

**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 [http://www.acf.hhs.gov/programs/cse/forms/OMB-0970-0154\\_instructions.pdf](http://www.acf.hhs.gov/programs/cse/forms/OMB-0970-0154_instructions.pdf)). 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 Identifier (include w/payment) \_\_\_\_\_  
City/County/Dist./Tribe \_\_\_\_\_ Order Identifier \_\_\_\_\_  
Private Individual/Entity \_\_\_\_\_ CSE Agency Case Identifier \_\_\_\_\_

|  |  |  |
|--|--|--|
| _____                                      | RE: _____  | _____  |
| Employer/Income Withholder's Name          | Employee/Obligor's Name (Last, First, Middle)        | _____  |
| _____                                      | Employee/Obligor's Social Security Number            | _____  |
| Employer/Income Withholder's Address       | 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 - <b>Arrears greater than 12 weeks?</b> | 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.

**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 for all orders. If the employee/obligor's principal place of employment is not \_\_\_\_\_ (State/Tribe), obtain withholding limitations, time requirements, and any allowable employer fees at [http://www.acf.hhs.gov/programs/cse/newhire/employer/contacts/contact\\_map.htm](http://www.acf.hhs.gov/programs/cse/newhire/employer/contacts/contact_map.htm) for the employee/obligor's principal place of employment.

Document Tracking Identifier \_\_\_\_\_

OMB 0970-0154

For electronic payment requirements and centralized payment collection and disbursement facility information (State Disbursement Unit [SDU]), see [http://www.acf.hhs.gov/programs/cse/newhire/employer/contacts/contact\\_map.htm](http://www.acf.hhs.gov/programs/cse/newhire/employer/contacts/contact_map.htm).

Include the **Remittance Identifier 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: \_\_\_\_\_

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.

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### ADDITIONAL INFORMATION FOR EMPLOYERS/INCOME WITHHOLDERS

State-specific contact and withholding information can be found on the Federal Employer Services website located at: [http://www.acf.hhs.gov/programs/cse/newhire/employer/contacts/contact\\_map.htm](http://www.acf.hhs.gov/programs/cse/newhire/employer/contacts/contact_map.htm)

**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 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.

**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.

Employer's Name: \_\_\_\_\_ Employer FEIN: \_\_\_\_\_  
Employee/Obligor's 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 (see *REMITTANCE INFORMATION*). 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, 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 lesser of 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(d) of the CCPA (15 U.S.C. 1673 (b)).

Depending upon applicable State or Tribal law, you may need to also consider 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 that the arrears are greater than 12 weeks, then the Employer should calculate the CCPA limit using the lower percentage.

**Additional Information:**

**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, an employer 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 any questions, contact \_\_\_\_\_ (Issuer name)  
by phone at \_\_\_\_\_, by fax at \_\_\_\_\_, by email or website at \_\_\_\_\_.

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 at \_\_\_\_\_, by fax at \_\_\_\_\_, by email or website at \_\_\_\_\_.

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

IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT,  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

Case No: \_\_\_\_\_

Division: \_\_\_\_\_

\_\_\_\_\_,  
Petitioner,

and

\_\_\_\_\_,  
Respondent.

### FLORIDA ADDENDUM TO INCOME WITHHOLDING ORDER

**THE PAYOR**, {name} \_\_\_\_\_, **IS HEREBY NOTIFIED** that, under sections 61.13 and 61.1301, Florida Statutes, you have the responsibilities and rights set forth below with regard to the Income Withholding Order/Notice for Support.

1. The Income Withholding Order/Notice for Support is enforceable against employers specifically listed upon the form as well as **all subsequent employers/payors** of Obligor, {name} \_\_\_\_\_, {address} \_\_\_\_\_.
2. You are required to deduct from the obligor's income the amount specified in the income withholding order, and in the case of a delinquency the amount specified in the notice of delinquency, and to pay that amount to the State of Florida Disbursement Unit. The amount actually deducted plus all administrative charges shall not be in excess of the amount allowed under section 303(b) of the Consumer Credit Protection Act, 15 U.S.C. Section 1673(b), as amended.
3. You must implement the income deduction no later than the first payment date which occurs more than 14 days after the date the income deduction order was served on you, and you shall conform the amount specified in the income withholding order to the obligor's pay cycle. The court should request at the time of the order that the payment cycle will reflect that of the obligor.
4. You must forward, within 2 days after each date the obligor is entitled to payment from you, to the State of Florida Disbursement Unit, the amount deducted from the obligor's income, a statement as to whether the amount totally or partially satisfies the periodic amount specified in the income withholding order, and the specific date each deduction is made. If the IV-D agency is enforcing the order, you shall make these notifications to the agency.
5. If you fail to deduct the proper amount from the obligor's income, you are liable for the amount you should have deducted, plus costs, interest, and reasonable attorneys' fees.

6. You may collect up to \$5 against the obligor's income to reimburse you for the administrative costs for the first income deduction and up to \$2 for each deduction thereafter.
7. The Income Withholding Order/Notice for Support is binding on you until further notice by court order or until you no longer provide income to the obligor.
8. When you no longer provide income to the obligor, you shall notify the obligee, *{name}*\_\_\_\_\_, *{address}*\_\_\_\_\_, and provide the obligor's last known address and the name and address of the obligor's new payor, if known, utilizing the form contained within the Income Withholding Order/Notice for Support. If you violate this provision, you are subject to a civil penalty not to exceed \$250 for the first violation or \$500 for any subsequent violation. If the IV-D agency is enforcing the order, you shall make these notifications to the agency instead of the obligee. Penalties shall be paid to the obligee or the IV-D agency, whichever is enforcing the income deduction order.
9. You shall not discharge, refuse to employ, or take disciplinary action against an obligor because of the requirement for income deduction. A violation of this provision subjects you to a civil penalty not to exceed \$250 for the first violation or \$500 for any subsequent violation. Penalties shall be paid to the obligee or the IV-D agency, whichever is enforcing the income deduction, if any alimony or child support obligation is owing. If no alimony or child support obligation is owing, the penalty shall be paid to the obligor.
10. The obligor may bring a civil action in the courts of this state against a payor who refuses to employ, discharges, or otherwise disciplines an obligor because of income deduction. The obligor is entitled to reinstatement of all wages and benefits lost, plus reasonable attorneys' fees and costs incurred.
11. In a Title IV-D case, if an obligation to pay current support is reduced or terminated due to the emancipation of a child and the obligor owes an arrearage, retroactive support, delinquency, or costs, income deduction continues at the rate in effect immediately prior to emancipation until all arrearages, retroactive support, delinquencies, and costs are paid in full or until the amount of withholding is modified.
12. All notices to the obligee shall be sent to the address provided in this notice to payor, or any place thereafter the obligee requests in writing.
13. An employer who employed 10 or more employees in any quarter during the preceding state fiscal year or who was subject to and paid tax to the Department of Revenue in an amount of \$20,000 or more shall remit support payments deducted pursuant to an income deduction order or income deduction notice and provide associated case data to the State Disbursement Unit by electronic means approved by the department. Payors who are required to remit support payments electronically can find more information on how to do so by accessing the State Disbursement Unit's website at [www.floridasdu.com](http://www.floridasdu.com) and clicking on "Payments." Payment options include Expert Pay, Automated Clearing House (ACH) credit through your financial institution, [www.myfloridacounty.com](http://www.myfloridacounty.com), or Western Union. Payors may contact the SDU Customer Service Employer telephone line at 1-888-883-0743.

14. The amount of arrears owed, if any, is \$\_\_\_\_\_. You must withhold an additional twenty percent (20%) or more of the ongoing periodic obligation towards same at the rate of \$\_\_\_\_\_ per \_\_\_\_\_ until full payment is made of any arrearage, attorneys' fees and costs—provided that no deduction shall be applied to attorneys' fees and costs until the full amount of any arrearage is paid. If a delinquency accrues after the order establishing, modifying, or enforcing support has been entered and there is no existing order for repayment of the delinquency or a pre-existing arrearage, a payor shall deduct \$\_\_\_\_\_ per \_\_\_\_\_ (which represents an additional twenty percent (20%) of the current support obligation, or other amount agreed to by the parties) until the delinquency and any attorneys' fees and costs are paid in full. No deduction may be applied to attorneys' fees and costs until the delinquency is paid in full.

15. Pursuant to sections 61.13 and 61.1301, Florida Statutes, the amounts listed for payment on the Income Withholding Order must be varied by the employer/payor for bonus income, or similar one-time payment:

You shall deduct [*Choose only one*] ( ) the full amount, ( ) \_\_\_\_\_%, or ( ) none of the income which is payable to the obligor in the form of a bonus or other similar one-time payment, up to the amount of arrearage reported in the Income Deduction Order or the remaining balance thereof, and forward the payment to the State of Florida Disbursement Unit. For purposes of this subparagraph, "bonus" means a payment in addition to an obligor's usual compensation and which is in addition to any amounts contracted for or otherwise legally due and shall not include any commission payments due an obligor.

16. Child Support Reduction/Termination Schedule. Child support amount listed on the IWO shall be automatically reduced or terminated as set forth in the following schedule:

| Please list children by initials from eldest to youngest |  | Insert in this column the day, month, and year the child support obligation terminates for each designated child (see instructions) |  | Insert in this column the amount of child support for all minor children remaining (including designated child). |
|--|--|---|--|--|
| Child 1<br>(Eldest)<br>Initials & year of birth:         |  |   |  |  |
| Child 2  |  |   |  |  |

|   |  |  |  |  |
|---|--|--|--|--|
| Initials & year of birth:                   |  |  |  |  |
| <b>Child 3</b><br>Initials & year of birth: |  |  |  |  |
| <b>Child 4</b><br>Initials & year of birth: |  |  |  |  |
| <b>Child 5</b><br>Initials & year of birth: |  |  |  |  |

(Continue on additional pages for additional children)

NOTE: This change only relates to the amount of the child support obligation portion of the payments listed in the first page of the Income Withholding Order. If there is a child support arrearage in a Title IV-D case, the amount will not be reduced due to the child no longer being eligible for support pursuant to paragraph 11 above.

17. Additional information regarding the implementation of income deduction may be found at [www.floridasdu.com](http://www.floridasdu.com).

**IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW**

[fill in all blanks] This form was prepared for the: {choose only **one**} ( ) Petitioner ( ) Respondent

This form was completed with the assistance of:

{name of individual} \_\_\_\_\_,

{name of business} \_\_\_\_\_,

{address} \_\_\_\_\_,

{city} \_\_\_\_\_, {state} \_\_\_\_\_, {telephone number} \_\_\_\_\_.

# ATTACHMENT A (Payment Information Sheet)

STYLE OF SUIT \_\_\_\_\_

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

\_\_\_\_\_  
Petitioner

DIVISION \_\_\_\_\_

\_\_\_\_\_  
Respondent

**PERIODIC AMOUNTS OBLIGOR ORDERED TO PAY:**

| <u>CURRENT:</u>        | <u>ARREARAGE:</u>      | <u>TOTAL</u>          | <u>PERIODIC</u> |
|------------------------|------------------------|-----------------------|-----------------|
|                        | <u>ARREARS DUE</u>     | <u>PAYMENT AMOUNT</u> |                 |
| CHILD SUPPORT \$ _____ | CHILD SUPPORT \$ _____ | \$ _____              | \$ _____        |
| ALIMONY \$ _____       | ALIMONY \$ _____       | \$ _____              | \$ _____        |
| OTHER* \$ _____        | OTHER* \$ _____        | \$ _____              | \$ _____        |

**\*INSTRUCTIONS:** \_\_\_\_\_  
\_\_\_\_\_

**PAYMENT FREQUENCY – CHECK ONE:** (WILL APPLY TO ALL PAYMENTS)

\_\_\_\_\_ **WEEKLY** \_\_\_\_\_ **BI-WEEKLY** (Every two weeks/26 per year)  
 \_\_\_\_\_ **SEMI-MONTHLY** (Twice monthly/24 per year) – **DATES:** on \_\_\_\_\_ and \_\_\_\_\_  
 \_\_\_\_\_ **MONTHLY** on \_\_\_\_\_.

**PAYMENT INFORMATION – CHECK ONE:**

\_\_\_\_\_ **PAYABLE THROUGH THE COURT – FIRST PAYMENT DATE (MUST BE GIVEN)** \_\_\_\_\_  
 \_\_\_\_\_ **NOT PAYABLE THROUGH THE COURT AT THIS TIME.**

**PAYMENTS TO BE SENT TO:**

**STATE OF FLORIDA DISBURSEMENT UNIT (SDU)**  
 P.O. BOX 8500  
 TALLAHASSEE, FLORIDA 32314-8500

**\*\*\*\*THE FOLLOWING INFORMATION MUST BE COMPLETED\*\*\*\***

| <b>OBLIGEE</b>                         | <b>OBLIGOR</b>                         |
|--|--|
| <b>Social Security Number:</b> _____   | <b>Social Security Number:</b> _____   |
| <b>Name:</b> _____                     | <b>Name:</b> _____                     |
| <b>Address:</b> _____                  | <b>Address:</b> _____                  |
| _____                                  | _____                                  |
| <b>Cty/St/Zip</b> _____                | <b>Cty/St/Zip</b> _____                |
| <b>DOB:</b> _____ <b>Phone #</b> _____ | <b>DOB:</b> _____ <b>Phone #</b> _____ |
|  | <b>Employer:</b> _____                 |
|  | <b>Address:</b> _____                  |
|  | <b>Cty/St/Zip:</b> _____               |

**FULL NAME(S) OF CHILD(REN):**

|                 |                 |
|-----------------|-----------------|
| _____ SS# _____ | _____ DOB _____ |
| _____ SS# _____ | _____ DOB _____ |
| _____ SS# _____ | _____ DOB _____ |

**PREPARED BY:** \_\_\_\_\_ **PHONE NUMBER:** \_\_\_\_\_