

Support Enforcement Services: Fair Hearing Summary

Case Name: Charles Lake CCSES File Number: 10027363

Date: 3/23/06 Fair Hearing Issue: Withholding of Insurance Assets

1. On 9/29/82, a ~~court order~~/ATS was entered for \$ 15.00 per week current support and \$ 10.00 per week on an arrearage of \$ 4830.74 as of 10/15/82. This order was for the minor child(ren) Steven and Tiffany.
2. On 7/2/82 the custodial parent, Rutha Layden executed an assignment of support rights authorizing the State of Connecticut to collect child support on behalf of the minor child(ren) named in the court orders/ATS.
3. On 12/22/05 a notice concerning the proposed action was mailed to Charles Lake. The notice was mailed to P.O. Box 1237 - Cairo, NY, 12413-1237, which was the address of record on the mailing date.
4. The notice stated that Charles Lake owed a past due amount/was delinquent \$ 4394.96 as of 12/22/05.
5. On _____, _____ requested a pre-hearing review with a representative of Support Enforcement Services.
6. On _____, a pre-hearing review was conducted by _____, Support Enforcement Officer.
7. On _____, SES notified the obligor that there was insufficient evidence presented at the pre-hearing review to support the contention that the proposed action is inappropriate.
8. As of today's date, the present past due amount/delinquency is \$ 4394.96.
9. The relevant Administrative Regulations and Connecticut General Statutes for the proposed action are:
 - a. Federal Income Tax Offset: C.G.S. sec. 52-362e, 52-362h; Regulations sec. 52-362d-1, 52-362e-1, 52-362e-2
 - b. State Income Tax Offset: C.G.S. sec. 52-362e, 52-362h; Regulations sec. 52-362d-1, 52-362e-1, 52-362e-3
 - c. Credit Reporting: C.G.S. sec. 52-362d(b); Regulations sec. 52-362d-1, 52-362d-3
 - d. Property Liens: C.G.S. sec. 52-362d(a)(d); Regulations sec. 52-362d-1, 52-362d-2

EN0350

CCSES DISPOSITION/OBLIGATION

124116*1 303
NDB

FILE NBR: 10027363-8
CASE NBR: FA3-363
IV-A NBR: 5131106
ORD DATE: 06-30-87
PYMT DUE: *07-17-87
CYCLE : WEEK

CUSTODIAL : LAYDEN, CYNTHIA
PAYOR NAME: LAKE, CHARLES
PAYOR SS #:
PAYOR EMPL: EMP 1 TERMINATED 09-16-04
PA STATUS : PA CLOSED
CB ACTION : UPDATED CB DATE : 02-25-06

DISPOSITION		ST	CYCLE	AMT DUE/ FIXED AMT	AMOUNT PAID	ADJUSTMT	BALANCE	Pg 1 of 1 DELINQ	
a22-581	NONDISS	A	IN	10.00	4830.74	929.79	-30.00	3870.95	3870.95
a28-551	NONDISS	C	IV	7.50	524.01	0.00	0.00	524.01	524.01

SUMMARY TOTALS : 17.50 5354.75 929.79 -30.00 4394.96 4394.96

-----LAST SIX PAYMENTS-----

45.80P	45.80P	26.25P	36.39P	53.61P	32.39P
09-16-04/	09-02-04/	08-05-04/	07-22-04/	07-01-04/	06-24-04/

*** WJB 04:02pm 03-22-06 *NT*CSENET

HUM - 162A
Rev. 1/79

STATE OF CONNECTICUT
DEPARTMENT OF HUMAN RESOURCES

AGREEMENT TO SUPPORT

FILE NO. ATS FAB-363 SUPERIOR COURT DANBURY G.A. # 73
STATE OF CONNECTICUT }
COUNTY OF FAIRFIELD } s. SEPTEMBER 22 1982
I, CHARLES LAKE, JR. of the town of DANBURY County
of FAIRFIELD State of Connecticut, in accordance with the provisions of Section 52-442A of the
Connecticut General Statutes, as amended, being duly sworn, depose and say:

- 1. That I reside at 308 JEFFERSON AVE. in the town and county aforesaid;
No. Street
- 2. That I am employed by JOE CADARRA of LINCOLN AVE., DANBURY
Name Address
- 3. My Social Security No. is

4. That for the purpose of each child listed below, whose paternity I acknowledged JULY 15, 1982, as on file
in this court, (File No. PTA FAB-317.9 & FAB-58 Filed MARCH 10, 1981), I do hereby
agree to contribute the weekly amount set out beside the name of each child, for current support of same; said support is to
commence the effective date stated, and continue for each week thereafter, until such child attains the age of eighteen years.

Name of Child	Weekly Amount	Effective Date
<u>STEVEN LAKE</u>	<u>7.50</u>	<u>OCT. 15, 1982</u>
<u>TIFFANY LAYDEN</u>	<u>7.50</u>	<u>OCT. 15, 1982</u>

5. That I do further agree to assume the responsibility for lying-in expense of \$ -0-, accrued maintenance of said
child of \$ 4,830.74 and the following further expenses:

Totaling \$ -0-
all of said expenses and maintenance comprising the amount of \$ 4,830.74; and I do hereby agree to pay the sum
of \$ 10.00 per week effective OCTOBER 15, 1982 until said further obligation is liquidated;
in addition to the sums specified in paragraph 2.

6. That I do further agree to make the aforesaid payments (through FAMILY RELATIONS)
to the Commissioner of Administrative Services, 76 Meadow Street, East Hartford, Connecticut.

WITNESSES: Margaret H. Eakins L.S.

On this 22 day of SEPTEMBER, 1982, personally appeared CHARLES LAKE, JR.
signer and sealer of the foregoing instrument and acknowledged the same to be his free act and deed, before me.

LINDA S. MOREHOUSE
NOTARY PUBLIC
MY COMMISSION EXPIRES MARCH 31, 1983

Linda S. Morehouse
Commissioner of the Superior Court
Notary Public

ORDER OF APPROVAL

Superior Court Third G.A., held at Danbury 9/29 82 1982
The foregoing Agreement to Support having been presented to the Court, is hereby approved.
BY THE COURT
[Signature]
JUDGE

(To be prepared and executed in quadruplicate)

FILED

SEP 27 1982

SUPERIOR COURT
AT DANBURY

STATE OF CONNECTICUT
ACKNOWLEDGEMENT OF PATERNITY

FILE NO. PTA ... FA3-317 ... SUPERIOR COURT. DANBURY ... G.A. 3
STATE OF CONNECTICUT) ss. JULY 15 ... 1982
COUNTY OF ... FAIRFIELD ...)

I, CHARLES LAKE, JR., of the Town of DANBURY County of FAIRFIELD, State of Connecticut, in accordance with the provisions of Sections 52-442a, 19-16, 7-50 of the Connecticut General Statutes as amended, being duly sworn, depose and say:

That I reside at 55 MILL RIDGE RD., in the town and county aforesaid;

That I am employed by UNEMPLOYED of UNEMPLOYED ADDRESS

Date of Birth 12-1-55 and Place of Birth DANBURY CT. (City and State)

Social Security No. is

That I hereby acknowledge paternity of the child listed below born to CYNTHIA LAYDEN of the Town of DANBURY County of FAIRFIELD State of Connecticut; I agree that my name be placed on the child's birth certificate, as the father.

NAME DATE OF BIRTH PLACE OF BIRTH
TIFFANY LYNN LAYDEN 6-26-82 DANBURY CT.

Witnesses Margaret H. Ekins Signature of Father [Signature] L.S.

On this 15 day of JULY, 1982, personally appeared CHARLES LAKE, JR., signer and sealer of the foregoing instrument and acknowledged the same to be his free act and deed, before me.

[Signature]
Commissioner of the Superior Court
Notary Public
commission expires 3-31-83

AFFIRMATION OF PATERNITY

I, Cynthia Layden mother of above named child, presently residing in the Town of Danbury County of Fairfield, hereby acknowledge and affirm that said Charles Lake, Jr. is the father of my child Tiffany Layden born on 6/26/82 (Date of Birth)

Witnesses [Signature] L.S.
Signature of Mother

STATE OF CONNECTICUT
COUNTY OF Fairfield) ss. July 2 1982

Personally appeared Cynthia Layden, signer and sealer of the foregoing Affirmation of Paternity, and state under oath that the matters and facts therein stated are true and correct of her own knowledge.

[Signature]
Notary Public

LAURIE R. NOE
NOTARY PUBLIC

MY COMMISSION EXPIRES MARCH 31, 1985

FA3-317

COPY

STATE OF CONNECTICUT
ACKNOWLEDGEMENT OF PATERNITY

FILE NO. PTA 79-3-58 SUPERIOR COURT, at Danbury G.A. #3
March 10 1981
STATE OF CONNECTICUT)
COUNTY OF Fairfield) ss.

I, Charles Lake, Jr. of the Town of Danbury County of Fairfield, State of Connecticut, in accordance with the provisions of Sections 52-442a, 19-16, 7-50 of the Connecticut General Statutes as amended, being duly sworn, depose and say:

That I reside at 385 Main Street, in the town and county aforesaid;
That I am employed by County School Service of Lee Mac Hwy, Danbury, in the town and county aforesaid;
NAME OF EMPLOYER ADDRESS
Date of Birth 12-1-55 and Place of Birth Danbury, CT (City and State)

Social Security No. is ...
That I hereby acknowledge paternity of the child listed below born to Cynthia Layden of the Town of Danbury County of Fairfield State of Connecticut; I agree that my name be placed on the child's birth certificate, as the father.

NAME DATE OF BIRTH PLACE OF BIRTH
Steven Lake 4-16-80 Danbury, CT

Witnesses Robert Stuart Signature of Father L.S.

On this 10 day of March, 1981, personally appeared Charles Lake signer and sealer of the foregoing instrument and acknowledged the same to be his free act and deed, before me.

Theresa D. Smith
Commissioner of the Superior Court
Notary Public
commission
903-224-1-43

AFFIRMATION OF PATERNITY

I, Cynthia A. Layden, mother of above named child, presently residing in the Town of Danbury County of Fairfield, hereby acknowledge and affirm that said Charles Lake, Jr. is the father of my child Steven, born on 4/16/80 (Date of Birth)

Witnesses Robert Stuart Cynthia A. Layden L.S.
Signature of Mother

STATE OF CONNECTICUT)
COUNTY OF Fairfield) ss. March 18, 1981, 19...

Personally appeared Cynthia Layden, signer and sealer of the foregoing Affirmation of Paternity, and state under oath that the matters and facts therein stated are true and correct of her own knowledge.

Notary Public
My Com. Expires 4/1/85

703-58

STATE OF CONNECTICUT
MAR 20 4 30 PM '81

STATE OF CONNECTICUT
MAR 13 10 58 AM '81
CLERK

RVD11

EFFECTIVE DATES: MED ASSG, FOOD STAMPS, OTHER
 FISCAL CODE: 322
 REASON CODE: 868
 SPANISH COMM: Yes No
 REGION: A
 WIN: 034
 PROG: C
 CASE: 617652

DATE: / / APPLICATION DATE: / /
 GEN ASSISTANCE: Yes No
 TRANSFER FROM: / / FAC CODE: / / CROSS REFERENCE NO: / /

New Reappl.

Case Name (AKA): **CYNTHIA LAYDEN**
 MED INS NAME (A/B if Medicare): / / TYPE (Circle): (Circle) DATE: / /
 Dr. Hosp. Start / /
 Drugs Opt. / /
 Dental Other Stop / /

Policy/Memb. No: / /

2ND FLOOR
 6 TOWER PLACE
 DANBURY, CT. 06870

Dr. Hosp. Start / /
 Drugs Opt. / /
 Dental Other Stop / /

Policy/Memb. No: / /

NT ADDRESS
 ERENT:

FAMILY MEMBERS	EL	BIRTHDATE	SEX	RACE	A/R	EFF DATE	WIN STAT	SOCIAL SECURITY NO(S)	SOCIAL SECURITY CLAIM NO.	REL	SUP RT	INS CODE
LAYDEN, TIFFANY		01/6/26/82	F	W	A	6/26/82						0240

NEEDS	UNEARNED INCOME	FOOD STAMPS	AUTHORIZATION
CFAP: 51387	RSDI Primary: / / SUFF: / / \$ / /	NO. MEMBERS: / / TYPE ASSISTANCE: / /	Central Office Only
Shelter: / /	RSDI Secondary: / / SUFF: / /	NET ADJ. INCOME: / / CASE LOAD NO.: / /	Date: / / Amount \$ / /
Heat: / /	SSI: / /	AUTHORIZATION NO.: / / END DATE: / /	FROM: / / TO: / /
Electricity: / /	Unemployment Compensation: / /	DATE OF REVIEW: / / COUPON VALUE: / /	Retrospective Payment - Amount \$ / /
Cooking Fuel: / /	Pension: / /	No. Months Until Next Review: / /	Date State Begins: / /
Water Heating: / /	V.A. Pension: / /		G.A. PAID THROUGH: / / G.A. AMOUNT: / /
Food: / /	Relatives: / /		CHECK DATED: / / PEG AMOUNT: / / AMT. THIS CHECK: / /
Clothing: / /	R.R. Retirement: / /		<input type="checkbox"/> Vendor <input checked="" type="checkbox"/> Supplemental Payment <input type="checkbox"/> Services
Personal: / /	Other (Specify): / /		NAME: / /
Household Sup.: / /	TOTAL Unearned income: NONE	1301 F.C.	ADDRESS: / /
Telephone: / /	DEDUCT: Income Disregard, PART B Premium, Diverted Income	TOTAL NEEDS/LIMITS (AF Programs): 51387	Acct. No.: / /
Laundry: / /	Applied Unearned Income: / /	TOTAL APPLIED INCOME: / /	From: / / To: / /
Transportation: / /	Earnings: Gross Earnings, Incentive, Employment Expenses	FLAT GRANT REDUCTION: / /	Purpose Code: / / Amount: / / No. Children in Day Care: / /
Room & Board: / /	TOTAL Applied Income: NONE	DEFICIT/EXCESS: 51387	FROM: 414 69 TO: 51387
Other (Specify): / /	ADD: Employment	AWARE PAYMENT: / / 1st of Month: 38540 15th of Month: 12847	EFFECTIVE DATE: 7/16/82
TOTAL NEEDS: / /			
TOTAL FACILITY COST: / /			

Assignment of Insurance: Yes No

Assignment of Support Rights: DATE: 7/2/82 Lien Mortgage DATE TAKEN: / / DATE RELEASED: / / Yes No Yes No

Assignment of Interest: DATE: / / RECOVERY DATE: / / PLACE OF BIRTH: / / DATE OF ENTRY: / /

ADD CHILD 02 EFFECTIVE 6/26/82 ISSUE SUPP
 UNMET NEEDS FOR PERIOD 6/26/82 TO 7/15/82 - MOD. UPWARD
 EFFECTIVE 7/16/82 DUE TO INCREASED NEEDS

DATE: 03 77 82 SUPERVISOR: J. Storchase ID: 634 DATE: 7/8/82

CENTRAL OFFICE