

REC_DOC_IDENT CAS_ID_CASE CAS_CD_CNTY CAS_CD_OFFICE
OFC_NAME_BUS
OFC_ADDR_STREET1
OFC_ADDR_STREET2
OFC_ADDR_CSZ

REC_NAME_FULL
REC_NAME_COF
REC_ADDR_STREET1
REC_ADDR_STREET2
REC_ADDR_CSZ

If you would like to receive this document electronically, please send an email to: e-employer@azdes.gov.

SIWOEM 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

OMB 0970-0154
Expiration Date: 08/31/2026

(X) ORIGINAL INCOME WITHHOLDING ORDER/NOTICE FOR SUPPORT (IWO) () AMENDED IWO
() ONE-TIME ORDER/NOTICE - LUMP SUM PAYMENT
() TERMINATION OF IWO August 21, 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**
City/County/Dist./Tribe: **CAS_TBL_CNTY**
COUNTY

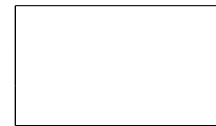
Remittance Identifier (include w/ payment): CAS_ID_CASE
Order Identifier: COU_ID_CO

Private Individual/Entity:

CSE Agency Case Identifier: CAS_ID_CASE

Employer/Income Withholder's Name
REC_NAME_FULL
NCE_ADDR_BUS_COF
Employer/Income Withholder's Address
REC_ADDR_STREET1
REC_ADDR_STREET2
REC_ADDR_CSZ
Employer/Income Withholder's FEIN
NCE_ID_EIN

Employee/Obligor's Name (Last, First, Middle)
RE: NCP_NAME_LAST, NCP_NAME_FIRST,
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)
CPP_NAME_LAST, CPP_NAME_FIRST,
CPP_NAME_MIDDLE_INITL



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.
\$ COU_OOA_AMT_LUMP_SUM 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: 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 receipt of **this 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 P O 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 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: 08/21/2024

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.