

SIWOSS CAS\_ID\_CASE CAS\_CD\_CNTY  
CAS\_CD\_OFFICE  
DIVISION OF CHILD SUPPORT SERVICES  
OFC\_ADDR\_STREET1  
OFC\_ADDR\_STREET2  
OFC\_ADDR\_CSZ

August 21, 2024

REC\_NAME\_FULL  
REC\_ADDR\_STREET1  
REC\_ADDR\_STREET2  
REC\_ADDR\_CSZ

Katie Hobbs  
Governor



Angie Rodgers  
Director

### Notice To Employer To Terminate Income Withholding

Employee/Obligor: NCP\_NAME\_FULL  
AZCARES Case No.: CAS\_ID\_CASE  
Social Security Number: NCP\_SSN\_PERSON  
Court Order No.: COU\_ID\_CO

This is a formal notice issued by the Division of Child Support Services (DCSS) to inform you to terminate the income withholding order for the above employee. Please terminate the withholding immediately. Income which has been withheld during this last pay period, but not sent to Clearinghouse as of the date of receipt of this Notice, should be returned to the employee/obligor.

If you have any questions about this notice, please contact DCSS at OFC\_ADDR\_CUST\_SRVC\_PHONE.

Equal Opportunity Employer / Program • Auxiliary aids and services are available upon request to individuals with disabilities • To request this document in alternative format or for further information about this policy, contact the Division of Child Support Services at (602) 252-4045; TTY/TDD Services: 7-1-1 • Disponible en español en línea o en la oficina local.

**INCOME WITHHOLDING FOR SUPPORT**

( X ) ORIGINAL INCOME WITHHOLDING ORDER/NOTICE FOR SUPPORT (IWO) ( ) AMENDED IWO  
( ) ONE-TIME ORDER/NOTICE FOR LUMP SUM PAYMENT  
( ) TERMINATION of IWO 21/08/2024

( 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/Territor **ARIZONA** Remittance Identifier (include w/ payment) CAS\_ID\_CASE  
City/County/Dist./Tribe **CAS\_TBL\_CNTY** Order Identifier COU\_ID\_CO  
Private Individual/Entity CSE Agency Case Identifier CAS\_ID\_CASE

Employer/Income Withholder's Name Employee/Obligor's Name (Last, First, Middle)  
NCE\_NAME\_BUS RE:NCP\_NAME\_LAST, NCP\_NAME\_FIRST,  
NCE\_ADDR\_BUS\_COF Employee/Obligor's Social Security Number  
NCP\_SSN\_PERSON  
Employer/Income Withholder's Address Employee/Obligor's Date of Birth  
NCE\_ADDR\_BUS\_STREET1 NCP\_DATE\_BIRTH  
NCE\_ADDR\_BUS\_STREET2  
NCE\_ADDR\_BUS\_CSZ  
Employer/Income Withholder's FEIN Custodial Party/Obligee's Name (Last, First, Middle)  
CPP\_NAME\_MIDDLE\_INITL CPP\_NAME\_LAST, CPP\_NAME\_FIRST,  
NCE\_ID\_EIN  
Name(s) Date of Birth  
CHP01\_NAME\_FULL  
CHP02\_NAME\_FULL  
CHP03\_NAME\_FULL  
CHP04\_NAME\_FULL

**ORDER INFORMATION:** This document is based on the support or withholding order from COU\_TBL\_ST\_FIPS (State/Tribe). You are required by law to deduct these amounts from the employee/obligor's income until further notice.

- \$ COU\_OOA\_AMT\_CUR\_CHILD per MONTH current child support
- \$ COU\_OOA\_AMT\_AREAR per MONTH past-due child support -Arrears greater than 12 weeks?( ) Yes ( ) No
- \$ COU\_OOA\_AMT\_MED\_CAS\_CUR per MONTH current cash medical support
- \$ COU\_OOA\_AMT\_MED\_CAS\_ARR per MONTH past-due cash medical support
- \$ COU\_OOA\_AMT\_CUR\_SPOUSAL per MONTH current spousal support
- \$ COU\_OOA\_AMT\_AREAR\_SPOUS per MONTH past-due spousal support
- \$ COU\_OOA\_AMT\_OTHER per MONTH other (must specify) monthly handling fee for a  
Total Amount to Withhold of \$ COU\_OOA\_TOT\_PAY\_DUE 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:

- \$ COU\_OOA\_AMT\_WITHHELD\_WEEKLY per weekly pay period \$ COU\_OOA\_AMT\_WITHHELD\_SEMI\_MNTHLY per semimonthly pay period (twice a month)
  - \$ COU\_OOA\_AMT\_WITHHELD\_BI\_WEEKLY per biweekly pay period (every two weeks) \$
  - COU\_OOA\_AMT\_WITHHELD\_MONTHLY per monthly pay period \$ Lump Sum Payment: COU\_OOA\_AMT\_LUMP\_SUM
- Do not stop any existing IWO unless you receive a termination order.

Document  
Identifier

Tracking

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OMB  
0970-0154

Expiration Date 08/31/2020

Employer Name:NCE\_NAME\_BUS  
Employee/Obligor's Name: NCP\_NAME\_FULLL  
CSE Agency Case Identifier:CAS\_ID\_CASE

Employer FEIN: NCE\_ID\_EIN  
SSN: NCP\_SSN\_PERSON  
Order Identifier: COU\_ID\_CO

**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 **this Order/ Notice**. Send payment within two **(2)** working 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 obligor is a non-employee, obtain withholding limits from Supplemental Information. If the employee/obligor's principal place of employment is not Arizona (State/Tribe), obtain withholding limitations, time requirements, and any allowable employer fees from the jurisdiction of the employee/obligor's principal place of employment. State-specific withholding information is available at <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:

[https://www.acf.hhs.gov/sites/default/files/programs/css/tribal\\_agency\\_contacts\\_printable\\_pdf](https://www.acf.hhs.gov/sites/default/files/programs/css/tribal_agency_contacts_printable_pdf)  
or

[https://www.bia.gov/tribalmap/DataDotGovSamples/tld\\_map.html](https://www.bia.gov/tribalmap/DataDotGovSamples/tld_map.html)

For electronic payment requirements and centralized payment collection and disbursement facility information (State Disbursement Unit (SDU), see <http://www.acf.hhs.gov/css/employers/employer-responsibilities/payments>

Include the **Remittance Identifier with the payment** and if necessary this FIPS code: 04

**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)

( ) **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 Payments 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.

Signature of Judge/Issuing Official (if required by State or Tribal law): _____ Print Name of Judge/Issuing Official: Heather D. Noble Title of Judge/Issuing Official: IV-D Assistant Director Date of Signature: 21/08/2024
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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.