FLAT FILE GUIDE FOR DFAS AND STATE CSE

electronic Income Withholding Order

DFAS eIWO Programmer's Guide

Your Financial
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EIWO PROGRAMMER'S GUIDE

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INTRODUCTION

INTRODUCTION

H aving concluded the Income Withholding Order (IWO) standardization project, the Federal Office of Child Support Enforcement (OCSE) is now turning its attention to the question of converting the document for use in today's electronic environment. A standardized electronic IWO process will reduce many of the employer burdens associated with paper-based child support collection and remittance.

Accordingly, OCSE has initiated the process of establishing standardized electronic data elements and transport protocols, and identifying best practices and business rules associated with electronic transmission and processing. The intentions of OCSE are to improve the current IV-D IWO process, identify the data elements necessary for exchanging information electronically between Child Support Enforcement Agencies (CSEA) and employers, and achieve consensus on the business rules applicable to those data elements.

The goals of this initiative are to reduce operating costs for both employers and CSEAs, improve customer service, implement a standard automation process, and increase child support collections. Overall benefits of this program are to create a diversified standard for all states and employers, provide a quality tool for exchanging data, reduce costs, decrease mail time, and increase security.

BENEFITS

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T here are several important improvements over paper transmission that an electronic file transmission brings to the sending and receiving agencies. Since the electronic version matches the paper order in a flat file record layout, the electronic Income Withholding Order (eIWO) enables CSE agencies to conform to standardized child support order transfers. Some of the obvious benefits of an electronic IWO process include the decreased delivery time between CSEAs and employers, the elimination of manual keying errors associated with the direct human intervention that is required to enter child support garnishment information from paper notices into employer payroll systems and CSEA IV-D case databases, and the significant cost and time savings associated with decreased postage and handling of paper IWOs. Additional benefits include reduced processing time, paper, printing, and personnel costs.

Diversified Benefits
The eIWO will facilitate electronic transmission of orders between all CSEAs and all employers, including federal agencies. The eIWO record layout can be used with multiple employers, both public and private.

Quality Benefits
There is an audit record trail of each court order transaction to track the status of each case. The Acknowledgement Records returned in the acknowledgment file include available payment information from the employer. This file can be used to update the state's database for historical records and queries of specific cases. An electronic IWO system will also give employers an effective communication tool for providing CSEAs with employee change of pay status information. Having one standard electronic version also decreases errors caused by multiple manual data entry requirements. Data validations, edits, and business rules ensure withholding orders submitted are complete and reduce rejects.

Cost Benefits

Although employers and state agencies wishing to take advantage of eIWO programs may incur some front-end development costs associated with building an interface to accept employee-level IWO information into their systems, these initial costs would be offset by the long-term savings that would be quickly realized. Submitting court orders electronically will reduce operating costs for employers and CSE agencies. Paper processing, manual labor, postage, handling and associated costs will be reduced and employee productivity increased. This will over-compensate the investment spent on system and programming activities. In addition, there are OCSE funds available to offset some of the costs for the States. Funding spent on this project falls under system and programming activities that are covered by a generous 66 percent federal reimbursement.

Mailing Benefits

Mail processing time averaging 14 to 18 days can be reduced to 2 days for each employer to receive transactions. Electronic submission also enables the submission of bulk orders at one time, ensures data processing, prevents lost mail through the record trail of each court order, eliminates duplicate processing for returned mail, and reduces time for CSE Agencies to receive initial payment.

LEGAL PROCESS

LEGAL PROCESS

T he standardized eIWO process abides by the following rules and regulations in order to successfully and lawfully transmit court orders between the state and employer. Tribal child support enforcement communities have income-withholding laws that may differ from state laws.

- 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 Office of Management and Budget (OMB) control number.

- According to the Uniformed Services Former Spouses' Protection Act (10 U.S.C. Section 1408) and Department of Defense Financial Management Regulations (DoD FMR, Volume 7B, Chapter 29), employers are responsible for review and processing Former Spouse applications.

- Section 362 of Public Law 104-193 authorizes Federal Agencies to receive legal process bought by a state agency. A state's use of Electronic Commerce / Electronic Data Interchange (EC/EDI) for this purpose is valid since it would be deemed "legal process" as issued by a state agency.

Each CSEA and DFAS are required to complete a Trading Partner Agreement (TPA) to establish a formal legal framework on how to work together within this specific data exchange program.

FLAT FILE PROCESS

FLAT FILE PROCESS

Withholding orders are translated into an electronic version of the standard child support form OMB 0970-0154 provided to the Child Support Enforcement Agencies (see Appendices C-I). The eIWO process involves the electronic sharing of information between the state child support enforcement agency and the employer.

The information shared may be characterized as follows:
- Original, amended, terminated, lump sum order files. (CSEA to employer)
- Receipt files. (employer to CSEA)
- Acknowledgement files. (employer to CSEA)

The electronic orders are placed in either an XML or flat file, which is electronically passed through a secure connection, and transmitted daily to the employer. Receipt files are generated from the employer notifying receipt of the file. Acknowledgement files are generated from the employer and returned to the states verifying payment information or rejection of the submitted file. Acknowledgement files will also indicate changes within a transaction status such as no funds available, termination of employment, NCP unknown to employer, duplicate order, etc.

STATE / DFAS CONNECTION

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The primary means of file transmission is through the Federal OCSE Child Support Enforcement Network (CSENet). The eIWO data can be exchanged through the same server and state system that is currently used for exchanging CSENet data. States also have the option to connect directly to DFAS to exchange data.

Connection through OCSE
As with the other applications using the OCSE Network for communications, all eIWO files require a designated location on the CSENet system for pick up and delivery. Therefore, the user ID and password used to log on to the state CSE server will be the same as those used for the CSENet data. On IBM mainframes these files are referred to as data sets. On other types of mainframes, files are referenced by directory and filename.

Read and write privileges on these data sets need to be granted to the user ID logged on to the State CSE system. The amount of space required for data sets will vary by state. The production and test data set naming conventions are explained in the Test Script and Production sections of this guide.

CSENet will provide a two-way connection between the state and DFAS. When submitting the eIWO, the state uploads the detail records to its directory and CSENet will route the data to the DFAS by the **EIN Text** located in the header record. For more detail, refer to the DFAS FEIN section in this guide. DFAS in turn, will download the data files from its directory and process accordingly. DFAS' receipt and acknowledgement files are uploaded to the appropriate directories on CSENet and will be routed to the state by the **State FIPS Code** located in the receipt or header record. The state in turn, will download the data file from its directory and process accordingly.

Connection outside OCSE
States also have the option to connect directly to DFAS to exchange data. This data connection needs to be worked out independently between the state and DFAS to ensure security of information. Most of the above business processes will remain in effect.

ELECTRONIC INCOME WITHHOLDING ORDER

ELECTRONIC INCOME WITHHOLDING ORDER

T he eIWO format is based on the most recent standardized Order/Notice to Withhold Income for Child Support which has been approved by the OMB. The Order/ Notice to Withhold Income for Child Support (Order/ Notice) or Notice of an Order to Withhold Income for Child Support (Notice) OMB form 0970-0154 (see Appendix A) is a standardized form used for income withholding in tribal, intrastate, interstate, and intergovernmental cases. See Appendix B for instructions on completing the court order form.

The eIWO is a digital alternative to paper-based/manual transmission of court order data. A standard record layout was an OCSE initiative designed to closely match the paper version of the standard child support form. When completing the eIWO record layout, include the information provided on the paper copy. The scope of the eIWO is limited to processing income withholding orders on IV-D child support enforcement cases. Currently, it does not address issues related to the National Medical Support Notice or non IV-D cases, but these issues and others may be identified for further research by OCSE.

The record layouts and business rules included in the following pages comply with flat file processing rules and standards. The eIWO and Acknowledgement files contain a header and trailer record along with the actual court order information included in the detail records. Three separate files are sent between the state and employer: eIWO Files (Header, Detail, and Trailer), Receipt File, and Acknowledgement Files (Header, Detail, and Trailer). Fields are considered Required (R), Optional (O), or Conditionally Required (CR) based upon the Business Rules and Requirements in the following sections. The additional fields included in the record layouts not listed in the business rules or requirements require no edits or validations; this data should be simply entered, if present.

EIWO RECORDS

C hild support notices containing errors or missing information will be quickly identified and responded to using a pre-established edit process that is incorporated into this eIWO system specifications documentation. Those orders that fall out of the normal flow of the electronic process will be reviewed.

The following Business Rules and Requirements for the eIWO Header, Detail, and Trailer Records are provided to ensure proper editing of each file.

1. eIWO Header Record Layout

1.1 Business Rule
The following business rules apply to the eIWO Header Record Layout (see Appendix C).

1.1.1. **Record Control Number** is a value assigned by the state, tribe, or territory which uniquely identifies the records in the file.

1.2 Requirements
The following requirements are based upon the Data Element Rules in the eIWO Header Record Layout (see Appendix C)

1.2.1. **Header Document Code** must equal 'HDR' (header record).

1.2.2. **File Creation Date** must be a valid date in format CCYYMMDD.

1.2.3. **File Creation Time** must be a valid time in format HHMMSS.

1.2.4. The following fields must contain data:
Record Control Number
Employer Name

1.2.5. The following fields must be numeric and greater than zero:
State FIPS Code
EIN Text
Payroll Processor EIN Text (if entered)

2. eIWO Detail Record Layout

2.1 Business Rules
The following business rules apply to the eIWO Detail Record Layout (see Appendix D).

2.1.1. Data Elements that appear more than once such as: **Issuing Jurisdiction Name**, **Case Identifier**, and **Document Date** on the IWO will only appear once in the eIWO file version. The printed IWO would populate multi-appearing elements from the single data element contained in the eIWO file version.

2.1.2. Data Elements that do not appear on the paper version of the IWO but were requested include: **Order Identifier, Document Tracking Number** and **Employer State Contact Information**. These elements would appear in the eIWO file version and do not need to be printed on the paper IWO version.

2.1.3. For security purposes, EFT information is not included in the eIWO Detail Record Layout and is stored separately in the DFAS system. If a state cannot receive payments by EFT, **Payee Address Information** for check payments is required.

2.1.4. The following fields must be a full name:
Issuing-State-Tribe-Territory Name
Issuing Jurisdiction Name (if entered)
Issuing Tribunal Name

2.1.5. **Case Identifier** is a value assigned by a state to uniquely identify each IV-D case in the state.

2.1.6. **Document Tracking Number** is a number assigned by the entity sending the document that uniquely identifies the document.

2.1.7. **Order Identifier** is a unique identifier that is associated with a specific child support obligation within a case.

2.1.8. If **Document Action Code** is "AMD", the amount fields are standing. Enter the current amounts in ongoing amount fields and zeros to stop transactions.

2.1.9. If **Document Action Code** is "LUM", the amount requested from the lump sum payment is placed in **Obligation Other Amount**. This amount is assumed to be a one time payment and not ongoing. Place "Lump Sum" in **Obligation Other Description Text**.

2.1.10. **Payee Remittance FIPS Code** is either a State and County FIPS or Tribal Place Code. Only the first 5 digits are required. The first two characters are the State Code and the next three represent the County Code. The last two are filled by the user.

2.1.11. **Anti-Discrimination Provisions Text** and **Penalty Liability Info Text** can contain a citation to a reference if the text is larger than the field allows.

2.1.12. **Employee State Contact Information** should include a point of contact within the state agency for a non-custodial parent (NCP) to contact in case of a problem.

2.1.13. **Employer State Contact Information** must include a point of contact within the state agency for an employer to contact in case of a problem. DFAS requires this information to send correspondence letters to the state.

2.2 Requirements
The following requirements are based upon the Data Element Rules in the eIWO Record Layout (see Appendix D).

2.2.1. **Document Code** must equal 'DTL' (detail record).

2.2.2. **Document Title Code** must equal 'IW1', default. ('IW2' is not valid at this time.)

2.2.3. **Document Action Code** must equal 'ORG', 'AMD', 'TRM', or 'LUM'.
'ORG' = a new order for the submitted case number/ identifier by the submitting state.
'AMD" = any change/update for the submitted case number/identifier by the submitting state, except termination to the original order.
'TRM' = the closure of an order, stoppage of wage withholding for the submitted case number/ identifier by the submitting state.
'LUM' = a deduction made from the lump sum payment for the submitted case number/identifier by the submitting state when notified or made aware of the lump sum. DFAS does not process Lump Sum orders.

2.2.4.   If **Document Action Code** is "ORG", "AMD", or "LUM", at least one of the following amount fields must contain a value greater than zero:
Support Current Child Amount
Support Past Due Child Amount
Support Current Medical Amount
Support Past Due Medical Amount
Support Current Spousal Amount
Support Past Due Spousal Amount
Obligation Other Amount

2.2.5.   If **Document Action Code** is "TRM", all of the following amount fields must contain a value of zero:
Support Current Child Amount
Support Past Due Child Amount
Support Current Medical Amount
Support Past Due Medical Amount
Support Current Spousal Amount
Support Past Due Spousal Amount
Obligation Other Amount
Obligation Total Amount

2.2.6.   The following fields are required if the corresponding amount field is greater than zero:
Support Current Child Frequency Code
Support Past Due Child Frequency Code
Support Current Medical Frequency Code
Support Past Due Medical Frequency Code
Support Current Spousal Frequency Code
Support Past Due Spousal Frequency Code
Obligation Other Frequency Code
Obligation Other Description Text

2.2.7.   **Obligation Total Amount** must be the sum of:
Support Current Child Amount
Support Past Due Child Amount
Support Current Medical Amount
Support Past Due Medical Amount
Support Current Spousal Amount
Support Past Due Spousal Amount
Obligation Other Amount

2.2.8.   The following frequency codes must equal 'W', 'B', 'S', 'M', 'Q', 'X', or 'A' if the corresponding amount is entered:
'W' = Weekly
'B' = Bi-Weekly
'S' = Semi-Monthly
'M' = Monthly
'Q' = Quarterly
'X' = Semi-Annually
'A' = Annually

Support Current Child Frequency Code (if entered)
Support Past Due Child Frequency Code (if entered)
Support Current Medical Frequency Code (if entered)
Support Past Due Medical Frequency Code (if entered)
Support Current Spousal Frequency Code (if entered)
Support Past Due Spousal Frequency Code (if entered)

2.2.9. The following frequency codes must equal 'W', 'B', 'S', 'M', 'Q', 'X', 'A', or 'L' if the corresponding amount is entered:
'W' = Weekly
'B' = Bi-Weekly
'S' = Semi-Monthly
'M' = Monthly
'Q' = Quarterly
'X' = Semi-Annually
'A' = Annually
'L' = Lump Sum

Obligation Other Frequency Code (if entered)
Obligation Total Frequency Code

2.2.10. **Arrears 12wk Overdue Code** must equal 'Y', 'N' (if entered).
'Y' = Yes, arrears is greater than 12 weeks.
'N' = No, arrears is not greater than 12 weeks.

2.2.11. **Government Issuing Type Code** must equal 'D'.
'D' = IV-D
'N' = Non IV-D ('N' is not valid at this time.)

2.2.12. **Send Employee Copy Indicator** must equal 'Y' or 'N'.
'Y' = Yes
'N' = No

2.2.13. **Income Withholding CCPA Percent Rate** must be greater than zero and less than or equal to 65.

2.2.14. The following fields must be a valid date:
Document Date
Employee Birth Date (if entered)
Income Withholding Start Date
Child1 Birth Date (if entered)
Child2 Birth Date (if entered)
Child3 Birth Date (if entered)
Child4 Birth Date (if entered)
Child5 Birth Date (if entered)
Child6 Birth Date (if entered)

2.2.15. The following fields must be filled with space if a date is not entered:
Employee Birth Date
Child1 Birth Date
Child2 Birth Date
Child3 Birth Date
Child4 Birth Date
Child5 Birth Date
Child6 Birth Date

2.2.16. The following fields must contain a valid two-character state code:
Employer Address State Code
Payee Address State Code (if entered)
Employer State Contact Address State Code

2.2.17. The following fields must be greater than space:
Issuing State-Tribe-Territory Name
Case Identifier
Employer Name
Employer Address Line 1 Text
Employer Address City Name
Issuing Tribunal Name
Payee Name
Payee Remittance FIPS Code
Government Official Name
Issuing Official Title Text
Obligation Other Description Text

2.2.18. The following fields must be greater than space with alpha characters and trailing spaces. Only allow special characters: hyphen (-) and apostrophe (').
Employee Last Name
Employee First Name
Employee Middle Name (if entered)
Obligee Last Name
Obligee First Name
Obligee Middle Name (if entered)
Child1 Last Name (if entered)
Child1 First Name
Child1 Middle Name (if entered)
Child2 Last Name (if entered)
Child2 First Name (if entered)
Child2 Middle Name (if entered)
Child3 Last Name (if entered)
Child3 First Name (if entered)
Child3 Middle Name (if entered)
Child4 Last Name (if entered)
Child4 First Name (if entered)
Child4 Middle Name (if entered)
Child5 Last Name (if entered)
Child5 First Name (if entered)
Child5 Middle Name (if entered)
Child6 Last Name (if entered)
Child6 First Name (if entered)
Child6 Middle Name (if entered)

2.2.19. The following fields are required if any of the corresponding data fields for the child are greater than space:
Child 2 First Name
Child 3 First Name
Child 4 First Name
Child 5 First Name
Child 6 First Name

2.2.20. The following fields must be numeric and greater than zero:
Employer Address Zip Code
EIN Text
Employee SSN
Begin Withholding Within Days Number
Send Payment Within Days Number
Income Withholding CCPA Percent Rate

2.2.21. The following amount fields must be numeric, may contain zeroes or be greater than zero:
Support Current Child Amount
Support Past Due Child Amount
Support Current Medical Amount
Support Past Due Medical Amount
Support Current Spousal Amount
Support Past Due Spousal Amount
Obligation Other Amount
Obligation Total Amount
Income Withholding Deduction Weekly Amount
Income Withholding Deduction Bi-Weekly Amount
Income Withholding Deduction Semi-Monthly Amount
Income Withholding Deduction Monthly Amount

3. eIWO Trailer Record

3.1 Business Rules
The following business rules apply to the eIWO Trailer Record Layout (see Appendix E).

3.1.1. **Total Record Count** must equal the total number of eIWO Detail Records in the eIWO file.

3.1.2. **Original Records** must equal the number of Original "ORG" Records in the eIWO file.

3.1.3. **Amended Records** must equal the number of Amended "AMD" Records in the eIWO file.

3.1.4. **Termination Records** must equal the number of Termination "TRM" Records in the eIWO file.

3.2 Requirements
The following requirements are based upon the Data Element Rules in the eIWO Trailer Record Layout (see Appendix E)

3.2.1. **Trailer Document Code** must equal 'TRL' (trailer record).

3.2.2. **Record Identifier** must equal 'EIWO'.

3.2.3. The following fields must be numeric:
Total Record Count
Original Records (if entered)
Amended Records (if entered)
Termination Records (if entered)

RECEIPT RECORDS

RECEIPT RECORDS

The receipt record layout is submitted by the employer acknowledging receipt of the eIWO file. This file is generated automatically upon receipt of a file from a state. One receipt file will be generated for each eIWO Header Record received.

4. Receipt Record Layout

4.1 Business Rules
The following business rules apply to the Receipt Record Layout (see Appendix F).

4.1.1. **Receipt Date** is the date the employer/ payroll processor retrieved the file.

4.2 Requirements
The following requirements are based upon the Data Element Rules in the Receipt Record Layout (see Appendix F)

4.2.1. **Required Acknowledgement Document Code** must equal 'RCD' (receipt record).

4.2.2. The following fields must be copied from the eIWO Detail Header Record:
Record Control Number
Employer Name
EIN Text
Payroll Processor EIN Text (if entered)
State FIPS Code
File Creation Date
File Creation Time

4.2.3. **Receipt Date** must be a valid date in format CCYYMMDD:

ACKNOWLEDGEMENT RECORDS

L arge employers and CSEAs that exchange a significant volume of child support data will want an electronic IWO delivery system to include the ability to receive and capture acknowledgment records as part of any data exchange transaction. As a payroll processor, an acknowledgement record will be issued for each submitted order based on feedback (initial, continuing, and change disposition files) from the pay system. A state will not receive an acknowledgement file for Marine Corps or Reservists orders as these pay systems are not electronically interfaced with DFAS at this time. All acknowledgements sent by DFAS for that day will be included in 1 acknowledgement file.

The following Business Rules and Requirements for the Acknowledgement Header, Detail, and Trailer Records are provided to ensure proper editing of each file.

5. Acknowledgement Header Record Layout

5.1 Business Rule
The following business rules apply to the Acknowledgement Header Record Layout (see Appendix G).

5.1.1.   **File Creation Date** and **File Creation Time** is the date/time the employer/ payroll processor created the file.

5.2 Requirements
The following requirements are based upon the Data Element Rules in the Acknowledgement Header Record Layout (see Appendix G).

5.2.1.   **Header Document Code** must equal 'HDR' (header record).

5.2.2.   **Record Control Number** must equal '0970-0154'.

5.2.3.   **File Creation Date** must be a valid date in format CCYYMMDD.

5.2.4.   **File Creation Time** must be a valid time in format HHMMSS.

5.2.5.   The following fields must be moved from the first Acknowledgement Record within the file for that state:
State FIPS Code
EIN Text

5.2.6.   For the California Consortium only, **Document Tracking Number** from the Acknowledgement Records within the file must be moved to **Payroll Processor EIN Text**.

5.2.7.   **Employer Name** must equal 'Defense Finance and Accounting Service'.

6. Acknowledgement Record Layout

6.1 Business Rules
The following business rules apply to the Acknowledgement Record Layout (see Appendix H).

6.1.1.   If **Employee SSN** on the submitted Detail Record does not initially match the Payroll Locator File System (PLFS), DFAS recycles the submitted order and tries to rematch for

30 days. Thirty days will cover any lapse of time between a hit on the state's National Directory of New Hire report and the update of DFAS' PLFS file. After 30 days without a match to PLFS, a reject acknowledgement will be issued as 'unknown to employer'.

6.1.2.   If employers are transmitting multiple conditions (i.e. Lump Sum and Termination of Employment notifications) for the same NCP and case at the same time, an acknowledgement record will be issued for each condition and not combined on one.

6.1.3.   **NCP Last Known Address Information** should only be returned for employer initiated Termination of Employment notification, if available.

6.2 Requirements
The following requirements are based upon the Data Element Rules in the Acknowledgement Record Layout (see Appendix H).

6.2.1.   **Document Code** must equal 'ACK' (acknowledgement record).

6.2.2.   The following fields must be moved from the submitted Detail Record to the corresponding fields in the Acknowledgement Record:
EIN Text
Employee Last Name
Employee First Name
Employee Middle Name
Employee Name Suffix
Employee SSN
Document Tracking Number
Order Identifier

6.2.3.   **Document Action Code** must be moved from the submitted Detail Record, except for acknowledgements initiated by DFAS. **Document Action Code** must equal:
'ORG' = Original. Field moved from submitted Detail Record.
'AMD' = Amended. Field moved from submitted Detail Record.
'TRM' = Termination. Field moved from submitted Detail Record.
'LUM' = Lump Sum. Field moved from submitted Detail Record.
'EMP' = Employer. Field generated for record initiated by DFAS, for notification of termination of employment or lump sum.

6.2.4.   **Record Disposition Status Code** must equal 'A', 'R', 'T', or 'L'.
'A' = Record Accepted
'R' = Record Rejected
'T' = Termination
'L' = Lump Sum

a)   **Record Disposition Status Codes** 'A' and 'R' can only be used with **Document Action Codes** 'ORG', 'AMD', 'TRM', or 'LUM'.

b)   **Record Disposition Status Codes** 'T' and 'L' can only be used with **Document Action Code** 'EMP'.

6.2.5.   **Rejected Reason Code** must equal 'N', 'U', 'D', 'Z', or 'O' (if entered).
'N' = NCP no longer at the employer
'U' = NCP unknown to employer
'D' = Duplicate IWO
'Z' = No current IWO in place for Termination
'O' = Other

a) **Rejected Reason Codes** can only be used with **Record Disposition Status Code** 'R'.

6.2.6. Cases *accepted* by DFAS, **Document Action Code** must be moved from the submitted Detail Record and **Record Disposition Status Code** must equal 'A'.
a) For the following DFAS Initial Disposition Codes from the pay systems, DFAS will send back:
- Accept for 00: Accepted.
- Accept for 03: Transfer – Internal.
- Accept for 04: Transfer – External.
- Accept for 05: Retired (DJMS use only).
- Accept for 06: Transferred (retired to active).
- Accept for 08: Bankruptcy.
- Accept for 14: Pending Monitor (DJMS/AC).

b) For the following DFAS Continuing / Change Disposition Codes from the pay systems, DFAS will send back:
- Accept for 00: Deducted.
- Accept for 01: Non-Pay Status (DCPS and DJMS).
- Accept for 03: Transfer – Internal.
- Accept for 04: Transfer – External.
- Accept for 05: Retired (DJMS).
- Accept for 06: Transferred (retired to active; RCPS).
- Accept for 08: No Funds Available.
- Accept for 11: Pending Monitor (DJMS)
- Accept for 14: Bankruptcy (DJMS/AC)

c) DFAS will compare the current Continuing / Change Disposition Code to the previous Disposition Code stored on IGS_Continuing_Disp table.
i. If the Disposition Codes match, DFAS will not send an acknowledgement record.
ii. If the Disposition Codes are different, DFAS will send an acknowledgement with the current Disposition Code.

6.2.7. Cases *rejected* by DFAS, **Document Action Code** must be moved from the submitted Detail Record, **Record Disposition Status Code** must equal 'R', and **Rejected Reason Code** is required as described below:

a) For cases rejected after 30 days – no match to PLFS, the NCP is unknown to the employer; **Rejected Reason Code** equals 'U'.

b) For the following DFAS IGS_ No_Action Type Codes from the paralegals, DFAS will send back:
- **Reject Reason Code** 'U' for N: PLFS Reject.
- **Reject Reason Code** 'D' for 6: Duplicate Order.
- **Reject Reason Code** 'O' for A: Add Reject.
- **Reject Reason Code** 'O' for M: Modify Reject.
- **Reject Reason Code** 'O' for 8: No Actions.

c) For the following DFAS Initial Disposition Code from the pay systems, DFAS will send back,
- **Reject Reason Code** 'O' for 01: Non-Pay Status.
- **Reject Reason Code** 'N' for 02: Separated.
- **Reject Reason Code** 'N' for 05: Retired (DCPS only).
- **Reject Reason Code** 'N' for 07: Deceased.

6.2.8.   Cases *terminated* by DFAS, **Document Action Code** must equal 'EMP' and **Record Disposition Status Code** must equal 'T'.

    a)   For the following DFAS Continuing / Change Disposition Codes from the pay systems, DFAS will send back:

        Termination for 01: Non-Pay Status (RCPS).
        Termination for 02: Separated.
        Termination for 05: Retired (DCPS only).
        Termination for 07: Deceased.
        Termination for 09: Final Payment.
        Termination for 13: Non-Match SSN (DJMS only)

    b)   DFAS will include **Final Payment Amount** and **Final Payment Made Date** for 09: Final Payment.

6.2.9.   The following fields must be a valid date:
Termination Date (if entered)
Final Payment Made Date (if entered)

6.2.10.   The following fields must contain a valid two-character state code:
NCP Last Known Address State Code (if entered)
New Employer State Code (if entered)

6.2.11.   The following fields must be numeric and greater than zero:
NCP Last Known Address Zip Code (if entered)
New Employer Address Zip Code (if entered)

6.2.12.   **Final Payment Amount** must be numeric, may contain zeroes or be greater than zero.

7. Acknowledgement Trailer Record Layout

7.1 Business Rule

The following business rules apply to the Acknowledgement Trailer Record Layout (see Appendix I).

7.1.1.   **Record Count** must equal the number of eIWO Acknowledgement Records in the file, not including Header and Trailer records.

7.2 Requirements

The following requirements are based upon the Data Element Rules in the Acknowledgement Trailer Record Layout (see Appendix I).

7.2.1.   **Trailer Document Code** must equal 'TRL' (trailer record).

7.2.2.   **Record Identifier** must equal 'EIWO'.

7.2.3.   **Record Count** must be numeric.

DFAS FEIN

DFAS FEIN

T he state needs to choose *any* 1 of the following 11 Federal Employer Identification Numbers (FEIN) to include in **EIN Text** of the Header Record Layout for the Detail Record (see Appendix C) to correctly route the file through CSENet. Each detail record should contain 1 of the below FEINs to include in **EIN Text** of the Detail Record Layout (see Appendix D). DFAS will move the FEIN on the header of the submitted file to include in **EIN Text** of the Receipt Record Layout (see Appendix F). DFAS will include *any* 1 of the following FEINs in **EIN Text** of the Header Record Layout for the Acknowledgement Record (see Appendix G).

DFAS processes garnishments for the below Federal agencies. The eIWO file can combine all FEINs in one file or the state can send separate files for each FEIN. The garnishments are then sent to the correct pay system after review of the case. During the legal review, the pay system is determined and might not match the EIN Text listed on the Detail Record order. For example, if the member is both retired and civilian, and the order has the retired EIN listed, but there are not enough funds available in this pay to honor the garnishment, the paralegal will send the garnishment to the civilian pay system. Below is a listing of the FEINs and branches of service served by DFAS Cleveland.

Army Military
(Active Duty FEIN is 359990000;
Reserve Duty FEIN is 351819323)

Navy Military
(Active Duty FEIN is 349990000;
Reserve Duty FEIN is 341586724)

Marine Corps Military
(Active Duty and Reserve Duty FEIN is 539990000)

Air Force Military
(Active Duty FEIN is 849990000;
Reserve Duty FEIN is 849980000)

Retired Military
(FEIN is 340727612)

Department of Defense Civilian
(FEIN is 311575142)

Department of Energy Civilian
(FEIN is 530197006)

Health and Human Services Civilian
(FEIN is 530196960)

Environmental Protection Agency Civilian
(FEIN is 520852695)

Department of Veterans Affairs Civilian
(FEIN is 741612229)*

As part of the Federal Government's ePayroll Initiative, Federal Agency payrolls are combining into four major finance centers. One of the final four centers is DFAS, which has responsibility for both military and DoD civilian payrolls. As part of the consolidation, DFAS processes the pay and garnishments for employees of the Department of Energy, Health and Human Services, Environmental Protection Agency and is underway a gradual transfer of employees of the Department of Veterans Affairs (VA) offices across the country.

The VA is handling the conversion to DFAS differently than other Federal Agencies have done in the past and they expect it to take approximately two years to finish the entire conversion. Under the first phase beginning September 2, 2006, the VA will be conducting a pilot for one office. In this phase, the VA will convert employees located at the Austin, Texas office to DFAS DCPS (Civilian Pay Center) and DFAS will maintain the garnishments for those converted employees.

First VA office conversion – September 2, 2006

> Austin Data Processing Center
> 1615 East Woodward St.
> Austin, TX 78772

*Please do not send all VA orders to DFAS Cleveland. Send only orders for individuals whose New Hire and Quarterly Wage reports show DFAS Cleveland Center in the Employer Optional Address.

TEST SCRIPT

S uccessful testing will resolve and eliminate any programming errors and ensure business rules are applied. Testing and production described in this guide will assume the use of CSENet to exchange files between the state and DFAS. This can be used as a reference for similar processes and data set names with an independent connection from state to employer on a separate secure network.

To fully utilize the functionality of the CSENet interface, four data sets must be allocated on the State CSENet system. Data set names are determined by each party's preferences. These test data sets mirror production data sets with a 'tst' prefix.

State eIWO Test Records
tst_EIWO_transactions

Employer Test Receipts
tst_EIWO_Read_Receipt

Employer Test Acknowledgements
tst_EIWO_Acknowledgements

Employer Test Logs
tst_EIWO_Error_Logs

During the initial executions of the data exchange to a state, the CSENet team will work closely with the State and employer to resolve any communications issues. Any errors generated during a data exchange will be logged to a report for use as an end-user support tool. An additional important resource for diagnosing and solving problems is the data in the Employer Logs data set, which contains detailed output from the ping(s), connections, logons, and data transfers executed during the data exchange.

Steps to be taken in proper testing should involve 4 phases. Initial testing of validation should be done on each party's end prior to the test script.

Phase I: Test connection.

Phase II: Test receipt record.

Phase III: Test validation of eIWO detail record. Send valid and dummy data for error handling.

Phase IV: Test acknowledgement record.

Testing will mirror a production platform and will need to be successfully completed before moving into production. Acknowledgements will be manually created to mimic the pay systems since the test process is only between DFAS and the state. Once a sufficient amount of transactions have been successfully processed, a post-implementation review teleconference should be held among all parties involved to discuss and record lessons learned.

PRODUCTION

PRODUCTION

To successfully exchange eIWO data, data set and scheduling information must be provided by the State to CSENet. The scheduling information provides the OCSE Network a window for pickup from the State system. Replicating the testing platform, four production data sets must be allocated on the State CSENet system according to naming conventions established with OCSE, the state, and the employer. Below are sample production data set names.

State eIWO Records
EIWO_transactions

The OCSE server retrieves the file from the state's CSE system according to a specified schedule and forwards to the DFAS server. After downloading data, the OCSE server uploads an empty file into the data set to clear the directory and to prevent receiving duplicate transactions from the state.

If a state has additional transactions to send to an employer before pickup, the state system should append new transactions to the EIWO_transactions data set rather than overwrite it each day with new transactions. Appending is recommended because it allows the OCSE server to pick up multiple days of transactions from the state system if previous data has not been transferred.

DFAS picks up production files and creates receipt and acknowledgements. DFAS will clear the EIWO_transactions file after processing the transactions contained in that file.

Employer Receipts
EIWO_Read_Receipt

Employer Acknowledgements
EIWO_Acknowledgements

The OCSE server will deliver any DFAS Receipt and Acknowledgement files to the State's system upon receipt from the employer. CSENet will sort each receipt and acknowledgement record by **State FIPS code** on the Header Record.

After downloading data, the OCSE server uploads an empty file into the data set to clear the directory and to prevent receiving duplicate transactions from DFAS.

Employer Logs
EIWO_Error_Logs

An additional important resource for diagnosing and solving problems is the data in the Employer Logs data set, which contains detailed output from the ping(s), connections, log ons, and data transfers executed during the data exchange. The Employer Logs will be free form text of a detailed report of all network activities during employer data exchanges used to diagnose errors. Any errors generated during a data exchange will be logged to a report for use as an end-user support tool.

NOTIFICATION TO THE NCP

NOTIFICATION TO THE NCP

To fulfill the requirement of **Send Employee Copy Indicator**, a letter (see Appendix J) and/or email is sent out to the NCP notifying the member of the garnishment, explaining where the order is available, and how to obtain a copy. Data from the detail record is placed into a .pdf template to produce an image of the order (see Appendices K-L). Notifications are issued by DFAS on all cases, regardless if **Send Employee Copy Indicator** is 'yes' or 'no'.

Over 200 types of letters are generated out of DFAS Garnishment Operations, approximately 15 of which pertain to child support. According to the letters, the NCP must request a copy of the order within 30 days from the date of the letter by contacting DFAS through the DFAS WEB page www.dod.mil/dfas. DFAS will mail a copy of the requested order within 2 business days of their request.

DoD, EPA, HHS and DoE members are all registered in myPay. When the NCP views his or her Leave and Earnings Statement (LES), there will be a link for an image of the court order. There are over 2,500,000 individuals with at least one email address registered in myPay. Below is a sample email sent to the NCP for notification of garnishment, in addition to the letter.

-----Original Message-----
From:
Sent:
To:
Subject: Notification of Garnishment

You have received an important correspondence regarding your compensation. Click on the link below to view the document.

https://smartdocs.dfas.mil/smartdocs/?DocType=GAR&x=1223&t=L
(NOTIFICATION)

https://smartdocs.dfas.mil/smartdocs/?DocType=GAR&x=1224&t=H
(COURT ORDER)

If you have a question regarding this garnishment notification, or want more information regarding garnishments in general, please contact us at https://ca.dtic.mil/dfas/s-garnish/garnishinquiry.htm.

....
Need help picking up your electronic document?

* If the Web address is highlighted, click on it to open a browser window. You will automatically be taken to the document after you have authenticated.

* If the Web address above is not highlighted, follow these steps:
  - Open a Web browser window.
  - Copy and paste the entire Web address into the 'location' or
    'address' bar of the browser.
  - Press enter.

_____
Delivered by Defense Finance and Accounting Service

RESOURCES

RESOURCES

F or questions regarding programming according to this guide, business usage, or requirements contained in this document contact a DFAS representative below. Changes to this document will be made periodically and recorded in the List of Document Changes (see Appendix K).

DFAS eIWO Functional / System Administrator
Megan Huber
216.204.3375
megan.huber@dfas.mil

DFAS Garnishment Operations (Case Specific Inquiries)
Loretta Longo
216.204.1612
loretta.longo@dfas.mil

DFAS Garnishment Operations Website
http://www.dod.mil/dfas/militarypay/garnishment.html

Garnishment Customer Service
1.888.332.7411

CSENet Service Desk
1.800.258.2736

IWO Court Order with eIWO Record Layout References

#1a ☐ ORDER/NOTICE TO WITHHOLD INCOME FOR CHILD SUPPORT
☐ NOTICE OF AN ORDER TO WITHHOLD INCOME FOR CHILD SUPPORT

☐Original   ☐Amended   ☐Termination **#1b** Date:_____**#1c**_____
☐State/Tribe/Territory_____**#1d**_____
    City/Co./Dist./Reservation_____**#1e**_____
☐Non-governmental entity or Individual _____**#1f**_____
Case Number_____**#1g**_____

#2a	
Employer's/Withholder's Name	RE**:**_____**#3a**_____
#2b	Employee's/Obligor's Name (Last, First, MI)
Employer's/Withholder's Address	**#3b**
#2c	Employee's/Obligor's Social Security Number
	#3c
	Employee's/Obligor's Case Identifier
	#3d
#2d	
Employer's/Withholder's Federal EIN Number (if known)	Obligee's Name (Last, First, MI)

ORDER INFORMATION: This document is based on the support or withholding order from _____[State/Tribe] **#4**_____.
You are required by law to deduct these amounts from the employee's/obligor's income until further notice.
$_____**# 5a**_____ Per _____**# 5b**____ current child support   **#13**
$_____**# 6a**_____ Per _____**# 6b**____ past-due child support - Arrears greater than12 weeks? ☐yes ☐no
$_____**# 7a**_____ Per _____**# 7b**____ current cash medical support
$_____**# 8a**_____ Per _____**# 8b**____ past-due cash medical support
$_____**# 9a**_____ Per _____**# 9b**____ spousal support
$_____**#10a**_____ Per _____**#10b**____ past-due spousal support
$_____**#11a**_____ Per _____**#11b**____ other (specify) _____**#11c**_____
for a total of $_____**#12a**_____ per _____**#12b**_____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, 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: When remitting payment, provide the pay date/date of withholding and the case identifier. If the employee's/obligor's principal place of employment is ___**#15**_____, begin withholding no later than the first pay period occurring **#16** days after the date of ___**#17**___. Send payment within **#18** working days of the pay date/date of withholding. The total withheld amount, including your fee, may not exceed **#19** % of the employee's/obligor's aggregate disposable weekly earnings.

If the employee's/obligor's principal place of employment is not _____**#20**_____, for limitations on withholding, applicable time requirements, and any allowable employer fees, follow the laws and procedures of the employee's/obligor's principal place of employment (see #3 and #9, ADDITIONAL INFORMATION TO EMPLOYERS AND OTHER WITHHOLDERS).

Make check payable to:_____**#21**(Payee and Case identifier)___Send check to:_____**#22**_____.
If remitting payment by EFT/EDI, call _____**#23a**_____before first submission. Use this FIPS code: **#23b**___:
Bank routing number: _____**#23c**_____ Bank account number:_____**#23d**_____.

If this is an Order/Notice to Withhold:	**If this is a Notice of an Order to Withhold:**
24a Print Name _____	**25a** Print Name_____
24b Title of Issuing Official_____Mandatory_____	**25b** Title (if appropriate)_____
24c Signature and Date___(if required by state or tribal law)_	**25c** Signature and Date_____
24d ☐ IV-D Agency ☐Court	**25d** ☐ Attorney ☐Individual ☐Private Entity
24e ☐ Attorney with authority under state law to issue order/notice.	

NOTE: Non-IV-D Attorneys, individuals, and non-governmental entities must submit a Notice of an Order to Withhold and include a copy of the income withholding order unless, under a state's law, an attorney in that state may issue an income withholding order. In that case, the attorney may submit an Order/Notice to Withhold and include a copy of the state law authorizing the attorney to issue an income withholding order/notice.

IWO Court Order with €IWO Record Layout References

ADDITIONAL INFORMATION TO EMPLOYERS AND OTHER WITHHOLDERS

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

1. **Priority:** Withholding under this Order or Notice 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. (See 10 below.)

2. **Combining Payments:** You may 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.

3. **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 and forward the support payments.

4. **Employee/Obligor with Multiple Support Withholdings:** If there is more than one Order or Notice against this employee/obligor and you are unable to honor all support Orders or Notices due to federal, state, or tribal withholding limits, you must follow the state or tribal law/procedure of the employee's/obligor's principal place of employment. You must honor all Orders or Notices to the greatest extent possible. (See 9 below.)

5. **Termination Notification:** You must promptly notify the Child Support Enforcement (IV-D) Agency and/or the contact person listed below when the employee/obligor no longer works for you. Please provide the information requested and return a complete copy of this Order or Notice to the Child Support Enforcement (IV-D) Agency and/or the contact person listed below. (See 10 below.)
   THE EMPLOYEE/OBLIGOR NO LONGER WORKS FOR:_____
   EMPLOYEE'S/OBLIGOR'S NAME: _____**CASE IDENTIFIER:** _____
   DATE OF SEPARATION FROM EMPLOYMENT: _____
   LAST KNOWN HOME ADDRESS: _____
   NEW EMPLOYER/ADDRESS: _____

6. **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 Child Support Enforcement (IV-D) Agency.

7. **Liability:** If you have any doubts about the validity of the Order or Notice, contact the agency or person listed below under 10. If you fail to withhold income as the Order or 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 or tribal law/procedure.
   #27_____
   _____

8. **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 any employee/obligor because of a child support withholding.
   #28_____
   _____

9. **Withholding Limits:** 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'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, statutory pension contributions, and Medicare taxes. The Federal CCPA limit is 50% of the ADWE for child support and alimony, which is increased by 1) 10% if the employee does not support a second family; and/or 2) 5% if arrears greater than 12 weeks.
   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 amounts allowed under the law of the state that issued the order.

   Child(ren)'s Names and Additional Information:___**#29**_____
   _____
   _____

10. If you or your employee/obligor have any questions, contact_____**#30a**_____by telephone at _____**#30b**
    by Fax at _____**#30c**__or by internet at_____**#30d**_____.

Iqvwuxfwlrqv wr frp sdnwh#wkh Rughu2Qrwlfh#wr Z lkkkrog#lqfrp h iru Fklg#Vxssruw#
ruQrwlfh#ri#dq Rughuwr Z lkkkrog#lqfrp h iru Fklg#Vxssruw#

The Order/Notice to Withhold Income for Child Support (Order/Notice) or Notice of an Order to Withhold Income for Child Support (Notice) is a standardized form used for income withholding in tribal, intrastate, interstate, and intergovernmental cases. Please note that information provided on this form may be shared with the obligor.   When completing the form, please include the following information.

The following information 1a – 1g refers to the government agency, non-government entity, or individual completing and sending this form to the employer.

1a.   Check whether this is an Order/Notice to Withhold Income for Child Support or a Notice of an Order to Withhold Income for Child Support. Attorneys, individuals, and non-governmental entities must submit a Notice of an Order to Withhold and include a copy of the income withholding order unless, under a state's law, an attorney in that state may issue an income withholding order/notice. In that case, the attorney may submit an Order/Notice to Withhold and include a copy of the state law authorizing the attorney to issue an income withholding order/notice.

1b.   Check the appropriate status of the Order or Notice.

1c.   Date this form is completed and/or signed.

1d.   Name of the state, tribe or territory sending this form. This must be a governmental entity.

1e.   Name of the county, city, district, or reservation sending this Order or Notice, if appropriate. This must be a governmental entity.

1f.   Check and indicate the non-governmental entity or individual sending this Order or Notice. Complete this item only if a non-governmental entity or individual is submitting this Order or Notice.

1g.   Identifying case number used by the entity or individual sending this Order or Notice. In a IV-D case, this must be the IV-D case number.

The following information in 2 and 3 refers to the obligor, obligor's employer, and case identification.

2a.   Employer's/Withholder's name.

2b-c.   Employer's/Withholder's mailing address, city, and state. (This may differ from the Employee's/Obligor's work site.)

2d.   Employer's/Withholder's nine-digit federal employer identification number (if available). Include three-digit location code.

3a.   Employee's/Obligor's last name, first name, and middle initial.

3b.   Employee's/Obligor's Social Security Number (if known).

3c. The case identifier used by the order issuing state or tribe for recording payments. (Should be the same as #21.) In a IV-D case, this must be the IV-D case number.

3d. Custodial Parent's last name, first name, and middle initial (if known).

ᴿᵁᴳᴴᵁ⌗ℚᴵᴿᵁᴾ ᴰᵂᴵᴿℚ - **The following information in 4 -14e refers to the dollar amounts taken directly from the child support order.**

4. Name of the state or tribe that issued the support order.

5a-b. Dollar amount to be withheld for payment of current child support, time period that corresponds to the amount in #6a (such as month, week, etc.).

6a-b. Dollar amount to be withheld for payment of past-due child support, time period that corresponds to the amount in #6a (such as month, week, etc.).

7a-b. Dollar amount to be withheld for payment of current cash medical support, as appropriate, based on the underlying order, time period that corresponds to the amount in #7a (such as month, week, etc.).

8a-b. Dollar amount to be withheld for payment of past-due cash medical support, if appropriate,
based on the underlying order and the time period that corresponds to the amount in #8a (such as month, week, etc.).

9a-b. Dollar amount to be withheld for payment of spousal support (alimony), if appropriate, based on the underlying order, time period that corresponds to the amount in #9a (such as month, week, etc.).

10a-b. Dollar amount to be withheld for payment of past-due spousal support (alimony), if appropriate, based on the underlying order, time period that corresponds to the amount in #10a (such as month, week, etc.).

11a-c. Dollar amount to be withheld for payment of miscellaneous obligations, if appropriate, based on the underlying order, time period that corresponds to the amount in #11a (e.g., month, week, etc.), and description of the miscellaneous obligation.

12a. Total of #5a, #6a, #7a, #8a, #9a, #10a, and # 11a.

12b. Time period that corresponds to the amount in #12a (e.g., month).

13. Check this box if arrears greater than 12 weeks.

14a. Amount an employer should withhold if the employee is paid weekly.

14b. Amount an employer should withhold if the employee is paid every two weeks.

14c. Amount an employer should withhold if the employee is paid twice a month.

14d. Amount an employer should withhold if the employee is paid once a month.

UHP#WWDQFH#QIRUP#DWLRQ#

15.   The state, tribe, or territory from which this Order/Notice or Notice of an Order is sent.

16.   Number of days in which the withholding must begin pursuant to the issuing state's or tribe's laws/procedures.

17.   The effective date of the income withholding.

18.   Number of working days within which an employer or other withholder of income must remit amounts withheld pursuant to the issuing state's law.

19.   The percentage of income that may be withheld from the employee's/obligor's income. 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'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, statutory pension contributions, and Medicare taxes.

       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 amounts allowed under the law of the state that issued the order.

20.   The state, tribe, or territory from which the Order or Notice is sent.

21.   Name of the State Disbursement Unit, individual, tribunal/court, or tribal child support enforcement agency specified in the underlying income withholding order to which payments are required to be sent. This form may not indicate a location other than that specified by an entity authorized under state or tribal law to issue an income withholding order. Please include the case identifier used to record payment (should be the same as 3c). In a IV-D case, this must be the IV-D case number.

22.   Address of the State Disbursement Unit, tribunal/court, tribal child support enforcement agency, or individual identified in #21. This information is shared with the obligor. Be sure to safeguard confidential addresses.

Complete only for EFT/EDI transmission.

23a.   Telephone number of contact to provide EFT/EDI instructions.

23b.   Federal Information Process Standard (FIPS) code for transmitting payments through EFT/EDI. The FIPS code is five characters that identify the state, county or tribe. It is seven characters when it identifies the state, county, and a location within the county. It is necessary for centralized collections.

23c.   Receiving agency's bank routing number.

23d.   Receiving agency's bank account number.

IV-D agencies, courts, and attorneys (with authority to issue an income withholding order/notice) sending an Order/Notice to Withhold Income for Child Support must complete 24a-e.

24a.   Print name of the government official authorizing this Order or Notice to Withhold.

24b.   Print title of the government official authorizing this Order or Notice to Withhold.

24c.   Signature of Government Official authorizing this Order/Notice to Withhold and date of signature. This line may be optional only if the Withholding Order/Notice includes the name and title of a government official (line 24a, 24b) and a signature of the official (line 24c) is not required by state or tribal law. Provide a signature if required by state or tribal law.

24d.   Check the appropriate box to indicate whether a child support enforcement agency (IV-D) or court is authorizing this Order or Notice for withholding.

24e.   Check the box if you are an attorney with authority to issue an order or notice under state law.

Attorneys, individuals, and private entities sending a Notice of an Order to Withhold Income for Child Support complete 25a-d.

25a.   Print name of the individual or entity sending this Notice.

25b.   Print title of the individual sending this Notice, if appropriate

25c.   Signature of the individual sending this Notice and date of signature.

25d.   Please check the appropriate box to indicate whether you are an attorney, individual, or private entity sending this Notice of an Order.

The following information refers to federal, state, or tribal laws that apply to issuing an income withholding order/notice or notice of an order to the employer. Any state or tribal specific information may be included in space provided.

26.   Check the box if the state or tribal law requires the employer to provide a copy of the Order or Notice to the employee.

27.   Use this space to provide additional information on the penalty and/or citation for an employer who fails to comply with the Order or Notice. The law of the obligor's principal place of employment governs the penalty.

28.   Use this space to provide additional information on the penalty and/or citation for an employer, who discharges, refuses to employ, or disciplines an employee/obligor as a result of the Order or Notice. The law of the obligor's principal place of employment governs the penalty.

29.   Use this space to provide the child(ren)'s names listed in the support order and/or additional information regarding this income withholding Order or Notice of an Order.

Please provide the following contact information to the employer. Employers may need additional information to process the Order or Notice.

30a.   Name of the contact person sending the Order or Notice of an Order that an employer and/or employee/obligor may call for information regarding the Order or Notice of an Order.

30b.   Telephone number for the contact person whose name appears in #30a.

30c.   Fax number for the person whose name appears in #30a.

30d.   Internet address for the person whose name appears in #30a.

If the employer is a Federal Government agency, the following instructions apply.

- Serve the Order or Notice of an Order upon the governmental agent listed in 5 CFR part 581, appendix A.

- Sufficient identifying information must be provided in order for the obligor to be identified. It is, therefore, recommended that the following information, if known and if applicable, be provided:

- (1) full name of the obligor; (2) date of birth; (3) employment number, Department of Veterans Affairs claim number, or civil service retirement claim number; (4) component of the government entity for which the obligor works, and the official duty station or worksite; and (5) status of the obligor, e.g., employee, former employee, or annuitant.

- 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 CFR 581.103.

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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.

APPENDIX C

eIWO Header Record Specification

Field Name	Location	Length	Type	Required/Optional	Comments
Header Document Code	1-3	3	A	R	Valid Value: "HDR" – Header.
Record Control Number	4-12	9	A/N	R	Value assigned by the state, tribe, or territory which uniquely identifies the records in the "batch" or "file".
State FIPS Code	13-14	2	N	R	Use two-digit state/territory state FIPS Code.
Employer Name	15-71	57	A/N	R	Name of the employer/ withholder to whom the withholding order is being sent.
EIN Text	72-80	9	N	R	The employer/ withholder's FEIN.
Payroll Processor EIN Text	81-89	9	N	O	The payroll processor FEIN.
File Creation Date	90-97	8	N	R	Format – CCYYMMDD
File Creation Time	98-103	6	N	R	Format – HHMMSS
Filler	104-2245	2142	A/N	O	Future Use.

Data Element Name	Definition	Location	Len	Type	Required/ Optional	Data Element Rules	Form XRef
Document Code	A code that indicates the primary e-IWO record follows.	1-3	3	A/N	R	Valid Value: "DTL" – Detail.	N/A
Document Title Code	A code that indicates the title of the document.	4-6	3	A/N	R	Valid Values: "IW1" – Order/Notice To Withhold Income For Child Support. Default "IW2" – Notice of an Order to Withhold Income for Child Support.	1a
Document Action Code	A code that indicates the action for the document.	7-9	3	A/N	R	Valid Values: "ORG" – Original. New order for the submitted case number/identifier by the submitting state. "AMD" – Amended. Any change for the submitted case number/identifier by the submitting state, except termination to the original order. "TRM" – Termination. Closure of an order, stoppage of wage withholding for the submitted case number/identifier by the submitting state. "LUM" – Lump Sum. Deduction made from the Lump Sum payment for the submitted case number/identifier by the submitting state when notified or made aware of the Lump Sum.	1b
Document Date	The date the record was generated.	10-17	8	N	R	Format – CCYYMMDD	1c, 24c-1
Issuing State-Tribe-Territory Name	The name of the jurisdiction (state, tribe territory, etc.) issuing the document.	18-52	35	A/N	R	State, Tribe or Territory full name.	1d
Issuing Jurisdiction Name	The name of the county, city, district or tribe that is issuing the document.	53-87	35	A/N	O	If entered, must be a full name.	1e
Case Identifier	A case identifier is a value assigned by a state to uniquely identify each IV-D case in the state.	88-102	15	A/N	R	Must be the IV-D Case ID submitted for all external FPLS sources, FCR, etc.	1g, 3c, 21-1
Employer Name	Name of the employer/ withholder to whom the withholding order is being sent.	103-159	57	A/N	R		2a

eIWO Detail Record Specification

Data Element Name	Definition	Location	Len	Type	Required/ Optional	Data Element Rules	Form XRef
Employer Address Line 1 Text	Line 1 of the Employer/ withholder's Address.	160-184	25	A/N	R		2b
Employer Address Line 2 Text	Line 2 of the Employer/ withholder's Address.	185-209	25	A/N	O		2c
Employer Address City Name	Employer/withholder's City Address.	210-231	22	A/N	R		2c-1
Employer Address State Code	Employer/withholder's State Code.	232-233	2	A	R	Valid 2 alpha State Code.	2c-2
Employer Address Zip Code	Employer/withholder's Zip Code.	234-238	5	N	R		2c-3
Employer Address Ext Zip Code	Employer/withholder's Extension Zip Code.	239-242	4	N	O		2c-4
EIN Text	The Employer/ Withholder's FEIN.	243-251	9	N	R		2d
Employee Last Name	The Obligor's Last Name.	252- 271	20	A/N	R	Letters A-Z or spaces. No special characters or imbedded spaces. Hyphens and apostrophes are allowed. At least the first character must be filled. Cannot be all spaces or blanks.	3a
Employee First Name	The Obligor's First Name.	272-286	15	A/N	R	Letters A-Z or spaces. No special characters or imbedded spaces. Hyphens and apostrophes are allowed.	3a-1
Employee Middle Name	The Obligor's Middle Name or Initial.	287-301	15	A/N	O	Letters A-Z or spaces. No special characters or imbedded spaces. Hyphens and apostrophes are allowed.	3a-2
Employee Suffix	The Obligor's Name Suffix.	302-305	4	A/N	O		3a-3
Employee SSN	The Obligor's Social Security Number.	306-314	9	A/N	R		3b
Employee Birth Date	The Obligor's Date of Birth.	315-322	8	N	O	Format – CCYYMMDD	29
Obligee Last Name	The Obligee's Last Name.	323-379	57	A/N	R	Letters A-Z or spaces. No special characters or imbedded spaces. Hyphens and apostrophes are allowed. At least the first character must be filled. Cannot be all spaces or blanks.	3d

Data Element Name	Definition	Location	Len	Type	Required/ Optional	Data Element Rules	Form XRef
Obligee First Name	The Obligee's First Name.	380-394	15	A/N	R	Letters A-Z or spaces. No special characters or imbedded spaces. Hyphens and apostrophes are allowed.	3d-1
Obligee Middle Name	The Obligee's Middle Name or Initial.	395-409	15	A/N	O	Letters A-Z or spaces. No special characters or imbedded spaces. Hyphens and apostrophes are allowed.	3d-2
Obligee Name Suffix	The Obligee's Name Suffix.	410-413	4	A/N	O		3d-3
Issuing Tribunal Name	The name of state, tribe or territory that issued the support or withholding order.	414-448	35	A/N	R	Must contain full name.	4
Support Current Child Amount	The dollar amount to be withheld for payment of current child support.	449-459	11	N	R	Numeric Decimal assumed Unsigned No Rounding Right Justify Zero Fill to left Zero Fill if N/A	5a
Support Current Child Frequency Code	Indicates the interval the support current amount is required to be paid.	460-460	1	A/N	CR	Valid Values: "W" – Weekly "B" – Bi-Weekly "S" – Semi-Monthly "M" – Monthly "Q" – Quarterly "X" – Semi-Annually "A" – Annually Required if there is a dollar amount other than zero in Support Current Amount.	5b
Support Past Due Child Amount	The dollar amount to be withheld for payment of past-due child support.	461-471	11	N	R	'Same Element Values as Support Current Amount.'	6a
Support Past Due Child Frequency Code	Indicates the interval the past-due child support amount is required to be paid.	472-472	1	A/N	CR	'Same Element Values as Support Current Frequency Code.' Required if there is a dollar amount other than zero in Support Past Due Child Amount.	6b
Support Current Medical Amount	The dollar amount to be withheld for payment of current medical support.	473-483	11	N	R	'Same Element Values as Support Current Amount.'	7a

Data Element Name	Definition	Location	Len	Type	Required/ Optional	Data Element Rules	Form XRef
Support Current Medical Frequency Code	Indicates the interval the current medical support amount is required to be paid.	484-484	1	A/N	CR	'Same Element Values as Support Current Frequency Code.' Required if there is a dollar amount other than zero in Support Current Medical Amount.	7b
Support Past Due Medical Amount	The dollar amount to be withheld for payment of past-due medical support.	485-495	11	N	R	'Same Element Values as Support Current Amount.'	8a
Support Past Due Medical Frequency Code	Indicates the interval the past-due medical support amount is required to be paid.	496-496	1	A/N	CR	'Same Element Values as Support Current Frequency Code.' Required if there is a dollar amount other than zero in Support Past Medical Amount.	8b
Support Current Spousal Amount	The dollar amount to be withheld for payment of current spousal support.	497-507	11	N	R	'Same Element Values as Support Current Amount.'	9a
Support Current Spousal Frequency Code	Indicates the interval the spousal support is required to be paid.	508-508	1	A/N	CR	'Same Element Values as Support Current Frequency Code.' Required if there is a dollar amount other than zero in Support Spousal Amount.	9b
Support Past Due Spousal Amount	The dollar amount to be withheld for payment of past-due spousal support.	509-519	11	N	R	'Same Element Values as Support Current Amount.'	10a
Support Past Due Spousal Frequency Code	Indicates the interval the past-due spousal support amount is required to be paid.	520-520	1	A/N	CR	'Same Element Values as Support Current Frequency Code.' Required if there is a dollar amount other than zero in Support Past Spousal Amount.	10b
Obligation Other Amount	The dollar amount to be withheld for payment of miscellaneous obligations.	521-531	11	N	R	'Same Element Values as Support Current Amount.'	11a

Data Element Name	Definition	Location	Len	Type	Required/ Optional	Data Element Rules	Form XRef
Obligation Other Frequency Code	Indicates the interval the miscellaneous obligation amount is required to be paid.	532-532	1	A/N	CR	Valid Values: "W" – Weekly "B" – Bi-Weekly "S" – Semi-Monthly "M" – Monthly "Q" – Quarterly "X" – Semi-Annually "A" – Annually "L" – Lump Sum Required if there is a dollar amount other than zero in Obligation Other Amount.	11b
Obligation Other Description Text	Description of the miscellaneous obligations.	533-567	35	A/N	CR	Required if there is a dollar amount other than zero in Obligation Other Amount.	11c
Obligation Total Amount	Sum of the current child support, the past-due child support, the current cash medical support, the past-due cash medical support, the current spousal support, the past-due spousal support, and the miscellaneous obligations.	568-578	11	N	R	'Same Element Values as Support Current Amount.'	12a
Obligation Total Frequency Code	Indicates the interval the total obligation is required to be paid.	579-579	1	A/N	CR	'Same Element Values as Obligation Other Frequency Code.'	12b
Arrears 12wk Overdue Code	Indicates whether past due child support is in arrears for a period longer than 12 weeks.	580-580	1	A/N	O	Valid Values: "Y" – Greater than 12 weeks. "N" – Not Greater than 12 weeks.	13
Income Withholding Deduction Weekly Amount	The amount the employer should withhold if the employee is paid weekly.	581-591	11	N	R	'Same Element Values as Support Current Amount.'	14a
Income Withholding Deduction Bi-Weekly Amount	The amount the employer should withhold if the employee is paid every two weeks.	592-602	11	N	R	'Same Element Values as Support Current Amount.'	14b
Income Withholding Semimonthly Amount	The amount the employer should withhold if the employee is paid twice a month.	603-613	11	N	R	'Same Element Values as Support Current Amount.'	14c
Income Withholding Monthly Amount	The amount the employer should withhold if the employee is paid once a month.	614-624	11	N	R	'Same Element Values as Support Current Amount.'	14d
Employment Place Name	The State, Tribe or Territory where the NCP is employed – used to advise the employer about withholding limitations, requirements, etc.	625-659	35	A/N	O		15, 20

Data Element Name	Definition	Location	Len	Type	Required/ Optional	Data Element Rules	Form XRef
Begin Withholding Within Days Number	The number of days within which the employer must commence income withholding.	660-661	2	N	R		16
Income Withholding Start Date	The effective date of the income withholding.	662-669	8	N	R	Format – CCYYMMDD	17
Send Payment Within Days Number	Number of days within which an employer or other withholder of income must remit amounts withheld pursuant to the issuing state's law.	670-671	2	N	R		18
Income Withholding CCPA Percent Rate	The highest percentage of income that can be withheld from the employee or obligor's wages.	672-673	2	N	R		19
Payee Name	The name of the State Disbursement Unit, individual, tribunal/court, or tribal child support enforcement agency to which payments are required to be sent.	674-730	57	A/N	R		21
Payee Address Line 1 Text	Line 1 of the payee's Address.	731-755	25	A/N	O		22
Payee Address Line 2 Text	Line 2 of the payee's Address.	756-780	25	A/N	O		22-1
Payee Address City Name	Payee's City Address.	781-802	22	A/N	O		22-2
Payee Address State Code	Payee's State Code.	803-804	2	A	O	Valid 2 alpha State Code.	22-3
Payee Address Zip Code	Payee's Zip Code.	805-809	5	N	O		22-4
Payee Address Ext Zip Code	Payee's Extension Zip Code.	810-813	4	N	O		22-5
Payee Remittance FIPS Code	State and County FIPS Code for remitting payments via EFT/EDI.	814-820	7	N	R	Either State and County FIPS or Tribal Place Code. Only the first 5 digits are required.	23b
Government Official Name	Name of Government official authorizing the document.	821-890	70	A/N	R		24a
Issuing Official Title Text	Title of Governmental official authorizing the document.	891-940	50	A/N	R		24b
Government Issuing Type Code	Indicates if the document is issued by a court or IV-D agency.	941-941	1	A/N	R	Valid Values: "D" – IV-D Default "N" – Non IV-D	24d

eIWO Detail Record Specification

Data Element Name	Definition	Location	Len	Type	Required/ Optional	Data Element Rules	Form XRef
Send Employee Copy Indicator	Indicates if employer is required to provide a copy of the notice to the employee.	942-942	1	A/N	R	Valid Values: "Y" – Yes "N" – No	26
Penalty Liability Info Text	Describes additional/specific state or tribal penalties or liabilities regarding the employer's failure to obey the notice.	943-1102	160	A/N	O	States should insert the citation for the appropriate "Penalty Liability" text from their state law.	27
Anti Discrimination Provisions Text	Describes additional/specific information if the employer discharges, fails to employ or disciplines the employee as a result of the notice.	1103-1262	160	A/N	O	States should insert the citation for the appropriate "Anti-discrimination" text from their state law.	28
Specific Payee Withholding Limits Text	Additional Information regarding withholding limitations.	1263-1422	160	A/N	O		29
Employee State Contact Name	State Contact Name for NCP.	1423-1479	57	A/N	O		30a
Employee State Contact Phone Number	State Contact Phone Number for NCP.	1480-1489	10	N	O		30b
Employee State Contact Fax Number	State Contact Fax Number for NCP.	1490-1499	10	N	O		30c
Employee State Contact Email Address Text	State Contact E-Mail Address for NCP.	1500-1547	48	A/N	O		30d
Document Tracking Number	A number assigned by the entity sending the document that uniquely identifies the document.	1548-1577	30	A/N	O	First 2 digits must begin with numeric FIPS State Code.	29
Order Identifier	A unique identifier that is associated with a specific child support obligation within a case.	1578-1607	30	A/N	O		29
Employer State Contact Name	Employer Outreach or Customer Service Contact Name.	1608-1664	57	A/N	R		N/A
Employer State Contact Address Line 1 Text	Line 1 of the Employer Outreach or Customer Service Contact's Address.	1665-1689	25	A/N	R		N/A
Employer State Contact Address Line 2 Text	Line 2 of the Employer Outreach or Customer Service Contact's Address.	1690-1714	25	A/N	O		N/A
Employer State Contact Address City Name	Employer Outreach or Customer Service Contact's City Address.	1715-1736	22	A/N	R		N/A

Data Element Name	Definition	Location	Len	Type	Required/ Optional	Data Element Rules	Form XRef
Employer State Contact Address State Code	Employer Outreach or Customer Service Contact's State Code.	1737-1738	2	A	R	Valid 2 alpha State Code.	N/A
Employer State Contact Address Zip Code	Employer Outreach or Customer Service Zip Code.	1739-1743	5	N	R		N/A
Employer State Contact Address Ext Zip Code	Employer Outreach or Customer Service Contact's Extension Zip Code.	1744-1747	4	N	O		N/A
Employer State Contact Phone Number	Employer Outreach or Customer Service Contact Phone Number.	1748-1757	10	N	O		N/A
Employer State Contact Fax Number	Employer Outreach or Customer Service Contact Fax Number.	1758-1767	10	N	O		N/A
Employer State Contact Email Address Text	Employer Outreach or Customer Service Contact E-Mail Address.	1768-1815	48	A/N	O		N/A
Child1 Last Name	Child's Last Name.	1816-1835	20	A/N	O	Letters A-Z or spaces. No special characters or imbedded spaces. Hyphens and apostrophes are allowed.	29
Child1 First Name	Child's First Name.	1836-1850	15	A/N	R	Letters A-Z or spaces. No special characters or imbedded spaces. Hyphens and apostrophes are allowed. At least the first character must be filled.	29
Child1 Middle Name	Child's Middle Name or Initial.	1851-1865	15	A/N	O	Letters A-Z or spaces. No special characters or imbedded spaces. Hyphens and apostrophes are allowed.	29
Child 1 Name Suffix	Child's Name Suffix.	1866-1869	4	A/N	O		29
Child1 Birth Date	Child's Date of Birth.	1870-1877	8	N	O	Format – CCYYMMDD	29
Child2 Last Name	Child's Last Name.	1878-1897	20	A/N	O	Letters A-Z or spaces. No special characters or imbedded spaces. Hyphens and apostrophes are allowed.	29
Child2 First Name	Child's First Name.	1898-1912	15	A/N	CR	Letters A-Z or spaces. No special characters or imbedded spaces. Hyphens and apostrophes are allowed.

Required if there is any other data present for Child2. | 29 |

Data Element Name	Definition	Location	Len	Type	Required/ Optional	Data Element Rules	Form XRef
Child2 Middle Name	Child's Middle Name or Initial.	1913-1927	15	A/N	O	Letters A-Z or spaces. No special characters or imbedded spaces. Hyphens and apostrophes are allowed.	29
Child 2 Name Suffix	Child's Name Suffix.	1928-1931	4	A/N	O		29
Child2 Birth Date	Child's Date of Birth.	1932-1939	8	N	O	Format – CCYYMMDD	29
Child3 Last Name	Child's Last Name.	1940-1959	20	A/N	O	Letters A-Z or spaces. No special characters or imbedded spaces. Hyphens and apostrophes are allowed.	29
Child3 First Name	Child's First Name.	1960-1974	15	A/N	CR	Letters A-Z or spaces. No special characters or imbedded spaces. Hyphens and apostrophes are allowed. Required if there is any other data present for Child3.	29
Child3 Middle Name	Child's Middle Name or Initial.	1975-1989	15	A/N	O	Letters A-Z or spaces. No special characters or imbedded spaces. Hyphens and apostrophes are allowed.	29
Child 3 Name Suffix	Child's Name Suffix.	1990-1993	4	A/N	O		29
Child3 Birth Date	Child's Date of Birth.	1994-2001	8	N	O	Format – CCYYMMDD	29
Child4 Last Name	Child's Last Name.	2002-2021	20	A/N	O	Letters A-Z or spaces. No special characters or imbedded spaces. Hyphens and apostrophes are allowed.	29
Child4 First Name	Child's First Name.	2022-2036	15	A/N	CR	Letters A-Z or spaces. No special characters or imbedded spaces. Hyphens and apostrophes are allowed. Required if there is any other data present for Child4.	29
Child4 Middle Name	Child's Middle Name or Initial.	2037-2051	15	A/N	O	Letters A-Z or spaces. No special characters or imbedded spaces. Hyphens and apostrophes are allowed.	29
Child 4 Name Suffix	Child's Name Suffix.	2052-2055	4	A/N	O		29
Child4 Birth Date	Child's Date of Birth.	2056-2063	8	N	O	Format – CCYYMMDD	29

eIWO Detail Record Specification

Data Element Name	Definition	Location	Len	Type	Required/ Optional	Data Element Rules	Form XRef
Child5 Last Name	Child's Last Name.	2064-2083	20	A/N	O	Letters A-Z or spaces. No special characters or imbedded spaces. Hyphens and apostrophes are allowed.	29
Child5 First Name	Child's First Name.	2084-2098	15	A/N	CR	Letters A-Z or spaces. No special characters or imbedded spaces. Hyphens and apostrophes are allowed. Required if there is any other data present for Child5.	29
Child5 Middle Name	Child's Middle Name or Initial.	2099-2113	15	A/N	O	Letters A-Z or spaces. No special characters or imbedded spaces. Hyphens and apostrophes are allowed.	29
Child 5 Name Suffix	Child's Name Suffix.	2114-2117	4	A/N	O		29
Child5 Birth Date	Child's Date of Birth.	2118-2125	8	N	O	Format – CCYYMMDD	29
Child6 Last Name	Child's Last Name.	2126-2145	20	A/N	O	Letters A-Z or spaces. No special characters or imbedded spaces. Hyphens and apostrophes are allowed.	29
Child6 First Name	Child's First Name.	2146-2160	15	A/N	CR	Letters A-Z or spaces. No special characters or imbedded spaces. Hyphens and apostrophes are allowed. Required if there is any other data present for Child6.	29
Child6 Middle Name	Child's Middle Name or Initial.	2161-2175	15	A/N	O	Letters A-Z or spaces. No special characters or imbedded spaces. Hyphens and apostrophes are allowed.	29
Child 6 Name Suffix	Child's Name Suffix.	2176-2179	4	A/N	O		29
Child6 Birth Date	Child's Date of Birth.	2180-2187	8	N	O	Format – CCYYMMDD	29
Filler	Future Use.	2188-2245	58	A/N	O		N/A

Field Name	Location	Length	Type	Required/Optional	Comments
Trailer Document Code	1-3	3	A	R	Valid Value: "TRL" – Trailer.
Record Identifier	4-7	4	A/N	R	Valid Value: "EIWO" – Electronic Income Withholding Order.
Total Record Count	8-13	6	N	R	Total Number of e-IWO Records in this file.
Original Records	14-19	6	N	O	Number of Original Records.
Amended Records	20-25	6	N	O	Number of Amended Records.
Termination Records	26-31	6	N	O	Number of Termination Records.
Filler	32-2245	2214	A/N	O	Future Use.

APPENDIX F

eIWO Receipt Record Specification

Field Name	Location	Length	Type	Required/Optional	Comments
Required Acknowledgement Document Code	1-3	3	A	R	Valid Value: "RCD" – Receipt Record.
Record Control Number	4-12	9	A/N	R	Value assigned by the state, tribe, or territory which uniquely identifies the records in the "batch" or "file".
Employer Name	13-69	57	A/N	R	Name of the employer/withholder to whom the withholding order is being sent.
EIN Text	70-78	9	N	R	The employer/withholder's FEIN.
Payroll Processor EIN Text	79-87	9	N	O	The payroll processor FEIN.
Receipt Date	88-95	8	N	R	Format – CCYYMMDD The date the employer/payroll processor retrieved the file.
State FIPS Code (from State File)	96-97	2	N	R	Use two-digit state/territory state FIPS Code.
File Creation Date (from State File)	98-105	8	N	R	Format – CCYYMMDD
File Creation Time (from State File)	106-111	6	N	R	Format – HHMMSS
Filler	112-160	49	A/N	O	Future Use.

eIWO Acknowledgement Header Record Specification

Field Name	Location	Length	Type	Required/Optional	Comments
Header Document Code	1-3	3	A	R	Valid Value: "HDR" – Header.
Record Control Number	4-12	9	A/N	R	Default Value '0970-0154'
State FIPS Code	13-14	2	N	R	Use two-digit state/territory state FIPS Code.
Employer Name	15-71	57	A/N	R	Name of the employer/withholder to whom the withholding order is being sent.
EIN Text	72-80	9	N	R	The employer/withholder's FEIN.
Payroll Processor EIN Text	81-89	9	N	O	The payroll processor FEIN.
File Creation Date	90-97	8	N	R	Format – CCYYMMDD
File Creation Time	98-103	6	N	R	Format – HHMMSS
Filler	104-485	382	A/N	O	Future Use.

Data Element Name	Definition	Location	Len	Type	Required/ Optional	Data Element Rules	Form XRef
Document Code	A code that indicates the acknowledgement record follows.	1-3	3	A/N	R	Valid Value: "ACK" – Acknowledgement.	N/A
Document Action Code	A code that indicates the action for the document.	4-6	3	A/N	R	Valid Values: "ORG" – Original. The value input by the state, tribe, or territory in the 'Order/Notice'. "AMD" – Amended. The value input by the state, tribe, or territory in the 'Order/Notice'. "TRM" – Termination. The value input by the state, tribe, or territory in the 'Order/Notice'. "LUM" – Lump Sum. The value input by the state, tribe, or territory in the 'Order/Notice'. "EMP" – Employer. Action initiated by the employer.	1b
Case Identifier	A case identifier is a value assigned by a state to uniquely identify each IV-D case in the state.	7-21	15	A/N	R	Must be the IV-D Case ID submitted for all external FPLS sources, FCR, etc.	1g, 3c, 21-1
EIN Text	The Employer/ Withholder's FEIN.	22-30	9	N	R		2d
Employee Last Name	The Obligor's Last Name.	31-50	20	A/N	R	Letters A-Z or spaces. No special characters or imbedded spaces. Hyphens and apostrophes are allowed. At least the first character must be filled. Cannot be all spaces or blanks.	3a
Employee First Name	The Obligor's First Name.	51-65	15	A/N	R	Letters A-Z or spaces. No special characters or imbedded spaces. Hyphens and apostrophes are allowed. At least the first character must be filled.	3a-1
Employee Middle Name	The Obligor's Middle Name or Initial.	66-80	15	A/N	O	Letters A-Z or spaces. No special characters or imbedded spaces. Hyphens and apostrophes are allowed.	3a-2
Employee Name Suffix	The Obligor's Name Suffix.	81-84	4	A/N	O		3a-3
Employee SSN	The Obligor's Social Security Number.	85-93	9	A/N	R		3b

Data Element Name	Definition	Location	Len	Type	Required/ Optional	Data Element Rules	Form XRef
Document Tracking Number	An identifier assigned by the entity sending the document that uniquely identifies the document.	94-123	30	A/N	O	First 2 digits must begin with numeric FIPS State Code.	N/A
Order Identifier	A unique identifier that is associated with a specific child support obligation within a case.	124-153	30	A/N	O		N/A
Record Disposition Status Code	Indicates whether a record was accepted or rejected by the employer.	154-155	2	A/N	R	Valid Values: "A" – Record Accepted. "R" – Record Rejected. "T" – Record Terminated. "L" – Lump Sum Notification.	N/A
Rejected Reason Code	Reason that an employer rejected an e-IWO record was rejected by an employer.	156-158	3	A/N	CR	Valid Values: "N" – NCP no longer at the employer. "U" – NCP unknown to employer. "D" – Duplicate IWO. "Z" – No current IWO in place for Termination. "O" – Other Reason. Required if the value in "Record Disposition Status Code" equals "R".	N/A
Filler		159-159	1	A/N	O		N/A
Termination Date	Date that an employee left or was terminated by an employer.	160-167	8	N	O	Format – CCYYMMDD	N/A
NCP Last Known Address Line 1 Text	Line 1 of the NCP's last known Address.	168-192	25	A/N	O		N/A
NCP Last Known Address Line 2 Text	Line 2 of the NCP's last known Address.	193-217	25	A/N	O		N/A
NCP Last Known Address City Name	NCP's last known City Address.	218-239	22	A/N	O		N/A
NCP Last Known Address State Code	NCP's last known State Code.	240-241	2	A	O	Valid 2 alpha State Code.	N/A
NCP Last Known Address Zip Code	NCP's last known Address five digit Zip Code.	242-246	5	N	O		N/A
NCP Last Known Address Ext Zip Code	NCP's last known four character Zip Code.	247-250	4	A/N	O		N/A

Data Element Name	Definition	Location	Len	Type	Required/ Optional	Data Element Rules	Form XRef
Final Payment Made Date	Date of the Final payment sent to the SDU.	251-258	8	N	O	Format – CCYYMMDD	N/A
Final Payment Amount	Amount of the Final payment sent to the SDU.	259-269	11	N	CR	Numeric Decimal assumed Unsigned No Rounding Right Justify Zero Fill to Left Zero Fill if N/A Required if an employee has been terminated or left his/her employer.	N/A
New Employer Name	Name of NCP's new employer.	270-326	57	A/N	O		N/A
New Employer Address Line 1 Text	Line 1 of New Employer's Address.	327-351	25	A/N	O		N/A
New Employer Address Line 2 Text	Line 2 of New Employer's Address.	352-376	25	A/N	O		N/A
New Employer City Name	New Employer's City Address.	377-398	22	A/N	O		N/A
New Employer State Code	New Employer's State Code.	399-400	2	A	O	Valid 2 alpha State Code.	N/A
New Employer Address Zip Code	New Employer's five character Zip Code.	401-405	5	N	O		N/A
New Employer Address Ext Zip Code	New Employer's four character Zip Code.	406-409	4	A/N	O		N/A
Payment Lump Sum Date	The date an employer anticipates that a Lump Sum payment will be disbursed.	410-417	8	N	O	Format – CCYYMMDD	6
Payment Lump Sum Amount	The amount an employer intends to issue as a Lump Sum payment.	418-428	11	N	O	Numeric Decimal assumed Unsigned No Rounding Right Justify Zero Fill to Left Zero Fill if N/A	6

Data Element Name	Definition	Location	Len	Type	Required/ Optional	Data Element Rules	Form XRef
Payment Lump Sum Type Text	The type of Lump Sum payment that will be disbursed to an employee (ie. Bonus, severance, commission, etc).	429-463	35	A/N	O	Letters A-Z or spaces. No special characters or imbedded spaces. Hyphens and apostrophes are allowed.	6
Filler	Future Use.	464-485	22	A/N	O		N/A

Appendix I

eIWO Acknowledgement Trailer Record Specification

Field Name	Location	Length	Type	Required/Optional	Comments
Trailer Document Code	1-3	3	A	R	Valid Value: "TRL" – Trailer
Record Identifier	4-7	4	A/N	R	Valid Value: "EIWO" – Electronic Income Withholding Order.
Record Count	8-13	6	N	R	Number of e-IWO Records in this file.
Filler	14-485	472	N	O	Future Use.

DEFENSE FINANCE AND ACCOUNTING SERVICE
CLEVELAND CENTER
GARNISHMENT OPERATIONS
PO BOX 998002
CLEVELAND, OH 44199-8002

(DFAS-GAG/CL)

Month DD, YYYY

LAST NAME, FIRST NAME

1234

FIRST NAME LAST NAME
EMPLOYEE ADDRESS
CITY ST 12345

Dear FIRST NAME LAST NAME:

This Center has been served with an income withholding order for the collection of attorney fees from the (NAME OF COURT OR SUPPORT ENFORCEMENT AGENCY, CITY, STATE). Pursuant to Title 42 United States Code Section 659, we have authorized a deduction from your pay to comply with the order.

Payments of ($AMOUNT or DISPOSABLE percent) not to exceed (NTE%) percent of your disposable earnings will be remitted to (PAYEE NAME AND ADDRESS) for case number (CASE NUMBER). Payments will continue (UNTIL THE FULL AMOUNT HAS BEEN COLLECTED or UNTIL THE PAY PERIOD PRIOR TO MMDDYY or THROUGH THE PAY PEROD ENDING MMDDYY).

If you have any questions regarding this order, we suggest you contact your attorney or applicable support enforcement agency or court. If you do not already have a copy of this order from the court or support enforcement agency and you desire a copy, you must request one within 30 days from the date of this letter by contacting us through the DFAS WEB page www.dod.mil/dfas. We will mail a copy of the requested order within 2 business days of your request. Please note that we cannot respond to any inquiries without your social security number.

Sincerely,

[User Name]
[User Title]

Appendix K
eIWO Data Element Name to DFAS Table Name Conversion

Data Element Name	EIWO_TRANS field
Document Code	EIWO_DOCU_CD
Document Title Code	EIWO_DOCU_TITLE_CD
Document Action Code	EIWO_DOCU_ACTION_CD
Document Date	EIWO_DOCU_DATE
Issuing State-Tribe-Territory Name	EIWO_ISS_ST_TRIBE_TERR_NAME
Issuing Jurisdiction Name	EIWO_ISS_JURIS_NAME
Case Identifier	EIWO_CASE_IDENT
Employer Name	EIWO_EMPLR_NAME
Employer Address Line 1 Text	EIWO_EMPLR_ADDR_LN1
Employer Address Line 2 Text	EIWO_EMPLR_ADDR_LN2
Employer Address City Name	EIWO_EMPLR_CITY
Employer Address State Code	EIWO_EMPLR_ST_CD
Employer Address Zip Code	EIWO_EMPLR_ZIP_CD
Employer Address Ext Zip Code	EIWO_EMPLR_EXT_ZIP_CD
EIN Text	EIWO_EIN_TXT
Employee Last Name	EIWO_EMPLE_LNAME
Employee First Name	EIWO_EMPLE_FNAME
Employee Middle Name	EIWO_EMPLE_MNAME
Employee Suffix	EIWO_EMPLE_SFX
Employee SSN	EIWO_EMPLE_SSN
Employee Birth Date	EIWO_EMPLE_DOB
Obligee Last Name	EIWO_OBLIGE_LNAME
Obligee First Name	EIWO_OBLIGE_FNAME
Obligee Middle Name	EIWO_OBLIGE_MNAME
Obligee Name Suffix	EIWO_OBLIGE_SFX
Issuing Tribunal Name	EIWO_ISS_TRIBUNAL_NAME
Support Current Child Amount	EIWO_SUPP_CURR_CHILD_AMT
Support Current Child Frequency Code	EIWO_SUPP_CURR_CHILD_FRQ_CD
Support Past Due Child Amount	EIWO_SUPP_PAST_DUE_CHILD_AMT
Support Past Due Child Frequency Code	EIWO_SUPP_PAST_DUE_CHILD_FRQ_CD
Support Current Medical Amount	EIWO_SUPP_CURR_MED_AMT
Support Current Medical Frequency Code	EIWO_SUPP_CURR_MED_FRQ_CD
Support Past Due Medical Amount	EIWO_SUPP_PAST_DUE_MED_AMT
Support Past Due Medical Frequency Code	EIWO_SUPP_PAST_DUE_MED_FRQ_CD
Support Current Spousal Amount	EIWO_SUPP_CURR_SPS_AMT
Support Current Spousal Frequency Code	EIWO_SUPP_CURR_SPS_FRQ_CD
Support Past Due Spousal Amount	EIWO_SUPP_PAST_DUE_SPS_AMT
Support Past Due Spousal Frequency Code	EIWO_SUPP_PAST_DUE_SPS_FRQ_CD
Obligation Other Amount	EIWO_ OTHER_AMT
Obligation Other Frequency Code	EIWO_ OTHER_FRQ_CD
Obligation Other Description Text	EIWO_OTHER_DESC_TXT
Obligation Total Amount	EIWO_TOTAL_AMT
Obligation Total Frequency Code	EIWO_TOTAL_FRQ_CD
Arrears 12wk Overdue Code	EIWO_ARREARS_12WK_OVERDUE_CD
Income Withholding Deduction Weekly Amount	EIWO_WAGE_WHLD_DED_WKLY_AMT
Income Withholding Deduction Bi-Weekly Amount	EIWO_WAGE_WHLD_DED_BIWKLY_AMT
Income Withholding Semimonthly Amount	EIWO_WAGE_WHLD_SEMIMTHLY_AMT
Income Withholding Monthly Amount	EIWO_WAGE_WHLD_MTHLY_AMT
Employment Place Name	EIWO_EMPLMT_PLACE_NAME
Begin Withholding Within Days Number	EIWO_BEG_WHLD_W_IN_DAYS_NBR
Income Withholding Start Date	EIWO_WAGE_WHLD_START_DATE
Send Payment Within Days Number	EIWO_SEND_PAYMT_W_IN_DAYS_NBR
Income Withholding CCPA Percent Rate	EIWO_WAGE_WITHLD_CCPA_PCT_RATE
Payee Name	EIWO_PAYEE_NAME
Payee Address Line 1 Text	EIWO_ PAYEE_ADDR_LN1_TXT
Payee Address Line 2 Text	EIWO_ PAYEE_ADDR_LN2_TXT
Payee Address City Name	EIWO_ PAYEE_CITY

Appendix K
eIWO Data Element Name to DFAS Table Name Conversion

Data Element Name	EIWO_TRANS field
Payee Address State Code	EIWO_ PAYEE_STATE_CD
Payee Address Zip Code	EIWO_ PAYEE_ZIP_CD
Payee Address Ext Zip Code	EIWO_ PAYEE_EXT_ZIP_CD
Payee Remittance FIPS Code	EIWO_ PAYEE_REMIT_FIPS_CD
Government Official Name	EIWO_GOVT_OFFCL_NAME
Issuing Official Title Text	EIWO_ISS_OFFCL_TITLE
Government Issuing Type Code	EIWO_GOVT_ISSUING_TYPE_CD
Send Employee Copy Indicator	EIWO_SEND_EMPLE_COPY_IND
Penalty Liability Info Text	EIWO_PENALTY_LIAB_INFO_TXT
Anti discrimination Provisions Text	EIWO_ANTI_DISCR_PROV_TXT
Specific Payee Withholding Limits Text	EIWO_SPEC_PAYEE_WITHLD_LIM_TXT
Employee State Contact Name	EIWO_EMPLE_ ST_POC_NAME
Employee State Contact Phone Number	EIWO_ EMPLE_ ST_POC_NBR
Employee State Contact Fax Number	EIWO_ EMPLE_ ST_POC_FAX_NBR
Employee State Contact Email Address Text	EIWO_ EMPLE_ ST_POC_EMAIL
Document Tracking Number	EIWO_DOCU_TRACKING_NBR
Order Identifier	EIWO_ORDER_IDENT
Employer State Contact Name	EIWO_ EMPLR_ST_POC_NAME
Employer State Contact Address Line 1 Text	EIWO_ EMPLR_ ST_POC_ADDR_LN1_TXT
Employer State Contact Address Line 2 Text	EIWO_ EMPLR_ ST_POC_ADDR_LN2_TXT
Employer State Contact Address City Name	EIWO_ EMPLR_ ST_POC_CITY
Employer State Contact Address State Code	EIWO_ EMPLR_ ST_POC_ST_CD
Employer State Contact Address Zip Code	EIWO_ EMPLR_ ST_POC_ZIP
Employer State Contact Address Ext Zip Code	EIWO_ EMPLR_ ST_POC_EXT_ZIP
Employer State Contact Phone Number	EIWO_ EMPLR_ ST_POC_PH_NBR
Employer State Contact Fax Number	EIWO_ EMPLR_ ST_POC_FAX_NBR
Employer State Contact Email Address Text	EIWO_ EMPLR_ ST_POC_EMAIL
Child1 Last Name	EIWO_CHILD1_LNAME
Child1 First Name	EIWO_CHILD1_FNAME
Child1 Middle Name	EIWO_CHILD1_MNAME
Child1 Name Suffix	EIWO_CHILD1_SFX
Child1 Birth Date	EIWO_CHILD1_DOB
Child2 Last Name	EIWO_CHILD2_LNAME
Child2 First Name	EIWO_CHILD2_FNAME
Child2 Middle Name	EIWO_CHILD2_MNAME
Child2 Name Suffix	EIWO_CHILD2_SFX
Child2 Birth Date	EIWO_CHILD2_DOB
Child3 Last Name	EIWO_CHILD3_LNAME
Child3 First Name	EIWO_CHILD3_FNAME
Child3 Middle Name	EIWO_CHILD3_MNAME
Child3 Name Suffix	EIWO_CHILD3_SFX
Child3 Birth Date	EIWO_CHILD3_DOB
Child4 Last Name	EIWO_CHILD4_LNAME
Child4 First Name	EIWO_CHILD4_FNAME
Child4 Middle Name	EIWO_CHILD4_MNAME
Child4 Name Suffix	EIWO_CHILD4_SFX
Child4 Birth Date	EIWO_CHILD4_DOB
Child5 Last Name	EIWO_CHILD5_LNAME
Child5 First Name	EIWO_CHILD5_FNAME
Child5 Middle Name	EIWO_CHILD5_MNAME
Child5 Name Suffix	EIWO_CHILD5_SFX
Child5 Birth Date	EIWO_CHILD5_DOB
Child6 Last Name	EIWO_CHILD6_LNAME
Child6 First Name	EIWO_CHILD6_FNAME
Child6 Middle Name	EIWO_CHILD6_MNAME
Child6 Name Suffix	EIWO_CHILD6_SFX
Child6 Birth Date	EIWO_CHILD6_DOB

EIWO_DOCU_TITLE_CD

☒ **ORDER/NOTICE TO WITHHOLD INCOME FOR CHILD SUPPORT**
☐ **NOTICE OF AN ORDER TO WITHHOLD INCOME FOR CHILD SUPPORT**

EIWO_DOCU_ACTION_CD

☐ Original ☐ Amended ☐ Termination Date: EIWO_DOCU_DATE
 State/Tribe/Territory EIWO_ISS_ST_TRIBE_TERR_NAME
 City/Co./Dist./Reservation EIWO_ISS_JURIS_NAME
 Non-governmental entity or Individual
Case Number EIWO_CASE_IDENT

EIWO_EMPLR_NAME
Employer's/Withholder's Name

EIWO_EMPLE_LNAME, EIWO_EMPLE_FNAME, EIWO_EMPLE_MNAME EIWO_EMPLE_SFX
Employee's/Obligor's Name (Last, First, MI)

EIWO_EMPLR_ADDR_LN1
Employer's/Withholder's Address

EIWO_EMPLE_SSN
Employee's/Obligor's Social Security Number

EIWO_EMPLR_ADDR_LN2

EIWO_EMPLR_CITY, EIWO_EMPLR_ST_CD EIWO_EMPLR_ZIP_CD - EIWO_EMPLR_EXT_ZIP_CD

EIWO_CASE_IDENT
Employee's/Obligor's Case Identifier

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

EIWO_OBLIGE_LNAME, EIWO_OBLIGE_FNAME, EIWO_OBLIGE_MNAME EIWO_OBLIGE_SFX
Obligee's Name (Last, First, MI)

ORDER INFORMATION*: This document is based on the support or
withholding order from EIWO_ISS_TRIBUNAL_NAME .
You are required by law to deduct these amounts from the employee's/obligor's income until further notice.
$EIWO_SUPP_CURR_CHILD_AMT Per EIWO_SUPP_CURR_CHILD_FRQ_CD current child support

EIWO_ARREARS_12WK_OVERDUE_CD
$EIWO_SUPP_PAST_DUE_CHILD_AMT PerEIWO_SUPP_PAST_DUE_CHILD_FRQ_CDpast-due child support - Arrears greater than12 weeks?☐ yes☐ no
$EIWO_SUPP_CURR_MED_AMT Per EIWO_SUPP_CURR_MED_FRQ_CD current cash medical support
$EIWO_SUPP_PAST_DUE_MED_AMT Per EIWO_SUPP_PAST_DUE_MED_FRQ_CDpast-due cash medical support
$EIWO_SUPP_CURR_SPS_AMT Per EIWO_SUPP_CURR_SPS_FRQ_CD spousal support
$EIWO_SUPP_PAST_DUE_SPS_AMT Per EIWO_SUPP_PAST_DUE_SPS_FRQ_CD past-due spousal support
$EIWO_OTHER_AMT Per EIWO_OTHER_FRQ_CD other (specify) EIWO_OTHER_DESC_TXT
for a total of $EIWO_TOTAL_AMT per EIWO_TOTAL_FRQ_CD 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, withhold one of the following amounts:
$EIWO_WAGE_WHLD_DED_WKLY_AMTper weekly pay period. $EIWO_WAGE_WHLD_SEMIMNTHLY_AMT per semimonthly pay period (twice a month).
$ per biweekly pay period (every two weeks). $EIWO_WAGE_WHLD_MNTHLY_AMT per monthly pay period.
EIWO_WAGE_WHLD_DED_BIWKLY_AMT

REMITTANCE INFORMATION*: When remitting payment, provide the pay date/date of withholding and the case identifier. If
the employee's/obligor's principal place of employment is EIWO_EMPLMT_PLACE_NAME ,
begin withholding no later than the first pay period occurringEIWO_BEG_WHLD_W_IN_DAYS_NBRdays after the date of EIWO_WAGE_WHLD_START_DATE .
Send payment withinEIWO_SEND_PAYMT_W_IN_DAYS_NBR working days of the pay date/date of withholding. The total withheld amount, including
your fee, may not exceedEIWO_WAGE_WHLD_CCPA_PCT_RATE% of the employee's/obligor's aggregate disposable weekly earnings.

If the employee's/obligor's principal place of employment is not EIWO_EMPLMT_PLACE_NAME , for
limitations on withholding, applicable time requirements, and any allowable employer fees, follow the laws and procedures of
the employee's/obligor's principal place of employment (see #3 and #9, ADDITIONAL INFORMATION TO EMPLOYERS
AND OTHER WITHHOLDERS).

Make check payable to: EIWO_PAYEE_NAME EIWO_CASE_IDENT
Send check to: EIWO_PAYEE_ADDR_LN1_TXT EIWO_PAYEE_ADDR_LN2_TXT EIWO_PAYEE_CITY EIWO_PAYEE_STATE_CD EIWO_PAYEE_ZIP_CD - EIWO_PAYEE_EXT_ZIP_CD .
If remitting payment by EFT/EDI, call before first submission. Use this FIPS code:EIWO_PAYEE_REMIT_FIPS_CD :
Bank routing number: Bank account number: .

Order/Notice to Withhold or Notice of an Order to Withhold Information:

Print Name EIWO_GOVT_OFFCL_NAME

Title EIWO_ISS_OFFCL_TITLE

Correspondence EIWO_EMPLR_ST_POC_NAME

Address EIWO_EMPLR_ST_POC_ADDR_LN1_TXT

EIWO_EMPLR_ST_POC_ADDR_LN2_TXT

EIWO_GOVT_ISSUING_TYPE_CD EIWO_EMPLR_ST_POC_CITY, EIWO_EMPLR_ST_POC_ST_CD EIWO_EMPLR_ST_POC_ZIP - EIWO_EMPLR_ST_POC_EXT_ZIP

☒IV-D Agency ☐ Court ☐Attorney ☐Individual ☐ Private Entity
☐Attorney with authority under state law to issue order/notice.

Appendix L
DFAS eIWO Image with Table Name References

NOTE: Non-IV-D Attorneys, individuals, and non-governmental entities must submit a Notice of an Order to Withhold and include a copy of the income withholding order unless, under a state's law, an attorney in that state may issue an income withholding order. In that case, the attorney may submit an Order/Notice to Withhold and include a copy of the state law authorizing the attorney to issue an income withholding order/notice.

ADDITIONAL INFORMATION TO EMPLOYERS AND OTHER WITHHOLDERS

EIWO_SEND_EMPLE_COPY_IND

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

1. **Priority:** Withholding under this Order or Notice 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. (See 10 below.)

2. **Combining Payments:** You may 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.

3. **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 and forward the support payments.

4. **Employee/Obligor with Multiple Support Withholdings:** If there is more than one Order or Notice against this employee/obligor and you are unable to honor all support Orders or Notices due to federal, state, or tribal withholding limits, you must follow the state or tribal law/procedure of the employee's/obligor's principal place of employment. You must honor all Orders or Notices to the greatest extent possible. (See 9 below.)

5. **Termination Notification:** You must promptly notify the Child Support Enforcement (IV-D) Agency and/or the contact person listed below when the employee/obligor no longer works for you. Please provide the information requested and return a complete copy of this Order or Notice to the Child Support Enforcement (IV-D) Agency and/or the contact person listed below. (See 10 below.)

   THE EMPLOYEE/OBLIGOR NO LONGER WORKS FOR:_____
   EMPLOYEE'S/OBLIGOR'S NAME: _____ CASE IDENTIFIER:_____
   DATE OF SEPARATION FROM EMPLOYMENT: _____
   LAST KNOWN HOME ADDRESS: _____
   NEW EMPLOYER/ADDRESS: _____

6. **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 Child Support Enforcement (IV-D) Agency.

7. **Liability:** If you have any doubts about the validity of the Order or Notice, contact the agency or person listed below under 10. If you fail to withhold income as the Order or 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 or tribal law/procedure.

EIWO_PENALTY_LIAB_INFO_TXT

8. 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 any employee/obligor because of a child support withholding.

    EIWO_ANTI_DISCR_PROV_TXT

9. **Withholding Limits:** 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'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, statutory pension contributions, and Medicare taxes. The Federal CCPA limit is 50% of the ADWE for child support and alimony, which is increased by 1) 10% if the employee does not support a second family; and/or 2) 5% if arrears greater than 12 weeks.
    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 amounts allowed under the law of the state that issued the order.

    EIWO_SPEC_PAYEE_WITHLD_LIM_TXT

    Child(ren)'s Names and Additional Information:

    EIWO_CHILD1_LNAME, EIWO_CHILD1_FNAME EIWO_CHILD1_MNAME EIWO_CHILD1_SFX   EIWO_CHILD1_DOB
    EIWO_CHILD2_LNAME, EIWO_CHILD2_FNAME EIWO_CHILD2_MNAME EIWO_CHILD2_SFX   EIWO_CHILD2_DOB
    EIWO_CHILD3_LNAME, EIWO_CHILD3_FNAME EIWO_CHILD3_MNAME EIWO_CHILD3_SFX   EIWO_CHILD3_DOB
    EIWO_CHILD4_LNAME, EIWO_CHILD4_FNAME EIWO_CHILD4_MNAME EIWO_CHILD4_SFX   EIWO_CHILD4_DOB
    EIWO_CHILD5_LNAME, EIWO_CHILD5_FNAME EIWO_CHILD5_MNAME EIWO_CHILD5_SFX   EIWO_CHILD5_DOB
    EIWO_CHILD6_LNAME, EIWO_CHILD6_FNAME EIWO_CHILD6_MNAME EIWO_CHILD6_SFX   EIWO_CHILD6_DOB

    Employee Date of Birth: EIWO_EMPLE_DOB
    Document Tracking Number: EIWO_DOCU_TRACKING_NBR
    Order Identifier: EIWO_ORDER_IDENT

10. If you or your employee/obligor have any questions, contact EIWO_EMPLE_ST_POC_NAME
    by telephone at EIWO_EMPLE_ST_POC_NBR by Fax at EIWO_EMPLE_ST_POC_FAX_NBR
    or by internet at EIWO_EMPLE_ST_POC_EMAIL .

Appendix M
List of Document Updates

Version	Release Date	Page	Updated Section	Reason for Change
1.1	04/19/2005		Initial Release.	
1.2	05/04/2005		Appendix D	Added 'No imbedded spaces' to Data Element Rules for **Middle Name** fields. Removed Form XRef for **Document Tracking Numbe**r and **Order Identifier.**
1.3	05/12/2005	p. 12	Acknowledgement Record Business Rules	Added clarifications to **Record Disposition Status Code, Rejected Reason Code, Termination Notification Code, and Last Payment Made Date and Amount.**
1.4	05/27/2005	p. 12	Acknowledgement Record Business Rules	**Last Payment Made Date** is changed to **Final Payment Made Date.**
		p. 12, 13	Acknowledgement Record Requirements Appendix H	**Last Payment Amount** is changed to **Final Payment Amount.**
1.5	06/21/2005		Appendix D Appendix H	**Employee SSN** type is changed to A/N.
1.6	08/10/2005	p. 6	Detail Record Business Rules	Added clarifications to **Document Action Code** values of "ORG", "AMD", and "TRM".
2.0	03/03/2006		Entire Document	Updated based on 10/12/2005 OCSE issued Record Layouts including Lump Sum. Acknowledgement processing, DFAS FEIN, and Notification to NCP sections were added.
2.1	03/13/2006	p. 16	DFAS FEIN	Added clarifications to Civilian FEIN.
2.2	04/04/2006	p. 5-15	Business Rules and Requirements	Reformatted outline numbering for Business Rules and Requirements.
		p. 6	Detail Record Business Rules	Removed Business Rule #3 which contradicted the Detail Record Layout.
		p. 8	Detail Record Requirements	Added Requirement 2.2.9.
		p. 11	Receipt Record Business Rules	Removed Business Rule #1 and added **Record Control Number** field to Business Rule 4.1.2.
3.0	04/19/2006		Entire Document	Updated based on 04/14/2005 OCSE issued Record Layouts.

Appendix M
List of Document Updates

Version	Release Date	Page	Updated Section	Reason for Change
3.1	06/05/2006	p. 8	Detail Record Requirements	Fixed outline numbering for 2.2.13.
		p. 12	Acknowledgement Records	Clarified introduction.
			Acknowledgement Record Business Rules	Updated all Business Rules.
		p. 14	Acknowledgement Record Requirements	Modified 6.2.7. -Removed Written Inquires (c) from Reject Acknowledgement process. -Changed PLFS Reject (c) and Non Match SSN (d) from **Reject Reason Code** 'O' to 'U'.
		p. 16	DFAS FEIN	Added FEIN for Environment Protection Agency (EPA).
			Appendices C-I	All Date Types were changed to Numeric.
3.2		p. 12	Acknowledgement Header Record Business Rules	Modified 5.2.5. Added 5.2.7.
		p. 16	DFAS FEIN	Added Department of Veterans Affairs - Austin Office.
		p. 20	Notification to the NCP	Clarified 3rd paragraph.