



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 REQUESTING A SUBSEQUENT WAGE ORDER

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

You should review the Affidavit and the Order thoroughly before completing the forms. 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 Information Sheet and the Affidavit for Service of Withholding Order (**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.

After the Judge has signed the Order, it will be served on the employer and a copy will be mailed to the parties or their attorney(s).

The fee to process the Subsequent Income Withholding Order is \$10.00. If the employer needs to be served by certified mail (i.e. out of state address or post office box), there will be an additional **\$15.94 for certified mail**. 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: _____

Plaintiff: _____
(OBLIGOR/OBLIGEE)

Attorney: _____

Address: _____

Phone Number: _____

Social Security No. _____

Defendant: _____
(OBLIGOR/OBLIGEE)

Attorney: _____

Address: _____

Phone Number: _____

Social Security No. _____

Employer's Name: _____

Address: _____

PAY CYCLE:

Weekly

Biweekly

Monthly

Semimonthly

Other: _____

Your Signature: _____

AFFIDAVIT FOR SERVICE OF WITHHOLDING ORDER

Case Number

IN THE _____ COURT OF _____ COUNTY, ALABAMA

v.

Defendant

Defendant's Social Security Number

Employer

Address

Address

Date of Judgment _____

Judgment of Income Withholding for Support \$ _____ per _____

Total per Month \$ _____

Affidavit

I hereby make oath that I have personal knowledge that the above judgment for Withholding was entered by the above-named Court and that the defendant has failed to pay the amount(s) previously ordered by the Court and is currently in arrears in an amount sufficient under the law of _____ to effect service of the Court's Order upon the defendant's employer/Department of Industrial Relations. I further make oath that the defendant is currently employed by the above-named employer or receiving unemployment compensation and defendant's Social Security Number is _____. I believe that service of the Court's Order of Withholding upon the defendant's employer/Department of Industrial Relations is necessary in order to enforce the defendant's continuing duty to support and request the Court Clerk to serve the Withholding Order upon the employer/Department of Industrial Relations by personal service certified mail.

I hereby make oath that the above Judgment for Withholding was entered in the _____ Court of _____ County on (date) _____. I hereby request the Court Clerk to have the Court's Order of Withholding served upon my employer/Department of Industrial Relations by personal service certified mail. I further make oath that I am currently employed by the above named employer/receiving unemployment compensation benefits and that my Social Security Number is _____.

Sworn to and subscribed before me this _____ day

Affiant/Attorney Signature

of _____

Name and Address of Attorney

Signature of Officer Authorized to Administer Oaths/Notary Public

Phone Number

(Notary Public Only: My Commission expires _____ (Date)).

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

AMENDED IWO

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

TERMINATION OF IWO

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

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

Employee/Obligor's Date of Birth _____

Custodial Party/Obligee's Name (Last, First, Middle) _____
Employer/Income Withholder's FEIN _____
Child(ren)'s Name(s) (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.

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. For tribe-specific contacts, payment addresses, and withholding limitations, please contact the tribe at www.acf.hhs.gov/sites/default/files/programs/css/tribal_agency_contacts_printable_pdf.pdf or www.bia.gov/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. If the Order Information section does not indicate that the arrears are greater than 12 weeks, then the employer should calculate the CCPA limit using the lower percentage

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

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

Remit payment to 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.

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/) 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/). 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)