

Attachment A

Income Execution Forms and Notices

Table of Contents

Form/Notice Titles	Page
1. Special Notice Revisions to the Income Withholding for Support	1
2. Income Withholding for Support	2
3. Original and Amended Cover Notices - Noncustodial Parent	6
4. Original, Amended, and Terminated Cover Notices - Employer	8
5. Noncustodial Parent Payment Coupons	11
6. Support Withholding Billing Notice (five or less noncustodial parents) and Employer Payment Coupons	12
7. Support Withholding Billing Notice (six or more noncustodial parents)	14
8. Withholding Limitations Worksheet for Support and Medical Support	16
9. Request for Review of the Additional Amount on the Income Withholding for Support	18
10. Statement of Income and Expenses	20
11. Alternate Additional Amount Calculation for Custody Issues	21
12. Alternate Additional Amount Calculation for Self-Support Reserve Issues	22
13. Support Collection Unit Determination of Your Request for Review of the Additional Amount on the Income Withholding for Support	24
14. Support Withholding Non-Compliance Notice	25
15. Child Support Enforcement Transmittal #2 – Subsequent Actions	26
16. Petition-Employer Violation-Income Execution for Support Enforcement	28

SPECIAL NOTICE REVISIONS TO THE "INCOME WITHHOLDING FOR SUPPORT"

Enclosed with this Special Notice is an amended "Income Withholding for Support" (NOTICE) for the New York Case Identifier listed on the NOTICE. The NOTICE has been revised based on recent regulatory changes and contains important information about changes to the calculation of the additional amount to be withheld, the reasons why a review of the additional amount can be requested, the process for requesting a review, as well as updated contact information.

The new calculation of the additional amount is as follows:

<u>If a current support amount:</u>	<u>then the additional amount to reduce arrears is:</u>
-is ordered	-50% of the current amount, at the same frequency
-was ordered but is now zero	-150% of the most recent current amount, at the same frequency
-was never ordered	-the total arrears amount, divided by 12, due monthly

Additionally, if the total arrears owed are \$300 or less, the additional amount is \$25 a month until the arrears are paid off.

The regulation was also amended to repeal the 40% limit on the amount to be withheld from disposable earnings for the additional amount. Withholding limitations are now based on the Consumer Credit Protection Act (CCPA).

The new calculations of the additional amount may result in an increase, decrease, or no change in the total amount withheld from a paycheck or benefits received. If there is an increase or decrease in the total amount to withhold, the new amount listed on page one of the NOTICE is to be withheld and remitted immediately. If there is no change in the total amount to withhold, continue to withhold and remit the existing amount.

Please retain a copy of the NOTICE enclosed for your records.

INCOME WITHHOLDING FOR SUPPORT

[Income Execution for Support Enforcement - New York State CPLR §5241; 18 NYCRR §347.9]

State of New York

Date of NOTICE: _____

Docket Number: _____

☐ Original ☐ Amended ☐ Terminated (See item #10)

EMPLOYER/INCOME WITHHOLDER

TO: _____

Federal EIN: _____

EMPLOYEE/OBLIGOR

RE: _____
 Social Security Number: _____
 New York Case Identifier: _____

OBLIGEE

(Commissioner of Social Services, Assignee, O/B/O)

ORDER INFORMATION: This "Income Withholding for Support" (hereafter referred to as the "NOTICE") is based upon an order of support issued by the Supreme or Family Court of the State of New York, _____ County. You are required by law to deduct the total amount listed below from the income of the employee/obligor named above until further notice. For an itemized list of payments due, see page 2.

TOTAL AMOUNT TO WITHHOLD: \$ _____ (frequency)* - Remit to Payee below

*You do not have to vary your pay period (cycle) to comply with this NOTICE. If your pay period does not match the above TOTAL AMOUNT payment frequency, withhold one of the following amounts:

If your pay period is:	Withhold this amount:
Weekly	\$ _____
Biweekly (every 2 weeks)	\$ _____

If your pay period is:	Withhold this amount:
Semimonthly (twice a month)	\$ _____
Monthly	\$ _____

GENERAL REMITTANCE INFORMATION:

- **When remitting payments** - You must provide the pay date, and the New York case identifier, employee's/obligor's name and social security number, and your company or business name and Employer Identification Number (EIN). **See item #3 on page 2 and #8 on page 3 for withholding limits.**
- **If the employee's/obligor's principal place of employment is located in New York State** - You must begin withholding no later than the first pay period which occurs fourteen (14) days after service of this NOTICE, and payments must be remitted within seven (7) business days of the pay date for each withholding. You are not permitted to deduct a fee to defray the cost of withholding.
- **If the employee's/obligor's principal place of employment is located outside New York State** - You must begin withholding and remitting payments in accordance with the laws of the state of the employee's/obligor's principal place of employment, and may deduct a processing fee where such laws permit.

PAYMENT OPTIONS

Electronic remittance:

- If you wish to send payments electronically via EFT/EDI, call 888-208-4485 to arrange for your first EFT/EDI submission. You may be asked to provide the following FIPS code _____. The bank routing number and the bank account number will be provided to you when you call and arrange for your first EFT/EDI submission.

Check remittance:

- You must include a payment coupon with every payment.
- Make all payments payable to: NYS Child Support Processing Center.
- Send payments to: NYS Child Support Processing Center, PO Box 15363, Albany, NY 12212-5363.

8. **Withholding Limits:** For ORDERS/NOTICES, you may not withhold more than the lesser of: (1) the amounts allowed by the Federal Consumer Credit Protection Act (15 U.S.C. section 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 aggregate disposable weekly earnings (ADWE), which is the amount of net income left after making mandatory deductions of State, Federal, & local taxes; Social Security tax; and Medicare tax. For assistance in calculating the withholding amount, complete the enclosed Withholding Limitations Worksheet for Support and Medical Support or go to newyorkchildsupport.com to access the Income Withholding Calculator.

9. Child(ren)'s Name(s) Date of birth Child(ren)'s Name(s) Date of birth

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- 10 **Effect of Termination on other NOTICES of income withholding:** This termination does not affect other NOTICES which you may have for the same employee/obligor on any different New York Case ID, for which you are deducting and sending payments to the NYS Child Support Processing Center. Unless you receive a Terminated NOTICE, those deductions, if any, remain in effect.

11. **Notification of Termination of Employment/Income:** You must promptly notify the issuing agency if the employee/obligor is not working for you, or receiving income from you at the time you receive this NOTICE, or if the employee/obligor stops working for you, or receiving income from you at any time in the future for any reason. Please complete the information below and return a copy of this NOTICE to the NYS Child Support Processing Center, PO Box 15368, Albany, NY 12212-5368:

☐ This person has never worked for this employer or never received income from this income withholder.

☐ This person no longer works for this employer or receives income from this income withholder

Employer's/ Income withholder's contact name: _____ Phone number: _____

Employee's/Obligor's name: _____ NY case ID: _____

Date of termination: _____ Reason for termination: _____

Employee's/Obligor's last known address: _____

New employer's/income withholder's name and address: _____

NOTICE TO EMPLOYEE/OBLIGOR

- You are hereby notified that this NOTICE is issued against you as a result of the order of support listed on page 1.
- This NOTICE has been served on your current employer(s) or income withholder(s), and the New York State Department of Labor, with respect to current or subsequent income, and will be served on any future employer(s) or income withholder(s).
- You must begin and continue to make support payments by money order or cashier's check directly to the NYS Child Support Processing Center until you have determined that withholdings from your paycheck or other income source have started. Send payments only to the NYS Child Support Processing Center at PO Box 15363, Albany, NY 12212-5363. Include a payment coupon with each payment.**
- The actions of your employer or income withholder in failing to deduct and remit amounts specified by this NOTICE shall not relieve you of the underlying obligation to pay support.
- If you believe that this NOTICE was issued in error or the amounts are incorrect, you may notify your local Support Collection Unit (SCU) in writing at the address listed below. You should make a submission of information and evidence by mail, or in person to support your assertion of an error. Thereafter, the SCU will determine the merits of your objection and will notify you of its determination within thirty (30) days after their receipt of notification from you.
- New York State law requires that if arrears are owed, the amount directed by this NOTICE to be withheld for payment of support must include an "additional amount" to satisfy the arrears (see "Itemized List of Payments Due" on page 2). If an "additional amount" is required to be deducted which reduces your annual income below the self-support reserve (\$14,620 for 2009), or if other support obligations already bring your remaining income below the self-support reserve, you may contact the NYS Child Support Helpline to inquire about how to request that the additional amount be reduced. You may also contact the NYS Child Support Helpline to request that the additional amount be modified if you have physical custody of the children for whom this order represents and you have no current obligation amount. Upon your request the Child Support Helpline will forward a form to you to fill out. Along with the completed form, you will be asked to provide documentary proof of your claim, including information about your income, such as your most recently filed tax returns and W-2 forms, current pay stubs or a letter from your employer listing your annual salary and proof of any benefits received

CONTACT INFORMATION

By phone, contact the New York State Child Support Helpline toll free at 888-208-4485 Monday through Friday from 8:00 AM to 5:00 PM.

In writing, contact the _____ SCU, _____, NY _____

8. **Withholding Limits:** For ORDERS/NOTICES, you may not withhold more than the lesser of: (1) the amounts allowed by the Federal Consumer Credit Protection Act (15 U.S.C. section 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 aggregate disposable weekly earnings (ADWE), which is the amount of net income left after making mandatory deductions of State, Federal, & local taxes; Social Security tax; and Medicare tax. For assistance in calculating the withholding amount, complete the enclosed Withholding Limitations Worksheet for Support and Medical Support or go to newyorkchildsupport.com to access the Income Withholding Calculator.

9. Child(ren)'s Name(s) Date of birth Child(ren)'s Name(s) Date of birth

10. **Effect of Termination on other NOTICES of income withholding:** This termination does not affect other NOTICES which you may have for the same employee/obligor on any different New York Case ID, for which you are deducting and sending payments to the NYS Child Support Processing Center. Unless you receive a Terminated NOTICE, those deductions, if any, remain in effect.

11. **Notification of Termination of Employment/Income:** You must promptly notify the issuing agency if the employee/obligor is not working for you, or receiving income from you at the time you receive this NOTICE, or if the employee/obligor stops working for you, or receiving income from you at any time in the future for any reason. Please complete the information below and return a copy of this NOTICE to the **NYS Child Support Processing Center, PO Box 15368, Albany, NY 12212-5368:**

☐ This person has never worked for this employer or never received income from this income withholder.

☐ This person no longer works for this employer or receives income from this income withholder

Employer's/ Income withholder's contact name: _____ Phone number: _____

Employee's/Obligor's name: _____ NY case ID: _____

Date of termination: _____ Reason for termination: _____

Employee's/Obligor's last known address: _____

New employer's/income withholder's name and address: _____

NOTICE TO EMPLOYEE/OBLIGOR

- You are hereby notified that this NOTICE is issued against you due to your failure to remit three payments on the date due in the full amount directed by the order of support, or an accumulation of a past-due amount equal to or greater than the payments ordered for one month.
- This NOTICE will be served on your current or subsequent employer(s) or income withholder(s), and the New York State Department of Labor, with respect to current or subsequent income unless you assert a "Mistake of Fact" by writing your local Support Collection Unit (SCU) listed below within fifteen (15) days from your receipt of a copy of this NOTICE. "Mistake of Fact" means an error in the amount of payments ordered or past due or in the identity of the debtor, or that the order of support does not exist or has been vacated. You should also make a submission of information and evidence by mail, or in person to support your claim of a "Mistake of Fact" within the fifteen (15) day period. The SCU will determine the merits of your objection and will notify you of its determination within forty-five (45) days from your receipt of a copy of this NOTICE. If the claim is disallowed, you will be notified in writing that this NOTICE will be served on your employer or income withholder, and of the time that the deductions will begin. (See CPLR §5241.)
- You must begin and continue to make support payments by money order or cashier's check directly to the NYS Child Support Processing Center until you have determined that withholdings from your paycheck or other income source have started. Send payments only to the NYS Child Support Processing Center at PO Box 15363, Albany, NY 12212-5363. Include a payment coupon with each payment.**
- The actions of your employer or income withholder in failing to deduct and remit amounts specified by this NOTICE shall not relieve you of the underlying obligation to pay support.
- New York State law requires that if arrears are owed, the amount directed by this NOTICE to be withheld for payment of support must include an "additional amount" to satisfy the arrears (see "Itemized List of Payments Due" on page 2). If an "additional amount" is required to be deducted which reduces your annual income below the self-support reserve (\$14,620 for 2009), or if other support obligations already bring your remaining income below the self-support reserve, you may contact the NYS Child Support Helpline to inquire about how to request that the additional amount be reduced. You may also contact the NYS Child Support Helpline to request that the additional amount be modified if you have physical custody of the children for whom this order represents and you have no current obligation amount. Upon your request the Child Support Helpline will forward a form to you to fill out. Along with the completed form, you will be asked to provide documentary proof of your claim, including information about your income, such as your most recently filed tax returns and W-2 forms, current pay stubs or a letter from your employer listing your annual salary and proof of any benefits received

CONTACT INFORMATION

By phone, contact the New York State Child Support Helpline toll free at 888-208-4485 Monday through Friday from 8:00 AM to 5:00 PM.

In writing, contact the _____ SCU, _____, NY _____

DEFAULT

JRE Address Number: _____

Enforcement Officer: _____

Date:

County Support Collection Unit

LEGAL NOTICE ENCLOSED**PLEASE CAREFULLY READ
ALL DOCUMENTS**

New York Case Identifier:

Worker Code:

Employer No:

Employee/Obligor Name:

Employee/Obligor SSN:

This package contains the following important documents

- A copy of the **Original** Income Withholding for Support (NOTICE) that was or will be sent to the employer/income withholder listed on the NOTICE. (Carefully read the "Notice to Employee/Obligor" section on page 3 of the NOTICE.)
- Payment coupons to include with all payments you need to make until support is deducted from your paycheck or other income source.

How to make payments before withholding begins

You must make support payments until you have determined that support has been withheld from your paycheck or other income source and forwarded to the NYS Child Support Processing Center. Please refer to the "Total Amount to Withhold" found on page 1, section 2, of the NOTICE for the total amount of each payment and the payment frequency.

You must submit your payment by Money Order or Cashier's Check:

- Make all payments payable to: NYS Child Support Processing Center.
- Send payments to: NYS Child Support Processing Center, PO BOX 15363, Albany, NY 12212-5363.
- Include a payment coupon with each payment.

There are other ways to pay your support. For more information please contact the **NYS Child Support Helpline toll free at 888-208-4485, TTY 866-875-9975, Video Relay Service (http://www.fcc.gov/cgb/dro/trs_providers.html), Monday through Friday from 8:00 AM to 7:00 PM.**

Reporting changes in employment and other income

If you have never worked, or are no longer working, for the employer, or are no longer receiving income from the income withholder listed in the NOTICE, contact the NYS Child Support Helpline with your current employment or other income information.

Date:

County Support Collection Unit

LEGAL NOTICE ENCLOSED**PLEASE CAREFULLY READ
ALL DOCUMENTS**

New York Case Identifier:

Worker Code:

Employer No:

Employee/Obligor Name:

Employee/Obligor SSN:

This package contains the following important documents

- A copy of the **Amended** Income Withholding for Support (NOTICE) that was or will be sent to the employer/income withholder listed on the NOTICE. (Carefully read the "Notice to Employee/Obligor" section on page 3 of the NOTICE.)
- New payment coupons to include with all payments you need to make if you are no longer receiving income from the employer/income withholder listed above.

How to make payments

If you are no longer receiving income from the employer/income withholder listed on the NOTICE, you must make support payments directly. Please refer to the "Total Amount to Withhold" found on page 1, section 2, of the NOTICE for the total amount of each payment and the payment frequency.

You must submit your payment by Money Order or Cashier's Check:

- Make all payments payable to: NYS Child Support Processing Center.
- Send payments to: NYS Child Support Processing Center, PO BOX 15363, Albany, NY 12212-5363.
- Include a payment coupon with each payment.

There are other ways to pay your support. For more information please contact the **NYS Child Support Helpline toll free at 888-208-4485, TTY 866-875-9975, Video Relay Service (http://www.fcc.gov/cgb/dro/trs_providers.html), Monday through Friday from 8:00 AM to 7:00 PM.**

Reporting changes in employment and other income

If you have never worked, or are no longer working, for the employer, or are no longer receiving income from the income withholder listed in the NOTICE, contact the NYS Child Support Helpline with your current employment or other income information.

_____ County Support Collection Unit

Date: _____

LEGAL NOTICE ENCLOSED

**IMMEDIATE ACTION
REQUIRED**

**PLEASE CAREFULLY READ
ALL DOCUMENTS**

New York Case Identifier: _____

Worker Code: _____

Employer No: _____

Employee/Obligor Name: _____

Employee/Obligor SSN: _____

This package contains the following important documents

- **Original** Income Withholding for Support (NOTICE)
[critical information marked 1, 2, & 3]
- Payment coupons to include with payments
- Withholding Limitations Worksheet

As the NOTICE directs, you must take immediate action to withhold support from the income of the employee/obligor named in the NOTICE. Your failure to withhold or remit the support as directed in the NOTICE may, upon a finding by family court, result in the payment of a civil penalty to the creditor.

"Income" includes any earned or unearned income including wages, salaries and commissions and also includes benefits such as disability, workers compensation, and unemployment insurance benefits. See Civil Practice Law and Rules (CPLR) §5241 for a complete definition.

If the employee/obligor is no longer working for you, or is not receiving benefits, IMMEDIATELY notify the Support Collection Unit (SCU) as directed in #11 (Notification of Termination of Employment/Income) on page 3 of the NOTICE.

Please retain a copy of the NOTICE for your records. If you have any questions about the NOTICE, please contact the **NYS Child Support Helpline toll-free at 888-208-4485** Monday through Friday from 8:00 AM to 5:00 PM.

_____ County Support Collection Unit

Date:

LEGAL NOTICE ENCLOSED

**IMMEDIATE ACTION
REQUIRED**

**PLEASE CAREFULLY READ
ALL DOCUMENTS**

New York Case Identifier:

Worker Code:

Employer No:

Employee/Obligor Name:

Employee/Obligor SSN:

This package contains the following important documents

- **Amended** Income Withholding for Support (NOTICE)
[critical information marked 1, 2, & 3]
- New payment coupons to include with payments
- Withholding Limitations Worksheet
- Special Notice for use in calculating additional amount

As the NOTICE directs, you must take immediate action to withhold the amended amount of support from the income of the employee/obligor named in the NOTICE. Your failure to withhold or remit the support as directed in the NOTICE may, upon a finding by family court, result in the payment of a civil penalty to the creditor.

"Income" includes any earned or unearned income including wages, salaries and commissions and also includes benefits such as disability, workers compensation, and unemployment insurance benefits. See Civil Practice Law and Rules (CPLR) §5241 for a complete definition.

If the employee/obligor is no longer working for you, or is not receiving benefits, IMMEDIATELY notify the Support Collection Unit (SCU) as directed in #11 (Notification of Termination of Employment/Income) on page 3 of the NOTICE.

Please retain a copy of the NOTICE for your records. If you have any questions about the NOTICE, please contact the **NYS Child Support Helpline toll-free at 888-208-4485** Monday through Friday from 8:00 AM to 5:00 PM.

_____ County Support Collection Unit

Date:

LEGAL NOTICE ENCLOSED

**IMMEDIATE ACTION
REQUIRED**

**PLEASE CAREFULLY READ
ALL DOCUMENTS**

New York Case Identifier:

Worker Code:

Employer No:

Employee/Obligor Name:

Employee/Obligor SSN:

.....

This package contains the following important document

- **Terminated** Income Withholding for Support (NOTICE)
[critical information marked 1, 2, & 3]

Carefully read #10 (Effect of Termination on other NOTICES of income withholding) on page 3 of the NOTICE.

Please retain a copy of the NOTICE for your records. If you have any questions about the NOTICE, please contact the **NYS Child Support Helpline toll-free at 888-208-4485** Monday through Friday from 8:00 AM to 5:00 PM.

You MUST return the attached coupon with your payment to ensure you receive proper credit.

Support Payments must be received by the Support Collection Unit on or before the due date to prevent enforcement action which may require you to appear in court.

Failure to make support payments on time will result in further enforcement action including suspension of your driver's and/or professional licenses and seizure of your personal property.

MAIL PAYMENTS TO:

NYS CHILD SUPPORT PROCESSING CENTER
PO BOX 15363
ALBANY NY 12212-5363

Make your check or money order payable to:

NYS CHILD SUPPORT PROCESSING CENTER

PLEASE DO NOT SEND CASH

NY Case Identifier:

Noncustodial Parent:

Custodial Parent:

Current Obligation:

Arrears Obligation:

Include this coupon with your payment.

Do NOT fold, staple or mutilate.

Please record your account number on the check.

**To be compliant with your court order,
YOU MUST RECORD YOUR CHANGE OF ADDRESS HERE**

Print Change
of Address
Here

Do not write above this line except to submit an address change.

PAY THIS AMOUNT

*If no payment amount is shown above pay at least the amount of the current or arrears obligation as they become due.

AMOUNT \$, .
ENCLOSED

You MUST return the attached coupon with your payment to ensure you receive proper credit.

Support Payments must be received by the Support Collection Unit on or before the due date to prevent enforcement action which may require you to appear in court.

Failure to make support payments on time will result in further enforcement action including suspension of your driver's and/or professional licenses and seizure of your personal property.

MAIL PAYMENTS TO:

NYS CHILD SUPPORT PROCESSING CENTER
PO BOX 15363
ALBANY NY 12212-5363

Make your check or money order payable to:

NYS CHILD SUPPORT PROCESSING CENTER

PLEASE DO NOT SEND CASH

NY Case Identifier:

Noncustodial Parent:

Custodial Parent:

Current Obligation:

Arrears Obligation:

Include this coupon with your payment.

Do NOT fold, staple or mutilate.

Please record your account number on the check.

**To be compliant with your court order,
YOU MUST RECORD YOUR CHANGE OF ADDRESS HERE**

Print Change
of Address
Here

Do not write above this line except to submit an address change.

PAY THIS AMOUNT

*If no payment amount is shown above pay at least the amount of the current or arrears obligation as they become due.

AMOUNT \$, .
ENCLOSED

You MUST return the attached coupon with your payment to ensure you receive proper credit.

Support Payments must be received by the Support Collection Unit on or before the due date to prevent enforcement action which may require you to appear in court.

Failure to make support payments on time will result in further enforcement action including suspension of your driver's and/or professional licenses and seizure of your personal property.

MAIL PAYMENTS TO:

NYS CHILD SUPPORT PROCESSING CENTER
PO BOX 15363
ALBANY NY 12212-5363

Make your check or money order payable to:

NYS CHILD SUPPORT PROCESSING CENTER

PLEASE DO NOT SEND CASH

NY Case Identifier:

Noncustodial Parent:

Custodial Parent:

Current Obligation:

Arrears Obligation:

Include this coupon with your payment.

Do NOT fold, staple or mutilate.

Please record your account number on the check.

**To be compliant with your court order,
YOU MUST RECORD YOUR CHANGE OF ADDRESS HERE**

Print Change
of Address
Here

Do not write above this line except to submit an address change.

PAY THIS AMOUNT

*If no payment amount is shown above pay at least the amount of the current or arrears obligation as they become due.

AMOUNT \$, .
ENCLOSED

_____ County Support Collection Unit

Date: _____

All correspondence should be sent to the address above.

Support Withholding Billing Notice

Federal EIN _____

Please enter the
Total amount enclosed

\$ _____

Important information

Our records indicate that an Income Withholding for Support (NOTICE) was sent to you for the employee(s)/obligor(s) listed below. As the NOTICE directs, you must take immediate action to withhold support from the income of the employee/obligor named in the NOTICE. Your failure to withhold or remit the support as directed in the NOTICE may, upon a finding by the family court, result in the payment of a civil penalty to the creditor.

Electronic remittance:

- If you wish to send payments electronically via EFT/EDI, call 888-208-4485 to arrange for your first EFT/EDI submission. You may be asked to provide the following FIPS code _____. The bank routing number and the bank account number will be provided to you when you call and arrange for your first EFT/EDI submission.

Check remittance:

- You must include a payment coupon with every payment.
- Make all payments payable to: NYS Child Support Processing Center.
- Send payments to: NYS Child Support Processing Center, PO Box 15363, Albany, NY 12212-5363.

If the employee/obligor is no longer working for you, or is not receiving benefits, IMMEDIATELY notify the Support Collection Unit (SCU) as directed in item #11 (Notification of Termination of Employment/Income) on page 3 of the NOTICE.

Employee/Obligor Name	Employee/Obligor Soc. Sec. Number	New York Case Identifier	Obligee name
SMITH, JOHN A	000000000	ZZ00000Z1	SMITH, JANE A

Include any additional employee(s)/obligor(s) for which you have received a NOTICE that are not listed above. Please refer to the NOTICE for complete and accurate information.

If you have any questions about this notice, please contact the **NYS Child Support Helpline toll-free at 888-208-4485** Monday through Friday from 8:00 AM to 5:00 PM.

SMITH, JOHN A

Please use a separate coupon for each pay date for which you withhold support from an employee/obligor and provide only the date the payment was withheld from the employee's/obligor's wages.

You may send a single check for all employees/obligors or individual checks as long as one coupon per employee/obligor is included for each withholding date. Please indicate the pay date and the dollar amount withheld on each coupon.

LMEM1 06/12/03

Income XYZ CORPORATION
Withholder ATTN PAYROLL DEPT
Name and 1000 ANY BUSINESS AVE
Address: ANY CITY NY 10000-0000

Your Federal Employer ID Number (EIN)
123456789

Obligor Name: SMITH, JOHN A
Obligor SSN: 000-00-0000
NY Case Identifier: ZZ00000Z1
Obligee Name: SMITH, JANE A

You must return this coupon with your payment to the address on the coupon.

PLEASE DO NOT FOLD,
STAPLE OR MUTILATE.

AMOUNT ENCLOSED: \$, .

Pay Date / /
 (MM/DD/YY):

257 00 000000000000 000000 0000000000 0

MAIL PAYMENTS TO:

NYS CHILD SUPPORT PROCESSING CENTER
 PO BOX 15363
 ALBANY NY 12212-5363

Make your check or money order payable to:

NYS CHILD SUPPORT PROCESSING CENTER

PLEASE DO NOT SEND CASH

Payments must be remitted within seven business days of the date the respondent is paid.

SEMPROS - 2

Please use a separate coupon for each pay date for which you withhold support from an employee/obligor and provide only the date the payment was withheld from the employee's/obligor's wages.

You may send a single check for all employees/obligors or individual checks as long as one coupon per employee/obligor is included for each withholding date. Please indicate the pay date and the dollar amount withheld on each coupon.

LMEM1 06/12/03

Income XYZ CORPORATION
Withholder ATTN PAYROLL DEPT
Name and 1000 ANY BUSINESS AVE
Address: ANY CITY NY 10000-0000

Your Federal Employer ID Number (EIN)
123456789

Obligor Name: SMITH, JOHN A
Obligor SSN: 000-00-0000
NY Case Identifier: ZZ00000Z1
Obligee Name: SMITH, JANE A

You must return this coupon with your payment to the address on the coupon.

PLEASE DO NOT FOLD,
STAPLE OR MUTILATE.

AMOUNT ENCLOSED: \$, .

Pay DATE / /
 (MM/DD/YY):

257 00 000000000000 000000 0000000000 0

SMITH, JOHN A

MAIL PAYMENTS TO:

NYS CHILD SUPPORT PROCESSING CENTER
 PO BOX 15363
 ALBANY NY 12212-5363

Make your check or money order payable to:

NYS CHILD SUPPORT PROCESSING CENTER

PLEASE DO NOT SEND CASH

Payments must be remitted within seven business days of the date the respondent is paid.

SEMPROS - 2

Please use a separate coupon for each pay date for which you withhold support from an employee/obligor and provide only the date the payment was withheld from the employee's/obligor's wages.

You may send a single check for all employees/obligors or individual checks as long as one coupon per employee/obligor is included for each withholding date. Please indicate the pay date and the dollar amount withheld on each coupon.

LMEM1 06/12/03

Income XYZ CORPORATION
Withholder ATTN PAYROLL DEPT
Name and 1000 ANY BUSINESS AVE
Address: ANY CITY NY 10000-0000

Your Federal Employer ID Number (EIN)
123456789

Obligor Name: SMITH, JOHN A
Obligor SSN: 000-00-0000
NY Case Identifier: ZZ00000Z1
Obligee Name: SMITH, JANE A

You must return this coupon with your payment to the address on the coupon.

PLEASE DO NOT FOLD,
STAPLE OR MUTILATE.

Pay DATE / /
 (MM/DD/YY):

AMOUNT ENCLOSED: \$, .

257 00 000000000000 000000 0000000000 0

SMITH, JOHN A

MAIL PAYMENTS TO:

NYS CHILD SUPPORT PROCESSING CENTER
 PO BOX 15363
 ALBANY NY 12212-5363

Make your check or money order payable to:

NYS CHILD SUPPORT PROCESSING CENTER

PLEASE DO NOT SEND CASH

Payments must be remitted within seven business days of the date the respondent is paid.

_____ County Support Collection Unit

All correspondence should be sent to the address above.

Federal EIN _____

Date:

Support Withholding Billing Notice

Please check the box if you have made any corrections or additions ☐

Please enter the
Total amount enclosed \$

Important information

Our records indicate that the Income Withholding for Support (NOTICE) was sent to you for the employees/obligors listed below. As the NOTICE directs, you must take immediate action to withhold support from the income of the employee/obligor named in the NOTICE. Your failure to withhold or remit the support as directed in the NOTICE may, upon a finding by the family court, result in the payment of a civil penalty to the creditor.

Electronic remittance:

- If you wish to send payments electronically via EFT/EDI, call 888-208-4485 to arrange for your first EFT/EDI submission. You may be asked to provide the following FIPS code _____. The bank routing number and the bank account number will be provided to you when you call and arrange for your first EFT/EDI submission.

Check remittance:

- You must include the pay date and amount withheld for each employee/obligor listed on page 2 of this notice.
- Make all payments payable to: NYS Child Support Processing Center.
- Send payments to: NYS Child Support Processing Center, PO Box 15363, Albany, NY 12212-5363.

If the employee/obligor is no longer working for you, or is not receiving benefits, IMMEDIATELY notify the Support Collection Unit (SCU) as directed in item #11 (Notification of Termination of Employment/Income) on page 3 of the NOTICE.

If you have any questions about this notice, please contact the **NYS Child Support Helpline toll-free at 888-208-4485** Monday through Friday from 8:00 AM to 5:00 PM.

Support Withholding Billing Notice

[illegible]

Include any additional employee(s)/obligor(s) for which you have received a NOTICE that are not listed above. Please refer to the NOTICE for complete and accurate information.

Withholding Limitations Worksheet for Support and Medical Support

You may use the Withholding Limitations Worksheet, or the electronic Income Withholding Calculator located at www.newyorkchildsupport.com, for assistance in calculating the withholding amount for the "Income Withholding for Support" (NOTICE) and the "National Medical Support Notice."

Step 1 - Disposable Income Calculation

- "**Income**" includes any earned or unearned income including wages, salaries, commissions, bonuses, pensions, retirement and also includes benefits such as disability, workers' compensation, and unemployment insurance benefits. See Civil Practice Law and Rules (CPLR) §5241 for a complete definition.
- "**Aggregate Disposable Income**" means that part of the earnings remaining after deduction of any amounts required by law to be deducted. This is also referred to as "disposable income."
- "**Pay Period**" means the frequency at which the employee/obligor receives income or benefits, for example weekly, bi-weekly, semi-monthly, and monthly.

Calculate disposable income:

1. Gross earnings per pay period. 1. \$ _____
2. Amounts deducted as required by law:

a. Federal income tax	a. \$ _____
b. Social Security tax	b. \$ _____
c. Medicare tax	c. \$ _____
d. State income tax	d. \$ _____
e. City/local income tax	e. \$ _____
f. Involuntary retirement or pension plan payments	f. \$ _____
3. Add lines 2a through f. These are the total deductions required by law. 3. \$ _____
4. Subtract line 3 from line 1. **This is the employee's/obligor's disposable income.** 4. \$ _____

Step 2 – Maximum Withholding Limitation Determination

[Consumer Credit Protection Act (CCPA) Limitations on Withholdings for Support 15 U.S.C. 1673 (b)]

In determining the maximum withholding limitation when there are multiple NOTICES for this employee/obligor, consider all NOTICES as a whole and not separately when answering the following questions. For example, if there are two NOTICES, one indicates that the employee/obligor owes arrears greater than 12 weeks, the other NOTICE has no arrears, you would answer "Yes" to the question that asks if the employee/obligor owes arrears greater than 12 weeks and the percentage you enter on line 8 would apply to both NOTICES.

5. Does the employee/obligor support another spouse or child other than those identified on Page 3 of the NOTICE?
 - ☐ Yes, proceed to question 6.
 - ☐ No, skip question 6 and proceed to question 7.
6. Does the employee/obligor owe arrears greater than 12 weeks as indicated on Page 2 of the NOTICE?
 - ☐ Yes, the maximum withholding is 55%; skip question 7 and enter this percentage on line 8.
 - ☐ No, the maximum withholding is 50%; skip question 7 and enter this percentage on line 8.
7. Does the employee/obligor owe arrears greater than 12 weeks as indicated on Page 2 of the NOTICE?
 - ☐ Yes, the maximum withholding is 65%; enter this percentage on line 8.
 - ☐ No, the maximum withholding is 60%; enter this percentage on line 8.
8. Enter the **CCPA maximum withholding limitations percentage** for this employee/obligor and proceed to line 9. 8. _____%

Step 3 - Calculation of Income Withholding Amount(s)

This worksheet may be used for single or multiple NOTICES received for an employee/obligor.

9. Enter the employee's/obligor's disposable income amount from line 4. 9. \$ _____
10. Enter the CCPA maximum withholding limitations percentage from line 8. 10. _____ %
11. Multiply the amount entered on line 9 by the percentage entered on line 10. This is the maximum amount that can be withheld from the employee's/obligor's check for all NOTICES received.* 11. \$ _____
12. Enter the total amount to withhold for the same frequency as the employee's/obligor's pay frequency for each of the NOTICES received for the employee/obligor. The total amount to be withheld may be found on page 1, Section 2, of the NOTICE.
- a. NOTICE one a. _____
- b. NOTICE two b. _____
- c. NOTICE three c. _____
- d. **TOTAL** d. _____
13. Carry down the **TOTAL** from line 12d here \$ _____. Does this amount exceed the maximum amount on line 11?
- ☐ Yes. Continue to line 14.
- ☐ No. The total amounts to be withheld will be the amounts entered on lines 12a through c, and totaled on line 12d. Proceed to Step 4, Calculation of Health Insurance Premium Withholding.
14. Proration of support withholdings. **NOTICE one NOTICE two NOTICE three**
- a. Enter the amount to withhold from line 12a through c for each NOTICE. a. \$ _____ \$ _____ \$ _____
- b. Enter the **TOTAL** to be withheld from line 12d. b. \$ _____
- c. Divide the amount(s) entered on line 14a by 14b for each NOTICE. Enter as a percentage (00.00%). Note: A single NOTICE will result in 100%. c. _____ % _____ % _____ %
- d. Multiply the amount entered on line 11 by the percentages on line 14c for each NOTICE. This is the pro rata share of the amount to be withheld. d. \$ _____ \$ _____ \$ _____
- e. Add each line amount in line 14d for the pro rata **TOTAL** amount to be withheld for all NOTICES. This amount cannot exceed the amount on line 11. No further calculation is necessary. e. \$ _____

Please submit payment for the appropriate amount calculated above. If proration was necessary, you must identify the prorated amount to be withheld for each NOTICE received with your payment.

Step 4 - Calculation of Health Insurance Premium Withholding

15. Are you required to withhold a health insurance premium amount based on a National Medical Support Notice received for this employee/obligor or otherwise?
- ☐ Yes. Proceed to line 16.
- ☐ No. **Stop.** No further calculations are necessary in Step 4. Do not complete lines 16 through 20.
16. Enter the maximum amount that can be withheld from the employee's/obligor's check for one pay period from line 11.* 16. \$ _____
17. Enter the amount, if any, being withheld, for all NOTICES from line 12d for one pay period.* 17. \$ _____
18. Subtract the amount entered on line 17 from line 16. **If zero or less, stop here.** No health insurance premium may be deducted. If greater than zero, proceed to line 19. 18. \$ _____
19. Enter the amount to be withheld for the health insurance premium for one pay period. 19. \$ _____
20. Does line 19 exceed line 18?
- ☐ Yes. **DO NOT** withhold the health insurance premium. Since the combined amount for child support and the health insurance premium exceeds CCPA limitations, withholding for health insurance premiums based on the National Medical Support Notice is not permitted at this time. Check Box 4 of Part A, Employer Response (page 2 of 5), of the National Medical Support Notice and return the Notice. Withhold the appropriate **TOTAL** amount on line 12d above.
- ☐ No. Withhold the health insurance premium amount entered on line 19 above for each pay period and provide the required health insurance based on the National Medical Support Notice. Complete Part B, Plan Administrator Response (page 2 of 4), of the National Medical Support Notice and return the Notice. The full amount to be withheld for all NOTICES will be the amount carried forward and totaled on line 12d, plus health insurance premiums calculated on line 19.

***IMPORTANT NOTE:** Upon any future change in income paid to the employee/obligor, you must recalculate the limitations on withholding for each NOTICE received, including the calculation for health insurance premiums where appropriate.

**REQUEST FOR REVIEW OF THE ADDITIONAL AMOUNT ON THE
INCOME WITHHOLDING FOR SUPPORT**

BEFORE COMPLETING THIS FORM - Please read the other side of this form for information regarding a review and further instructions.

I cannot afford to pay the additional amount of support indicated on the **Income Withholding for Support** due to the following reason(s):

Check all that apply:

Custody and Financial Need

- ☐ I have physical custody of the minor child(ren) who is/are subjects of the support order, a current support obligation no longer exists for the child(ren), and the income withholding affects my ability to support my minor child(ren) as supported by the following enclosed proof of physical custody:
- ☐ copy of the court order showing that the minor child(ren) live(s) with me; or
- ☐ school or other governmental records indicating the child(ren)'s residence; or
- ☐ other (identify) _____;
- AND**, proof of terminated current support:
- ☐ copy of the court order showing that the current support order is terminated;
- AND**, proof of income:
- ☐ copy of my most recently filed State and Federal tax return and W-2 statement; and
- ☐ copy of my current paycheck stub, or a signed letter from my employer, stating my current income; and/or
- ☐ proof of any benefits received (i.e., Social Security, Unemployment Insurance Benefits); and/or
- ☐ other (identify) _____;
- AND**,
- ☐ Statement of Income and Expenses form.

Annual Income Below the Self-Support Reserve (SSR)

- ☐ The additional amount required to be deducted will reduce my disposable income below the self-support reserve amount of \$14,620 for 2009, as supported by the following enclosed proof of income:
- ☐ copy of my most recently filed State and Federal tax return and W-2 statement; and
- ☐ copy of my current paycheck stub, or a signed letter from my employer, stating my current income; and/or
- ☐ proof of any benefits received (i.e., Social Security, Unemployment Insurance Benefits); and/or
- ☐ other (identify) _____.

Completed and Submitted By:

Name _____

Dated: _____

Address _____

Social Security Number _____

Daytime Telephone Number _____

New York Case Identifier and county listed on the Income Withholding for Support for each of your cases:

ID _____	County _____	ID _____	County _____
ID _____	County _____	ID _____	County _____
ID _____	County _____	ID _____	County _____

Copies of this form and all documentary proof must be sent to each county that you request a review of the additional amount that was issued by that county.

**Process and Instructions for
Request for Review of the Additional Amount on the
Income Withholding for Support**

Before completing the form on the other side, please read the following:

You may ask for a review of the additional amount to be withheld as stated on the "Income Withholding for Support" (NOTICE) for the following reasons:

- You have physical custody of the minor child(ren) who is/are the subject(s) of the support order, a current support obligation no longer exists, and the income withholding affects your ability to support the minor child(ren); or
- The additional amount required to be deducted will reduce your disposable income below the self-support reserve amount of \$14,620 for 2009.

To request a review, you must complete this form by:

- placing a checkmark (✓) in the appropriate boxes on this form identifying your request and identifying the required documentary proof included to support your request;
- providing your personal information, all of your New York Case identifiers (account numbers) and counties listed on the NOTICE that you received; and
- submitting this completed form and documentary proof to the address provided in the cover letter that was sent with this form.

You must provide the identified documentary proof to support your request. If you wish to provide relevant supporting documentation that is not listed on the form, you may check the box labeled "other" where applicable and provide a description of the documentation included. If you do not file state and/or federal tax returns you must send a letter indicating the law that states you do not have to file the tax return(s).

After completion, you must submit this form, the enclosed Statement of Income and Expenses form (if custody is the basis of your request), and required documents to the address provided in the cover letter that was sent with this form. Upon receipt, we will review the documentation and provide you with a written decision stating whether or not we agree with you.

In addition, if we agree with your request, wholly or in part, we will adjust your account and send an amended NOTICE to your employer and send a copy of the NOTICE to you. Our decision will be based solely upon consideration of relevant court orders and findings, the Support Collection Unit records and any written documentation submitted by you. Our written decision will be the final determination.

Statement of Income and Expenses

(To be completed if custody is the basis of your request)

General Information

Name _____ Date _____
 Address _____ Daytime Telephone Number _____
 Social Security Number _____
 New York Case Identifier(s) and county for all support cases involving the children that are now in your custody:
 ID _____ County _____ ID _____ County _____
 ID _____ County _____ ID _____ County _____
 Copies of this form must be sent to each county that you request a review of the additional amount.

Income Information

Annual gross income \$ _____
 Married ☐ Yes ☐ No
 If yes, please list your spouse's annual gross income \$ _____

Family Expense Information

For any expenses that are paid each week, multiply by 4.3 to obtain a monthly payment. Expenses included under "Other" should be listed separately with separate dollar amounts. Attach additional sheets, if needed. When available, please provide documentary proof of your expenses, for example: a cancelled rent or mortgage check, a utility bill, or receipts.

Please list expenses on a monthly basis:

- | | |
|--|--------------------|
| 1. Housing: rent, mortgage, real estate taxes, association fees, condominium charges, cooperative apartment maintenance | 1. Total \$ _____ |
| 2. Utilities: fuel oil, gas, electricity, telephone, water | 2. Total \$ _____ |
| 3. Food: groceries, school lunches | 3. Total \$ _____ |
| 4. Child support payments, alimony and maintenance payments | 4. Total \$ _____ |
| 5. Clothing | 5. Total \$ _____ |
| 6. Laundry: Laundromat, dry cleaning | 6. Total \$ _____ |
| 7. Insurance: life, homeowner's/tenant's, fire, theft and liability, automotive, umbrella policy, medical plan, dental plan, optical plan, prescription drug plan, disability | 7. Total \$ _____ |
| 8. Unreimbursed health expenses: medical, dental, optical, prescription | 8. Total \$ _____ |
| 9. Automotive: lease or loan payments, gas and oil, parking and tolls
Year: _____ Make: _____ Personal: _____ Business: _____
Year: _____ Make: _____ Personal: _____ Business: _____
Year: _____ Make: _____ Personal: _____ Business: _____ | 9. Total \$ _____ |
| 10. Income taxes: Federal, State, City, Social Security and Medicare | 10. Total \$ _____ |
| 11. Miscellaneous: union and organization dues, loan payments, unreimbursed business expenses | 11. Total \$ _____ |
| 12. Other: please list
1. _____ \$ _____
2. _____ \$ _____
3. _____ \$ _____
4. _____ \$ _____ | 12. Total \$ _____ |

TOTAL EXPENSES: \$ _____

Alternate Additional Amount Calculation for Custody Issues
Instructions and Worksheets 18 NYCRR 347.9(e)

General Instructions

Review the documentary proof and determine if the NCP has a valid request. Review the court order to determine if the NCP has custody of the children for whom the NCP is obligated to support. Review ASSETS or CSMS to determine that the NCP has no current obligation amount for such children. Review the "Statement of Income and Expenses" form to determine if the additional amount affects the NCP's ability to support his or her children.

In reviewing the "Statement of Income and Expenses" you do not have to accept, without question, the information the NCP provided. For example, if the family court imputed income to the NCP in establishing the amount of support, you should use the income determined by the court, which may be found in the findings of fact, not the income shown on the tax return, W-2, or other document. Similarly, expenses listed which are unnecessary, discretionary, or excessive should not be considered in determining the impact of the additional amount on the noncustodial parent's ability to support his or her children.

Annual number of payments based on the obligation frequency are as follows:

- ♦ weekly equals 52 annual payments, ♦ semi-monthly equals 24 annual payments, and
- ♦ bi-weekly equals 26 annual payments, ♦ monthly equals 12 annual payments

Use the forms and documentary proof to complete worksheet 1 to determine the alternate additional amount.

Custody Issues Worksheet

- | | |
|---|----------|
| 1. Enter NCP's annual gross earnings or annual court imputed income. | 1. _____ |
| 2. Enter NCP's Total Expenses from the "Statement of Income and Expenses" form. | 2. _____ |
| 3. Multiply line 2 by 12 to get the annual expenses. | 3. _____ |
| 4. Subtract line 3 from line 1. | 4. _____ |
| 5. Enter the NCP's obligation frequency. | 5. _____ |
| 6. Enter the annual number of payments based on the obligation frequency. | 6. _____ |
| 7. Divide line 4 by the number on line 6. | 7. _____ |
| 8. Round the number on line 7 down. This is the Alternate Additional Amount. | 8. _____ |

Alternate Additional Amount Calculation for Self-Support Reserve Issues

Instructions and Worksheets 18 NYCRR 347.9(e)

General Instructions

Review the documentary proof submitted by the NCP. If family court imputed income to the NCP in establishing the amount of support, the SCU should use the income determined by the court, which may be found in the findings of fact, not the income shown on the tax return, W-2, or other document.

The current obligation amount and additional amount can be found on the CSMS or the ASSETS fiscal page for the noncustodial parent. If the NCP has multiple orders the annual income of the noncustodial parent is subtracted by the total of all current obligations and additional amounts when considering the request for review. If the NCP has multiple cases in multiple counties, the obligation amount and additional amount for a county other than your own can be viewed on ASSETS by entering the case ID and county provided by the NCP and then reviewing the Account tab in the Account mode. Do not calculate Consumer Credit Protection Act (CCPA) limitations on withholdings for support.

The additional amount **must** be reduced if the additional amount calculated pursuant to the regulation will reduce the NCP's annual income below the self-support reserve amount for the current year.

Gross Earnings means compensation paid or payable for personal services, such as wages, salary, commission, or bonus, and includes periodic payments pursuant to a pension or retirement program, prior to any taxes or deductions being taken.

Annual number of payments based on the pay period frequency and obligation frequency are as follows:

- ◆ weekly equals 52 annual pay periods, ◆ semi-monthly equals 24 annual pay periods, and
- ◆ bi-weekly equals 26 annual pay periods, ◆ monthly equals 12 annual pay periods

Use the forms and documentary proof to complete worksheet 2 to determine the alternate additional amount.

Step 1 - Disposable Earnings Calculation

1. Enter NCP's gross earnings per pay period or court imputed income for the same pay period. 1. _____
2. Amounts deducted as required by law:

a. Federal income tax	\$	
b. Social Security tax	\$	
c. Medicare tax	\$	
d. State income tax	\$	
e. City/local income tax	\$	
f. Involuntary retirement or pension plan payments	\$	

Add lines 2 a-f. These are the total deductions required by law. 2. _____
3. Subtract line 2 from line 1. 3. _____
4. Number of annual pay periods. 4. _____
5. Multiply line 3 by the number on line 4.
This is the NCP's annual **disposable earnings**. 5. _____

Next, go to Step 2, Proration of the Obligation Amount

Step 2 – Proration of the Obligation Amount

6. Enter the NCP's annual disposable income from line 5 above.	6. _____								
7. Enter the annual number of payments based on the obligation frequency.	7. _____								
8. Proration of multiple accounts.									
	<table border="0" style="width: 100%;"> <tr> <td style="width: 30%;"></td> <td style="width: 20%; text-align: center;">Account one</td> <td style="width: 20%; text-align: center;">Account two</td> <td style="width: 30%; text-align: center;">Account three</td> </tr> <tr> <td style="text-align: center;">County</td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> </table>		Account one	Account two	Account three	County			
	Account one	Account two	Account three						
County									
a. Enter the obligation amount from each of the account numbers the NCP provided.	a. \$ _____ \$ _____ \$ _____								
b. Enter the additional amount from each of the account numbers the NCP provided.	b. \$ _____ \$ _____ \$ _____								
c. Total each column.	c. \$ _____ \$ _____ \$ _____								
d. Enter the TOTAL of all obligation and additional amounts from 8c.	d. \$ _____								
e. Divide the amount(s) entered on line 8c by 8d for each account. Enter as a percentage (0.00%). Note: A single NOTICE will result in 100%.	e. _____% _____% _____%								
9. Enter the total of the court ordered obligation amount(s) from line 8a.	9. _____								
10. Multiply line 9 by the number on line 7.	10. _____								
11. Subtract line 10 from line 6.	11. _____								
12. Multiply line 8d by the number on line 7.	12. _____								
13. Subtract line 12 from line 6.	13. _____								

Step 3 – Calculation of the Alternate Additional Amount

14. Enter the current self-support reserve amount.	14. _____								
15. Is the amount on line 13 greater than the amount on line 14?									
☐ Yes. The Additional Amount is correct. No Change. Stop.									
☐ No. Go to line 16.									
16. Is line 14 greater than line 11?									
☐ Yes. The obligation amount is bringing the NCP's income below the SSR. The Alternate Additional Amount should be \$0.00. Stop.									
☐ No. Go to line 17.									
17. Subtract line 14 from Line 11.	17. _____								
18. Divide line 17 by the number on line 7.	18. _____								
19. Round the number on line 18 down. This is the Total Alternate Additional Amount that can be withheld. If there are multiple accounts continue to line 20 to prorate the alternate additional amount.	19. _____								
20. Multiply the total alternate additional amount on line 19 by each percentage on line 8e above. Round the prorated alternate additional amount down.									
	<table border="0" style="width: 100%;"> <tr> <td style="width: 30%;"></td> <td style="width: 20%; text-align: center;">Account one</td> <td style="width: 20%; text-align: center;">Account two</td> <td style="width: 30%; text-align: center;">Account three</td> </tr> <tr> <td style="text-align: center;">County</td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> </table>		Account one	Account two	Account three	County			
	Account one	Account two	Account three						
County									
Note: Set the Alternate additional amount from line 20 only on accounts in your county.									

[SCU letterhead]

TO:

Date: _____

New York Case Identifier: _____

**SUPPORT COLLECTION UNIT DETERMINATION OF YOUR
REQUEST FOR REVIEW OF THE ADDITIONAL AMOUNT ON THE
INCOME WITHHOLDING FOR SUPPORT**

Dear _____:

The review of your request to reduce the additional amount on the "Income Withholding for Support" (NOTICE) for the New York State Case Identifier above has been completed. Based on our review of the case and supporting documentation provided:

- ☐ Your request has been **granted**. Your case will be reviewed and adjusted as appropriate.
- ☐ An amended NOTICE will be sent to your employer/income withholder reflecting the adjusted amount that your employer must begin withholding. A copy of the amended NOTICE will be sent to you.
- ☐ A terminated NOTICE will be sent to your employer/income withholder advising that the amount being withheld by your employer must stop.

Please note that if your financial circumstances change, you must immediately contact the Support Collection Unit through the **NYS Child Support Helpline** toll free at **888-208-4485**, TTY 866-875-9975, Video Relay Service (http://www.fcc.gov/cgb/dro/trs_providers.html), Monday through Friday from 8:00 AM to 7:00 PM.

- ☐ Your request has been **denied**.
- ☐ Insufficient documentation was provided to us to determine the validity of your request.
- ☐ You did not demonstrate that the additional amount required to be deducted will reduce your annual income below the self-support reserve amount.
- ☐ You did not demonstrate: ☐ that you have physical custody of the minor child(ren) who is/are the subject(s) of the support order; ☐ that a current support obligation no longer exists for the minor child(ren); and/or ☐ that the income withholding effects your ability to support the minor child(ren).

If you do not believe that our final decision is correct, you may seek review of this decision by bringing a legal proceeding authorized by Article 78 of the Civil Practice Law and Rules within four months of the date of this notice. You should see an attorney about how to bring an Article 78 proceeding. If you have no attorney or cannot afford to hire one, you should call your local legal services organization for help.

Supervisor,
Support Collection Unit

_____ County Support Collection Unit

Date: _____

**IMMEDIATE ACTION
REQUIRED**

**PLEASE CAREFULLY READ
THIS DOCUMENT**

New York Case Identifier: _____

Employer No: _____

Employee/Obligor Name: _____

Employee/Obligor SSN: _____

County Name: _____

Support Withholding Non-Compliance Notice

Our records indicate that the individual noted above is employed by you, or receiving payments or benefits from you. An "Income Withholding for Support" (NOTICE) was mailed to you, and no payments have been received in at least the past 45 days. You are required to submit payments within 7 business days of the individual being paid. You must notify us if the individual is no longer employed by you, or receiving payments or benefits from you.

Immediate Action Required

Please review your records and forward payments to: **NYS Child Support Processing Center, PO Box 15363, Albany, NY 12212-5363.**

If the employee/obligor is no longer working for you, or is not receiving benefits, IMMEDIATELY notify the NYS Child Support Processing Center by completing the information as directed in #11 (Notification of Termination of Employment/Income) on page 3 of the NOTICE and mail it to the address below.

If you no longer have the NOTICE fill in the information below and mail this notice to **NYS Child Support Processing Center, PO Box 15368, Albany, NY 12212-5368.**

☐ This person has never worked for this employer or never received income from this income withholder.

☐ This person no longer works for this employer or receives income from this income withholder

Employer's/ Income withholder's contact name: _____ Phone number: _____

Employee's/Obligor's name: _____ NY case ID: _____

Date of termination: _____ Reason for termination: _____

Employee's/Obligor's last known address: _____

New employer's/income withholder's name and address: _____

Penalty for Failure to Comply

Your failure to withhold or remit the support as directed in the NOTICE may cause us to bring legal action in family court against you. Family court can direct the payment of a civil penalty to the creditor not to exceed \$500 for the first instance and \$1,000 per instance for the second and subsequent instances of noncompliance. You would also be responsible for full payment of all payments that should have been withheld and remitted as directed in the NOTICE.

If you have any questions about this notice, please contact the **NYS Child Support Employer Helpline toll-free at 888-208-4485** Monday through Friday from 8:00 AM to 5:00 PM.

CHILD SUPPORT ENFORCEMENT TRANSMITTAL #2 - SUBSEQUENT ACTIONS

Petitioner IV-D Case ☐ TANF
☐ IV-E FOSTER CARE
☐ MEDICAID ONLY
Respondent ☐ FORMER ASSISTANCE
Non-IV-D Case ☐ NEVER ASSISTANCE
☐

File Stamp

To: (Agency Name and Address)

Responding FIPS Code _____ State _____

Responding IV-D Case No. _____

Responding Tribunal No. _____

From: (Contact Person, Agency, Address, Phone, Fax, E-mail)

Initiating FIPS Code _____ State **NY**

Initiating IV-D Case No. _____

Initiating Tribunal No. _____

Send Payments To:

Payment FIPS Code _____ State **NY**

Bank Account _____ Routing Code _____

State with Continuing Exclusive Jurisdiction (CEJ) _____

Action

- | | |
|---|---|
| 1. ☐ Status Request | 7. ☐ Notice of Arrearage Reconciliation/Determination of Sum-Certain |
| 2. ☐ Status Update | 8. ☐ Change of Payee/Redirection of Payment |
| 3. ☐ Notice of Hearing | 9. ☐ Other |
| 4. ☐ Notice of Case Forwarding | |
| 5. ☐ Document Filed | |
| 6. ☐ Order Issued/Confirmed | |

☐ Please Return the Acknowledgment Attached (2 of 2)**II. Additional Information**

Date _____

Initiating Contact Person (Print or Type) _____

Telephone Number & Extension _____

FAX _____

E-mail _____

CHILD SUPPORT ENFORCEMENT TRANSMITTAL #2 - SUBSEQUENT ACTIONS

Petitioner IV-D Case ☐ TANF
☐ IV-E FOSTER CARE
☐ MEDICAID ONLY
Respondent Non-IV-D Case ☐ FORMER ASSISTANCE
☐ NEVER ASSISTANCE
☐

File Stamp

To: (Contact Person, Agency, Address, Phone, Fax, E-mail)

Responding FIPS Code _____ State ____

Responding IV-D Case No _____

Responding Tribunal No _____

From: (Agency Name and Address)

Initiating FIPS Code _____ State **NY**

Initiating IV-D Case No. _____

Initiating Tribunal No _____

Send Payments To:

Payment FIPS Code _____ State **NY**

Bank Account _____ Routing Code _____

State with Continuing Exclusive Jurisdiction (CEJ) ____

ACKNOWLEDGMENTS

Return This Form to Initiating State

- ☐ Request Received and No Additional Information is Necessary
☐ Additional Information Needed (See Remarks)
☐ Remarks/Response

☐ Your Case has been Forwarded for Action to:

Name of Worker _____

Agency Name _____

Address, FIPS Code _____

Phone & Extension & Fax _____

Date _____

Person Completing Form (Print or Type) _____

Telephone Number & Extension _____

FAX _____

E-mail _____

F.C.A. §§ 440, 453

C.P.L.R. § 5241

(04/08)
(Petition – Employer
Violation - Income
Execution for Support
Enforcement)

FAMILY COURT OF THE STATE OF NEW YORK
COUNTY OF

In the Matter of a Proceeding for Support
under Article 4, 5, 5-A, and 5-B of the Family Court Act
and Article 52 of the Civil Practice Law and Rules

Family File No.
Docket No.
New York Case ID
WMS Case ID

Commissioner of Social Services, Petitioner

– against –

**PETITION FOR
EMPLOYER VIOLATION OF INCOME
EXECUTION FOR SUPPORT
ENFORCEMENT**

for _____, as Employer/Income Payor
S.S. # _____, Employee/Obligor

.....
TO THE FAMILY COURT:

The undersigned Petitioner respectfully shows that:

1. The Petitioner is the Commissioner of Social Services, whose official address is:

_____, _____,
_____, in the County of _____, State of New York, and is authorized to originate this proceeding
pursuant to Section 453 of the Family Court Act.

2. The employee/obligor is _____, and has an employer/income payor
as defined in Civil Practice Law and Rules, Section 5241(a), whose name and address is

_____, _____, _____.

3. By order of the _____ Court, dated _____, Docket number _____, the employee/obligor was directed to pay the sum of _____ ☐ weekly ☐ every two weeks ☐ twice per month ☐ monthly ☐ quarterly ☐ semi-annually ☐ annually through the Support Collection Unit.

4. The order further directed, pursuant to Section 440 of the Family Court Act, that the Support Collection Unit enforce the order by income execution pursuant to Section 5241 of the Civil Practice Law and Rules.

5. On or about _____, the Support Collection Unit issued an income execution by first class mail to the employer/income payor at the address provided above, directing such employer/income payor to deduct and remit support in the total amount of _____ per _____ including ☐ per _____ for court ordered obligations [and] ☐ per _____ for the additional amount to pay arrears/past due support. The income execution further directed the employer/income payor to deduct such amounts no later than the first pay period which occurs fourteen (14) days after service of the income execution, and begin remittance of payments within seven (7) business days of the date of each deduction, and thereafter, under New York Case ID _____, to the NYS Child Support Processing Center, PO Box 15363, Albany, NY 12212-5363.

6. Upon information and belief, the employer/income payor has failed to obey the income execution in that as of _____, the employer/income payor has failed to deduct and remit support in the amount of _____ per _____. The employer was sent a follow up notice of its obligation to comply with the income execution on _____.

☐ This is said employer's/income payor's first instance of noncompliance. ☐ This employer/income payor has failed to comply with income executions previously sent by the Petitioner.

7. No previous application has been made to any court or judge for the relief requested herein.

8. YOU ARE HEREBY GIVEN NOTICE that the Petitioner may amend this Petition to include any additional withholding which has not been deducted and remitted from the commencement of this proceeding up to the date of the hearing or disposition.

WHEREFORE, Petitioner prays that an order of compliance be entered herein granting Petitioner relief as set forth in Section 5241 of the Civil Practice Law and Rules including payment and remittance in the total amount that should have been deducted and remitted to the NYS Child Support Processing Center, PO Box 15363, Albany, NY 12212-5363, under New York Case ID _____; and

Petitioner prays that the Court find the employer/income payor liable for a civil penalty not to exceed five hundred dollars for the first instance and one thousand dollars for each subsequent instance of employer/income payor noncompliance together with such other or further relief as the Court may deem just and proper.

 Commissioner of Social Services
 (or Designee for Commissioner), Petitioner
 Signature

Dated: _____, _____

 Print or type name

Service of all pleadings and legal papers upon Petitioner in response to this petition should be directed to:

Office of the IV-D Attorney

 Attorney, if any (Print or type name)

 Attorney's Address.