

INCOME WITHHOLDING FOR SUPPORT (Completed by the Sender)

- ☐ **ORIGINAL INCOME WITHHOLDING ORDER/NOTICE FOR SUPPORT (IWO)**
☐ **AMENDED IWO**
☐ **ONE-TIME ORDER/NOTICE – LUMP SUM PAYMENT**
☐ **TERMINATION of IWO**

Date: _____

☐ Child Support Agency (CSA) ☐ 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 CSA or a court, a copy of the underlying order must be attached.

State/Tribe/Territory Louisiana Child Support Enforcement Remittance ID (include with payment) _____
City/County/Dist./Tribe _____ Order ID _____
Private Individual/Entity _____ CSE Agency Case ID _____

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

ORDER INFORMATION: (Completed by the Sender) This document is based on the support order from **Louisiana** (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 _____.

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

AMOUNTS TO WITHHOLD: (Completed by the Sender) 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: (Completed by Sender except for the "Return to Sender" check box)

If the employee/obligor's principal place of employment is Louisiana, you must begin withholding no later than the first pay period that occurs 7 days after the date of receipt. Send payment within seven (7) 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 **50%** of disposable income for all orders. If the obligor is a non-employee, obtain withholding limits from Supplemental Information on page 4. If the employee/obligor's principle place of employment is not **Louisiana**, obtain withholding limitations, time requirements, and any allowable employer fees from the jurisdiction of the employee/obligor's principle place of employment.

State specific withholding limit information is available at www.acf.hhs.gov/programs/css/resource/state-income-withholding-contacts-and-program-information. For tribe-specific contracts, payment addresses, and withholding limitations, please contact the tribe at www.acf.hhs.gov/programs/css/resource/tribal-child-support-agency-contacts or http://www.bia.gov/sites/bia.gov/libraries/maps/tld_map.html.

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. The CCPA is available at www.dol.gov/sites/dolgov/files/WHD/legacy/files/garn01.pdf. 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

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.

If the obligor is a nonemployee, obtain withholding limits from the **Supplemental Information** section in this IWO. This information is also available at www.acf.hhs.gov/css/resource/state-income-withholding-contacts-and-program-requirements.

Remit payment to Department of Children and Family Services (SDU/Tribal Order Payee) at P.O. Box 260222, Baton Rouge, LA 70826. (SDU/Tribal Payee Address)

Include the **Remittance ID with the payment**, and if necessary this locator code: 2200000.

To set up electronic payments or to learn state requirements for checks, contact the State Disbursement Unit (SDU). Contacts and information are found at www.acf.hhs.gov/css/resource/sdu-eft-contacts-and-program-requirements.

☐ **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 Payment 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 Judge/Issuing Official: _____

Print Name of Judge/Issuing Official: _____

Title of 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.

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

Additional Information for Employers/Income Withholders (Completed by the Sender)

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.

Payments: You must send child support payments payable by income withholding to the appropriate SDU or to a tribal CSA within 7 business days, or fewer if required by state law, after the date the income would have been paid to the employee/obligor and include the date you withheld the support from his or her income. You may combine withheld amounts from more than one employee/obligor's income in a single payment as long as you separately identify each employee/obligor's portion of the payment. Child support payments may not be made through the federal Office of Child Support Services (OCSS) Child Support Portal.

Lump Sum Payments: You may be required to notify a state or tribal CSA 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. Employers/income withholders may use OCSS's Child Support Portal (ocsp.acf.hhs.gov/csp/) to provide information about employees who are eligible to receive lump sum payments and to provide contacts, addresses, and other information about their companies. Child support payments may not be made through the federal OCSS Child Support Portal.

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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 other 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 any employee/obligor because of this IWO.

Supplemental Information:

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

NOTIFICATION OF EMPLOYMENT TERMINATION OR INCOME STATUS: (Completed by the Employer/Income Withholder) 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 CSA and/or the sender by returning this form to the address listed in the contact information below or using the OCSS's Child Support Portal (ocsp.acf.hhs.gov/csp/). Please report the new employer or income withholder, if known.

☐ 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 made to the SDU/tribal Payee: _____ Final payment amount: _____

New employer's name: _____

New employer's address: _____

CONTACT INFORMATION: (Completed by Sender)

To Employer/Income Withholder: If you have any questions, contact _____ (issuer name)

by phone: _____, by fax: _____, by email or website: dss.lacsclacsc@la.gov.

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: _____, by fax: _____, by email or website: dss.lacsclacsc@la.gov.

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 Services. 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).