

DRAFT

INCOME WITHHOLDING FOR SUPPORT

1a INCOME WITHHOLDING ORDER/NOTICE FOR SUPPORT (IWO)

AMENDED IWO

1b ONE-TIME ORDER/NOTICE - LUMP SUM PAYMENT

1c TERMINATION OF IWO

[Empty box]

1d CSE Agency Court Attorney Private Individual/Entity (Check One) Date: 1e

NOTE: If you receive this document from someone other than a State Child Support Enforcement agency or a court, a copy of the underlying order that contains a provision authorizing income withholding must be attached. Or if, under a state's law, an attorney in that state may issue an income withholding order, the attorney must include a copy of the state law authorizing the attorney to issue an income withholding order.

State/Tribe/Territory 1f Case Identifier 1g

City/County/Dist./Tribe 1h Order Identifier 1j

Private Individual/Entity 1i

2a Employer/Withholder's Name RE: 3a Employee/Obligor's Name (Last, First, MI)

2b Employer/Withholder's Address 3b Employee/Obligor's Social Security Number

2c Employer/Withholder's Federal EIN Number (if known) 3c Custodial Party/Obligee's Name (Last, First, MI)

Child Name (Last, First, MI) Child Birth Date Child Name (Last, First, MI) Child Birth Date

3d 3e 3f 3g

3h 3i 3j 3k

3l 3m 3n 3o

ORDER INFORMATION: This document is based on the support or withholding order from 4.

You are required by law to deduct these amounts from the employee/obligor's income until further notice.

\$ 5a Per 5b current child support
\$ 6a Per 6b past-due child support - 6c Arrears greater than 12 weeks? Yes No
\$ 7a Per 7b current cash medical support
\$ 8a Per 8b past-due cash medical support
\$ 9a Per 9b current spousal support
\$ 10a Per 10b past-due spousal support
\$ 11a Per 11b other (must specify) 11c
for a total of \$ 12a per 12b to be forwarded to the payee below.

\$ 13 ONE-TIME LUMP SUM PAYMENT (Do not stop the IWO unless you receive a termination order.)

AMOUNTS TO WITHHOLD: You do not have to vary your pay cycle to be in compliance with the Order Information. If your pay cycle does not match the ordered payment cycle, withhold one of the following amounts:

\$ 14a per weekly pay period \$ 14c per semimonthly pay period (twice a month)
\$ 14b per biweekly pay period (every two weeks) \$ 14d per monthly pay period

REMITTANCE INFORMATION: If the employee/obligor's principal place of employment is 15, you must begin withholding no later than the first pay period that occurs 16 days after the date of 17. Send payment within 18 working days of the pay date. If you cannot withhold the full amount of support for all orders, withhold up to 19 % of disposable income for all orders. If the employee/obligor's principal place of employment is not the state or tribe listed above, see the ADDITIONAL INFORMATION FOR EMPLOYERS AND OTHER WITHHOLDERS for limitations on withholding, applicable time requirements, and any allowable employer's fees.

Please contact the issuing entity listed on the next page for EFT/EDI instructions. Make check payable to: 20. Include this Remittance Identifier with payment: 21. Send check to 22 FIPS code (if necessary): 23

Signature (if required by state or tribal law): 24 Print Name: 25
Title of Issuing Official: 26

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

IMPORTANT: The person completing this form is advised that the information on this form may be shared with the employee/obligor.
Document Tracking Identifier 28 OMB 0970-0154

Employee/Obligor's Name: 29 Case Identifier: 30
Order Identifier: 31 Employer's Name: 32

ADDITIONAL INFORMATION FOR EMPLOYERS AND OTHER WITHHOLDERS

State-specific information may be viewed on the OCSE Employer Services website located at:
<http://www.acf.hhs.gov/programs/cse/newhire/employer/contacts/contacts.htm>

Priority: Withholding for support has priority over any other legal process under state law (or tribal law if applicable) against the same income. If there are Federal tax levies in effect, please notify the contact person listed below.

Combining Payments: You may combine withheld amounts from more than one employee/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 obligor.

Reporting the Pay Date: You must report the pay date when sending the payment. The pay date is the date on which the amount was withheld from the employee/obligor's wages. You must comply with the law of the state (or tribal law if applicable) of the employee/obligor's principal place of employment with respect to the time periods within which you must implement the withholding and forward the support payments.

Employee/Obligor with Multiple Support Withholdings: If there is more than one Order/Notice against this employee/obligor and you are unable to fully honor all support Orders/Notices due to federal, state, or tribal withholding limits, you must follow the state or tribal law/procedure of the employee/obligor's principal place of employment. You must honor all Orders/Notices to the greatest extent possible, giving priority to current support before payment of any past-due support.

Lump Sum Payments: You may be required to report and withhold from lump sum payments such as bonuses, commissions, or severance pay. Contact the agency or person listed below to determine if you are required to withhold or if you have any questions about lump sum payments.

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/obligor's income and any other penalties set by state or tribal law/procedure.

(33) _____

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

(34) _____

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/obligor's principal place of employment. The Federal limit is 50% of the disposable income if the obligor is supporting another family and 60% of the disposable income if the obligor is not supporting another family. However, that 50% limit is increased to 55% and that 60% limit is increased to 65% if the arrears are greater than 12 weeks. If permitted by the state, you may deduct a fee for administrative costs. The support amount and the fee may not exceed the limit indicated in this section.

For tribal orders, you may not withhold more than the amounts allowed under the law of the issuing tribe. For tribal employers who receive a state order, you may not withhold more than the limit set by the law of the jurisdiction in which the employer is located or the maximum amount permitted under section 303(d) of the Consumer Credit Protection Act (15 USC 1673 (b)).

Arrears greater than 12 weeks? If the Order Information does not indicate whether the arrears are greater than 12 weeks, then the employer should calculate the CCPA limit using the lower percentage.

Depending upon applicable state law, you may need to take into consideration the amounts paid for health care premiums in determining disposable income.

Additional Information: (35)

Notification of Termination of Employment: You must promptly notify the Child Support Enforcement agency and/or the person listed below when the employee/obligor no longer works for you. Please provide the following information:

Termination date: _____ Last known phone number: _____

Last known home address: _____

Date final payment made to the State Disbursement Unit: _____ Final payment amount: _____

New employer's name: _____

New employer's address: _____

Contact Information

To employer: If the employer/withholder has any questions, contact 36 by phone at 37, by fax at 38, by email or website at 39.

Send correspondence to: 40

To employee/obligor: If the employee/obligor has questions, contact 41 by phone at 42, by fax 43, by email or website at 44.