NAME:	
ADDRESS:	
TELEPHONE NO	
Plaintiff/ Petitioner Pro SeDefendant/Respondent Pro Se	
IN THE FAMILY COURT (OF THE FIRST CIRCUIT
STATE OF	HAWAIʻI
)	FC-CU No.
Plaintiff [] Petitioner,) VS.)	[] ORIGINAL [] AMENDED [] TERMINATION ORDER/NOTICE TO WITHHOLD INCOME FOR CHILD SUPPORT
[]Defendant []Respondent.)	
[]ORIGINAL []AMENDORDER/NOTICE TO WITHHOLD	

Please call Ho'okele, the Self-Help Desk, at 954-8290, if you have any questions about how to fill out this form.

[] NOTICE OF AN ORDER TO WIT	THHOLD INCOME FOR CHILD SUPPORT
[] Original [] Amended [] Termination [] State/Tribe/Territory: HAWAI'I - FAMILY COURT	Date:
City/Co./Dist./Reservation: CITY AND COUNTY C	
Non-governmental entity or Individual	
Employer's/Withholder's Name	Employee's/Obligor's Name (Last, First, MI)
	Employee's/Obligor's SocialSecurity Number
	FC-CU No.
Employer's/Withholder's Address	Employee's/Obligor's Case Identifier
Employer's/Withholder's Federal EIN Number (if known)	Obligee's Name (Last, First, MI)
ORDER INFORMATION: This document is based on You are required by law to deduct these amounts from	
\$Per month current child support	
\$Per month past -due child support	Arrears greater than 12 weeks? [] Yes [] No
\$Per month current cash medical support	
\$Per month past-due cash medical suppor	t
\$Per month spousal support	
\$Per month past-due spousal support	
\$Per month other (specify):	
for a total of \$ per month to be forwarded	to the payee below.
You do not have to vary your pay cycle to be in complematch the ordered payment cycle, withhold one of the	iance with the support order. If your pay cycle does not following amounts:
\$ Per weekly pay period.	\$Per semi-monthly pay period (twice a month).
\$Per biweekly pay period (every 2 weeks)	
Tel biweekly pay period (every 2 weeks)	r er montny pay period.
identifier. If the employee's/obligor's principal place of the first pay period occuring 7 days after the date of re	nent, provide the pay date/date of withholding and the case f employment is HAWAI'I, begin withholding no later than eceiving this notice/order. Send payment within 5 working I withheld amount, including your fee, may not exceed eosable weekly earnings.
time requirements, and any allowable employer fees, for	ent is not HAWAI'I for limitations on withholding, applicable ollow the laws and procedures of the employee's/obligor's TIONAL INFORMATION TO EMPLOYERS AND OTHER

[]ORDER/NOTICE TO WITHHOLD INCOME FOR CHILD SUPPORT

1FC 12/05; FC Adm 12/11 2 OMB0970-154

mano oncon pay	able to: Office Control of the Entrol of the	
Send check to:	CHILD SUPPORT ENFORCEMENT AGENCY STATE DISBURSEMENT UNIT P. O. BOX 1860 HONOLULU, HI 96805-1860	
If remitting paym	nent by EFT/EDI, call (808) 692-7013 before the first submission.	
Use this FIPS co	de:	
Bank routing nur	nber: Bank account number:	
If this is an Order/Notice to Withhold:		
Print Name:		
Title of Issuing (Official: JUDGE, FAMILY COURT, FIRST CIRCUIT, STATE OF HAWAI'I	
Signature and Da	ate:	
[] IV-D Ager	ncy [X] Court [] Attorney with authority under state law to issue order/notice.	

Make check payable to: CHILD SUPPORT ENFORCEMENT AGENCY Case

NOTE: Non-IV-D Attorneys, individuals, and non-governmental entities must submit a Notice of an Order to Withhold and include a copy of the income withholding order unless, under a state's law, an attorney in that state may issue an income withholding order. In that case, the attorney may submit an Order/Notice to Withhold and include a copy of the state law authorizing the attorney to issue an income withholding order/notice.

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

ADDITIONAL INFORMATION TO EMPLOYERS AND OTHER WITHHOLDERS

- [] If checked, you are required to provide a copy of this form to your employee/obligor. If your employee works in a state that is different from the state that issued this order, a copy must be provided to your employee/obligor even if the box is not checked.
- 1. **Priority:** Withholding under this Order or Notice has priority over any other legal process under state law (or tribal law, if applicable) against the same income. If there are federal tax levies in effect, please notify the contact person listed below. (See 10 below.)
- 2. **Combining Payments:** You may combine withheld amounts form more than one employee's/obligor's income in a single payment to each agency/party requesting withholding. You must, however, separately identify the portion of the single payment that is attributable to each employee/obligor.
- 3. **Reporting the Pay date/Date of Withholding:** You must report the pay date/date of withholding when sending the payment. The pay date/date of withholding is the date on which the amount was withheld from the employee's wages. You must comply with the law of the state of employee's/obligor's principal place of employment with respect to the time periods within which you must implement the withholding and forward the support payments.
- 4. **Employee/Obligor with Multiple Support Withholdings:** If there is more than one Order or Notice against this employee/obligor and you are unable to honor all support Orders or Notices due to federal, state, or tribal withholding limits, you must follow the state or tribal law/procedure of the employee's/obligor's

1FC 12/05; FC Adm 12/11 3 OMB0970-154

9 below.) 5. Termination Notification: You must promptly notify the Child Support Enforcement (IV-D) Agency and/or the contact person listed below when the employee/obligor no longer works for you. Please provide the information requested and return a complete copy of this Order or Notice to the Child Support Enforcement (IV-D) Agency and/or the contact person listed below. (See 10 below.) THE EMPLOYEE/OBLIGOR NO LONGER WORKS FOR: _____ EMPLOYEE'S/OBLIGOR'S NAME: ______ CASE IDENTIFIER:_____ DATE OF SEPARATION FROM EMPLOYMENT: LAST KNOWN HOME ADDRESS: NEW EMPLOYER/ADDRESS: 6. Lump Sum Payments: You may be required to report and withhold from lump sum payments such as bonuses, commissions, or severance pay. If you have any questions about lump sum payments, contact the Child Support Enforcement Agency (IV-D) Agency 7. Liability: If you have any doubts about the validity of the Order or Notice, contact the agency or person listed below under 10. If you fail to withhold income as the Order or Notice directs, you are liable for both the accumulated amount you should have withheld from the employee's/obligor's income and any other penalties set by state or tribal law/procedure. This Order/Notice is applicable to all employers and to all income as defined in Sections 571-52(e), 571-52.2(n), 576E-1, 576D-16(f) of the Hawai'i Revised Statutes. Anti-discrimination: You are subject to fine determined under state or tribal law for discharging an 8. employee/obligor from employment, refusing to employ, or taking disciplinary action against any employee/obligor because of a child support withholding. 9. Withholding Limits: For state orders, you may not withhold more than the lesser of: 1) the amounts allowed by the Credit Protection Act (15 U.S.C. § 1673(b)); or 2) the amounts allowed by the state of the employee's/obligor's principal place of employment. The federal limit applies to the aggregate disposable weekly earnings (ADWE). ADWE 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 CCPA limit is 50% of the ADWE for child support and alimony, which is increased by 1) 10% if the employee does not support a second family; and/or 2) if arrears greater than 12 weeks. 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 amounts allowed under the law of state that issued the order. Child(ren)'s Names/DOB and Additional Information: 10. If you or your employee/obligor have any questions, contact CHILD SUPPORT ENFORCEMENT AGENCY -O'AHU BRANCH by telephone at (808) 587-4250, ALL OTHERS: 1-888-317-9081 by Fax at (808) 692-7060, or by internet at

principal place of employment. You must honor all Orders or Notices to the greatest extent possible. (See

1FC 12/05; FC Adm 12/11 4 OMB0970-154