STATE OF HAWAIʻI FAMILY COURT FIFTH CIRCUIT	CASE ID/NUMBER

PROPOSED ORDER/NOTICE TO WITHHOLD INCOME

Child Support Enforcement Agency (CSEA)
State of Hawaiʻi, and

_____
Mother Father Other
Petitioner/Plaintiff,
v.

_____
Mother Father Other

_____
Mother Father Other
Respondent/Defendant.

This document is prepared by:
Self-Represented Plaintiff Defendant
Attorney for Plaintiff Defendant

Name

Address

City, State, Zip Code

Telephone/Cell No. Fax No.

E-Mail Address

I, the undersigned, hereby request that I be provided with a filed copy of the attached ORDER/NOTICE TO WITHHOLD INCOME referenced above in the following manner:

MAIL I have submitted, herewith (how many) _____ self-addressed, postage prepaid envelope(s).
(*I understand that the Court WILL **NOT** supplement cost of postage.*)

PICK UP I will return to PICK UP a copy when notified.

__ **ON OWN** I will PRINT, at my own expense, a copy from the Judiciary, State of Hawaiʻi, website - eCourt*Kōkua (https://www.courts.state.hi.us)
(Estimated cost: $3.00 per document, or 10 cents per page, whichever is greater. Certified copy is $2.00 additional per document.)
***Note:** Confidential Cases are not accessible on eCourt Kōkua.*

Date	Your Signature

FOR JEFS USERS:
Document Category: Other
Document Type: PROD

CLEAR FORM

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 [ ] AMENDED INCOME WITHHOLDING ORDER/NOTICE OF SUPPORT [ ] ONE-TIME ORDER/NOTICE FOR LUMP SUM PAYMENT [ ] TERMINATION OF INCOME WITHHOLDING ORDER

[ ] Initial [ ] Amended Income Withholding Order/Notice for Support
[ ] One-Time Order/Notice for Lump Sum Payment
[ ] Termination of Income Withholding Order

INCOME WITHHOLDING FOR SUPPORT

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

I. SENDER INFORMATION: (Completed by the Sender) **Date:** _____

(Check One)

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

☐ 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 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: HAWAIʻI Remittance ID (include w/ payment): _____

City/County/Dist./Tribe: COUNTY OF KAUAʻI Order ID: _____

Private Individual/Entity: _____ Case ID: _____

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

Employer/Income Withholder's Name	Employee/Obligor's Name (Last, First, Middle)
Employer/Income Withholder's Address	Employee/Obligor's Social Security Number
City, State, and Zip code	Employee/Obligor's Date of Birth
Employer/Income Withholder's FEIN	Custodial Party/Obligee's Name (Last, First, Middle)

Child(ren)'s Name(s) (Last, First, Middle)	Child(ren)'s Birth Date(s)

Employer/Income Withholder's Name: _____

Employer/Income Withholder's FEIN: _____

Employee/Obligor's Name: _____ SSN: _____

Case ID: _____ Order ID: _____

III. ORDER INFORMATION: (Completed by the Sender)

This document is based on the support 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 _____.

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:

$ _____ per weekly pay period

$ _____ per semi-monthly 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

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

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: _____

Employer/Income Withholder's FEIN: _____

Employee/Obligor's Name: _____ SSN: _____

Case ID: _____ Order ID: _____

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.

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 _____ 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.

☐ **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: _____

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/Income Withholder's Name: _____

Employer/Income Withholder's FEIN: _____

Employee/Obligor's Name: _____ SSN: _____

Case ID: _____ Order ID: _____

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.

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 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(h), and 576E-16(e) of the Hawaii Revised Statutes.

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.qov.

Employer/Income Withholder's Name: _____

Employer/Income Withholder's FEIN: _____

Employee/Obligor's Name: _____ SSN: _____

Case ID: _____ Order ID: _____

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.

☐ 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 telephone number: _____

Last known address: _____

Final payment date to SDU/tribal payee: _____ Final payment amount: _____

New employer's or income withholder's name: _____

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

VIII. CONTACT INFORMATION (Completed by the Sender)

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

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).

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.