

Instruction boxes may be helpful if cut out and clipped to appropriate forms

<p style="text-align: center;">Income Deduction Order (IDO)</p> <ol style="list-style-type: none">1. Complete everything except Judge's signature.2. Present to Judge for signature (usually on day of final hearing).3. Make 4 copies.4. File the original and get the 4 copies stamped.5. Mail 1 stamped copy to each of the following:<ul style="list-style-type: none">➤ Employer or Payor➤ Party obligated to pay (Obligor)➤ Family Support Registry.6. Keep 1 copy for your records.	<p style="text-align: center;">Notice to Employer or Payor</p> <ol style="list-style-type: none">1. Complete everything.2. Make 3 copies.3. After the Judge signs the IDO, file the original Notice and get the 3 copies stamped.4. Mail 1 stamped copy to each of the following:<ul style="list-style-type: none">➤ Employer or Payor➤ Party obligated to pay (Obligor).5. Keep 1 copy for your records.
<p style="text-align: center;">Federal Income Withholding Order (IWO) ("Income Withholding for Support" at top of page)</p> <ol style="list-style-type: none">1. Complete all that applies except dates and signature. Tips:<ul style="list-style-type: none">➤ For "Remittance ID" use Obligor's social security number or if not known, use civil action case number.➤ For "Order ID" and "Document Tracking ID" use civil action case number.➤ Under "Remittance Information", payment must start 14 days after IWO is mailed to the employer (wait to fill in date until ready to mail) and within 2 working days of pay date.➤ The "SDU" is the Family Support Registry – use the address noted in the IDO.➤ You are the "issuing official" – you will date/ sign page 2 in that section when you are ready to mail it.2. After the Judge signs the IDO, make sure your numbers are consistent with the Judge's final order.3. When you are ready to mail the IWO, sign and date as noted above. Do NOT file this form.4. Make 1 copy for your records.5. Mail original to Employer or Payor.	<p style="text-align: center;">Certificate of Service</p> <ol style="list-style-type: none">1. Complete everything.2. After the Judge signs the IDO, sign and date when you are ready to file and mail everything.3. Make 4 copies.4. File the original and get the 4 copies stamped.5. Mail 1 stamped copy to each of the following:<ul style="list-style-type: none">➤ Employer or Payor➤ Party obligated to pay (Obligor)➤ Family Support Registry.6. Keep 1 copy for your records.
<p style="text-align: center;">Private Child Support Order Registration Form</p> <ol style="list-style-type: none">1. Complete everything that applies.2. Make 1 copy for your records.3. Mail the original to the Family Support Registry (address is on the form). Do NOT file this form.	

IN THE SUPERIOR COURT OF _____ COUNTY
STATE OF GEORGIA

_____)	
)	
Plaintiff,)	
)	CIVIL ACTION FILE
v.)	
)	NO. _____
_____)	
)	
Defendant.)	

INCOME DEDUCTION ORDER

This Court having entered an order establishing, modifying or enforcing a child support obligation owed by the _____ (hereafter, "Obligor"), and the Court having determined that an Income Deduction Order ("IDO") should be entered in accordance with Official Code of Georgia Annotated § 19-6-30 et seq., it is ORDERED AND ADJUDGED:

1. Identification of Parties

Obligor is: _____

Obligor's Address is: _____

Obligee is: _____

Child(ren):

Name: _____ Year of Birth: _____

Name: _____ Year of Birth: _____

Name: _____ Year of Birth: _____

2. Service

The Obligee shall be responsible for initiating the wage withholding by completing and transmitting all documents and notices required by O.C.G.A. § 19-6-30 et seq., 42 USC 666(b)(6)(A)(ii), and the Georgia Family Support Registry. Additionally, a copy of this order and all further papers required to be served pursuant to O.C.G.A. §19-6-30, et seq., shall be served by the Obligee upon the Obligor by personal service, certified mail or statutory overnight delivery, return receipt requested, or by regular mail in accordance with the alternative service provisions of O.C.G.A. §§ 9-11-4(j) and 19-6-33(b). A copy of this Order shall also be mailed by the Obligee to:

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

3. **Effective Date of this Order:**

() Immediately.

() Upon a delinquency equal to one month's support. This Court finds that good cause was shown to delay the effective date of this Order. The Obligee or the IV-D agency may enforce this IDO by serving a "Notice of Delinquency" on the Obligor as provided in O.C.G.A. § 19-6-32(f).

4. **Duration of this Order**

This Order hereby supersedes any previous IDO; and it shall remain in force so long as the order of support upon which it is based is effective or arrearages remain upon payment due thereunder, or until further order of this Court. Thus, this Order shall continue until [check one]: () the last child of the parties for whom the Obligor has a duty to support reaches the age of majority; () the last child of the parties for whom the Obligor has a duty of support graduates from high school and reaches the age of majority, or reaches the age of 20 years, whichever shall first occur. See O.C.G.A. § 19-6-15(e).

5. **Income Deduction**

The Obligor's employer, future employer, or any other person, private entity, federal or state government, or any unit of local government providing or administering any periodic form of payment due to the Obligor, regardless of source, including without limitation wages, salary, commissions, bonus, workers' compensation, disability, payments from a pension or retirement program, a personal injury award or settlement, and interest, shall deduct from all monies due the Obligor the following amounts:

6. **Amount of Deduction**

(a) Current Support:	\$ _____	per month.
(b) Alimony:	\$ _____	per month.
(c) Past Due Support:	\$ _____	per month.
(d) Family Support Registry ("FSR") Fee:	\$ _____	**per deduction payment per O.C.G.A. § 19-6-33.1(j).

** Five percent of the amount deducted for current or past child support, or a maximum fee of \$1.50, whichever is less.

7. Past Due Support

The Obligor named above owes Past Due Support in the amount of \$_____ as of _____, 20____. The Obligee shall have the right to any additional arrearage that may accrue through the date of the first deduction of income and for all other periods of non-payment.

8. Payment Address

The total amount deducted shall be forwarded by the Employer ("Payor") within two (2) business days after each payment date to:

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

9. Payment Instructions

(a) If Payor is deducting child support for more than one IDO, Payor must, upon future modification by Child Support Services or court order, deduct the FSR Fee for each IDO. If the amount Payor is deducting for any one case is \$40 or more, the FSR Fee for that IDO is \$1.50. If the deduction is less than \$40, the FSR Fee is five percent (5%) of the amount deducted, but in no event shall the fee exceed \$1.50.

(b) The total amount of the Child Support Deduction will decrease, if applicable, after all Past Due Support is paid in full; at that point the amount deducted will be the amount of Current Support plus the FSR Fee.

10. Consumer Protection Act

The maximum amount to be deducted by a payor shall not exceed that allowable under Section 303(b) of the federal Consumer Protection Act, 15 U.S.C. § 1673(b), as amended.

11. Duty of Obligor to Insure Compliance

The Obligor is hereby ordered to perform all acts necessary for the proper withholding of the sums stated in this IDO, including delivery of the same to his employer and future employers, and to personally monitor and confirm on an ongoing basis that the payments withheld are timely and properly deducted from his/her income and forwarded as ordered, correctly identified with the above case. Failure of the employer to perform under this order does not relieve the Obligor of his/her obligation to insure that payment is made.

12. Wrongful Discharge

No payor shall discharge an obligor by reason of the fact that income has been subjected to an IDO under O.C.G.A. § 19-6-32. A payor who violates this paragraph is subject to a civil penalty not to exceed \$250 for the first violation or \$500 for any subsequent violation. Penalties shall be paid to the Obligee or the Division of Child Support Services,

whichever is enforcing the IDO, if any support is due and payable. If no support is due and payable, the penalty shall be paid to the Obligor.

SO ORDERED this _____ day of _____, 20_____.

_____, Judge
Superior Court of _____ County

Prepared and presented by:

TO (Employer): _____ DATE: _____

FROM (Obligee): _____ RE (Obligor): _____

NOTICE TO PAYOR / EMPLOYER

Enclosed is an *Income Deduction Order* issued by a court and an *Income Withholding Order for Support* as required by federal law. You are hereby notified pursuant to O.C.G.A. § 19-6-33(e) that you have the rights and responsibilities set forth below with regard to the *Income Deduction Order*, in which your employee (the “obligor”) is ordered to pay child support.

1. You are required to deduct from each payment to the employee/obligor the amount specified in the *Income Withholding Order for Support*, and in the case of a delinquency the amount specified in the notice of delinquency. You are required to pay that amount to the Georgia Family Support Registry on behalf of the parent who is to receive child support payments (the “obligee.”) The amount actually deducted plus all administrative charges on any one occasion may not be in excess of the amount allowed under Section 303(b) of the federal Consumer Credit Protection Act, 15 U.S.C. Section 1673(b). If the amount to be deducted will exceed these limits, you are to reduce the amount deducted accordingly. Employers may find more information regarding income withholding and how to calculate the proper deduction amount here: http://www.acf.hhs.gov/programs/cse/newhire/employer/private/income_withholding.htm.
2. You are to implement the income deduction order no later than the first pay period that occurs after 14 days following the date this notice is mailed.
3. You are to forward, within two business days after each payment date, to the Georgia Family Support Registry the amount deducted from the obligor’s income and a statement as to whether that amount totally or partially satisfies the periodic payment amount specified in the income deduction order.
4. If you willfully fail to deduct the proper amount from the obligor’s income, you are liable for the amount you should have deducted, plus costs, interest, and reasonable attorney’s fees.
5. You may collect up to \$25.00 against the obligor’s income as reimbursement of administrative costs for the first income deduction and up to \$3.00 for each deduction thereafter. You may not deduct a fee for complying with any order or notice for enrollment in a health benefit plan.
6. The *Income Deduction Order*, the *Income Withholding Order for Support*, and this notice, and in the case of a delinquency the notice of delinquency, are binding

- upon you until further notice by the obligee, the Georgia Department of Human Services, or the court, up and until you no longer provide income to the obligor.
7. When you no longer provide income to the obligor, you must notify the obligee and shall also provide the obligor's last known address and the name and address of the obligor's new employer, if known. You may do so by filling out that portion of the *Income Withholding Order for Support* titled "Notification of Termination" and mailing a copy to the obligee. The willful violation of this provision will subject you to a civil penalty not to exceed \$250.00 for the first violation or \$500.00 for any subsequent violation. If the Georgia Department of Human Services is enforcing the order, you shall make these notifications to the agency instead of to the obligee. Penalties shall be paid to the obligee or the agency, whichever is enforcing the income deduction order.
 8. Under O.C.G.A. § 19-6-32 you may not discharge the obligor from employment by reason of the fact that income has been subjected to an income deduction order. A violation of this provision subjects you to a civil penalty not to exceed \$250.00 for the first violation or \$500.00 for a subsequent violation. Penalties shall be paid to the obligee or the Georgia Department of Human Services, whichever is enforcing the income deduction order, if any support is owing. If no support is owing, the penalty shall be paid to the obligor.
 9. The *Income Deduction Order* has priority over all other legal processes under state law pertaining to the same income. Withholding the income required and paying that income as required is a complete defense against any claims of the obligor or his creditors as to the sum paid.
 10. If you receive multiple *Income Deduction Orders* requiring that the income of two or more obligors be deducted and sent to the Georgia Family Support Registry, you may combine the amounts paid in a single payment as long as you identify that portion of the payment attributable to each obligor.
 11. If you receive more than one *Income Deduction Order* against the same obligor, you must contact the court which signed the *Income Deduction Order* for further instructions. Upon being so contacted, the court shall allocate amounts available for income deduction giving priority to current child support obligations up to the limits imposed under Section 303(b) of the federal Consumer Credit Protection Act, 15 U.S.C. Section 1673(b).

SIGNED and SUBMITTED this _____ day of _____, 20_____.

Prepared by:

**IN THE SUPERIOR COURT OF _____ COUNTY
STATE OF GEORGIA**

_____, Petitioner, v. _____, Respondent.	§ § § § § § § § § §	CIVIL ACTION FILE NO.: _____
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CERTIFICATE OF SERVICE

I hereby certify to the Court that I have this day sent copies of the: (1) *Income Deduction Order* and (2) *Notice to Employer or Payor* (and (3) *Notice of Delinquency* if the following box is checked: ☐) by first class mail to the Obligor, the Employer (or Payor) and the Child Support FSU at the following addresses:

(1) Employer or Payor (Name and Address):

(2) Obligor (Name and Address):

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

This ____ day of _____, 20__.

[Petitioner / Respondent] _____, *Pro Se*

Print name:

Address:

Phone:

Georgia Department of Human Services

PRIVATE CHILD SUPPORT ORDER REGISTRATION FORM

(Used in private Non-IV-D collection and disbursement only child support cases)

This form can be downloaded at <http://ido.georgiacourts.gov/>.

Submit only this form with private child support order and Income Deduction Order as directed below.

(Pursuant to O.C.G.A. § 19-6-33.1)

Complete ALL fields – otherwise, the case cannot be registered, and money cannot be disbursed.

Use this form also to update case information. (If known, include existing STARS Case #: _____ **)**

Date Form Prepared:	Contact Person's Name, Email & Telephone: (If attorney, please include bar #.)
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<p align="center">Non-Custodial (Paying) Parent</p> <p>Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>_____</p> <p>DOB: _____ Gender: <input type="checkbox"/> M <input type="checkbox"/> F</p> <p>SSN: _____ Race: _____</p> <p>Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic</p> <p>Telephone #: _____</p>	<p align="center">Custodial (Receiving) Parent</p> <p>Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>_____</p> <p>DOB: _____ Gender: <input type="checkbox"/> M <input type="checkbox"/> F</p> <p>SSN: _____ Race: _____</p> <p>Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic</p> <p>Telephone #: _____</p>
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Non-Custodial Parent's Employer: _____

Address: _____

_____ Telephone #: _____

Court Order Information

County/State of Order: _____ Civil Action Number: _____

Date Order Signed by Judge: _____ Is this an order modifying child support? ☐ Yes ☐ No

Is this a Divorce Order? ☐ Yes ☐ No Child Support Order **Monthly** Amount: \$ _____

First Due Date: _____ Date current child support will end per court order: _____

Amount of Family Support Registry (FSR) fee in order (O.C.G.A. §19-6-33.1(j)): _____

Court ordered arrears amount: \$ _____ As of Date: _____

Court ordered arrears **Monthly** repayment amount: \$ _____

Spousal Support Order Amount (if included in order): _____ **(Notice:** If no accompanying child support payment is to be made, spousal support must be paid directly to the ex-spouse (rather than the FSR), pursuant to O.C.G.A. §19-6-33.1(e)(1).)

Children for Whom Child Support Is Ordered

Child's full name	DOB	Gender	SSN	Race	Ethnicity (Hispanic or Non-Hispanic)
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____

Mail OR Fax this completed form along with a copy of the Child Support Order, and Income Deduction Order that was signed by a judge. Please DO NOT Mail AND Fax the documents as that will delay case registration & distribution of child support.

Mail to: Family Support Registry

P. O. Box 1800

Carrollton, Georgia 30112-1800

OR---Fax documents to: 770-836-2701 (If you fax the documents, do not also send them by mail.)

The next 4 pages is the Helpful Hints version of the IWO. It is a partially completed sample – do not fill in the sample. Use it to help you complete the blank version at the end of the packet.

For even more detailed instructions (line by line), go to the Georgia Income Deduction Order website at:
<https://georgiacourts.gov/ido/>.

INCOME WITHHOLDING FOR SUPPORT

- ☐ **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 www.acf.hhs.gov/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 support order must be attached.

State/Tribe/Territory GEORGIA Remittance ID (include w/payment) (Full SSN/Obligor)
City/County/Dist./Tribe (County of Order) Order ID (Clerk Civil Action Number)
Private Individual/Entity (Person who will sign form) Case ID (Only for DCSS)

Employer/Income Withholder's Name

Employer/Income Withholder's Address

Employer/Income Withholder's FEIN (If known)

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

Child(ren)'s Birth Date(s)

RE: (Name of Obligor ordered to pay support)

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

Employee/Obligor's Social Security Number

Employee/Obligor's Date of Birth

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

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

\$ _____ Per Month current child support
\$ _____ Per Month past-due child support - **Arrears greater than 12 weeks?** ☐ Yes ☐ No
\$ _____ Per Month current cash medical support
\$ _____ Per Month past-due cash medical support
\$ _____ Per Month current spousal support
\$ _____ Per Month past-due spousal support
\$ _____ Per Month other (must specify) (FSR fee \$1.50 per amount deducted) _____
for a **Total Amount to Withhold** of \$ _____ 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:

\$ _____ (52periods) per weekly pay period \$ _____ (24periods) per semimonthly pay period (twice a month)
\$ _____ (26periods) per biweekly pay period (every two weeks) \$ _____ (12periods) per monthly pay period
\$ _____ **Lump Sum Payment:** Do not stop any existing IWO unless you receive a termination order.

Document Tracking ID (Clerk Civil Action Number) _____

Employer's Name: _____ Employer FEIN: (If known) _____

Employee/Obligor's Name: (Name of Obligor ordered to pay support) _____ SSN: (Full #) _____

Case Identifier: (Only for DCSS) _____ Order Identifier: (Clerk Civil Action Number) _____

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 DateMailed. Send payment within 2 business days of the pay date. If you cannot withhold the full amount of support for any or all orders for this employee/obligor, withhold _____ % of disposable income for all orders. If the obligor is a non-employee, obtain withholding limits from Supplemental Information. If the employee/obligor's principal place of employment is not GEORGIA (State/Tribe), obtain withholding limitations, time requirements, and any allowable employer fees from the jurisdiction of the employee/obligor's principal place of employment. State-specific withholding limit information is available at www.acf.hhs.gov/css/resource/state-income-withholding-contacts-and-program-requirements. For tribe-specific contacts, payment addresses, and withholding limitations, please contact the tribe at www.acf.hhs.gov/sites/default/files/programs/css/tribal_agency_contacts_printable_pdf.pdf or https://www.bia.gov/tribalmap/DataDotGovSamples/tld_map.html.

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

Include the Remittance ID with the payment and if necessary this locator code: _____.

Remit payment to <u>Georgia Family Support Registry</u> (SDU/Tribal Order Payee) at <u>P O Box 1800, Carrollton, GA 30112-1800</u> (SDU/Tribal Payee Address)

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

If Required by State or Tribal Law: Signature of <u>Judge</u> /Issuing Official: _____ Print Name of <u>Judge</u> /Issuing Official: (Judge does not sign. Party in the case or attorney will sign.) _____ Title of <u>Judge</u> /Issuing Official: (Example: Attorney, Custodial Parent) _____ Date of Signature: _____
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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 WITHHOLDERS

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

Employers/income withholders may use OCSE's Child Support Portal (<https://ocsp.acf.hhs.gov/csp/>) to provide information about employees who are eligible to receive a lump sum payment, have terminated employment, and to provide contacts, addresses, and other information about their company.

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

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.

Employer's Name: _____ Employer FEIN: (If known) _____

Employee/Obligor's Name: (Name of Obligor ordered to pay support) _____ SSN: (Full #) _____

Case Identifier: (Only for DCSS) _____ Order Identifier: (Clerk Civil Action Number) _____

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.

O.C.G.A. § 19-6-33(e)(4)

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.

O.C.G.A § 19-6-33(j)

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 law of the state of the employee/obligor's principal place of employment, if the place of employment is in a state; or the tribal law of the employee/obligor's principal place of employment if the place of employment is under tribal jurisdiction. 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.

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** section 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:

[DO NOT REMOVE]: In Georgia, the Family Support Registry (FSR) fee is ACTUAL COST, \$1.50 of EACH amount deducted; excludes alimony; see O.C.G.A § 19-6-33(j). Use other lines for employer information.

Employer's Name: _____ Employer FEIN: (If known) _____
Employee/Obligor's Name: (Name of Obligor ordered to pay support) _____ SSN: (Full #) _____
Case Identifier: (Only for DCSS) _____ Order Identifier: (Clerk Civil Action Number) _____

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 telephone 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 questions, contact (Name of person for future contacts) _____ (issuer name)

by telephone: (For contacts) _____, by fax: (For contacts) _____, by email or website: (For future contacts) _____.

Send termination/income status notice and other correspondence to:
(Address of person for future contacts) _____ (issuer address).

To Employee/Obligor: If the employee/obligor has questions, contact (Name of person for future contacts) _____ (issuer name)

by telephone: (For contacts) _____, by fax: (For contacts) _____, by email or website: (For future contacts) _____.

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

Encryption Requirements:

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

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 for this collection of information is estimated to average two to five minutes per response. 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.

INCOME WITHHOLDING FOR SUPPORT

- ☒ **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 www.acf.hhs.gov/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 support order must be attached.

State/Tribe/Territory GEORGIA Remittance ID (include w/payment) _____
City/County/Dist./Tribe _____ Order ID _____
Private Individual/Entity _____ Case ID (Only for DCSS) _____

Employer/Income Withholder's Name _____ RE: _____
Employee/Obligor's Name (Last, First, Middle)
Employer/Income Withholder's Address _____ Employee/Obligor's Social Security Number _____

Employee/Obligor's Date of Birth _____

Custodial Party/Obligee's Name (Last, First, Middle)
Employer/Income Withholder's FEIN (If known) _____
Child(ren)'s Name(s) (Last, First, Middle) Child(ren)'s Birth Date(s)

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

\$ _____ Per Month current child support
\$ _____ Per Month past-due child support - **Arrears greater than 12 weeks?** ☐ Yes ☐ No
\$ _____ Per Month current cash medical support
\$ _____ Per Month past-due cash medical support
\$ _____ Per Month current spousal support
\$ _____ Per Month past-due spousal support
\$ _____ Per Month other (must specify) (FSR fee \$1.50 per amount deducted) _____
for a **Total Amount to Withhold** of \$ _____ 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:

\$ _____ 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.

Document Tracking ID _____

Employer's Name: _____ Employer FEIN: (If known) _____

Employee/Obligor's Name: _____ SSN: _____

Case Identifier: (Only for DCSS) _____ Order Identifier: _____

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 _____. Send payment within 2 business days of the pay date. If you cannot withhold the full amount of support for any or all orders for this employee/obligor, withhold _____% of disposable income for all orders. If the obligor is a non-employee, obtain withholding limits from Supplemental Information. If the employee/obligor's principal place of employment is not GEORGIA (State/Tribe), obtain withholding limitations, time requirements, and any allowable employer fees from the jurisdiction of the employee/obligor's principal place of employment. State-specific withholding limit information is available at www.acf.hhs.gov/css/resource/state-income-withholding-contacts-and-program-requirements. For tribe-specific contacts, payment addresses, and withholding limitations, please contact the tribe at www.acf.hhs.gov/sites/default/files/programs/css/tribal_agency_contacts_printable_pdf.pdf or https://www.bia.gov/tribalmap/DataDotGovSamples/tld_map.html.

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

Include the Remittance ID with the payment and if necessary this locator code: _____.

Remit payment to <u>Georgia Family Support Registry</u> (SDU/Tribal Order Payee) at <u>P O Box 1800, Carrollton, GA 30112-1800</u> (SDU/Tribal Payee Address)

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

If Required by State or Tribal Law: Signature of <u>Judge</u> /Issuing Official: _____ Print Name of <u>Judge</u> /Issuing Official: _____ Title of <u>Judge</u> /Issuing Official: _____ Date of Signature: _____
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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 WITHHOLDERS

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

Employers/income withholders may use OCSE's Child Support Portal (<https://ocsp.acf.hhs.gov/csp/>) to provide information about employees who are eligible to receive a lump sum payment, have terminated employment, and to provide contacts, addresses, and other information about their company.

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

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.

Employer's Name: _____ Employer FEIN: (If known) _____

Employee/Obligor's Name: _____ SSN: _____

Case Identifier: (Only for DCSS) _____ Order Identifier: _____

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.

O.C.G.A. § 19-6-33(e)(4)

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.

O.C.G.A § 19-6-33(j)

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 law of the state of the employee/obligor's principal place of employment, if the place of employment is in a state; or the tribal law of the employee/obligor's principal place of employment if the place of employment is under tribal jurisdiction. 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.

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** section 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:

[DO NOT REMOVE]: In Georgia, the Family Support Registry (FSR) fee is ACTUAL COST, \$1.50 of EACH amount deducted; excludes alimony; see O.C.G.A § 19-6-33(j). Use other lines for employer information.

Employer's Name: _____ Employer FEIN: (If known) _____

Employee/Obligor's Name: _____ SSN: _____

Case Identifier: (Only for DCSS) _____ Order Identifier: _____

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 telephone 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 questions, contact _____ (issuer name)

by telephone: _____, by fax: _____, by email or website: _____.

Send termination/income status notice and other correspondence to: _____ (issuer address).

To Employee/Obligor: If the employee/obligor has questions, contact _____ (issuer name)

by telephone: _____, by fax: _____, by email or website: _____.

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

Encryption Requirements:

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

The Paperwork Reduction Act of 1995

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