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 enforced under Title IV-D of the Social Security Act;
- All child support orders initially issued in the state on or after January 1, 1994;
- All child support orders 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 section 466(b)(6)(a)(ii) of the Social Security Act. **Except as noted, the following information is required and must be included.**

Please note:

- For the purpose of this IWO form and these instructions, "state" is defined as a state or territory.
- Dos and don'ts on using this form are found at www.acf.hhs.gov/css/resource/using-the-income-withholding-for-support-form-dos-and-donts.

I. Sender Information: (Completed by the Sender) Check one box for fields 1a – 1d.

1a. Income Withholding Order/Notice for Support (IWO). Check the box if this is an initial 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 after receiving notification from an employer/income withholder or other source. 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 a child support order. 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 (CSE) Agency, Court, Attorney, Private Individual/Entity (Check one box). Check the appropriate box to indicate which entity is sending the IWO. If this IWO is **not** completed by a state or tribal CSE agency, the sender should contact the CSE agency (see www.acf.hhs.gov/programs/css/resource/state-income-withholding-contacts-and-program-requirements) to determine if the CSE agency needs a copy of this form to facilitate payment processing.

NOTE TO EMPLOYER/INCOME WITHHOLDER: This IWO must be regular on its face. The IWO must be rejected and returned to sender under the following circumstances:

- IWO instructs the employer/income withholder to send a payment to an entity other than a state disbursement unit (for example, 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 CSE agency, 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.
- 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 support order containing a provision authorizing income withholding must be attached.

1g. State/Tribe/Territory. Name of state or tribe sending this form. This must be a government entity of the state or a tribal organization authorized by a tribal government to operate a CSE program. If you are a tribe submitting this form on behalf of another tribe, complete field 1i.

1h. Remittance ID (include w/payment). Identifier for the SDU/Tribal Payee designated in the Remittance Information section, field 22, that employers/income withholders must include when sending payments for this IWO. The Remittance ID 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 ID when remitting payments so the SDU or tribe can identify and apply the payment correctly. The Remittance ID is entered as the case identifier on the EFT/EDI record.

1i. City/County/Dist./Tribe. ***Optional*** field for the name of the city, county, or district sending this form. If entered, this must be a government 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. If a tribe is submitting this form on behalf of another tribe, enter the name of that tribe.

1j. Order ID. ***Optional*** unique identifier 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 or non-IV-D tribal CSE organization sending this form.

1l. Case ID. Unique identifier assigned to a state or tribal CSE case. In a state IV-D case as defined at 45 Code of Federal Regulations (CFR) 305.1, this is the identifier reported to the Federal Case Registry (FCR). One IWO must be issued for each IV-D case and must use the unique CSE Agency Case ID. For tribes, this would be either the FCR identifier or other applicable identifier.

II. Employer and Case Information: (Completed by the Sender)

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 worksite.) If the employer/income withholder is a federal government agency, the IWO should be sent to the address listed under Federal Agency Income Withholding Contacts and Program Information at www.acf.hhs.gov/css/resource/federal-agency-iwo-and-medical-contact-information.

2c. Employer/Income Withholder's FEIN. Employer/income withholder's nine-digit Federal Employer Identification Number (if available).

3a. Employee/Obligor's Name. Employee/obligor's last name and first name. A middle name is ***optional***.

3b. Employee/Obligor's Social Security Number. Employee/obligor's Social Security number or other taxpayer identification number.

3c. Employee/Obligor's Date of Birth. Employee/obligor's date of birth is ***optional***.

3d. Custodial Party/Obligee's Name. Custodial party/obligee's last name and first name. A middle name is ***optional***. Enter one custodial party/obligee's name on each IWO form. Multiple custodial parties/obligees are not to be entered on a single IWO. Issue one IWO per state IV-D case as defined at 45 CFR 305.1.

3e. Child(ren)'s Name(s). Child(ren)'s last name(s) and first name(s). A middle name(s) is ***optional***. (Note: If there are more than six children for this IWO, list additional children's names and birth dates in the **Supplemental Information** section, field 33). Enter the child(ren) associated with the custodial party/obligee and employee/obligor only. Child(ren) of multiple custodial parties/ obligees is not to be entered on an IWO.

3f. Child(ren)'s Birth Date(s). Date of birth for each child named.

3g. Blank box. Space for court stamps, bar codes, or other information.

III. Order Information: (Completed by the Sender)

The first field identifies which state or tribe issued the order. The other fields identify the dollar amounts for specific kinds of support (taken directly from the support order) and the total amount to withhold for specific time periods.

4. State/Tribe. Name of the state or tribe that issued the support order.

5a-b. Current Child Support. Dollar amount to be withheld **per** the time period (for example, week, month) specified in the underlying support order.

6a-b. Past-due Child Support. Dollar amount to be withheld **per** the time period (for example, week, month) specified in the underlying support order.

6c. Arrears Greater Than 12 Weeks? The appropriate box (Yes/No) must be checked indicating whether arrears are greater than 12 weeks.

7a-b. Current Cash Medical Support. Dollar amount to be withheld **per** the time period (for example, week, month) specified in the underlying support order.

8a-b. Past-due Cash Medical Support. Dollar amount to be withheld **per** the time period (for example, week, month) specified in the underlying support order.

9a-b. Current Spousal Support. (Alimony) Dollar amount to be withheld **per** the time period (for example, week, month) specified in the underlying support order.

10a-b. Past-due Spousal Support. (Alimony) Dollar amount to be withheld **per** the time period (for example, week, month) specified in the underlying order.

11a-c. Other. Miscellaneous obligations dollar amount to be withheld **per** the time period (for example, week, month) specified in the underlying order. **Must specify** a description of the obligation (for example, court fees).

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.

NOTE TO EMPLOYER/INCOME WITHHOLDER: An acceptable method of determining the amount to be paid on a weekly or biweekly basis is to multiply the monthly amount due by 12 and divide that result by the number of pay periods in a year. Additional information about this topic is available in Action Transmittal 16-04, Correctly Withholding Child Support from Weekly and Biweekly Pay Cycles (https://www.acf.hhs.gov/css/resource/correctly-withholding-child-support-from-weekly-and-biweekly-pay- cycles).

IV. Amounts to Withhold: (Completed by the Sender)

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 withheld when the IWO is used to attach a lump sum payment. This field should be used only when field 1c is checked.

15. Document Tracking ID. ***Optional*** unique identifier for this form assigned by the sender.

Please Note: Employer/Income Withholder's Name, FEIN, Employee/Obligor's Name and SSN, Case ID, and Order ID must appear in the header on page two and subsequent pages.

V. Remittance Information: (Completed by the Sender except for the "Return to Sender" check box, field 25. Fields 26-29 are completed only if required by state or tribal law.)

Payments are forwarded to the SDU in each state, unless the initial child support order was entered by a state before January 1, 1994, and never modified, accrued arrears, or was enforced by a child support agency or by a tribal CSE agency. If the order was issued by a tribal CSE agency, the employer/income withholder must follow the remittance instructions on the form in the Supplemental Information Section.

16. State/Tribe. Name of the state or tribe sending this document.

17. Days. Number of days after the effective date noted in field 18 in which withholding must begin according to the state or tribal laws/procedures for the employee/obligor's principal place of employment.

18. Date. Implementation date of this IWO, expressed as date of "service," "receipt," or "mailing." Only one of the three choices is to be entered in the blank line.

19. Business Days. Number of business 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.

20. Percentage of Disposable Income. The percentage of disposable income that may be withheld from the employee/obligor's paycheck. It is the sender's responsibility to determine the percentage an employer/income withholder is required to withhold. Senders must enter a specific percentage and not a range of percentages.

NOTE TO EMPLOYER/INCOME WITHHOLDER: The employer/income withholder may not withhold more than the lesser of: 1) the amounts allowed by the Federal Consumer Credit Protection Act [15 USC §1673(b)]; or 2) the amounts allowed by the jurisdiction of the employee/obligor's principal place of employment (i.e., the amounts allowed by state law if the employee/obligor's principal place of employment is in a state; or the amounts allowed by tribal law if the employee/obligor's principal place of employment is under tribal jurisdiction).
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 on the IWO.
State-specific withholding limitations, time requirements, and any allowable employer fees are available at www.acf.hhs.gov/css/resource/state-income-withholding-contacts-and-program-requirements. For tribe- specific contacts, payment addresses, and withholding limitations, please contact the tribe at www.acf.hhs.gov/sites/default/files/programs/css/tribal_agency_contacts_printable_pdf.pdf or https://www.bia.gov/tribalmap/DataDotGovSamples/tld_map.html.
Depending on applicable state or tribal law, you may need to consider amounts paid for health care premiums to determine disposable income and apply appropriate withholding limits.

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 CFR 581.103.

21. State/Tribe. Name of the state or tribe sending this document.

NOTE TO SENDER: The Sender must designate the correct SDU. In certain cases, the Sender may be required to designate an SDU (field 22), corresponding SDU Address (field 23), and if required Locator Code (field 24) that is different than the Sender's SDU (see OCSE's AT-17-07: Interstate Child Support Payment Processing, https://www.acf.hhs.gov/css/resource/interstate-child-support-payment-processing). The Remittance ID in field 1h must correspond with the SDU identified in field 22.

22. SDU/Tribal Order Payee. Name of SDU (or payee specified in the underlying tribal support order) to which payments must be sent.

23. SDU/Tribal Payee Address. Address of the SDU (or payee specified in the underlying tribal support order) to which payments must be sent.

24. **Locator Code.** ***Optional*** code of the SDU payee state where payment is being remitted. Geographic Locator Codes are standard codes for states, counties, cities, and territories issued by the National Institute of Standards and Technology. These were formerly known as Federal Information Processing Standards (FIPS) codes.

25. **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 as indicated on page 1 of these instructions.

26. **Signature of Judge/Issuing Official.** Signature of the official authorizing this IWO if required by state or tribal law.

27. **Print Name of Judge/Issuing Official.** Name of the official authorizing this IWO if required by state or tribal law.

28. **Title of Judge/Issuing Official.** Title of the official authorizing this IWO if required by state or tribal law.

29. **Date of Signature.** Date the judge/issuing official signs this IWO if required by state or tribal law.

30. **Copy of IWO checkbox.** Check this box for all intergovernmental IWOs. If checked, the employer/ income withholder is required to provide a copy of the IWO to the employee/obligor.

VI. Additional Information for Employers/Income Withholders: (Completed by the Sender)

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.

31. **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.

32. **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.

33. **Supplemental Information**. Any state-specific information needed, such as maximum withholding percentage for nonemployees/independent contractors, 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.

VII. Notification of Employment Termination or Income Status: (Completed by the Employer/Income Withholder)

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. The employer/income withholder may report new payment sources such as workers' compensation, if known.

34a-b. **Employment/Income Status Checkbox.** Check the employment/income status of the employee/ obligor.

35. Termination Date. If applicable, date employee/obligor was terminated.

36. Last Known Telephone Number. Last known (home/cell/other) telephone number of the employee/ obligor.

37. Last Known Address. Last known home/mailing address of the employee/obligor.

38. Final Payment Date. Date employer sent final payment to SDU/Tribal Payee.

39. Final Payment Amount. Amount of final payment sent to SDU/Tribal Payee.

40. New Employer's or Income Withholder's Name. Name of employee's/obligor's new employer or income withholder (if known).

41. New Employer's or Income Withholder's Address. Address of employee's/obligor's new employer or income withholder (if known).

VIII. Contact Information: (Completed by the Sender)

42. Sender Contact for Employer/Income Withholder. Name of the person that the employer/income withholder can call for information regarding this IWO. If the sender is a victim of family or domestic violence, rather than including direct contact information, enter contact information for someone else who will communicate for you.

43. Sender Telephone Number. Telephone number of the contact person.

44. Sender Fax Number. ***Optional*** fax number of the contact person.

45. Sender Email/Website. ***Optional*** email or website of the contact person.

46. Sender Address (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.

47. Sender Contact for Employee/Obligor. Name of the person that the employee/obligor can call for information.

48. Sender Telephone Number. Telephone number of the contact person.

49. Sender Fax Number. ***Optional*** fax number of the contact person.

50. Sender Email/Website. ***Optional*** email or website of the contact person.

Encryption Requirements:
When communicating the Income Withholding for Support (IWO) through electronic transmission, precautions must be taken to ensure the security of the data. Child support agencies are encouraged to use the electronic applications provided by the federal Office of Child Support Enforcement. Other electronic means, such as encrypted attachments to emails, may be used if the encryption method is compliant with Federal Information Processing Standard (FIPS) Publication 140-2 (FIPS PUB 140-2).

Name (and if appropriate, Attorney No.)

Address

City, State, Zip Code

Telephone No.

E-Mail Address

[ ] Self-Represented [ ] Attorney for
☐ Plaintiff/Petitioner ☐ Defendant/Respondent

IN THE FAMILY COURT OF THE FIFTH CIRCUIT

STATE OF HAWAI'I

[ ] Plaintiff [ ] Petitioner v. [ ] Defendant [ ] Respondent	Case ID/No. _____ [ ] INITIAL **1a** [ ] AMENDED INCOME 1b WITHHOLDING ORDER/NOTICE OF SUPPORT [ ] ONE-TIME ORDER/NOTICE FOR LUMP SUM PAYMENT **1c** [ ] TERMINATION OF INCOME WITHHOLDING ORDER **1d**

[ ] Initial 1a [ ] Amended Income Withholding Order/Notice for Support **1b**
[ ] One-Time Order/Notice for Lump Sum Payment **1c**
[ ] Termination of Income Withholding Order **1d**

If you need an accommodation for a disability when participating in a court program, service, or activity, please contact the ADA Coordinator as far in advance as possible to allow time to provide an accommodation: Call (808)482-2347, fax (808)482-2509, or send an e-mail to adarequest@courts.hawaii.gov. The ADA Coordinator will work to provide, but cannot guarantee your requested auxiliary aid, service, or accommodation.

*Please call the Family Court at **(808)482-2330** if you have any questions about forms or procedures.*

OMB 0970-0154
Expiration Date: 9/30/2023

INCOME WITHHOLDING FOR SUPPORT

I. SENDER INFORMATION: (Completed by the Sender)

Date: 1e

(Check One)

1a [ ] INITIAL INCOME WITHHOLDING ORDER/NOTICE FOR SUPPORT (IW0)

1b [ ] AMENDED INCOME WITHHOLDING ORDER/NOTICE FOR SUPPORT

1c [ ] (IWO) ONE-TIME ORDER/NOTICE FOR LUMP SUM PAYMENT

1d [ ] TERMINATION OF INCOME WITHHOLDING ORDER

1f [ ] Child Support Enforcement 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 at www.acf.hhs.gov/css/resource/income-withholding-for-support-instructions). If you receive this document from someone other than a state or tribal or CSEA or a court, a copy of the underlying order must be attached.

State/Tribe/Territory: **1g** HAWAI'I Remittance ID (include w/ payment): **1h**

City/County/Dist./Tribe: **1i** COUNTY OF KAUAI Private Order ID: **1j**

Individual/Entity: **1k** Case ID: **1l**

II.EMPLOYER AND CASE INFORMATION: (Completed by the Sender)

2a Employer/Income Withholder's Name

3a Employee/Obligor's Name (Last, First, Middle)

2b Employer/Income Withholder's Address

3b Employee/Obligor's Social Security Number

2b City, State, and Zip code

3c Employee/Obligor's Date of Birth

2c Employer/Income Withholder's FEIN

3d Custodial Party/Obligee's Name (Last, First, Middle)

Child(ren)'s Name(s) (Last, First, Middle)	Child(ren)'s Birth Date(s)
3e	**3f**

Employer/Income Withholder's Name: 2a

Employer/Income Withholder's FEIN: 2c

Employee/Obligor's Name: 3a SSN: 3b

Case ID: 1l Order ID: 1j

III. ORDER INFORMATION: (Completed by the Sender)

This document is based on the support 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

$ 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.

IV. AMOUNTS TO WITHHOLD: (Completed by the Sender)

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:

$ 13a per weekly pay period

$ 13b per semi-monthly pay period (twice a month)

$ 13c per biweekly pay period (every 2

$ 13d per monthly pay period

$ 14 **Lump Sum Payment:** Do not stop any existing IWO unless you receive a termination

V. REMITTANCE INFORMATION: (Completed by the Sender except for the "Return to Sender" check box.)

16-20 If the employee/obligor's principal place of employment is HAWAIʻI (State/Tribe), you must begin withholding no later than the first pay period that occurs 7 days after the date of service. Send payment within 5 business days of the pay date. If you cannot withhold the full amount of support for any or all orders for this employee/obligor, withhold 50/60% of disposable income for all orders. If the employee/obligor's principal place of employment is not HAWAIʻI (State/Tribe), obtain withholding limitations, time requirements, the appropriate method to allocate among multiple child support cases/orders and any allowable employer fees from the jurisdiction of the employee/obligator's principal place of employment.

State-specific withholding limit information is available at www.acf.hhs.gov/css/resource/state-income-withholding-contacts-and-program-requirements. For tribe-specific contacts, payment addresses, and withholding limitations, please contact the tribe at www.acf.hhs.gov/sites/default/files/programs/css/tribal_agency_contacts_printable_pdf.pdf or www.bia.gov/tribalmap/DataDotGovSamples/tld_map.html.

Employer/Income Withholder's Name: **2a**

Employer/Income Withholder's FEIN: **2c**

Employee/Obligor's Name: **3a** SSN: **3b**

Case ID: **1l** Order ID: **1j**

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 law of the state of the employee/obligor's principal place of employment if the place of employment is in a state; or the tribal law of the employee/obligor's principal place of employment if the place of employment is under tribal jurisdiction. The CCPA is available at www.dol.gov/sites/dolgov/files/WHD/legacy/files/garn01.pdf. If the Order Information section does not indicate that the arrears are greater than 12 weeks, then the employer should calculate the CCPA limit using the lower percentage.

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.

If the obligor is a nonemployee, obtain withholding limits from the **Supplemental Information** section in this IWO. This information is also available at www.acf.hhs.gov/css/resource/state-income-withholding-contacts-and-program-requirements.

21-23 Remit payment to CHILD SUPPORT ENFORCEMENT AGENCY (SDU/Tribal Order Payee)
at CHILD SUPPORT ENFORCEMENT AGENCY (SDU/Tribal Payee Address)
STATEWIDE DISBURSEMENT BRANCH
PO BOX 1860
HONOLULU, HI 96805-1860
Include the Remittance ID with the payment and if necessary this locator code of the SDU/Tribal order payee **24** on the payment. To set up electronic payments or to learn state requirements for checks, contact the State Disbursement Unit (SDU). Contacts and information are found at: www.acf.hhs.gov/css/ resource/sdu-eft-contacts-and-program-requirements.

25 ☐ **Return to Sender (Completed by Employer/Income Withholder).** Payment must be directed to an SDU in accordance with sections 466(b)(5) and (6) of the Social Security Act or Tribal Payee (see Payments in Section VI.) 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.

If Required by State or Tribal Law:

Signature of Judge/Issuing Official: **26**

Print Name of Judge/Issuing Official: **27**

Title of Judge/Issuing Official: **28**

Date of Signature: **29**

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.

30 ☐ If checked, the employer/income withholder must provide a copy of this form to the employee/obligor.

Employer/Income Withholder's Name: **2a**

Employer/Income Withholder's FEIN: **2c**

Employee/Obligor's Name: **3a** SSN: **3b**

Case ID: **1l** Order ID: **1j**

VI. ADDITIONAL INFORMATION FOR EMPLOYERS/INCOME WITHHOLDERS: (Completed by Sender)

Priority: Withholding for support has priority over any other legal process under State law against the same income (section 466(b)(7) of the Social Security Act). If a federal tax levy is in effect, please notify the sender.

Payments: You must send child support payments payable by income withholding to the appropriate State Disbursement Unit or to a tribal CSE agency within 7 business days, or fewer if required by state law, after the date the income would have been paid to the employee/obligor and include the date you withheld the support from his or her income. You may combine withheld amounts from more than one employee/obligor's income in a single payment as long as you separately identify each employee/obligor's portion of the payment. Child support payments may not be made through the federal Office of Child Support Enforcement OCSE) Child Support Portal.

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. Employers/income withholders may use OCSE's Child Support Portal (ocsp.acf.hhs.gov/csp/) to provide information about employees who are eligible to receive lump sum payments and to provide contacts, addresses, and other information about their companies. Child support payments may not be made through the federal OCSE Child Support Portal.

31 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. A brief summary of an employer's responsibilities is also included in the Hawaii 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 Hawaii Revised Statutes.

32 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 Hawaii Revised Statutes.

33 Supplemental Information: For income withholding purpose, 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 Hawaii Revised Statutes.

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to provide uniformity and standardization. Public reporting burden for this collection of information is estimated to average two to five minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a mandatory collection of information in accordance with 45 CFR 303.100 of the Child Support Enforcement Program. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. If you have any comments on this collection of information, please contact the Employer Services Team by email at employerservices@acf.hhs.gov.

Employer/Income Withholder's Name: 2a

Employer/Income Withholder's FEIN: 2c

Employee/Obligor's Name: 3a SSN: 3b

Case ID: 1l Order ID: 1j

VII. NOTIFICATION OF EMPLOYMENT TERMINATION OR INCOME STATUS: (Completed by the Employer/Income Withholder)

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** section below or using OCSE's Child Support Portal (ocsp.acf.hhs.gov/csp/). Please report the new employer or income withholder, if known.

34a ☐ This person has never worked for this employer nor received periodic income.

34b ☐ This person no longer works for this employer nor receives periodic income.

Please provide the following information for the employee/obligor:

Termination date: 35 Last known telephone number: 36

Last known address: 37

Final payment date to SDU/tribal payee: New 38 Final payment amount: 39

employer's or income withholder's name: 40

New employer's or income withholder's address: 41

VIII. CONTACT INFORMATION (Completed by the Sender)

42-46 To Employer/Income Withholder: If you have questions, contact CHILD SUPPORT ENFORCEMENT AGENCY (sender name) by telephone: O'AHU 692-8265 ALL OTHERS: 1-888-317-9081, by fax: 808-692-7060, by email or website: https://ag.hawaii.gov/csea/contact/. Send termination/income status notice and other correspondence to:

CHILD SUPPORT ENFORCEMENT AGENCY
O'AHU BRANCH (sender address)
KAKUHIKEWA BUILDING
601 KAMOKILA BLVD, RM 251
KAPOLEI, HI 96707-2021

47-50 To Employee/Obligor: If the employee/obligor has questions, contact CHILD SUPPORT ENFORCEMENT AGENCY (sender name) by telephone: O'AHU: 692-8265 ALL OTHER: 1-888-317-9081, by fax: 808-692-7060, by email or website: https://ag.hawaii.gov/csea/contact/.
IMPORTANT: The person completing this form is advised that the information may be shared with the employee/obligor.

Encryption Requirements: When communicating this form through electronic transmission, precautions must be taken to ensure the security of the data. Child support agencies are encouraged to use the electronic applications provided by the federal Office of Child Support Enforcement. Other electronic means, such as encrypted attachments to emails, may be used if the encryption method is compliant with Federal Information Processing Standard (FIPS) Publication 140-2 (FIPS PUB 140-2).