

**Superior Court of California
County of Riverside
Income Withholding Order for Support Cover Sheet**

Party Receiving Support:

Name (Last, First, MI):
Address:
City, State, Zip Code:
Telephone Number (home or cellular):

Party Ordered to Pay Support (Last, First, MI):

What is your case number?:

Have you previously received an Income Withholding Order for Support?

Yes No

What is the name/address of the employer of the party ordered to pay support?

Employer Name:
Employer Address:
City, State, Zip Code:

What is the Social Security Number of the party ordered to pay support?

Social Security Number

List all minor Children's names and dates of birth included in the order for support:

| | |
|---------|---------|
| Name: | Name: |
| D.O.B.: | D.O.B.: |

| | |
|---------|---------|
| Name: | Name: |
| D.O.B.: | D.O.B.: |

Please enter the following information:

| | | |
|-----------------------------|---|-----------|
| Child Support per month: \$ | Past Due Child Support per month: \$ | |
| | (Past Due Amount more than 12 weeks old?) | Yes No |

| | |
|-------------------------------|--|
| Spousal Support per month: \$ | Past Due Spousal Support per month: \$ |
|-------------------------------|--|

Today's Date:

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). 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 _____ Employer/Income Withholder's Address _____ _____ _____ Employer/Income Withholder's FEIN _____ Child(ren)'s Name(s) (Last, First, Middle) Child(ren)'s Birth Date(s) _____ _____ _____ _____ _____ | RE: _____ Employee/Obligor's Name (Last, First, Middle) _____ Employee/Obligor's Social Security Number _____ Custodial Party/Obligee's Name (Last, First, Middle) _____ <div style="border: 1px solid black; width: 100%; height: 100%; margin-top: 20px;"></div> |
|--|---|

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? <input type="checkbox"/> Yes <input type="checkbox"/> 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 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.

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

Remit payment to _____ California State Disbursement Unit (SDU/Tribal Order Payee) at _____ P.O. Box 989067, West Sacramento, CA 95798-9067 (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.

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.

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.

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.

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:

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.

| | |
|---|--------------------|
| ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, State Bar number, and address</i>): TELEPHONE NO.: _____ FAX NO. (<i>Optional</i>): _____ E-MAIL ADDRESS (<i>Optional</i>): _____ ATTORNEY FOR (<i>Name</i>): _____ | FOR COURT USE ONLY |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME: | |
| PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARTY/PARENT: | |
| EX PARTE APPLICATION TO <input type="checkbox"/> ISSUE, <input type="checkbox"/> MODIFY, OR <input type="checkbox"/> TERMINATE AN EARNINGS ASSIGNMENT ORDER | CASE NUMBER: |

APPLICANT DECLARES

1. **Child support** was ordered as follows on (*date*):
 - a. Child's name
 - b. Date of birth
 - c. Monthly amount
 - d. Payable by (party)
 - e. Payable to (party)
 - f. Total amount unpaid (arrears) is at least: \$ _____ as of (*date*): _____

2. **Spousal or domestic partner support** **family support** was ordered as follows:
 - a. Date of order: _____
 - b. Payable by petitioner respondent other parent
 - c. Payable to petitioner respondent other (*specify*): _____
 - d. Total amount unpaid (arrears) is at least: \$ _____ as of (*date*): _____

3. **Interest and penalties**
 - a. The amount of arrears stated in items 1f and 2d does does not include interest at the legal rate. (*If interest is not included, it is not waived.*)
 - b. The amount of arrears stated in items 1f and 2d does does not include penalties at the legal rate. (*If penalties are not included, they are not waived.*)

4. **(Complete for support ordered before July 1, 1990, only)**
 Payment of child support spousal or partner support is overdue in the sum of at least one month's payment.
 Written notice of my intent to seek an earnings assignment was
 - a. given at least 15 days before the date of filing this application
 - (1) by first class mail.
 - (2) by personal service.
 - (3) contained in the support order described in item 1 or 2.
 - (4) other (*specify*): _____
 - b. waived (*explain*): _____

5. An earnings assignment order has not been issued for support ordered after July 1, 1990.

| | |
|---|--------------|
| PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARTY/PARENT: | CASE NUMBER: |
|---|--------------|

ISSUANCE OF EARNINGS ASSIGNMENT ORDER

6. I request an earnings assignment order issue for the following monthly deductions:
- a. \$ per month current **child support**.
 - b. \$ per month current **spousal or domestic partner support**.
 - c. \$ per month current **family support**.
 - d. \$ per month **child support arrears**.
 - e. \$ per month **spousal or domestic partner support arrears**.
 - f. \$ per month **family support arrears**.
 - g. **Total deductions per month:** \$

MODIFICATION OF CHILD SUPPORT EARNINGS ASSIGNMENT ORDER

7. The existing earnings assignment order for child support should be modified as follows (*specify*):

The modified earnings assignment order is requested because (*check all that apply*):

- a. One or more of the following children listed in the child support order are emancipated (support is no longer required by law) as of the following dates (name each emancipated child and date of emancipation):

- b. The support arrears in this case are paid in full, including interest.
- c. The earnings assignment order must be conformed to the most recent support order as follows (*specify*):

- d. The local child support agency is no longer enforcing the current support obligation in this case but is required to collect and enforce any arrears owing.
- e. Other (*specify*):

TERMINATION OF CHILD SUPPORT EARNINGS ASSIGNMENT ORDER

8. The earnings assignment order for child support should be terminated because (*check all that apply*):
- a. Past due support has been paid in full, including any interest due.
 - b. There is no current support order.
 - c. The child reached age 18 and completed the 12th grade on(*date*):
 - d. The child reached 18 and is no longer a full-time high school student as of (*date*):
 - e. The child reached age 19.
 - f. The child died on (*date*):
 - g. The child married on (*date*):
 - h. The child went on active duty with the armed forces of the United States on (*date*):
 - i. The child received a declaration of emancipation under Family Code section 7122 (*name each child and give details*):

| | |
|---|--------------|
| PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARTY/PARENT: | CASE NUMBER: |
|---|--------------|

8. *(continued)*

- j. The previous stay of the earnings assignment was improperly terminated *(specify)*:

- k. The State Disbursement Unit has been unable to deliver payment for a period of six months due to the failure of the support recipient to notify the State Disbursement Unit of a change in his or her address.
- l. Other *(specify)*:

MODIFICATION OF SPOUSAL, DOMESTIC PARTNER, OR FAMILY SUPPORT EARNINGS ASSIGNMENT ORDER

9. The existing earnings assignment order for spousal, domestic partner, or family support should be changed as follows *(specify)*:

The modified earnings assignment order is requested because *(check all that apply)*:

- a. The support arrears in this case are paid in full, including interest.
- b. The earnings assignment order must be conformed to the most recent support order as follows *(specify)*:

- c. Other *(specify)*:

TERMINATION OF SPOUSAL, DOMESTIC PARTNER, OR FAMILY SUPPORT EARNINGS ASSIGNMENT ORDER

10. The earnings assignment order for spousal, domestic partner, or family support should be terminated because *(specify)*:

- a. Past due support has been paid in full, including any interest due.
- b. There is no current support order.
- c. The supported spouse or domestic partner remarried or registered a domestic partnership on *(date)*:
- d. The supported spouse or partner died on *(date)*:
- e. By terms of the current order, spousal, partner, or family support terminated on *(date)*:
- f. A previous stay of wage assignment was improperly terminated *(specify)*:

- g. The employer State Disbursement Unit has been unable to deliver payment for a period of six months due to the failure of the support recipient to notify that employer or the State Disbursement Unit of a change in his or her address.
- h. Other *(specify)*:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME)



SIGNATURE

| | |
|---|---|
| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____ | COURT PERSONNEL: STAMP DATE RECEIVED HERE DO NOT FILE |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME: | |
| PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT: | |
| <input type="checkbox"/> Mother <input type="checkbox"/> First form completed <input type="checkbox"/> Father <input type="checkbox"/> Change to previous information | CASE NUMBER: |

THIS FORM WILL NOT BE PLACED IN THE COURT FILE. IT WILL BE MAINTAINED IN A CONFIDENTIAL FILE WITH THE STATE OF CALIFORNIA.

Notice: Pages 1 and 2 of this form must be completed and delivered to the court along with the court order for support. Pages 3 and 4 are instructional only and do not need to be delivered to the court. If you did not file the court order, you must complete this form and deliver it to the court within 10 days of the date on which you received a copy of the support order. Any later change to the information on this form must be delivered to the court on another form within 10 days of the change. It is important that you keep the court informed in writing of any changes of your address and telephone number.

1. Support order information (*this information is on the court order you are filing or have received*).
 - a. Date order filed:
 - b. Initial child support or family support order Modification
 - c. Total monthly base current child or family support amount ordered for children listed below, plus any monthly amount ordered payable on past-due support:

| | | |
|--|--|--|
| <u>Child Support:</u> (1) <input type="checkbox"/> Current base child support: \$ _____ <input type="checkbox"/> Reserved order <input type="checkbox"/> \$0 (zero) order (2) <input type="checkbox"/> Additional monthly support: \$ _____ (3) <input type="checkbox"/> Total past-due support: \$ _____ (4) <input type="checkbox"/> Payment on past-due support: \$ _____ | <u>Family Support:</u> <input type="checkbox"/> Current base family support: \$ _____ <input type="checkbox"/> Reserved order <input type="checkbox"/> \$0 (zero) order <input type="checkbox"/> Additional monthly support: \$ _____ <input type="checkbox"/> Total past-due support: \$ _____ <input type="checkbox"/> Payment on past-due support: \$ _____ | <u>Spousal Support:</u> <input type="checkbox"/> Current spousal support: \$ _____ <input type="checkbox"/> Reserved order <input type="checkbox"/> \$0 (zero) order <input type="checkbox"/> Total past-due support: \$ _____ <input type="checkbox"/> Payment on past-due support: \$ _____ |
|--|--|--|
 - (5) Wage withholding was ordered ordered but stayed until (date):
2. Person required to pay child or family support (*name*):
 Relationship to child (*specify*):
3. Person or agency to receive child or family support payments (*name*):
 Relationship to child (*if applicable*):

TYPE OR PRINT IN INK

| | |
|---|--------------|
| PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT: | CASE NUMBER: |
|---|--------------|

4. The child support order is for the following children:
- | | <u>Child's name</u> | <u>Date of birth</u> | <u>Social security number</u> |
|----|---------------------|----------------------|-------------------------------|
| a. | | | |
| b. | | | |
| c. | | | |
- Additional children are listed on a page attached to this document.

You are required to complete the following information about yourself. You are not required to provide information about the other person, but you are encouraged to provide as much as you can. This form is confidential and will not be filed in the court file. It will be maintained in a confidential file with the State of California.

- | | |
|---|---|
| <p>5. Father's name:</p> <p>a. Date of birth:</p> <p>b. Social security number:</p> <p>c. Street address:</p> <p>City, state, zip code:</p> <p>d. Mailing address:</p> <p>City, state, zip code:</p> <p>e. Driver's license number:</p> <p>State:</p> <p>f. Telephone number:</p> <p>g. <input type="checkbox"/> Employed <input type="checkbox"/> Not employed <input type="checkbox"/> Self-employed</p> <p>Employer's name:</p> <p>Street address:</p> <p>City, state, zip code:</p> <p>Telephone number:</p> | <p>6. Mother's name:</p> <p>a. Date of birth:</p> <p>b. Social security number:</p> <p>c. Street address:</p> <p>City, state, zip code:</p> <p>d. Mailing address:</p> <p>City, state, zip code:</p> <p>e. Driver's license number:</p> <p>State:</p> <p>f. Telephone number:</p> <p>g. <input type="checkbox"/> Employed <input type="checkbox"/> Not employed <input type="checkbox"/> Self-employed</p> <p>Employer's name:</p> <p>Street address:</p> <p>City, state, zip code:</p> <p>Telephone number:</p> |
|---|---|

7. A restraining order, protective order, or nondisclosure order due to domestic violence is in effect.
- a. The order protects: Father Mother Children
- b. From: Father Mother
- c. The restraining order expires on (*date*):

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____

(TYPE OR PRINT NAME)
(SIGNATURE OF PERSON COMPLETING THIS FORM)

INFORMATION SHEET FOR CHILD SUPPORT CASE REGISTRY FORM

(Do NOT deliver this Information Sheet to the court clerk.)

Please follow these instructions to complete the *Child Support Case Registry Form* (form FL-191) if you do not have an attorney to represent you. Your attorney, if you have one, should complete this form.

Both parents must complete a *Child Support Case Registry Form*. The information on this form will be included in a national database that, among other things, is used to locate absent parents. When you file a court order, you must deliver a completed form to the court clerk along with your court order. If you did not file a court order, you must deliver a completed form to the court clerk **WITHIN 10 DAYS** of the date you received a copy of your court order. If any of the information you provide on this form changes, you must complete a new form and deliver it to the court clerk within 10 days of the change. The address of the court clerk is the same as the one shown for the superior court on your order. This form is confidential and will not be filed in the court file. It will be maintained in a confidential file with the State of California.

INSTRUCTIONS FOR COMPLETING THE *CHILD SUPPORT CASE REGISTRY FORM* (TYPE OR PRINT IN INK):

If the top section of the form has already been filled out, skip down to number 1 below. If the top section of the form is blank, you must provide this information.

Page 1, first box, top of form, left side: Print your name, address, telephone number, fax number, and e-mail address, if any, in this box. Attorneys must include their State Bar identification numbers.

Page 1, second box, top of form, left side: Print the name of the county and the court's address in this box. Use the same address for the court that is on the court order you are filing or have received.

Page 1, third box, top of form, left side: Print the names of the petitioner/plaintiff, respondent/defendant, and other parent in this box. Use the same names listed on the court order you are filing or have received.

Page 1, fourth box, top of form, left side: Check the box indicating whether you are the mother or the father. If you are the attorney for the mother, check the box for mother. If you are the attorney for the father, check the box for father. Also, if this is the first time you have filled out this form, check the box by "First form completed." If you have filled out form FL-191 before, and you are changing any of the information, check the box by "Change to previous information."

Page 1, first box, right side: Leave this box blank for the court's use in stamping the date of receipt.

Page 1, second box, right side: Print the court case number in this box. This number is also shown on the court papers.

Instructions for numbered paragraphs:

1. a. Enter the date the court order was filed. This date is shown in the "COURT PERSONNEL: STAMP DATE RECEIVED HERE" box on page 1 at the top of the order on the right side. If the order has not been filed, leave this item blank for the court clerk to fill in.
- b. If the court order you filed or received is the first child or family support order for this case, check the box by "Initial child support or family support order." If this is a change to your order, check the box by "Modification."
- c. Information regarding the amount and type of support ordered and wage withholding is on the court order you are filing or have received.
 - (1) If your order provides for any type of current support, check all boxes that describe that support. For example, if your order provides for both child and spousal support, check both of those boxes. If there is an amount, put it in the blank provided. If the order says the amount is reserved, check the "Reserved order" box. If the order says the amount is zero, check the "\$0 (zero) order" box. Do not include child care, special needs, uninsured medical expenses, or travel for visitation here. These amounts will go in (2). Do NOT complete the Child Support Case Registry form if you receive spousal support only.
 - (2) If your order provides for a set monthly amount to be paid as additional support for such needs as child care, special needs, uninsured medical expenses or travel for visitation check the box in Item 2 and enter the monthly amount. For example, if your order provides for base child support and in addition the paying parent is required to pay \$300 per month, check the box in item 2 underneath the "Child Support" column and enter \$300. Do NOT check this box if your order provides only for a payment of a percentage, such as 50% of the childcare.

- (3) If your order determined the amount of past due support, check the box in Item 3 that states the type of past due support and enter the amount. For example, if the court determined that there was \$5000 in past due child support and \$1000 in past due spousal support, you would check the box in item 3 in the "Child Support" column and enter \$5000 and you would also check the box in item 3 in the "Spousal Support" column and enter \$1000.
 - (4) If your order provides for a specific dollar amount to be paid towards any past due support, check the box in Item 4 that states the type of past due support and enter the amount. For example, the court ordered \$350 per month to be paid on the past due child support, you would check the box in Item 4 in the "Child Support" column and enter \$350.
 - (5) Check the "ordered" box if wage withholding was ordered with no conditions. Check the box "ordered but stayed until" if wage withholding was ordered but is not to be deducted until a later date. If the court delayed the effective date of the wage withholding, enter the specific date. Check only one box in this item.
2. a. Write the name of the person who is supposed to pay child or family support.
b. Write the relationship of that person to the child.
 3. a. Write the name of the person or agency supposed to receive child or family support payments.
b. Write the relationship of that person to the child.
 4. List the full name, date of birth, and social security number for each child included in the support order. If there are more than five children included in the support order, check the box below item 4e and list the remaining children with dates of birth and social security numbers on another sheet of paper. Attach the other sheet to this form.

The local child support agency is required, under section 466(a)(13) of the Social Security Act, to place in the records pertaining to child support the social security number of any individual who is subject to a divorce decree, support order, or paternity determination or acknowledgment. This information is mandatory and will be kept on file at the local child support agency.

Top of page 2, box on left side: Print the names of the petitioner/plaintiff, respondent/defendant, and other parent in this box. Use the same names listed on page 1.

Top of page 2, box on right side: Print your court case number in this box. Use the same case number as on page 1, second box, right side.

You are required to complete information about yourself. If you know information about the other person, you may also fill in what you know about him or her.

5. If you are the father in this case, list your full name in this space. See instructions for a–g under item 6 below.
6. If you are the mother in this case, list your full name in this space.
 - a. List your date of birth.
 - b. Write your social security number.
 - c. List the street address, city, state, and zip code where you live.
 - d. List the street address, city, state, and zip code where you want your mail sent, if different from the address where you live.
 - e. Write your driver's license number and the state where it was issued.
 - f. List the telephone number where you live.
 - g. Indicate whether you are employed, not employed, self-employed, or by checking the appropriate box. If you are employed, write the name, street address, city, state, zip code, and telephone number where you work.
7. If there is a restraining order, protective order, or nondisclosure order, check this box.
 - a. Check the box beside each person who is protected by the restraining order.
 - b. Check the box beside the parent who is restrained.
 - c. Write the date the restraining order expires. See the restraining order, protective order, or nondisclosure order for this date.

If you are in fear of domestic violence, you may want to ask the court for a restraining order, protective order, or nondisclosure order.

You must type or print your name, fill in the date, and sign the *Child Support Case Registry Form* under penalty of perjury. When you sign under penalty of perjury, you are stating that the information you have provided is true and correct.

Instructions for Filing:

- 1.** Complete the coversheet for the Income Withholding Order for Support, FL-195 (the form will self-populate). You will need to fill in the required information on the Child Support Case Registry Form, FL-191.
- 2.** Make (2) copies of the Income Withholding Order for Support (you will have the original plus 2 copies). It is not necessary to make copies of the Child Support Case Registry Form.
- 3.** Complete a self-addressed stamped envelope.
- 4.** File the Income Withholding Order for Support, the 2 copies, the original Child Support Case Registry Form, and a self-addressed stamped envelope at the Court Clerk's Office.
- 5.** Once the Judge signs the form, the Clerk of the Court will mail the filed Income Withholding Order for Support to you.
- 6.** Upon receipt, have a copy of the order served to the employer named in the order.