

**Superior Court of California
County of San Bernardino
Income Withholding Order for Support Cover Sheet**

Person Completing Form

Name (Last, First, MI):

Address:

City, State, Zip Code:

Telephone Number (home or cellular):

Party Ordered to Pay Support

Name (Last, First, MI):

Party Receiving Support:

Name (Last, First, MI):

What is your case number?

Have you previously received an Income Withholding Order for Support?

Yes No

What is the name/ address of the employer of the party ordered to pay support?

Employer Name:

Employer Address:

City, State, Zip Code:

What is the Social Security Number of the party ordered to pay support?

Social Security Number (last 4 digits only): XXX-XX-

List all minor children's names and dates of birth in the order for support?

Name:

Name:

DOB:

DOB:

Name:

Name:

DOB:

DOB:

Please enter the following information:

Child Support per Month: \$

Past Due Child Support per Month (only enter an amount if the court ordered payment): \$

Is the past due amount more than 12 weeks old? Yes No

Spousal Support per Month: \$

Past Due Spousal Support per Month (only enter an amount if the court ordered payment): \$

Today's Date:

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

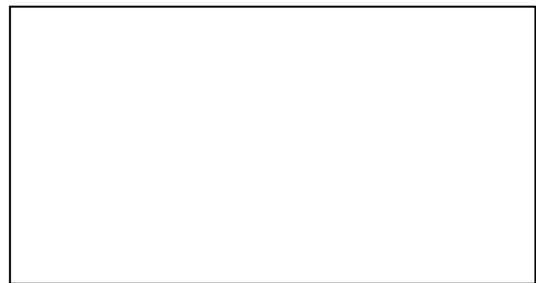
Date: _____

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 _____
 Private Individual/Entity _____ CSE Agency Case Identifier _____

_____ Employer/Income Withholder's Name _____ Employer/Income Withholder's Address _____ _____ Employer/Income Withholder's FEIN _____	RE: _____ Employee/Obligor's Name (Last, First, Middle) _____ Employee/Obligor's Social Security Number _____ Custodial Party/Obligee's Name (Last, First, Middle) _____
Child(ren)'s Name(s) (Last, First, Middle) _____ _____ _____ _____ _____ _____	Child(ren)'s Birth Date(s) _____ _____ _____ _____ _____ _____



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 for the employee/obligor's principal place of employment.

Document Tracking Identifier _____

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.

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

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: _____.



ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	COURT PERSONNEL: STAMP DATE RECEIVED HERE DO NOT FILE
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	
PETITIONER/PLAINTIFF: _____ RESPONDENT/DEFENDANT: _____ OTHER PARENT: _____	
CHILD SUPPORT CASE REGISTRY FORM <input type="checkbox"/> Mother <input type="checkbox"/> First form completed <input type="checkbox"/> Father <input type="checkbox"/> Change to previous information	CASE NUMBER: _____

THIS FORM WILL NOT BE PLACED IN THE COURT FILE. IT WILL BE MAINTAINED IN A CONFIDENTIAL FILE WITH THE STATE OF CALIFORNIA.

Notice: Pages 1 and 2 of this form must be completed and delivered to the court along with the court order for support. Pages 3 and 4 are instructional only and do not need to be delivered to the court. If you did not file the court order, you must complete this form and deliver it to the court within 10 days of the date on which you received a copy of the support order. Any later change to the information on this form must be delivered to the court on another form within 10 days of the change. It is important that you keep the court informed in writing of any changes of your address and telephone number.

1. Support order information (*this information is on the court order you are filing or have received*).



- a. Date order filed:
- b. Initial child support or family support order Modification
- c. Total monthly base current child or family support amount ordered for children listed below, plus any monthly amount ordered payable on past-due support:
- | Child Support: | Family Support: | Spousal Support: |
|---|--|--|
| (1) <input type="checkbox"/> Current base child support: \$ _____
<input type="checkbox"/> Reserved order
<input type="checkbox"/> \$0 (zero) order | (1) <input type="checkbox"/> Current base family support: \$ _____
<input type="checkbox"/> Reserved order
<input type="checkbox"/> \$0 (zero) order | (1) <input type="checkbox"/> Current spousal support: \$ _____
<input type="checkbox"/> Reserved order
<input type="checkbox"/> \$0 (zero) order |
| (2) <input type="checkbox"/> Additional monthly support: \$ _____ | (2) <input type="checkbox"/> Additional monthly support: \$ _____ | |
| (3) <input type="checkbox"/> Total past-due support: \$ _____ | (3) <input type="checkbox"/> Total past-due support: \$ _____ | (3) <input type="checkbox"/> Total past-due support: \$ _____ |
| (4) <input type="checkbox"/> Payment on past-due support: \$ _____ | (4) <input type="checkbox"/> Payment on past-due support: \$ _____ | (4) <input type="checkbox"/> Payment on past-due support: \$ _____ |
- (5) Wage withholding was ordered ordered but stayed until (date): _____



2. Person required to pay child or family support (*name*):
 Relationship to child (*specify*): _____
3. Person or agency to receive child or family support payments (*name*):
 Relationship to child (*if applicable*): _____

TYPE OR PRINT IN INK

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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4. The child support order is for the following children:
- | | <u>Child's name</u> | <u>Date of birth</u> | <u>Social security number</u> |
|----|---------------------|----------------------|-------------------------------|
| a. | | | |
| b. | | | |
| c. | | | |
- Additional children are listed on a page attached to this document.

You are required to complete the following information about yourself. You are not required to provide information about the other person, but you are encouraged to provide as much as you can. This form is confidential and will not be filed in the court file. It will be maintained in a confidential file with the State of California.

- | | |
|---|---|
| <p>5. Father's name:</p> <p>a. Date of birth:</p> <p>b. Social security number:</p> <p>c. Street address:</p>
<p>City, state, zip code:</p> <p>d. Mailing address:</p>
<p>City, state, zip code:</p> <p>e. Driver's license number:</p> <p>State:</p> <p>f. Telephone number:</p> <p>g. <input type="checkbox"/> Employed <input type="checkbox"/> Not employed <input type="checkbox"/> Self-employed</p> <p>Employer's name:</p>
<p>Street address:</p> <p>City, state, zip code:</p> <p>Telephone number:</p> | <p>6. Mother's name:</p> <p>a. Date of birth:</p> <p>b. Social security number:</p> <p>c. Street address:</p>
<p>City, state, zip code:</p> <p>d. Mailing address:</p>
<p>City, state, zip code:</p> <p>e. Driver's license number:</p> <p>State:</p> <p>f. Telephone number:</p> <p>g. <input type="checkbox"/> Employed <input type="checkbox"/> Not employed <input type="checkbox"/> Self-employed</p> <p>Employer's name:</p>
<p>Street address:</p> <p>City, state, zip code:</p> <p>Telephone number:</p> |
|---|---|



7. A restraining order, protective order, or nondisclosure order due to domestic violence is in effect.
- a. The order protects: Father Mother Children
- b. From: Father Mother
- c. The restraining order expires on (*date*):

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 OF PERSON COMPLETING THIS FORM)



INFORMATION SHEET FOR CHILD SUPPORT CASE REGISTRY FORM

(Do NOT deliver this Information Sheet to the court clerk.)

Please follow these instructions to complete the *Child Support Case Registry Form* (form FL-191) if you do not have an attorney to represent you. Your attorney, if you have one, should complete this form.

Both parents must complete a *Child Support Case Registry Form*. The information on this form will be included in a national database that, among other things, is used to locate absent parents. When you file a court order, you must deliver a completed form to the court clerk along with your court order. If you did not file a court order, you must deliver a completed form to the court clerk **WITHIN 10 DAYS** of the date you received a copy of your court order. If any of the information you provide on this form changes, you must complete a new form and deliver it to the court clerk within 10 days of the change. The address of the court clerk is the same as the one shown for the superior court on your order. This form is confidential and will not be filed in the court file. It will be maintained in a confidential file with the State of California.

INSTRUCTIONS FOR COMPLETING THE *CHILD SUPPORT CASE REGISTRY FORM* (TYPE OR PRINT IN INK):

If the top section of the form has already been filled out, skip down to number 1 below. If the top section of the form is blank, you must provide this information.

Page 1, first box, top of form, left side: Print your name, address, telephone number, fax number, and e-mail address, if any, in this box. Attorneys must include their State Bar identification numbers.

Page 1, second box, top of form, left side: Print the name of the county and the court's address in this box. Use the same address for the court that is on the court order you are filing or have received.

Page 1, third box, top of form, left side: Print the names of the petitioner/plaintiff, respondent/defendant, and other parent in this box. Use the same names listed on the court order you are filing or have received.

Page 1, fourth box, top of form, left side: Check the box indicating whether you are the mother or the father. If you are the attorney for the mother, check the box for mother. If you are the attorney for the father, check the box for father. Also, if this is the first time you have filled out this form, check the box by "First form completed." If you have filled out form FL-191 before, and you are changing any of the information, check the box by "Change to previous information."

Page 1, first box, right side: Leave this box blank for the court's use in stamping the date of receipt.

Page 1, second box, right side: Print the court case number in this box. This number is also shown on the court papers.

Instructions for numbered paragraphs:

1. a. Enter the date the court order was filed. This date is shown in the "COURT PERSONNEL: STAMP DATE RECEIVED HERE" box on page 1 at the top of the order on the right side. If the order has not been filed, leave this item blank for the court clerk to fill in.
- b. If the court order you filed or received is the first child or family support order for this case, check the box by "Initial child support or family support order." If this is a change to your order, check the box by "Modification."
- c. Information regarding the amount and type of support ordered and wage withholding is on the court order you are filing or have received.
 - (1) If your order provides for any type of current support, check all boxes that describe that support. For example, if your order provides for both child and spousal support, check both of those boxes. If there is an amount, put it in the blank provided. If the order says the amount is reserved, check the "Reserved order" box. If the order says the amount is zero, check the "\$0 (zero) order" box. Do not include child care, special needs, uninsured medical expenses, or travel for visitation here. These amounts will go in (2). Do NOT complete the Child Support Case Registry form if you receive spousal support only.
 - (2) If your order provides for a set monthly amount to be paid as additional support for such needs as child care, special needs, uninsured medical expenses or travel for visitation check the box in Item 2 and enter the monthly amount. For example, if your order provides for base child support and in addition the paying parent is required to pay \$300 per month, check the box in item 2 underneath the "Child Support" column and enter \$300. Do NOT check this box if your order provides only for a payment of a percentage, such as 50% of the childcare.

- (3) If your order determined the amount of past due support, check the box in Item 3 that states the type of past due support and enter the amount. For example, if the court determined that there was \$5000 in past due child support and \$1000 in past due spousal support, you would check the box in item 3 in the "Child Support" column and enter \$5000 and you would also check the box in item 3 in the "Spousal Support" column and enter \$1000.
 - (4) If your order provides for a specific dollar amount to be paid towards any past due support, check the box in Item 4 that states the type of past due support and enter the amount. For example, the court ordered \$350 per month to be paid on the past due child support, you would check the box in Item 4 in the "Child Support" column and enter \$350.
 - (5) Check the "ordered" box if wage withholding was ordered with no conditions. Check the box "ordered but stayed until" if wage withholding was ordered but is not to be deducted until a later date. If the court delayed the effective date of the wage withholding, enter the specific date. Check only one box in this item.
2. a. Write the name of the person who is supposed to pay child or family support.
b. Write the relationship of that person to the child.
 3. a. Write the name of the person or agency supposed to receive child or family support payments.
b. Write the relationship of that person to the child.
 4. List the full name, date of birth, and social security number for each child included in the support order. If there are more than five children included in the support order, check the box below item 4e and list the remaining children with dates of birth and social security numbers on another sheet of paper. Attach the other sheet to this form.

The local child support agency is required, under section 466(a)(13) of the Social Security Act, to place in the records pertaining to child support the social security number of any individual who is subject to a divorce decree, support order, or paternity determination or acknowledgment. This information is mandatory and will be kept on file at the local child support agency.

Top of page 2, box on left side: Print the names of the petitioner/plaintiff, respondent/defendant, and other parent in this box. Use the same names listed on page 1.

Top of page 2, box on right side: Print your court case number in this box. Use the same case number as on page 1, second box, right side.

You are required to complete information about yourself. If you know information about the other person, you may also fill in what you know about him or her.

5. If you are the father in this case, list your full name in this space. See instructions for a–g under item 6 below.
6. If you are the mother in this case, list your full name in this space.
 - a. List your date of birth.
 - b. Write your social security number.
 - c. List the street address, city, state, and zip code where you live.
 - d. List the street address, city, state, and zip code where you want your mail sent, if different from the address where you live.
 - e. Write your driver's license number and the state where it was issued.
 - f. List the telephone number where you live.
 - g. Indicate whether you are employed, not employed, self-employed, or by checking the appropriate box. If you are employed, write the name, street address, city, state, zip code, and telephone number where you work.
7. If there is a restraining order, protective order, or nondisclosure order, check this box.
 - a. Check the box beside each person who is protected by the restraining order.
 - b. Check the box beside the parent who is restrained.
 - c. Write the date the restraining order expires. See the restraining order, protective order, or nondisclosure order for this date.

If you are in fear of domestic violence, you may want to ask the court for a restraining order, protective order, or nondisclosure order.

You must type or print your name, fill in the date, and sign the *Child Support Case Registry Form* under penalty of perjury. When you sign under penalty of perjury, you are stating that the information you have provided is true and correct.

Next Steps



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

★ Review

After you have completed your forms, bring them back to one of our local Resource Centers 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 within the court house where your case is currently located. Please keep in mind that it may take a few weeks for the court to process your request.

★ 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 of the person ordered to pay support.

What is the Child Support Registry?

What is the State Case Registry Form?

The Child Support Case Registry Form (FL-191) was created to comply with the federal law that requires each state to create a statewide case registry and single processing center for child support payments. The form must be completed and returned to the court clerk by both parents when an order for child support is made. The Case Registry Form helps to ensure that child support payments are collected and distributed accurately by the state. When needed the case registry can also assist locating absent parents. The court clerk does not file the form; instead, the form is sent to the State of California and kept in a confidential file there.

When is the Child Support Registry Form Completed?

The parent asking the court to issue the Income Withholding Order delivers to the court clerk a completed Registry Form FL-191 along with the completed Income Withholding Order. The other party should complete and file their completed Registry Form FL-191 within 10 days of receiving a copy of the Income Withholding Order. The information gathered in the Registry is kept in a national database.

Completing the Child Support Case Registry Form (FL-191) is mandatory.

Failure to prepare and file this form may prevent the State Disbursement Unit from being able to collect and send the child support payments without interruption.

What is the State Disbursement Unit (SDU)?

Federal Law requires all states to establish a central location for processing child support payments. California has created the State Disbursement Unit (SDU) to meet this requirement. The SDU receives and processes all private (non-Title IV-D) child support payments made by wage assignment.

How Does the State Disbursement Unit (SDU) Process Payments?

- Once the wage assignment order is issued by the court, it is forwarded to the employer of the person who owes support. [The person who filed the wage assignment forwards the issued wage assignment order to the employer.=]
- The employer sends the child support payments to the SDU.
- The SDU processes the payments from the employer and then forwards the payment to the parent owed support at the address contained in the State Case Registry.

For more information about the California State Disbursement Unit, the California Department of Child Support Services has established the following website:

www.casdu.com. In addition, a SDU Customer Service Help Desk phone number is available at: 1-866-901-3212.