



**SHARLA KNOX**  
CIRCUIT CLERK – JUVENILE DIVISION  
CIRCUIT COURT OF MOBILE COUNTY, ALABAMA  
THIRTEENTH JUDICIAL CIRCUIT  
STRICKLAND YOUTH CENTER  
2315 COSTARIDES ST.  
MOBILE, AL 36617  
Haleigh New, Supervisor

## **PROCEDURE FOR TERMINATING INCOME WITHHOLDING ORDER**

Please find attached an Information Sheet, an Affidavit for Termination of Income Withholding Order for Support, and an Income Withholding Order.

You should review the Affidavit to see that you meet **all the requirements** before you complete the Affidavit. *This court requires a copy of the child's birth certificate.* The Attached order is the actual order that will be presented to the Judge for signature and will be made a part of your court record. For this reason, it is important that you **PRINT LEGIBLY.**

Read the forms carefully and fill in all the blanks on the Affidavit for Termination and the Information Sheet (**you must supply an address on the party receiving the child support**). On the Income Withholding Order **ONLY** complete the information in the section titled *II. Employer and Case Information*, except for the employer's FEIN number.

The Affidavit to Terminate can be filed as a Joint Affidavit if the person receiving the child support is in agreement. If the Affidavit is Joint, both parties are required to sign the Affidavit and both signatures **MUST** be notarized. When the parties are in agreement, the Order to Terminate the Income Withholding can be presented to the Judge right away. **Otherwise, the court will allow the time required (20 days after service) for the other party to request a court hearing.** If no objection or request for hearing is filed during that time, the Order to Terminate will be presented to the Judge.

The fee to process this Termination of Income Withholding Order is \$28.00. Payment can be made in cash, or by cashier's check or money order made payable to Circuit Court. The Clerk's office cannot accept personal checks, credit, or debit cards.

If you have any questions, please contact the Clerk's office at (251)574-1451.

**INFORMATION SHEET**

The information you provide on this form will be used to update your court records. Please print legibly.

DATE: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

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Plaintiff: \_\_\_\_\_ Attorney: \_\_\_\_\_  
(OBLIGOR/OBLIGEE)

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Social Security No. \_\_\_\_\_

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Defendant: \_\_\_\_\_ Attorney: \_\_\_\_\_  
(OBLIGOR/OBLIGEE)

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Social Security No. \_\_\_\_\_

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Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PAY CYCLE:

Weekly      Biweekly      Monthly      Semimonthly      Other: \_\_\_\_\_

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Your Signature: \_\_\_\_\_

IN THE \_\_\_\_\_ COURT OF \_\_\_\_\_ COUNTY, ALABAMA  
 (Circuit or District) (Name of County)

v.

Plaintiff	Defendant
Home or Business Address: _____	Home or Business Address: _____
City/State/Zip Code: _____	City/State/Zip Code: _____
Home or Business Telephone #: _____	Home or Business Telephone #: _____
Social Security Number: _____	Social Security Number: _____

The affiant, \_\_\_\_\_, being duly sworn, states as follows:

- (1) That an order for withholding for support was issued by the \_\_\_\_\_ Court of \_\_\_\_\_ County, Alabama, on \_\_\_\_\_ (date), a copy of which is attached (Affiant may obtain a copy of the order from the Clerk of Court);
- (2) That the affiant is the obligor for payment of support as provided in the Order for Withholding for support;
- (3) That all the children subject to the order for withholding for support have or will reach the age of majority as of \_\_\_\_\_ (date) or are no longer subject to withholding because of death, marriage, or otherwise becoming emancipated, as follows: *(Attach copies of the children's birth certificates, if available)* \_\_\_\_\_;
- (4) That no arrearage is owed on the support order.
- (5) Other: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I make this statement for the purpose of requesting that the withholding order for support applicable to me be terminated based on foregoing reasons pursuant to § 30-3-62(i), **Code of Alabama** 1975. I understand that if any of the above statements are untrue, I am subject to be punished under penalties of perjury or the contempt power of the Court.

Sworn to and subscribed before me  
 this \_\_\_\_\_ day of \_\_\_\_\_  
 \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
 Affiant(Obligor)

Signature of Officer Authorized to Administer Oaths/Notary Public  
 (Notary Public Only: My Commission expires \_\_\_\_\_ (Date)).

**NOTICE TO CLERK OF COURT**

This affidavit is to be served by first class mail upon the obligee and, when the case is a Title IV-D case, upon the Department of Human Resources.

**NOTICE TO OBLIGEE OR DHR**

The obligee, or in cases under Title IV-D of the Social Security Act, Department of Human Resources, may object to the termination of the withholding order for support. They must request a hearing within 20 days of being served with a copy of this Affidavit.

INCOME WITHHOLDING FOR SUPPORT

OMB 0970-0154 Expiration  
Date: 09/30/2024

I. Sender Information: (Completed by the Sender)

Date: \_\_\_\_\_

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

Child Support Enforcement (CSE) Agency  Court  Attorney  Private Individual/Entity (Check One)

**NOTE:** This IWO must be regular on its face. Under certain circumstances you must reject this IWO and return it to the sender (see IWO instructions [www.acf.hhs.gov/css/resource/income-withholding-for-support-instructions](http://www.acf.hhs.gov/css/resource/income-withholding-for-support-instructions)). If you receive this document from someone other than a state or tribal CSE agency or a court, a copy of the underlying support order must be attached.

State/Tribe/Territory ALABAMA Remittance ID (include w/payment) \_\_\_\_\_  
 City/County/Dist./Tribe \_\_\_\_\_ Order ID \_\_\_\_\_  
 Private Individual Entity \_\_\_\_\_ Case ID \_\_\_\_\_

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

_____ Employer/Income Withholder's Name	RE: _____ Employee/Obligor's Name (Last, First, Middle)
_____ Employer/Income Withholder's Address	_____ Employee/Obligor's Social Security Number
_____ Employer/Income Withholder's FEIN	_____ Employee/Obligor's Date of Birth
Child(ren)'s Name(s) (Last, First, Middle) _____	Custodial Party/Obligee's Name (Last, First, Middle) _____
_____ Child(ren)'s Birth Date(s) _____	
_____	
_____	
_____	

III. Order Information: (Completed by the Sender)

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

- \$ \_\_\_\_\_ Per \_\_\_\_\_ current child support
- \$ \_\_\_\_\_ Per \_\_\_\_\_ past-due child support - Arrears greater than 12 weeks?  Yes  No
- \$ \_\_\_\_\_ Per \_\_\_\_\_ current cash medical support
- \$ \_\_\_\_\_ Per \_\_\_\_\_ past-due cash medical support
- \$ \_\_\_\_\_ Per \_\_\_\_\_ current spousal support
- \$ \_\_\_\_\_ Per \_\_\_\_\_ past-due spousal support
- \$ \_\_\_\_\_ Per \_\_\_\_\_ other (must specify) \_\_\_\_\_

for a Total Amount to Withhold of \$ \_\_\_\_\_ per \_\_\_\_\_

IV. Amounts to Withhold: (Completed by the Sender)

You do not have to vary your pay cycle to be in compliance with the Order Information. If your pay cycle does not match the ordered payment cycle, withhold one of the following amounts:

- \$ \_\_\_\_\_ per weekly pay period          \$ \_\_\_\_\_ per semimonthly pay period (twice a month)
- \$ \_\_\_\_\_ per biweekly pay period (every two weeks)          \$ \_\_\_\_\_ per monthly pay period
- \$ \_\_\_\_\_ Lump Sum Payment: Do not stop any existing IWO unless you receive a termination order.

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

Employer/Income Withholder's Name: \_\_\_\_\_ Employer/Income Withholder's FEIN: \_\_\_\_\_

Employee/Obligor's Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Case ID: \_\_\_\_\_ Order ID: \_\_\_\_\_

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

If the employee/obligor's principal place of employment is Alabama (State/Tribe), you must begin withholding no later than the first pay period that occurs 14 days after the date of service of the order/notice. Send payment within 7 business days of the pay date. If you cannot withhold the full amount of support for any or all orders for this employee/obligor, withhold \_\_\_\_\_% of disposable income for all orders. If the employee/obligor's principal place of employment is not Alabama (State/Tribe), obtain withholding limitations, time requirements, the appropriate method to allocate among multiple child support cases/orders and any allowable employer fees from the jurisdiction of the employee/obligor's principal place of employment.

State-specific withholding limit information is available at [www.acf.hhs.gov/css/resource/state-income-withholding-contacts-and-program-requirements](http://www.acf.hhs.gov/css/resource/state-income-withholding-contacts-and-program-requirements). For tribe-specific contacts, payment addresses, and withholding limitations, please contact the tribe at [www.acf.hhs.gov/sites/default/files/programs/css/tribal\\_agency\\_contacts\\_printable\\_pdf.pdf](http://www.acf.hhs.gov/sites/default/files/programs/css/tribal_agency_contacts_printable_pdf.pdf) or [www.bia.gov/tribalmmap/DataDotGovSamples/tld\\_map.html](http://www.bia.gov/tribalmmap/DataDotGovSamples/tld_map.html).

You may not withhold more than the lesser of: 1) the amounts allowed by the Federal Consumer Credit Protection Act (CCPA) [15 USC §1673 (b)]; or 2) the amounts allowed by the law of the state of the employee/obligor's principal place of employment if the place of employment is in a state; or the tribal law of the employee/obligor's principal place of employment if the place of employment is under tribal jurisdiction. The CCPA is available at [www.dol.gov/sites/dolgov/files/WHD/legacy/files/garn01.pdf](http://www.dol.gov/sites/dolgov/files/WHD/legacy/files/garn01.pdf). If the Order Information section does not indicate that the arrears are greater than 12 weeks, then the employer should calculate the CCPA limit using the lower percentage.

If there is more than one IWO against this employee/obligor and you are unable to fully honor all IWOs due to federal, state, or tribal withholding limits, you must honor all IWOs to the greatest extent possible, giving priority to current support before payment of any past-due support.

If the obligor is a nonemployee, obtain withholding limits from the **Supplemental Information** section in this IWO. This information is also available at [www.acf.hhs.gov/css/resource/state-income-withholding-contacts-and-program-requirements](http://www.acf.hhs.gov/css/resource/state-income-withholding-contacts-and-program-requirements).

Remit payment to ALABAMA CHILD SUPPORT PAYMENT CENTER (ACSPC) (SDU/Tribal Order Payee)  
at P.O. BOX 244015, MONTGOMERY, AL 36124-4015 (SDU/Tribal Payee Address)

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

To set up electronic payments or to learn state requirements for checks, contact the State Disbursement Unit (SDU). Contacts and information are found at [www.acf.hhs.gov/css/resource/sdu-efit-contacts-and-program-requirements](http://www.acf.hhs.gov/css/resource/sdu-efit-contacts-and-program-requirements).

**Return to Sender (Completed by Employer/Income Withholder).** Payment must be directed to an SDU in accordance with sections 466(b)(5) and (6) of the Social Security Act or Tribal Payee (see Payments in Section VI). If payment is not directed to an SDU/Tribal Payee or this IWO is not regular on its face, you must check this box and return the IWO to the sender.

**If Required by State or Tribal Law:**

Signature of Judge/Issuing Official: \_\_\_\_\_

Print Name of Judge/Issuing Official: \_\_\_\_\_

Title of Judge/Issuing Official: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

If the employee/obligor works in a state or for a tribe that is different from the state or tribe that issued this order, a copy of this IWO must be provided to the employee/obligor

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

Employer/Income Withholder's Name: \_\_\_\_\_ Employer/Income Withholder's FEIN: \_\_\_\_\_

Employee/Obligor's Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Case ID: \_\_\_\_\_ Order ID: \_\_\_\_\_

**VI. Additional Information for Employers/Income Withholders: (Completed by the Sender)**

**Priority:** Withholding for support has priority over any other legal process under State law against the same income (section 466(b)(7) of the Social Security Act). If a federal tax levy is in effect, please notify the sender.

**Payments:** You must send child support payments payable by income withholding to the appropriate State Disbursement Unit or to a tribal CSE agency within 7 business days, or fewer if required by state law, after the date the income would have been paid to the employee/obligor and include the date you withheld the support from his or her income. You may combine withheld amounts from more than one employee/obligor's income in a single payment as long as you separately identify each employee/obligor's portion of the payment. Child support payments may not be made through the federal Office of Child Support Enforcement (OCSE) Child Support Portal.

**Lump Sum Payments:** You may be required to notify a state or tribal CSE agency of upcoming lump sum payments to this employee/obligor such as bonuses, commissions, or severance pay. Contact the sender to determine if you are required to report and/or withhold lump sum payments. Employers/income withholders may use OCSE's Child Support Portal ([ocsp.acf.hhs.gov/csp/](http://ocsp.acf.hhs.gov/csp/)) to provide information about employees who are eligible to receive lump sum payments and to provide contacts, addresses, and other information about their companies. Child support payments may not be made through the federal OCSE Child Support Portal.

**Liability:** If you have any doubts about the validity of this IWO, contact the sender. If you fail to withhold income from the employee/obligor's income as the IWO directs, you are liable for both the accumulated amount you should have withheld and any penalties set by state or tribal law/procedure. \_\_\_\_\_

**Section 30-3-69, Ala. Code 1975**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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.

**Section 30-3-70, Ala. Code 1975**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Supplemental Information:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employer/Income Withholder's Name: \_\_\_\_\_ Employer/Income Withholder's FEIN \_\_\_\_\_

Employee/Obligor's Name \_\_\_\_\_ SSN \_\_\_\_\_

Case ID: \_\_\_\_\_ Order ID: \_\_\_\_\_

**VII. Notification of Employment Termination or Income Status: (Completed by the Employer/Income Withholder)**

If this employee/obligor never worked for you or you are no longer withholding income for this employee/obligor, you must promptly notify the CSE agency and/or the sender by returning this form to the address listed in the **Contact Information** section below or using OCSE's Child Support Portal ([ocsp.acf.hhs.gov/csp/](http://ocsp.acf.hhs.gov/csp/)). Please report the new employer or income withholder, if known.

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

Please provide the following information for the employee/obligor:

Termination date: \_\_\_\_\_ Last known telephone number: \_\_\_\_\_

Last known address: \_\_\_\_\_

\_\_\_\_\_

Final payment date to SDU/Tribal Payee: \_\_\_\_\_ Final payment amount: \_\_\_\_\_

New employer's or income withholder's name: \_\_\_\_\_

New employer's or income withholder's address: \_\_\_\_\_

\_\_\_\_\_

**VIII. Contact Information: (Completed by the Sender)**

**To Employer/Income Withholder:** If you have questions, contact \_\_\_\_\_ (sender name) by telephone: \_\_\_\_\_, by fax: \_\_\_\_\_, by email or website: \_\_\_\_\_.

Send termination/income status notice and other correspondence to: \_\_\_\_\_ (sender address).

**To Employee/Obligor:** If the employee/obligor has questions, contact \_\_\_\_\_ (sender name) by telephone: \_\_\_\_\_, by fax: \_\_\_\_\_, by email or website: \_\_\_\_\_.

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

**Encryption Requirements:**

When communicating this form through electronic transmission, precautions must be taken to ensure the security of the data. Child support agencies are encouraged to use the electronic applications provided by the federal Office of Child Support Enforcement. Other electronic means, such as encrypted attachments to emails, may be used if the encryption method is compliant with Federal Information Processing Standard (FIPS) Publication 140-2 (FIPS PUB 140-2).