Instructions for completing the Notice to Withhold Income for Child Support Form

Parents who have a Child Custody Order from an Illinois Court.

1. **Before you begin:**
   You need to have a copy of your most recent Child Custody Order. You will need to use the same information as you find at the top of that order. The information you will need is listed at the top half of the page on the first page of the order. You will need to copy the same judicial circuit, county, case number, and parent's names as they appear on your Child Custody Order.

2. **Beginning at the top of the Notice to Withhold Income For Child Support Form, fill out the following:**

County of: This should be the name of the county in which the Child Custody Order was issued.

Case number: Using your most recent Child Custody Order, use the same case number as it appears on that order.

Date Support Order Entered: Enter date judge signed the child support order

Check one of the following:

- **Original Notice**: Check this if this is the first notice you have sent to the person who will be paying child support.
- **Amended Notice**: Check this if you are changing the existing child support notice.
- **Terminate Notice**: Check this if the child support order has been terminated by the court.

Employer/Withholder's Fed. EIN No.: Enter the Federal Employer Identification Number (FEIN) of the employer of the person paying support in this section. To get this number, you may have to contact the employer. If you are not able to get the number, continue to complete the form.

Employer/Withholder's Name: Enter the full name of the employer.

Employer/Withholder's Address: Enter the full address of the employer.

And Any Subsequent Employer: Enter any other employers' names that this person may be working for.

Employee/Obligor's (Last, First, MI): Enter the name of the person who will pay/or is paying the support in this section. Be sure to enter last name, then first name, then middle initial.

Employee/Obligor's Soc. Sec. No.: Enter the social security number of the person who will pay, or is paying, the child support.

Employee Identification Number: Enter the employee ID number assigned to the employee by the employer, if the employer uses a numbering system. If an employee numbering system is not used, leave this line blank.

Custodial Parent's (Last, First, MI): Enter the name of the parent who is receiving the child support payments in this section. Be sure to enter last name, then first name, then middle initial.

Custodial Parent's Social Security #: Enter the social security number of the person receiving the child support payments.

Child(ren) Name(s): Enter the full names of all children receiving support in this section.

Date of birth: Enter the date of birth next to the child's name of all children who are receiving child support payments.

Social Security Number: Enter the social security number of each child on the same line as the child's name and birthdate.

If there are more children than the lines provided on the form, please indicate this by continuing to list additional children's names, birthdates and social security numbers at the bottom of the form.

3. ORDER INFORMATION:

Using the information from the top of your official Child Support Order, fill in the blanks in the Order Information section as described below.

You will need some background information about the child support order. Fill in this information according to the blank spaces:

- The judge who signed the most recent child support order
- The county that child support order is filed in
- The month, day and year that child support order was entered
- The month, day and year that the youngest child for which support is being paid turns 18 (the day that child support payments will end)

For the question on Health Insurance (top of the second page), check the box if any of the children are to be enrolled in the insurance program of the person who will pay/or is paying child support

You will need to enter the following information about money:

- The amount of support that should be sent, according to your Order
- The frequency of when support (weekly, biweekly, monthly) should be sent
- The amount of past due support – including the frequency it was supposed arrive at and the total amount missing. For example, if your Order is for $300 a month, and 2 months weren't paid, then you would write "$300 per month in past due support totaling $600."
    - Arrears means "past due." If the past due support is more than 12 weeks late, check the box saying "Arrears 12 weeks or greater."
- The amount of medical support and the frequency of the medical support according to your Order
- The amount and frequency of any other support that is required in your Order
- The total amount of support that you receive using all of the amounts that you filled in above. Enter the frequency (weekly, monthly, bi-weekly) that the total is paid.

The employer may not pay on the same schedule as your support Order asks. The employer might pay out biweekly, while the Order says monthly. These four blanks will calculate the amount that the employer will withhold if they are on a different schedule.

They will probably use a weekly (52 times a year), semimonthly (24 times a year), monthly (12 times a year), or biweekly (26 times a year) pay period.

You will need to get your yearly total first. So if your support order is:

- Monthly, multiply by 12
    - For example, $100 per month x 12 = $1,200
- Weekly, multiply by 52
    - For example, $20 per week x 52 = $1,040
- Semimonthly (every other month), multiply by 24
    - For example, $50 semimonthly x 24 = $1,200
- Biweekly (every other week), multiply by 26
    - For example, $50 biweekly x 26 = $1,300

With your yearly total, you can get each of the values for the blanks by dividing. One of them will be the same as your order. For the examples, the yearly total used will be $1,200.

- Monthly, divide the yearly total by 12
    - $1,200 / 12 = $100
- Weekly, divide the yearly total by 52
    - $1,200 / 52 = $23.07
- Semimonthly, divide the yearly total by 24
    - $1,200 / 24 = $50
- Biweekly, divide the yearly total by 26
    - $1,200 / 26 = $46.15

4. **REMITTANCE INFORMATION:**

- Enter the case number from your original Child Custody Order. This should be the same number as you entered in the Case Number field at the beginning of this form.
- Enter the name of the individual or agency receiving the child support payment. If you are receiving assistance for your children from the Illinois Department of Human Services, put the Illinois Department of Human Services here.
- Put the name and address of the Circuit Clerk where your original Child Custody Order is filed.

5. **ADDITIONAL INFORMATION TO EMPLOYERS AND OTHER WITHHOLDERS:**

Copy to Employee: : Check this 1st box so that the employee (the person paying the child support) will receive a copy of the completed form.
Employee's/Obligor's Name: Enter the name of the person paying child support.
Date of Separation/Termination of Employment: Do not fill this in. The employer will fill this out if the employee leaves his or her job.
Last Known Home Address: Do not fill this in. The employer will fill this out if the employee leaves his or her job.
New Employer's Name and Address: Do not fill this in. The employer will fill this out if the employee leaves his or her job.

Return Copy to: Enter the name and address of the person who is paying child support and should receive a copy of this form.

Name and address of person preparing this Notice: Put your name, address, and telephone number as the person who is preparing this Notice on the last page.

RESET FORM HIGHLIGHT FIELDS PRINT FORM

NOTICE TO WITHHOLD INCOME FOR CHILD SUPPORT

State of Illinois

County of :_____
Case Number:_____
Date Support
Order Entered:_____

☐ Original Notice
☐ Amended Notice
☐ Terminate Notice

_____
Employer/Withholder's Fed. EIN No.

_____
Employer/Withholder's Name

_____
Employer/Withholder's Address

_____
AND ANY SUBSEQUENT EMPLOYER

_____
Employee/Obligor's (Last, First, MI)

_____
Employee/Obligor's Soc. Sec. No.

_____
Employee Identification Number

_____
Custodial Parent's (Last, First, MI)

_____
Custodial Parent's Social Security #

Child(ren)'s name(s):	**date of birth:**	**Social Security Number:**
_____	_____	_____
_____	_____	_____
_____	_____	_____

ORDER INFORMATION: This is a Notice to Withhold Income for Child Support based upon an order for support entered by the Honorable _____, Circuit Court of _____ County, IL on _____, 20 ___. By law, you are required to deduct these amounts from the above-named employee or obligor's income until _____, 20___ even if the Notice is not issued by your State.

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

$_____ per _____ in current support

$_____ per _____ in past due support totaling $_____

Arrears 12 weeks or greater? (☐) yes (☐) no

$_____ per _____ in medical support

$_____ per _____ in _____

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

You do not have to vary your pay cycle to be in compliance with the support order. If your pay cycle does not match the ordered support payment cycle, use the following to determine how much to withhold:

$_____ per weekly pay period. $_____ per semimonthly pay period (twice a month).

$_____ per monthly pay period. $_____ per biweekly pay period (every two weeks).

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

You must begin withholding no later than the first pay period occurring 14 working days after the date of this Notice. Send payment within 7 working days of the paydate/date of withholding. You are entitled to deduct a fee of your actual cost not to exceed $5 monthly to defray the cost of withholding. The total withheld amount, including your fee, cannot exceed FCCPA % of the employee/obligor's aggregate disposable weekly earnings. For the purpose of the limitation on withholding, the following information is needed (see #9 below):

When remitting payment, provide the paydate that you withheld support and the case number: _____.

Make it payable to :_____

Send check to :_____

ADDITIONAL INFORMATION TO EMPLOYERS AND OTHER WITHHOLDERS

(☐) If checked, you are required to provide a copy of this form to your employee.

1. **Priority:**
Withholding under this Notice has priority over any other legal process under State law against the same income. Federal tax levies in effect before receipt of this order have priority. If there are Federal tax levies in effect, please contact the requesting person/agency listed below.

2. **Combining Payments:**
You can combine withheld amounts from more than one employee/obligor's income in a single payment to each agency requesting withholding. You must, however, separately identify the portion of the single payment that is attributable to each employee/obligator.

3. **Reporting the Paydate/Date of Withholding:**
You must report the paydate/date of withholding when sending the payment. The paydate/date of withholding is the date on which the employee is paid and controls the income, i.e., the date the income check or cash is given to the employee, or the date on which the income is deposited directly in his/her account.

4. **Employee/Obligor with Multiple Support Withholdings:**
If you receive more than one Notice against this employee/obligor and you are unable to honor them all in full because together they exceed the withholding limit of the State of the employee's principal place of employment (see #9 below), you must allocate the withholding based on the law of the State of the employee's principal place of employment. If you are unsure of that State's allocation law, you must honor all Notices' current support withholdings before you withhold for any arrearages, to the greatest extent possible under the withholding limit. You should immediately contact the last agency that sent you a notice to find the allocation law of the state of the employee's principal place of employment.

5. **Termination Notification:**
You must promptly notify the payee when the employee/obligor is no longer working for you. Please provide the information requested on the following page and return a copy of this order/notice to the person/agency.

Information Requested:

EMPLOYEE'S/OBLIGOR'S NAME:_____

DATE OF SEPARATION/TERMINATION OF EMPLOYMENT:_____

LAST KNOWN HOME ADDRESS:

_____
_____

NEW EMPLOYER'S NAME AND ADDRESS:

_____
_____

Return Copy to: _____
_____
_____
_____

6. **Lump Sum Payments:** You may be required to report and withhold from lump sum payments such as bonuses, commissions, or severance pay. If you have any questions about lump sum payments, contact the person or authority below.

7. **Liability:** If you fail to withhold income as the Notice directs, you are liable for both the accumulated amount you should have withheld from the employee/obligor's income and any other penalties set by State law. You may be found liable for the total amount which you fail to withhold or pay over and fines up to $100.00 per day for each day after the grace period. In Illinois, subsection (G) of 305 ILCS 5/10 - 16.2, 750 ILCS 5/706.1, 750 ILCS 15/4.1 or 750 ILCS 45/20.

8. **Anti-discrimination:** You are subject to a fine determined under State law for discharging an employee/obligor ffrom employment, refusing to employ, or taking disciplinary action against any employee/obligor because of a child support withholding.

9. **Withholding Limits:** You may not withhold more than the lesser of; 1) the amounts allowed by the Federal Consumer Credit Protection Act (15 U.S.C.§1673 (b)); or 2) the amounts allowed by the State of the

employee/obligor's principal place of employment. The federal limit applies to the aggregate disposable weekly earnings (ADWE). ADWE is the net income left after making mandatory deductions such as : State, Federal, local taxes; Social Security taxes; and Medicare taxes. The Federal CCPA limit is 50% of the ADWE for child support and alimony, which is increased by : 1) 10% if the employee does not support second family; and/or 2) 5% if arrears are more than 12 weeks old (see page 1).

10. **The obligor's rights, remedies and duties**: see Illinois Statutes 305 ILCS 5/10-16.2, 750 ILCS 5/706.1, 750 ILCS 15/4.1 and 750 ILCS 45/20.

Name and address of person preparing this Notice:

Attorney Name: _____
Representing: _____
Address: _____
City, State: _____ IL _____
Phone:_____
Email: _____

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