

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: 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 at <http://www.acf.hhs.gov/programs/css/resource/income-withholding-for-support-instructions>). If you receive this document from someone other than a State CSE agency or a Court, a copy of the underlying order must be attached.

State/Tribe/Territory: Texas Remittance Identifier: _____

City/County/Dist./Tribe: DISTRICT COURT, TARRANT County Order Identifier: _____

Private Individual/Entity: _____ CSE Agency Case Id: _____

Employer /Income Withholder's Name RE _____
Employee/Obligor's Name (Last, First, MI)

Employee/Obligor's Social Security Number

Custodial Party/Obligee's Name (Last, First, MI)

Employer /Income Withholder's Address

Child's Name (Last, First, Middle Children's Birthdate

ORDER INFORMATION: This document is based on the support or withholding order from Texas.

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

- \$ _____ Per monthly current child support
- \$ _____ Per monthly past-due child support - **Arrears greater than 12 weeks?** Yes No
- \$ _____ Per monthly current cash medical support
- \$ _____ Per monthly past-due cash medical support
- \$ _____ Per monthly current spousal support
- \$ _____ Per monthly past-due spousal support
- \$ _____ Per _____ other (must specify) _____

FOR A TOTAL AMOUNT TO WITHHOLD OF \$ _____ Per month TO BE FORWARDED TO THE SDU FOR 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 biweekly pay period (every two weeks)
 - \$ _____ per semimonthly pay period (twice a month)
 - \$ _____ per monthly pay period
- 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 in Texas, you must begin withholding no later than the first pay period following the date on which this Order/Notice was delivered to the employer. Send payment on the same day of the pay date/date of withholding. If you cannot withhold the full amount of support for any or all orders for this employee/obligor, withhold up to 50% of disposable income for all orders. If the employee/obligor's principal place of employment is not in Texas, obtain withholding information at http://www.acf.hhs.gov/programs/cse/newhire/employer/contacts/contact_map.htm for the principal place of employment.

For electronic payment requirements and centralized payment collection and disbursement facility information (State Disbursement Unit [SDU], see <http://www.acf.hhs.gov/programs/css/resource/state-disbursement-unit-sdu-contacts-and-program-information> .

Include the Remittance Identifier with the payment _____

Remit payment to Texas Child Support Disbursement Unit
P O Box 659791
San Antonio, TX 78265-9791

Return to Sender – Payment must be directed to an SDU in accordance with 42 USC 666(b)(6) or Tribal Payee. If payment is not directed to SDU/Tribal Payee, or this IWO is not regular on its face and you must check this box and return the IWO to the sender.

Signature of Judge/Issuing Official: _____
Print Name of Judge/Issuing Official: _____
Title of Judge/Issuing Official: <u>DISTRICT JUDGE</u>
Date of Signature: _____

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 your employee/obligor.

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

ADDITIONAL INFORMATION FOR EMPLOYERS AND OTHER INCOME WITHHOLDERS

State specific information may be viewed on the Federal Employer Services website located at:

<http://www.acf.hhs.gov/programs/css/employers/employer-contact-program-information>

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

Combining Payments: You may combine withheld amounts from more than one employee/obligor's income in a single payment to each agency/party requesting withholding. 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/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 with respect to the time periods within which you must implement the withholding and forward the support payments.

Multiple IWOs: If there is more than one Order/Notice against this employee/obligor and you are unable to fully honor all support Orders/Notices due to Federal, State, or Tribal withholding limits, you must follow the State or Tribal law/procedure of the employee/obligor's principal place of employment. You must honor all Orders/Notices to the greatest extent possible, giving priority to current support before payment of any past-due support.

Lump Sum Payments: You may be required to report and withhold from lump sum payments such as bonuses, commissions, or severance pay. Contact the sender to determine if you are required to withhold or if you have any questions about lump sum payments.

Liability: If you have any doubts about the validity of the Order/Notice, contact the agency or person listed below. 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 or Tribal law/procedure.

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 any employee/obligor because of a child support withholding.

Employer's Name: _____

Employer FEIN: _____

Employee/Obligor Name: _____

CSE Agency Case Identifier: _____

Order Identifier: _____

Withholding Limits: You may not withhold more than the lesser of: 1) the amounts allowed by the Federal Consumer Credit Protection Act (CCPA) (15 U.S.C. 1673 (b)); or 2) the amounts allowed by the State or Tribe of the employee/obligor's principal place of employment. Disposable income is the net income left after making 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, that 50% limit is increased to 55% and that 60% limit is increased to 65% if the arrears are greater than 12 weeks. If permitted by the State, you may deduct a fee for administrative costs. The support amount and the 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 who receive a State order, you may not withhold more than the lesser of the limit set by the law of the jurisdiction in which the employer is located or the maximum amount permitted under section 303(d) of the CCPA (15 U.S.C. 1673 (b)).

Depending upon applicable State law, you may need to take into consideration the 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 whether the arrears are greater than 12 weeks, then the employer should calculate the CCPA limit using the lower percentage.

Additional information:

NOTIFICATION OF TERMINATION OF EMPLOYMENT: You must promptly notify the Child Support Enforcement Agency and/or the person listed below by returning this form to the correspondence address if:

- This person has never worked for this employer.
- This person no longer works for this employer.

Please provide the following information for the terminated employee:

Termination date: _____ Last known phone number: _____

Last known home address: _____

Date final payment made to the State Disbursement Unit or Tribal CSE agency: _____

Final payment amount: _____ New employer's name: _____

New employer's address: _____

CONTACT INFORMATION

To Employer/Withholder:

If the employer/income withholder has any questions, contact the Tarrant County Child Support Office at:
PO Box 961014
Fort Worth, TX 76161-004
by phone at (817)884-1475
by fax: (817)884-3769

Send termination notice and other
correspondence to:
Tarrant County Child Support Office
Family Law Center
PO Box 961014
Fort Worth, TX 76161-004
by fax: (817) 884-1475