

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 (IV-D) 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 INDIANA Remittance ID (include w/payment) _____
 City/County/Dist./Tribe _____ Order ID: _____
 Private Individual/Entity _____ CSE Agency Case ID: _____

_____ Employer/Income Withholder's Name	RE: _____ Employee/Obligor's Name (First, M, Last)										
_____ Employer/Income Withholder's Address	_____ Employee/Obligor's Social Security Number										
_____ Employer/Income Withholder's FEIN	_____ Custodial Party/Obligee's Name (First, M, Last)										
<table border="0" style="width: 100%;"> <tr> <td style="width: 60%;">Child(ren)'s Name(s) (First, M, Last)</td> <td style="width: 40%;">Child(ren)'s Birth Date(s)</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>	Child(ren)'s Name(s) (First, M, Last)	Child(ren)'s Birth Date(s)	_____	_____	_____	_____	_____	_____	_____	_____	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>
Child(ren)'s Name(s) (First, M, Last)	Child(ren)'s Birth Date(s)										
_____	_____										
_____	_____										
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_____	_____										

ORDER INFORMATION: This document is based on the support or withholding order from Indiana. 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 wks? <input type="checkbox"/> Yes <input type="checkbox"/> 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.		

Employer's Name: _____	Employer FEIN: _____
Employee/Obligor's Name: _____	SSN _____
CSE Agency Case Identifier: _____	Order Identifier: _____

REMITTANCE INFORMATION: If the employee/obligor's principal place of employment is Indiana, you must begin withholding no later than the first pay period that occurs 14 days after the date this order is received. Send payment the same day as the pay date/date of withholding. 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 Indiana, obtain withholding limitations, time requirements, and any allowable employer fees at www.acf.hhs.gov/prgrams/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 "Indiana State Central Collection Unit" (INSCCU), at P.O. Box 6219, Indianapolis, IN 46206-6219. If paying by check, include Remittance Identifier/Case Number, employee/obligor's Social Security Number, and Cause Number on the check. The remittance form is available at www.childsupport.in.gov.

Return to Sender [Completed by Employer/Income Withholder]. Payment must be directed to an SDU in accordance to 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: _____
Print Name of Judge/Issuing Official: _____
Title of Judge/Issuing Official: _____
Date of Signature: _____

If the employee/obligor works in a state or for a tribe that is different from the state or tribe that issued this order, a copy of this IWO must be provided to the employee/obligor.

If checked, the employer/income withholder must provide a copy of this form to the employee/obligor.

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/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 (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.

OMB Expiration Date – 07/31/2017. The OMB Expiration Date has no bearing on the termination date of the IWO; it identifies the version of the form currently in use.

Employer's Name: _____	Employer FEIN: _____
Employee/Obligor's Name: _____	SSN _____
CSE Agency Case Identifier: _____	Order Identifier: _____

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 penalties set by State or Tribal law/procedure. In Indiana, those penalties can be found in IC 31-16-15-23.

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 any employee/obligor because of this IWO. In Indiana, those disciplinary actions can be found in IC 31-16-15-25.

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 or tribal law if a tribal order (see *REMITTANCE INFORMATION*). Disposable income is the net income left after making mandatory deduction 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 lesser of the limit set by tribal law.

Depending upon applicable State 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.

Supplemental Information:

- You may retain a two dollar (\$2.00) fee from the income payee's income each time income withheld is forwarded according to Indiana law. The sum total of the amount to be withheld plus this fee shall not exceed the maximum amount permitted under the CCPA.
- Indiana-specific information and FAQs can be found under the Employer Services section of the Child Support Bureau website at: <http://www.in.gov/dcs/support.htm>.
- For any payment processing questions, please contact the Employer Maintenance Unit (EMU) at (317) 232-0327 or (800) 292-0403 or emu@dcs.in.gov.
- 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.
- For electronic payment and processing information log on to the Child Support Bureau Website at www.childsupport.in.gov, click on Payment Processing under Employer Services and follow the links, or call:(317) 232-0327 or (800) 292-0403. IC 31-16-15-16 requires employers with more than 50 employees and more than one obligor/employee to process child support payments electronically.

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

Employer's Name: _____	Employer FEIN: _____
Employee/Obligor's Name: _____	SSN _____
CSE Agency Case Identifier: _____	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, an employer must promptly notify the CSE agency and/or 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: _____

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

To Employee/Obligor: If the employee/obligor has questions, contact _____ (issuer name) by phone at _____, by fax at _____, by email or website: _____