

CONFIDENTIAL PER HCRR RULE 9

NAME: _____

ADDRESS: _____

TELEPHONE NO.: _____

☐ Attorney for Plaintiff/Petitioner ☐ Plaintiff/Petitioner Pro Se

☐ Attorney for Defendant/Respondent ☐ Defendant/Respondent Pro Se

IN THE FAMILY COURT OF THE FIRST CIRCUIT

STATE OF HAWAII

_____)	FC- ____ No. _____
)	
<input type="checkbox"/> Plaintiff <input type="checkbox"/> Petitioner)	<input type="checkbox"/> ORIGINAL <input type="checkbox"/> AMENDED
v.)	<input type="checkbox"/> ONE-TIME/LUMP SUM PAYMENT
)	<input type="checkbox"/> TERMINATION ORDER/NOTICE TO
)	WITHHOLD INCOME FOR SUPPORT
)	
_____)	
<input type="checkbox"/> Defendant <input type="checkbox"/> Respondent)	
)	
_____)	

☐ ORIGINAL ☐ AMENDED ☐ ONE-TIME/LUMP SUM ☐ TERMINATION
ORDER/NOTICE TO WITHHOLD INCOME FOR SUPPORT



In accordance with the Americans with Disabilities Act, as amended, and other applicable state and federal laws, if you require accommodation for a disability, please contact the ADA Coordinator at the First Circuit Family Court office by telephone at 954-8200, fax 954-8308, or via email at adarequest@courts.hawaii.gov at least ten (10) days prior to your hearing or appointment date.

Please call the Family Court Service Center at 954-8290 if you have any questions about forms or procedures.

INCOME WITHHOLDING FOR SUPPORT

(Check One)

- [] **ORIGINAL INCOME WITHHOLDING ORDER/NOTICE FOR SUPPORT (IWO)**
[] **AMENDED INCOME WITHHOLDING ORDER/NOTICE FOR SUPPORT**
[] **ONE-TIME ORDER/NOTICE FOR LUMP SUM PAYMENT**
[] **TERMINATION OF INCOME WITHHOLDING ORDER**

Date: _____

☐ Child Support Enforcement Agency (CSEA) ☐ 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/css/resource/income-withholding-for-support-instructions>). If you receive this document from someone other than a State or Tribal CSEA 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: _____ CSEA Case Identifier: _____

Employer/Income Withholder's Name	RE: Employee/Obligor's Name (Last, First, Middle)
Employer/Income Withholder's Address	Employee/Obligor's Social Security Number
	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 withholder 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?** ☐ 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 _____.

Employer's Name: _____ Employer FEIN: _____
Employee/Obligor's Name: _____ SSN: _____
CSEA Case Identifier: _____ Order Identifier: _____

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 2 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 in Hawai'i, you must begin withholding no later than the first pay period that occurs 7 days after the date of mailing to you. Send payment within 5 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 (see **Withholding Limits**, below) of disposable income. If the obligor is a non-employee, obtain withholding limits from **Supplemental Information** below. If the employee/obligor's principal place of employment is not in Hawai'i, obtain withholding limitations, time requirements, and any allowable employer fees at <http://www.acf.hhs.gov/programs/css/resources/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 <http://www.acf.hhs.gov/programs/css/employers/electronic-payments>.

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

Remit payment to the **CHILD SUPPORT ENFORCEMENT AGENCY** at:

CHILD SUPPORT ENFORCEMENT AGENCY
STATE DISBURSEMENT BRANCH
P.O. BOX 1860
HONOLULU, HI 96805-1860

☐ **Return to Sender [Completed by Employer/Income Withholder].** Payment must be directed to a 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 a 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.

Employer's Name: _____ Employer FEIN: _____
Employee/Obligor's Name: _____ SSN: _____
CSEA Case Identifier: _____ Order Identifier: _____

ADDITIONAL INFORMATION FOR EMPLOYER/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/resources/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 a 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 a SDU (for example, payable to a 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 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. A brief summary of an employer's responsibilities is also included in the Hawai'i Employer's Guide Income Withholding for Child Support Obligations provided with this Notice. The penalty for an employer who fails to comply with the Order or Notice is defined in Sections 571-52.2(g), 571-52.3, 576D-14(h), and 576E-16(c) of the Hawai'i Revised Statutes.

OMB Expiration Date -- 07/31/2017. 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: _____
CSEA Case Identifier: _____ Order Identifier: _____

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. The penalty for an employer who violates this section is defined in Sections 571-52(d), 571-52.2(m), 571-52.3, 576D-14(h), and 576E-16(e) of the Hawai'i Revised Statutes.

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 of the employee/obligor's principal place of employment or tribal law if a trial order (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 limit set by Tribal law.

Depending upon applicable State or Tribal law, you may need to 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.

Supplemental Information: For income withholding purposes, non-employees should be treated in the same manner as regular employees. See definition of income in Sections 571-52(e), 571-52.2(n), 571-52.3, 576D-14(h), and 576E-16(f) of the Hawai'i Revised Statutes.

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: _____
CSEA 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 CSEA 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: _____ by fax: _____ by email or website: _____
_____.

Send termination/income status notice and other correspondence to:

Child Support Enforcement Agency
O'ahu Branch
Kakuhihewa Building
601 Kamokila Boulevard, Room 251
Kapolei, HI 96707

To Employee/Obligor: If you have any questions, contact (issuer name): _____

by phone: _____ by fax: _____ by email 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.