

DELAWARE COUNTY

Instructions to Complete the Order/Notice to Withhold Income Child Support or

Notice of an Order to Withhold Income for Child Support

If you or your employee/obligor has any questions, contact the Delaware County Clerk's office by telephone at 1-765-747-7726. Or email Mary.Francis@fssa.in.gov. For specific and general questions regarding Indiana child support income withholding law call 1-800-292-0403 or 1-317-232-4893.

Instructions to complete the Order/Notice to Withhold Income for Child Support or Notice of an Order to Withhold Income for Child Support

The Order/Notice to Withhold Income for Child Support (Order/Notice) or Notice of an Order to Withhold Income for Child Support (Notice) is a standardized form used for income withholding in tribal, intrastate, interstate, and intergovernmental cases. Please note that information provided on this form may be shared with the obligor. When completing the form, please include the following information.

The following information 1a – 1f refers to the government agency, non-government entity, or individual completing and sending this form to the employer:

- 1a. Check whether this is an Order/Notice to Withhold Income for Child Support or a Notice of an Order to Withhold Income for Child Support. Attorneys, individuals, and non-governmental entities must submit a Notice of an Order to Withhold and include a copy of the income withholding order unless, under a state's law, an attorney in that state may issue an income withholding order/notice. In that case, the attorney may submit an Order/Notice to Withhold and include a copy of the state law authorizing the attorney to issue an income withholding order/notice.
- 1b. Check the appropriate status of the Order or Notice.
- 1c. Date this form is completed and/or signed.
- 1d. Identify the county and state sending this form. This must be a governmental entity.
- 1e. Check and indicate the non-governmental entity or individual sending this Order or Notice. Complete this item only if a non-governmental entity or individual is submitting this Order or Notice.
- 1f. Identify ISETS (Indiana Support Enforcement Tracking System) number used by the entity or individual sending this Order or Notice. This number is available from the county clerk's office.

The following information in 2 and 3 refers to the obligor, obligor's employer, and case identification:

- 2a. Employer's/Withholder's name.
- 2b. Employer's/Withholder's mailing address, city, and state. (This may differ from the Employee's/Obligor's work site.)
- 2c. Employer's/Withholder's nine-digit federal employer identification number (if available). Include three-digit location code.
- 3a. Employee's/Obligor's last name, first name, and middle initial.
- 3b. Employee's/Obligor's Social Security Number (if known).
- 3c. The employee's/ obligator's court cause/case number.
- 3d. Custodial Parent's last name, first name, and middle initial (if known).

ORDER INFORMATION - The following information in 4 –14d refers to the dollar amounts taken directly from the child support order:

4. Name of the state that issued the support order. (Indiana).
- 5a-b. Dollar amount to be withheld for payment of current child support, time period that corresponds to the amount in #6a (such as month, week, etc.).
- 6a-b. Dollar amount to be withheld for payment of past-due child support, time period that corresponds to the amount in #6a (such as month, week, etc.).
- 7a-b. Dollar amount to be withheld for payment of current cash medical support, as appropriate, based on the underlying Order, time period that corresponds to the amount in #7a (such as month, week, etc.).
- 8a-b. Dollar amount to be withheld for payment of past-due cash medical support, if appropriate, based on the underlying Order and the time period that corresponds to the amount in #8a (such as month, week, etc.).
- 9a-b. Dollar amount to be withheld for payment of spousal support (alimony), if appropriate, based on the underlying Order, time period that corresponds to the amount in #9a (such as month, week, etc.).
- 10a-b. Dollar amount to be withheld for payment of past-due spousal support (alimony), if appropriate, based on the underlying Order, time period that corresponds to the amount in #10a (such as month, week, etc.).
- 11a-c. Dollar amount to be withheld for payment of miscellaneous obligations, if appropriate, based on the underlying Order, time period that corresponds to the amount in #11a (e.g., month, week, etc.), and description of the miscellaneous obligation.
- 12a. Total of #5a, #6a, #7a, #8a, #9a, #10a and #11a.
- 12b. Time period that corresponds to the amount in #12a (e.g., month).
13. Check this box if in arrears more than 12 weeks.
- 14a. Amount an employer should withhold if the employee is paid weekly.
- 14b. Amount an employer should withhold if the employee is paid every two weeks.
- 14c. Amount an employer should withhold if the employee is paid twice a month.
- 14d. Amount an employer should withhold if the employee is paid once a month.

Complete only for EFT/EDI transmission.

- 15a. Telephone number of contact to provide EFT/EDI instructions.
- 15b. Federal Information Process Standard (FIPS) code for transmitting payments through EFT/EDI. The FIPS code is five characters that identify the state or county. It is seven characters when it identifies the state, county, and a location within the county. It is necessary for centralized collections.
- 15c. Receiving agency's bank routing number.
- 15d. Receiving agency's bank account number.

If you are not required to pay by EFT/EDI transmission and are paying by check:

- 16a. When paying by check to the State Central Collection Unit, make check payable to the State Central Collection Unit and,
- 16b. Indicate on the check the ISETS number and,
- 16c. The employee's/obligator's social security number.
- 16d. Mail the check to the:

**State Central Collection Unit
P.O. Box 6219
Indianapolis, IN 46206-6219**

If you would like to pay online:

17. To make payments using the Child Support Bureau website, log on to www.Mychildsupport.in.gov - click on Payment Processing under Employer Services and follow the links.

If this is an Order/Notice to Withhold or if this is a Notice of an Order to Withhold:

- 18a. Date of Order.
- 18b. Signature of the Judge issuing **Order/Notice to Withhold or Notice of Order to Withhold.**
- 18c-d. Check the appropriate box to indicate whether you are an attorney, individual, or private entity sending this Order / Notice of an Order.

STATE OF INDIANA
DELAWARE COUNTY

SS:

IN THE DELAWARE CIRCUIT COURT
NO. _____

CAUSE NO. 18C0 _____

(Petitioner/Plaintiff)

v.

(Respondent/Defendant)

**Administrative Rule 9(G)(5) Notice of Exclusion
of Confidential Information from Public Access
(FILED WITH THE TRIAL COURT CLERK)**

Contemporaneous with the filing of this notice, _____ [party name]
has filed confidential information on green paper in accordance with Administrative Rule
9(G)(5)(b). Pursuant to Administrative Rule 9(G)(5)(a), the above-named party provides this
notice that the confidential information contained on that green paper is to remain excluded from
public access in accordance with the authority listed below:

Name or description of document
filed on green paper:

Income Withholding Order

Administrative Rule 9(G) grounds
upon which exclusion is authorized:

Complete Social Security Number
AR 9(G)(2)(f)

Respectfully submitted,

[Name]

STATE OF INDIANA)
)SS:
COUNTY OF DELAWARE)

IN THE DELAWARE CIRCUIT COURT NO. _____

Petitioner

AND

CAUSE NO: _____

Respondent

**ORDER/NOTICE TO WITHHOLD
INCOME FOR CHILD SUPPORT**

Prepared by:

() ORDER/NOTICE TO WITHHOLD INCOME FOR CHILD SUPPORT
() NOTICE OF AN ORDER TO WITHHOLD INCOME FOR CHILD SUPPORT

() Original () Amended () Termination Date: _____

() Delaware County, Indiana

() Non-governmental entity or Individual

ISETS Case Number: _____ (Available from the Circuit Court Clerk's Office)

Employer's/Income Payor's/Withholder's Name: Employee's /Obligor's Name (Last, First, MI)

Employer's/Income Payor's/Withholder's
Address:

Employee's/Obligor's SSN:

Employee's/Obligor's Cause Number:
18 CO _____

Employer's / Withholder's EIN (if known):

Obligee's / Custodial Parent's Name (Last ,
First, MI):

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

\$ _____ per _____ current child support
\$ _____ per _____ past-due child support
\$ _____ per _____ current cash medical support
\$ _____ per _____ past-due cash medical support
\$ _____ per _____ spousal support
\$ _____ per _____ past-due spousal support
\$ _____ per _____ other (specify): _____

_____ for a total of \$ _____ per

_____ to be forwarded to the payee below.

Arrears greater than 12 wks? () yes () no

You do not have to vary your pay cycle to be in compliance with the support order. If your pay cycle does not match the ordered payment cycle, withhold one of the following amounts:

NOTE: Non-IV-D Attorneys, individuals, and non-governmental entities must submit a Notice of an Order to Withhold and include a copy of the income withholding order unless, under a state's law, an attorney in that state may issue an income withholding order. In that case, the attorney may submit an Order/Notice to Withhold and include a copy of the state law authorizing the attorney to issue an income withholding order/notice.

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

ADDITIONAL INFORMATION TO EMPLOYERS AND OTHER WITHHOLDERS

() If checked, you are required to provide a copy of this form to your employee/obligor. If your employee works in a state that is different from the state that issued this order, a copy must be provided to your employee/obligor even if the box is not checked.

- 1. Priority:** Withholding under this Order or Notice has priority over any other legal process under state law against the same income. If there are federal tax levies in effect, please notify the contact person listed below. (See 10 below).
- 2. Combining Payments:** You may combine withheld amount from more than one employee's/obligor's income in a single payment to each agency/party requesting withholding. You must, however, separately identify the portion of the single payment that is attributable to each employee/obligor.
- 3. Reporting the Pay Date/Date of Withholding:** You must report the pay date/date of withholding when sending the payment. The pay date/date of withholding is the date on which the amount was withheld from the employee's/obligor's wages. You must comply with the law of the state of the employee's /obligor's principal place of employment with respect to the time periods within which you must implement the withholding and forward the support payments.
- 4. Employee/Obligor with Multiple Support Withholdings:** If there is more than one Order or Notice against the employee/obligor and you are unable to honor all support Orders or Notices due to federal, state, or tribal withholding limits, you must follow the state or tribal law/procedure of the employee's /obligor's principal place of employment. You must honor all Orders or Notices to the greatest extent possible. (See 9 below).
- 5. Termination Notification:** You must promptly notify the Child Support Enforcement (IV-D) Agency and/or the contact person listed below when the employee/obligor no longer works for you. Please provide the information requested and return a complete copy of this Order or Notice to the Child Support Enforcement (IV-D) Agency and/or the contact person listed below. (See 10 below).

THE EMPLOYEE/OBLIGOR NO LONGER WORKS FOR: _____

EMPLOYEE'S/OBLIGOR'S NAME: _____

CASE IDENTIFIER / CAUSE NO: 18 C0 _____

SETS CASE NO: _____

DATE OF SEPARATION FROM EMPLOYMENT: _____

LAST KNOWN HOME ADDRESS: _____

NEW EMPLOYER/ADDRESS: _____

6. **Lump Sum Payments:** You may be required to report and withhold from lump sum payments such as bonuses, commissions, or severance pay. If you have any questions about lump sum payments, contact the Child Support Enforcement (IV-D) Agency.

7. **Liability:** If you have any doubts about the validity of the Order or Notice, contact the agency or person listed below under 11. If you fail to withhold income as the Order or Notice directs, you are liable for both the accumulated amount you should have withheld from the employee's/obligor's income and any other penalties set by state or tribal law/procedure (IC 31-16-15-23).

8. **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 a child support withholding (IC 31-16-15-10 (5) (5)).

9. **Withholding limits:** For state orders, you may not withhold more than the lesser of: 1) the amounts allowed by the Federal Consumer Credit Protection Act (15 U.S.C. 1673(b)); or 2) the amounts allowed by the state of the employee's/obligor's principal place of employment. The federal limit applies to the aggregate disposable weekly earnings (ADWE). ADWE 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 CCPA limit is 50% of the ADWE for child support and alimony, which is increased by 1) 10% if the employee does not support a second family; and/or 2) 5% if arrears greater than 12 weeks. For tribal orders, you may not withhold more than the amounts allowed under the law of the issuing tribe. For tribal employers who receive a state order, you may not withhold more than the amounts allowed under the law of the state that issued the order.

10. **Additional Information:** You may retain a two dollar (\$2.00) fee from the income payee's income each time income withheld is forwarded. The sum total of the amount to be withheld plus this fee shall not exceed the maximum amount permitted under the Consumer Credit Protection Act.

Child (ren)'s Names and Additional Information: (put additional names on back)

_____ DOB: _____
_____ DOB: _____
_____ DOB: _____
_____ DOB: _____

11. If you or your employee/obligor have any questions, contact the Delaware County Clerk's office by telephone at 765-747-7726 or 317-232-4893. Or email Mary.Francis@fssa.in.gov. For specific and general questions regarding Indiana child support income withholding law, call (800) 292-0403.

APPEARANCE BY A SELF-REPRESENTED LITIGANT IN A CIVIL CASE
(Not For Use in a Protective Order (PO) Case)

STATE OF INDIANA
DELAWARE COUNTY

SS:

IN THE DELAWARE CIRCUIT
COURT NO. _____

_____,
Petitioner/Plaintiff,

CAUSE NO. 18C0_____

v.

_____,
Respondent/Defendant.

1. My Name: _____

2. My Address: _____

3. My telephone number: _____

4. My fax number: _____

5. My e-mail address: _____

6. I will accept service from other parties by:

FAX at the above noted number: Yes _____ No _____

Email at the above noted address: Yes _____ No _____

7. This case involves child support issues: Yes _____ No _____

*(If yes, supply Social Security Numbers for all family members on a separately
Attached document filed as confidential information on **light green paper**.
Use Form TCM-TR3.1-4.)*

8. There are related cases: Yes _____ No _____
(If yes, list in the space following #8.)

9. You MUST serve this Form and any other pleadings or documents you are filing or will file in this case on all other attorneys (or the other parties, if they are not represented by an attorney.) This form has been served on all other parties and Certificate of Service is attached:

Yes _____ No _____

Your Signature

Your Printed Name

CERTIFICATE OF SERVICE

I certify that on the _____ day of _____, 20____, I served copy of the foregoing Appearance on _____ [here insert Name of Person Served] at the following address: _____, by the following method of service: _____ [please specify as U.S. Mail, personal service, fax, email, etc.]

Your Signature