

ORDER/NOTICE TO WITHHOLD INCOME FOR CHILD SUPPORT

State of Illinois _____
 Co./City/Dist. of Ogle, Oregon, Fifteenth _____
 Date of Order/Notice _____
 Court/Case Number _____

Original Order/Notice _____
 Amended Order/Notice _____
 Terminate Order/Notice _____

_____) RE: _____	_____
Employer/Withholder's Federal EIN Number)	Employee/Obligor's Name (Last, First, MI)
_____)	_____
Employer/Withholder's Name)	Employee/Obligor's Social Security Number
_____)	_____
Employer/Withholder's Address)	Employee/Obligor's* Case Identifier
_____)	_____
_____)	Custodial Parent's Name (Last, First, MI)
_____)	_____
Child(ren)'s Names: _____	DOB _____

If checked, you are required to enroll the child(ren) identified above in any health insurance coverage available through the employee/obligor's employment.

ORDER INFORMATION: This is an Order/Notice to Withhold Income for Child Support based upon an Order for Support from Ogle County Circuit Court. You are required to deduct these amounts from the above-named employee/obligor's income until _____ until further notice.

\$ _____ per _____ for current support
 \$ _____ per _____ in past-due child support totaling \$ _____
 Arrears 12 weeks or greater? yes no
 \$ _____ per _____ in medical support
 \$ _____ per _____ in other (specify) _____
 \$ _____ per _____ in other (specify) _____

for a total of \$ _____ to be forwarded to the payee below.

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 support payment cycle, use the following to determine how much to withhold:

\$ x1 per weekly pay period \$ x 2.165 per semimonthly pay period (twice a month)
 \$ x2 per biweekly pay period (every two weeks) \$ x 4.33 per monthly pay period

REMITTANCE INFORMATION. Follow the laws and procedures of the employee/obligor's principal place of employment even if such laws and procedures are different from this paragraph:

You must begin withholding no later than the first pay period occurring 0 working days after the date of this Order/Notice. Send payment within 0 working days of the paydate/date of withholding. You are entitled to deduct a fee of your actual cost not to exceed \$5 monthly to defray the cost of withholding. The total withheld amount, including your fee, cannot exceed 50% of the employee/obligor's aggregate disposable weekly earnings. For the purpose of the limitation on withholding, the following INFORMATION is needed (see #9 on next page):

When remitting payment provided the paydate/date of withholding and case identifier _____
 If remitting by EFT/EDI, use this FIPS Code: * _____; bank routing code: * _____
 bank account number: _____

Make it payable to: State Disbursement Unit (SDU)
 Send check to: P. O. Box 8000, Wheaton, IL 60189-8000

Authorized by: _____
 Print Name: _____
 Attorney of Record: _____

ADDITIONAL INFORMATION TO EMPLOYERS AND OTHER WITHHOLDERS

If checked, you are required to provide a copy of this form to your employee. 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 even if the box is not checked.

1. **Priority:** Withholding under this **Order/Notice** has priority over any other legal process under State law against the same income. Federal tax levies in effect before receipt of this Order have priority. If there are Federal tax levies in effect, please contact the requesting agency listed below.
2. **Combining Payments:** You can combine withheld amounts from more than one **employee/obligor's** income in a single payment to each agency requesting withholding. You must, however, separately **identify** the portion of the single payment that is attributable to each employee/obligor.
3. **Reporting the Paydate/Date of Withholding:** You must report the paydate/date of withholding when sending the payment. The paydate/date of withholding is the date on which the amount was withheld from the employee's wages. You must comply with the law of the state of **employee's/obligor's** principal place of employment with respect to the time periods within which you must implement the withholding order and forward the support payments.
4. **Employee/Obligor with Multiple Support Withholdings:** If you receive more than one **Order/Notice** against this employee/obligor and you are unable to honor all support **Order/Notice** due to Federal or State withholding limits, you must follow the law of the state of employee's/obligor's principal place of employment. You must honor all **Orders/Notices** to the greatest extent possible. (See #9 below.)
5. **Termination Notification:** You must promptly **notify** the payee when the employee/obligor no longer works for you. Please provide the information requested and return a copy of this **Order/Notice** to the agency identified below:
Employee/Obligor's Name: _____
Employee's Case Identifier: _____ Date of Separation: _____
Last Known Home Address: _____
New Employer's 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 person or authority below.
7. **Liability:** 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's/obligor's income and any other penalties set by State law. You may be found liable for the total amount which you fail to withhold or pay over and fines as provided by state law.
8. **Anti-discrimination:** You are subject to a fine determined under the State law for discharging an employee/obligor from employment, refusing to employ, or taking disciplinary action against any **employee/obligor** because of child support withholding.
9. **Withholding Limits:** 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/obligor's principal place of employment. The Federal limit applies to the aggregated disposable weekly earnings (ADWE). ADWE is the net income left after making mandatory deductions, such as: State, Federal, local taxes; Social Security taxes, and Medicare taxes and statutory pension **contributions**. 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 are more than 12 weeks old. (See boxes on front).
- 10 For the **employee/obligor's** rights, remedies and duties, see Illinois Statutes 305 ILCS 5/10-16.2, 750 ILCS 51706.1 and 750 ILCS 45/20.

Requesting Agency: _____

If you or your **employee/obligor** have any questions, contact _____

by telephone at: _____

by FAX at: _____

or by Internet: _____

IN THE CIRCUIT COURT OF THE FIFTEENTH JUDICIAL CIRCUIT
OGLE COUNTY, ILLINOIS

ILLINOIS DEPARTMENT OF
PUBLIC AID, ex. rel.

vs. PLAINTIFF,

_____,
DEFENDANT.

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CASE NO. _____

COMPLIANCE ORDER

THIS CAUSE coming for hearing on the (Plaintiff s/Defendant's) compliance with the previous order of this Court sentencing the (Plaintiff/Defendant) to a term of imprisonment upon the Court's finding of contempt, and upon the compliance of the (Plaintiff/Defendant) with the Court's order by the payment of the purge amount as previously set forth, it is hereby ordered as follows:

The (Plaintiff/Defendant) has purged (himself/herself) of the jail sentence previously ordered herein, and the **Mittimus** stayed until _____, 200__ @ 6:00 p.m. shall be vacated.

The (Plaintiff/Defendant) is ordered to appear on _____, 2004 at 9:00 a.m. for **further hearing on compliance and/or sanctions.**

Dated this ____ day of _____, 200__.

JUDGE