

## INCOME WITHHOLDING FOR SUPPORT - Instructions

The Income Withholding for Support (IWO) is the OMB-approved (federal Office of Management and Budget) form used for income withholding for all child support orders initially issued in the state on or after January 1, 1994, and all child support orders initially issued (or modified) in the state before January 1, 1994 if arrearages occur. This form is the standard format prescribed by the Secretary of the Department of Health and Human Services in accordance with 42 U.S.C. §666(b)(6)(A)(ii). The IWO has been modified by the Hawai'i Child Support Enforcement Agency (CSEA) to include Hawai'i specific information relating to income withholding.

Additional information on using this form may be found at: [www.acf.hhs.gov/programs/css/resource/using-the-income-withholding-for-support-form-dos-and-donts](http://www.acf.hhs.gov/programs/css/resource/using-the-income-withholding-for-support-form-dos-and-donts).

### COMPLETED BY SENDER:

- 1a. **Original Income Withholding Order/Notice for Support (IWO).** Check the box if this is an initial or original IWO.
- 1b. **Amended IWO.** Check the box to indicate that this form amends a previous IWO. Any changes to an IWO must be done through an amended IWO.
- 1c. **One-Time Order/Notice For Lump Sum Payment.** Check the box when this IWO is to attach a one-time collection of a lump sum payment. When this box is checked, enter the amount in field **14 - Lump Sum Payment**, in the **Amounts to Withhold** section. Additional IWOs must be issued to collect subsequent lump sum payments.
- 1d. **Termination of IWO.** Check the box to stop income withholding on a child support order. Complete all applicable identifying information to aid the Employer/Income Withholder in terminating the correct IWO.
- 1e. **Date.** Date this form is completed and/or signed.
- 1f. **Child Support Enforcement Agency (CSEA), Court, Attorney, Private Individual/Entity (Check One).** Check the Court, Attorney, or Private Individual/Entity box to indicate who is completing/sending the IWO. The sender should provide a copy of this form and the underlying order requiring the payment of support to the CSEA to facilitate payment processing.



In accordance with the Americans with Disabilities Act, as amended, and other applicable state and federal laws, if you require accommodation for a disability, please contact the ADA Coordinator at the First Circuit Family Court office by telephone at 954-8200, fax 954-8308, or via email at [adarequest@courts.hawaii.gov](mailto:adarequest@courts.hawaii.gov) at least ten (10) days prior to your hearing or appointment date.

*Please call the Family Court Service Center at 954-8290 if you have any questions about forms or procedures.*

## **NOTE TO EMPLOYER/INCOME WITHHOLDER:**

This IWO must be regular on its face. The IWO must be rejected and returned to sender under the following circumstances:

- IWO instructs the Employer/Income Withholder to send a payment to an entity other than a State Disbursement Unit (for example, payable to the custodial party, court, or attorney). Each State is required to operate a State Disbursement Unit (SDU), which is a centralized facility for collection and disbursement of child support payments. Exception: If this IWO is issued by a Court, Attorney, or Private Individual/Entity and the initial child support order was entered **before** January 1, 1994 or the order was issued by a Tribal CSEA, the employer/income withholder must follow the payment instructions on the form.
- Form does not contain all information necessary for the employer to comply with the withholding.
- Form is altered or contains invalid information.
- Amount to withhold is not a dollar amount.
- Sender has not used the OMB-approved form for the IWO.
- A copy of the underlying order is required and not included.

If you receive this document from an Attorney or Private Individual/Entity, a copy of the underlying order containing a provision authorizing income withholding must be attached.

## **COMPLETED BY SENDER:**

- 1g. State/Tribe/Territory.** To be left blank.
- 1h. Remittance Identifier (include w/payment).** Identifier that employers must include when sending payments for this IWO. The Remittance ID is the Employee/Obligor's Social Security Number.

## **NOTE TO EMPLOYER/INCOME WITHHOLDER:**

The employer/income withholder must use the Remittance ID when remitting payments so the SDU or Tribe can identify and apply the payment correctly. The Remittance ID is entered as the case identifier on the EFT/EDI record.

## **COMPLETED BY SENDER:**

- 1i. City/County/Dist./Tribe.** To be left blank.
- 1j. Order Identifier.** The court case number.
- 1k. Private Individual/Entity.** Name of the Private Individual/Entity, non-IV-D Tribal CSE organization completing/sending this form.
- 1l. CSEA Case Identifier.** The CSEA case number (if available).

Fields 2 and 3 refer to the Employee/Obligor's Employer/Income Withholder and specific case information.

- 2a. Employer/Income Withholder's Name.** Name of Employer or Income Withholder.
- 2b. Employer/Income Withholder's Address.** Employer/income withholder's mailing address including street/PO Box, city, state, and zip code. (This may differ from the employee/obligor's work site.) If the Employer/Income Withholder is a federal government agency, the IWO should be sent to the address listed under Federal Agency Income Withholding Contacts and Program Information at [www.acf.hhs.gov/programs/css/resource/federal-agency-income-withholding-contact-information](http://www.acf.hhs.gov/programs/css/resource/federal-agency-income-withholding-contact-information).
- 2c. Employer/Income Withholder's FEIN.** Employer/Income Withholder's nine-digit Federal Employer Identification Number (FEIN) (if available).
- 3a. Employee/Obligor's Name.** Employee/Obligor's last name, first name, middle name.
- 3b. Employee/Obligor's Social Security Number.** Employee/Obligor's Social Security number or other taxpayer identification number.
- 3c. Custodial Party/Obligee's Name.** Custodial Party/Obligee's last name, first name, middle name. Enter one Custodial Party/Obligee's name on each IWO form. Multiple Custodial Parties/Obligees are not to be entered on a single IWO. Issue one IWO per state IV-D case as defined at 45 CFR 305.1.
- 3d. Child(ren)'s Name(s).** Child(ren)'s last name(s), first name(s), middle name(s). (Note: If there are more than five children for this IWO, list additional children's names and birth dates in field **22 - Supplemental Information**).
- 3e. Child(ren)'s Birth Date(s).** Date of birth for each child named.
- 3f. Blank box.** To be left blank. Space for court stamps, bar codes, or other information.

**ORDER INFORMATION** - Field **4** identifies which State or Tribe issued the order. Fields **5** through **12** identify the dollar amount to withhold for a specific kind of support (taken directly from the support order) for a specific time period.

**COMPLETED BY SENDER:**

- 4. State/Tribe.** Name of the State or Tribe that issued the order.
- 5a-b. Current Child Support.** Dollar amount to be withheld **per** the time period (for example: week, month) specified in the underlying support order.
- 6a-b. Past-due Child Support.** Dollar amount to be withheld **per** the time period (for example: week, month) specified in the underlying support order.

- 6c. Arrears Greater Than 12 Weeks?** The appropriate box (Yes/No) must be checked indicating whether arrears are greater than 12 weeks so the Employer/Income Withholder can determine the withholding limit.
- 7a-b. Current Cash Medical Support.** Dollar amount to be withheld **per** the time period (for example: week, month) specified in the underlying support order.
- 8a-b. Past-due Cash Medical Support.** Dollar amount to be withheld **per** the time period (for example: week, month) specified in the underlying support order.
- 9a-b. Current Spousal Support.** (Alimony) dollar amount to be withheld **per** the time period (for example: week, month) specified in the underlying order.
- 10a-b. Past-due Spousal Support.** (Alimony) dollar amount to be withheld **per** the time period (for example: week, month) specified in the underlying order.
- 11a-c. Other.** Miscellaneous obligations dollar amount to be withheld **per** the time period (for example: week, month) specified in the underlying order. **Must specify** a description of the obligation (for example: court fees).
- 12a-b. Total Amount to Withhold.** The total amount of the deductions **per** the corresponding time period. Fields 5a, 6a, 7a, 8a, 9a, 10a, and 11a should total the amount in 12a.

#### **NOTE TO EMPLOYER/INCOME WITHHOLDER:**

An acceptable method of determining the amount to be paid on a weekly or biweekly basis is to multiply the monthly amount due by 12 and divide that result by the number of pay periods in a year.

**AMOUNTS TO WITHHOLD** - Fields 13a through 13d specify the dollar amount to be withheld for this IWO if the employer/income withholder's pay cycle does not correspond with field 12b.

- 13a. Per Weekly Pay Period.** Total amount an Employer/Income Withholder should withhold if the Employee/Obligor is paid weekly.
- 13b. Per Semimonthly Pay Period.** Total amount an Employer/Income Withholder should withhold if the Employee/Obligor is paid twice a month.
- 13c. Per Biweekly Pay Period.** Total amount an Employer/Income Withholder should withhold if the Employee/Obligor is paid every two weeks.
- 13d. Per Monthly Pay Period.** Total amount an Employer/Income Withholder should withhold if the Employee/Obligor is paid once a month.
- 14. Lump Sum Payment.** Dollar amount to be withheld when the IWO is used to attach a lump sum payment. This field should be used when field 1c is checked.

**COMPLETED BY SENDER:**

Employer's Name, FEIN, Employee/Obligor's Name and SSN, Remittance ID, CSEA Case ID, and Order ID must appear in the header of pages two and subsequent pages.

**REMITTANCE INFORMATION** - Payments are forwarded to the SDU in each state, unless the order was issued by a Tribal CSEA. If the order was issued by a tribal CSEA, the Employer/Income Withholder must follow the remittance instructions on the form.

**15. FIPS Code.** To be left blank. Federal Information Processing Standards code.

**NOTE TO EMPLOYER/INCOME WITHHOLDER:**

For State orders, the Employer/Income Withholder 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.

For Tribal orders, the Employer/Income Withholder may not withhold more than the amounts allowed under the law of the issuing Tribe. For Tribal Employer/Income Withholders who receive a State order, the Employer/Income Withholder may not withhold more than the limit set by the law of the jurisdiction in which the Employer/Income Withholder is located or the maximum amount permitted under section 303(d) of the Federal Consumer Credit Protection Act (15 U.S.C. §1673 (b)).

A federal government agency may withhold from a variety of incomes and forms of payment, including voluntary separation incentive payments (buy-out payments), incentive pay, and cash awards. For a more complete list, see 5 Code of Federal Regulations (CFR) 581.103.

**COMPLETED BY EMPLOYER/INCOME WITHHOLDER:**

**16. Return to Sender Checkbox.** The Employer/Income Withholder should check this box and return the IWO to the sender if this IWO is not payable to a SDU or Tribal Payee or this IWO is not regular on its face. Federal law requires payments made by IWO to be sent to the SDU except for payments in which the initial child support order was entered before January 1, 1994 or payments in Tribal CSE (Child Support Enforcement) orders.

**COMPLETED BY SENDER:**

**17. Signature of Judge/Issuing Official.** Signature of the official authorizing this IWO.

**18. Print Name of Judge/Issuing Official.** Name of the official authorizing this IWO.

**19. Title of Judge/Issuing Official.** Title of the official authorizing this IWO.

20. **Date of Signature.** Optional date the judge/issuing official signs this IWO.
21. **Copy of IWO checkbox.** To be left blank. If checked, the Employer/Income Withholder is required to provide a copy of the IWO to the Employee/Obligor.

### ***ADDITIONAL INFORMATION FOR EMPLOYERS/INCOME WITHHOLDERS***

The following fields refer to Federal, State, or Tribal laws that apply to issuing an IWO to an Employer/Income Withholder. State- or Tribal-specific information may be included only in the fields below.

#### **COMPLETED BY SENDER:**

22. **Supplemental Information.** Children's names and dates of birth if there are more than five children on this IWO. Additional information clarifying the IWO based on the underlying support order. Additional information must be consistent with the requirements of the form and the instructions.

#### **COMPLETED BY EMPLOYER/INCOME WITHHOLDER:**

### ***NOTIFICATION OF EMPLOYMENT TERMINATION OR INCOME STATUS***

The employer must complete this section when the Employee/Obligor's employment is terminated, income withholding ceases, or if the Employee/Obligor has never worked for the employer.

- 23a-b. **Employment/Income Status Checkbox.** Check the employment/income status of the Employee/Obligor.
24. **Termination Date.** If applicable, date Employee/Obligor was terminated.
25. **Last Known Phone Number.** Last known (home/cell/other) phone number of the Employee/Obligor.
26. **Last Known Address.** Last known home/mailling address of the Employee/ Obligor.
27. **Final Payment Date.** Date employer sent final payment to SDU/Tribal payee.
28. **Final Payment Amount.** Amount of final payment sent to SDU/Tribal payee.
29. **New Employer's Name.** Name of Employee's/Obligor's new employer (if known).
30. **New Employer's Address.** Address of Employee's/Obligor's new employer (if known).

**COMPLETED BY SENDER:**

***CONTACT INFORMATION***

- 31. Issuer Name (Employer/Income Withholder Contact).** Name of the contact person that the Employer/Income Withholder can call for information regarding this IWO.
- 32. Issuer Phone Number.** Phone number of the contact person.
- 33. Issuer Fax Number.** Fax number of the contact person.
- 34. Issuer Email/Website.** Email or website of the contact person.
- 35. Termination/Income Status and Correspondence Address.** Address to which the Employer should return the Employment Termination or Income Status notice. For IWOs issued by the Family Court of the First Circuit, the O'ahu CSEA address should be used.
- 36. Issuer Name (Employee/Obligor Contact).** Name of the contact person that the Employee/Obligor can call for information.
- 37. Issuer Phone Number.** Phone number of the contact person.
- 38. Issuer Fax Number.** Fax number of the contact person.
- 39. Issuer Email/Website.** Email or website of the contact person.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TELEPHONE NO.: \_\_\_\_\_

Attorney for Plaintiff/Petitioner  Plaintiff/Petitioner Pro Se

Attorney for Defendant/Respondent  Defendant/Respondent Pro Se

IN THE FAMILY COURT OF THE FIRST CIRCUIT

STATE OF HAWAI'I

Child Support Enforcement Agency (CSEA),  
State of Hawai'i, and

) FC-P No. \_\_\_\_\_

)

)  ORIGINAL **1a**  AMENDED **1b**

)  ONE-TIME/LUMP SUM PAYMENT **1c**

)  TERMINATION **1d** ORDER/NOTICE TO  
WITHHOLD INCOME FOR SUPPORT

\_\_\_\_\_  
 Mother  Father  Other  
Petitioner(s)/Plaintiffs,

v.

\_\_\_\_\_  
 Mother  Father  Other

\_\_\_\_\_  
 Mother  Father  Other

and Child Support Enforcement Agency, State  
of Hawai'i,  
Respondent(s)/Defendant(s).

ORIGINAL **1a**  AMENDED **1b**  ONE-TIME/LUMP SUM PAYMENT **1c**  TERMINATION **1d**  
ORDER/NOTICE TO WITHHOLD INCOME FOR SUPPORT



In accordance with the Americans with Disabilities Act, as amended, and other applicable state and federal laws, if you require accommodation for a disability, please contact the ADA Coordinator at the First Circuit Family Court office by telephone at 954-8200, fax 954-8308, or via email at [adarequest@courts.hawaii.gov](mailto:adarequest@courts.hawaii.gov) at least ten (10) days prior to your hearing or appointment date.

*Please call the Family Court Service Center at 954-8290 if you have any questions about forms or procedures.*



(Check One)

**1a** [ ] ORIGINAL INCOME WITHHOLDING ORDER/NOTICE FOR SUPPORT (IWO)

**1b** [ ] AMENDED INCOME WITHHOLDING ORDER/NOTICE FOR SUPPORT

**1c** [ ] ONE-TIME ORDER/NOTICE FOR LUMP SUM PAYMENT

**1d** [ ] TERMINATION OF INCOME WITHHOLDING ORDER

Date: \_\_\_\_\_ **1e**

**1f**  Child Support Enforcement Agency (CSEA)  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: <http://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 CSEA or a Court, a copy of the underlying order must be attached.

State/Tribe/Territory \_\_\_\_\_ **1g** Remittance Identifier (include w/ payment) \_\_\_\_\_ **1h**

City/County/Dist./Tribe \_\_\_\_\_ **1i** Order Identifier \_\_\_\_\_ **1j**

Private Individual/ Entity \_\_\_\_\_ **1k** CSEA Case Identifier \_\_\_\_\_ **1l**

_____ <b>2a</b> Employer/Income Withholder's Name	RE _____ <b>3a</b> Employee/Obligor's Name (Last, First, Middle)
_____ <b>2b</b> Employer/Income Withholder's Address	_____ <b>3b</b> Employee/Obligor's Social Security Number
_____ <b>2b</b>	_____ <b>3c</b> Custodial Party/Obligee's Name (Last, First, Middle)
Employer/Income Withholder's FEIN _____ <b>2c</b> Child(ren)'s Name(s) (Last, First, Middle)	Child(ren)'s Birth Date(s)
_____ <b>3d</b>	_____ <b>3e</b>
_____	_____
_____	_____
_____	_____

**ORDER INFORMATION:** This document is based on the support or withholder order from \_\_\_\_\_ **4** (State/Tribe). You are required by law to deduct these amounts from the employee/obligor's income until further notice.

\$ \_\_\_\_\_ **5a** Per \_\_\_\_\_ **5b** current child support

\$ \_\_\_\_\_ **6a** Per \_\_\_\_\_ **6b** past-due child support - **Arrears greater than 12 weeks?**  Yes  No **6c**

\$ \_\_\_\_\_ **7a** Per \_\_\_\_\_ **7b** current cash medical support

\$ \_\_\_\_\_ **8a** Per \_\_\_\_\_ **8b** past-due cash medical support

\$ \_\_\_\_\_ **9a** Per \_\_\_\_\_ **9b** current spousal support

\$ \_\_\_\_\_ **10** Per \_\_\_\_\_ **10b** past-due spousal support

\$ \_\_\_\_\_ **11a** Per \_\_\_\_\_ **11b** other (must specify) \_\_\_\_\_ **11c**

for a **Total Amount to Withhold** of \$ \_\_\_\_\_ **12a** per \_\_\_\_\_ **12b**

Employer's Name: \_\_\_\_\_ **2a** \_\_\_\_\_ Employer FEIN: \_\_\_\_\_ **2c** \_\_\_\_\_  
Employee/Obligor's Name: \_\_\_\_\_ **3a** \_\_\_\_\_ SSN: \_\_\_\_\_ **3c** \_\_\_\_\_  
CSEA Case Identifier: \_\_\_\_\_ **1i** \_\_\_\_\_ Order Identifier: \_\_\_\_\_ **1j** \_\_\_\_\_

**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:

\$ **13a** \_\_\_\_\_ per weekly pay period                      \$ **13b** \_\_\_\_\_ per semimonthly pay period (twice a month)  
\$ **13c** \_\_\_\_\_ per biweekly pay period (every 2 weeks)    \$ **13d** \_\_\_\_\_ per monthly pay period  
\$ **14** \_\_\_\_\_ **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 in Hawai'i, you must begin withholding no later than the first pay period that occurs 7 days after the date of mailing to you. Send payment within 5 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 (see **Withholding Limits**, below) of disposable income. If the obligor is a non-employee, obtain withholding limits from **Supplemental Information** below. If the employee/obligor's principal place of employment is not in Hawai'i, obtain withholding limitations, time requirements, and any allowable employer fees at <http://www.acf.hhs.gov/programs/css/resources/state-income-withholding-contacts-and-program-information> for the employee/obligor's principal place of employment.

For electronic payment requirements and centralized payment collection and disbursement facility information (State Disbursement Unit [SDU]), see <http://www.acf.hhs.gov/programs/css/employers/electronic-payments>.

Include the **Remittance Identifier with the payment** and if necessary this \_\_\_\_\_ **15** \_\_\_\_\_.

Remit payment to the **CHILD SUPPORT ENFORCEMENT AGENCY** at:  
CHILD SUPPORT ENFORCEMENT AGENCY  
STATE DISBURSEMENT BRANCH  
P.O. BOX 1860  
HONOLULU, HI 96805-1860

**16**  **Return to Sender [Completed by Employer/Income Withholder].** Payment must be directed to a SDU in accordance with 42 USC § 666(b)(5) and (b)(6) or Tribal Payee (see Payments to SDU below). If payment is not directed to a SDU/Tribal Payee or this IWO is not regular on its face, you *must* check this box and return the IWO to the sender.

Signature of Judge/Issuing Official (if required by State or Tribal law): _____ <b>17</b> _____
Print Name of Judge/Issuing Official: _____ <b>18</b> _____
Title of Judge/Issuing Official: _____ <b>19</b> _____
Date of Signature: _____ <b>20</b> _____

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.

**21**  If checked, the employer/income withholder must provide a copy of this form to the employee/obligor.

Employer's Name: \_\_\_\_\_ **2a** \_\_\_\_\_ Employer FEIN: \_\_\_\_\_ **2c** \_\_\_\_\_  
Employee/Obligor's Name: \_\_\_\_\_ **3a** \_\_\_\_\_ SSN: \_\_\_\_\_ **3c** \_\_\_\_\_  
CSEA Case Identifier: \_\_\_\_\_ **1i** \_\_\_\_\_ Order Identifier: \_\_\_\_\_ **1j** \_\_\_\_\_

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### ADDITIONAL INFORMATION FOR EMPLOYER/INCOME WITHHOLDERS

State-specific contact and withholding information can be found on the Federal Employer Services website located at: [www.acf.hhs.gov/programs/css/resources/state-income-withholding-contacts-and-program-information](http://www.acf.hhs.gov/programs/css/resources/state-income-withholding-contacts-and-program-information).

**Priority:** Withholding for support has priority over any other legal process under State law against the same income (42 USC §666(b)(7)). If a Federal tax levy is in effect, please notify the sender.

**Combining Payments:** When remitting payments to a SDU or Tribal CSE agency, you may combine withheld amounts from more than one employee/obligor's income in a single payment. You must, however, separately identify each employee/obligor's portion of the payment.

**Payments to SDU:** You must send child support payments payable by income withholding to the appropriate SDU or to a Tribal CSE agency. If this IWO instructs you to send a payment to an entity other than a SDU (for example, payable to a custodial party, court, or attorney), you must check the box above and return this notice to the sender. Exception: If this IWO was sent by a Court, Attorney, or Private Individual/Entity and the initial order was entered before January 1, 1994 or the order was issued by a Tribal CSE agency, you must follow the "Remit payment to" instructions on this form.

**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 regarding time periods within which you must implement the withholding and forward the support payments.

**Multiple IWOs:** 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. Follow the State or Tribal law/procedure of the employee/obligor's principal place of employment to determine the appropriate allocation method.

**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.

**Liability:** If you have 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. A brief summary of an employer's responsibilities is also included in the Hawai'i Employer's Guide Income Withholding for Child Support Obligations provided with this Notice. The penalty for an employer who fails to comply with the Order or Notice is defined in Sections 571-52.2(g), 571-52.3, 576D-14(h), and 576E-16(c) of the Hawai'i Revised Statutes.

OMB Expiration Date -- 07/31/2017. The OMB Expiration Date has no bearing on the termination date of the IWO; it identifies the version of the form currently in use.

Employer's Name: \_\_\_\_\_ **2a** \_\_\_\_\_ Employer FEIN: \_\_\_\_\_ **2c** \_\_\_\_\_  
 Employee/Obligor's Name: \_\_\_\_\_ **3a** \_\_\_\_\_ SSN: \_\_\_\_\_ **3c** \_\_\_\_\_  
 CSE Agency Case Identifier: \_\_\_\_\_ **1i** \_\_\_\_\_ Order Identifier: \_\_\_\_\_ **1j** \_\_\_\_\_

**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. The penalty for an employer who violates this section is defined in Sections 571-52(d), 571-52.2(m), 571-52.3, 576D-14(i), and 576E-16(e) of the Hawai'i Revised Statutes.

**Withholding Limits:** 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 State of the employee/obligor's principal place of employment or tribal law if a trial order (see *REMITTANCE INFORMATION*). 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, those limits increase 5% - to 55% and 65% - if the arrears are greater than 12 weeks. If permitted by the State or Tribe, you may deduct a fee for administrative costs. The combined support amount and fee may not exceed the limit indicated in this section.

For Tribal orders, you may not withhold more than the amounts allowed under the law of the issuing Tribe. For Tribal employers/income withholders who receive a State IWO, you may not withhold more than the limit set by Tribal law.

Depending upon applicable State or Tribal law, you may need to consider the amounts paid for health care premiums in determining disposable income and applying appropriate withholding limits.

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

**22 Supplemental Information:** For income withholding purposes, non-employees should be treated in the same manner as regular employees. See definition of income in Sections 571-52(e), 571-52.2(n), 571-52.3, 576D-14(h), and 576E-16(f) of the Hawai'i Revised Statutes.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

Employer's Name: \_\_\_\_\_ **2a** \_\_\_\_\_ Employer FEIN: \_\_\_\_\_ **2c** \_\_\_\_\_  
Employee/Obligor's Name: \_\_\_\_\_ **3a** \_\_\_\_\_ SSN: \_\_\_\_\_ **3c** \_\_\_\_\_  
CSE Agency Case Identifier: \_\_\_\_\_ **1i** \_\_\_\_\_ Order Identifier: \_\_\_\_\_ **1j** \_\_\_\_\_

**NOTIFICATION OF EMPLOYMENT TERMINATION OR INCOME STATUS:** If this employee/obligor never worked for you or you are no longer withholding income for this employee/obligor, you must promptly notify the CSEA and/or the sender by returning this form to the address listed in the Contact Information below:

- 23a**  This person has never worked for this employer nor received periodic income.  
**23b**  This person no longer works for this employer nor receives periodic income.

Please provide the following information for the employee/obligor:

Termination date: \_\_\_\_\_ **24** \_\_\_\_\_ Last known phone number: \_\_\_\_\_ **25** \_\_\_\_\_

Last known address: \_\_\_\_\_ **26** \_\_\_\_\_  
\_\_\_\_\_

Final payment date to SDU/Tribal payee: \_\_\_\_\_ **27** \_\_\_\_\_ Final payment amount: \$ \_\_\_\_\_ **28** \_\_\_\_\_

New employer's name: \_\_\_\_\_ **29** \_\_\_\_\_

New employer's address: \_\_\_\_\_ **30** \_\_\_\_\_  
\_\_\_\_\_

**CONTACT INFORMATION:**

**To Employer/Income Withholder:** If you have any questions, contact (issuer name): \_\_\_\_\_ **31** \_\_\_\_\_

by phone: \_\_\_\_\_ **32** \_\_\_\_\_, by fax: \_\_\_\_\_ **33** \_\_\_\_\_, by email or website: \_\_\_\_\_ **34** \_\_\_\_\_  
\_\_\_\_\_

Send termination/income status notice and other correspondence to: \_\_\_\_\_ **35** \_\_\_\_\_

Child Support Enforcement Agency  
O'ahu Branch  
Kakuhihewa Building  
601 Kamokila Boulevard, Room 251  
Kapolei, HI 96707-2021

**To Employee/Obligor:** If you have any questions, contact (issuer name): \_\_\_\_\_ **36** \_\_\_\_\_

by phone: \_\_\_\_\_ **37** \_\_\_\_\_, by fax: \_\_\_\_\_ **38** \_\_\_\_\_, by email or website: \_\_\_\_\_ **39** \_\_\_\_\_  
\_\_\_\_\_

The Paperwork Reduction Act of 1995. This information collection and associated responses are conducted in accordance with 45 CFR 303.100 of the Child Support Enforcement Program. This form is designed to provide uniformity and standardization. Public reporting burden for this collection of information is estimated to average 5 minutes per response for Non-IV-D CPs; 2 minutes per response for employers; 3 seconds for e-IWO employers, including the time for reviewing instructions, gathering, and maintaining the data needed, and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.