

INCOME WITHHOLDING FOR SUPPORT - Instructions

The Income Withholding Order/Notice for Support (IWO) is a standardized form used for income withholding in tribal, intrastate, interstate, and non-governmental cases. When completing the form, include the following information.

Please note:

- For the purpose of these instructions, "State" is defined as state or territory.
 - A blank box has been placed at the top right corner of the form for court stamps, bar codes or other information.
- 1a. Income Withholding Order/Notice for Support (IWO) or Amended IWO. Check a box to indicate whether this is an original IWO or an amended IWO. All parties, except state and tribal agencies and courts, must include a copy of the underlying support order that contains a provision authorizing income withholding. If, under a state's law, an attorney in that state can issue an IWO, the attorney should include a copy of the state law authorizing the attorney to issue an IWO.
- 1b. ONE-TIME ORDER/NOTICE - LUMP SUM PAYMENT. Check the box when the IWO is used to attach a one-time, lump sum payment. When this box is checked, enter the amount in field 13, One-Time Lump Sum Payment, in the Order Information section. When attaching a lump sum payment, leave fields 5a through 12b blank.
- 1c. Termination of the IWO. Check the box when the income withholding has terminated. Complete all applicable identifying information to aid the employer in terminating the correct order.
- 1d. CSE Agency, Court, Attorney, Private Individual/Entity (Check one). Check the appropriate box to indicate which entity is sending the IWO.
- 1e. Date this form is completed and/or signed.
- 1f. Name of State or Tribe sending this form. This must be a governmental entity of the state or a tribal organization authorized by a tribal government to operate a CSE program. If you are a Tribe submitting this form on behalf of another Tribe, complete line 1h.
- 1g. Case Identifier. This is a unique identifier assigned to a case. In a state CSE case (within a state system) this is the number that is reported to the Federal Case Registry (FCR).
- 1h. Name of the county, city or district sending this form. This must be a governmental entity of the state. Name of the Tribe authorized by a tribal government to operate a CSE program for which this form is being sent.
- 1i. Name of the private individual/entity or tribal organization not authorized by a tribal government to operate a CSE program.
- 1j. Order Identifier. This is a specific identifier designated by the issuing entity to identify the order. It could be a court number, docket number, or other issuer's identifier. This is an optional field.

Fields 2 and 3 refer to the employee/obligor's employer, and case identification.

- 2a. Employer/Withholder's name.
- 2b. Employer/Withholder's mailing address, city, and state. (This may differ from the Employee/obligor's work site.)
- 2c. Employer/Withholder's nine-digit Federal Employer Identification Number (if available).
- 3a. Employee/obligor's last name, first name, and middle initial.
- 3b. Employee/obligor's Social Security Number (if known).
- 3c. Custodial party/Obligee's last name, first name, and middle initial.
- 3 d, f, h, j, l, and n. Child's last name, first name, and middle initial.
- 3 e, g, i, k, m, and o. Child's birth date

ORDER INFORMATION - Fields 4 through 13 refer to the dollar amount to withhold for a specific kind of support (taken directly from the support order) per specific time period.

4. Name of the State or Tribe that issued the support order.
- 5a-b. Current child support dollar amount to be withheld for payment per time period that corresponds to that amount (such as per month, week, etc.).
- 6a-b. Past-due child support dollar amount to be withheld for payment per time period that corresponds to that amount.
- 6c. Check the appropriate box if arrears are greater than 12 weeks. (Yes/No)
- 7a-b. Current cash medical support dollar amount to be withheld for payment per time period that corresponds to that amount.
- 8a-b. Past-due cash medical support dollar amount to be withheld for payment per time period that corresponds to that amount.
- 9a-b. Current spousal support (alimony) dollar amount to be withheld for payment per time period that corresponds to that amount.
- 10a-b. Past-due spousal support (alimony) dollar amount to be withheld for payment per time period that corresponds to that amount.
- 11a-c. Miscellaneous obligations dollar amount to be withheld for payment per period that corresponds to that amount. Specify the obligation in Field 11c.
- 12a. Total amount of deductions in fields 5a, 6a, 7a, 8a, 9a, 10a, and 11a.
- 12b. Indicates how often the amount in 12a is withheld from the employee/obligor's income.
13. Amount of the ONE-TIME LUMP SUM PAYMENT when the IWO is used to attach a one-time lump sum payment. This field should be used in conjunction with field 1b. When attaching a lump sum payment, leave fields 5a-12b blank.

AMOUNTS TO WITHHOLD - Fields 14a through 14d refer to the dollar amount to be withheld for this IWO for a specific pay cycle.

- 14a. Total amount an employer should withhold if the employee/obligor is paid weekly. (If field 14a is completed, field 14e must be left blank.)
- 14b. Total amount an employer should withhold if the employee/obligor is paid every two weeks. (If field 14b is completed, field 14f must be left blank.)
- 14c. Total amount an employer should withhold if the employee/obligor is paid twice a month.
- 14d. Total amount an employer should withhold if the employee/obligor is paid once a month.

REMITTANCE INFORMATION

15. Name of the State or Tribe sending this document.
16. Number of days after the effective date noted in which withholding must begin according to the state laws/procedures of the employee/obligor's principal place of employment.
17. The effective date of the income withholding order.
18. Number of working days within which an employer/withholder must remit amounts withheld pursuant to the state laws/procedures of the principal place of employment.

19. The percentage of disposable income that may be withheld from the employee/obligor's paycheck. For state orders, 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.

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 Federal Consumer Credit Protection Act (15 USC §1673 (b)).

20. Payee name. Name of State Disbursement Unit (SDU), individual, tribunal/court, or tribal child support enforcement agency specified in the underlying support order to which payments are required to be sent. This form must include the location specified by the entity authorized under state or tribal law to issue an income withholding order.
21. Remittance Identifier. This field is required. The employer must use this identifier when remitting payments. This identifier may be the case identifier, order identifier, or other identifier designated by the state.
22. Address of the SDU, individual, tribunal/court, or tribal child support enforcement agency to which payments are required to be sent.
23. Include the Federal Information Processing Standards (FIPS) code if necessary. The FIPS code is a five character code (though some states may use seven characters for certain transactions.)
24. Signature (if required by state or tribal law) of the official authorizing this IWO.
25. Name of the official authorizing this IWO.
26. Title of the official authorizing this IWO.
27. Check this box if the state or tribal law requires the employer to provide a copy of the IWO to the employee/obligor.
28. Document Tracking Identifier. Unique identifier assigned by the entity sending the document. This is an optional field used to uniquely identify the document.

ADDITIONAL INFORMATION FOR EMPLOYERS AND OTHER WITHHOLDERS

Information in fields 29 through 32 should be printed on the IWO for identification purposes.

29. Employee/obligor's name. (Same as field 3a.)
30. Case Identifier. (Same as field 1g.)
31. Order Identifier. (Same as field 1j.)
32. Employer's Name. (Same as field 2a.)

The following fields refer to Federal, State, or Tribal laws that apply to issuing an IWO to the employer. Any Federal, State- or Tribal-specific information may be included in space provided.

33. Liability: Additional information on the penalty and/or citation for an employer who fails to comply with the IWO. The law of the employee/obligor's principal place of employment governs the penalty.
34. Anti-discrimination: Additional information on the penalty and/or citation to an employer who discharges, refuses to employ, or disciplines an employee/obligor as a result of the IWO. The law of the employee/obligor's principal place of employment governs the penalty.
35. Additional Information: Any additional information, e.g., fees the employer may charge for income withholding.

NOTIFICATION OF TERMINATION OF EMPLOYMENT SECTION

This section is to be completed by the employer when the employee/obligor's employment is terminated.

Please provide the following contact information to the employer:

- 36. Name of the contact person for the employer to call for information regarding the IWO.
- 37. Phone number of the contact person.
- 38. Fax number of the contact person.
- 39. Email or website address of the contact person/agency.
- 40. Correspondence address. This is the address that the employer should use to correspond with the issuing entity.

Please provide the following contact information to the employee/obligor:

- 41. Name of the contact person for the employee/obligor to call for information.
- 42. Phone number of the contact person.
- 43. Fax number of the contact person.
- 44. Email or website address of the contact person/agency.

If the employer is a Federal government agency, the following instructions apply:

- The IWO should be sent to the address listed on the document, *Federal Agencies- Addresses for Income Withholding Purposes*, on the Office of Child Support Enforcement (OCSE) web site at <http://www.acf.hhs.gov/programs/cse/newhire/ndnh/ndnh.htm>.
- Sufficient information must be provided for the employee/obligor to be identified. It is recommended that the following information be provided if known and if applicable:
 - (1) full name of the employee/obligor; (2) date of birth; (3) employment number, Department of Veterans Affairs claim number, or Federal retirement claim number; (4) component of the government entity for which the employee/obligor works, and the official duty station or worksite; and (5) status of the employee, e.g., employee, former employee, or retired employee.
- You may withhold from a variety of incomes and forms of payment, including voluntary separation incentive payments (buy-out payments), incentive pay, and cash awards. For a more complete list, see 5 Code of Federal Regulations (CFR) 581.103.

The Paperwork Reduction Act of 1995

This information collection is conducted in accordance with 45 CFR 303.100 of the Child Support Enforcement Program. Standard forms are designed to provide uniformity and standardization for interstate case processing. Public reporting burden for this collection of information is estimated to average one hour per response. The responses to this collection are mandatory in accordance with 45 CFR 303.7. This information is subject to state and federal confidentiality requirements; however, the information will be filed with the tribunal and/or agency in the responding state and may, depending on state law, be disclosed to other parties. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.