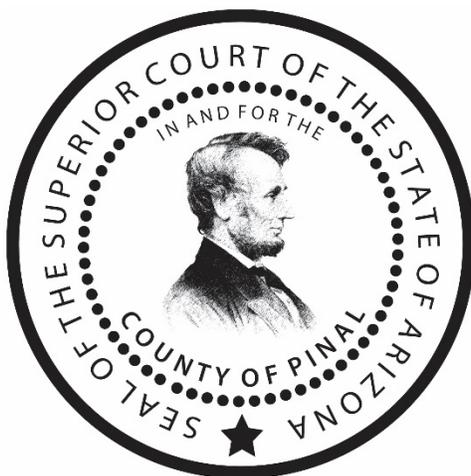


# REQUEST TO ESTABLISH CHILD SUPPORT



## PINAL COUNTY

### INSTRUCTIONS AND FORMS

Provided as a Public Service by  
**AMANDA STANFORD**  
Clerk of the Superior Court

## **INSTRUCTIONS AND FORMS FOR COMPLETING REQUEST TO ESTABLISH CHILD SUPPORT**

*These instructions are intended to assist you. If additional information is needed, you may wish to contact an attorney or the Division of Child Support Enforcement.*

### **COMPLETE THIS REQUEST IF:**

- You are providing support for or have physical legal decision-making of the child(ren) of the other party; AND
- You wish to establish a support obligation for the natural or adoptive parent of the child(ren).

**TO COMPLETE THIS REQUEST YOU WILL NEED:** the name and address of the other party and a Self-Addressed Stamped Envelope.

**NOTE:** There may be a fee for filing this "Request to Establish Child Support. If you cannot pay these fees, you may qualify for a deferral or waiver of fees. The Clerk of the Superior Court has the necessary forms to ask for a deferral or waiver. ***(Check with the Attorney General's Office at 520.251.5999 to see if you can file the "Request to Establish Child Support" without paying a filing fee.)***

### **FOLLOW THESE INSTRUCTIONS NUMBERED TO MATCH THE IDENTIFYING NUMBERS ON THE FORM. TYPE OR PRINT NEATLY USING BLACK INK.**

1. Fill in your name, address and telephone number of the person filing the form. (An attorney must also list the name of the person represented and the attorney's State Bar Number.)
2. Fill in the name of the person who is requesting child support to be established. Or fill in the name of the person listed if there is an existing case filed in the Pinal County Superior Court where legal decision-making or parenting time of the child(ren) was issued.
3. Fill in the name of the person whom you are requesting to pay child support. Or fill in the name of the person listed if there is an existing case filed in Pinal County Superior Court where legal decision-making or parenting time of the child(ren) was issued.
4. Fill in the case number shown on the document you are using for item 2 and 3, if any.
5. Fill in the name and the date of birth for each child for whom support is requested.
6. Date and sign here before a Notary Public or a Deputy Clerk of the Clerk of Superior Court. By signing, you affirm and acknowledge that the information on the form is true and correct to the best of your knowledge and belief.

### **COMPLETE THE ORDER TO APPEAR (REQUEST TO ESTABLISH CHILD SUPPORT)**

1. Fill in your name, address and telephone number as the person who is requesting to establish child support. (An attorney must also list the name of the person represented and the attorney's State Bar Number.)
2. Fill in the name of the person who is requesting child support to be established. Or fill in the name of the person listed if there is an existing case filed in the Pinal County Superior Court where legal decision-making or parenting time of the child(ren) was issued.

3. Fill in the name of the person whom you are requesting to pay child support. Or fill in the name of the person listed if there is an existing case filed in Pinal County Superior Court where legal decision-making or parenting time of the child(ren) was issued.
4. Fill in the case number shown on the document you are using for item 2 and 3, if any.
5. Fill in the name and address of the person whom you are requesting pay child support.

**WHEN YOU HAVE COMPLETED THE “REQUEST TO ESTABLISH” AND “ORDER TO APPEAR RE: REQUEST TO ESTABLISH” FILE BOTH FORMS WITH THE CLERK OF THE SUPERIOR COURT.**

- The deputy Clerk will submit your request to the Judges office.
- The Judge's office will issue a hearing date.
- Self-Addresses Stamped Envelope.

**WHEN YOU HAVE COMPLETED THIS FORM:**

- You must complete the Parent's Worksheet for Child Support. (Visit [www.azcourts.gov/familylaw](http://www.azcourts.gov/familylaw))
- File the forms with the Clerk of the Superior Court and get your hearing date at a later time in the mail.
- When you have the hearing date, immediately serve the Respondent with a copy of the Request and Order to Appear and Parent's Worksheet for Child Support. To “serve” means to use legally required method of delivering notice of documents. The most common method of service is personal service by a private process server or Sheriff Deputy. Other methods of service are available; see Arizona Rules of Civil Procedures and Arizona Rules of Family Law Procedures.

Name of Person Filing: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 ATLAS Number (if applicable) \_\_\_\_\_  
 Representing Self (No Attorney) or  Represented by Attorney  
 If Attorney, Bar Number: \_\_\_\_\_

**SUPERIOR COURT OF ARIZONA  
 PINAL COUNTY**

\_\_\_\_\_  
 Name of Petitioner

CASE NUMBER: \_\_\_\_\_

**SENSITIVE DATA SHEET  
 (CONFIDENTIAL RECORD)**

\_\_\_\_\_  
 Name of Respondent

HONORABLE: \_\_\_\_\_

**Fill out. File with Clerk of Court. Social Security Numbers should appear on this form only and should be omitted from other court forms. Access Confidential pursuant to A.R.F.L.P. 43(G)(1).**

A.	Personal Information:	Petitioner	Respondent
	Name	_____	_____
	Gender	<input type="checkbox"/> Male or <input type="checkbox"/> Female	<input type="checkbox"/> Male or <input type="checkbox"/> Female
	Date of Birth (Month/Day/Year)	_____	_____
	Social Security Number	_____	_____
	Driver's License Number	_____	_____

**WARNING: DO NOT INCLUDE MAILING ADDRESS ON THIS FORM IF REQUESTING ADDRESS PROTECTION**

Mailing Address	_____	_____
City, State, Zip Code	_____	_____
Contact Phone	_____	_____
Email Address	_____	_____
Current Employer Name	_____	_____
Employer Address	_____	_____
Employer City, State, Zip Code	_____	_____
Employer Telephone Number	_____	_____
Employer Fax Number	_____	_____

B.	Child(ren) Information:		
Child Name	Gender	Child Social Security Number	Child Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Clerk of Court Issued:

**\*For Court Use Only. NOT Public Record. Do NOT Provide A Copy Of This Document To The Other Party.**

## Arizona Superior Court, Pinal County Family Court Cover Sheet

CASE NUMBER <u>DO 2</u> ATLAS NUMBER(S) _____	Judge _____
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<p style="text-align: center;"><b>PETITIONER'S NAME AND ADDRESS</b></p> Name: _____ Address: _____ City/State/Zip: _____ Phone Number: _____ Email Address: _____ DOB: _____	<p style="text-align: center;"><b>RESPONDENT'S NAME AND ADDRESS</b></p> Name: _____ Address: _____ City/State/Zip: _____ Phone Number: _____ Email Address: _____ DOB: _____
<p style="text-align: center;"><b>PETITIONER'S ATTORNEY</b></p> Name/State Bar #: _____ Address: _____ City/State/Zip: _____ Phone Number: _____	<p style="text-align: center;"><b>EMERGENCY ORDER SOUGHT</b></p> <input type="checkbox"/> Order of Protection <input type="checkbox"/> Temporary Order <input type="checkbox"/> Other _____ <span style="margin-left: 150px;">(Specify)</span>
<p><b>Do you or the other party need an interpreter?</b></p> <p style="text-align: center;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</p> If yes, what language: _____	<p><b>FEES:</b>   <input type="checkbox"/> PAID   <input type="checkbox"/> NOT PAID - REASON</p> <input type="checkbox"/> Political Subdivision/Government Agency <input type="checkbox"/> Deferred <input type="checkbox"/> Waived

**ACTION REQUESTED** Check only one box

**DISSOLUTION (Divorce)**

- With Children
- Without Children

- Legal Separation
- Paternity/Maternity
- Annulment
- Legal Decision-Making
- Order of Protection
- Foreign Judgment
- Domesticated Decree
- Foreign Judgment for Legal Decision-Making
- Establish Support
- Habeas Corpus
- Parenting Time
- Emergency Order of Protection
- Other \_\_\_\_\_  
(Specify)



1)

Name of Person Filing: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

ATLAS Number (if applicable) \_\_\_\_\_

Representing Self (No Attorney) or  Represented by Attorney

If Attorney, Bar Number: \_\_\_\_\_

**SUPERIOR COURT OF ARIZONA  
PINAL COUNTY**

2)

\_\_\_\_\_  
Name of Petitioner

4) CASE NUMBER: DO2

**REQUEST TO ESTABLISH  
CHILD SUPPORT**

3)

\_\_\_\_\_  
Name of Respondent

HONORABLE: \_\_\_\_\_

5) I AM PROVIDING SUPPORT FOR THE LEGAL DECISION-MAKING OF THE FOLLOWING CHILD(REN).

Name (First, Middle, Last)	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____

The other party is the natural or adoptive parent of the child(ren) listed above and has a legal duty to provide support pursuant to A.R.S.§12-2451.

**WHEREFORE**, I request that the court take any or all of the following action(s).

- A. Order the other party to pay Guideline child support and provide other relief as requested in the attached Parent's Worksheet.
- B. Order payment of cost and attorney fees, if appropriate.
- C. Order such other relief as deemed necessary and appropriate by the court.

6) I have read the foregoing documents, Request to Establish Child Support and Parent's Worksheet and the facts therein are true and correct to the best of my knowledge.

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Signature**

**State of Arizona** )

**County of** \_\_\_\_\_ )

SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

by \_\_\_\_\_  
**Name of Signer**

\_\_\_\_\_

**Commission Expires**

\_\_\_\_\_

**Notary Public**

***CHILD SUPPORT CALCULATOR for  
Parent's Worksheet to determine Child Support Amount***



**The Court Self Help website offers a Free Child Support Calculator and Fillable Forms.**

**◆ Simple    ◆ Quick    ◆ Accurate**

**If you have a personal computer with Internet access,  
you can access the Child Support Calculator at:**

**<http://www.azcourts.gov/familylaw>**

**You may also visit the Law Library at the  
Pinal County Superior Court House for access and further assistance.**

**Calculate Support for Parent's Worksheet**

Your computer must be connected to a printer. Begin by selecting which Child Support Calculator applies to you, 2005 or 2011, then press the Tab button on your keyboard to move through the form, or click on each field with your mouse.

Enter the appropriate information in each blank field. Not every blank field needs to be completed in every case. If you are not sure whether you should complete a blank field, click on the question mark (?) next to the blank field. You will receive additional information in accordance with the [Arizona Child Support Guidelines](#).

When you have completed the Entry Form, click the "Print Worksheet" button to receive an estimate of the amount of child support the non-custodial parent may have to pay to the custodial parent for the support of their child(ren).

After clicking on "Print Worksheet" the form will automatically be filled in with the information from the Entry Form. Print the form and bring it with you at the time of filing your initial paperwork.

The Court Self Help website also offers the following fillable forms required to set up Child Support, select the "Forms" tab to make your selection:

- Child Support Order
- Post Paternity Establishment of Child Support Order
- Paternity Judgment Child Support Order

To have the Child Support amount automatically deducted from payroll, either of the below forms must be submitted:

- Income Withholding Order – May be completed by either party
- Current Employer Information – To be completed by the non-custodial parent/obligor/payer only

1)

Name of Person Filing: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

ATLAS Number (if applicable) \_\_\_\_\_

Representing Self (No Attorney) or  Represented by Attorney

If Attorney, Bar Number: \_\_\_\_\_

**SUPERIOR COURT OF ARIZONA  
PINAL COUNTY**

2)

\_\_\_\_\_  
Name of Petitioner

4) CASE NUMBER: DO2

**ORDER TO APPEAR RE:  
REQUEST TO ESTABLISH  
CHILD SUPPORT**

3)

\_\_\_\_\_  
Name of Respondent

HONORABLE: \_\_\_\_\_

5) To:

\_\_\_\_\_  
(Person Asked to Provide Support)

\_\_\_\_\_  
(Address)

The Above Verified Request to Establish Child Support Having Been Filed:

**IT IS ORDERED** that you appear for hearing as follows:

**DATE AND TIME OF HEARING:** \_\_\_\_\_

**PLACE OF HEARING:** Pinal County Superior Court  
971 N Jason Lopez Circle Bldg A  
Florence AZ 85132

To show why the court should not enter its order granting the relief asked for in the attached Request to Establish Child Support and Parent's Worksheet.

IT IS FURTHER ORDERED that a copy of this Request to Establish Child Support, Parent's Worksheet and Order to Appear be served on you.

FAILURE TO APPEAR AT THE TIME REQUIRED, EITHER IN PERSON OR BY AN ATTORNEY MAY RESULT IN AN ORDER GRANTING ALL RELIEF REQUESTED OR MAY CAUSE A CIVIL WARRANT TO ISSUE FOR YOUR ARREST.

Dated: \_\_\_\_\_

\_\_\_\_\_  
(Judge / Special Commissioner)



3. **Child Support.**

(10a)  Father  Mother is obligated to pay child support to  Father  Mother in the amount of \$\_\_\_\_\_ per month pursuant to the Arizona Child Support Guidelines without deviation.

(10b)  Father  Mother is obligated to pay child support to  Father  Mother in the amount of \$\_\_\_\_\_ per month pursuant to the Arizona Child Support Guidelines without deviation. This amount is an appropriate amount to award for child support in this case except that the Court finds it more appropriate and just to make a rounding adjustment to the exact guideline amount for ease of calculation to \$\_\_\_\_\_ per month.

(11a)  Father  Mother is obligated to pay child support to  Father  Mother in the amount of \$\_\_\_\_\_ per month pursuant to the Arizona Child Support Guidelines. Application of the child support guidelines in this case is inappropriate or unjust. The Court has considered the best interests of the child in determining that a deviation is appropriate. After deviation the child support order is \$\_\_\_\_\_ per month.

(11b)  Father  Mother is obligated to pay child support to  Father  Mother in the amount of \$\_\_\_\_\_ per month pursuant to the Arizona Child Support Guidelines. Application of the child support guidelines in this case is inappropriate or unjust. The Court has considered the best interests of the child in determining that a deviation is appropriate. After deviation the child support order is \$\_\_\_\_\_ per month. Further, the parties have entered into a written agreement or their agreement is on the record and is free of duress and coercion with knowledge of the amount of child support that would have been ordered under the guidelines but for the agreement.

**Fill in the reason(s) for deviation below if (11a) or (11b) was selected.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. **Support Arrears.**

(12a)  Father  Mother owes child support arrearages to  Father  Mother in the total amount of \$\_\_\_\_\_ for the time period of \_\_\_\_\_ thru \_\_\_\_\_ plus accrued interest on prior child support arrearages due of \$\_\_\_\_\_ calculated thru the date of \_\_\_\_\_.

(12b)  The court finds no child support arrearages due and owing.

(12c)  No evidence was presented in support of child support arrearages.

5. **Past Support.**

(13a)  It is appropriate to award  Father  Mother an additional judgment for past support in the amount of \$\_\_\_\_\_ for the period between the filing of this current petition and the date current child support is ordered to begin.

(13b)  It is appropriate to award  Father  Mother an additional judgment in the amount of \$\_\_\_\_\_ for past support owed from the date of separation, but not more than three years before the date of filing the current petition.

(13c)  The court finds no past support amount due and owing.

(13d)  No evidence was presented in support of past child support.

**IT IS ORDERED that:**

**A. Child Support.**

(14)  Father  Mother shall pay child support to  Father  Mother in the sum of \$\_\_\_\_\_ per month payable by wage assignment on the first day of each month commencing \_\_\_\_\_.

**B. Support Arrearages Judgment.**

(15a)  Father  Mother is granted judgment against  Father  Mother in the sum of \$\_\_\_\_\_ as and for child support arrearages for the period of \_\_\_\_\_ thru the date of \_\_\_\_\_ together with interest on said sum at the legal rate of 10% per annum until paid in full plus additional accrued interest on prior child support judgments of \$\_\_\_\_\_ calculated thru the date of \_\_\_\_\_.  Father  Mother shall pay, in addition to  his  her current support payment, the sum of \$\_\_\_\_\_ per month toward this judgment, payable on the first day of each month commencing \_\_\_\_\_ until paid in full.

(15b)  No judgment for child support arrearages is entered.

**C. Past Support Judgment.**

(16a)  Father  Mother is granted a past support judgment against  Father  Mother in the additional amount of \$\_\_\_\_\_.  Father  Mother shall pay the additional amount of \$\_\_\_\_\_ per month toward this judgment, payable on the first day of each month commencing \_\_\_\_\_ until paid in full.

(16b)  No judgment for past support is entered.

**D. Payments and Clearinghouse.**

All payments, plus the statutory handling fee, shall be made through the Support Payment Clearinghouse pursuant to an Order of Assignment or Income Withholding Order signed this date. Any time the full amount of support ordered is not withheld, the obligor remains responsible for the full monthly amount ordered. Payments not made directly through the Support Payment Clearinghouse shall be considered *gifts* unless otherwise ordered. All payments shall be made payable to and mailed directly to:

**Support Payment Clearinghouse  
PO Box 52107  
Phoenix, AZ 85072-2107**

(17) Payments must include the  Father's  Mother's name and ATLAS number. Pursuant to A.R.S. § 25-322, the parties shall submit current address information in writing to the Clerk of the Superior Court and the Support Payment Clearinghouse immediately. The obligor shall submit the names and addresses of their employers or

other payors within 10 days. The parties shall submit address changes within 10 days of the change.

**E. Total Monthly Payments.**

**(18)**  Father  Mother shall make total monthly payments to  Father  Mother of \$ \_\_\_\_\_ per month payable on the first day of each month commencing \_\_\_\_\_ as follows:

Monthly Payments:	Current child support payment as ordered above:	\$ _____
	Child support arrearage payments:	\$ _____
	Current spousal maintenance payment:	\$ _____
	Past due spousal maintenance payment:	\$ _____
	Clearinghouse handling fee:	\$ _____ 5.00

**Total monthly payment:\$ \_\_\_\_\_**

**F. Non-Covered Medical Expenses.**

**(19)**  Father  Mother is ordered to pay \_\_\_\_\_% and  Father  Mother is ordered to pay \_\_\_\_\_% of all reasonable uncovered and/or uninsured medical, dental, vision, prescription and other health care charges for the minor child(ren). A request for payment or reimbursement of uninsured medical, dental and/or vision costs must be provided to the other parent within 180 days after the date the services occur. The parent responsible for payment or reimbursement must pay their share, as ordered by the court, or make acceptable payment arrangements with the provider or person entitled to reimbursement within 45 days after receipt of the request.

**G. Medical, Dental, and Vision Insurance (A.R.S. § 25-320(J)).**

**(20a)**  Father  Mother shall be individually responsible for providing medical insurance for the minor child(ren) and shall continue to pay premiums for any medical, dental and vision policies covering the child(ren) that are currently included in the incorporated guidelines worksheet.

**(20b)**  Father  Mother shall be individually responsible for providing medical insurance for the minor child(ren) of the parties as soon as it becomes accessible and available at a reasonable cost, as neither parent currently has the ability to obtain such medical insurance.

Medical, dental, and vision insurance, payments and expenses are based on the information in the Parent's Worksheet for Child Support attached hereto and incorporated by reference. The parent ordered to pay must keep the other party informed of the insurance company name, address and telephone number, and must give the other party the documents necessary to submit insurance claims. An insurance card must be provided to the other parent. Notification must also be provided to the other parent if coverage is no longer being provided for the child(ren).

**H. Travel Expenses.**

**(21)** The costs of travel related to parenting time over 100 miles away shall be shared as follows:

Father \_\_\_\_\_%

Mother \_\_\_\_\_%

**(22) Other Findings and Orders.**

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**I. Information Exchange.**

The parties shall exchange financial information such as copies of tax returns, financial affidavits, and earnings statements every twenty-four months. At the time the parties exchange financial information, they shall also exchange residential addresses and the names and addresses of their employers unless the court has ordered otherwise.

**J. (23) Tax Exemptions.**

The Court allocates tax exemptions for the dependent children as follows:

Child's Name	Date of Birth (Month, Day, Year)	Parent Entitled to Deduction	For Calendar Year
		<input type="checkbox"/> Mother <input type="checkbox"/> Father	
		<input type="checkbox"/> Mother <input type="checkbox"/> Father	
		<input type="checkbox"/> Mother <input type="checkbox"/> Father	
		<input type="checkbox"/> Mother <input type="checkbox"/> Father	
		<input type="checkbox"/> Mother <input type="checkbox"/> Father	
		<input type="checkbox"/> Mother <input type="checkbox"/> Father	

For any years following those listed above while the Child Support Order remains in effect, the parties shall repeat the above pattern of claiming deductions for each child.

**(23a)**  Father  Mother may claim the allocated tax exemptions only if all child support and arrears ordered for the year have been paid by December 31 of that year.

**(23b)**  Father  Mother may unconditionally claim the tax exemptions allocated to  him  her for income tax purposes.

**K. Modification.**

If this is a modification of child support, all other prior orders of this Court not modified remain in full force and effect.



## INCOME WITHHOLDING FOR SUPPORT - Instructions

The Income Withholding for Support (IWO) is the OMB-approved form used for income withholding in tribal, intrastate, and interstate cases as well as all child support orders initially issued in the state on or after January 1, 1994, and all child support orders initially issued (or modified) in the state before January 1, 1994 if arrearages occur. This form is the standard format prescribed by the Secretary in accordance with 42 USC §666(b)(6)(A)(ii). Except as noted, the following information is required and must be included.

### Please note:

- For the purpose of this IWO form and these instructions, “state” is defined as a state or territory.
- Do’s and don’ts on using this form are found at [www.acf.hhs.gov/programs/css/resource/using-the-income-withholding-for-support-form-dos-and-donts](http://www.acf.hhs.gov/programs/css/resource/using-the-income-withholding-for-support-form-dos-and-donts).

### COMPLETED BY SENDER:

- 1a. **Original Income Withholding Order/Notice for Support (IWO).** Check the box if this is an initial or original IWO.
- 1b. **Amended IWO.** Check the box to indicate that this form amends a previous IWO. Any changes to an IWO must be done through an amended IWO.
- 1c. **One-Time Order/Notice For Lump Sum Payment.** Check the box when this IWO is to attach a one-time collection of a lump sum payment. When this box is checked, enter the amount in field 14, Lump Sum Payment, in the *Amounts to Withhold* section. Additional IWOs must be issued to collect subsequent lump sum payments.
- 1d. **Termination of IWO.** Check the box to stop income withholding on a child support order. Complete all applicable identifying information to aid the employer/income withholder in terminating the correct IWO.
- 1e. **Date.** Date this form is completed and/or signed.
- 1f. **Child Support Enforcement (CSE) Agency, Court, Attorney, Private Individual/Entity (Check One).** Check the appropriate box to indicate which entity is sending the IWO. If this IWO is **not** completed by a state or tribal CSE agency, the sender should contact the CSE agency (see [www.acf.hhs.gov/programs/css/resource/state-income-withholding-contacts-and-program-information](http://www.acf.hhs.gov/programs/css/resource/state-income-withholding-contacts-and-program-information)) to determine if the CSE agency needs a copy of this form to facilitate payment processing.

### NOTE TO EMPLOYER/INCOME WITHHOLDER:

This IWO must be regular on its face. The IWO must be rejected and returned to sender under the following circumstances:

- IWO instructs the employer/income withholder to send a payment to an entity other than a state disbursement unit (for example, payable to the custodial party, court, or attorney). Each state is required to operate a state disbursement unit (SDU), which is a centralized facility for collection and disbursement of child support payments. Exception: If this IWO is issued by a court, attorney, or private individual/entity and the initial child support order was entered before January 1, 1994 or the order was issued by a tribal CSE agency, the employer/income withholder must follow the payment instructions on the form.
- Form does not contain all information necessary for the employer to comply with the withholding.
- Form is altered or contains invalid information.
- Amount to withhold is not a dollar amount.
- Sender has not used the OMB-approved form for the IWO.
- A copy of the underlying order is required and not included.

If you receive this document from an attorney or private individual/entity, a copy of the underlying order containing a provision authorizing income withholding must be attached.

### COMPLETED BY SENDER:

- 1g. **State/Tribe/Territory.** Name of state or tribe sending this form. This must be a governmental entity of the state or a tribal organization authorized by a tribal government to operate a CSE program. If you are a tribe submitting this form on behalf of another tribe, complete line 1i.
- 1h. **Remittance ID (include w/payment).** Identifier that employers must include when sending payments for this IWO. The Remittance ID is entered as the case identifier on the electronic funds transfer/electronic data interchange (EFT/EDI) record.

### NOTE TO EMPLOYER/INCOME WITHHOLDER:

The employer/income withholder must use the Remittance ID when remitting payments so the SDU or tribe can identify and apply the payment correctly. The Remittance ID is entered as the case identifier on the EFT/EDI record.

### COMPLETED BY SENDER:

- 1i. **City/County/Dist./Tribe.** Name of the city, county, or district sending this form. This must be a government entity of the state or the name of the tribe authorized by a tribal government to operate a CSE program for which this form is being sent. (A tribe should leave this field blank unless submitting this form on behalf of another tribe.)
- 1j. **Order ID.** Unique identifier associated with a specific child support obligation. It could be a court case number, docket number, or other identifier designated by the sender.
- 1k. **Private Individual/Entity.** Name of the private individual/entity or non-IV-D tribal CSE organization sending this form.
- 1l. **CSE Agency Case ID.** Unique identifier assigned to a state or tribal CSE case. In a state IV-D case as defined at 45 Code of Federal Regulations (CFR) 305.1, this is the identifier reported to the Federal Case Registry (FCR). One IWO must be issued for each IV-D case and must use the unique CSE Agency Case ID. For tribes, this would be either the FCR identifier or other applicable identifier.

Fields 2 and 3 refer to the employee/obligor's employer/income withholder and specific case information.

- 2a. **Employer/Income Withholder's Name.** Name of employer or income withholder.
- 2b. **Employer/Income Withholder's Address.** Employer/income withholder's mailing address including street/PO box, city, state, and zip code. (This may differ from the employee/obligor's work site.) If the employer/income withholder is a federal government agency, the IWO should be sent to the address listed under Federal Agency Income Withholding Contacts and Program Information at [www.acf.hhs.gov/programs/css/resource/federal-agency-income-withholding-contact-information](http://www.acf.hhs.gov/programs/css/resource/federal-agency-income-withholding-contact-information).
- 2c. **Employer/Income Withholder's FEIN.** Employer/income withholder's nine-digit Federal Employer Identification Number (if available).
- 3a. **Employee/Obligor's Name.** Employee/obligor's last name, first name, middle name.
- 3b. **Employee/Obligor's Social Security Number.** Employee/obligor's Social Security number or

other taxpayer identification number.

- 3c. **Custodial Party/Obligee's Name.** Custodial party/obligee's last name, first name, middle name. Enter one custodial party/obligee's name on each IWO form. Multiple custodial parties/obligees are not to be entered on a single IWO. Issue one IWO per state IV-D case as defined at 45 CFR 305.1
- 3d. **Child(ren)'s Name(s).** Child(ren)'s last name(s), first name(s), middle name(s). (Note: If there are more than six children for this IWO, list additional children's names and birth dates in field 33 - Supplemental Information). Enter the child(ren) associated with the custodial party/obligee and employee/obligor only. Child(ren) of multiple custodial parties/obligees is not to be entered on an IWO.
- 3e. **Child(ren)'s Birth Date(s).** Date of birth for each child named.
- 3f. **Blank box.** Space for court stamps, bar codes, or other information.

**ORDER INFORMATION** – Field 4 identifies which state or tribe issued the order. Fields 5 through 12 identify the dollar amount to withhold for a specific kind of support (taken directly from the support order) for a specific time period.

4. **State/Tribe.** Name of the state or tribe that issued the order.
- 5a-b. **Current Child Support.** Dollar amount to be withheld **per** the time period (for example, week, month) specified in the underlying order.
- 6a-b. **Past-due Child Support.** Dollar amount to be withheld **per** the time period (for example, week, month) specified in the underlying order.
- 6c. **Arrears Greater Than 12 Weeks?** The appropriate box (Yes/No) must be checked indicating whether arrears are greater than 12 weeks so the employer/income withholder can determine the withholding limit.
- 7a-b. **Current Cash Medical Support.** Dollar amount to be withheld **per** the time period (for example, week, month) specified in the underlying order.
- 8a-b. **Past-due Cash Medical Support.** Dollar amount to be withheld **per** the time period (for example, week, month) specified in the underlying order.
- 9a-b. **Current Spousal Support.** (Alimony) Dollar amount to be withheld **per** the time period (for example, week, month) specified in the underlying order.
- 10a-b. **Past-due Spousal Support.** (Alimony) Dollar amount to be withheld **per** the time period (for example, week, month) specified in the underlying order.
- 11a-c. **Other.** Miscellaneous obligations dollar amount to be withheld **per** the time period (for example, week, month) specified in the underlying order. **Must specify** a description of the obligation (for example, court fees).
- 12a-b. **Total Amount to Withhold.** The total amount of the deductions **per** the corresponding time period. Fields 5a, 6a, 7a, 8a, 9a, 10a, and 11a should total the amount in 12a.

#### **NOTE TO EMPLOYER/INCOME WITHHOLDER:**

An acceptable method of determining the amount to be paid on a weekly or biweekly basis is to multiply the monthly amount due by 12 and divide that result by the number of pay periods in a year.

**AMOUNTS TO WITHHOLD** - Fields 13a through 13d specify the dollar amount to be withheld for this IWO if the employer/income withholder's pay cycle does not correspond with field 12b.

- 13a. **Per Weekly Pay Period.** Total amount an employer/income withholder should withhold if the employee/obligor is paid weekly.
- 13b. **Per Semimonthly Pay Period.** Total amount an employer/income withholder should withhold if the employee/obligor is paid twice a month.
- 13c. **Per Biweekly Pay Period.** Total amount an employer/income withholder should withhold if the employee/obligor is paid every two weeks.
- 13d. **Per Monthly Pay Period.** Total amount an employer/income withholder should withhold if the employee/obligor is paid once a month.
- 14. **Lump Sum Payment.** Dollar amount withheld when the IWO is used to attach a lump sum payment. This field should be used when field 1c is checked.

**REMITTANCE INFORMATION** - Payments are forwarded to the SDU in each state, unless the order was issued by a tribal CSE agency. If the order was issued by a tribal CSE agency, the employer/income withholder must follow the remittance instructions on the form.

- 15. **State/Tribe.** Name of the state or tribe sending this document.
- 16. **Days.** Number of days after the effective date noted in field 17 in which withholding must begin according to the state or tribal laws/procedures for the employee/obligor's principal place of employment.
- 17. **Date.** Effective date of this IWO.
- 18. **Working Days.** Number of working days within which an employer/income withholder must remit amounts withheld pursuant to the state or tribal laws/procedures of the principal place of employment.
- 19. **% of Disposable Income.** The percentage of disposable income that may be withheld from the employee/obligor's paycheck.

#### **NOTE TO EMPLOYER/INCOME WITHHOLDER:**

For state orders, the employer/income withholder may not withhold more than the lesser of: 1) the amounts allowed by the Federal Consumer Credit Protection Act (15 USC §1673(b)); or 2) the amounts allowed by the state of the employee/obligor's principal place of employment.

For tribal orders, the employer/income withholder may not withhold more than the amounts allowed under the law of the issuing tribe. For tribal employers/income withholders who receive a state order, the employer/income withholder may not withhold more than the limit set by the law of the jurisdiction in which the employer/income withholder is located or the maximum amount permitted under section 303 (b) of the Federal Consumer Credit Protection Act (15 USC §1673(b)).

A federal government agency 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.

## COMPLETED BY SENDER:

20. **State/Tribe.** Name of the state or tribe sending this document.
21. **Document Tracking ID.** Optional unique identifier for this form assigned by the sender.

**Please Note:** Employer's Name, FEIN, Employee/Obligor's Name and SSN, Remittance ID, CSE Agency Case ID, and Order ID must appear in the header on pages two and subsequent pages.

22. **FIPS Code.** Federal Information Processing Standards code.
23. **SDU/Tribal Order Payee.** Name of SDU (or payee specified in the underlying tribal support order) to which payments must be sent. Federal law requires payments made by IWO to be sent to the SDU except for payments in which the initial child support order was entered before January 1, 1994 or payments in tribal CSE orders.
24. **SDU/Tribal Payee Address.** Address of the SDU (or payee specified in the underlying tribal support order) to which payments must be sent. Federal law requires payments made by IWO to be sent to the SDU except for payments in which the initial child support order was entered before January 1, 1994 or payments in tribal CSE orders.

## COMPLETED BY EMPLOYER/INCOME WITHHOLDER:

25. **Return to Sender Checkbox.** The employer/income withholder should check this box and return the IWO to the sender if this IWO is not payable to an SDU or tribal payee or this IWO is not regular on its face. Federal law requires payments made by IWO to be sent to the SDU except for payments in which the initial child support order was entered before January 1, 1994 or payments in tribal CSE orders.

## COMPLETED BY SENDER:

26. **Signature of Judge/Issuing Official.** Signature (if required by state or tribal law) of the official authorizing this IWO.
27. **Print Name of Judge/Issuing Official.** Name of the official authorizing this IWO.
28. **Title of Judge/Issuing Official.** Title of the official authorizing this IWO.
29. **Date of Signature.** Optional date the judge/issuing official signs this IWO.
30. **Copy of IWO checkbox.** Check this box for all intergovernmental IWOs. If checked, the employer/income withholder is required to provide a copy of the IWO to the employee/obligor.

## ADDITIONAL INFORMATION FOR EMPLOYERS/INCOME WITHHOLDERS

The following fields refer to federal, state, or tribal laws that apply to issuing an IWO to an employer/income withholder. State- or tribal-specific information may be included only in the fields below.

## COMPLETED BY SENDER:

31. **Liability.** Additional information on the penalty and/or citation of the penalty for an employer/income withholder who fails to comply with the IWO. The state or tribal law/procedures of the employee/obligor's principal place of employment govern the penalty.
32. **Anti-discrimination.** Additional information on the penalty and/or citation of the penalty for an employer/income withholder who discharges, refuses to employ, or disciplines an

employee/obligor as a result of the IWO. The state or tribal law/procedures of the employee/obligor's principal place of employment govern the penalty.

33. **Supplemental Information.** Any state-specific information needed, such as maximum withholding percentage for non-employees, fees the employer/income withholder may charge the obligor for income withholding, or children's names and DOBs if there are more than six children on this IWO. Additional information must be consistent with the requirements of the form and the instructions.

## **COMPLETED BY EMPLOYER/INCOME WITHHOLDER:**

### ***NOTIFICATION OF EMPLOYMENT TERMINATION OR INCOME STATUS***

The employer must complete this section when the employee/obligor's employment is terminated, income withholding ceases, or if the employee/obligor has never worked for the employer.

- 34a-b. **Employment/Income Status Checkbox.** Check the employment/income status of the employee/obligor.
35. **Termination Date.** If applicable, date employee/obligor was terminated.
36. **Last Known Phone Number.** Last known (home/cell/other) phone number of the employee/obligor.
37. **Last Known Address.** Last known home/ mailing address of the employee/obligor.
38. **Final Payment Date.** Date employer sent final payment to SDU/tribal payee.
39. **Final Payment Amount.** Amount of final payment sent to SDU/tribal payee.
40. **New Employer's Name.** Name of employee's/obligor's new employer (if known).
41. **New Employer's Address.** Address of employee's/obligor's new employer (if known).

## **COMPLETED BY SENDER:**

### ***CONTACT INFORMATION***

42. **Issuer Name (Employer/Income Withholder Contact).** Name of the contact person that the employer/income withholder can call for information regarding this IWO.
43. **Issuer Phone Number.** Phone number of the contact person.
44. **Issuer Fax Number.** Fax number of the contact person.
45. **Issuer E-mail/Website.** E-mail or website of the contact person.
46. **Termination/Income Status and Correspondence Address.** Address to which the employer should return the Employment Termination or Income Status notice. It is also the address that the employer should use to correspond with the issuing entity.
47. **Issuer Name (Employee/Obligor Contact).** Name of the contact person that the employee/obligor can call for information.
48. **Issuer Phone Number.** Phone number of the contact person.

49. **Issuer Fax Number.** Fax number of the contact person.
50. **Issuer E-mail/Website.** E-mail or website of the contact person.

The Paperwork Reduction Act of 1995

This information collection and associated responses are conducted in accordance with 45 CFR 303.100 of the Child Support Enforcement Program. This form is designed to provide uniformity and standardization. Public reporting burden for this collection of information is estimated to average 5 minutes per response for Non-IV-D CPs; 2 minutes per response for employers; 3 seconds for e-IWO employers, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information.

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.

# INCOME WITHHOLDING FOR SUPPORT

## ORIGINAL INCOME WITHHOLDING ORDER/NOTICE FOR SUPPORT (IWO)

### AMENDED IWO

### ONE-TIME ORDER/NOTICE FOR LUMP SUM PAYMENT

### TERMINATION OF IWO

Date: \_\_\_\_\_

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

**NOTE:** This IWO must be regular on its face. Under certain circumstances you must reject this IWO and return it to the sender (see IWO instructions [www.acf.hhs.gov/programs/css/resource/income-withholding-for-support-instructions](http://www.acf.hhs.gov/programs/css/resource/income-withholding-for-support-instructions)). If you receive this document from someone other than a state or tribal CSE agency or a court, a copy of the underlying order must be attached.

State/Tribe/Territory \_\_\_\_\_ Remittance ID (include w/payment) \_\_\_\_\_  
City/County/Dist./Tribe \_\_\_\_\_ Order ID \_\_\_\_\_  
Private Individual/Entity \_\_\_\_\_ CSE Agency Case ID \_\_\_\_\_

\_\_\_\_\_  
Employer/Income Withholder's Name    RE: \_\_\_\_\_  
Employee/Obligor's Name (Last, First, Middle)  
\_\_\_\_\_  
Employer/Income Withholder's Address    Employee/Obligor's Social Security Number  
\_\_\_\_\_  
\_\_\_\_\_  
Custodial Party/Obligee's Name (Last, First, Middle)

Employer/Income Withholder's FEIN \_\_\_\_\_

Child(ren)'s Name(s) (Last, First, Middle)    Child(ren)'s Birth Date(s)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ORDER INFORMATION:** This document is based on the support or withholding order from \_\_\_\_\_ (State/Tribe). 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 Amount to Withhold** of \$ \_\_\_\_\_ per \_\_\_\_\_.

**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  
\$ \_\_\_\_\_ **Lump Sum Payment:** Do not stop any existing IWO unless you receive a termination order.

Employer's Name: \_\_\_\_\_ Employer FEIN: \_\_\_\_\_  
Employee/Obligor's Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
CSE Agency Case Identifier: \_\_\_\_\_ Order Identifier: \_\_\_\_\_

**REMITTANCE INFORMATION:** If the employee/obligor's principal place of employment is \_\_\_\_\_ (State/Tribe), 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. If the obligor is a non-employee, obtain withholding limits from Supplemental Information on page 3. If the employee/obligor's principal place of employment is not \_\_\_\_\_ (State/Tribe), obtain withholding limitations, time requirements, and any allowable employer fees at [www.acf.hhs.gov/programs/css/resource/state-income-withholding-contacts-and-program-information](http://www.acf.hhs.gov/programs/css/resource/state-income-withholding-contacts-and-program-information) for the employee/obligor's principal place of employment.

For electronic payment requirements and centralized payment collection and disbursement facility information (State Disbursement Unit (SDU)), see [www.acf.hhs.gov/programs/css/employers/electronic-payments](http://www.acf.hhs.gov/programs/css/employers/electronic-payments).

Include the **Remittance ID with the payment** and if necessary this FIPS code: \_\_\_\_\_.

**Remit payment to** \_\_\_\_\_ (SDU/Tribal Order Payee)  
at \_\_\_\_\_ (SDU/Tribal Payee Address)

**Return to Sender [Completed by Employer/Income Withholder].** Payment must be directed to an SDU in accordance with 42 USC §666(b)(5) and (b)(6) or Tribal Payee (see Payments to SDU below). If payment is not directed to an SDU/Tribal Payee or this IWO is not regular on its face, you *must* check this box and return the IWO to the sender.

Signature of Judge/Issuing Official (if Required by State or Tribal Law): _____ Print Name of Judge/Issuing Official: _____ Title of Judge/Issuing Official: _____ Date of Signature: _____
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If the employee/obligor works in a state or for a tribe that is different from the state or tribe that issued this order, a copy of this IWO must be provided to the employee/obligor.

If checked, the employer/income withholder must provide a copy of this form to the employee/obligor.

### ADDITIONAL INFORMATION FOR EMPLOYERS/INCOME WITHHOLDERS

State-specific contact and withholding information can be found on the Federal Employer Services website located at [www.acf.hhs.gov/programs/css/resource/state-income-withholding-contacts-and-program-information](http://www.acf.hhs.gov/programs/css/resource/state-income-withholding-contacts-and-program-information).

**Priority:** Withholding for support has priority over any other legal process under State law against the same income (42 USC §666(b)(7)). If a federal tax levy is in effect, please notify the sender.

**Combining Payments:** When remitting payments to an SDU or tribal CSE agency, you may combine withheld amounts from more than one employee/obligor's income in a single payment. You must, however, separately identify each employee/obligor's portion of the payment.

**Payments To SDU:** You must send child support payments payable by income withholding to the appropriate SDU or to a tribal CSE agency. If this IWO instructs you to send a payment to an entity other than an SDU (e.g., payable to the custodial party, court, or attorney), you must check the box above and return this notice to the sender. Exception: If this IWO was sent by a court, attorney, or private individual/entity and the initial order was entered before January 1, 1994 or the order was issued by a tribal CSE agency, you must follow the "Remit payment to" instructions on this form.

**Reporting the Pay Date:** You must report the pay date when sending the payment. The pay date is the date on which the amount was withheld from the employee/obligor's wages. You must comply with the law of the state (or tribal law if applicable) of the employee/obligor's principal place of employment regarding time periods within which you must implement the withholding and forward the support payments.

**Multiple IWOs:** If there is more than one IWO against this employee/obligor and you are unable to fully honor all IWOs due to federal, state, or tribal withholding limits, you must honor all IWOs to the greatest extent possible, giving priority to current support before payment of any past-due support. Follow the state or tribal law/procedure of the employee/obligor's principal place of employment to determine the appropriate allocation method.

OMB Expiration Date - 7/31/2017. The OMB Expiration Date has no bearing on the termination date of the IWO; it identifies the version of the form currently in use.

Employer's Name: \_\_\_\_\_ Employer FEIN: \_\_\_\_\_  
Employee/Obligor's Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
CSE Agency Case Identifier: \_\_\_\_\_ Order Identifier: \_\_\_\_\_

**Lump Sum Payments:** You may be required to notify a state or tribal CSE agency of upcoming lump sum payments to this employee/obligor such as bonuses, commissions, or severance pay. Contact the sender to determine if you are required to report and/or withhold lump sum payments.

**Liability:** If you have any doubts about the validity of this IWO, contact the sender. If you fail to withhold income from the employee/obligor's income as the IWO directs, you are liable for both the accumulated amount you should have withheld and any penalties set by state or tribal law/procedure.

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**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 an employee/obligor because of this IWO.

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**Withholding Limits:** You may not withhold more than the lesser of: 1) the amounts allowed by the Federal Consumer Credit Protection Act (CCPA) (15 USC §1673(b)); or 2) the amounts allowed by the state of the employee/obligor's principal place of employment or tribal law if a tribal order (see *Remittance Information*). Disposable income is the net income after mandatory deductions such as: state, federal, local taxes; Social Security taxes; statutory pension contributions; and Medicare taxes. The federal limit is 50% of the disposable income if the obligor is supporting another family and 60% of the disposable income if the obligor is not supporting another family. However, those limits increase 5% --to 55% and 65% --if the arrears are greater than 12 weeks. If permitted by the state or tribe, you may deduct a fee for administrative costs. The combined support amount and fee may not exceed the limit indicated in this section.

For tribal orders, you may not withhold more than the amounts allowed under the law of the issuing tribe. For tribal employers/income withholders who receive a state IWO, you may not withhold more than the limit set by tribal law.

Depending upon applicable state or tribal law, you may need to consider amounts paid for health care premiums in determining disposable income and applying appropriate withholding limits.

**Arrears greater than 12 weeks?** If the *Order Information* does not indicate that the arrears are greater than 12 weeks, then the employer should calculate the CCPA limit using the lower percentage.

**Supplemental Information:**

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IMPORTANT: The person completing this form is advised that the information may be shared with the employee/obligor.

Employer's Name: \_\_\_\_\_ Employer FEIN: \_\_\_\_\_  
Employee/Obligor's Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
CSE Agency Case Identifier: \_\_\_\_\_ Order Identifier: \_\_\_\_\_

**NOTIFICATION OF EMPLOYMENT TERMINATION OR INCOME STATUS:** If this employee/obligor never worked for you or you are no longer withholding income for this employee/obligor, you must promptly notify the CSE agency and/or the sender by returning this form to the address listed in the contact information below:

This person has never worked for this employer nor received periodic income.

This person no longer works for this employer nor receives periodic income.

Please provide the following information for the employee/obligor:

Termination date: \_\_\_\_\_ Last known phone number: \_\_\_\_\_

Last known address: \_\_\_\_\_  
\_\_\_\_\_

Final payment date to SDU/tribal payee: \_\_\_\_\_ Final payment amount: \_\_\_\_\_

New employer's name: \_\_\_\_\_

New employer's address: \_\_\_\_\_  
\_\_\_\_\_

**CONTACT INFORMATION:**

**To Employer/Income Withholder:** If you have questions, contact \_\_\_\_\_ (issuer name)  
by phone: \_\_\_\_\_, by fax: \_\_\_\_\_, by e-mail or website: \_\_\_\_\_.

Send termination/income status notice and other correspondence to:  
\_\_\_\_\_ (issuer address).

**To Employee/Obligor:** If the employee/obligor has questions, contact \_\_\_\_\_ (issuer name)  
by phone: \_\_\_\_\_, by fax: \_\_\_\_\_, by e-mail or website: \_\_\_\_\_.

The Paperwork Reduction Act of 1995

This information collection and associated responses are conducted in accordance with 45 CFR 303.100 of the Child Support Enforcement Program. This form is designed to provide uniformity and standardization. Public reporting burden for this collection of information is estimated to average 5 minutes per response for Non-IV-D CPs; 2 minutes per response for employers; 3 seconds for e-IWO employers, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information.

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.

## Income Withholding Order Information Page

This order is effective \_\_\_\_\_. All rules on page 2 under REMITTANCE INFORMATION apply after the effective date.

### Presumptive Termination Date:

This order is presumed to terminate on the presumptive termination date \_\_\_\_\_ when the youngest child who is subject to this order is expected to emancipate as defined in A.R.S. §§ 25-320 and 25-501 unless the order contains a payment on arrears. The presumptive termination date of this order may be modified by the court upon changed circumstances.

#### Note to Employers/Other Withholders:

If the most recent Income Withholding Order in the case is for current child support only, you should discontinue withholding monies after the last pay period of the month of the presumptive termination date above. If the Income Withholding Order includes current child support and an arrearage payment, you should continue withholding the entire amount listed on the order until further notice.



CLERK OF THE SUPERIOR COURT - AMANDA STANFORD  
PINAL COUNTY

PO BOX 628  
FLORENCE, ARIZONA 85132

TEL: 520-866-5321  
FAX: 520-866-5377

**EMPLOYMENT INFORMATION FOR INCOME WITHHOLDING ORDER/  
ORDER OF ASSIGNMENT/ORDER TO STOP**

THIS FORM MUST BE COMPLETED FOR:

- AN INCOME WITHHOLDING ORDER/ORDER OF ASSIGNMENT
- ORDER TO STOP AN INCOME WITHHOLDING ORDER/ORDER OF ASSIGNMENT
- NOTIFICATION OF A CHANGE OF EMPLOYER

CASE NUMBER: \_\_\_\_\_ ATLAS NUMBER: \_\_\_\_\_

OBLIGOR/PAYEE: \_\_\_\_\_  
(PERSON TO MAKE PAYMENTS)

LIST ONLY THE EMPLOYER'S NAME AND PAYROLL ADDRESS WHERE THE INCOME WITHHOLDING ORDER/ORDER OF ASSIGNMENT OR ORDER TO STOP SHOULD BE MAILED:

CURRENT EMPLOYER NAME: \_\_\_\_\_

PAYROLL ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

EMPLOYER TELEPHONE: \_\_\_\_\_

EMPLOYER FAX: \_\_\_\_\_

**FOR CLERK'S OFFICE OFFICIAL USE ONLY**

MAILED TO NEW EMPLOYER:

\_\_\_\_\_  
DATE

\_\_\_\_\_  
BY

\_\_\_\_\_  
ENTERED INTO AJACS/ATLAS

INFORMATION OBTAINED:

- Court
- Custodial Parent (oblige)
- Non-Custodial Parent (Obligor)
- Other: \_\_\_\_\_