



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

25 SIGOURNEY STREET • HARTFORD, CONNECTICUT 06106-5033

February 27, 2009

Charles Lake Jr.
72 Old Route 23
Cairo, New York, 12413

Re: Cynthia Layden v. Charles Lake (File# 10027363)
Edna Lake v. Charles Lake (File# 10046548)

Dear Mr. Lake Jr.:

Based on the extended time period involved, and intricacy of your child support concerns, the Department of Social Services (DSS), Bureau of Child Support Enforcement (BCSE) conducted several independent reviews of your cases based on documentation you supplied to BCSE in both paper and electronic (CD) form, and case data contained on the Connecticut Child Support Enforcement Automated System.

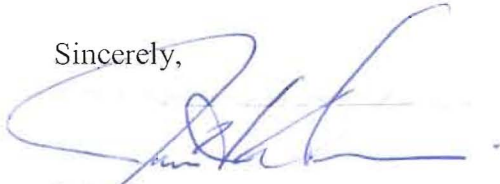
All reviews into your child support cases: *Edna Lake (Caretaker) for Charles Lake III (DOB 1/25/75) and Rebecca Lake (DOB 1/13/76)*, and *Cynthia Layden (Caretaker) for Steven Lake (DOB 4/16/80) and Tiffany Lynn Lake (DOB 6/26/82)* came to the mutual conclusion that the child support orders entered on the Connecticut Child Support Enforcement System (CCSES) are valid court orders. The Connecticut child support program has the legal authority and responsibility to enforce such court orders and has done so appropriately.

In a detailed letter from your wife Joann (included with your documentation) she indicated that for the past fifteen years, your joint Federal tax refund has been directed to the State of Connecticut to pay your child support debt even though she had earned the majority of the household income during that period. While Federal law allows states to offset the Federal tax refund of a child support obligor to help satisfy a child support debt, it also recognizes that a joint filing spouse has the right to recover any portion of the refund that is attributable to *their* income. Your wife has the option of filing IRS Form 8379, *Injured Spouse Claim and Allocation Form* each year to recover her portion of a tax refund. When this form is filed, the IRS calculates the portion of the joint tax refund attributable to your wife's earnings and returns that portion to her. The form may be filed to recover up to six years of earnings from the date of your most recent tax return.

The root of your issues appear to be, not with the enforcement of child support orders, but rather with the November 7, 1988 court order which granted sole legal custody of your children (Charles and Rebecca) to your mother, and the actions taken by the Connecticut Department of Child and Youth Services (currently the Department of Children and Families - DCF) which preceded that custody order. Neither the DSS/BCSE, nor any of its cooperative agencies has the authority to change an order of the court. If you believe that your child support order(s) should be modified, you must file a motion for modification with the Superior Court. If you maintain that actions taken by DCF were inappropriate, you should address your concerns directly to that Department.

Finally, while your desire may be to continue the pursuit of a resolution to your custody issues, I feel it is important to make you aware of an option available to you to pay off your remaining child support debt in a lump sum payment at a reduced rate. Under Section 17b-179b-4 of Connecticut Child Support Regulations, liquidation (adjustment) of child support arrears is possible by making a one-time payment which is calculated to a reduced amount based on a list of liquidation factors. If this is an option you wish to pursue, please feel free to contact Mrs. Pamela Hogan of our office at (860) 424-5124.

Sincerely,



John H. Dillon
Program Supervisor
Department of Social Services
Bureau of Child Support Enforcement
25 Sigourney Street
Hartford, CT 06106

c: David Mulligan, IV-D Director
File

DECEASED—NAME FIRST MIDDLE LAST Cynthia Ann Layden			SEX F	(STATE FILE NUMBER)	
DATE OF BIRTH (MONTH DAY YEAR) 3 Apr. 21, 1963	RACE — WHITE NEGRO AMERICAN (INDIAN, ETC. (SPECIFY)) White	AGE — LAST BIRTHDAY (YEARS) 5 24	UNDER 1 YEAR MOSE DAYS	UNDER 1 DAY HOURS MIN	DATE OF DEATH (MONTH, DAY, YEAR) 7-7-87
COUNTY OF DEATH 7 Fairfield	TOWN OF DEATH 8 Danbury	HOSPITAL OR OTHER INSTITUTION — NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) IF HOSP OR INST INDICATE DOA, OP/EMER, RM, INPATIENT (Specify) 18 Oakland Ave.			
CITY & STATE OF BIRTH (Country if not U.S.) 10 Norwalk, Conn.	CITIZEN OF (Country) 11 U.S.A.	MARRIED, NEVER MARRIED, WIDOWED DIVORCED, LEGALLY SEPARATED 12 Never Married	LAST SPOUSE (If wife, give maiden name) 13 -----		
SOCIAL SECURITY NUMBER 14	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 15 None	KIND OF BUSINESS OR INDUSTRY 16 None			
RESIDENCE—STATE 17 Connecticut	COUNTY 18 Fairfield	TOWN 19 Danbury	STREET & NUMBER 20 110 Long Ridge Road		
WAS DECEASED A VETERAN? (SPECIFY YES OR NO) 21 No	IF YES, GIVE WAR 22 -----	UNIT OR SHIP 23 -----			
FATHER — NAME FIRST MIDDLE LAST 24 James Layden		MOTHER — MAIDEN NAME FIRST MIDDLE LAST 25 Carolyn Stabell			
INFORMANT — NAME 26 Mrs. Carolyn Layden		MAILING ADDRESS (STREET OR RFD NO CITY OR TOWN STATE ZIP) 27 110 Long Ridge Rd.-Danbury, Ct. 06810			
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE 28 Acute and chronic intravenous narcotism (a) Pending further study. XXXXXXXXXXXXXXXXXXXX (b) XXXXXXXXXXXXXXXXXXXX (c)				7-7-87	
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)				AUTOPSY (YES OR NO) 29 yes	
Acute ethanol intoxication				IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 30 yes	
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) 31 undetermined	DATE OF INJURY (MONTH, DAY YEAR) 32 FD 7-7-87	HOUR 33 P. M.	HCW INJURY OCCURRED 34 injection	INJURY AT WORK (SPECIFY YES OR NO) 35 No	
PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) 36 Home	LOCATION (STREET OR RFD NO CITY OR TOWN STATE ZIP) 37 18 Oakland Ave., Danbury, Ct.	SURGERY RELEVANT TO CONDITION REPORTED IN ITEM 28 (Name of operation) (Date performed) 38 -----			
CERTIFICATION — MEDICAL EXAMINER: IN MY OPINION, ON THE DATE AND DUE TO THE CAUSES STATED DEATH RESULTED OR DECEASED WAS FOUND DEAD ON OR ABOUT 39 7-7-87		HOUR OF DEATH 40 A. M.	THE DECEDENT WAS PRONOUNCED DEAD MONTH DAY YEAR 7 - 7 - 87	HOUR 7:35 A. M.	
CERTIFIER—TITLE 41 <input type="checkbox"/> CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> DEPUTY CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSOCIATE MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> PATHOLOGIST		STATE OF CONNECTICUT OFFICE OF THE CHIEF MEDICAL EXAMINER		M.E. CASE NO. 42 87-06203	
CERTIFIER — NAME (TYPE OR PRINT) 43 H. Wayne Carver II, M.D.		SIGNATURE <i>H. Wayne Carver II</i>			
MAILING ADDRESS — CERTIFIER (STREET OR RFD NO CITY OR TOWN STATE ZIP) 45 Office of the Chief Medical Examiner, PO Box 427, Farmington, Ct. 06034		DATE SIGNED (MONTH DAY YEAR) 46 7-7-87			
BURIAL, CREMATION, REMOVAL (SPECIFY) 47 Burial	CEMETERY OR CREMATORY — NAME 48 Wooster Cemetery	LOCATION 49 Danbury, Connecticut	STATE 50		
DATE (MONTH, DAY YEAR) 51 July 14, 1987	FUNERAL HOME — NAME AND ADDRESS (STREET OR RFD NO CITY OR TOWN STATE ZIP) 52 The W.F. Tomlinson Co.-336 Main St.-Danbury, Ct. 06810				
FUNERAL DIRECTOR OR EMBALMER — SIGNATURE 53 <i>William F. Trimpert</i>	NAME OF EMBALMER IF BODY WAS EMBALMED 54 William F. Trimpert	LICENSE NUMBER 55 1626			
THIS CERTIFICATE RECEIVED FOR RECORD ON 56 July 10, 1987		BY 57 <i>Michael R. Ferris</i> REGISTRAR			

I certify that this is a true transcript of the information on the death record as recorded in this office.

Attest: *Gene J. St. Conrad* Registrar of Vital Statistics

Dated *Sept. 10, 1987* Town of *DANBURY*

NOT GOOD WITHOUT SEAL OF CERTIFYING OFFICIAL