

# INCOME WITHHOLDING FOR SUPPORT

- ORIGINAL INCOME WITHHOLDING ORDER/NOTICE FOR SUPPORT (IWO)    AMENDED IWO  
 ONE-TIME ORDER/NOTICE - LUMP SUM PAYMENT  
 TERMINATION of IWO
- Date: \_\_\_\_\_

Child Support Enforcement (CSE) Agency    Court    Attorney    Private Individual/Entity (Check One)

**NOTE:** If you receive this document from someone other than a State or Tribal Child Support Enforcement agency or a court, a copy of the underlying order that contains a provision authorizing income withholding must be attached. Or if under State law an attorney in that State, or if under Tribal law a Tribal legal representative, may issue an income withholding order, the attorney or Tribal legal representative must include a copy of the State or Tribal law authorizing the attorney or Tribal legal representative to issue an income withholding order.

State/Tribe/Territory \_\_\_\_\_ Case Identifier \_\_\_\_\_  
City/County/Dist./Tribe \_\_\_\_\_ Order Identifier \_\_\_\_\_  
Private Individual/Entity \_\_\_\_\_

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## On bottom of page 1 of the *Income Withholding for Support Notice*

**ORDER INFORMATION:** This document is based on the support or withholding order from \_\_\_\_\_.

You are required by law to deduct these amounts from the employee/obligor's income until further notice.

\$ \_\_\_\_\_ Per \_\_\_\_\_ current child support  
\$ \_\_\_\_\_ Per \_\_\_\_\_ past-due child support - Arrears greater than 12 weeks?  Yes  No  
\$ \_\_\_\_\_ Per \_\_\_\_\_ current cash medical support  
\$ \_\_\_\_\_ Per \_\_\_\_\_ past-due cash medical support  
\$ \_\_\_\_\_ Per \_\_\_\_\_ current spousal support  
\$ \_\_\_\_\_ Per \_\_\_\_\_ past-due spousal support  
\$ \_\_\_\_\_ Per \_\_\_\_\_ other (must specify) \_\_\_\_\_  
for a total of \$ \_\_\_\_\_ per \_\_\_\_\_ to be forwarded to the payee below.

**AMOUNTS TO WITHHOLD:** You do not have to vary your pay cycle to be in compliance with the *Order Information*. If your pay cycle does not match the ordered payment cycle, withhold one of the following amounts:

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

\$ \_\_\_\_\_ **ONE-TIME LUMP SUM PAYMENT** Do not stop any existing IWO unless you receive a termination order.

**REMITTANCE INFORMATION:** If the employee/obligor's principal place of employment is \_\_\_\_\_, you must begin withholding no later than the first pay period that occurs \_\_\_\_\_ days after the date of \_\_\_\_\_. Send payment within \_\_\_\_\_ working days of the pay date. If you cannot withhold the full amount of support for any or all orders for this employee/obligor, withhold up to \_\_\_\_\_% of disposable income for all orders. If the employee/obligor's principal place of employment is not \_\_\_\_\_, see the ADDITIONAL INFORMATION FOR EMPLOYERS AND OTHER INCOME WITHHOLDERS for limitations on withholding, applicable time requirements and any allowable employer's fees.