

The Order/Notice to Withhold Income for Child Support is a standardized form used for income withholding in intrastate and interstate cases. The following are instructions to complete the Order/Notice to Withhold Income for Child Support. When completing the form, please include the following information. The person or agency completing this form may cross out the word "Order" or "Notice" if that term is inappropriate under the law of the issuing state.

- 1a. Name of your State or territory.
- 1b. Name of your jurisdiction.
- 1c. Identifying number used by the court/agency issuing this Order/Notice, if appropriate.
- 1d. Check the appropriate case status of the Order/Notice to Withhold.
  
- 2a. Employer's/Withholder's name.
- 2b-c. Employer's/Withholder's mailing address, city, and state. (This may differ from the Employee/Obligor work site.)
- 2d. Employer/Withholder's nine-digit Federal employer identification numbers (if available). Include three-digit location code.
  
- 3a. Employee/Obligor's last name, first name, and middle initial.
- 3b. Employee/Obligor's Social Security Number (if known).
- 3c. Case identifier (or other identifier) used for recording the payment. (May be the same as #1c.)
- 3d. Custodial Parent's last name, first name, and middle initial (if known).
  
4. Child(ren)'s name(s) and date(s) of birth listed in the support order.
  
5. Check if the child support order requires enrollment of the child(ren) in any health insurance coverage available to the employee's/obligor's employment. The space on the form is provided for your instructions to the employer, i.e. "see attached medical support form."

**ORDER INFORMATION:**

6. Court or case number of underlying support order.
  
7. Name of State that issued the underlying child support order.
  
- 8a. Dollar amount to be withheld for payment of current child support.
- 8b. Time period that corresponds to the amount in #8a (such as month, week, etc.).
  
- 9a. Dollar amount to be withheld for payment of past-due child support under your State law.
- 9b. Time period that corresponds to the amount in #9a (such as month, week, etc.).
  
- 10a. Dollar amount to be withheld for payment of medical support, as appropriate, based on the underlying order.
- 10b. Time period that corresponds to the amount in #10a (such as month, week, etc.).

## **Instructions to complete the Order/Notice to Withhold Income for Child Support - continued**

- 11a. Dollar amount to be withheld for payment of past-due medical support, if appropriate, based on the underlying order.
- 11b. Time period that corresponds to the amount in #11a (such as month, week, etc.).
- 12a. Dollar amount to be withheld for payment of spousal support (alimony), if appropriate based on the underlying order.
- 12b. Time period that corresponds to the amount in 12a (such as month, week, etc.).
- 13a-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 #13a (e.g., month), and describe the miscellaneous obligation.
- 14a. Total of #8a, #9a, #10a, #11a, 12a, and # 13a.
- 14b. Time period that corresponds to the amount in #14a (e.g., month).
- 15. Check this box if arrears are 12 weeks or greater.
- 16a. Amount an employer should withhold if the employee is paid weekly.
- 16b. Amount an employer should withhold if the employee is paid every two weeks.
- 16c. Amount an employer should withhold if the employee is paid twice a month.
- 16d. Amount an employer should withhold if the employee once a month.

### **REMITTANCE INFORMATION:**

- 17. State in which this Order/Notice is issued.
- 18. Number of days in which the withholding must begin pursuant to the issuing State's law.
- 19. Number of working days an employer or other payor of income must remit amounts withheld pursuant to the issuing State's law.
- 20. Maximum percentage that can be withheld based on the applicable withholding limit of the issuing State. If you add the additional 5 percentage points allowed under the Federal Consumer Credit Protection Act to the percentage entered for #20 (i.e., 65%; or 60% instead of 55% or 50% if the obligor supports a second family), check #15 on the Order/Notice to indicate the support is 12 weeks or more in arrears.
- 21a. The agency's number for representative to provide EFT/EDI instructions.
- 21b. Complete only for EFT/EDI transmission. Federal Information Process Standard (FIPS) code for transmitting payments through EFT/EDI. The FIPS code is five characters that identify the State and county. It is seven characters when it identifies the State, county, and a location within the county. It is necessary for centralized collections.
- 21c. Complete only for EFT/EDI transmission. Receiving agency's bank routing number.

## **Instructions to complete the Order/Notice to Withhold Income for Child Support - continued**

- 21d. Complete only for EFT/EDI transmission. Receiving agency's bank account number.

22. Name of the person or collection unit specified by the tribunal/court or IV-D agency to which payments are to be made. The case identifier used to record payment (may be the same as 3c).
23. Street address, City, and State of person or collection unit identified in #23. This information is shared with the obligor. If you have a confidential address, please contact your IV-D agency.
- 24a. Signature of official(s) authorizing this Order/Notice. This line may be optional if this Order/Notice is authorized by a IV-D agency, and a signature is not required by State law.
- 24b. Date of signature.
- 25a. Print name of the official(s) authorizing this Order/Notice.
- 25b. Date of signature (must be same date as 24b).
26. Check the box if the employer is to provide a copy of the Order/Notice to the employee.
27. Penalty and/or citation for an employer who fails to comply with the Order/Notice. Your State law governs unless the obligor is employed in another State, in which case the law of the State in which he or she is employed governs.
28. Penalty and/or citation for an employer who discharges, refuses to employ, or disciplines an employee/obligor as a result of the Order/Notice. Your State law governs unless the obligor is employed in another State, in which case the law of the State in which he or she is employed governs.
29. Use this space to provide the employer with additional information.
30. Name and address of the agency or court requesting the income withholding.
- 31a. Name of the child support enforcement agency's contact person or party whom an employer and/or employee/obligor may call for information regarding the Order/Notice.
- 31b. Telephone number of the contact person who an employer may call for information regarding the Order/Notice.
- 31c. Facsimile number for the person whose name appears in #31a.
- 31d. Internet address for the person whose name appears in 31a.

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

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

### **Instructions to complete the Order/Notice to Withhold Income for Child Support - continued**

- 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 income 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 303.7 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.