



ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):

FOR COURT USE ONLY

TELEPHONE NO.:

FAX NO. (Optional):

E-MAIL ADDRESS (Optional):

ATTORNEY FOR (Name):

SUPERIOR COURT OF CALIFORNIA, COUNTY OF

STREET ADDRESS:

MAILING ADDRESS:

CITY AND ZIP CODE:

BRANCH NAME:

PETITIONER/PLAINTIFF:

RESPONDENT/DEFENDANT:

OTHER PARTY/PARENT:

EX PARTE APPLICATION TO [ ] ISSUE, [ ] MODIFY, OR [ ] TERMINATE AN EARNINGS ASSIGNMENT ORDER

CASE NUMBER:

APPLICANT DECLARES

1. [ ] Child support was ordered as follows on (date): a. Child's name b. Date of birth c. Monthly amount d. Payable by (party): e. Payable to (party):

f. Total amount unpaid (arrears) is at least: \$ as of (date):

2. [ ] Spousal or domestic partner support [ ] family support was ordered as follows:

a. Date of order:

b. Payable by [ ] petitioner [ ] respondent [ ] other parent

c. Payable to [ ] petitioner [ ] respondent [ ] other (specify):

d. Total amount unpaid (arrears) is at least: \$ as of (date):

3. [ ] Interest and penalties

a. The amount of arrears stated in items 1f and 2d [ ] does [ ] does not include interest at the legal rate. (If interest is not included, it is not waived.)

b. The amount of arrears stated in items 1f and 2d [ ] does [ ] does not include penalties at the legal rate. (If penalties are not included, they are not waived.)

4. [ ] (Complete for support ordered before July 1, 1990, only)

Payment of [ ] child support [ ] spousal or partner support is overdue in the sum of at least one month's payment.

Written notice of my intent to seek an earnings assignment was

a. [ ] given at least 15 days before the date of filing this application

(1) [ ] by first class mail.

(2) [ ] by personal service.

(3) [ ] contained in the support order described in item 1 or 2.

(4) [ ] other (specify):

b. [ ] waived (explain):

5. [ ] An earnings assignment order has not been issued for support ordered after July 1, 1990.



PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARTY/PARENT:	CASE NUMBER:
---	--------------

**ISSUANCE OF EARNINGS ASSIGNMENT ORDER**



6. I request an earnings assignment order issue for the following monthly deductions:
- a.  \$ per month current **child support**.
  - b.  \$ per month current **spousal or domestic partner support**.
  - c.  \$ per month current **family support**.
  - d.  \$ per month **child support arrears**.
  - e.  \$ per month **spousal or domestic partner support arrears**.
  - f.  \$ per month **family support arrears**.
  - g. **Total deductions per month:** \$

**MODIFICATION OF CHILD SUPPORT EARNINGS ASSIGNMENT ORDER**



7.  The existing earnings assignment order for child support should be modified as follows (*specify*):

The modified earnings assignment order is requested because (*check all that apply*):

- a.  One or more of the following children listed in the child support order are emancipated (support is no longer required by law) as of the following dates (name each emancipated child and date of emancipation):
  
- b.  The support arrears in this case are paid in full, including interest.
- c.  The earnings assignment order must be conformed to the most recent support order as follows (*specify*):
  
- d.  The local child support agency is no longer enforcing the current support obligation in this case but is required to collect and enforce any arrears owing.
- e.  Other (*specify*):



**TERMINATION OF CHILD SUPPORT EARNINGS ASSIGNMENT ORDER**

8.  The earnings assignment order for child support should be terminated because (*check all that apply*):

- a. Past due support has been paid in full, including any interest due.
- b.  There is no current support order.
- c.  The child reached age 18 and completed the 12th grade on(*date*):
- d.  The child reached 18 and is no longer a full-time high school student as of (*date*):
- e.  The child reached age 19.
- f.  The child died on (*date*):
- g.  The child married on (*date*):
- h.  The child went on active duty with the armed forces of the United States on (*date*):
- i.  The child received a declaration of emancipation under Family Code section 7122 (*name each child and give details*):



PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARTY/PARENT:	CASE NUMBER:
---	--------------

8. (continued)

- j.  The previous stay of the earnings assignment was improperly terminated (*specify*):
  
- k.  The State Disbursement Unit has been unable to deliver payment for a period of six months due to the failure of the support recipient to notify the State Disbursement Unit of a change in his or her address.
- l.  Other (*specify*):



**MODIFICATION OF SPOUSAL, DOMESTIC PARTNER, OR FAMILY SUPPORT EARNINGS ASSIGNMENT ORDER**

9.  The existing earnings assignment order for spousal, domestic partner, or family support should be changed as follows (*specify*):

The modified earnings assignment order is requested because (*check all that apply*):

- a.  The support arrears in this case are paid in full, including interest.
- b.  The earnings assignment order must be conformed to the most recent support order as follows (*specify*):
  
- c.  Other (*specify*):

**TERMINATION OF SPOUSAL, DOMESTIC PARTNER, OR FAMILY SUPPORT EARNINGS ASSIGNMENT ORDER**

10.  The earnings assignment order for spousal, domestic partner, or family support should be terminated because (*specify*):

- a. Past due support has been paid in full, including any interest due.
- b.  There is no current support order.
- c.  The supported spouse or domestic partner remarried or registered a domestic partnership on (*date*):
- d.  The supported spouse or partner died on (*date*):
- e.  By terms of the current order, spousal, partner, or family support terminated on (*date*):
- f.  A previous stay of wage assignment was improperly terminated (*specify*):
  
- g.  The  employer  State Disbursement Unit has been unable to deliver payment for a period of six months due to the failure of the support recipient to notify that employer or the State Disbursement Unit of a change in his or her address.
- h.  Other (*specify*):

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.



Date:

\_\_\_\_\_  
(TYPE OR PRINT NAME)



\_\_\_\_\_  
SIGNATURE

### 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:** \_\_\_\_\_

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 <http://www.acf.hhs.gov/programs/cse/newhire/employer/publication/publication.htm> - forms). If you receive this document from someone other than a State or Tribal CSE agency or a Court, a copy of the underlying order must be attached.

State/Tribe/Territory \_\_\_\_\_ Remittance Identifier (include w/payment) \_\_\_\_\_

City/County/Dist./Tribe \_\_\_\_\_ Order Identifier \_\_\_\_\_

Print Individual/Entity \_\_\_\_\_ CSE Agency Case Identifier \_\_\_\_\_

<p>Employer/Income Withholder's Name _____</p> <p>Employer/Income Withholder's Address _____</p> <p>Employer/Income Withholder's FEIN _____</p> <p>Child(ren)'s Name(s) (Last, First, Middle) _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Employee/Obligor's Name (Last, First, Middle) _____</p> <p>Employee/Obligor's Social Security Number _____</p> <p>Custodial Party/Obligee's Name (Last, First, Middle) _____</p> <div style="border: 1px solid black; width: 100%; height: 100%; margin-top: 20px;"></div>
---	---

**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.

\$ \_\_\_\_\_ 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 \_\_\_\_\_.

**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:

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


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

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


**REMITTANCE INFORMATION:** If the employee/obligor's principal place of employment is \_\_\_\_\_ (State/Tribe), you must begin withholding no later than the first pay period that occurs \_\_\_\_\_ days after the date of \_\_\_\_\_. Send payment within \_\_\_\_\_ 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 \_\_\_\_\_% of disposable income for all orders. If the employee/obligor's principal place of employment is not \_\_\_\_\_ (State/Tribe), obtain withholding limitations, time requirements, and any allowable employer fees at [http://www.acf.hhs.gov/programs/cse/newhire/employer/contacts/contact\\_map.htm](http://www.acf.hhs.gov/programs/cse/newhire/employer/contacts/contact_map.htm) 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 [http://www.acf.hhs.gov/programs/cse/newhire/employer/contacts/contact\\_map.htm](http://www.acf.hhs.gov/programs/cse/newhire/employer/contacts/contact_map.htm).

Include the **Remittance Identifier with the payment** and if necessary this FIPS code: \_\_\_\_\_

 **Remit payment to** \_\_\_\_\_ (SDU/Tribal Order Payee)  
at \_\_\_\_\_ (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): _____
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 must 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 employer/obligor.

---

### ADDITIONAL INFORMATION FOR EMPLOYERS/INCOME WITHHOLDERS

State-specific contact and withholding information can be found on the Federal Employer Services website located at: [http://www.acf.hhs.gov/programs/cse/newhire/employer/contacts/contact\\_map.htm](http://www.acf.hhs.gov/programs/cse/newhire/employer/contacts/contact_map.htm)

**Priority:** Withholding for support has priority over any other legal process under State law against the same income (USC 42 §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.

**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.

---

Employer's name: \_\_\_\_\_ Employer FEIN: \_\_\_\_\_  
Employee/Obligor's Name: \_\_\_\_\_  
CSE Agency Case Identifier: \_\_\_\_\_ Order Identifier \_\_\_\_\_

**Withholding Limits:** You may not withhold more than the lesser of: 1) the amounts allowed by the Federal Consumer Credit Protection Act (CCPA) (15 U.S.C. 1673(b)); or 2) the amounts allowed by the State or Tribe of the employee/obligor's principal place of employment (see *REMITTANCE INFORMATION*). Disposable income is the net income left after making mandatory deductions such as: State, Federal, local taxes; Social Security taxes; statutory pension contributions; and Medicare taxes. The Federal limit is 50% of the disposable income if the obligor is supporting another family and 60% of the disposable income if the obligor is not supporting another family. However, those limits increase 5% - to 55% and 65% - if the arrears are greater than 12 weeks. If permitted by the State or Tribe, you may deduct a fee for administrative costs. The combined support amount and the 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 withholder who receive a State IWO, you may not withhold more than the lesser of the limit set by the law of the jurisdiction in which the employer/income withholder is located or the maximum amount permitted under section 303(d) of the CCPA (15 U.S.C. 1673 (b)).

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

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

**Additional Information:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTIFICATION OF EMPLOYMENT TERMINATION OR INCOME STATUS:** If this employee/obligor never worked for you or you are no longer withholding income for this employee/obligor, an employer must promptly notify the 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 \_\_\_\_\_ (Issuer name) by phone at \_\_\_\_\_, by fax at \_\_\_\_\_, by email or website at: \_\_\_\_\_.

Send termination notice and other correspondence to: \_\_\_\_\_ (Issuer address).

**To Employer/Obligor:** If the employee/obligor has questions, contact \_\_\_\_\_ (Issuer name) by phone at \_\_\_\_\_, by fax at \_\_\_\_\_, by email or website at: \_\_\_\_\_.

# Next Steps



**Follow these simple steps in order to successfully file your paperwork.**

## ★ Review

After you have completed your forms, bring them back to the Resource Center to have them reviewed. It is important to follow this step because our staff has been trained to review these forms and help you make any necessary changes.

## ★ Copy

Make (2) copies of your corrected originals and then you will be ready to file your paperwork.

## ★ File

After copying, take your original **and** the (2) sets of copies, **and** (1) self addressed envelope with a postage stamp to the clerk's office to file.

## ★ Finishing up

When you receive the (2) copies of the court order then you will keep (1) copy for your records and send the other copy to the employer.