

INCOME WITHHOLDING FOR SUPPORT

(X) ORIGINAL INCOME WITHHOLDING ORDER/NOTICE FOR SUPPORT (IWO) () AMENDED IWO
 () ONE-TIME ORDER/NOTICE - LUMP SUM PAYMENT
 () TERMINATION OF IWO September 05, 2024

(X) 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 <http://www.acf.hhs.gov/programs/css/resource/income-withholding-for-support-instructions>). If you receive this document from someone other than a state or tribal CSE agency ID or a court, a copy of the underlying order must be attached.

State/Tribe/Territory: **ARIZONA** Remittance Identifier (include w/ payment): CAS_ID_CASE
 City/County/Dist./Tribe: **COUNTY** Order Identifier:
 Private Individual/Entity: CSE Agency Case Identifier: CAS_ID_CASE

Employer/Income Withholder's Name Rec_Name_Full Employer/Income Withholder's Address Rec_Addr_CSZ Employer/Income Withholder's FEIN	RE:	Employee/Obligor's Name (Last, First, Middle) , , Employee/Obligor's Social Security Number NCP_SSN_PERSON Employee/Obligor's Date of Birth NCP_DATE_BIRTH Custodial Party/Obligee's Name (Last, First, Middle) , , <div style="border: 1px solid black; width: 100px; height: 40px; margin-left: auto; margin-right: auto;"></div>
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ORDER INFORMATION: This document is based on the support or withholding order from (State/Tribe). You are required by law to deduct these amounts from the employee/obligor's income until further notice.

\$ per **MONTH** current child support
 \$ per **MONTH** past-due child support-Arrears greater than 12 weeks? () Yes () No
 \$ per **MONTH** current cash medical support
 \$ per **MONTH** past-due cash medical support
 \$ per **MONTH** current spousal support
 \$ per **MONTH** past-due spousal support
 \$ per **MONTH** other (must specify) monthly handling fee
 for a **Total Amount to Withhold** of \$.per **MONTH**.

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

Document Tracking Identifier _____

Employer's Name: Rec_Name_Full
Employee/Obligor's Name: NCP_NAME_FULL
CSE Agency Case Identifier: CAS_ID_CASE

Employer FEIN:
SSN: NCP_SSN_PERSON
Order Identifier:

REMITTANCE INFORMATION: If the employee/obligor's principal place of employment is **Arizona** (State/Tribe), you must begin withholding no later than the first pay period that occurs **14** days after the date of **receipt** of the Order/Notice. Send payment within **two (2)** 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 up to 50% of disposable income for all orders. If the employee/obligor's principal place of employment is not **Arizona** (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 <https://www.acf.hhs.gov/css/contact-information/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 https://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 <https://www.dol.gov/agencies/whd/fact-sheets/30-cppa>. 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 <https://www.acf.hhs.gov/css/contact-information/state-income-withholding-contacts-and-program-requirements>.

Remit payment to Clearinghouse, AZCARES No. CAS_ID_CASE (SDU/Tribal Order Payee)
at PO Box 52107 Phoenix, AZ 85072-2107 (SDU/Tribal Payee Address)

Include the Remittance ID with the payment and if necessary this locator code of the SDU/Tribal order payee 04 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-eft-contacts-and-program-requirements.

() **Return to Sender (Completed by Employer/Income Withholder).** Payment must be directed to an SDU in accordance with 42 USC §666(b)(5) and (b)(6) or Tribal Payee (see Payment to SDU below). 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: Heather D. Noble _____
Title of Judge/Issuing Official: IV-D Assistant Director _____
Date of Signature: September 5, 2024 _____

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.

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