

**Louisiana Department of Children and Family Services
Child Support Enforcement Section**

Telephone _____

Date _____

LA Workforce Commission
Office of Workers' Compensation
P. O. Box 94094
Baton Rouge, Louisiana 70804

Claimant _____,
(Last Name) (First Name)
Docket No.: _____
LASES No.: _____
Claimant's SSN: _____

Attention: Records Manager

Dear Sir:

By the authority of LA R.S. 46:236.3, Child Support Enforcement Section is entitled to an income assignment on the above named claimant. The arrearage due as of this date is \$ _____. Please take action indicated below.

- ☐ Withhold the sum of \$ _____ from any settlement to be applied to arrearage due.
- ☐ Change the amount of withholding. Arrearage total \$ _____ as of _____.
- ☐ Cancel the request for income withholding effective _____.

According to LA R.S. 13:4291, any court ordered support which becomes past due after the date of this notice becomes a judgment by operation of law, and therefore must be included in the amount to be withheld. Contact this office for the total amount owed prior to releasing funds to the obligor and provide a breakdown of the settlement.

Checks should be made payable and mailed to : Department of Children and Family Services
Post Office Box 4815
Baton Rouge, LA 70821

Note: Any monies not subject to withholdings (FICA, Federal and State taxes, etc.) should not be subject to the 50% limitation found in LA R.S. 13:3881(A)(1).

If you have any questions, please feel free to contact me at _____.

Agency Representative