STATE OF IOWA

TERRY E. BRANSTAD, GOVERNOR
KIM REYNOLDS, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
CHARLES M. PALMER, DIRECTOR

January 21, 2011

GENERAL LETTER NO. 11-F-AP-7

ISSUED BY: Bureau of Collections, Division of Field Operations

SUBJECT: Employees' Manual, Title 11, Chapter F, ***INCOME WITHHOLDING APPENDIX***, the following forms:

470 1916	*Order for Income Withholding*, revised
470 2624	*Initiation of Income Withholding/Medical Support Enforcement*, revised
470 2637	*Order for Income Withholding*, revised
470 2688	*Termination of Order for Income Withholding*, revised
470 2834	*Termination of Order for Income Withholding*, revised
470 2839	*Obligor Notice of Termination*, revised
470 2857	*Termination of Order for Income Withholding*, revised
470 2859	*Termination of Order for Income Withholding*, revised
470 2864	*Order for Income Withholding*, revised
470 2865	*Order for Income Withholding*, revised
470/3182	*Income Withholding Error*, revised
470 3272	*Income Withholding for Support*, revised

Summary

Form 470/3182 was updated with the most recent discrimination policy. The other forms were updated to a new format.

Effective Date

Immediately.

Material Superseded

This material replaces the following pages from Employees' Manual, Title 11, Chapter F, Appendix:

Page	Date
470 1916	9/06
470 2624	4/09
470 2637	9/06

470 2688	6/99
470 2834	6/99
470 2839	7/01
470 2857	6/99
470 2859	6/99
470 2864	9/06
470 2865	9/06
470/3182	6/01
470 3272	7/08

Additional Information

Refer questions about this general letter to your regional collections administrator.

BEFORE THE BUREAU OF COLLECTIONS, IOWA DEPARTMENT OF HUMAN SERVICES
IN AND FOR _____ COUNTY

_____ _____ _____ _____ _____ _____ Petitioner, vs. _____ _____ Respondent. _____ _____ _____	NO. _____ ORDER FOR INCOME WITHHOLDING PURSUANT TO 252D.16A

This matter comes before the Child Support Recovery Unit on the ____ day of _____, ____. An examination of the records in this case shows the following:

1. That _____ is the obligor herein.
2. The obligor has a legal obligation to pay support.

The withholding of income is adjudged and entered against the obligor pursuant to Iowa Code Chapter 252D.

The obligor's income provider shall deduct from the obligor's income the sums sufficient to pay the support obligation, as designated by the Child Support Recovery Unit in a notice sent to the payor of income and the obligor; identify all payments for this obligor by case # _____
and transmit a check for the total sum to be deducted to:

Collection Services Center
PO Box 9125
Des Moines, IA 50306-9125

Requirements for income providers are listed in the Income Withholding for Support (form 470 3272).

Child Support Recovery Unit
_____
_____
_____

Notice to the Obligor

You may move to quash an income withholding order or a notice of income withholding by filing a motion to quash with the clerk of court.

1. Grounds for contesting a withholding order include the following:
   a. A mistake of fact which, for purposes of a motion to quash, means an error in the amount withheld for payment, or the amount of the withholding, or the identity of the obligor.
   b. For immediate income withholding only, good cause or a written agreement existed when the withholding was implemented.

Please note: A motion to quash is not a method to modify current child support or address issues of visitation.

2. The clerk of the district court shall schedule a hearing on the motion to quash for a time not later than seven days after the filing of the motion to quash and the notice of the motion to quash. The clerk shall mail to the parties copies of the motion to quash, the notice of the motion to quash, and the order scheduling the hearing.

3. The income provider shall withhold and transmit the amount specified in the order or notice of the order of income withholding to the Collection Services Center, until the notice that a motion to quash has been granted is received.

Iowa Department of Human Services

INITIATION OF INCOME WITHHOLDING/MEDICAL SUPPORT ENFORCEMENT

Date Notice Prepared: _____
Case Number: _____

_____
Child Support Recovery Unit
_____
_____
_____
Tel.: _____

_____ ____
_____
_____
_____

This is to tell you that we (the Child Support Recovery Unit):
__ Entered or changed an income withholding order.
__ Sent an Income Withholding for Support notice (form 470 3272) to your employer or income provider.

The withholding is:
__ Immediate (required upon the entry of new or modified orders)
__ Mandatory (required when there is a delinquency)
__ Amended (required because of a change in certain circumstances)
__ Lump-sum (used when income is irregular)

In addition, (when marked 'X') we are enforcing health insurance as required by your support order.
__ Health Insurance Enforcement

We sent an income withholding notice to the following employers or income providers:

_____

For obligations we are enforcing, our records show the child support balance is _____ as of _____. We can make no statement about whether you owe additional interest. Only a court can make a binding balance determination.

According to Iowa Code Chapter 252D, your employer or income provider must withhold and send to the Collection Services Center the amount listed for support in the income withholding notice. By law your employer or income provider must withhold these payments until otherwise notified by the court or us.

NOTE: YOU ARE LEGALLY RESPONSIBLE FOR ALL SUPPORT PAYMENTS AS STATED IN YOUR SUPPORT ORDER. YOU ARE LIABLE FOR ANY PAYMENTS THAT THE EMPLOYER OR INCOME PROVIDER FAILS TO WITHHOLD.

If you think this income withholding or health insurance enforcement is not correct, there are two ways you can contest it. One is an informal conference with us. The other is a court action called a Motion to Quash. You may file a motion to quash no matter what happens at a conference with us. If you are contesting income withholding and health insurance enforcement, these two issues may be heard at the same time. The following sections provide more information on how to contest income withholding and health insurance enforcement.

INCOME WITHHOLDING - REQUESTING AN INFORMAL CONFERENCE

If you want a conference with us to talk about income withholding, you must put your request in writing and send it to the address listed on the first page of this notice. You can have a conference when we first send the income withholding notice and each time we change the total amount of withholding. **YOU ARE NOT ENTITLED TO A CONFERENCE EVERY TIME WE SEND AN INCOME WITHHOLDING NOTICE TO A NEW INCOME PROVIDER.**

We must receive your request within 15 days from the date on the first page of this notice if you are:

a. Contesting IMMEDIATE INCOME WITHHOLDING for one of the following reasons:
   1. You think that good cause is an issue regarding the withholding order, or you have a written agreement for other payment arrangements.
   2. You think we did not handle a prior request for Immediate Income Withholding appropriately.

b. Contesting MANDATORY INCOME WITHHOLDING because you think a smaller amount should be withheld from your income for past due support because of hardship. (If hardship is approved, it does not affect the amount being withheld for current support. Hardship only affects the amount withheld to pay past due support.) TO QUALIFY FOR HARDSHIP, YOUR GROSS INCOME MUST BE LESS THAN $21,660 PER YEAR, which is 200% of the poverty level income for one person. In order to claim hardship, please send proof of your income with your request to us. Proof of income may include any of the following:
   1. Copies of your last three (3) pay check stubs, or
   2. A letter from your employer listing your salary per hour and average number of hours worked in each pay period, or
   3. A current W2 form.

   YOU MAY REQUEST HARDSHIP AT ANY TIME IF YOU ARE DISABLED AND RECEIVING SSD (social security disability) or SSI (supplemental security income disability), EVEN IF IT IS LATER THAN 15 DAYS FROM THE DATE OF THIS NOTICE.

NOTE: YOU MAY NOT CLAIM HARDSHIP FOR LUMP SUM INCOME WITHHOLDING.

You may request a conference at any time if:
a. You are not the person responsible for paying child support in this case.
b. The amount of the current support obligation is stated incorrectly in the income withholding notice.
c. The amount of delinquent support is in error.

After receiving your written request, we will schedule a conference within 15 days. The conference may be by telephone or in person. If you want a telephone conference, provide the telephone number where we can reach you. If you would rather just send us your documents, we will review them and notify you of the results in writing.

INCOME WITHHOLDING - MOTION TO QUASH INFORMATION

Grounds for contesting income withholding are:
a. A mistake of fact, which means an error in the amount of current or delinquent support or the identity of the obligor.
b. A delinquency did not occur or has been paid.
c. FOR IMMEDIATE INCOME WITHHOLDING ONLY. An approved written agreement was implemented under Iowa Code section 252D.8.

You may file a motion to quash the income withholding with the clerk of the district court. Under Iowa Code section 252D.31, the clerk must schedule a hearing on the motion for a time not later than seven days after you file the motion and notify the parties of the hearing. However, you may wish to verify that the clerk has scheduled the hearing. Please send us a copy of the motion and order scheduling the hearing.

HEALTH INSURANCE ENFORCEMENT

Your child support order may require you to provide health insurance. If your support order includes health insurance, we are notifying your employer to enroll your dependents in a health insurance plan and withhold from your income the necessary health insurance premiums. If you are required to provide health insurance, your employer may have to enroll you in the health insurance plan in order to enroll your dependents. The enforcement of health insurance is provided for in Iowa Code Chapter 252E.

If your employer does not offer health insurance, we will end enforcement. However, you are still responsible for health insurance as stated in your order. If you do not currently meet health insurance eligibility requirements, we will continue enforcement when you become eligible.

HEALTH INSURANCE ENFORCEMENT - REQUESTING AN INFORMAL CONFERENCE

If you want to have a conference with us, send your written request to the address listed on the first page of this notice. You may contest enforcement of health insurance for one of the following reasons:

a. You are not the person responsible for providing health insurance coverage in this case.
b. You are already providing health insurance coverage for your dependent.
c. There is no dependent coverage available to you.
d. The dependent coverage available to you is not accessible to the child because of where the child lives.
e. Your order does not require you to provide health insurance coverage.

After receiving your written request, we will schedule a conference within 15 days. The conference may be held by telephone or in person. If you want a telephone conference, provide the telephone number where we can reach you. If you would rather just send us your documents, we will review them and notify you of the results in writing.

HEALTH INSURANCE ENFORCEMENT - MOTION TO QUASH INFORMATION

You may file a motion to quash the enforcement of health insurance with the clerk of court of the district court. Iowa code sections 252E.6A and 252D.31 direct the clerk to schedule a hearing on the motion for a time not later than seven days after the motion is filed and notify the parties of the hearing. However, you may wish to verify with the clerk that a hearing has been scheduled. Please send us a copy of the motion and order scheduling the hearing.

You can file a motion to quash health insurance enforcement if:

a. You think we made a mistake of identity (you think we have the wrong person).
b. You think there is an error in the amount withheld.
c. You think there is a mistake in the availability of the health insurance because coverage is not accessible to the child based on where the child lives.

NOTE: Even if we are unable to enforce health insurance, you are financially responsible for the health insurance as stated in your order.

Iowa Department of Human Services
Policy Regarding Discrimination, Harassment, Affirmative Action, and Equal Employment Opportunity

It is the policy of the Iowa Department of Human Services (DHS) to provide equal treatment in employment and provision of services to applicants, employees, and clients without regard to race, color, national origin, sex, religion, age, disability, political belief, or veteran status.

To file a complaint or concern, please contact DHS at:

Iowa Department of Human Services, Diversity Program Unit, 1305 E. Walnut Street, Des Moines, IA 50319; fax 515-281-4243; or email: stopit@dhs.state.ia.us.

BEFORE THE BUREAU OF COLLECTIONS, IOWA DEPARTMENT OF HUMAN SERVICES
IN AND FOR _____ COUNTY

IN THE INTEREST OF _____ _____ _____ _____ _____ _____ A CHILD	JUVENILE NO. _____ ORDER FOR INCOME WITHHOLDING PURSUANT TO 252D.16A

This matter comes before the Foster Care Recovery Unit on the ____ day of _____, ____. An examination of the records in this case shows the following:

1. That _____ is the obligor herein.
2. The obligor has a legal obligation to pay support.

The withholding of income is adjudged and entered against the obligor pursuant to Iowa Code Chapter 252D.

The obligor's income provider shall deduct from the obligor's income the sums sufficient to pay the support obligation, as designated by the Foster Care Recovery Unit in a notice sent to the payor of income and the obligor; identify all payments for this obligor by case # _____
and transmit a check for the total sum to be deducted to:

Collection Services Center
PO Box 9125
Des Moines, IA 50306-9125

Requirements for income providers are listed in the Income Withholding for Support (form 470 3272).

Foster Care Recovery Unit
_____
_____
_____

Notice to the Obligor

You may move to quash an income withholding order or a notice of income withholding by filing a motion to quash with the clerk of court.

1. Grounds for contesting a withholding order include the following:
   a. A mistake of fact which, for purposes of a motion to quash, means an error in the amount withheld for payment, or the amount of the withholding, or the identity of the obligor.
   b. For immediate income withholding only, good cause or a written agreement existed when the withholding was implemented.

Please note: A motion to quash is not a method to modify current child support or address issues of visitation.

2. The clerk of the district court shall schedule a hearing on the motion to quash for a time not later than seven days after the filing of the motion to quash and the notice of the motion to quash. The clerk shall mail to the parties copies of the motion to quash, the notice of the motion to quash, and the order scheduling the hearing.

3. The income provider shall withhold and transmit the amount specified in the order or notice of the order of income withholding to the Collection Services Center, until the notice that a motion to quash has been granted is received.

BEFORE THE BUREAU OF COLLECTIONS, IOWA DEPARTMENT OF HUMAN SERVICES
IN AND FOR _____ COUNTY

_____ _____ _____ _____ _____ _____ Petitioner, vs. _____ _____ Respondent. _____ _____ _____	NO. _____ TERMINATION OF ORDER FOR INCOME WITHHOLDING

NOW, on this ____ day of _____, ____, pursuant to Section 252D, the Code of Iowa, the Child Support Recovery Unit hereby revokes and terminates its order for income withholding as entered by the Child Support Recovery Unit on the ____ day of _____, ____, effective the ____ day of _____, ____.

Child Support Recovery Unit
_____
_____
_____

Case # _____
_____

470 2688 (REV. 07/2009)

BEFORE THE BUREAU OF COLLECTIONS, IOWA DEPARTMENT OF HUMAN SERVICES
IN AND FOR _____ COUNTY

IN THE INTEREST OF _____ _____ _____ _____ _____ _____ A CHILD	JUVENILE NO. _____ TERMINATION OF ORDER FOR INCOME WITHHOLDING

NOW, on this ____ day of _____, ____, pursuant to Section 252D, the Code of Iowa, the Foster Care Recovery Unit hereby revokes and terminates its order for income withholding as entered by the Foster Care Recovery Unit on the ____ day of _____, ____, effective the ____ day of _____, _____.

Case #: _____

Foster Care Recovery Unit
_____
_____
_____

Iowa Department of Human Services

OBLIGOR NOTICE OF TERMINATION

Date Notice Prepared: _____
Case Number: _____
Worker:
_____
From:
Child Support Recovery Unit
_____
_____
_____
Tel: 1-888-229-9223

_____
_____
_____
_____

The Child Support Recovery Unit (CSRU) has stopped your income withholding order.

Iowa Code 252D requires CSRU to stop the income withholding when the case is paid in full or the order was entered in error. A copy of the order stopping the income withholding is attached to this notice. If you have any questions regarding this action, contact your attorney or the CSRU office listed at the top of this notice.

Iowa Department of Human Services

Policy Regarding Discrimination, Harassment, Affirmative Action, and Equal Employment Opportunity

It is the policy of the Iowa Department of Human Services (DHS) to provide equal treatment in employment and provision of services to applicants, employees, and clients without regard to race, color, national origin, sex, religion, age, disability, political belief, or veteran status.

To file a complaint or concern, please contact DHS at:

Iowa Department of Human Services, Diversity Program Unit, 1305 E. Walnut Street, Des Moines, IA 50319; fax 515-281-4243; or email: stopit@dhs.state.ia.us.

BEFORE THE BUREAU OF COLLECTIONS, IOWA DEPARTMENT OF HUMAN SERVICES
IN AND FOR _____ COUNTY

_____ _____ _____ _____ _____ _____ Petitioner, vs. _____ _____ Respondent. _____ _____ _____	NO._____ TERMINATION OF ORDER FOR INCOME WITHHOLDING

IN THE IOWA DISTRICT COURT FOR _____ COUNTY

_____ _____ _____ _____ _____ _____ Petitioner, vs. _____ _____ Respondent. _____ _____ _____	NO._____ TERMINATION OF ORDER FOR INCOME WITHHOLDING

IN THE IOWA DISTRICT COURT FOR _____ COUNTY

_____ _____ _____ _____ _____ _____ Petitioner, vs. _____ _____ Respondent. _____ _____ _____	NO._____ TERMINATION OF ORDER FOR INCOME WITHHOLDING

TERMINATION OF ORDER FOR INCOME WITHHOLDING (TRIPLE page 2)

NOW, on this ____ day of_____, ____, pursuant to Section 252D, the Code of Iowa, the Child Support Recovery Unit hereby revokes and terminates its order for income withholding as entered by the Child Support Recovery Unit on the ____ day of _____, ____, effective the ____ day of _____, ____.

Child Support Recovery Unit

_____

_____

_____

Case # _____

_____

BEFORE THE BUREAU OF COLLECTIONS, IOWA DEPARTMENT OF HUMAN SERVICES
IN AND FOR _____ COUNTY

_____ _____ _____ _____ _____ _____ Petitioner, vs. _____ _____ Respondent. _____ _____ _____	NO. _____ TERMINATION OF ORDER FOR INCOME WITHHOLDING

IN THE IOWA DISTRICT COURT FOR _____ COUNTY

_____ _____ _____ _____ _____ _____ Petitioner, vs. _____ _____ Respondent. _____ _____ _____	NO. _____ TERMINATION OF ORDER FOR INCOME WITHHOLDING

NOW, on this ____ day of _____, ____, pursuant to Section 252D, the Code of Iowa, the Child Support Recovery Unit hereby revokes and terminates its order for income withholding as entered by the Child Support Recovery Unit on the ____ day of _____, ____, effective the ____ day of _____, ____.

Child Support Recovery Unit

_____
_____
_____

Case # _____ _____
_____ _____

BEFORE THE BUREAU OF COLLECTIONS, IOWA DEPARTMENT OF HUMAN SERVICES
IN AND FOR _____ COUNTY

_____ _____ _____ _____ _____ _____ Petitioner, vs. _____ _____ Respondent. _____ _____ _____	NO. _____ ORDER FOR INCOME WITHHOLDING PURSUANT TO 252D.16A

IN THE IOWA DISTRICT COURT FOR _____ COUNTY

_____ _____ _____ _____ _____ _____ Petitioner, vs. _____ _____ Respondent. _____ _____ _____	NO. _____ ORDER FOR INCOME WITHHOLDING PURSUANT TO 252D.16A

IN THE IOWA DISTRICT COURT FOR _____ COUNTY

_____ _____ _____ _____ _____ _____ Petitioner, vs. _____ _____ Respondent. _____ _____ _____	NO. _____ ORDER FOR INCOME WITHHOLDING PURSUANT TO 252D.16A

This matter comes before the Child Support Recovery Unit on the ____ day of _____, ____. An examination of the records in this case shows the following:

1. That _____ is the obligor herein.
2. The obligor has a legal obligation to pay support.

The withholding of income is adjudged and entered against the obligor pursuant to Iowa Code Chapter 252D.

The obligor's income provider shall deduct from the obligor's income the sums sufficient to pay the support obligation, as designated by the Child Support Recovery Unit in a notice sent to the payor of income and the obligor; identify all payments for this obligor by case # _____
and transmit a check for the total sum to be deducted to:

Collection Services Center
PO Box 9125
Des Moines, IA 50306-9125

Requirements for income providers are listed in the Income Withholding for Support (form 470 3272).

Child Support Recovery Unit
_____
_____
_____

Notice to the Obligor

You may move to quash an income withholding order or a notice of income withholding by filing a motion to quash with the clerk of court.

1. Grounds for contesting a withholding order include the following:
   a. A mistake of fact which, for purposes of a motion to quash, means an error in the amount withheld for payment, or the amount of the withholding, or the identity of the obligor.
   b. For immediate income withholding only, good cause or a written agreement existed when the withholding was implemented.

Please note: A motion to quash is not a method to modify current child support or address issues of visitation.

2. The clerk of the district court shall schedule a hearing on the motion to quash for a time not later than seven days after the filing of the motion to quash and the notice of the motion to quash. The clerk shall mail to the parties copies of the motion to quash, the notice of the motion to quash, and the order scheduling the hearing.

3. The income provider shall withhold and transmit the amount specified in the order or notice of the order of income withholding to the Collection Services Center, until the notice that a motion to quash has been granted is received.

BEFORE THE BUREAU OF COLLECTIONS, IOWA DEPARTMENT OF HUMAN SERVICES
IN AND FOR _____ COUNTY

_____ _____ _____ _____ _____ _____ Petitioner, vs. _____ _____ Respondent. _____ _____ _____	NO. _____ ORDER FOR INCOME WITHHOLDING PURSUANT TO 252D.16A

IN THE IOWA DISTRICT COURT FOR _____ COUNTY

_____ _____ _____ _____ _____ _____ Petitioner, vs. _____ _____ Respondent. _____ _____ _____	NO. _____ ORDER FOR INCOME WITHHOLDING PURSUANT TO 252D.16A

This matter comes before the Child Support Recovery Unit on the ____ day of _____, ____. An examination of the records in this case shows the following:

1. That _____ is the obligor herein.
2. The obligor has a legal obligation to pay support.

The withholding of income is adjudged and entered against the obligor pursuant to Iowa Code Chapter 252D.

The obligor's income provider shall deduct from the obligor's income the sums sufficient to pay the support obligation, as designated by the Child Support Recovery Unit in a notice sent to the payor of income and the obligor; identify all payments for this obligor by case # _____
and transmit a check for the total sum to be deducted to:

Collection Services Center
PO Box 9125
Des Moines, IA 50306-9125

Requirements for income providers are listed in the Income Withholding for Support (form 470 3272).

Child Support Recovery Unit
_____
_____
_____

Notice to the Obligor

You may move to quash an income withholding order or a notice of income withholding by filing a motion to quash with the clerk of court.

1. Grounds for contesting a withholding order include the following:
   a. A mistake of fact which, for purposes of a motion to quash, means an error in the amount withheld for payment, or the amount of the withholding, or the identity of the obligor.
   b. For immediate income withholding only, good cause or a written agreement existed when the withholding was implemented.

Please note: A motion to quash is not a method to modify current child support or address issues of visitation.

2. The clerk of the district court shall schedule a hearing on the motion to quash for a time not later than seven days after the filing of the motion to quash and the notice of the motion to quash. The clerk shall mail to the parties copies of the motion to quash, the notice of the motion to quash, and the order scheduling the hearing.

3. The income provider shall withhold and transmit the amount specified in the order or notice of the order of income withholding to the Collection Services Center, until the notice that a motion to quash has been granted is received.

Iowa Department of Human Services

INCOME WITHHOLDING ERROR

_____
_____
_____
_____

Date Notice Prepared: _____
Case Number: _____
Worker: _____
_____
Child Support Recovery Unit:
_____
_____
_____
Tel. _____

This is to notify you of the Child Support Recovery Unit's (the Unit's) review of your case. This review looked at the amount of money received under an income withholding order.

«IMPROPWH» After review, the Unit found that more money was withheld from your income than was necessary to pay your support. That amount is listed below.«OVPYMT»

You may tell the Unit of your request by completing the bottom of the attached page and sending it to the Unit listed at the top of this notice within 15 days.

Iowa Department of Human Services
Policy Regarding Discrimination, Harassment, Affirmative Action,
and Equal Employment Opportunity

It is the policy of the Iowa Department of Human Services (DHS) to provide equal treatment in employment and provision of services to applicants, employees, and clients without regard to race, color, national origin, sex, religion, age, disability, political belief, or veteran status.

To file a complaint or concern, please contact DHS at:

Iowa Department of Human Services, Diversity Program Unit, 1305 E. Walnut Street, Des Moines, IA 50319; fax 515-281-4243; or email: stopit@dhs.state.ia.us.

Income Withholding Error Written Request

To: _____
Child Support Recovery Unit
_____
_____
_____

Obligor Name: _____ Date: _____
Case Number: _____ Amount: _____

I understand that you received more money than was needed to pay my support under an income withholding order.

Mark one (1) of the following:

- ☐ I wish to have only this payment applied to delinquent or future support.
- ☐ I wish to have all additional amounts apply to delinquent or future support.
- ☐ I want to have a conference about this with CSRU.
- ☐ I want the extra money refunded to me.

- ☐ I wish to have only this payment applied to delinquent or future support.
- ☐ I wish to have all additional amounts apply to delinquent or future support.
- ☐ I want to have a conference about this with CSRU.
- ☐ I want the extra money refunded to me.

Signature:_____
Date:_____

Iowa Department of Human Services
INCOME WITHHOLDING FOR SUPPORT

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

X Child Support Enforcement Agency ___ Court ___ Attorney ___ Private Individual/Entity (Check One)

NOTE: If you receive this document from someone other than a State or Tribal Child Support Enforcement agency or a court, a copy of the underlying order that contains a provision authorizing income withholding must be attached. Or if under State law an attorney in that State, or if under Tribal law a Tribal legal representative, may issue an income withholding order, the attorney or Tribal legal representative must include a copy of the State or Tribal law authorizing the attorney or Tribal legal representative to issue an income withholding order.

State/Tribe/Territory Iowa
City/ County/Dist./Tribe _____
Private Individual/Entity _____

Case Identifier _____
Order Identifier
_____

_____
_____
_____
_____

_____
Employer/Income Withholder's Federal EIN

RE: _____
Employee/Obligor's Name

_____
Employee/Obligor's Social Security Number (if known)

_____
Custodial Party/Obligee's Name

Child's Name	**Child's Birth Date**
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

***ORDER INFORMATION*:** This document is based on the support or withholding order from _____. 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
*	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 of _____ per _____ to be forwarded to the payee below:
Collection Services Center, PO Box 9125, Des Moines, IA 50306-9125, or pay online at iowachildsupport.gov (Include the case identifier)

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 biweekly pay period (every two weeks)
_____ per semimonthly pay period (twice a month)
_____ per monthly pay period

_____ **ONE-TIME 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 Iowa, you must begin withholding no later than the first pay period that occurs 10 days after the date of receipt of this Notice. Send payment within 7 state 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 50% of disposable income for all orders. If the employee/obligor's principal place of employment is not Iowa, see the ADDITIONAL INFORMATION FOR EMPLOYERS AND OTHER INCOME WITHHOLDERS for limitations on withholding, applicable time requirements and any allowable employer's fees.

For EFT/EDI instructions, call EPICS at 877-274-2580 and ask for the EFT Coordinator before first submission. **If paying by check, make check payable to:** Collection Services Center
Case Identifier: _____

Send check to: Collection Services Center
PO Box 9125
Des Moines, IA 50306-9125

FIPS code (If necessary):

Signature (if required by State or Tribal law): Iowa Child Support Recovery Unit
Print Name: Iowa Child Support Recovery Unit
Title of Issuing Official: Iowa Child Support Recovery Unit

☐ If checked, you are required to provide a copy of this form to the employee/obligor. 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 must be provided to the employee/obligor even if the box is not checked.

ADDITIONAL INFORMATION FOR EMPLOYERS AND OTHER INCOME WITHHOLDERS

State-specific information may be viewed on the OCSE Employer Services website located at:
http://www.acf.hhs.gov/programs/cse/newhire/employer/contacts/contacts.htm

Priority: Withholding for support has priority over any other legal process under State law (or Tribal law if applicable) against the same income. If a Federal tax levy is in effect, please notify the contact person listed below.

Combining Payments: You may combine withheld amounts from more than one employee/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.

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 with respect to the time periods within which you must implement the withholding and forward the support payments.

Employee/Obligor with Multiple Support Withholdings: If there is more than one Order/Notice against this employee/obligor and you are unable to fully honor all support Orders/Notices due to federal, State, or Tribal withholding limits, you must follow the State or Tribal law/procedure of the employee/obligor's principal place of employment. You must honor all Orders/Notices to the greatest extent possible, giving priority to current support before payment of any past-due support.

Lump Sum Payments: You may be required to report and withhold from lump sum payments such as bonuses, commissions, or severance pay. Contact the agency or person listed below to determine if you are required to withhold or if you have any questions about lump sum payments.

Liability: If you have any doubts about the validity of the Order/Notice, contact the agency or person listed below. If you fail to withhold income as the Order/Notice directs, you are liable for both the accumulated amount you should have withheld from the employee/obligor's income and any other penalties set by State or Tribal law/procedure. A withholding order/notice has the same force and effect as any other district court order, including, but not limited to, contempt of court proceedings for noncompliance. Additionally, a payor of income who, with actual knowledge and intent to avoid legal obligation, fails to withhold income or pay the amount withheld, commits a simple misdemeanor for a first offense and a serious misdemeanor for each subsequent offense, and is liable for the costs, interest and reasonable attorney fees related to the collection of the amount due from the payor of income.

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 a child support withholding. Taking any of these actions means you have committed a simple misdemeanor.

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. 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, that 50% limit is increased to 55% and that 60% limit is increased to 65% if the arrears are greater than 12 weeks. If permitted by the State, you may deduct a fee for administrative costs. The support amount and the fee may not exceed the limit indicated in this section.

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

Arrears Greater than 12 weeks? If the Order Information does not indicate whether the arrears are greater than 12 weeks, then the employer should calculate the CCPA limit using the lower percentage.

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 lesser of the limit set by the law of the jurisdiction in which the employer 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, you many need to take into consideration the amounts paid for health care premiums in determining disposable income and applying appropriate withholding limits.

Additional Information: For lump sum income, withhold the amount listed, or 50% of the payment the employee/obligor will receive, whichever is less. For Iowa withholding limitations, see REMITTANCE INFORMATION.

NOTIFICATION OF TERMINATION OF EMPLOYMENT: You must promptly notify the Child Support Enforcement agency and/or the person listed below by returning this form to the correspondence address if:

☐ This person has never worked for this employer.

☐ This person no longer works for this employer.

Please provide the following information for the terminated employee:

Termination date: _____ Last known phone number: _____

Last known home address: _____
_____
_____

Date final payment made to the State Disbursement Unit or Tribal CSE agency: _____

Final payment amount: _____ New employer's name: _____
_____

New employer's address:
_____
_____

CONTACT INFORMATION
If you have any questions, contact: Iowa Child Support Recovery Unit
_____
_____
_____
_____
_____
_____

IF YOUR EMPLOYEE HAS QUESTIONS, TELL YOUR EMPLOYEE TO CONTACT THEIR LOCAL CSRU OFFICE. TO LOCATE THEIR LOCAL OFFICE PHONE NUMBER, YOUR EMPLOYEE CAN CALL 1-888-229-9223 (TOLL FREE WITHIN UNITED STATES).

IMPORTANT IOWA INFORMATION

You are entitled to deduct a fee of up to $2.00 to defray the cost of withholding.

The payor of income shall comply with Iowa Code Chapter 252K when receiving a notice of income withholding from another state. When you receive an income withholding order/notice from another state, see article five of Chapter 252K for specific instructions.

* If this type of support is court ordered, it is included in current/past due amounts listed. (See page 1).

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