

**INCOME WITHHOLDING FOR SUPPORT**

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

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

( ) AMENDED 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**  
Private Individual/Entity

Remittance Identifier (include w/ payment) CAS\_ID\_CASE  
Order Identifier COU\_ID\_CO  
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\_BI\_WEEKLY per biweekly pay period (every two weeks).  
\$ COU\_OOA\_AMT\_LUMP\_SUM Lump Sum Payment: Do not stop any existing IWO unless you receive a termination order.

\$ COU\_OOA\_AMT\_WITHHELD\_SEMI\_MNTHLY per semimonthly pay period (twice a month).  
\$ COU\_OOA\_AMT\_WITHHELD\_MONTHLY per monthly pay period.

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](http://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](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 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](http://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 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.

**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: August 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.