FORM CD-526 (1-94) LF COURT ORDERE					RTMENT OF COMMER	CE	
	4. SOCIAL SECURI NUMBER		TION 6. EMPLO	YEE NAME (Last, First, Mid			
7. DUTY STATION	EMPLOYEE	TIFICATION (Check NOTIFIED IN PERSON N 15 DAYS OF RECEIP	One) OR BY CERTIFIED		TIFIED IN PERSON OR BY		
DEDUCTIONS. You are hereby directed to deduct the fol office effective				PAY PER			
A. COURT ORDERED PAY PERIOD DEDUCTION				9A(1)			
(1) DOLLAR AMOUNT				\$			
(2) PERCENTAGE OF APPLICABLE EARNINGS				9A(2)		%	
(3) NOT TO EXCEED DOLLAR AMOUNT PER PAY PERIOD							
B. COURT COST				\$ 9B(1)			
(1) TOTAL AMOUNT				\$ 9B(2)	 		
(2) AMOUNT COLLECTABLE PER PAY PERIOD				\$			
C. ARREARS (1) TOTAL AMOUNT				9C(1) \$			
				Φ       9C(2)			
(2) AMOUNT COLLECTABLE PER PAY PERIOD				\$ 9C(3)			
(3) PERCENTAGE OF APPLICABLE EARNINGS PER PAY PERIOD						%	
(4) NOT TO EXCEED DOLLAR AMOUNT PER PAY PERIOD				9C(4) \$			
10. NAME AND ADDRESS OF COURT OFFICIAL OR RECIP	PIENT OF DEDUCTI	ON		· ·	÷		
NAME							
1ST LINE ADDRESS							
2ND LINE ADDRESS							
CITY	STATE ZI	P CODE	11. EMPLOYEE CASE (To Appear on Cheo		DURT		
12. REMARKS			(TO Appear on Cheo	<i></i> ,			
13. AUTHORIZATION							
SIGNATURE OF AUTHORIZED OFFICIAL	TITLE				DATE		

NOTE: Request must be received at the National Finance Center no later than Monday of the week in which the pay period follows in order to be effective for a particular pay period. Later receipts will be processed the following pay period.