

INCOME WITHHOLDING FOR SUPPORT

OMB 0970-0154
Expiration Date: 09/30/2023

I. Sender Information: (Completed by the Sender)

Date: [REDACTED]

- INCOME WITHHOLDING ORDER/NOTICE FOR SUPPORT (IWO)
 ONE-TIME ORDER/NOTICE FOR LUMP SUM PAYMENT

- AMENDED IWO
 TERMINATION OF IWO

Child Support Enforcement (CSE) Agency 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/css/resource/income-withholding-for-support-instructions). If you receive this document from someone other than a state or tribal CSE agency or a court, a copy of the underlying order must be attached.

State/Tribe/Territory COLORADO Remittance ID (include w/payment) [REDACTED]
City/County/Dist./Tribe [REDACTED] Order ID [REDACTED]
Private Individual/Entity _____ CSE Agency Case ID [REDACTED]

II. Employer and Case Information: (Completed by the Sender)

Employer/Income Withholder's Name <u>[REDACTED]</u>	RE: <u>[REDACTED]</u>	Employee/Obligor's Name (Last, First, Middle) <u>[REDACTED]</u>
Employer/Income Withholder's Address <u>[REDACTED]</u> <u>[REDACTED]</u> <u>[REDACTED]</u>		Employee/Obligor's Social Security Number <u>[REDACTED]</u>
Employer/Income Withholder's Federal FEIN <u>[REDACTED]</u>		Employee/Obligor's Date of Birth <u>[REDACTED]</u>
Child(ren)'s Name(s) (Last, First, Middle) <u>[REDACTED]</u>	Child(ren)'s Birth Date(s) <u>[REDACTED]</u>	Custodial Party/Obligee's Name (Last, First, Middle) <u>[REDACTED]</u>
<div style="border: 1px solid black; width: 200px; height: 100px; margin: 0 auto;"></div>		

III. Order Information: (Completed by the Sender)

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

\$ <u>[REDACTED]</u>	Per	<u>Month</u>	current child support	
\$ <u>[REDACTED]</u>	Per	<u>Month</u>	past-due child support - Arrears greater than 12 weeks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
\$ _____	Per	_____	current cash medical support	
\$ _____	Per	_____	past-due cash medical support	
\$ _____	Per	<u>Month</u>	current spousal support	
\$ _____	Per	<u>Month</u>	past-due spousal support	
\$ _____	Per	<u>Month</u>	other (must specify)	

for a Total Amount to Withhold of \$ [REDACTED] per Month .

IV. 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:

\$ <u>[REDACTED]</u>	per weekly pay period	\$ <u>[REDACTED]</u>	per semimonthly pay period (twice a month)
\$ <u>[REDACTED]</u>	per biweekly pay period (every two weeks)	\$ <u>[REDACTED]</u>	per monthly pay period
\$ _____	Lump Sum Payment: Do not stop any existing IWO unless you receive a termination order.		

V. Remittance Information: (Completed by the Sender except for the "Return to Sender" check box.)

If the employee/obligor's principal place of employment is Colorado, you must begin withholding no later than the first pay period that occurs 14 days after the date of mailing of the order/notice. Send payment within 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 ___% of disposable income for all orders. If the employee/obligor's principal place of employment is not Colorado, obtain withholding limitations, time requirements, the appropriate method to allocate among multiple child support cases/orders and any allowable employer fees from the jurisdiction of the employee/obligor's principal place of employment.

State-specific withholding limit information is available at www.acf.hhs.gov/css/resource/state-income-withholding-contacts-and-program-requirements. For tribe-specific contacts, payment addresses, and withholding limitations, please contact the tribe at www.acf.hhs.gov/sites/default/files/programs/css/tribal_agency_contacts_printable_pdf.pdf or www.bia.gov/tribalmap/DataDotGovSamples/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 FAMILY SUPPORT REGISTRY at P.O. BOX 2171, DENVER CO 80201-2171.

Include the Remittance ID with the payment and if necessary this locator code of the SDU/Tribal order payee on the payment: 08000.

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 sections 466(b)(5) and (6) of the Social Security Act or Tribal Payee (see Payments in Section VI). 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 (if required by State or Tribal law): _____
Print Name of Judge/Issuing Official: _____
Title of Judge/Issuing Official: Legal Technician/ Paralegal
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.

VI. 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 State Disbursement Unit or to a tribal CSE agency 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 Enforcement (OCSE) Child Support Portal.

Lump Sum Payments: You may be required to notify a state or tribal CSE agency 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 OCSE'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 OCSE Child Support Portal.

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 penalties set by State or Tribal law/procedure.

14-14-111.5(8)(b), C.R.S. states that an employer, trustee or other payor of funds who fails to withhold income shall be liable for both the accumulated amount the employer, trustee, or other payor of funds should have withheld from the obligor's income and any other penalties set by state law.

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 this IWO.

14-14-111.5(8) & (9), C.R.S. states that an employer, trustee, or other payor of funds who discharges, refuses to hire, or takes disciplinary action against an employee because of the entry or service of an income withholding order may be held in contempt of court or be subject to a fine. If an employer discharges an employee because of the income withholding order, the employee may bring a civil action for the recovery of wages lost and for an order requiring the reinstatement of the employee. Damages recoverable shall be lost wages not to exceed six weeks, costs, and reasonable attorney fees.

Supplemental Information:

- 1) 13-54-104(1), 14-10-115(5) and 14-14-102(9), C.R.S. include payments made to contractors and sub-contractors in the list of income from which support must be withheld.
- 2) 13-54-104(3), C.R.S. provides the same maximum withholding limits as 15 USC 1673 specified above in the Remittance Information section.
- 3) Pursuant to 14-14-111.5(4)(c)(XI) C.R.S., the employer, trustee, or other payor of funds is required to report and withhold amounts from lump sum payments such as bonuses, commissions, and severance pay.
- 4) Pursuant to 14-14-111.5(5) C.R.S., an income assignment, once activated, shall be a continuing assignment and shall remain in effect and shall be binding upon any employer, trustee, or other payor of funds upon whom it is served until further notice from the obligee, the obligee's representative, the delegate child support enforcement unit, or the court. If an employee is rehired and the employer, trustee, or other payor of funds has not received a termination of the IWO, withholding must resume immediately as this is a continuing assignment.
- 5) Pursuant to 14-14-111.5(4)(c)(XIV) C.R.S., a fraudulent submission of a Notice to Withhold Income For Support shall subject the person submitting the notice to an employer, trustee, or other payor of funds to a fine of not less than one thousand dollars and court costs and attorney fees.
- 6) 14-14-111.5(16.7), C.R.S. allows for a fee of up to five dollars per month to be extracted from the remainder of the obligor's income after the deduction and withholding.

Employer/Income Withholder's Name: [REDACTED]
Employee/Obligor's Name [REDACTED]
CSS Agency Case ID: [REDACTED]

Employer/Income Withholder's FEIN: [REDACTED]
SSN: [REDACTED]
Order ID: [REDACTED]

VII. 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, you must promptly notify the CSE agency and/or the sender by returning this form to the address listed in the Contact Information section below or using OCSE'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 date to SDU/ Tribal Payee: _____ Final payment amount: _____

New employer's name: _____

New employer's address: _____

VIII. Contact Information: (Completed by the Sender)

To Employer/Income Withholder: If you have any questions, contact [REDACTED] by phone: [REDACTED], by fax: [REDACTED] by email or website: [REDACTED].

Send termination notice and other correspondence to:
FAMILY SUPPORT REGISTRY, P.O. BOX 2171, DENVER, CO 80201-2171.

To Employee/Obligor: If the employee/obligor has questions, contact [REDACTED] by phone: [REDACTED], by fax: [REDACTED], by email or website: [REDACTED].

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 Enforcement. 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).

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to provide uniformity and standardization. Public reporting burden for this collection of information is estimated to average two to five minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a mandatory collection of information in accordance with 45 CFR 303.100 of the Child Support Enforcement Program. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. If you have any comments on this collection of information, please contact the Employer Services Team by email at employerservices@acf.hhs.gov.

CERTIFICATE OF DELIVERY

I certify that a true and correct copy of the foregoing Income Withholding Order/Notice for Support was placed in the United States Mail/electronic transmission, on [REDACTED] to the following:

[REDACTED]


