

ORDER/NOTICE TO WITHHOLD INCOME FOR CHILD SUPPORT

State _____
Co./City/Dist. of _____
Date of Order/Notice _____
Court/Case Number _____

Original Order/Notice _____
Amended Order/Notice _____
Terminate Order/Notice _____

) RE: * Employer/Withholder's Federal EIN Number) Employer/Withholder's Name) Employer/Withholder's Address) _____) _____) _____)	Employee/Obligor's Name (Last, First, MI) _____ * Employee/Obligor's Social Security Number _____ * Employee/Obligor's Case Identifier _____ _____ Custodial Parent's Name (Last, First, MI) _____ _____ _____
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Child(ren)'s Name(s): DOB Child(ren)'s Name(s): DOB

ORDER INFORMATION: This is an Order/Notice to Withhold Income for Child Support based upon an order for support from _____ . By law, you are required to deduct these amounts from the above-named employee's/obligor's income until _____ even if the Order/Notice is not issued by your State.

☐ If checked, you are required to enroll the child(ren) identified above in any health insurance coverage available through the employee's/obligor's employment. _____

\$ _____	per _____	in current support	
\$ _____	per _____	in past-due support	Arrears 12 weeks or greater? <input type="checkbox"/> yes <input type="checkbox"/> no
\$ _____	per _____	in medical support	
\$ _____	per _____	in other (specify) _____	
\$ _____	per _____	in other (specify) _____	
for a total of \$ _____ per _____ 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 support payment cycle, use the following to determine how much to withhold:

\$ _____ per weekly pay period. \$ _____ per semimonthly pay period (twice a month).
\$ _____ per biweekly pay period (every two weeks). \$ _____ per monthly pay period.

REMITTANCE INFORMATION:

You must begin withholding no later than the first pay period occurring _____ working days after the date of this Order/Notice. Send payment within _____ working days of the payday/date of withholding. You are entitled to deduct a fee to defray the cost of withholding. Refer to the laws governing the work state of the employee for the allowable amount. The total withheld amount, including your fee, cannot exceed _____ % of the employee's/obligor's aggregate disposable weekly earnings. For the purpose of the limitation on withholding, the following information is needed (see #9 on back).

When remitting payment provide the payday/date of withholding and the case identifier _____ .
If remitting by EFT/EDI, use this FIPS code: * _____ ; Bank routing code: * _____

Bank account number: * _____

Make it payable to: _____ Payee and case identifier _____

Send check to: _____ Payee's Address _____

Authorized by _____

Print Name _____

ADDITIONAL INFORMATION TO EMPLOYERS AND OTHER WITHHOLDERS

☐ If checked you are required to provide a copy of this form to your employee.

- Priority:** Withholding under this Order/Notice has priority over any other legal process under State law against the same income. Federal tax levies in effect before receipt of this order have priority. If there are Federal tax levies in effect please contact the requesting agency listed below.

2. **Combining Payments:** You can combine withheld amounts from more than one employee/obligor's income in a single payment to each agency 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 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 order and forward the child support payments.
- 4.* **Employee/Obligor with Multiple Support Withholdings:** If there is more than one Order/Notice to Withhold Income for Child Support against this employee/obligor and you are unable to honor all support Order/Notices due to Federal or State withholding limits, you must follow the law of the state of employee's/obligor's principal place of employment. You must honor all Order/Notices to the greatest extent possible. (see #9 below)
5. **Termination Notification:** You must promptly notify the payee when the employee/obligor is no longer working for you. Please provide the information requested and return a copy of this order/notice to the agency identified below.
EMPLOYEE'S/OBLIGOR'S NAME: _____
EMPLOYEE'S CASE IDENTIFIER: _____ **DATE OF SEPARATION:** _____
LAST KNOWN HOME ADDRESS _____
NEW EMPLOYER'S 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 person or authority below.
7. **Liability:** If you fail to withhold income as the Order/Notice directs, you are liable for both the accumulated amount you should have withheld from the employee/obligor's income and any other penalties set by State law.

8. **Anti-discrimination:** You are subject to a fine determined under State 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.

- 9.* **Withholding Limits:** You may not withhold more than the lesser of: 1) the amounts allowed by the Federal Consumer Credit Protection Act (15 U.S.C. § 1673(b)); or 2) the amounts allowed by the State of the employee'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; and Medicare taxes.
10. _____

*NOTE: If you or your agent are served with a copy of this order in the state that issued the order, you are to follow the law of the state that issued this order with respect to these items.

Requesting Agency _____

If you or your employee/obligor have any questions, contact: _____
by telephone at _____ or by FAX at _____ or by

ACTION TRANSMITTAL

OCSE-AT-98-03

January 27, 1998

TO: STATE AGENCIES ADMINISTERING THE CHILD SUPPORT ENFORCEMENT PLANS UNDER TITLE IV-D OF THE SOCIAL SECURITY ACT AND OTHER INTERESTED INDIVIDUALS AND INDIVIDUALS

SUBJECT: Distribution of Federally approved standardized income withholding form.

ATTACHMENT: Attached is a copy of the Federally approved standardized income withholding form packet, as required by Section 324 of the Personal Responsibility and Work Opportunity Reconciliation Act 1996 (P.L. 104-193). The packet includes the standardized form titled "Order/Notice to Withhold Income for Child Support", the instructions (with a numbered copy of the Order/Notice) to complete the Order/Notice.

STATUTORY REFERENCE: 42 U.S.C. 652(a)(11) and 42 U.S.C. 654(9)(E)

BACKGROUND: The Uniform Interstate Family Support Act (UIFSA) was drafted in 1992 by the National Conference of Commissioners on Uniform State Laws and approved by the American Bar Association (ABA) in 1993. The Act enables States to use direct income withholding as an immediate remedy in interstate child support cases. Many State CSE agencies began enacting UIFSA shortly after the ABA endorsed the Act.

OCSE, in conjunction with State CSE agencies and representatives from the American Payroll Association, the American Society for Payroll Management, and employers established a work group to develop a one-page (two-sided) standardized form to use for income withholding cases. The purpose of this standardized form is to facilitate uniformity in the processing of child support wage attachments.

In 1994, the work group began developing the standardized form called "Order/Notice to Withhold Income for Child Support." After the first draft was developed, it was mailed to all State IV-D Directors for comments. The work group reviewed the comments and revised the Order/Notice to incorporate the changes.

By 1996, UIFSA was revised and the draft Order/Notice was further revised to reflect the changes to UIFSA. For approximately six months, many States participated in a pilot test of the Order/Notice. Shortly after the pilot test was completed, the Personal Responsibility and Work Opportunity and Reconciliation Act of 1996 passed. This Act mandated States, no later than March 1, 1997, to use the Office of Management and Budget approved standardized form (Order/Notice) for interstate income withholding cases. Section 454A (g) (A) (ii) further requires that States transmit orders and notices for income withholding to employers (and other debtors) using uniform formats prescribed by the Secretary, no later than October 1, 1998 to employers (and other debtors).

Now that PRWORA has mandated the nationwide implementation of UIFSA, the Order/Notice will be a useful tool in direct income withholding cases. These cases will be both processed and executed more efficiently.

INQUIRIES: Dianne Offett, Interstate Liaison, (202) 401-5425.

David Gray Ross

Deputy Director & Commissioner

Office of Child Support Enforcement

INSTRUCTIONS TO COMPLETE ORDER/NOTICE TO WITHHOLD INCOME FOR CHILD SUPPORT

The Order/Notice to Withhold Income for Child Support is a standardized form used for income withholding in intrastate and interstate cases. Submit the Order/Notice to employers in States that have adopted the Uniform Interstate Family Support Act (UIFSA) or have similar State laws.

The following are instructions to complete the Order/Notice to Withhold Income for Child Support. When completing the form, please include the following information.

1a. Name of your State or territory.

1b. Name of your jurisdiction.

2. Date the Order/Notice to Withhold is to be mailed.

3. Identifying number used by the court/agency issuing this Order/Notice, if appropriate.

4 a-c. Check the appropriate case status of the Order/Notice to Withhold.

5. Employer/Withholder's nine digit Federal employer identification number (if available). Include three digit location code (if known).

- 6a. Employer/Withholder's name.
6b-e. Employer/Withholder's mailing address. (This may differ from the Employee/Obligor work site.)
7. Employee/Obligor's last name, first name, and middle initial (if known).
8. Employee/Obligor's Social Security Number.
9. Case identifier (or other identifier) used for recording the payment. (May be the same as #3.)
10. Custodial Parent's last name, first name, and middle initial (if known).
11. Child(ren)'s name(s) and date of birth listed in the support order.

ORDER INFORMATION:

12. Name of State that issued the underlying child support order.
13. Termination date of the support order.
14. 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."
15a. Dollar amount to be withheld for payment of current child support.
15b. Time period that corresponds to the amount in #15a (e.g., month).
16a. Dollar amount to be withheld for payment of past-due child support under your State law.
16b. Time period that corresponds to the amount in #16a (e.g., month).
17a. Dollar amount to be withheld for payment of medical support, as appropriate, based on the underlying order.
17b. Time period that corresponds to the amount in #17a (e.g., month).
18a. Dollar amount to be withheld for payment of miscellaneous obligations, if appropriate, based on the underlying order.
18b. Time period that corresponds to the amount in #18a (e.g., month).
18c. Describe the amount(s) represented in #18a separately by fee type (e.g., court fees).
19a. Dollar amount to be withheld for payment of miscellaneous obligations, if appropriate, based on the underlying order and time period that corresponds to the amount in #19a (e.g., month).
19b. Time period that corresponds to the amount in #19a (e.g., month).
19c. Describe the amount(s) represented in #19a separately by fee type (e.g., court fees).
20a. Total of #15a, #16a, #17a, #18a, and #19a.
20b. Time period that corresponds to the amount in #15b (e.g., month).
21. Check this box if arrears are 12 weeks or greater.
22a. Amount an employer withholds if the employee is paid weekly.
22b. Amount an employer withholds if the employee is paid every two weeks.
22c. Amount an employer withholds if the employee is paid twice a month.
22d. Amount an employer withholds if the employee once a month.

REMITTANCE INFORMATION:

When completing numbers 23 through 25, please note the following:

If the Order/Notice is completed for an interstate withholding, apply the law of the state of the obligor's principal place of employment.

If the Order/Notice is completed for an intrastate withholding or the employer's agent is served with a copy in the state that issued the order, you are to follow the law of the state that issued this order.

23. Number of days in which the withholding must begin pursuant to the issuing State's law.
24. Number of working days an employer or other payor of income must remit amounts withheld pursuant to the issuing State's law.
25. Maximum percentage that can be withheld based on the applicable withholding limit of the issuing State. If the employer is a Federal agency and you add the additional 5 percentage points allowed under the Federal Consumer Credit Protection Act to the percentage entered for #22 (i.e., 65%; or 55% instead of 50% if the obligor supports a second family), check #21 on the Order/Notice to indicate the support is 12 weeks or more in arrears.
26a. Case identifier or other identifier. (May be the same as #3 and/or #9.)
26b. Federal Information Process Standard (FIPS) code for transmitting payments through EFT/EDI. The

FIPS code is five characters that identifies 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. Complete only for EFT/EDI transmission.

26c. Receiving agency's bank routing number. Complete only for EFT/EDI transmission.

26d. Receiving agency's bank account number. Complete only for EFT/EDI transmission.

27a. Name of the collection unit specified by the tribunal that issued the controlling order to which payments are made and the case identifier.

27b-d. Street address, City, and State of the collection unit identified in #27a.

28a. Signature of official(s) authorized to send the Order/Notice. This line is optional if a signature is not required by State statute.

28b. Print name of the official(s) authorized to send the Order/Notice.

29. Check the box if the employer is to provide a copy of the Order/Notice to the employee.

30. 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.

31. 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.

32. Use this space to provide the employer with additional information.

33a. Name of the agency or court requesting the income withholding.

33b-d. Address of the agency or court requesting the income withholding.

34a. Name of the child support enforcement agency's contact person who an employer and/or employee/obligor may call for information regarding the Order/Notice.

34b. Telephone number of the contact person who an employer may call for information regarding the Order/Notice.

34c. Facsimile number for the person whose name appears in #34a.

34d. Internet address for the person whose name appears in 34a.

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.

☐ 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.

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.

Note: The "Order/Notice to Withhold Income for Child Support" form is not included in this Internet version of the document. However, the forms listed below may be downloaded as WordPerfect 5.1 files.

Note: To access the WordPerfect files, you need to use your browser's download procedures. For example, in Netscape, click on the right mouse button for the reference and choose "save link as."

1. Order/Notice to Withhold Income for Child Support (with numbers corresponding to instructions) Error! Bookmark not defined.

2. Order/Notice to Withhold Income for Child Support (blank form) Error! Bookmark not defined.

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ORDER/NOTICE TO WITHHOLD INCOME FOR CHILD SUPPORT

State <u>1a</u>	4a Original Order/Notice
Co./City/Dist. of <u>1b</u>	4b Amended Order/Notice
Date of Order/Notice <u>2</u>	4c Terminate Order/Notice
Court/Case Number <u>3</u>	

5 Employer/Withholder's Federal EIN Number)	RE: *	7 Employee/Obligor's Name (Last, First, MI)
6a Employer/Withholder's Name)		8 Employee/Obligor's Social Security Number
6b Employer/Withholder's Address)		9 Employee/Obligor's Case Identifier
6c 6d 6e)		10 Custodial Parent's Name (Last, First, MI)

Child(ren)'s Name(s): DOB

Child(ren)'s Name(s): DOB

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ORDER INFORMATION: This is an Order/Notice to Withhold Income for Child Support based upon an order for support from 12. By law, you are required to deduct these amounts from the above-named employee's/obligor's income until 13 even if the Order/Notice is not issued by your State.

☐ If checked, you are required to enroll the child(ren) identified above in any health insurance coverage available through the employee's/obligor's employment. 14

\$ <u>15a</u> per <u>15b</u> in current support	
\$ <u>16a</u> per <u>16b</u> in past-due support	21 Arrears 12 weeks or greater? <input type="checkbox"/> yes <input type="checkbox"/> no
\$ <u>17a</u> per <u>17b</u> in medical support	
\$ <u>18a</u> per <u>18b</u> in other (specify) <u>18c</u>	
<u>19a</u> per <u>19b</u> in other (specify) <u>19c</u>	

for a total of \$ 20a per 20b 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 support payment cycle, use the following to determine how much to withhold:

\$ <u>22a</u> per weekly pay period.	\$ <u>22c</u> per semimonthly pay period (twice a month).
\$ <u>22b</u> per biweekly pay period (every two weeks).	\$ <u>22d</u> per monthly pay period.

REMITTANCE INFORMATION:

You must begin withholding no later than the first pay period occurring 23 working days after the date of this Order/Notice. Send payment within 24 working days of the payday/date of withholding. You are entitled to deduct a fee to defray the cost of withholding. Refer to the laws governing the work state of your employee for the allowable amount. The total withheld amount, and your fee, cannot exceed 25 % of the employee's/obligor's aggregate disposable weekly earnings. For the purpose of the limitation on withholding, the following information is needed (see #9 on back).

When remitting payment provide the payday/date of withholding and the case identifier 26a.
If remitting by EFT/EDI, use this FIPS code: * 26b ; Bank routing code: * 26c

Bank account number: * 26d

Make it payable to: 27a Payee and case identifier

Send check to: 27b Payee's Address
27c
27d

Authorized by 28a

Print Name 28b

ADDITIONAL INFORMATION TO EMPLOYERS AND OTHER WITHHOLDERS

29 ☐ If checked you are required to provide a copy of this form to your employee.

1. Priority: Withholding under this Order/Notice has priority over any other legal process under State law against the same

income. Federal tax levies in effect before receipt of this order have priority. If there are Federal tax levies in effect please contact the requesting agency listed below.

2. **Combining Payments:** You can combine withheld amounts from more than one employee/obligor's income in a single payment to each agency 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 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 order and forward the child support payments.
- 4.* **Employee/Obligor with Multiple Support Withholdings:** If there is more than one Order/Notice to Withhold Income for Child Support against this employee/obligor and you are unable to honor all support Order/Notices due to Federal or State withholding limits, you must follow the law of the state of employee's/obligor's principal place of employment. You must honor all Order/Notices to the greatest extent possible. (see #9 below)

5. **Termination Notification:** You must promptly notify the payee when the employee/obligor is no longer working for you. Please provide the information requested and return a copy of this order/notice to the agency identified below.
EMPLOYEE'S/OBLIGOR'S NAME: _____

EMPLOYEE'S CASE IDENTIFIER: _____ **DATE OF SEPARATION:** _____

LAST KNOWN HOME ADDRESS _____ **NEW**
EMPLOYER'S 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 person or authority below.
7. **Liability:** If you fail to withhold income as the Order/Notice directs, you are liable for both the accumulated amount you should have withheld from the employee/obligor's income and any other penalties set by State law.

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8. **Anti-discrimination:** You are subject to a fine determined under State 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.

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- 9.* **Withholding Limits:** You may not withhold more than the lesser of: 1) the amounts allowed by the Federal Consumer Credit Protection Act (15 U.S.C. § 1673(b)); or 2) the amounts allowed by the State of the employee'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; and Medicare taxes.

10. 32 _____

*NOTE: If you or your agent are served with a copy of this order in the state that issued the order, you are to follow the law of the state that issued this order with respect to these items.

Requesting Agency 33a _____
33b _____
33c _____
33d _____

If you or your employee/obligor have any questions, contact: 34a _____
by telephone at 34b _____ or by FAX at 34c _____
or _____
by Internet 34d _____