

## **How to enforce a child support order in Illinois -- Supplement®**

**Updated: 3/8/06**

This supplement includes a forms guide as well as forms. The forms guide is for use only in filling out the forms. For more information about what these forms mean or are used for, consult the appropriate Self Help packet.

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**Forms that are included in this supplement:**

Application to Sue As A Poor Person

Affidavit In Support Of Petition For Order To Show Cause

Petition for Order To Show Cause

Certificate of Mailing of Petition For Order To Show Cause To Department of Human Services

Order To Show Cause

Certificate of Mailing of Uniform Order of Support

Notice To Withhold Income For Child Support

Affidavit of Service of Notice To Withhold Income For Child Support

Child Support Information Sheet

Uniform Order of Support

Letter to State Disbursement Unit

Letter to Division of Child Support Enforcement

Letter to Employer of Party to Pay Support

# FORMS GUIDE

## ALL FORMS:

At the top of each form is the "caption". It is completed as follows:

STATE OF ILLINOIS  
IN THE CIRCUIT COURT OF THE **(number of circuit)** JUDICIAL CIRCUIT  
**(name of county)** COUNTY

|                             |   |   |
|-----------------------------|---|---|
| <b>(your name)</b>          | ) |   |
|                             | ) |   |
| Plaintiff,                  | ) |   |
|                             | ) |   |
| and                         | ) | No. <b>(get from Clerk when you file)</b> |
|                             | ) |   |
| <b>(your spouse's name)</b> | ) |   |
|                             | ) |   |
| Defendant.                  | ) |   |

Determine the number of the "Circuit" according to the chart on the next page. If your county does not appear in the chart, call the Circuit Clerk in the county in which you will be filing your case and ask for the number of the Circuit.

## Circuit Courts in Illinois

Cook County is its own judicial circuit. The rest of the counties in Illinois fall into one of 21 circuits.

- First Circuit - The counties of Alexander, Pulaski, Massac, Pope, Johnson, Union, Jackson, Williamson and Saline.
- Second Circuit - The counties of Hardin, Gallatin, White, Hamilton, Franklin, Wabash, Edwards, Wayne, Jefferson, Richland, Lawrence and Crawford.
- Third Circuit - The counties of Madison and Bond.
- Fourth Circuit - The counties of Clinton, Marion, Clay, Fayette, Effingham, Jasper, Montgomery, Shelby and Christian.
- Fifth Circuit - The counties of Vermilion, Edgar, Clark, Cumberland and Coles.
- Sixth Circuit - The counties of Champaign, Douglas, Moultrie, Macon, DeWitt and Piatt.
- Seventh Circuit - The counties of Sangamon, Macoupin, Morgan, Scott, Greene and Jersey.
- Eighth Circuit - The counties of Adams, Schuyler, Mason, Cass, Brown, Pike, Calhoun and Menard.
- Ninth Circuit - The counties of Knox, Warren, Henderson, Hancock, McDonough and Fulton.
- Tenth Circuit - The counties of Peoria, Marshall, Putnam, Stark and Tazewell.
- Eleventh Circuit - The counties of McLean, Livingston, Logan, Ford and Woodford.
- Twelfth Circuit - The county of Will.
- Thirteenth Circuit - The counties of Bureau, LaSalle and Grundy.
- Fourteenth Circuit - The counties of Rock Island, Mercer, Whiteside and Henry.
- Fifteenth Circuit - The counties of JoDaviess, Stephenson, Carroll, Ogle and Lee.
- Sixteenth Circuit - The counties of Kane, DeKalb and Kendall.
- Seventeenth Circuit - The counties of Winnebago and Boone.
- Eighteenth Circuit - The county of DuPage.
- Nineteenth Circuit - The counties of Lake and McHenry.
- Twentieth Circuit - The counties of Randolph, Monroe, St. Clair, Washington and Perry.
- Twenty-first Circuit - The counties of Iroquois and Kankakee.

**FORM: Application to Sue as a Poor Person**

**Introduction:** Your name

**Paragraph 1:** Your address, include street and city.

**Paragraph 2:** The amount and source of your income, for example, \$339.00 per month in AFDC, supplemented by Food Stamps.

**Paragraph 3:** List other sources of income not listed in 2.

**Paragraph 4:** The amount of income you had in the last year.

**Paragraph 5:** Expected income for the current year (should be the same as 2 unless you expect your income to go up or down this year).

**Paragraph 6:** List the names and birthdates of your children and/or others you support financially.

**Paragraph 7:** First blank: total value of your possessions;

Second blank: year and make of your car; if you do not have a car, simply put "none";

Third blank: value of your car;

Sign your name on both blank lines above where it says "Applicant" and print your name below each signature.

**FORM: Petition For Order To Show Cause**

**First blank:** Your name.

**Second blank:** The name of the parent paying child support.

**Third and fourth blanks:** Month, day and year of child support order you are trying to enforce.

**Fifth blank:** Amount of child support the supporting parent is supposed to be paying under the original court order.

**Sixth blank:** How often the supporting parent is supposed to be paying child support under the original court order (for example, monthly, every other week)

**Seventh and Eighth blanks:**

Month and year when the supporting parent was to begin paying child support under the original order.

**Ninth blank:**

How much back child support supporting parent owes.

Sign your name on both of the long blank lines and print your name below each signature on the shorter blank line.

In the lower left hand corner, print your name before where it says "pro se" and put your address and telephone number on the lines below.

**FORM: Affidavit In Support Of Petition For Order To Show Cause**

**First blank:** Your name.

**Secondd blank:** Supporting parent's name.

**Third and Fourth blanks:** The last time you received any child support from the supporting parent.

**Fifth blank:** Supporting parent's name.

**Sixth and Seventh blank:** The month, day, and year of the original child support order.

**Eighth blank:** How much child support you are owed.

**Ninth blank:** Supporting parent's name.

Sign your name on both of the long blank lines and print your name below each signature on the shorter blank line.

In the lower left hand corner, print your name before where it says "pro se" and put your address and telephone number on the lines below.

**FORM: Order To Show Cause**

**Introduction:** First blank: Name and address of supporting parent.

LEAVE THE REST OF THE FORM BLANK FOR THE JUDGE TO COMPLETE.

**FORM: Certificate of Mailing Of Petition For Rule To Show Cause to  
Illinois Department of Human Services**

**(use only if your original child support order was obtained by the Illinois  
Department of Human Services or if you are receiving cash assistance from  
the Illinois Department of Human Services)**

**First blank:** Your name.

**Second blank:** Name of city of the office of the Illinois Department of Human  
Services to which you mailed the Petition.

**Third blank:** Name of city from which you mailed a copy of the Petition to the  
Illinois Department of Human Services.

**Fourth blank:** Date you mailed a copy of the Petition to the Department

Sign your name on both of the long blank lines and print your name below each  
signature on the shorter blank line.

In the lower left hand corner, print your name before where it says "pro se" and  
put your address and telephone number on the lines below.

**FORM: Notice to Withhold Income For Child Support**

**CAPTION:**

Check one of the following:

**Original Notice:** if this is the first notice you have sent to the person who will be paying  
child support.

**Amended Notice:** if you are changing the existing child support notice

**Terminate Notice:** if the child support order has been terminated by the court.

**Employer/Withholder's Fed. EIN No. :** the federal employer identification number of the  
employer of the person paying support in this  
section. To obtain this number, please contact the  
employer. If you are not able to get the number,  
continue to complete the form.

**Employer/Withholder's Name:** the name of the employer

- Employer/Withholder's Address:** the address of the employer
- Employee/Obligor's (Last, First, MI):** the name of the person who will pay/or is paying the support in this section.
- Employee/Obligor's Soc. Sec. No. :** the social security number of the person who will pay/or is paying the support in this section.
- Employee Identification Number :** the number assigned to the employee by the employer, if the employer uses a numbering system.
- Custodial Parent's (Last, First, MI):** the name of the parent who is receiving the support in this section.
- Custodial Parent's Social Security Number** the social security number of the person receiving support.
- Child(ren) Name(s) :** the names of all children receiving support in this section.
- Date of birth:** the date of birth (next to the child's name) of all children on whose behalf support is being paid.
- Social Security Number:** the social security number of each child.

**ORDER INFORMATION:**

- 1st Blank:** the name of the judge who signed the most recent child support order
- 2nd Blank:** the county that child support order is filed in
- 3rd Blank:** the date that child support order was entered
- 4th Blank:** the date on which the youngest child for which support is being paid turns 18.
- 5th Blank:** Should be checked if children are to be enrolled in the insurance program of the person who will pay/or is paying child support.
- 6th and 7th Blanks:** The amount of child support and the frequency (weekly, monthly, bi-weekly) that it is paid. For example \$100 per month.
- 8th and 9th Blanks:** The amount of past due child support and the frequency (weekly, bi-weekly, monthly) that it is paid.
- 10th Blank:** Should be checked (yes) if the person paying support is more than 12 weeks behind in paying child support.

**11th & 12th Blanks:** The amount of medical support and the frequency (weekly, monthly, bi-weekly) that it is paid. For example \$100 per month.

**13th and 14th Blanks:** Use these blanks for amounts paid that do not fit into either the current support, past due support, or medical support categories. Indicate the amount and the frequency (weekly, bi-weekly, monthly) that it is paid.

**15th and 16th Blanks:** The total amount of support and the frequency (weekly, monthly, bi-weekly) that it is paid..

**17th through 20th Blanks:** Using the total amount of support, calculate the amounts that an employer would pay in either a weekly, monthly, semimonthly, or bi-weekly pay cycle:

**Example:** If the total amount of support is \$100 per month, then

the weekly pay period would be:  $\$100 \times 12$  (12 months in a year) = 1200  $\div$  52 (52 weeks in a year) = \$23.07

the monthly pay period would be \$100.00

the semimonthly pay period (twice a month) would be  $\$100 \div 2 = \$50.00$

and the biweekly pay period (every two weeks) would be:  $\$23.07$ (weekly pay period)  $\times 2 = \$46.15$

#### **REMITTANCE INFORMATION:**

**1st Blank:** the case number.

**2nd Blank:** the name of the individual or agency receiving the payment of support. If you are receiving assistance for your children from the Illinois Department of Human Services, put the Illinois Department of Human Services here.

**3rd Blank:** Put the name and address of the Circuit Clerk where your case is filed.

#### **ADDITIONAL INFORMATION TO EMPLOYERS AND OTHER WITHHOLDERS:**

**1st Blank:** Check this box so that the employee/obligor will receive a copy.

**2nd Blank:** The name of the person paying support

**3rd Blank:** Leave blank, the employer will fill this blank out if the employee leaves his job

**4th Blank:** Leave blank, the employer will fill this blank out if the employee leaves his job

**5th Blank:** Leave blank, the employer will fill this blank out if the employee leaves his job

Put your name, address, and telephone number as the person who is preparing this Notice on the last page.

**FORM: Affidavit Of Service Of Notice To Withhold Income For Child Support**

**Introduction:** Your name.

**Paragraph 1:** First blank: The employer to which you sent the Notice To Withhold Income For Child Support.

Second blank: City from which you mailed the Notice to Withhold Income For Child Support

**Paragraph 2:** The day, month, and year on which the Notice To Withhold was received by the employer (will be on the green return receipt sent to you by the Post Office).

**Served by blank:** Your name.

Sign your name on the blank line above where it says "Plaintiff" and print your name below the signature.

**FORM: Certificate of Mailing Of Uniform Order of Support**

**First blank:** Your name.

**Second blank:** The name of the other party.

**Third blank:** The address of the other party.

**Fourth blank:** Name of city from which you mailed a copy of the Uniform Order of Support to the other parent.

**Fifth blank:** Date you mailed a copy of the Uniform Order of Support to the other parent.

Sign your name on both of the long blank lines and print your name below each signature on the shorter blank line.

In the lower left hand corner, print your name before where it says "pro se" and put your address and telephone number on the lines below.

## FORM: Uniform Order For Support

If you are getting a support order and you do not expect that there will be any disagreement about it, you can complete the entire form as indicated in these instructions. If you expect that there will be a disagreement, just complete numbers 1, 2, 3, and 5. The rest of the information can be completed by the judge or the judge can tell you what he/she wants in each of the blanks after the hearing.

In this document the person that will be paying the support is the Obligor and the person that will be receiving the support is the Obligee. At the top of each page of the form is a space to insert the case number of your case and each space should have the case number.

1. Check the "Initial Order" box if this is the first child support order in the case and the "Modification" box if it is not.
2. Ignore the "Illinois Dept. of Public Aid" box.
3. Ignore the IDPA No.
4. Under the "The Court finds" section:
  - a. Check this box and in the blank write the amount of the obligor's net income and the period covered, for example, per month, per week, per 2 weeks, etc.
  - b. Check this box only if there is an arrearage of support (past due support) and in the blank insert the amount. Usually you will leave this blank if there is a disagreement about how much is owed. The judge can fill this blank after he/she decides how much is owed.
  - c. You should not check this box. This is for special cases in which the support will be ordered in a dollar amount plus a percentage of other income the obligor has, like commission payments. This type of child support payment is not covered by the instructions.
5. At the "It is ordered that" line write the name of the person who will be paying support.
6. Maintenance and unallocated support section: ignore.
7. Child Support section: check the box.
  - a. Payment amount blank: insert the total amount to be paid, including any arrearage payment.
  - b. Current Child Support Payment: insert the amount of regular support.
  - c. Arrearage payment: insert the amount to be paid on any arrearage.
  - d. Payments begin: insert the date on which the payment are to begin.
  - e. Payment frequency: check the box that corresponds to how often the payments are to be made.
8. Percentage Amount of Child Support section: ignore this section.
9. Payment arrangements section: check the box. Underneath this section you will normally check the first and fourth paragraphs and these are the only sections the instructions cover. If you want to use the second or third paragraph, you should seek

the advice of an attorney. In the fourth paragraph the first blank should be filled with the name of the county in which the order will be entered, the second blank is the address of the courthouse at which the order was entered.

10. Delinquency section: check the box. In the first blank insert an amount that is 20% of the normal child support amount, e.g. if the payment is \$100.00 then the amount in the blank would be \$20.00.
11. Termination section: check the box. The first blank should contain the date on which the youngest child will reach the age of 18 or the date on which the youngest child is expected to graduate from high school, whichever is later.
12. Insurance section: check the box if the person paying support will also be providing medical insurance through his/her job. This paragraph allows for several options for the payment of the insurance premium. The instructions only cover the most common, which is when the obligor gets insurance for the child. For that option you will check the obligor box in line one and the first and second boxes in line two. Insert the name of the health insurance provider and the policy number in the places indicated.

Additional conditions or findings section: check the box and check the last box which concerns the child support data sheet. It is important that you check that last box because it requires the circuit clerk to keep the information on the child support data sheet secret. This is important because the information could be used by someone to commit the crime of identity theft. The remaining two boxes in this section should be ignored. Those can be completed by the judge if necessary.

STATE OF ILLINOIS

IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT

\_\_\_\_\_ COUNTY

|            |   |                           |
|------------|---|---------------------------|
| _____      | ) | _____ Application granted |
|            | ) | _____ Application denied  |
| Plaintiff, | ) |                           |
|            | ) |                           |
| vs.        | ) | No. _____                 |
|            | ) |                           |
| _____      | ) | _____, 20__               |
|            | ) |                           |
| Defendant. | ) | _____                     |
|            | ) | JUDGE                     |

**APPLICATION TO SUE AS A POOR PERSON**

I, \_\_\_\_\_, on my own behalf, on oath state:

1. My current address is \_\_\_\_\_.

2. My occupation, source of income, amount of public benefits is \_\_\_\_\_.

3. My other sources of income or support are \_\_\_\_\_.

4. My income for the preceding year was approximately \_\_\_\_\_.

5. The sources and amounts of income I expect to receive in the future are:  
\_\_\_\_\_.

6. Person(s) who are dependent on me for support are: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

7. I own no real estate. The total value of all my personal property does not exceed \$\_\_\_\_\_ in value and consists of clothing and furniture, and other household items, including a 20\_\_\_\_, \_\_\_\_\_ motor vehicle, valued at \$\_\_\_\_\_.

8. I filed no applications for leave to sue or defend as a poor person during the preceding year, and none were filed on my behalf.

9. I am unable to pay the costs of commencing and prosecuting this action.

10. I have a meritorious claim.

**WHEREFORE**, Applicant prays the Court to permit her/him to commence and prosecute this action as a poor person under 735 ILCS 5/5-105 of the Code of Civil Procedure.

\_\_\_\_\_  
Applicant

Under penalties as provided by law pursuant to Section 5/1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct, except as to matters therein stated to be on information and belief and as to such matters the undersigned certifies as aforesaid that he/she verily believes the same to be true.

\_\_\_\_\_  
Applicant

STATE OF ILLINOIS

IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT

\_\_\_\_\_ COUNTY

|            |   |                     |
|------------|---|---------------------|
| _____      | ) |                     |
|            | ) |                     |
| Plaintiff, | ) |                     |
|            | ) |                     |
| vs.        | ) | No. ____-- __--____ |
|            | ) |                     |
| _____      | ) |                     |
|            | ) |                     |
| Defendant. | ) |                     |

**CERTIFICATE OF MAILING OF PETITION FOR RULE TO SHOW CAUSE TO ILLINOIS DEPARTMENT OF HUMAN SERVICES**

I, \_\_\_\_\_, hereby certify that I mailed a copy of the Petition For Rule To Show Cause to the office of the Illinois Department of Human Services in \_\_\_\_\_ by depositing the same in the United States mail at \_\_\_\_\_, Illinois, postage fully prepaid on \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
\_\_\_\_\_

Under penalties as provided by law pursuant to Section 5/1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct, except as to matters therein stated to be on information and belief and as to such matters the undersigned certifies as aforesaid that she/he verily believes the same to be true.

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_, pro se

\_\_\_\_\_  
\_\_\_\_\_

STATE OF ILLINOIS

IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT

\_\_\_\_\_ COUNTY

|            |   |                          |
|------------|---|--------------------------|
| _____ ,    | ) |                          |
| Plaintiff, | ) |                          |
|            | ) |                          |
| vs.        | ) | No. ____ -- ____ -- ____ |
|            | ) |                          |
| _____ ,    | ) |                          |
|            | ) |                          |
| Defendant. | ) |                          |

**PETITION FOR ORDER TO SHOW CAUSE**

Now comes \_\_\_\_\_, (hereafter referred to as Payee) on his/her own behalf and in support of his/her Petition for Order to Show Cause against \_\_\_\_\_ (hereafter referred to as Payor) states as follows:

1. That on \_\_\_\_\_, 20\_\_\_\_, this Court entered an order which requires Payor to pay child support in the amount of \$\_\_\_\_\_ per \_\_\_\_\_, beginning on \_\_\_\_\_, 20 \_\_\_\_.

2. That Payor has violated this order in that he/she has not paid all of the child support he/she was ordered to pay (See Affidavit) and a delinquency of \$\_\_\_\_\_ is now owed.

3. That Payor can satisfy the Order to Show Cause by paying the child support that is owed.

**WHEREFORE, Payee asks that this court:**

A. Issue an order requiring Payor to show cause, if any he/she has, why he/she

should not be held in contempt of court and punished for failure to comply with this court's order.

B. Issue an order modifying the existing child support order to pay the past due child support that is owed.

C. For any other relief that equity may require.

\_\_\_\_\_ ,

\_\_\_\_\_

Under penalties as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct, except as to matters therein stated to be on information and belief and as to such matters the undersigned certifies as aforesaid that she verily believes the same to be true.

\_\_\_\_\_ ,

\_\_\_\_\_

\_\_\_\_\_, pro se

\_\_\_\_\_

\_\_\_\_\_

STATE OF ILLINOIS

IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT

\_\_\_\_\_ COUNTY

|            |   |                          |
|------------|---|--------------------------|
| _____,     | ) |                          |
|            | ) |                          |
| Plaintiff, | ) |                          |
|            | ) |                          |
| vs.        | ) | No. _____ -- __ -- _____ |
|            | ) |                          |
| _____,     | ) |                          |
|            | ) |                          |
| Defendant. | ) |                          |

**ORDER TO SHOW CAUSE**

Name and Address of Person to be Served with this Order:

\_\_\_\_\_

This cause having come on to be heard on the Petition for Order to Show Cause filed by \_\_\_\_\_, the Court having considered the petition and having been otherwise fully informed in the premises, finds that it should be granted.

WHEREFORE, IT IS HEREBY ORDERED that \_\_\_\_\_ shall appear on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_ .m. at the \_\_\_\_\_ county courthouse, \_\_\_\_\_, Illinois, and show cause, if any he/she has, why he/she should not be held in contempt of court and punished for failing to comply with the child support order entered by this Court on \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
JUDGE

**RETURN OF SERVICE--ORDER TO SHOW CAUSE**  
to be completed by Sheriff

The undersigned certifies that he/she served this Order To Show Cause on the Defendant as follows:

(Check appropriate blank, and complete service information below)

\_\_\_\_\_ a) **(Individual defendant - personal):**  
By leaving copy of the complaint with each individual personally.

\_\_\_\_\_ (b) **(Individual defendant - abode):**  
By leaving a copy and a copy of the complaint at the usual place of abode of each individual defendant with a person of his family, of the age of 13 years or upwards, informing that person of the contents and also by sending a copy of the summons in a seal envelope with postage fully prepaid, addressed to each individual defendant at his usual place of abode.

\_\_\_\_\_ (c) **(Other service -- explain below)**

**SERVICE INFORMATION:**

Name of Defendant:

**Order To Show Cause given to:**

Name: \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_ Approximate Age \_\_\_\_\_

**Place of Service**

Street Address: \_\_\_\_\_ City of \_\_\_\_\_, State of \_\_\_\_\_

**Date of Service:**

\_\_\_\_\_, 20 \_\_\_\_\_ Time: \_\_\_\_\_

Date of Mailing (if abode service was used) \_\_\_\_\_

**Signed:**

\_\_\_\_\_, Sheriff of \_\_\_\_\_ County, State of \_\_\_\_\_

By: \_\_\_\_\_, Deputy

STATE OF ILLINOIS

IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT

\_\_\_\_\_ COUNTY

|                    |   |                    |
|--------------------|---|--------------------|
| _____ , Plaintiff  | ) |                    |
|                    | ) |                    |
|                    | ) |                    |
| vs.                | ) | No. _____ -- _____ |
|                    | ) |                    |
| _____ , Defendant. | ) |                    |

**AFFIDAVIT IN SUPPORT OF PETITION FOR ORDER TO SHOW CAUSE**

I, \_\_\_\_\_, having been duly sworn state as follows:

1. That if I were sworn as a witness at trial, I could competently testify to the facts set forth in this affidavit based on my personal knowledge.

2. That (check all that apply and complete blanks)

( ) I have not received any child support from \_\_\_\_\_ since \_\_\_\_\_ 20\_\_\_\_.

( ) That while I have received child support from \_\_\_\_\_, it is less than the amount he/she was ordered to pay on \_\_\_\_\_, 20 \_\_\_\_ and I am owed \$\_\_\_\_\_.

( ) That \_\_\_\_\_ has the ability to pay the child support.

\_\_\_\_\_  
\_\_\_\_\_

Under penalties as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct, except as to matters therein stated to be on information and belief and as to such matters the undersigned certifies as aforesaid that she verily believes the same to be true.

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_, pro se

\_\_\_\_\_  
\_\_\_\_\_

**NOTICE TO WITHHOLD INCOME FOR CHILD SUPPORT**

State of Illinois

County of : \_\_\_\_\_  
Case Number: \_\_\_\_\_  
Date Support: \_\_\_\_\_  
Order Entered: \_\_\_\_\_

( ) Original Notice  
( ) Amended Notice  
( ) Terminate Notice

\_\_\_\_\_  
Employer/Withholder's Fed. EIN No.

\_\_\_\_\_  
Employee/Obligor's (Last, First, MI)

\_\_\_\_\_  
Employer/Withholder's Name

\_\_\_\_\_  
Employee/Obligor's Soc. Sec. No.

\_\_\_\_\_  
Employer/Withholder's Address

\_\_\_\_\_  
Employee Identification Number

\_\_\_\_\_  
**AND ANY SUBSEQUENT EMPLOYER**

\_\_\_\_\_  
Custodial Parent's (Last, First, MI)

\_\_\_\_\_  
Custodial Parent's Social Security #

| <b>Child(ren)'s name (s):</b> | <b>date of birth:</b> | <b>Social Security Number</b> |
|-------------------------------|-----------------------|-------------------------------|
| _____                         | _____                 | _____                         |
| _____                         | _____                 | _____                         |
| _____                         | _____                 | _____                         |

**ORDER INFORMATION:** This is a Notice to Withhold Income for Child Support based upon an order for support entered by the Honorable \_\_\_\_\_, Circuit Court of \_\_\_\_\_ County, IL on \_\_\_\_\_, 20 \_\_\_\_\_. By law, you are required to deduct these amounts from the above -named employee or obligor's income until \_\_\_\_\_, 20\_\_\_\_ even if the Notice is not issued by your State.

(\_\_\_) If checked, you are required to enroll the child(ren) identified above in any health insurance coverage available through the employee's/obligor's employment.

\$\_\_\_\_\_ per \_\_\_\_\_ in current support

\$\_\_\_\_\_ per \_\_\_\_\_ in past due support totaling \$\_\_\_\_\_

Arrears 12 weeks or greater?    (\_\_\_) yes    (\_\_\_) no

\$\_\_\_\_\_ per \_\_\_\_\_ in medical support

\$\_\_\_\_\_ per \_\_\_\_\_ in \_\_\_\_\_

for a total of \$\_\_\_\_\_ per \_\_\_\_\_ to be forwarded to the payee below.

You do not have to vary your pay cycle to be in compliance with the support order. If your pay cycle does not match the ordered support payment cycle, use the following to determine how much to withhold:

\$\_\_\_\_\_ per weekly pay period.    \$\_\_\_\_\_ per semimonthly pay period (twice a month).

\$\_\_\_\_\_ per monthly pay period.    \$\_\_\_\_\_ per biweekly pay period (every two weeks).

**REMITTANCE INFORMATION:** Follow the laws and procedures of the employee's/obligor's principal place of employment even if such laws and procedures are different from this paragraph:

**You must begin withholding no later than the first pay period occurring 14 working days after the date of this Notice. Send payment within 7 working days of the paydate/date of withholding. You are entitled to deduct a fee of your actual cost not to exceed \$5 monthly to defray the cost of withholding. The total withheld amount, including your fee, cannot exceed FCCPA % of the employee/obligor's aggregate disposable weekly earnings. For the purpose of the limitation on withholding, the following information is needed (see #9 below):**

When remitting payment, provide the paydate that you withheld support and the case number: \_\_\_\_\_.

Make it payable to : \_\_\_\_\_

Send check to : \_\_\_\_\_

## ADDITIONAL INFORMATION TO EMPLOYERS AND OTHER WITHHOLDERS

(\_\_\_\_) If checked, you are required to provide a copy of this form to your employee.

1. **Priority:** Withholding under this Notice has priority over any other legal process under State law against the same income. Federal tax levies in effect before receipt of this order have priority. If there are Federal tax levies in effect, please contact the requesting person/agency listed below.
2. **Combining Payments:** You can combine withheld amounts from more than one employee/obligor's income in a single payment to each agency requesting withholding. You must, however, separately identify the portion of the single payment that is attributable to each employee/obligor.
3. **Reporting the Paydate/Date of Withholding:**  
You must report the paydate/date of withholding when sending the payment. The paydate/date of withholding is the date on which the employee is paid and controls the income, i.e., the date the income check or cash is given to the employee, or the date on which the income is deposited directly in his/her account.
4. **Employee/Obligor with Multiple Support Withholdings:**  
If you receive more than one Notice against this employee/obligor and you are unable to honor them all in full because together they exceed the withholding limit of the State of the employee's principal place of employment (see #9 below), you must allocate the withholding based on the law of the State of the employee's principal place of employment. If you are unsure of that State's allocation law, you must honor all Notices' current support withholdings before you withhold for any arrearages, to the greatest extent possible under the withholding limit. You should immediately contact the last agency that sent you a notice to find the allocation law of the state of the employee's principal place of employment.
5. **Termination Notification:** You must promptly notify the payee when the employee/obligor is no longer working for you. Please provide the information requested on the following page and return a copy of this order/notice to the person/agency.

**Information Requested:**

**EMPLOYEE'S/OBLIGOR'S NAME:** \_\_\_\_\_

**DATE OF SEPARATION/TERMINATION OF EMPLOYMENT:** \_\_\_\_\_

**LAST KNOWN HOME ADDRESS:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**NEW EMPLOYER'S NAME AND ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

Return Copy to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. **Lump Sum Payments:** You may be required to report and withhold from lump sum payments such as bonuses, commissions, or severance pay. If you have any questions about lump sum payments, contact the person or authority below.
7. **Liability:** If you fail to withhold income as the Notice directs, you are liable for both the accumulated amount you should have withheld from the employee/obligor's income and any other penalties set by State law. You may be found liable for the total amount which you fail to withhold or pay over and fines up to \$100.00 per day for each day after the grace period. In Illinois, subsection (G) of 305 ILCS 5/10 - 16.2, 750 ILCS 5/706.1, 750 ILCS 15/4.1 or 750 ILCS 45/20.
8. **Anti-discrimination:** You are subject to a fine determined under State law for discharging an employee/obligor from employment, refusing to employ, or taking disciplinary action against any employee/obligor because of a child support withholding.
9. **Withholding Limits:** You 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. The federal limit applies to the aggregate disposable weekly earnings (ADWE). ADWE is the net income left after making mandatory deductions such as : State, Federal, local taxes; Social Security taxes; and Medicare taxes. The Federal CCPA limit is 50% of the ADWE for child support and alimony, which is increased by : 1) 10% if the employee does not support second family; and/or 2) 5% if arrears are more than 12 weeks old (see page 1).

10. **The obligor's rights, remedies and duties:** see Illinois Statutes 305 ILCS 5/10-16.2, 750 ILCS 5/706.1, 750 ILCS 15/4.1 and 750 ILCS 45/20.

Name and address of person preparing this Notice:

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STATE OF ILLINOIS

IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT

\_\_\_\_\_ COUNTY

|            |   |           |
|------------|---|-----------|
| _____ ,    | ) |           |
|            | ) |           |
| Plaintiff, | ) |           |
|            | ) |           |
| vs.        | ) | No. _____ |
|            | ) |           |
| _____ ,    | ) |           |
|            | ) |           |
| Defendant. | ) |           |

**AFFIDAVIT OF SERVICE OF NOTICE TO WITHHOLD INCOME FOR CHILD SUPPORT**

I, \_\_\_\_\_ state the following:

1. That a copy of the Notice To Withhold Income For Child Support entered in the has been delivered to: \_\_\_\_\_ by mailing it by certified mail, return receipt requested, with postage prepaid at \_\_\_\_\_, Illinois.

2. That service was made on \_\_\_\_\_ by certified mailing.

Served by: \_\_\_\_\_

**This form must be filed with the Clerk of the Court following service of a Notice To Withhold Income For Child Support. Attach the green receipt card to this form and file with the Clerk of the Court.**

Under penalties as provided by law pursuant to Section 5/1-109 of the Illinois Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct.

\_\_\_\_\_, Plaintiff

\_\_\_\_\_

STATE OF ILLINOIS

IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT  
\_\_\_\_\_ COUNTY

\_\_\_\_\_, )  
 )  
Plaintiff, )  
 )  
vs. ) No. \_\_\_\_-- \_\_--\_\_\_\_  
 )  
\_\_\_\_\_, )  
 )  
Defendant. )

**CERTIFICATE OF MAILING OF REVISED UNIFORM ORDER OF SUPPORT**

I, \_\_\_\_\_, hereby certify that I mailed a copy of the Revised  
Uniform Order of Support to \_\_\_\_\_ at \_\_\_\_\_ by  
depositing the same in the United States mail at \_\_\_\_\_, Illinois, postage  
fully prepaid on \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_,  
\_\_\_\_\_

Under penalties as provided by law pursuant to Section 5/1-109 of the Code of  
Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true  
and correct, except as to matters therein stated to be on information and belief and as to such  
matters the undersigned certifies as aforesaid that she/he verily believes the same to be true.

\_\_\_\_\_,  
\_\_\_\_\_

\_\_\_\_\_, pro se  
\_\_\_\_\_  
\_\_\_\_\_

STATE OF ILLINOIS

IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT

\_\_\_\_\_ COUNTY

|       |             |   |           |
|-------|-------------|---|-----------|
| _____ | , Plaintiff | ) |           |
|       |             | ) |           |
| v.    |             | ) | No. _____ |
|       |             | ) |           |
| _____ | , Defendant | ) |           |
|       |             | ) |           |

**CHILD SUPPORT INFORMATION**

**Plaintiff Information**

**Defendant Information**

\_\_\_\_\_  
Last Name      First      MI

\_\_\_\_\_  
Last Name      First      MI

Residential Address: \_\_\_\_\_

Residential Address: \_\_\_\_\_

City: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Soc. Sec. No.: \_\_\_\_\_

Soc. Sec. No.: \_\_\_\_\_

Driver's License No.: \_\_\_\_\_

Driver's License No.: \_\_\_\_\_

Home Phone (    ) \_\_\_\_\_

Home Phone (    ) \_\_\_\_\_

Employer Name and Address: \_\_\_\_\_

Employer Name and Address: \_\_\_\_\_

Employer(s) ID Number: \_\_\_\_\_

Employer(s) ID Number: \_\_\_\_\_

Work Phone (    ) \_\_\_\_\_

Work Phone (    ) \_\_\_\_\_

**Child/Children Information:**

|    | <u>Last Name</u> | <u>First Name</u> | <u>MI</u> | <u>Date of Birth</u> | <u>Social Security Number</u> |
|----|------------------|-------------------|-----------|----------------------|-------------------------------|
| 1. | _____            | _____             | _____     | _____                | _____                         |
| 2. | _____            | _____             | _____     | _____                | _____                         |
| 3. | _____            | _____             | _____     | _____                | _____                         |
| 4. | _____            | _____             | _____     | _____                | _____                         |
| 5. | _____            | _____             | _____     | _____                | _____                         |

IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT  
 \_\_\_\_\_ COUNTY, ILLINOIS

**UNIFORM ORDER FOR SUPPORT**

[    ] Initial Order  
 [    ] Modification

|                         |   |  |
|-------------------------|---|--|
| _____ )                 | ) |  |
| Petitioner/Plaintiff, ) | ) | Court Case No. _____   |
| vs. )                   | ) |  |
| _____ )                 | ) | <input type="checkbox"/> Illinois Dept. of Public Aid is, or has been, |
| Respondent/Defendant, ) | ) | granted leave to intervene.  |
| _____ )                 | ) |  |
| _____ )                 | ) | IDPA No. _____   |

Definitions:  
*Obligor* – An individual who owes a duty to make support payments pursuant to an order for support.  
*Obligee* – An individual to whom a duty of support is owed or the individual’s legal representative.  
*Payor* – Any payor of income to an obligor.  
*Unallocated Support* – A total amount for maintenance and child support and not a specific amount for either.

**The Court finds:**

- [    ] a) The net income of the obligor on the date of this order is \$\_\_\_\_\_.
- [    ] b) The amount of arrearage on the date of this order is \$\_\_\_\_\_ for child support and \$\_\_\_\_\_ for maintenance or unallocated support.
- [    ] c) The amount of child support cannot be expressed exclusively as a dollar amount because all or a portion of the obligor’s net income is uncertain as to source, time or payment, or amount.

**It is ordered that** \_\_\_\_\_, Obligor, is to provide:

|                                      |           |  |
|--------------------------------------|-----------|--|
| [    ] <b>MAINTENANCE</b>            | <b>OR</b> | [    ] <b>UNALLOCATED SUPPORT</b>        |
| Payment Amount: _____                |           | Payment Frequency:                       |
|                                      |           | [    ] every week                        |
| Current Maintenance or               |           | [    ] every other week                  |
| Unallocated Support Payment: \$_____ |           | [    ] monthly                           |
| (date)                               |           | [    ] twice each month on _____ & _____ |
| Arrearage Payment: \$_____           |           | [    ] every year                        |
|                                      |           | [    ] other _____                       |
| Payments Begin: _____                |           | (date)                                   |

**[    ] CHILD SUPPORT** (Do not complete this section if Unallocated Support is ordered.)

|  |   |
|--|---|
| Payment Amount: _____                  | Payment Frequency:                              |
|  | [    ] every week                               |
| Current Child Support Payment: \$_____ | [    ] every other week                         |
|  | [    ] monthly                                  |
| Arrearage Payment: \$_____             | [    ] twice each month on _____ & _____ (date) |
|  | [    ] every year                               |
| Payments Begin: _____                  | [    ] other _____                              |
|  | (date)  |

] **PERCENTAGE AMOUNT OF CHILD SUPPORT**

(Complete this Section only if Finding c) is checked above.)

In addition to the specific dollar amount of support ordered above, current child support shall be paid in the amount of \_\_\_\_\_% of obligor's \_\_\_\_\_ payable \_\_\_\_\_. The obligor is further ordered to provide income records sufficient to determine and enforce the percentage amount of child support, **within 7 days** of receipt of income subject to this percentage assessment, to  the obligee \_\_\_\_\_ and Clerk of the Court.

] **PAYMENT ARRANGEMENTS**

**(Payments must be sent to the STATE DISBURSEMENT UNIT if this box is checked.)**

] A Notice to Withhold Income shall issue immediately and shall be served on the employer at the address listed in this Order. PAYABLE to the **STATE DISBURSEMENT UNIT** and sent to State Disbursement Unit, P.O. Box 5400, Carol Stream, IL 60197-5400. Payments must include CASE NUMBER, COUNTY of the Court issuing this Order, and obligor's name and social security number. Any subsequent employer may be served with a Notice to Withhold Income without further order of the Court.

**OR**

] The parties have entered into a written agreement providing for an alternative arrangement for the payment of support that is approved by the Court and attached to this Order, meeting all requirements of, and consistent with applicable law. An income withholding notice is to be prepared and served only if the obligor becomes delinquent in paying the order for support. Payments shall be made PAYABLE in accordance with the written agreement of the parties attached hereto. In the event the income withholding notice is served, payments shall be made to the State Disbursement Unit as set forth above.

**OR**

] State law does not require payment to the State Disbursement Unit, and the parties have not entered into a written agreement as provided above. PAYABLE to \_\_\_\_\_ and sent to THE CLERK OF THE CIRCUIT COURT at \_\_\_\_\_. Payments must include CASE NUMBER and COUNTY of the Court issuing this Order.

**OR**

] In addition to and separate from amounts ordered to be paid as maintenance or child support, the obligor shall pay a \$36 per year Separate Maintenance and Child Support Collection Fee. This sum shall be paid directly to the Clerk of the Circuit Court of \_\_\_\_\_ County at \_\_\_\_\_ and **not** to the State Disbursement Unit.

] **DELINQUENCY**

If the obligor becomes delinquent in the payment of support after the entry of this Order For Support, the obligor must pay, in addition to the current support obligation, the sum of (a) \$\_\_\_\_\_ for child support per the payment frequency ordered above for child support, and (b) \$\_\_\_\_\_ for maintenance or unallocated support per the payment frequency ordered above for maintenance or unallocated support, until the delinquency is paid in full. (this additional amount, the total of (a) and (b), shall not be less than 20 percent of the total of the current support amount and the amount to be paid periodically for payment of any arrearage stated in the order for support.) A support obligation, or any portion of a support obligation which becomes due and remains unpaid for 30 days or more shall accrue interest at the rate of 9% per annum. Interest due and owing as a result of unpaid support will be set forth under "Additional Conditions or Findings" in this Order or in a separate order.

] **TERMINATION**

This obligation to pay child support terminates on \_\_\_\_\_ unless modified by written order of the Court. (Insert a date no earlier than the date that the youngest child reaches the age of 18 or is expected to graduate from high school, whichever comes later.) **This termination date does not apply to any arrearage that may remain unpaid on that date.** The child/ren covered by this order is/are:

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] **INSURANCE**

The  obligor,  obligee,  obligor **and** obligee, shall provide health insurance for the child(ren) either by  enrolling them in any health insurance coverage available through the  obligor's,  obligee's,  obligor's **and** obligee's, employment or  securing a private health insurance policy, accepted by the obligor and obligee or approved by the Court, which names the child(ren) as beneficiary. Both the obligor and the obligee shall be provided a copy of the insurance policy and the insurance card. The name of the health insurance provider and the number of the insurance policy regarding dependant benefits/coverage are as follows:

Name of Health Insurance Provider(s):

Policy No.(s):

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**It is further ordered that:**

The obligor shall give written notice to the Clerk of the Court, and **if** a party is receiving child and spouse services under Article X of the Illinois Public Aid Code, to the Illinois Department of Public Aid, in writing, **within 7 days:**

- any new residential, mailing address or telephone number;
- the name, address and phone number of any new employer, and;
- the policy name and identifying number(s) of health insurance coverage available.

The obligor shall submit a written report of termination of employment and of new employment, including name and address of the new employer, to the Clerk of the Court and the obligee **within 10 days**. Obligor and obligee shall advise each other of a change of residence **within 5 days** except when the Court finds that the physical, mental or emotional health of a party or that of a minor child, or both, would be seriously endangered by disclosure of the party's address. An obligee receiving payments through income withholding shall notify the Clerk of the Court and the State Disbursement Unit **within 7 days**, of a change in residence. The obligor and obligee shall report to the Clerk of the Court any change of information included in the Child Support Data Sheet (Exhibit 1) **within 5 business days** of such change.

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] **ADDITIONAL CONDITIONS OR FINDINGS**

- ] Child Support payment amount deviates from the amount required by statutory minimum guidelines. The amount that would have been required under the guidelines is \$\*\*\*.

Reasons for deviation:

\_\_\_\_\_.

- ] Other:

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[ ] The "Child Support Data Sheet" filed herein, is a part of this Order. It is ordered that the circuit clerk impound the "Child Support Data Sheet" until further order of this Court.

DATE: \_\_\_\_\_

ENTER: \_\_\_\_\_  
JUDGE

**FAILURE TO OBEY ANY OF THESE PROVISIONS OF THIS ORDER MAY RESULT IN A FINDING OF CONTEMPT OF COURT**

State Disbursements Unit  
P.O. Box 5400  
Carol Stream, IL 60197-5400

**VIA FACSIMILE: (217) 557-5093**

To Whom It May Concern:

Re: (the name and number of your case)

Enclosed you will find a copy of the Uniform Order for Support and Child Support Data Sheet filed in the above-referenced case. The payor is (the name of the person paying the support), the payee is (the name of the person to receive the support), and the employer is (the employer who will be withholding the child support). Please open an account for this case so that the child support payments can be properly disbursed when received. You may address your correspondence with the payee as follows:

(the name and address of the person who will receive the support)

Please feel free to call me if you have any questions in this regard.

Sincerely,

(your name and address)  
enclosures

(The State Disbursement Unit prefers that the letter and enclosures be faxed to the number above. If you cannot fax it, mail it to the address on the letter)

Ms. Linda Stayton  
Division of Child Support Enforcement  
104 Airway Drive  
Marion, IL 62959

Dear Ms. Stayton:

RE: (the name and number of your court case)

Please find enclosed a child support order and notice of withholding that was recently entered by the Courts in the above case. I would appreciate it if you would log this into your computer so that DCSE has the most up to date information in this matter.

If you have any questions, please do not hesitate to contact me.

Sincerely,

(your name and address)

enclosures

(If you do not live in Southern Illinois, you should find out the address of your local Division of Child Support Enforcement and send this letter and the enclosures there)

Certified Mail No.:

(name and address of employer)

Dear \*\*\*:

Re: (your case name and number, plus the name and social security number of the person paying the support)

Please be advised that a child support order has been entered against (name of person that will be paying the support). It is my understanding that he/she is employed by you. I have enclosed with this letter a Notice for Withholding. This order provides for income withholding to enforce a court ordered payment of support. You are required to withhold the amount of support from the earnings of your employee as follows:

1. Withhold the amount specified, (amount of support to be paid) per (how often the support is to be paid, e.g. per month, per week, per 2 weeks, etc), beginning with the next payment of earnings, following 7 days after you receive this notice. Withholdings must continue until (the termination date on your Uniform Order for Support).
2. Forward payments withheld from the employee's wages to: State Disbursement Unit, P.O. Box 5400, Carol Stream, Illinois 60197-5400. You should make the check payable to State Disbursement Unit and provide the following information either on the check or a remittance form:
  - a. Court Order No. (the number of your case);
  - b. Employee's name and social security number; and
  - c. Amount withheld.

You will find attached a sample form.

3. The law prohibits you from and provides penalties for, discharging, disciplining or otherwise penalizing any employee because of a duty to withhold earnings.
4. You are required to cooperate with the custodial parent or spouse whenever an employee terminates his or her employment by providing information on new employment or other whereabouts of the employee. You should return a copy of the Notice for Withholding to (your name and address), immediately upon termination. In addition, whenever an employee is no longer employed by you, you must return a copy of the Notice for Withholding to the Circuit Court Clerk and furnish information about the employee's whereabouts and new employment. This is required under subsection (G)(2) of the Illinois Revised Statutes on Income Withholding. I have enclosed a sample form for your convenience.
5. Amounts to be withheld are subject to the following limitations: Federal and state income taxes, social security and statutory retirement, disability contributions, and union dues must be withheld first. You must withhold a maximum of 50 percent of the remaining income for

an individual supporting another spouse or child and 60 percent for a person who is not.

6. For withholding the income you are entitled to receive the lesser of a \$5.00 per month or the actual check processing cost to be taken from the income to be paid to the employee.

This Notice of Withholding takes precedence over any prior or subsequent garnishments, attachments, wage assignments or other claims of creditors.

Thank you for your prompt attention to this matter.

Sincerely,

\*\*\*

\*\*\*

Enclosure

cc \*\*\*

ATTENTION EMPLOYERS: Use this form when payment is directed to the State Disbursement Unit (SDU).

**State Disbursement Unit  
P.O. Box 5400  
Carol Stream, IL 60197-5400**

This form should be sent each pay period along with your check made payable to the State Disbursement Unit (SDU).

Deductions for more than one employee for court ordered child support may be reported on the same remittance form and combined into one check.

Complete all boxes below for each employee included in your attached check to ensure proper credit at the office of the State Disbursement Unit.

For State Disbursement Unit's Use

\_\_\_\_\_ Date Received \_\_\_\_\_  
Employer's Name

\_\_\_\_\_ Date Processed \_\_\_\_\_  
ATTN.

Employer's  
Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip

| Employee/<br>Obligor Name | Court Order # | IV-D or Non IV-D<br>*If Available | Amount Withheld |
|---------------------------|---------------|-----------------------------------|-----------------|
|                           |               |                                   |                 |
|                           |               |                                   |                 |
|                           |               |                                   |                 |
|                           |               |                                   |                 |
|                           |               |                                   |                 |
|                           |               |                                   |                 |
|                           |               |                                   |                 |
|                           |               |                                   |                 |
|                           |               |                                   |                 |

(For additional remittance forms, please copy this form.)

EMPLOYEE CHANGE OF INFORMATION AND RETURN OF  
NOTICE OF WITHHOLDING

Person serving the order for withholding should put their name and address in this box.

Mail this form and a copy of the Notice for Withholding to:

(your name & address)

ATTENTION EMPLOYER:

When an employee, subject to an Notice for Withholding, is no longer employed by you, please complete this form to the best of your ability and forward it along with a copy of the order for withholding to the above address. This is required by statute.

EMPLOYEE NAME: \_\_\_\_\_

NEW EMPLOYER INFORMATION: (IF AVAILABLE)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE & ZIP CODE: \_\_\_\_\_