

NAME: _____

ADDRESS: _____

TELEPHONE NO.: _____

Plaintiff/Petitioner Pro Se

Defendant/Respondent Pro Se

IN THE FAMILY COURT OF THE SECOND CIRCUIT

STATE OF HAWAII

_____,) FC- _____ No. _____

Plaintiff Petitioner)

) ORIGINAL AMENDED

) TERMINATION

v.)

) INCOME WITHHOLDING ORDER/

) NOTICE OF SUPPORT

_____,)

Defendant Respondent)

_____)

ORIGINAL AMENDED TERMINATION
INCOME WITHHOLDING ORDER/NOTICE OF 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/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 _____ Remittance Identifier (include w/ payment) _____

City/County/Dist./Tribe _____ Order Identifier _____

Private Individual/ Entity/Attorney _____ 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 Initials

Child(ren)'s Birth Year

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 _____.

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.

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.

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 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 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: Child Support Enforcement Agency-Maui Branch

by phone at: (808)243-5241, by fax at: (808)243-5161, by email or website at:

Send termination/income status notice and other correspondence to: **Child Support Enforcement Agency
Maui Branch
35 Lunalilo Street, Suite 201
Wailuku, HI 96793**

To Employee/Obligor: If you have any questions, contact: Child Support Enforcement Agency-Maui Branch

by phone at: (808)243-5241, by fax at: (808)243-5161, by email or website at:

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