blank if you do not have a U.S. Social Security Number)

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

Last

First

Middle

4 Mailing Address (You must notify the Department promptly of any address or name changes.)

Line 1

Line 2

Line 3

City

State Zip Code

Country/Province

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 / /

Month Day Year

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