

WITHHOLDING ORDER FOR SUPPORT

JD-FM-1 Rev. 10-99
C.G.S. § 52-362
P.A. 99-193 §§ 5.6

STATE OF CONNECTICUT SUPERIOR COURT

INSTRUCTIONS TO PREPARERS (Other than Support Enforcement Officer)



1. Complete Parts I and III, and make 2 copies. File original and 1 copy with the clerk; retain remaining copy for your records.
2. If withholding order issues immediately against a nonappearing obligor, complete Form JD-FM-70, Notice to Nonappearing Obligor.

PART I	JUDICIAL DISTRICT OF	"X" ONE OR BOTH <input type="checkbox"/> NEW ORDER <input type="checkbox"/> STIPULATION	DOCKET NO.
	ADDRESS OF COURT (No., street, town and zip code)		
	NAME OF OBLIGOR	ADDRESS OF OBLIGOR (No., street, town, state and zip code)	
	MAKE CHECK PAYABLE TO (Place obligor's social security number on check and other payment remittance.) State of Connecticut IV-D Agency		OBLIGOR'S SOCIAL SECURITY NO.
	MAIL CHECK TO Fleet Bank - CSPPU, P.O. Box 30225, Hartford, Connecticut 06150-0225		
	NAME OF PERSON PREPARING THIS FORM	ADDRESS OF PREPARER	TELEPHONE NO.

PART I	PREPARER TO COMPLETE SECTION A AND IF THERE IS AN ARREARAGE COMPLETE B OR C ("X" applicable boxes)	SUPPORT/WEEK \$
	<input type="checkbox"/> A. The Court ordered current support at: (NOTE: Withholding for current support shall continue after any arrearage has been paid in full.)	ARREARAGE PYMT/WEEK \$
	<input type="checkbox"/> B. The Court ordered weekly payments on arrearage to be taken by way of a withholding at: → until the total arrearage of \$ _____ owed as of (date) _____ is paid in full.	ARREARAGE PYMT/WEEK \$
	<input type="checkbox"/> C. The Court did not order a specific payment on arrearage, therefore should be deducted until the total arrearage of \$ _____ owed as of (date) _____ is paid in full. This amount is computed in accordance with the child support guidelines established under C.G.S. § 46b-215a.	ARREARAGE PYMT/WEEK \$
	TOTAL WITHHOLDING ORDER →	TOTAL/WEEK \$

PART II	TO ANY PROPER OFFICER: You are hereby ordered to make due service of this withholding order on the payer of income to the above-named obligor according to law.
	TO PAYER OF INCOME: You are hereby ordered to deduct from the income due said obligor and to make payable as prescribed above, the amount you must calculate on reverse/page 2. You are further ordered to comply with the requirements of Part IV of this order "Notice to Payer of Income of Withholding Order".
	DATE OF COURT ORDER NAME OF JUDGE, FAMILY SUPPORT MAGISTRATE
SIGNED (Judge, Family Support Magistrate, Asst Clerk, SEO, Authorized DSS Personnel) DATE SIGNED	

PART III	SUPPORT CATEGORY (Preparer to place an "X" in the appropriate box below)
	<input type="checkbox"/> A. Obligor is supporting a spouse or dependent child other than the spouse or child with respect to whose support the order is issued.
	<input type="checkbox"/> B. Obligor is not supporting a spouse or dependent child other than the spouse or child with respect to whose support the order is issued.
	<input type="checkbox"/> C. Obligor is supporting a spouse or dependent child other than the spouse or child with respect to whose support the order is issued AND there is an arrearage of 12 weeks or greater in length.
	<input type="checkbox"/> D. Obligor is not supporting a spouse or dependent child other than the spouse or child with respect to whose support the order is issued AND there is an arrearage of 12 weeks or greater in length.

PART IV NOTICE TO PAYER OF INCOME OF WITHHOLDING ORDER

You are being served with a withholding order, a court order requiring you to withhold nonexempt income from the above-named obligor. This notice is to inform you of the actions you must take in order to comply with the law regarding withholding orders. Please read each section carefully.

WITHHOLDING ORDER EFFECTIVE IMMEDIATELY -
Commencing no later than the first pay period, or the date of periodic payment, that occurs after fourteen days following the date of service of this withholding order and thereafter within seven business days of the date the obligor is paid you must pay the sums withheld to the state disbursement unit which is set forth in the box "Make Check Payable To" above. Place obligor's social security number on check and other payment remittance.

If this withholding order is payable on behalf of a dependent in a IV-D support case, as defined in subdivision (b) of C.G.S. § 46b-231, as amended by P.A. 99-193, you must specify the dates on which each withholding occurred and the amount withheld on those dates for the above-named obligor. You may combine all withheld amounts into a single payment to the state disbursement unit with the portion thereof which is attributable to each individual obligor being separately designated.

(continued on reverse/page 2)

PART IV NOTICE (Continued)

PRECEDENCE OF WITHHOLDING ORDERS TO ENFORCE SUPPORT ORDERS - All orders for withholding issued to enforce a support order take precedence over executions issued pursuant to C.G.S. §§ 52-361 or 52-361a. Two or more support withholding orders may be levied at the same time. If the total levy in any week exceeds the maximum permitted as calculated below as the Amount to be withheld, all sums due shall be allocated by the state disbursement unit in proportion to the amount of such orders, giving priority to current support.

MAXIMUM AMOUNT DEDUCTED - The computations you complete on this form will allow you to calculate the exact amount which should be withheld weekly from the obligor's income.

YOUR DUTY TO COMPLY WITH THIS WITHHOLDING ORDER - You have a legal duty to make deductions from the obligor's income and pay any amounts deducted as required by this withholding order. If you do not, legal action may be taken against you. If such an action is taken, you may be liable for the full amount not withheld since receipt of proper notice. You may also be subject to a finding of contempt by the court or family support magistrate for failure to honor any of the terms of this withholding order.

DISCIPLINE AGAINST YOUR EMPLOYEE IS PROHIBITED - If the obligor is your employee, you must not discipline, suspend, or discharge him/her because this withholding order has been served upon you. If you do unlawfully take action against your employee, you may be liable to pay such employee all of his/her lost earnings and employment benefits from the time of your action to the time that the employee is reinstated. In addition, a fine up to one thousand dollars may be imposed on any employer who discharges from employment, refuses to employ, takes disciplinary action against or discriminates against an employee subject to a support order for withholding because of the existence of such withholding order and the obligations or additional obligations which it imposes upon the employer.

EMPLOYMENT STATUS CHANGE - If the obligor is your employee, you must promptly notify the dependent or the support enforcement division, as directed, when the employee terminates employment, makes a claim for workers' compensation benefits or makes a claim for unemployment compensation benefits and you must provide the employee's last known address and the name and address of the employee's new employer, if known.

COMPUTATION OF DISPOSABLE INCOME AND AMOUNT AVAILABLE FOR WITHHOLDING

Pursuant to General Statutes § 52-362, certain income of the obligor cannot be withheld to satisfy this withholding order. First, only "disposable income" may be subjected to this withholding. Disposable income for the purpose of this withholding order means that part of the earnings of an individual remaining after deduction from that income of amounts required to be withheld for the payment of federal, state and local income taxes, employment taxes, normal retirement contributions, union dues and initiation fees, and group life and health insurance premiums. Second, 85% of the first \$145.00 per week of disposable income are legally exempt from this withholding order. Use the following table to compute the obligor's disposable income each week and the amount available for withholding.

1. Obligor's gross income per week.....		\$ _____
2. Federal income tax.....	\$ _____	
3. Federal employment tax.....	\$ _____	
4. State income tax withheld	\$ _____	
5. Local income tax withheld.....	\$ _____	
6. Normal retirement contribution	\$ _____	
7. Union dues and initiation fees.....	\$ _____	
8. Group life insurance premium.....	\$ _____	
9. Health insurance premium	\$ _____	
10. Total allowable deductions (add lines 2-9)	\$ _____	
11. WEEKLY DISPOSABLE INCOME (subtract line 10 from line 1).....		\$ _____
12. Weekly Disposable Income minus 85% of the first \$145.....	\$ _____	
13. Refer to Part III Support Category on page 1 and enter: 50% of Weekly Disposable Income if box A is checked 60% of Weekly Disposable Income if box B is checked 55% of Weekly Disposable Income if box C is checked 65% of Weekly Disposable Income if box D is checked	} \$ _____	
14. Amount available for withholding (lesser of lines 12 and 13)		\$

The instructions below must be followed to determine the amount of weekly withholding. Refer to PART I on page 1 and line 14 above.

- Amount of withholding - to be computed weekly:
Deduct weekly the TOTAL WITHHOLDING ORDER specified in Part I (the sum of Sections A, and B or C) or the amount specified in line 14 above, whichever is less.