

ORDER/NOTICE TO WITHHOLD INCOME FOR CHILD SUPPORT (Draft 8/9/00)

State _____ 1a

Co./City/Dist. of _____ 1b

Court/Case Number _____ 1c

Original Amended Termination 1d

2a

Employer/Withholder's Name

2b

Employer/Withholder's Address

2c

2d

Employer/Withholder's Federal EIN Number (if known)

Child(ren)'s Name(s): DOB

RE: _____ 3a

Employee/Obligor's Name (Last, First, MI)

3b

Employee/Obligor's Social Security Number

3c

Employee/Obligor's Case Identifier

3d

Obligee's Name (Last, First, MI)

Child(ren)'s Name(s): DOB

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5

If checked, you are required to enroll the child(ren) identified above in any health insurance coverage available through the employee's/obligor's employment.

ORDER INFORMATION: This Order/Notice is based on the support order _____ 6 _____ from [State] _____ 7 _____. You are required by law to deduct these amounts from the employee's/obligor's income until further notice.

\$ _____ 8a Per _____ 8b current child support 15

\$ _____ 9a Per _____ 9b past-due child support Arrears 12 weeks or greater?

\$ _____ 10a Per _____ 10b medical support yes no

\$ _____ 11a Per _____ 11b past-due medical support

\$ _____ 12a Per _____ 12b spousal support

\$ _____ 13a Per _____ 13b other (specify) _____ 13c

for a total of \$ _____ 14a per _____ 14b to be forwarded to the payee below.

You do not have to vary your pay cycle to be in compliance with the support order. If your pay cycle does not match the ordered payment cycle, use the following to determine how much to withhold:

\$ _____ 16a per weekly pay period. \$ _____ 16c per semimonthly pay period (twice a month).

\$ _____ 16b per biweekly pay period (every two weeks). \$ _____ 16d per monthly pay period.

REMITTANCE INFORMATION: When remitting payment, provide the payday/date of withholding and the case identifier. Follow the laws and procedures of the employee's/obligor's principal place of employment. For the purpose of the limitation on withholding, see #9 under ADDITIONAL INFORMATION TO EMPLOYERS AND OTHER WITHHOLDERS. If the employee's/obligor's principal place of employment is _____ 17 _____, you must begin withholding no later than the first pay period occurring _____ 18 _____ after the date of this Order/Notice. Send payment within _____ 19 _____ days of the payday/date of withholding. You may be entitled to deduct a fee to defray the cost of withholding. The total withheld amount, including your fee, cannot exceed _____ 20 _____ % of the employee's/obligor's aggregate disposable weekly earnings.

When remitting payment by EFT/EDI, call _____ 21a _____ before submitting. Use this FIPS code: _____ 21b

_____: Bank routing code: _____ 21c Bank account number: _____

21d

Make check payable to: _____ 22 _____ Send check to: _____ 23 _____

Payee Case identifier

Authorized by _____ 24a _____ Date: _____ 24b

Date:

Print Name _____ 25a _____ Date: _____ 25b

Of Authorized _____ Date: _____

Official(s)

IMPORTANT: The person completing this form is advised that the information on this form may be shared with the obligor.

ADDITIONAL INFORMATION TO EMPLOYERS AND OTHER WITHHOLDERS

26 If checked you are required to provide a copy of this form to your employee. If your employee works in a state that differs from the state that issued this order, a copy must be provided to your employee even if the box is not checked.

1. We appreciate the voluntary compliance of Federally recognized Indian tribes, tribally-owned businesses, and Indian-owned businesses located on a reservation that choose to withhold in accordance with this notice.

2. **Priority:** Withholding under this Order/Notice has priority over any other legal process under State law against the same income. Federal tax levies in effect before receipt of this order have priority. If there are Federal tax levies in effect please contact the State Child Support Enforcement Agency or party listed in number 13.

3. **Combining Payments:** You can combine withheld amounts from more than one employee's/obligor's income in a single payment to each agency/party requesting withholding. You must, however, separately identify the portion of the single payment that is attributable to each employee/obligor.

4. **Reporting the Paydate/Date of Withholding:** You must report the paydate/date of withholding when sending the payment. The paydate/date of withholding is the date on which the amount was withheld from the employee's wages. You must comply with the law of the state of employee's/obligor's principal place of employment with respect to the time periods within which you must implement the withholding order and forward the support payments.

5. **Employee/Obligor with Multiple Support Withholdings:** If there is more than one Order/Notice to Withhold Income for Child Support against this employee/obligor and you are unable to honor all support Order/Notices due to Federal or State withholding limits, you must follow the law of the state of employee's/obligor's principal place of employment. You must honor all Order/Notices to the greatest extent possible. (See #10 below)

6. **Termination Notification:** You must promptly notify the Child Support Enforcement Agency or payee when the employee/obligor no longer works for you.

7. Please provide the information requested and return a copy of this order/notice to the Child Support Enforcement Agency or payee.

EMPLOYEE'S/OBLIGOR'S NAME: _____ **CASE IDENTIFIER:** _____
DATE OF SEPARATION: _____
LAST KNOWN HOME ADDRESS: _____
NEW EMPLOYER/ADDRESS: _____

7. **Lump Sum Payments:** You may be required to report and withhold from lump sum payments such as bonuses, commissions, or severance pay. If you have any questions about lump sum payments, contact the person or authority below.

8. **Liability:** If you have any doubts about the validity of the Order/Notice, contact the agency or person listed below. If you fail to withhold income as the Order/Notice directs, you are liable for both the accumulated amount you should have withheld from the employee's/obligor's income and any other penalties set by State law.
27 _____

9. **Anti-discrimination:** You are subject to a fine determined under State law for discharging an employee/obligor from employment, refusing to employ, or taking disciplinary action against any employee/obligor because of a child support withholding.
28 _____

10. **Withholding Limits:** You may not withhold more than the lesser of: 1) the amounts allowed by the Federal Consumer Credit Protection Act (15 U.S.C. § 1673(b)); or 2) the amounts allowed by the State of the employee's/obligor's principal place of employment. The Federal limit applies to the aggregate disposable weekly earnings (ADWE). ADWE is the net income left after making mandatory deductions such as: State, Federal, local taxes, Social Security taxes, mandatory pension contributions, and Medicare taxes.

11. 29 _____

12. **Issuing Agency or Court** _____ 30 _____

13. If you or your employee/obligor have any questions, contact: _____ 31a
by telephone at _____ 31b _____ or by FAX at _____ 31c
or by Internet _____ 31d _____

OMB:
Expiration Date: