

Nathan Deal
Governor



Robyn A. Criftenden
Commissioner

Georgia Department of Human Services
Aging Services | Child Support Services | Family & Children Services

DATE: 03/31/2016

NOTICE TO EMPLOYER OR PAYOR

Employee: [REDACTED]
Social Security Number: [REDACTED]
CSE Agency Case Identifier: [REDACTED]

Dear Employer or Payor:

Enclosed is an Income Withholding Order for Support. If the attached is a duplicate of an Income Withholding Order for Support already in place with your company, please disregard this notice and accept our apology for any inconvenience.

You are hereby notified that pursuant to O.C.G.A. §19-6-33 et seq., you have the rights and responsibilities set forth below with regard to the attached Income Withholding Order for Support, in which [REDACTED] (hereinafter called the "employee/obligor") is ordered to pay child support.

1. You are required to deduct from each payment to the Employee/obligor the amount specified by the Court in the attached *Income Withholding Order for Support*. The total deduction on any one occasion may not exceed the maximum allowable under the federal Consumer Credit Protection Act, 15 U.S.C. Section 1673(b), as applicable to the Employee/obligor's income (50 per centum of disposable income where the employee is supporting a second family, 60 per centum where there is no second family being supported, and an additional 5 per centum of either limit if the arrearage is equal to 12 weeks or more in support payment). If the amount to be deducted would otherwise exceed these limits, you are to reduce the amount deducted accordingly.
2. Payments are to include the Employee/obligor's name, social security number and above identifying CSE Agency Case Identifier. The amount deducted and a statement as to whether that amount totally or partially satisfies the periodic amount specified in the *Income Withholding Order for Support* shall be forwarded, within two (2) business days after each payment date, to the Family Support Registry:

Family Support Registry
P.O. Box 1800
Carrollton, GA 30112-1800

3. You are required to begin making such deductions no later than the first pay period that occurs fourteen (14) days after the date this notice was mailed to you.
4. If you willfully fail to deduct the proper amount from the employee/obligor's income, you are liable for the amount you should have deducted, plus costs, interest, and reasonable attorney's fees.
5. To reimburse you for your administrative costs, you may collect up to \$25.00 against the employee/obligor's income for the first income deduction and up to \$3.00 for each subsequent deduction. You may not deduct a fee for complying with any order or notice for enrollment in a health benefit plan.
6. This *Notice to Employer or Payor* and the *Income Withholding Order for Support* (or *Notice of Delinquency* in the case of a delinquency) are binding on you until further notice from the Obligor (as named in the *Income Withholding Order for Support*), the Court or the IV-D Agency (Division of Child Support Services) or until you no longer provide income to the Employee/obligor.

Employee: [REDACTED]
Social Security Number: [REDACTED]
CSE Agency Case Identifier: [REDACTED]

7. You are required to notify the Obligee (as named in the *Income Withholding Order for Support*) in writing by first-class mail at the Obligee's address when you no longer provide income to the Employee/obligor. At that time, you must provide the employee/obligor's last known address and the name and address of the Employee/obligor's new employer/payor, if known. Willful violation of this provision subjects you to a civil penalty of up to \$250.00 for the first violation and up to \$500.00 for each subsequent violation. If the IV-D agency (Division of Child Support Services) is enforcing the order, you shall make these notifications to the agency instead of to the Obligee.
8. You may not discharge the employee/obligor by reason of the fact that income is subject to an *Income Withholding Order for Support*. A violation of this provision will subject you to a civil penalty of up to \$250.00 for the first violation and up to \$500.00 for each subsequent violation.
9. The *Income Withholding Order for Support* has priority over all other legal processes under state law pertaining to the same income and that payment, as required by the *Income Withholding Order for Support*, is a complete defense against any claims of the employee/obligor or his or her creditors as to the sum paid.
10. If you receive an *Income Withholding Order for Support* requiring that the income of two or more employee/obligors be deducted and sent to the same depository, you may combine the amounts paid to the depository in a single payment as long as you identify that portion of the payment attributable to each employee/obligor.
11. If you receive more than one *Income Withholding Order for Support* against the same employee/obligor, you must still honor all IWOs to the greatest extent possible up to the limits imposed under Section 303(b) of the Federal Consumer Credit Protection Act, 15 U.S.C. Section 1673(b). The IV-D Agency will apportion between the obligees the amount you send to the Family Support Registry by giving priority to current child support obligations.

Sincerely, 
RUTH PATTERSON
Division of Child Support Services

Enclosure

THIS PORTION MUST BE COMPLETED AND RETURNED BY THE EMPLOYER/PAYOR

Please complete upon receipt and return the information below to:

Division of Child Support Services, 111 FIELDSTONE DRIVE, SUITE 200, , MILLEDGEVILLE, GA 31061-

For your convenience you may Fax this information to: (478) 445-4806 or by Email to:

MILLEDGEVILLECSE@DHS.GA.GOV

Attention: RUTH PATTERSON

We received the Income Withholding for Support for:

Employee: [REDACTED]

Social Security Number: [REDACTED]

CSE Agency Case Identifier: [REDACTED]

Date Received: _____

Income Withholding deductions will begin on: _____

Employer: FRANKCRUM 11 INC

Contact Name: _____

Telephone Number: _____

Contact email address: _____

Fax Number: _____

Contact Title: _____

Date: _____

Business Address: [REDACTED]

INCOME WITHHOLDING FOR SUPPORT

- ☐ ORIGINAL INCOME WITHHOLDING ORDER/NOTICE FOR SUPPORT (IWO)
☐ AMENDED IWO
☐ ONE-TIME ORDER/NOTICE FOR LUMP SUM PAYMENT
☐ TERMINATION OF IWO

Date: 03/31/2016

☒ Child Support Enforcement (CSE) 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 www.acf.hhs.gov/programs/css/resource/income-withholding-for-support-instructions). If you receive this document from someone other than a State or Tribal CSE agency or a court, a copy of the underlying order must be attached.

State/Tribe/Territory GEORGIA

Remittance ID (include w/payment) [REDACTED]

City/County/Dist./Tribe MORGAN, OCMULGEE-MILLEDGEVILLE DCSS

Order ID [REDACTED]

Private Individual/Entity _____

CSE Agency Case ID [REDACTED]

Employer/Income Withholder's Name

RE: [REDACTED]

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

Employer/Income Withholder's Address

Employee/Obligor's Social Security Number

Employer/Income Withholder's FEIN [REDACTED]

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

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

Child(ren)'s Birth Date(s)

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

\$484.00 Per MONTH current child support

\$96.00 Per MONTH past-due child support - Arrears greater than 12 weeks? ☐ Yes ☒ No

\$0.00 Per MONTH current cash medical support

\$0.00 Per MONTH past-due cash medical support

\$0.00 Per MONTH current spousal support

\$0.00 Per MONTH past-due spousal support

\$2.58 Per MONTH other (must specify) FSR Fee 1.50 + Annual Maintenance Fee 1.08.

for a Total Amount to Withhold of \$582.58 per MONTH.

AMOUNTS TO WITHHOLD: You do not have to vary your pay cycle to be in compliance with the Order Information. If your pay cycle does not match the ordered payment cycle, withhold one of the following amounts:

\$135.08 per weekly pay period \$292.04 per semimonthly pay period (twice a month)

\$268.67 per biweekly pay period (every two weeks) \$582.58 per monthly pay period

\$ _____ Lump Sum Payment: Do not stop any existing IWO unless you receive a termination order.

Employer's Name: [REDACTED]

Employer FEIN: [REDACTED]

Employee/Obligor's Name: [REDACTED]

CSE Agency Case Identifier: [REDACTED]

Order Identifier: [REDACTED]

REMITTANCE INFORMATION: If the employee/obligor's principal place of employment is GEORGIA (State/Tribe), you must begin withholding no later than the first pay period that occurs 14 days after the date of 03/31/2016. Send payment within 2 working days of the pay date. If you cannot withhold the full amount of support for any or all orders for this employee/obligor, withhold up to 60% of disposable income. If the obligor is a non-employee, obtain withholding limits from Supplemental Information on page 3. If the employee/obligor's principal place of employment is not GEORGIA (State/Tribe), obtain withholding limitations, time requirements, and any allowable employer fees at <http://www.acf.hhs.gov/programs/css/resource/state-income-withholding-contacts-and-program-information> for the employee/obligor's principal place of employment.

For electronic payment requirements and centralized payment collection and disbursement facility information (State Disbursement Unit (SDU)), see www.acf.hhs.gov/programs/css/employers/electronic-payments.

Include the **Remittance ID** with the payment and if necessary this FIPS code: _____

Remit payment to **Family Support Registry** (SDU/Tribal Order Payee)
at **PO Box 1800, Carrollton, GA 30112-1800** (SDU/Tribal Payee Address)

☐ **Return to Sender [Completed by Employer/Income Withholder].** Payment must be directed to an SDU in accordance with 42 USC §666(b)(5) and (b)(6) or Tribal Payee (see Payments to SDU below). If payment is not directed to an SDU/Tribal Payee or this IWO is not regular on its face, you *must* check this box and return the IWO to the sender.

Signature of Judge/Issuing Official (if required by State or Tribal law): RUTH PATTERSON
Print Name of Judge/Issuing Official: RUTH PATTERSON
Title of Judge/Issuing Official: DCSS Agency Representative
Date of Signature: 03/31/2016

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.

ADDITIONAL INFORMATION FOR EMPLOYERS/INCOME WITHOLDERS

State-specific contact and withholding information can be found on the Federal Employer Services website located at: <http://www.acf.hhs.gov/programs/css/resource/state-income-withholding-contacts-and-program-information>

Priority: Withholding for support has priority over any other legal process under State law against the same income (42 USC §666(b)(7)). If a Federal tax levy is in effect, please notify the sender.

Combining Payments: When remitting payments to an SDU or Tribal CSE agency, you may combine withheld amounts from more than one employee/obligor's income in a single payment. You must, however, separately identify each employee/obligor's portion of the payment.

Payments To SDU: You must send child support payments payable by income withholding to the appropriate SDU or to a tribal CSE agency. If this IWO instructs you to send a payment to an entity other than an SDU (e.g., payable to the custodial party, court, or attorney), you must check the box above and return this notice to the sender. Exception: If this IWO was sent by a court, attorney, or private individual/entity and the initial order was entered before January 1, 1994 or the order was issued by a tribal CSE agency, you must follow the "Remit payment to" instructions on this form.

Reporting the Pay Date: You must report the pay date when sending the payment. The pay date is the date on which the amount was withheld from the employee/obligor's wages. You must comply with the law of the state (or tribal law if applicable) of the employee/obligor's principal place of employment regarding time periods within which

you must implement the withholding and forward the support payments.

Multiple IWOs: If there is more than one IWO against this employee/obligor and you are unable to fully honor all IWOs due to federal, state, or tribal withholding limits, you must honor all IWOs to the greatest extent possible, giving priority to current support before payment of any past-due support. Follow the state or tribal law/procedure of the employee/obligor's principal place of employment to determine the appropriate allocation method.

OMB Expiration Date - 7/31/2017. The OMB Expiration Date has no bearing on the termination of the IWO; it identifies the version of the form currently in use.

Employer's Name: [REDACTED]

Employer FEIN: [REDACTED]

Employee/Obligor's Name: [REDACTED]

CSE Agency Case Identifier: [REDACTED]

Order Identifier: [REDACTED]

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.

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.

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.

Withholding Limits: You may not withhold more than the lesser of: 1) the amounts allowed by the Federal Consumer Credit Protection Act (CCPA) (15 USC § 1673(b)); or 2) the amounts allowed by the state or tribe of the employee/obligor's principal place of employment or tribal law if a tribal order (see *Remittance Information*). Disposable income is the net income after mandatory deductions such as: state, federal, local taxes; Social Security taxes; statutory pension contributions; and Medicare taxes. The Federal limit is 50% of the disposable income if the obligor is supporting another family and 60% of the disposable income if the obligor is not supporting another family. However, those limits increase 5% - to 55% and 65% - if the arrears are greater than 12 weeks. If permitted by the state or tribe, you may deduct a fee for administrative costs. The combined support amount and fee may not exceed the limit indicated in this section.

For tribal orders, you may not withhold more than the amounts allowed under the law of the issuing tribe. For tribal employers/income withholders who receive a state IWO, you may not withhold more than the limit set by tribal law.

Depending upon applicable state or tribal law, you may need to consider amounts paid for health care premiums in determining disposable income and applying appropriate withholding limits.

Arrears greater than 12 weeks? If the *Order Information* does not indicate that the arrears are greater than 12 weeks, then the employer should calculate the CCPA limit using the lower percentage.

Supplemental Information:

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

Employer's Name: [REDACTED]

Employer FEIN: [REDACTED]

Revised 02/01/2016

FormFIW

Employee/Obligor's Name: [REDACTED]

CSE Agency Case Identifier: [REDACTED]

Order Identifier: [REDACTED]

NOTIFICATION OF EMPLOYMENT TERMINATION OR INCOME STATUS: If this employee/obligor never worked for you or you are no longer withholding income for this employee/obligor, you must promptly notify the CSE agency and/or the sender by returning this form to the address listed in the contact information below:

- ☐ This person has never worked for this employer nor received periodic income.
- ☐ This person no longer works for this employer nor receives periodic income.

Please provide the following information for the employee/obligor:

Termination date: _____ Last known phone number: _____

Last known address: _____

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

New employer's name: _____

New employer's address: _____

CONTACT INFORMATION:

To Employer/Income Withholder: If you have any questions, contact the Employer Outreach Coordinator, Family Support Registry (issuer name) by phone at (866) 836-6434, by fax at (770) 836-2701, by email or website at: <http://www.ocse.dhr.georgia.gov/portal/site/DHS-OCSE/> select "For Employers" to obtain more information about Georgia income withholding requirements and penalties for noncompliance.

Send termination/income status notice and other correspondence to: Division of Child Support Services, 111 FIELDSTONE DRIVE, SUITE 200, MILLEDGEVILLE, GA 31061- (issuer address).

To Employee/Obligor: If the employee/obligor has questions, contact Customer Contact Center (issuer name) by phone at 1-844-MYGADHS (1-844-694-2347 Toll Free), by fax at (478) 445-4806, by email or website at MILLEDGEVILLECSE@DHS.GA.GOV.

The Paperwork Reduction Act of 1995 This information collection and associated responses are conducted in accordance with 45 CFR 303.100 of the Child Support Enforcement Program. This form is designed to provide uniformity and standardization. Public reporting burden for this collection of information is estimated to average 5 minutes per response for Non-IV-D CPs; 2 minutes per response for employers; 3 seconds for e-IWO employers, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.