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 Employer in states that have adopted the Uniform IInterstate Family Support Act (UIFSA) or have similar state laws.

INSTRUCTIONS

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

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

2. Identifying number used by the Court/Agency issuing Order/Notice, if applicable.

3a-c. Check the appropriate case status of the Order/Notice to Withhold.

4a. Employer/Withholder's nine-digit Federal Employer Identification Number (if available). Include three-digit location code (if known).

4b. Employer/Withholder's Name

4c-d. Employer/Withholder's mailing address (This may differ from the Employee/Obligor work site).

5. Employee/Obligor's last name, first name, and middle initial (if known).

6.

7. Case identifier (or other identifier) used for recording the payment (May be the same as #2).

8. Custodial Parent's last name, first name, and middle initial (if known).

9. Child(ren)'s name(s) and date of birth listed in the Support Order.

ORDER INFORMATION:

10. Name of State that issued the underlying Child Support Order.

11. Termination date of the Support Order.

12. 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 Employer, i.e. "see attached medical support form".

13a. Dollar amount to be withheld for payment of current child support.

13b. Time period that corresponds to the amount in #13a. (e.g., month).

14a. Dollar amount to be withheld for payment of past-due child support under your State law.

14b. Time period that corresponds to amount in #14a (e.g., month).

Form 18A

15a. Dollar amount to be withheld for payment of medical support, as appropriate, based on the underlying Order.

15b. Time period that corresponds to amount in #15a. (e.g., month).

16a. Dollar amount to be withheld for payment of miscellaneous obligations, if appropriate based on the underlying Order.

16b. Time period that corresponds to amount in #16a. (e.g., month).

16c. Describe the amount(s) represented in #16a separately by the fee type (e.g., court fees).

17a. Total of #13a, #14a, #15a, and #16a.

17b. Time period that corresponds to amount in #13b. (e.g., month).

18a. Amount an Employer withholds if Employee is paid weekly.

18b. Amount an Employer withholds if Employee is paid every two weeks.

18c. Amount an Employer withholds if Employee is paid twice a month.

18d. Amount an Employer withholds if Employee is paid once a month.

REMITTANCE INFORMATION:

When completing numbers 19-21, please note the following:

If the Order/Notice is completed for an interstate withholding, apply the law of the State of the Obligor's pprincipal place of employment.

If the Order/Notice is completed for an intrastate withholding or the Employer's Agent is served with a ccopy in the State that issued the Order, you are to follow the Law of the State that issued the Order.

19. Number of days in which the withholding must begin pursuant to the issuing State's law.

20. Number of working days an employer or other payor of income must remit amounts withheld pursuant to the issuing State's law.

21. Maximum percentage that can be withheld based on the applicable withholding limit of the issuing state. If the Employer of a Federal agency, add the additional 5 percentage points allowed uunder the Federal Consumer Protection Act to the percentage entered for #18 (i.e., 65%; or 55% iinstead of 50% if the obligor supports a second family.), check box on the Order/Notice to iindicate the support is 12 weeks or more in arrears.

22a. Case identifier or other identifier. (May be the same as #2 and/or #7).

22b. Federal Information Process Standard (FIPS) code for transmitting payments through EFT/EDI. The FIPS code is five characters that identifies the State and County. If it is seven characters then iit identifies the State, County and location within the County. It is necessary for centralized ccollections. Complete only for EFT/EDI transmission.

22c. Receiving agency's Bank Routing Number. Complete only for EFT/EDI transmission.

22d. Receiving agency's Bank Account Number. Complete only for EFT/EDI transmission.

23. Case Identifier.

24a. Signature of the official(s) authorized to send the Order/Notice. This line is optional if a signature is not required by State statute.

24b. Print the name of the Official(s) authorized to send the Order/Notice.

25. Check the box if the Employer is to provide a copy of the Order/Notice to the Employee.

26. Penalty and/or citation for any Employer who fails to comply with the Order/Notice. Your State law governs unless the Obligor is employed by another State, in which the law of the State he or she is employed governs.

27. Penalty and/or citation for any Employer who discharges, refuses an Employee, or disciplines an Employee/Obligor as a result of the Order/Notice: Your State law governs unless the Obligor is eemployed in another State, in which case the law of the State in which he or she is employed ggoverns.

28. Use this space to provide the Employer with additional information.

29a. Name of the agency or Court requesting the income withholding.

29b-d. Address of the agency or Court requesting the income withholding.

If the Employer is a Federal Government agency, the following instructions apply: ·

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

b. 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 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 gGovernment Entity for which the Obligor works, and the Official Duty station or work site; and (5) sstatus of Obligor i.e., Employee, former Employee, or annuitant.

c. You may withhold from a variety of income and forms of payment, including voluntary separations incentive payments (buy-out payments), incentive pay, and cash awards. For a more ccomplete 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 pProgram. Standard forms are designed to provide uniformity and standardization for interstate case processing. PPublic reporting burden for this collection of information is estimated to average on hour per response. The rresponses to this collection are mandatory in accordance with 45 CFR 303.7. This information is subject to SState and Federal confidentiality requirements; however, the information will be filed with the tribunal and/or aagency in the responding State and may, depending on State law, be disclosed to other parties. An agency may nnot conduct or sponsor and a person is not required to respond to , a collection of information unless it displays aa currently valid OMB control number.

Child Support Calculation Chart

   This chart has been designed to assist in calculating child support amounts in correspondence with the Employee's pay-period if it differs from the terms ordered by the Court. This form has been offered as a calculation tool only. The Clerk of the Circuit Court must verify the amounts on the Order/Notice to Withhold Income for Support before it is issued and filed. The Clerk of the Circuit Court is prohibited by law from giving any legal advice.

Calculations

From Monthly to Weekly:

To calculate the amount to be withheld per weekly pay period, take the ordered monthly amount and multiply it by 12. Take the total and divide it by 52. This will be your weekly amount.

Example: Monthly amount ordered is $200.

$200 x 12 = $2400
$2400 ÷ 52 = $46.15 = Weekly amount withheld

From Monthly to biweekly:

To calculate the amount to be withheld per biweekly pay period, take the ordered monthly amount and multiply it by 12. Take the total and divide it by 26. This will be your biweekly amount.

Example: Monthly amount ordered is $200.

$200 x 12 = $2400
$2400 ÷ 26 = $92.30 = Biweekly amount withheld

From Monthly to semimonthly:

To calculate the amount to be withheld per semimonthly pay period, take the ordered monthly amount and multiply it by 12. Take the total and divide it by 24. This will be your semimonthly amount.

Example: Monthly amount ordered is $200.

$200 x 12 = $2400
$2400 ÷ 52 = $100 = Semimonthly amount withheld

* Reverse the formulas to go from weekly, biweekly or semimonthly to a monthly amount.