

INCOME WITHHOLDING FOR SUPPORT - Instructions

The Income Withholding for Support (IWO) is the OMB-approved form used for income withholding in Tribal, intrastate, and interstate cases as well as all child support orders which are initially issued in the State on or after January 1, 1994, and all child support orders which are initially issued (or modified) in the State before January 1, 1994 if arrearages occur. This form is the standard format prescribed by the Secretary in accordance with 42 U.S.C. §666(b)(6)(A)(ii). Except as noted, the following information must be included:

Please note:

- For the purpose of this IWO form and these instructions, "State" is defined as a State or Territory.

COMPLETED BY SENDER:

- 1a. **Original Income Withholding Order/Notice for Support (IWO).** Check the box if this is an original IWO.
- 1b. **Amended IWO.** Check the box to indicate that this form amends a previous IWO. Any changes to an IWO must be done through an amended IWO.
- 1c. **One-Time Order/Notice For Lump Sum Payment.** Check the box when this IWO is to attach a one-time collection of a lump sum payment. When this box is checked, enter the amount in field 14, Lump Sum Payment, in the *Amounts to Withhold* section. Additional IWOs must be issued to collect subsequent lump sum payments.
- 1d. **Termination of IWO.** Check the box to stop income withholding on an IWO. Complete all applicable identifying information to aid the employer/income withholder in terminating the correct IWO.
- 1e. **Date.** Date this form is completed and/or signed.
- 1f. **Child Support Enforcement Agency (CSEA), Court, Attorney, Private Individual/Entity (Check One).** Check the appropriate box to indicate which entity is sending the IWO. If this IWO is **not** completed by a State or Tribal CSEA, the sender should contact the CSEA (see http://www.acf.hhs.gov/programs/cse/newhire/employer/contacts/contact_map.htm) to determine if the CSEA needs a copy of this form to facilitate payment processing.

NOTE TO EMPLOYER/INCOME WITHHOLDER:

This IWO must be regular on its face. Under the following circumstances, the IWO must be rejected and returned to sender:

- IWO instructs the employer/income withholder to send a payment to an entity other than a State Disbursement Unit (e.g., payable to the custodial party, court, or attorney). Each State is required to operate a State Disbursement Unit (SDU), which is a centralized facility for collection and disbursement of child support payments. Exception: If this IWO is issued by a Court, Attorney, or Private Individual/Entity and the initial child support order was entered before January 1, 1994 or the order was issued by a Tribal CSEA, the employer/income withholder must follow the payment instructions on the form.
- Form does not contain all information necessary for the employer to comply with the withholding.

- Form is altered or contains invalid information.
- Amount to withhold is not a dollar amount.
- Sender has not used the OMB-approved form for the IWO (effective May 31, 2012).
- A copy of the underlying order is required and not included.

If you receive this document from an Attorney or Private Individual/Entity, a copy of the underlying order containing a provision authorizing income withholding must be attached.

COMPLETED BY SENDER:

- 1g. **State/Tribe/Territory.** Name of State or Tribe sending this form. This must be a governmental entity of the State or a Tribal organization authorized by a Tribal government to operate a Child Support Enforcement (CSE) program. If you are a Tribe submitting this form on behalf of another Tribe, complete line 1i.
- 1h. **Remittance Identifier (include w/payment).** Identifier that employers must include when sending payments for this IWO. The remittance identifier is entered as the case identifier on the Electronic Funds Transfer/Electronic Data Interchange (EFT/EDI) record.

NOTE TO EMPLOYER/INCOME WITHHOLDER:

The employer/income withholder must use the Remittance Identifier when remitting payments so the SDU or Tribe can identify and apply the payment correctly. The remittance identifier is entered as the case identifier on the EFT/EDI record.

COMPLETED BY SENDER:

- 1i. **City/County/Dist./Tribe.** Name of the city, county or district sending this form. This must be a governmental entity of the State or the name of the Tribe authorized by a Tribal government to operate a CSE program for which this form is being sent. (A Tribe should leave this field blank unless submitting this form on behalf of another Tribe.)
- 1j. **Order Identifier.** Unique identifier that is associated with a specific child support obligation. It could be a court case number, docket number, or other identifier designated by the sender.
- 1k. **Private Individual/Entity.** Name of the private individual/entity, non-IV-D Tribal CSE organization, or attorney sending this form.
- 1l. **CSEA Case Identifier.** Unique identifier assigned to a State or Tribal CSEA case. In a State CSEA case, this is the identifier that is reported to the Federal Case Registry (FCR). For Tribes this would be either the FCR identifier or other applicable identifier.

Fields 2 and 3 refer to the employee/obligor's employer/income withholder and specific case information.

- 2a. **Employer/Income Withholder's Name.** Name of employer or income withholder.
- 2b. **Employer/Income Withholder's Address.** Employer/income withholder's mailing address

including street/PO box, city, state and zip code. (This may differ from the employee/obligor's work site.) If the employer/income withholder is a federal government agency, the IWO should be sent to the address listed under Federal Agencies – Addresses for Income Withholding Purposes at http://www.acf.hhs.gov/programs/cse/newhire/contacts/iw_fedcontacts.htm.

- 2c. **Employer/Income Withholder's FEIN.** Employer/income withholder's nine-digit Federal Employer Identification Number (FEIN) (if available).
- 3a. **Employee/Obligor's Name.** Employee/obligor's last name, first name, middle name.
- 3b. **Employee/Obligor's Social Security Number.** Employee/obligor's Social Security number or other taxpayer identification number.
- 3c. **Custodial Party/Obligee's Name.** Custodial party/obligee's last name, first name, middle name.
- 3d. **Child(ren)'s Name(s).** Child(ren)'s last name(s), first name(s), middle name(s). (Note: If there are more than six children for this IWO, list additional children's names and birth dates in field 32 - Additional Information).
- 3e. **Child(ren)'s Birth Date(s).** Date of birth for each child named.

ORDER INFORMATION - Fields 5 through 12 identify the dollar amount to withhold for a specific kind of support (taken directly from the support order) for a specific time period.

NOTE TO EMPLOYER/INCOME WITHHOLDER:

Payments are forwarded to the SDU within each State, unless the order was issued by a Tribal CSEA. If the order was issued by a Tribal CSEA, the employer/income withholder must follow the remittance instructions on the form.

COMPLETED BY SENDER:

- 4. **State/Tribe.** Name of the State or Tribe that issued the order.
- 5a-b. **Current Child Support.** Dollar amount to be withheld **per** the time period (e.g., week, month) specified in the underlying order.
- 6a-b. **Past-due Child Support.** Dollar amount to be withheld **per** the time period (e.g., week, month) specified in the underlying order.
- 6c. **Arrears Greater Than 12 Weeks?** The appropriate box (Yes/No) must be checked indicating whether arrears are greater than 12 weeks so the employer/income withholder can determine the withholding limit.
- 7a-b. **Current Cash Medical Support.** Dollar amount to be withheld **per** the time period (e.g., week, month) specified in the underlying order.
- 8a-b. **Past-due Cash Medical Support.** Dollar amount to be withheld **per** the time period (e.g., week, month) specified in the underlying order.
- 9a-b. **Current Spousal Support.** (Alimony) dollar amount to be withheld **per** the time period (e.g., week, month) specified in the underlying order.

- 10a-b. **Past-due Spousal Support.** (Alimony) dollar amount to be withheld **per** the time period (e.g., week, month) specified in the underlying order.
- 11a-c. **Other.** Miscellaneous obligations dollar amount to be withheld **per** the time period (e.g., week, month) specified in the underlying order. **Must specify.** Description of the obligation.
- 12a-b. **Total Amount to Withhold.** The total amount of the deductions **per** the corresponding time period. Fields 5a, 6a, 7a, 8a, 9a, 10a, and 11a should total the amount in 12a.

AMOUNTS TO WITHHOLD - Fields 13a through 13d specify the dollar amount to be withheld for this IWO if the employer/income withholder's pay cycle does not correspond with field 12b.

- 13a. **Per Weekly Pay Period.** Total amount an employer/income withholder should withhold if the employee/obligor is paid weekly.
- 13b. **Per Semimonthly Pay Period.** Total amount an employer/income withholder should withhold if the employee/obligor is paid twice a month.
- 13c. **Per Biweekly Pay Period.** Total amount an employer/income withholder should withhold if the employee/obligor is paid every two weeks.
- 13d. **Per Monthly Pay Period.** Total amount an employer/income withholder should withhold if the employee/obligor is paid once a month.
14. **Lump Sum Payment.** Dollar amount to be withheld when the IWO is used to attach a lump sum payment. This field should be used when field 1c is checked.

REMITTANCE INFORMATION

15. **State/Tribe.** Name of the State or Tribe sending this document.
16. **Days.** Number of days after the effective date noted in field 17 in which withholding must begin according to the State or Tribal laws/procedures for the employee/obligor's principal place of employment.
17. **Date.** Effective date of this IWO.
18. **Working Days.** Number of working days within which an employer/income withholder must remit amounts withheld pursuant to the State or Tribal laws/procedures of the principal place of employment.
19. **% of Disposable Income.** The percentage of disposable income that may be withheld from the employee/obligor's paycheck.

NOTE TO EMPLOYER/INCOME WITHHOLDER:

For State orders, the employer/income withholder may not withhold more than the lesser of: 1) the amounts allowed by the Federal Consumer Credit Protection Act (15 U.S.C. 1673(b)); or 2) the amounts allowed by the State of the employee/obligor's principal place of employment.

For Tribal orders, the employer/income withholder may not withhold more than the amounts allowed under the law of the issuing Tribe. For Tribal employer/income withholders who receive a State order,

the employer/income withholder may not withhold more than 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 Federal Consumer Credit Protection Act (15 U.S.C. §1673 (b)).

A federal government agency may withhold from a variety of incomes and forms of payment, including voluntary separation incentive payments (buy-out payments), incentive pay, and cash awards. For a more complete list, see 5 Code of Federal Regulations (CFR) 581.103.

COMPLETED BY SENDER:

- 20. **State/Tribe.** Name of the State or Tribe sending this document.
- 21. **FIPS Code.** Federal Information Processing Standards (FIPS) code.
- 22. **SDU/Tribal Order Payee.** Name of SDU (or payee specified in the underlying Tribal support order) to which payments are required to be sent. Federal law requires payments made by IWO to be sent to the SDU except for payments in which the initial child support order was entered before January 1, 1994 or payments in Tribal CSE orders.
- 23. **SDU/Tribal Payee Address.** Address of the SDU (or payee specified in the underlying Tribal support order) to which payments are required to be sent. Federal law requires payments made by IWO to be sent to the SDU except for payments in which the initial child support order was entered before January 1, 1994 or payments in Tribal CSE orders.

COMPLETED BY EMPLOYER/INCOME WITHHOLDER:

- 24. **Return to Sender Checkbox.** The employer/income withholder should check this box and return the IWO to the sender if this IWO is not payable to an SDU or Tribal Payee or this IWO is not regular on its face. Federal law requires payments made by IWO to be sent to the SDU except for payments in which the initial child support order was entered before January 1, 1994 or payments in Tribal CSE orders.

COMPLETED BY SENDER:

- 25. **Signature of Judge/Issuing Official.** Signature (if required by State or Tribal law) of the official authorizing this IWO.
- 26. **Print Name of Judge/Issuing Official.** Name of the official authorizing this IWO.
- 27. **Title of Judge/Issuing Official.** Title of the official authorizing this IWO.
- 28. **Date of Signature.** Optional date the judge/issuing official signs this IWO.
- 29. **Copy of IWO checkbox.** If checked, the employer/income withholder is required to provide a copy of the IWO to the employee/obligor.

ADDITIONAL INFORMATION FOR EMPLOYERS/INCOME WITHHOLDERS

The following fields refer to Federal, State, or Tribal laws that apply to issuing an IWO to an employer/income withholder. State- or Tribal-specific information may be included only in the fields below.

COMPLETED BY SENDER:

- 30. **Liability.** Additional information on the penalty and/or citation of the penalty for an employer/income withholder who fails to comply with the IWO. The State or Tribal law/procedures of the employee/obligor's principal place of employment govern the penalty.
- 31. **Anti-discrimination.** Additional information on the penalty and/or citation of the penalty for an employer/income withholder who discharges, refuses to employ, or disciplines an employee/obligor as a result of the IWO. The State or Tribal law/procedures of the employee/obligor's principal place of employment govern the penalty.
- 32. **Additional Information.** Any additional information, e.g., fees the employer/income withholder may charge the obligor for income withholding or children's names and DOBs if there are more than six children on this IWO. Additional information must be consistent with the requirements of the form and the instructions.

COMPLETED BY EMPLOYER/INCOME WITHHOLDER:

NOTIFICATION OF EMPLOYMENT TERMINATION OR INCOME STATUS

The employer must complete this section when the employee/obligor's employment is terminated, income withholding ceases, or if the employee/obligor has never worked for the employer.

Please Note: Employer's Name, FEIN, Employee/Obligor's Name, CSEA Case Identifier, and Order Identifier must appear in the header on the page with the Notification of Employment Termination or Income Status.

- 33a-b. **Employment/Income Status Checkbox.** Check the employment/income status of the employee/obligor.
- 34. **Termination Date.** If applicable, date employee/obligor was terminated.
- 35. **Last Known Phone Number.** Last known (home/cell/other) phone number of the employee/obligor.
- 36. **Last Known Address.** Last known home/mailling address of the employee/obligor.
- 37. **Final Payment Date.** Date employer sent final payment to SDU/Tribal payee.
- 38. **Final Payment Amount.** Amount of final payment sent to SDU/Tribal payee.
- 39. **New Employer's Name.** Name of employee's/obligor's new employer (if known).
- 40. **New Employer's Address.** Address of employee's/obligor's new employer (if known).

COMPLETED BY SENDER:

CONTACT INFORMATION

- 41. **Issuer Name (Employer/Income Withholder Contact).** Name of the contact person that the employer/income withholder can call for information regarding this IWO.
- 42. **Issuer Phone Number.** Phone number of the contact person.

- 43. **Issuer Fax Number.** Fax number of the contact person.
- 44. **Issuer Email/Website.** Email or website of the contact person.
- 45. **Termination/Income Status and Correspondence Address.** Address to which the employer should return the Employment Termination or Income Status notice. It is also the address that the employer should use to correspond with the issuing entity.
- 46. **Issuer Name (Employee/Obligor Contact).** Name of the contact person that the employee/obligor can call for information.
- 47. **Issuer Phone Number.** Phone number of the contact person.
- 48. **Issuer Fax Number.** Fax number of the contact person.
- 49. **Issuer Email/Website.** Email or website of the contact person.

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 for this collection of information is estimated to average two to five minutes per response. 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.

NAME: _____

ADDRESS: _____

TELEPHONE NO.: _____

☐ Plaintiff/Petitioner Pro Se

☐ 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 |
| | |) | <input type="checkbox"/> TERMINATION |
| v. | |) | INCOME WITHHOLDING ORDER/NOTICE |
| | |) | FOR SUPPORT |
| | |) | |
| _____ | , |) | |
| <input type="checkbox"/> Defendant | |) | |
| <input type="checkbox"/> Respondent | |) | |
| | |) | |
| _____ | |) | |

☐ ORIGINAL **1a** ☐ AMENDED **1b** ☐ TERMINATION **1d**
INCOME WITHHOLDING ORDER/NOTICE FOR SUPPORT

(Check One)

1a ☐ ORIGINAL INCOME WITHHOLDING ORDER/NOTICE FOR SUPPORT (IWO)

1b ☐ AMENDED INCOME WITHHOLDING ORDER/NOTICE FOR SUPPORT

1c ☐ ONE-TIME ORDER/NOTICE FOR LUMP SUM PAYMENT

1d ☐ TERMINATION OF INCOME WITHHOLDING ORDER

Date: **1e** _____

☐ Child Support Enforcement Agency (CSEA) ☐ Court ☐ Attorney ☐ Private Individual/Entity (Check One) **1f**

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/newhire/employer/publication/publication.htm> - forms). 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 **1g** _____ Remittance Identifier (include w/ payment) **1h** _____

City/County/Dist./Tribe **1i** _____ Order Identifier **1j** _____

Private Individual/ Entity/Attorney **1k** _____ CSEA Case Identifier **1l** _____

2a _____ RE: **3a** _____
Employer/Income Withholder's Name Employee/Obligor's Name (Last, First, Middle)

2b _____ **3b** _____
Employer/Income Withholder's Address Employee/Obligor's Social Security Number

2b _____ **3c** _____
Custodial Party/Obligee's Name (Last, First, Middle)

Employer/Income Withholder's FEIN **2c** _____
Child(ren)'s Name(s) (Last, First, Middle) Child(ren)'s Birth Date(s)

3d _____ **3e** _____

ORDER INFORMATION: This document is based on the support or withholder order from **4** _____ (State/Tribe). You are required by law to deduct these amounts from the employee/obligor's income until further notice.

\$ **5a** _____ Per **5b** _____ current child support

\$ **6a** _____ Per **6b** _____ past-due child support - **Arrears greater than 12 weeks?** ☐ Yes ☐ No **6c**

\$ **7a** _____ Per **7b** _____ current cash medical support

\$ **8a** _____ Per **8b** _____ past-due cash medical support

\$ **9a** _____ Per **9b** _____ current spousal support

\$ **10a** _____ Per **10b** _____ past-due spousal support

\$ **11a** _____ Per **11b** _____ other (must specify) **11c** _____

for a **Total Amount to Withhold** of \$ **12a** _____ per **12b** _____.

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:

\$ 13a per weekly pay period \$ 13b per semimonthly pay period (twice a month)
\$ 13c per biweekly pay period (every 2 weeks) \$ 13d per monthly pay period
\$ 14 **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 15 (State/Tribe), you must begin withholding no later than the first pay period that occurs 16 days after the date of 17. Send payment within 18 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 19% of disposable income for all orders. If the employee/obligor's principal place of employment is not 20 (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 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/cse/newhire/employer/contacts/contact_map.htm.

Include the **Remittance Identifier with the payment** and if necessary this FIPS code: 21.

Remit payment to the **CHILD SUPPORT ENFORCEMENT AGENCY** at: Child Support Enforcement Agency 22
State Disbursement Branch 23
P.O. Box 1860
Honolulu, HI 96805-1860

☐ **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. 24

| | |
|---|-----------|
| Signature of Judge/Issuing Official (if required by State or Tribal law): | <u>25</u> |
| Print Name of Judge/Issuing Official: | <u>26</u> |
| Title of Judge/Issuing Official: | <u>27</u> |
| Date of Signature: | <u>28</u> |

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. 29

ADDITIONAL INFORMATION FOR EMPLOYER/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

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 CSEA, 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 CSEA. If this IWO instructs you to send a payment to an entity other than a SDU (e.g., 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 CSEA, 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 CSEA 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. 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(i), and 576E-16(c) of the Hawai'i Revised Statutes." **30**

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(i), and 576E-16(e) of the Hawai'i Revised Statutes. **31**

OMB Expiration Date -- 05/13/2014. 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: _____

CSEA 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 USC § 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 USC § 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: 32

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 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. **33a**

☐ This person no longer works for this employer nor receives periodic income. **33b**

Please provide the following information for the employee/obligor:

Termination Date: 34 Last known phone number: 35

Last known address: 36

Final payment date to SDU/Tribal Payee: 37 Final payment amount: 38

New employer's name: 39

New employer's address: 40

CONTACT INFORMATION:

To Employer/Income Withholder: If you have any questions, contact: 41

by phone at: 42 , by fax at: 43 , by email or website at: 44

Send termination/income status notice and other correspondence to:

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Child Support Enforcement Agency
O'ahu Branch
Kakuhihewa Building
601 Kamokila Blvd., Room 251
Kapolei, HI 96707-2021

To Employee/Obligor: If you have any questions, contact: 46

by phone at: 47 , by fax at: 48 , by email or website at: 49

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