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Administrative Directive

Section 1

Transmittal: 09-ADM-02
To: Local District Commissioners
Issuing: Center for Child Well-Being
Division/Office: Division of Child Support Enforcement
Date: January 28, 2009
Subject: Income Execution Process
Suggested Distribution: Child Support Enforcement Coordinators
 Support Collection Unit Supervisors
 IV-D Attorneys
Contact Person(s): Division of Child Support Enforcement at 1-800-343-8859
 Office of Legal Affairs – Brian S. Wootan at 1-518-473-6188
Attachment A: Income Execution Forms and Notices

Attachment Available On – Yes
Line:

Filing References

Previous ADM/INF	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
	Dear Colleague Letters dated: April 19, 1993 August 18, 1993 November 5, 1993 June 20, 2001	18 NYCRR 347.9	FCA §440 DRL §240 CPLR §5241 SSL §137-a		

I. Summary

This Administrative Directive (ADM) provides information related to the revised income execution process (hereinafter referred to as “IEX Process”).

II. Purpose

This Administrative Directive provides local districts with information related to the changes required by amendments to New York State Civil Practice Law and Rules (CPLR) §5241 “Income execution for support enforcement,” and to Title 18 of the New York Codes, Rules and Regulations (NYCRR) §347.9.

III. Background

“Income execution for support enforcement,” CPLR §5241, provides the statutory authority for the IEX Process, including issuance of the *Income Withholding for Support* (IEX NOTICE) (Attachment A, p.2). Family Court Act (FCA) §440(1)(b)(1), authorizes the immediate issuance of an income execution upon entry of an order of support. Parallel authority for supreme court orders is found at Domestic Relations Law (DRL) §240(2)(b)(1).

Since enactment in 1985 of income execution based on default, the IEX Process has been child support’s most effective collection tool. In 1990, the law was amended to provide for immediate issuance of the IEX NOTICE and shifted the use of income executions from an enforcement tool to the primary method of paying support. In 2006, CPLR §5241(g)(2)(D) was amended to clarify that penalties assessed against employers are to be paid to the creditor.

The April 12, 2006, amendments to 18 NYCRR §347.9(e) “Calculation of the amount of additional deduction for income execution” set forth new rules for calculating the additional amount to liquidate arrears/past-due support for cases with current obligations and arrears and for cases with arrears where no current obligation exists or ever existed. The amendment also addressed withholding from income for periodic or lump sum payments; clarified the grounds for a reduction in or elimination of the additional amount; and clarified the types of documentary proof to support the noncustodial parent’s request to reduce the additional amount.

Throughout this Administrative Directive the term “noncustodial parent” is substituted for “employee/obligor,” and “employer” will be substituted for “employer/income withholder” as listed on the IEX NOTICE, as they are terms familiar to Support Collection Unit (SCU) staff.

IV. Program Implications

This Administrative Directive specifies the changes that have occurred as a result of the amendments to CPLR §5241 and 18 NYCRR §347.9. The regulatory amendments implemented Section 314 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (P.L. 104-193) and the provisions of Chapter 398 of the Laws of 1997 that amended section 5241 of the Civil Practice Law and Rules (sections 20 through 28). The federal and State laws implemented by these amendments concern the process for issuing income execution notices in child support cases and the penalties to be imposed on employers for failing to comply with such notices.

The amendments also added provisions affecting the method for calculating the amount of the additional deductions to be withheld from a noncustodial parent's income if he or she owes child support arrears/past-due child support. These provisions will enable child support arrears/past-due support to be collected faster than is currently the case. The amendments also clarified the amount to be deducted from lump sum payments. The amendments also gave persons owing arrears the opportunity to present proof that the amount of the additional deductions should be reduced or eliminated due to a change in custody or because the noncustodial parent's income would be reduced below the self-support reserve (SSR).

This Administrative Directive focuses on the changes affecting the calculation of the additional amount.

V. **Required Action**

In addition to actions required under the current statutory and regulatory requirements, changes and actions resulting from the amendments to CPLR §5241 and 18 NYCRR §347.9 are set forth herein.

A. **Revisions to the Additional Amount Calculations**

Prior to 18 NYCRR §347.9(e) being amended, the additional amount was \$50 a week or one-half (50%) of the total court-ordered obligation amount at the same frequency, whichever was greater. For cases in which no obligation amount was due and arrears/past-due support existed on the case, the additional amount was \$50 a week. If the income source was unemployment insurance benefits (UIB), the additional amount was \$10 per week.

The revisions to the additional amount calculations require that:

1. If there is a current obligation amount, the additional amount is one-half (50%) of the current obligation at the same frequency;
2. If there is no current obligation amount, the additional amount is one and one-half (150%) of the most recent current obligation greater than zero;
3. If there was never a current obligation amount, the arrears/past-due support, if greater than \$300, are divided by twelve and payable monthly;
4. If the arrears are minimal and if there never was, or no longer is, a current obligation amount, and the total arrears/past-due support owed is:
 - a. \$100 to \$300, the additional amount is \$25 a month until the arrears/past-due support are paid in full;
 - b. less than \$100, the case will not be included in the IEX Process and the IEX NOTICE will not be generated.
5. The additional amount for UIB is the same as described for employer withholding. As UIB is payable weekly, obligation amounts that are other than a weekly amount will be calculated to be a weekly amount and passed to UIB.

B. Revisions to Withholding of Additional Amounts

The regulation also repealed the 40% cap on employer withholding of the additional amount from disposable earnings. Withholding limitations are now based on the Consumer Credit Protection Act (CCPA) (CPLR § 5241[g]).

Prior to the revisions to the IEX Process, the Department of Labor (DOL) did not apply the CCPA limitations to UIB withholdings. DOL will now be applying the lower CCPA limit, 50%, to all UIB withholdings with the release of this Administrative Directive.

C. Additional Amount Review

The IEX NOTICE provides the noncustodial parent with the right to challenge an error in the execution. A default IEX NOTICE issues on default (as defined in CPLR 5241[a][7]) if the support order was: 1) entered before November 1, 1990; 2) if entered after that date, the court found good cause not to issue an immediate execution; or 3) if issued after that date and the children were not in receipt of public assistance, if the parties agreed that an immediate IEX NOTICE would not be issued and made an alternate arrangement. In all other cases, an immediate IEX NOTICE must be issued (FCA 440[1][b][1]). If the noncustodial parent believes the default IEX NOTICE was issued in error, he or she may claim a mistake of fact (CPLR 5241[a][8], [e]). If the noncustodial parent believes there is an error in an immediate IEX NOTICE, the parent must contact the SCU and notify it of the claimed error. The SCU has thirty (30) days to correct any errors. Noncustodial parents may also request a reduction or elimination of the additional amount to pay arrears/past-due support if the additional amount reduces his or her income below the SSR or if he or she has obtained physical custody of the children. These rights are explained under "Notice to employee/obligor" on page 3 of the IEX NOTICE.

1. Circumstances Permitting a Review of the Additional Amount

The noncustodial parent may request a reduction of the additional amount when:

- a. They have physical custody of the child(ren) that is/are the subject(s) of the order, there is no current obligation amount on this case, and the additional amount financially impacts their ability to support the child(ren); and/or
- b. Their income is below the SSR amount or falls below the SSR as a result of the additional amount.

The amended regulation requires documentary proof to support these requests (18 NYCRR 347.9[e][2] and [3]).

2. Requesting a Review

The IEX NOTICE provides information to the noncustodial parent of their right to request a review of the additional amount by contacting the Child Support Helpline (CSH) and obtaining the appropriate forms. If a noncustodial parent calls to advise that they cannot pay the additional amount, he or she should be provided a copy of the

appropriate forms and advised that the forms must be completed and returned to the SCU, at the address provided.

3. Documentary Proof for Custody Issues

- a. If the request is based on a change in custody, documentary proof must demonstrate that:
 - i. the noncustodial parent has physical custody of the minor child(ren) who is/are the subject(s) of the support order;
 - ii. there is no current obligation amount; and
 - iii. income withholding of the additional amount impairs the noncustodial parent's ability to financially support the child(ren) living in the household.
- b. Documentary proof that the noncustodial parent has physical custody of the minor child(ren) who is/are the subject(s) of the support order includes:
 - i. court order directing a change in physical custody; or
 - ii. court finding that a change in physical custody has occurred; or
 - iii. school or other governmental records indicating the child(ren)'s residence.
- c. Documentary proof that there is no current obligation amount is a copy of the court order terminating his or her current support obligation.
- d. The impact of the additional amount on the noncustodial parent's ability to financially support the child(ren) will be based on a comparison of income and expenses. Examples of documentary proof of the noncustodial parent's income include:
 - i. a copy of the noncustodial parent's most recently filed state and federal tax return and W-2 statement;
 - ii. a signed letter from their employer, or a current paycheck stub stating their current annual income; and/or
 - iii. proof of any benefits received such as Social Security Disability Insurance (SSDA) or UIB.
- e. Documentary proof of the parent's expenses is the completed *Statement of Income and Expenses* form (Attachment A, p. 20).

4. Documentary Proof for SSR Issues

The noncustodial parent must provide the same documentary proof of his or her income as required under V.C.3.d.

5. SCU's Receipt and Review of Request for Review

- a. Upon receipt by the SCU of the *Request for Review of the Additional Amount on the Income Withholding for Support* form (Attachment A, p. 18), hereafter referred to as "Request for Review" form, and *Statement of Income and Expenses* form (Attachment A, p. 20) if it is a custody issue, and any other documentary proof, the SCU must set the appropriate status and reason code.
- b. The SCU must conduct the review within thirty (30) days from the date the noncustodial parent's Request for Review was received.
- c. The SCU must review the Request for Review form and supporting documentation to determine the validity of the request for either custody or SSR issues.

- d. The SCU must review the account to verify whether the noncustodial parent has multiple employers, is self-employed, or whether the court imputed income to the noncustodial parent in setting the amount of child support, and consider these items in the review process.
6. SCU Calculation of an Alternate Additional Amount
 - a. If the noncustodial parent includes multiple case IDs for multiple counties on the Request for Review form, the SCU will need to review ASSETS to obtain the obligation amount and additional amount of the account(s) in the other county.
 - b. The SCU can use the *Alternate Additional Amount Calculation for Custody Issues* (Attachment A, p. 21) or *Alternate Additional Amount Calculation for Self-Support Reserve Issues* (Attachment A, p. 22) to calculate the appropriate additional amount.
 - c. If the SCU determines that the additional amount reduces the noncustodial parent's annual remaining income below the SSR, the SCU must eliminate or reduce the additional amount so that the noncustodial parent's remaining income does not fall below the SSR. The alternate additional amount adjustment will be calculated on the *Alternate Additional Amount Calculation for Self-Support Reserve Issues*.
 - d. If the SCU determines that the noncustodial parent has physical custody of the child(ren) who is/are the subject(s) of the order, the current obligation amount is zero and the additional amount impairs the noncustodial parent's ability to support the child(ren), the additional amount must be adjusted to the amount calculated on the *Alternate Additional Amount Calculation for Custody Issues*.
 7. Denial of Request for Reduction of Additional Amount
 - a. If the noncustodial parent did not include the required documentary proof with the Request for Review form, the request must be denied. The SCU must complete and mail the *Support Collection Unit Determination of Your Request for Review of the Additional Amount on the Income Withholding for Support* letter (Attachment A, p. 24).
 - b. If the noncustodial parent has not demonstrated that a reduction is appropriate, the request must be denied. The SCU must complete and mail the *Support Collection Unit Determination of Your Request for a Review of the Additional Amount on the Income Withholding for Support* letter.
 - c. The SCU must set the appropriate status and reason code reflecting the denial of the request for review.
 8. Approval of Request for Reduction of Additional Amount
 - a. To notify the noncustodial parent that the request has been granted, the SCU must locally complete and mail the *Support Collection Unit Determination of Your Request for Review of the Additional Amount on the Income Withholding for Support* letter.
 - b. The SCU must set the appropriate status and reason code reflecting that the request for review has been granted.

- c. The SCU should review the status annually to determine whether the noncustodial parent's custody or financial situation has changed, whether the alternate additional amount still either impairs the noncustodial parent's ability to financially support the child(ren) living in the household, or reduces the noncustodial parent's remaining income below the SSR. The SCU should also determine whether a change in circumstances allows the alternate additional amount to be increased to reduce the arrears more quickly.

If the noncustodial parent claims that he or she cannot comply with the court ordered current support obligation, advise the parent that the SCU must enforce the court ordered amount. Only the court can modify the court order and noncustodial parent must file a modification petition.

D. Effect of New Hire or Workers' Compensation Leads on Accounts with an Alternate Additional Amount

If, after an alternate additional amount adjustment has been made, a federal or state new hire report is received for a new employer or a workers' compensation lead is received, and a new employer record is created, the alternate additional amount will be cleared and the new IEX NOTICE will include an additional amount calculated according to the regulation.

After an IEX NOTICE is sent to the new employer, the noncustodial parent may again request a reduced additional amount, the noncustodial parent may request a review of the additional amount and the SCU must follow the procedures as discussed in V.C.

E. Effect of Modified Orders and Cost of Living Adjustments (COLA) on Accounts with an Alternate Additional Amount

An existing account with an alternate additional amount must be reviewed upon modification (including administrative adjustments and court orders made as part of a COLA) of the noncustodial parent's financial obligation. An amended IEX NOTICE reflecting the modified current support obligation, and an additional amount based on the new regulations, will not be issued to noncustodial parent's current employer unless the local district clears the alternate additional amount.

In most cases, the alternate additional amount should be cleared so an amended IEX NOTICE with a new additional amount based on the modified current support obligation can be issued. When clearing alternate additional amounts, local districts should search all other cases between the parties on the same order and clear the alternate additional amounts for all such accounts in their county.

If complete and current income information is received from court with the modified order, and it appears that the additional amount will reduce the noncustodial parent's income below the SSR, the alternate additional amount should be calculated and the account updated. To determine the appropriate calculations for the alternate additional amount, the SCU can use the *Alternate Additional Amount Calculation for Self-Support Reserve Issues* worksheet.

Process	If there is an alternate additional amount on CSMS, the amount:	Worker Action
New Orders	Not applicable	None
Modifications and COLA* Adjustments	Will not be cleared absent review by the local district worker	Review the account and clear or update the alternate additional amount as identified above
New Hire and Workers' Compensation	Will be cleared	None

* Review the Monthly Automated COLA Variable Data Report for types: PA COLA Notice and Order; and, NPA COLA Notice and Order – Family Court and Supreme Court.

The noncustodial parent will receive a copy of the amended IEX NOTICE which includes the right to challenge the additional amount to pay arrears/past-due support based on the SSR or changes in custody of the children. These rights are explained under "Notice to Employee/Obligor" on page 3 of IEX NOTICE.

F. Issuance of the IEX NOTICE with a DMV Payment Agreement in Place

Social Service Law (SSL) §111-b(12) provides for the Department of Motor Vehicle (DMV) administrative license suspension process. SSL §111-b(12)(e)(2)(iv) provides that a noncustodial parent may avoid suspension of his or her driving privileges by making full payment of all arrears/past-due support or by making a satisfactory payment arrangement. Making a satisfactory payment arrangement includes making payments of support to the SCU by income execution (including an amount sufficient to ensure compliance with the order of support and an additional amount to reduce arrears/past-due support) or by paying arrears/past-due support, and any current support in an amount which is consistent with that which would have been made under an execution. As such, if the noncustodial parent has a DMV payment agreement when the immediate IEX NOTICE is served, and an IEX NOTICE is generated with the newly calculated additional amount that is different than the amount of the DMV payment agreement, the IEX NOTICE, and the subsequent new additional amount, will take precedence over the DMV payment agreement.

G. Withholding from Lump Sums

The new regulation clarifies the additional amount to be withheld from lump sum payments. Lump sum payments are separated into two groups for purposes of this calculation. "Aggregate periodic payments" are periodic payments combined and paid at one time (i.e., back pay). "Lump sum payments" are not periodic or recurring (i.e., a year-end bonus, worker's compensation or a permanent disability payment). If the payment is compensation for personal services, the CCPA limitations apply.

1. Aggregated Periodic Payments

Employers must treat each periodic payment separately and must calculate the amount of support arrears which can be withheld from each payment. If the income is

compensation for personal services the CCPA limitations must be applied to each payment individually.

2. Lump Sum Payments

The employer must withhold the full amount of the arrears due. If the income is compensation for personal services the CCPA limitations must be applied to the total payment.

H. Compliance

Both the noncustodial parent and the employer are provided direction on the IEX NOTICE of their respective responsibilities. The “General Remittance Information” section instructs the employer that it must begin to withhold the amount of child support indicated on the IEX NOTICE no later than the first pay period which occurs fourteen (14) days after service of the IEX NOTICE and that they must remit the payments within seven (7) business days of the pay date. Employers are also advised on page 2, item 6 (“Liability”) of the penalties for failure to withhold and remit the required amount indicated on the IEX NOTICE.

Under the “Notice to Employee/Obligor” section on page 3 of the IEX NOTICE, the noncustodial parent is instructed: **“You must begin and continue to make support payments by money order or cashier’s check directly to the NYS Child Support Processing Center until you have determined that withholdings from your paycheck or other income source have started. Send payments only to the NYS Child Support Processing Center (CSPC).”**

To ensure compliance, the SCU must monitor the IEX Process. The delinquency switches must be reviewed and appropriate actions must be taken that support all account activity. Key delinquency switches to monitor payments are identified below.

1. No Payment from Employer

The Daily Action Listing identifies employer nonpayment in the following manner:

Delinquency Switch	Automated Activity	Worker Action
DLNT =09	Set 45 days after IEX NOTICE mailed. The <i>Support Withholding Non-Compliance Notice</i> is issued when DLNT 09 is set.	Contact noncustodial parent and employer (see sections 1.a and b.)
DLNT=10	Set End of Month if no IEX payment received on previously paying IEX account. The <i>Support Withholding Non-Compliance Notice</i> mailed 30 days after DLNT 10 set.	Contact noncustodial parent and employer (see sections 1.a and b.)
DLNT=13	Set End of Month if no employer payment received during month on previously paying IEX account under CCPA limits (DLNT=12). The <i>Support Withholding Non-Compliance Notice</i> mailed 30 days after DLNT 13 set.	Contact noncustodial parent and employer (see sections 1.a and b.)

a. Employer Contact

When a *Support Withholding Non-Compliance Notice* (Attachment A, p. 5) is sent, the SCU should check the system for receipt of payment. If no payment has been received, the worker must contact the employer to ascertain the status of the IEX NOTICE:

- i. If the employer states that they did not receive the IEX NOTICE, confirm the employer's address for receipt of the IEX NOTICE. If the address is different than that on the employer record, update the record with the new address. The IEX NOTICE must be resent by the SCU contacting the CSPC to make that request. The employer should be advised that a copy of the original IEX NOTICE will be resent.
- ii. If the employer has received the IEX NOTICE, and the noncustodial parent is employed or receiving benefits, the SCU should advise the employer of the requirements to submit the payment(s) and provide details on how to submit the required payments. The worker should ascertain the date that the payment will be mailed to the CSPC. The employer should be advised of the liability for failure to remit payments in accordance with the IEX NOTICE and that a violation may be filed against them to ensure compliance (CPLR § 5241). The worker must review the account for payments in relation to when the employer indicated payments will be mailed. If the employer fails to withhold or remit payments, use the *Petition-Employer Violation-Income Execution for Support Enforcement* (Attachment A, p. 28) to file a violation against them. The SCU must set the appropriate status and reason code.
- iii. If the employer states that the noncustodial parent is no longer employed or receiving benefits, advise the employer to complete the information required in item 11, "Notification of Termination of Employment/Income," on the IEX NOTICE, and return to the address provided on the IEX NOTICE. If the employer states that they no longer have the IEX NOTICE, the SCU should update the employer record. The SCU must then contact the noncustodial parent.

b. Noncustodial Parent Contact

- i. In instances where the employer has not withheld or submitted payments, the SCU should contact the noncustodial parent to inform them that no payments have been received from the employer of record, remind them of the court ordered obligation amount due, and reinforce their responsibility to make payments until such time that the employer begins to remit payments. The SCU should provide the noncustodial parent with instructions for making payments. The SCU should advise that continued noncompliance will result in the SCU filing a violation petition of a support order in court against both the employer and the noncustodial parent.
- ii. If the noncustodial parent identifies a new employer update the system with the new employer information.
- iii. If the noncustodial parent claims to have experienced a substantial change in circumstances which may make him or her eligible for a modification of the order, advise that payments must be made until the court modifies the support order. The noncustodial parent should be advised to file a modification petition. However, if the change in circumstances reduces the parent's income below the

SSR, advise them of the right to request a reduction in the additional amount as set forth in V.C above.

2. Appearance of the Parties in Court

If the employer or noncustodial parent fails to remit the required payments in the full amount due, including additional amounts, taking CCPA limits into consideration, violation petitions should be filed against either or both as appropriate. When filing employer violation petitions, local child support staff should consult with their child support attorneys. If filing violation petitions against both the noncustodial parent and the employer, a request should be made to the court to calendar the petitions for the same date and time. The SCU should request that the noncustodial parent and the employer appear in family court at the same time and that the violation proceedings be heard at the same hearing. In all cases, the custodial parent must be sent notice of the date and time of all court appearances.

Prior to going to court, the local district must build an account through which any penalties collected will be processed. A separate ledger on an existing client account is not a viable option due to the accounting requirements for penalties; a new administrative account must be built. When at court the employer should be provided the account number for the penalty account so that the penalty money collected is appropriately processed.

3. Post-Court Actions

Review for Payment Compliance

- a. If the payments for the required withholding amount (both support withholding and employer penalty as appropriate) have been received, no further action is required.
- b. If any of the anticipated payments have not been received, contact your child support attorney to review the next course of action.

VI. Systems Implications

Beginning on the implementation date, the new rules for calculating additional amounts will be applied to all immediate IEX NOTICES for new and modified orders, and new hire reporting leads when a new employer record is created. There are exceptions for accounts with an alternate additional amount as identified in V.D. and V.E. above. Amended IEX NOTICES will be issued for existing cases on a staggered schedule.

A. **Implementation of the New IEX Process**

1. Outreach to Employers

During the start-up phase of the new IEX NOTICE process, a *Special Notice Revisions to the Income Withholding for Support* (Attachment, p. 1) will be included with all amended IEX NOTICES that are issued to employers and noncustodial parents, notifying them of the new calculation of the additional amount. The insert explains the changes that are occurring due to the regulation change. This information should help to reduce employer and noncustodial parent questions regarding why the amount of the withholding for child support has changed. Prior to implementation, a letter will be sent to certain employers

that employ a large number of noncustodial parents to advise them of the change in the IEX NOTICE calculation of the additional amount.

2. Implementation

Upon release of this administrative directive, new original or amended IEX NOTICES will be sent out on accounts that meet the following requirements:

- a. New orders or accounts: The new IEX NOTICE, including the new additional amount calculation, will be used.
- b. Modified Orders (including COLA): If an amended IEX NOTICE is sent, the revised IEX NOTICE, including the new additional amount calculation, will be used. An amended IEX NOTICE will be issued if the obligation amount was modified or if the new additional amount calculation would be different. Please note the effects of modifications on accounts with an alternate additional amount as identified in V. E. above.
- c. New Employer Records: When a new employer record is built for a new hire reporting lead, the new IEX NOTICE, including the new additional amount calculation, will be used. Please note the effects of new hire reporting leads on accounts with an alternate additional amount as identified in V. D. above.
- d. Existing Accounts: All other accounts that have an IEX NOTICE in effect will receive an amended IEX NOTICE based on a staggered implementation schedule. For the purpose of this rollout, “eligible” accounts are those which, based on the recalculation of the additional amount, require an adjustment either to increase or decrease the additional amount. Accounts that after recalculation would require no adjustment to the additional amount will not be issued an amended IEX NOTICE.

B. IEX NOTICES and Supporting Forms

1. *Income Withholding for Support* - Immediate IEX (Attachment A, pp. 2 - 4)
 - a. The revised IEX NOTICE:
 - i. conforms with the Federal *Income Withholding for Support*, and the amendments to CPLR §5241 and 18 NYCRR 347.9.
 - ii. has enhanced functionality to accommodate the three IEX conditions: original, amended, and terminated. As such, a termination letter will no longer be sent when an IEX NOTICE is terminated. Instead, a Terminated IEX NOTICE will be sent to the employer.
 - iii. replaces any existing template and local district equivalent forms. There are no acceptable local district equivalent forms that can be used in place of the IEX NOTICE.
2. *Income Withholding for Support* - Default IEX (Attachment A, pp. 2, 3, and 5)
3. Cover Letters to Noncustodial Parents (Attachment A, pp. 6 - 7)
4. Cover Letters to Employers (Attachment A, pp. 8 - 10)
5. Noncustodial Parent Payment Coupons (Attachment A, p. 11)

6. *Support Withholding Billing Notice* (Attachment A, pp. 12) and *Employer Payment Coupons* (Attachment A, p. 13), sent to employers monthly who have five (5) or less noncustodial parents.
7. *Support Withholding Billing Notice* (Attachment A, p. 14 - 15), sent to employers monthly who have six (6) or more noncustodial parents.
8. *Withholding Limitations Worksheet for Support and Medical Support* (Attachment A, p. 16-17)
 - a. Combines and replaces the current *Child Support Withholding Limitations Worksheet*, and *Health Insurance Premium Withholding Limitations Worksheet*.
 - b. Advises the employer of the availability of an on-line calculator on the child support website at **newyorkchildsupport.com**.
9. *Request for Review of the Additional Amount on the Income Withholding for Support* (Attachment A, p. 18-19)
10. *Statement of Income and Expenses* (Attachment A, p. 20)
11. *Alternate Additional Amount Calculation for Custody Issues* (Attachment A, p. 21)
12. *Alternate Additional Amount Calculation for Self-Support Reserve Issues* (Attachment A, p. 22-23)
13. *Support Collection Unit Determination of Your Request for Review of the Additional Amount on the Income Withholding for Support* (Attachment A, p. 24)
14. *Special Notice Revisions to the Income Withholding for Support* (Attachment A, p. 1)
15. *Support Withholding Non-Compliance Notice* (Attachment A, p. 25)
16. *Child Support Enforcement Transmittal #2 – Subsequent Actions* (Attachment A, p. 26-27)
17. *Petition-Employer Violation-Income Execution for Support Enforcement* (Attachment A, p. 28-29)

VII. Additional Information

A. Interstate “One-State” Cases

An interstate case is a case in which the noncustodial parent and the custodial parent are in different states. An interstate case can be a “one-state case.” In a one-state case, the order is enforced in New York in the same manner as if the noncustodial parent resided in New York. The IEX Process remains the same for interstate cases that are one-state cases except:

1. If there is a judicial challenge to the IEX NOTICE in another state, the IEX NOTICE should be terminated and the order registered for enforcement in the appropriate state.

2. If there is a need for judicial proceedings in the state where the noncustodial parent resides (e.g., enforcement against an employer or noncustodial parent), the order should be registered for enforcement in the appropriate state.

B. Interstate “Two-State” Cases

If the order must be registered for enforcement in another state, it becomes a “two-state case.” In a two-state case, there is an initiating state and a responding state. The initiating state is the state of the agency registering the order and requesting some relief. The responding state is the state where the order is registered that responds to the request for relief.

1. New York as the Responding State

If an order is issued by or registered in New York for enforcement, it is subject to New York procedures. The IEX Process, when New York State is the responding state, is the same as if both parties were residing in New York State.

2. New York as the Initiating State

- a. If New York registers an order for enforcement in another state, or asks another state to enforce its own order, New York does not issue an IEX NOTICE. The FIPS codes for these accounts would contain a first position equal to “1” with the second and third positions other than “36.”
- b. After another state has begun enforcement, if the SCU identifies employer information not known to the enforcing state, the SCU must follow interstate protocol and contact the other state as follows:
 - i. Carefully review the case record to determine whether the respondent employer record is current.
 - ii. Provide employment and/or address information to the other by state by sending the other state enforcing the order a *Child Support Enforcement Transmittal #2 - Subsequent Actions* (Attachment A, p. 26). Transmittal #2 is available on ASSETS as a template. When completing Transmittal #2 request the responding state to:
“Process an Income Withholding for Support, including an amount to address past-due support, or, if a source of income is unknown, process and enforce the order pursuant to UIFSA, or other legal processes as required by 45 Code of Federal Regulations (CFR) §303.7(c)(7)(iii).”
 - iii. Monitor that the responding state takes all appropriate actions to enforce the order as required under 45 CFR §303.7(c)(7)(iii), including the issuance of an IEX NOTICE.
 - iv. Note on the remarks screen if the other state responds that an income withholding IEX NOTICE has been served, or that any other action required under 45 Code of Federal Regulations (CFR) §303.7(c)(7)(iii) has been taken.
 - v. Monitor the CSENet Information Report for responses from the other state which may be received as an Enforcement (ENF) or Managing State Cases (MSC) transaction. The CSENet Information Report is a BICS report and it is also available on COLD as CSENETINFOREPORT.
 - vi. If the responding state does not reply to these requests for information and payments are not being made, the SCU should contact the responding state by telephone to assess what actions have been or can be taken.

VIII. Effective Date

This administrative directive is effective February 6, 2009.

Issued By

Name: Scott E. Cade
Title: Deputy Commissioner and Director
Division/Office: Center for Child Well-Being
Division of Child Support Enforcement

Attachment A

Income Execution Forms and Notices

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SPECIAL NOTICE REVISIONS TO THE "INCOME WITHHOLDING FOR SUPPORT"

Enclosed with this Special Notice is an amended "Income Withholding for Support" (NOTICE) for the New York Case Identifier listed on the NOTICE. The NOTICE has been revised based on recent regulatory changes and contains important information about changes to the calculation of the additional amount to be withheld, the reasons why a review of the additional amount can be requested, the process for requesting a review, as well as updated contact information.

The new calculation of the additional amount is as follows:

<u>If a current support amount:</u>	<u>then the additional amount to reduce arrears is:</u>
-is ordered	-50% of the current amount, at the same frequency
-was ordered but is now zero	-150% of the most recent current amount, at the same frequency
-was never ordered	-the total arrears amount, divided by 12, due monthly

Additionally, if the total arrears owed are \$300 or less, the additional amount is \$25 a month until the arrears are paid off.

The regulation was also amended to repeal the 40% limit on the amount to be withheld from disposable earnings for the additional amount. Withholding limitations are now based on the Consumer Credit Protection Act (CCPA).

The new calculations of the additional amount may result in an increase, decrease, or no change in the total amount withheld from a paycheck or benefits received. If there is an increase or decrease in the total amount to withhold, the new amount listed on page one of the NOTICE is to be withheld and remitted immediately. If there is no change in the total amount to withhold, continue to withhold and remit the existing amount.

Please retain a copy of the NOTICE enclosed for your records.

INCOME WITHHOLDING FOR SUPPORT

[Income Execution for Support Enforcement - New York State CPLR §5241; 18 NYCRR §347.9]

State of New York

Date of NOTICE: _____

Docket Number: _____

Original Amended Terminated (See item #10)

EMPLOYER/INCOME WITHHOLDER

TO: _____

Federal EIN: _____

EMPLOYEE/OBLIGOR

RE: _____
Social Security Number: _____
New York Case Identifier: _____

1

OBLIGEE
(Commissioner of Social Services, Assignee, O/B/O)

ORDER INFORMATION: This "Income Withholding for Support" (hereafter referred to as the "NOTICE") is based upon an order of support issued by the Supreme or Family Court of the State of New York, _____ County. You are required by law to deduct the total amount listed below from the income of the employee/obligor named above until further notice. For an itemized list of payments due, see page 2.

TOTAL AMOUNT TO WITHHOLD: \$ _____ (frequency)* - Remit to Payee below

2

*You do not have to vary your pay period (cycle) to comply with this NOTICE. If your pay period does not match the above TOTAL AMOUNT payment frequency, withhold one of the following amounts:

If your pay period is: Withhold this amount:
Weekly \$ _____
Biweekly (every 2 weeks) \$ _____

If your pay period is: Withhold this amount:
Semimonthly (twice a month) \$ _____
Monthly \$ _____

GENERAL REMITTANCE INFORMATION:

- **When remitting payments** - You must provide the pay date, and the New York case identifier, employee's/obligor's name and social security number, and your company or business name and Employer Identification Number (EIN). **See item #3 on page 2 and #8 on page 3 for withholding limits.**
- **If the employee's/obligor's principal place of employment is located in New York State** - You must begin withholding no later than the first pay period which occurs fourteen (14) days after service of this NOTICE, and payments must be remitted within seven (7) business days of the pay date for each withholding. You are not permitted to deduct a fee to defray the cost of withholding.
- **If the employee's/obligor's principal place of employment is located outside New York State** - You must begin withholding and remitting payments in accordance with the laws of the state of the employee's/obligor's principal place of employment, and may deduct a processing fee where such laws permit.

PAYMENT OPTIONS

3

Electronic remittance:

- If you wish to send payments electronically via EFT/EDI, call 888-208-4485 to arrange for your first EFT/EDI submission. You may be asked to provide the following FIPS code _____. The bank routing number and the bank account number will be provided to you when you call and arrange for your first EFT/EDI submission.

Check remittance:

- You must include a payment coupon with every payment.
- Make all payments payable to: NYS Child Support Processing Center.
- Send payments to: NYS Child Support Processing Center, PO Box 15363, Albany, NY 12212-5363.

ITEMIZED LIST OF PAYMENTS DUE

Payments Due	Frequency	Type Support	Entry Date	Payments Due	Frequency	Type Support	Entry Date
\$ _____			_____	\$ _____			_____
\$ _____			_____	\$ _____			_____
\$ _____			_____	\$ _____			_____
\$ _____			_____	\$ _____			_____
\$ _____			_____	\$ _____			_____
\$ _____			_____	\$ _____			_____
\$ _____			_____	\$ _____			_____
\$ _____			_____	\$ _____			_____
\$ _____			_____	\$ _____			_____
\$ _____			_____	\$ _____		additional amount	n/a

♦ Arrears greater than 12 weeks? Yes No Arrears owed as of _____ are \$ _____.

Current obligation amount total \$ _____ Past-due obligation amount total \$ _____

ADDITIONAL INFORMATION FOR EMPLOYERS AND OTHER INCOME WITHHOLDERS

State-specific information may be viewed on the OCSE Employer Services website located at:
<http://www.acf.hhs.gov/programs/cse/newhire/employer/contacts/contacts.htm>

- Priority:** Withholding for support has priority over any other legal process under New York State law against the same income. If a Federal tax levy is in effect, please contact the NYS Child Support Employer Helpline listed at the bottom of page 3.
- Combining Payments:** You may combine withheld amounts from more than one employee's/obligor's income in a single payment to the NYS Child Support Processing Center. You must, however, separately identify the amount of the single payment that is attributable to each employee/obligor, by providing a separate payment coupon or by identifying the pay date, New York Case Identifier, county name, name, and Social Security number of each employee/obligor.
- Reporting the Pay Date:** You must report the pay date when sending the payment. The pay date is the date on which the amount was withheld from the employee's/obligor's wages or other income. You must comply with the law of the state of employee's/obligor's principal place of employment with respect to the time periods within which you must implement withholding and forward the support payments.
- Employee/Obligor with Multiple Support Withholdings:** If there is more than one NOTICE and/or an ORDER against this employee/obligor and you are unable to fully honor all such support NOTICES or ORDERS due to federal, State or Tribal withholding limits, you must follow the state or tribal law/procedure of the employee's/obligor's principal place of employment. You must honor all ORDERS/NOTICES to the greatest extent possible giving priority to current support before payment of any past-due support.

In New York State, if an employer or income withholder is served with more than one NOTICE pursuant to CPLR §5241, ORDER pursuant to CPLR §5242, or ORDER/NOTICE issued by another state, and if the combined total amount for the deductions to be withheld exceeds the limits set forth in item 8, the employer or income withholder shall withhold the maximum amount permitted thereby and pay to each creditor the proportion thereof which such creditors claim bears to the combined total. The additional deduction authorized to be applied to the reduction of a past-due amount shall be applied in proportion to the past-due amount owed to each creditor.

- Lump Sum Payments:** You are required to report and withhold support arrears from lump sum payments. If the payments are for personal services, such as commissions, back pay, or severance pay, the Consumer Credit Protection Act (CCPA) limitations apply. You must withhold the amount of the support arrears up to the appropriate CCPA percentage. If the lump sum payment is not made for personal services, such as a benefit, dividend or interest payment, you should withhold the full amount of the arrears. If you have any questions about lump sum payments or the amount of the arrears due at the time of the payment, contact the NYS Child Support Employer Helpline listed at the bottom of page 3.
- Liability:** If you have any doubts about the validity of this NOTICE, contact the NYS Child Support Employer Helpline listed at the bottom of page 3. If you fail to withhold or remit income as the NOTICE directs, you are liable to the creditor and the debtor for such failure. Either party may commence a proceeding against you for the accumulated amount you should have withheld or remitted from the employee's/obligor's income, together with interest and reasonable attorney's fees, and any other penalties set by State or Tribal law/procedure.

In New York State, upon a finding by family court that you failed to withhold or remit withholdings as directed in this NOTICE, the court shall issue an order directing your compliance and may direct, the payment of a civil penalty to the creditor not to exceed \$500 for the first instance and \$1,000 per instance for the second and subsequent instances of noncompliance.

- Anti-discrimination:** You are subject to a civil penalty as determined under State or Tribal law for discharging an employee/obligor from employment, refusing to promote or taking disciplinary action against any employee/obligor or refusing to hire a prospective employee because of a child support withholding. In New York State pursuant to CPLR §5252, the court may direct the payment of a civil penalty not to exceed \$500 for the first instance and \$1,000 per instance for the second and subsequent instances of such discrimination.

JRE Address Number: _____
IVDJCA Worker Code: _____

8. **Withholding Limits:** For ORDERS/NOTICES, you may not withhold more than the lesser of: (1) the amounts allowed by the Federal Consumer Credit Protection Act (15 U.S.C. section 1673[b]); or (2) the amounts allowed by the State of the employee's/obligor's principal place of employment. The Federal limit applies to aggregate disposable weekly earnings (ADWE), which is the amount of net income left after making mandatory deductions of State, Federal, & local taxes; Social Security tax; and Medicare tax. For assistance in calculating the withholding amount, complete the enclosed Withholding Limitations Worksheet for Support and Medical Support or go to newyorkchildsupport.com to access the Income Withholding Calculator.

9. Child(ren)'s Name(s) Date of birth Child(ren)'s Name(s) Date of birth

10 **Effect of Termination on other NOTICES of income withholding:** This termination does not affect other NOTICES which you may have for the same employee/obligor on any different New York Case ID, for which you are deducting and sending payments to the NYS Child Support Processing Center. Unless you receive a Terminated NOTICE, those deductions, if any, remain in effect.

11. **Notification of Termination of Employment/Income:** You must promptly notify the issuing agency if the employee/obligor is not working for you, or receiving income from you at the time you receive this NOTICE, or if the employee/obligor stops working for you, or receiving income from you at any time in the future for any reason. Please complete the information below and return a copy of this NOTICE to the NYS Child Support Processing Center, PO Box 15368, Albany, NY 12212-5368:

This person has never worked for this employer or never received income from this income withholder.
 This person no longer works for this employer or receives income from this income withholder
Employer's/ Income withholder's contact name: _____ Phone number: _____
Employee's/Obligor's name: _____ NY case ID: _____
Date of termination: _____ Reason for termination: _____
Employee's/Obligor's last known address: _____
New employer's/income withholder's name and address: _____

NOTICE TO EMPLOYEE/OBLIGOR

- You are hereby notified that this NOTICE is issued against you as a result of the order of support listed on page 1.
- This NOTICE has been served on your current employer(s) or income withholder(s), and the New York State Department of Labor, with respect to current or subsequent income, and will be served on any future employer(s) or income withholder(s).
- **You must begin and continue to make support payments by money order or cashier's check directly to the NYS Child Support Processing Center until you have determined that withholdings from your paycheck or other income source have started. Send payments only to the NYS Child Support Processing Center at PO Box 15363, Albany, NY 12212-5363. Include a payment coupon with each payment.**
- The actions of your employer or income withholder in failing to deduct and remit amounts specified by this NOTICE shall not relieve you of the underlying obligation to pay support.
- If you believe that this NOTICE was issued in error or the amounts are incorrect, you may notify your local Support Collection Unit (SCU) in writing at the address listed below. You should make a submission of information and evidence by mail, or in person to support your assertion of an error. Thereafter, the SCU will determine the merits of your objection and will notify you of its determination within thirty (30) days after their receipt of notification from you.
- New York State law requires that if arrears are owed, the amount directed by this NOTICE to be withheld for payment of support must include an "additional amount" to satisfy the arrears (see "Itemized List of Payments Due" on page 2). If an "additional amount" is required to be deducted which reduces your annual income below the self-support reserve (\$14,620 for 2009), or if other support obligations already bring your remaining income below the self-support reserve, you may contact the NYS Child Support Helpline to inquire about how to request that the additional amount be reduced. You may also contact the NYS Child Support Helpline to request that the additional amount be modified if you have physical custody of the children for whom this order represents and you have no current obligation amount. Upon your request the Child Support Helpline will forward a form to you to fill out. Along with the completed form, you will be asked to provide documentary proof of your claim, including information about your income, such as your most recently filed tax returns and W-2 forms, current pay stubs or a letter from your employer listing your annual salary and proof of any benefits received

CONTACT INFORMATION

By phone, contact the New York State Child Support Helpline toll free at 888-208-4485 Monday through Friday from 8:00 AM to 5:00 PM.

In writing, contact the _____ SCU, _____, NY _____

8. **Withholding Limits:** For ORDERS/NOTICES, you may not withhold more than the lesser of: (1) the amounts allowed by the Federal Consumer Credit Protection Act (15 U.S.C. section 1673[b]); or (2) the amounts allowed by the State of the employee's/obligor's principal place of employment. The Federal limit applies to aggregate disposable weekly earnings (ADWE), which is the amount of net income left after making mandatory deductions of State, Federal, & local taxes; Social Security tax; and Medicare tax. For assistance in calculating the withholding amount, complete the enclosed Withholding Limitations Worksheet for Support and Medical Support or go to newyorkchildsupport.com to access the Income Withholding Calculator.

9. Child(ren)'s Name(s)	Date of birth	Child(ren)'s Name(s)	Date of birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

10. **Effect of Termination on other NOTICES of income withholding:** This termination does not affect other NOTICES which you may have for the same employee/obligor on any different New York Case ID, for which you are deducting and sending payments to the NYS Child Support Processing Center. Unless you receive a Terminated NOTICE, those deductions, if any, remain in effect.

11. **Notification of Termination of Employment/Income:** You must promptly notify the issuing agency if the employee/obligor is not working for you, or receiving income from you at the time you receive this NOTICE, or if the employee/obligor stops working for you, or receiving income from you at any time in the future for any reason. Please complete the information below and return a copy of this NOTICE to the **NYS Child Support Processing Center, PO Box 15368, Albany, NY 12212-5368:**

- This person has never worked for this employer or never received income from this income withholder.
 - This person no longer works for this employer or receives income from this income withholder
- Employer's/ Income withholder's contact name: _____ Phone number: _____
Employee's/Obligor's name: _____ NY case ID: _____
Date of termination: _____ Reason for termination: _____
Employee's/Obligor's last known address: _____
New employer's/income withholder's name and address: _____

NOTICE TO EMPLOYEE/OBLIGOR

- You are hereby notified that this NOTICE is issued against you due to your failure to remit three payments on the date due in the full amount directed by the order of support, or an accumulation of a past-due amount equal to or greater than the payments ordered for one month.
- This NOTICE will be served on your current or subsequent employer(s) or income withholder(s), and the New York State Department of Labor, with respect to current or subsequent income unless you assert a "Mistake of Fact" by writing your local Support Collection Unit (SCU) listed below within fifteen (15) days from your receipt of a copy of this NOTICE: "Mistake of Fact" means an error in the amount of payments ordered or past due or in the identity of the debtor, or that the order of support does not exist or has been vacated. You should also make a submission of information and evidence by mail, or in person to support your claim of a "Mistake of Fact" within the fifteen (15) day period. The SCU will determine the merits of your objection and will notify you of its determination within forty-five (45) days from your receipt of a copy of this NOTICE. If the claim is disallowed, you will be notified in writing that this NOTICE will be served on your employer or income withholder, and of the time that the deductions will begin. (See CPLR §5241.)
- **You must begin and continue to make support payments by money order or cashier's check directly to the NYS Child Support Processing Center until you have determined that withholdings from your paycheck or other income source have started. Send payments only to the NYS Child Support Processing Center at PO Box 15363, Albany, NY 12212-5363. Include a payment coupon with each payment.**
- The actions of your employer or income withholder in failing to deduct and remit amounts specified by this NOTICE shall not relieve you of the underlying obligation to pay support.
- New York State law requires that if arrears are owed, the amount directed by this NOTICE to be withheld for payment of support must include an "additional amount" to satisfy the arrears (see "Itemized List of Payments Due" on page 2). If an "additional amount" is required to be deducted which reduces your annual income below the self-support reserve (\$14,620 for 2009), or if other support obligations already bring your remaining income below the self-support reserve, you may contact the NYS Child Support Helpline to inquire about how to request that the additional amount be reduced. You may also contact the NYS Child Support Helpline to request that the additional amount be modified if you have physical custody of the children for whom this order represents and you have no current obligation amount. Upon your request the Child Support Helpline will forward a form to you to fill out. Along with the completed form, you will be asked to provide documentary proof of your claim, including information about your income, such as your most recently filed tax returns and W-2 forms, current pay stubs or a letter from your employer listing your annual salary and proof of any benefits received

CONTACT INFORMATION

By phone, contact the New York State Child Support Helpline toll free at 888-208-4485 Monday through Friday from 8:00 AM to 5:00 PM.

In writing, contact the _____ SCU, _____, NY _____
DEFAULT JRE Address Number: _____
Enforcement Officer: _____

Date:

County Support Collection Unit

_____**LEGAL NOTICE ENCLOSED****PLEASE CAREFULLY READ
ALL DOCUMENTS**

New York Case Identifier:

Worker Code:

Employer No:

Employee/Obligor Name:

Employee/Obligor SSN:

This package contains the following important documents

- A copy of the **Original** Income Withholding for Support (NOTICE) that was or will be sent to the employer/income withholder listed on the NOTICE. (Carefully read the "Notice to Employee/Obligor" section on page 3 of the NOTICE.)
- Payment coupons to include with all payments you need to make until support is deducted from your paycheck or other income source.

How to make payments before withholding begins

You must make support payments until you have determined that support has been withheld from your paycheck or other income source and forwarded to the NYS Child Support Processing Center. Please refer to the "Total Amount to Withhold" found on page 1, section 2, of the NOTICE for the total amount of each payment and the payment frequency.

You must submit your payment by Money Order or Cashier's Check:

- Make all payments payable to: NYS Child Support Processing Center.
- Send payments to: NYS Child Support Processing Center, PO BOX 15363, Albany, NY 12212-5363.
- Include a payment coupon with each payment.

There are other ways to pay your support. For more information please contact the **NYS Child Support Helpline toll free at 888-208-4485, TTY 866-875-9975, Video Relay Service (http://www.fcc.gov/cgb/dro/trs_providers.html), Monday through Friday from 8:00 AM to 7:00 PM.**

Reporting changes in employment and other income

If you have never worked, or are no longer working, for the employer, or are no longer receiving income from the income withholder listed in the NOTICE, contact the NYS Child Support Helpline with your current employment or other income information.

Date:

County Support Collection Unit

_____**LEGAL NOTICE ENCLOSED****PLEASE CAREFULLY READ
ALL DOCUMENTS**

New York Case Identifier:

Worker Code:

Employer No:

Employee/Obligor Name:

Employee/Obligor SSN:

_____**This package contains the following important documents**

- A copy of the **Amended** Income Withholding for Support (NOTICE) that was or will be sent to the employer/income withholder listed on the NOTICE. (Carefully read the "Notice to Employee/Obligor" section on page 3 of the NOTICE.)
- New payment coupons to include with all payments you need to make if you are no longer receiving income from the employer/income withholder listed above.

How to make payments

If you are no longer receiving income from the employer/income withholder listed on the NOTICE, you must make support payments directly. Please refer to the "Total Amount to Withhold" found on page 1, section 2, of the NOTICE for the total amount of each payment and the payment frequency.

You must submit your payment by Money Order or Cashier's Check:

- Make all payments payable to: NYS Child Support Processing Center.
- Send payments to: NYS Child Support Processing Center, PO BOX 15363, Albany, NY 12212-5363.
- Include a payment coupon with each payment.

There are other ways to pay your support. For more information please contact the **NYS Child Support Helpline toll free at 888-208-4485, TTY 866-875-9975, Video Relay Service (http://www.fcc.gov/cgb/dro/trs_providers.html), Monday through Friday from 8:00 AM to 7:00 PM.**

Reporting changes in employment and other income

If you have never worked, or are no longer working, for the employer, or are no longer receiving income from the income withholder listed in the NOTICE, contact the NYS Child Support Helpline with your current employment or other income information.

_____ County Support Collection Unit

Date:

LEGAL NOTICE ENCLOSED
IMMEDIATE ACTION
REQUIRED
PLEASE CAREFULLY READ
ALL DOCUMENTS

New York Case Identifier:
Worker Code:
Employer No:
Employee/Obligor Name:
Employee/Obligor SSN:

This package contains the following important documents

- **Original** Income Withholding for Support (NOTICE)
[critical information marked 1, 2, & 3]
- Payment coupons to include with payments
- Withholding Limitations Worksheet

As the NOTICE directs, you must take immediate action to withhold support from the income of the employee/obligor named in the NOTICE. Your failure to withhold or remit the support as directed in the NOTICE may, upon a finding by family court, result in the payment of a civil penalty to the creditor.

“Income” includes any earned or unearned income including wages, salaries and commissions and also includes benefits such as disability, workers compensation, and unemployment insurance benefits. See Civil Practice Law and Rules (CPLR) §5241 for a complete definition.

If the employee/obligor is no longer working for you, or is not receiving benefits, IMMEDIATELY notify the Support Collection Unit (SCU) as directed in #11 (Notification of Termination of Employment/Income) on page 3 of the NOTICE.

Please retain a copy of the NOTICE for your records. If you have any questions about the NOTICE, please contact the **NYS Child Support Helpline toll-free at 888-208-4485** Monday through Friday from 8:00 AM to 5:00 PM.

_____ County Support Collection Unit

Date:

LEGAL NOTICE ENCLOSED
IMMEDIATE ACTION
REQUIRED
PLEASE CAREFULLY READ
ALL DOCUMENTS

New York Case Identifier:
Worker Code:
Employer No:
Employee/Obligor Name:
Employee/Obligor SSN:

This package contains the following important documents

- **Amended** Income Withholding for Support (NOTICE)
[critical information marked 1, 2, & 3]
- New payment coupons to include with payments
- Withholding Limitations Worksheet
- Special Notice for use in calculating additional amount

As the NOTICE directs, you must take immediate action to withhold the amended amount of support from the income of the employee/obligor named in the NOTICE. Your failure to withhold or remit the support as directed in the NOTICE may, upon a finding by family court, result in the payment of a civil penalty to the creditor.

“Income” includes any earned or unearned income including wages, salaries and commissions and also includes benefits such as disability, workers compensation, and unemployment insurance benefits. See Civil Practice Law and Rules (CPLR) §5241 for a complete definition.

If the employee/obligor is no longer working for you, or is not receiving benefits, IMMEDIATELY notify the Support Collection Unit (SCU) as directed in #11 (Notification of Termination of Employment/Income) on page 3 of the NOTICE.

Please retain a copy of the NOTICE for your records. If you have any questions about the NOTICE, please contact the **NYS Child Support Helpline toll-free at 888-208-4485** Monday through Friday from 8:00 AM to 5:00 PM.

_____ County Support Collection Unit

Date:

LEGAL NOTICE ENCLOSED
IMMEDIATE ACTION
REQUIRED
PLEASE CAREFULLY READ
ALL DOCUMENTS

New York Case Identifier:
Worker Code:
Employer No:
Employee/Obligor Name:
Employee/Obligor SSN:

This package contains the following important document

- **Terminated** Income Withholding for Support (NOTICE)
[critical information marked 1, 2, & 3]

Carefully read #10 (Effect of Termination on other NOTICES of income withholding) on page 3 of the NOTICE.

Please retain a copy of the NOTICE for your records. If you have any questions about the NOTICE, please contact the **NYS Child Support Helpline toll-free at 888-208-4485** Monday through Friday from 8:00 AM to 5:00 PM.

You MUST return the attached coupon with your payment to ensure you receive proper credit.

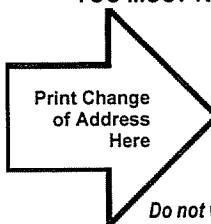
Support Payments must be received by the Support Collection Unit on or before the due date to prevent enforcement action which may require you to appear in court. Failure to make support payments on time will result in further enforcement action including suspension of your driver's and/or professional licenses and seizure of your personal property.

MAIL PAYMENTS TO:
 NYS CHILD SUPPORT PROCESSING CENTER
 PO BOX 15363
 ALBANY NY 12212-5363

Make your check or money order payable to:
 NYS CHILD SUPPORT PROCESSING CENTER

PLEASE DO NOT SEND CASH

To be compliant with your court order,
 YOU MUST RECORD YOUR CHANGE OF ADDRESS HERE



Do not write above this line except to submit an address change.

NY Case Identifier:
 Noncustodial Parent:
 Custodial Parent:
 Current Obligation:
 Arrears Obligation:

PAY THIS AMOUNT

*If no payment amount is shown above pay at least the amount of the current or arrears obligation as they become due.

**Include this coupon with your payment.
 Do NOT fold, staple or mutilate.
 Please record your account number on the check.**

AMOUNT ENCLOSED \$, .

You MUST return the attached coupon with your payment to ensure you receive proper credit.

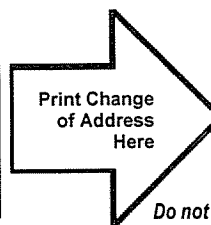
Support Payments must be received by the Support Collection Unit on or before the due date to prevent enforcement action which may require you to appear in court. Failure to make support payments on time will result in further enforcement action including suspension of your driver's and/or professional licenses and seizure of your personal property.

MAIL PAYMENTS TO:
 NYS CHILD SUPPORT PROCESSING CENTER
 PO BOX 15363
 ALBANY NY 12212-5363

Make your check or money order payable to:
 NYS CHILD SUPPORT PROCESSING CENTER

PLEASE DO NOT SEND CASH

To be compliant with your court order,
 YOU MUST RECORD YOUR CHANGE OF ADDRESS HERE



Do not write above this line except to submit an address change.

NY Case Identifier:
 Noncustodial Parent:
 Custodial Parent:
 Current Obligation:
 Arrears Obligation:

PAY THIS AMOUNT

*If no payment amount is shown above pay at least the amount of the current or arrears obligation as they become due.

**Include this coupon with your payment.
 Do NOT fold, staple or mutilate.
 Please record your account number on the check.**

AMOUNT ENCLOSED \$, .

You MUST return the attached coupon with your payment to ensure you receive proper credit.

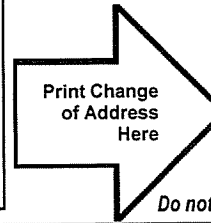
Support Payments must be received by the Support Collection Unit on or before the due date to prevent enforcement action which may require you to appear in court. Failure to make support payments on time will result in further enforcement action including suspension of your driver's and/or professional licenses and seizure of your personal property.

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Do not write above this line except to submit an address change.

NY Case Identifier:
 Noncustodial Parent:
 Custodial Parent:
 Current Obligation:
 Arrears Obligation:

PAY THIS AMOUNT

*If no payment amount is shown above pay at least the amount of the current or arrears obligation as they become due.

**Include this coupon with your payment.
 Do NOT fold, staple or mutilate.
 Please record your account number on the check.**

AMOUNT ENCLOSED \$, .

_____ County Support Collection Unit

All correspondence should be sent to the address above.

Federal EIN _____

Date:

**Support Withholding
Billing Notice**

Please enter the Total amount enclosed	\$
--	----

Important information

Our records indicate that an Income Withholding for Support (NOTICE) was sent to you for the employee(s)/obligor(s) listed below. As the NOTICE directs, you must take immediate action to withhold support from the income of the employee/obligor named in the NOTICE. Your failure to withhold or remit the support as directed in the NOTICE may, upon a finding by the family court, result in the payment of a civil penalty to the creditor.

Electronic remittance:

- If you wish to send payments electronically via EFT/EDI, call 888-208-4485 to arrange for your first EFT/EDI submission. You may be asked to provide the following FIPS code _____. The bank routing number and the bank account number will be provided to you when you call and arrange for your first EFT/EDI submission.

Check remittance:

- You must include a payment coupon with every payment.
- Make all payments payable to: NYS Child Support Processing Center.
- Send payments to: NYS Child Support Processing Center, PO Box 15363, Albany, NY 12212-5363.

If the employee/obligor is no longer working for you, or is not receiving benefits, IMMEDIATELY notify the Support Collection Unit (SCU) as directed in item #11 (Notification of Termination of Employment/Income) on page 3 of the NOTICE.

Employee/Obligor Name	Employee/Obligor Soc. Sec. Number	New York Case Identifier	Obligee name
SMITH, JOHN A	000000000	ZZ00000Z1	SMITH, JANE A

Include any additional employee(s)/obligor(s) for which you have received a NOTICE that are not listed above. Please refer to the NOTICE for complete and accurate information.

If you have any questions about this notice, please contact the **NYS Child Support Helpline toll-free at 888-208-4485** Monday through Friday from 8:00 AM to 5:00 PM.

SMITH, JOHN A

Please use a separate coupon for each pay date for which you withhold support from an employee/obligor and provide only the date the payment was withheld from the employee's/obligor's wages.

You may send a single check for all employees/obligors or individual checks as long as one coupon per employee/obligor is included for each withholding date. Please indicate the pay date and the dollar amount withheld on each coupon.

LMEM1 06/12/03

Income XYZ CORPORATION
Withholder ATTN PAYROLL DEPT
Name and Address: 1000 ANY BUSINESS AVE
 ANY CITY NY 10000-0000

Your Federal Employer ID Number (EIN)
123456789

Obligor Name: SMITH, JOHN A
Obligor SSN: 000-00-0000
NY Case Identifier: ZZ00000Z1
Obligee Name: SMITH, JANE A

You must return this coupon with your payment to the address on the coupon.

PLEASE DO NOT FOLD, STAPLE OR MUTILATE.

MAIL PAYMENTS TO:
 NYS CHILD SUPPORT PROCESSING CENTER
 PO BOX 15363
 ALBANY NY 12212-5363

Make your check or money order payable to:
 NYS CHILD SUPPORT PROCESSING CENTER

PLEASE DO NOT SEND CASH

Payments must be remitted within seven business days of the date the respondent is paid.

AMOUNT ENCLOSED: \$, .

Pay Date (MM/DD/YY): / /

257 00 000000000000 000000 0000000000 0

SMITH, JOHN A

SEMPROS - 2

Please use a separate coupon for each pay date for which you withhold support from an employee/obligor and provide only the date the payment was withheld from the employee's/obligor's wages.

You may send a single check for all employees/obligors or individual checks as long as one coupon per employee/obligor is included for each withholding date. Please indicate the pay date and the dollar amount withheld on each coupon.

LMEM1 06/12/03

Income XYZ CORPORATION
Withholder ATTN PAYROLL DEPT
Name and Address: 1000 ANY BUSINESS AVE
 ANY CITY NY 10000-0000

Your Federal Employer ID Number (EIN)
123456789

Obligor Name: SMITH, JOHN A
Obligor SSN: 000-00-0000
NY Case Identifier: ZZ00000Z1
Obligee Name: SMITH, JANE A

You must return this coupon with your payment to the address on the coupon.

PLEASE DO NOT FOLD, STAPLE OR MUTILATE.

MAIL PAYMENTS TO:
 NYS CHILD SUPPORT PROCESSING CENTER
 PO BOX 15363
 ALBANY NY 12212-5363

Make your check or money order payable to:
 NYS CHILD SUPPORT PROCESSING CENTER

PLEASE DO NOT SEND CASH

Payments must be remitted within seven business days of the date the respondent is paid.

AMOUNT ENCLOSED: \$, .

Pay Date (MM/DD/YY): / /

257 00 000000000000 000000 0000000000 0

SMITH, JOHN A

SEMPROS - 2

Please use a separate coupon for each pay date for which you withhold support from an employee/obligor and provide only the date the payment was withheld from the employee's/obligor's wages.

You may send a single check for all employees/obligors or individual checks as long as one coupon per employee/obligor is included for each withholding date. Please indicate the pay date and the dollar amount withheld on each coupon.

LMEM1 06/12/03

Income XYZ CORPORATION
Withholder ATTN PAYROLL DEPT
Name and Address: 1000 ANY BUSINESS AVE
 ANY CITY NY 10000-0000

Your Federal Employer ID Number (EIN)
123456789

Obligor Name: SMITH, JOHN A
Obligor SSN: 000-00-0000
NY Case Identifier: ZZ00000Z1
Obligee Name: SMITH, JANE A

You must return this coupon with your payment to the address on the coupon.

PLEASE DO NOT FOLD, STAPLE OR MUTILATE.

MAIL PAYMENTS TO:
 NYS CHILD SUPPORT PROCESSING CENTER
 PO BOX 15363
 ALBANY NY 12212-5363

Make your check or money order payable to:
 NYS CHILD SUPPORT PROCESSING CENTER

PLEASE DO NOT SEND CASH

Payments must be remitted within seven business days of the date the respondent is paid.

Pay Date (MM/DD/YY): / /

AMOUNT ENCLOSED: \$, .

257 00 000000000000 000000 0000000000 0

_____ County Support Collection Unit

All correspondence should be sent to the address above.

Federal EIN _____

Date:

**Support Withholding
Billing Notice**

Please check the box if you have made any corrections or additions

Please enter the Total amount enclosed \$ _____

Important information

Our records indicate that the Income Withholding for Support (NOTICE) was sent to you for the employees/obligors listed below. As the NOTICE directs, you must take immediate action to withhold support from the income of the employee/obligor named in the NOTICE. Your failure to withhold or remit the support as directed in the NOTICE may, upon a finding by the family court, result in the payment of a civil penalty to the creditor.

Electronic remittance:

- If you wish to send payments electronically via EFT/EDI, call 888-208-4485 to arrange for your first EFT/EDI submission. You may be asked to provide the following FIPS code _____. The bank routing number and the bank account number will be provided to you when you call and arrange for your first EFT/EDI submission.

Check remittance:

- You must include the pay date and amount withheld for each employee/obligor listed on page 2 of this notice.
- Make all payments payable to: NYS Child Support Processing Center.
- Send payments to: NYS Child Support Processing Center, PO Box 15363, Albany, NY 12212-5363.

If the employee/obligor is no longer working for you, or is not receiving benefits, IMMEDIATELY notify the Support Collection Unit (SCU) as directed in item #11 (Notification of Termination of Employment/Income) on page 3 of the NOTICE.

If you have any questions about this notice, please contact the **NYS Child Support Helpline toll-free at 888-208-4485** Monday through Friday from 8:00 AM to 5:00 PM.

Withholding Limitations Worksheet for Support and Medical Support

You may use the Withholding Limitations Worksheet, or the electronic Income Withholding Calculator located at www.newyorkchildsupport.com, for assistance in calculating the withholding amount for the "Income Withholding for Support" (NOTICE) and the "National Medical Support Notice."

Step 1 - Disposable Income Calculation

- "**Income**" includes any earned or unearned income including wages, salaries, commissions, bonuses, pensions, retirement and also includes benefits such as disability, workers' compensation, and unemployment insurance benefits. See Civil Practice Law and Rules (CPLR) §5241 for a complete definition.
- "**Aggregate Disposable Income**" means that part of the earnings remaining after deduction of any amounts required by law to be deducted. This is also referred to as "disposable income."
- "**Pay Period**" means the frequency at which the employee/obligor receives income or benefits, for example weekly, bi-weekly, semi-monthly, and monthly.

Calculate disposable income:

1. Gross earnings per pay period. 1. \$ _____
2. Amounts deducted as required by law:

a. Federal income tax	a. \$ _____
b. Social Security tax	b. \$ _____
c. Medicare tax	c. \$ _____
d. State income tax	d. \$ _____
e. City/local income tax	e. \$ _____
f. Involuntary retirement or pension plan payments	f. \$ _____
3. Add lines 2a through f. These are the total deductions required by law. 3. \$ _____
4. Subtract line 3 from line 1. **This is the employee's/obligor's disposable income.** 4. \$ _____

Step 2 – Maximum Withholding Limitation Determination

[Consumer Credit Protection Act (CCPA) Limitations on Withholdings for Support 15 U.S.C. 1673 (b)]

In determining the maximum withholding limitation when there are multiple NOTICES for this employee/obligor, consider all NOTICES as a whole and not separately when answering the following questions. For example, if there are two NOTICES, one indicates that the employee/obligor owes arrears greater than 12 weeks, the other NOTICE has no arrears, you would answer "Yes" to the question that asks if the employee/obligor owes arrears greater than 12 weeks and the percentage you enter on line 8 would apply to both NOTICES.

5. Does the employee/obligor support another spouse or child other than those identified on Page 3 of the NOTICE?
 - Yes, proceed to question 6.
 - No, skip question 6 and proceed to question 7.
6. Does the employee/obligor owe arrears greater than 12 weeks as indicated on Page 2 of the NOTICE?
 - Yes, the maximum withholding is 55%; skip question 7 and enter this percentage on line 8.
 - No, the maximum withholding is 50%; skip question 7 and enter this percentage on line 8.
7. Does the employee/obligor owe arrears greater than 12 weeks as indicated on Page 2 of the NOTICE?
 - Yes, the maximum withholding is 65%; enter this percentage on line 8.
 - No, the maximum withholding is 60%; enter this percentage on line 8.
8. Enter the **CCPA maximum withholding limitations percentage** for this employee/obligor and proceed to line 9. 8. _____%

Step 3 - Calculation of Income Withholding Amount(s)

This worksheet may be used for single or multiple NOTICES received for an employee/obligor.

9. Enter the employee's/obligor's disposable income amount from line 4. 9. \$ _____
10. Enter the CCPA maximum withholding limitations percentage from line 8. 10. _____%
11. Multiply the amount entered on line 9 by the percentage entered on line 10. This is the maximum amount that can be withheld from the employee's/obligor's check for all NOTICES received.* 11. \$ _____
12. Enter the total amount to withhold for the same frequency as the employee's/obligor's pay frequency for each of the NOTICES received for the employee/obligor. The total amount to be withheld may be found on page 1, Section 2, of the NOTICE.
- a. NOTICE one a. _____
- b. NOTICE two b. _____
- c. NOTICE three c. _____
- d. TOTAL d. _____**
13. Carry down the **TOTAL** from line 12d here \$ _____. Does this amount exceed the maximum amount on line 11?
 Yes. Continue to line 14.
 No. The total amounts to be withheld will be the amounts entered on lines 12a through c, and totaled on line 12d. Proceed to Step 4, Calculation of Health Insurance Premium Withholding.
14. Proration of support withholdings. **NOTICE one NOTICE two NOTICE three**
- a. Enter the amount to withhold from line 12a through c for each NOTICE. a. \$ _____ \$ _____ \$ _____
- b. Enter the **TOTAL** to be withheld from line 12d. b. \$ _____
- c. Divide the amount(s) entered on line 14a by 14b for each NOTICE. Enter as a percentage (00.00%). Note: A single NOTICE will result in 100%. c. _____% _____% _____%
- d. Multiply the amount entered on line 11 by the percentages on line 14c for each NOTICE. This is the pro rata share of the amount to be withheld. d. \$ _____ \$ _____ \$ _____
- e. Add each line amount in line 14d for the pro rata **TOTAL** amount to be withheld for all NOTICES. This amount cannot exceed the amount on line 11. No further calculation is necessary. e. \$ _____

Please submit payment for the appropriate amount calculated above. If proration was necessary, you must identify the prorated amount to be withheld for each NOTICE received with your payment.

Step 4 - Calculation of Health Insurance Premium Withholding

15. Are you required to withhold a health insurance premium amount based on a National Medical Support Notice received for this employee/obligor or otherwise?
 Yes. Proceed to line 16.
 No. **Stop.** No further calculations are necessary in Step 4. Do not complete lines 16 through 20.
16. Enter the maximum amount that can be withheld from the employee's/obligor's check for one pay period from line 11.* 16. \$ _____
17. Enter the amount, if any, being withheld, for all NOTICES from line 12d for one pay period.* 17. \$ _____
18. Subtract the amount entered on line 17 from line 16. **If zero or less, stop here.** No health insurance premium may be deducted. If greater than zero, proceed to line 19. 18. \$ _____
19. Enter the amount to be withheld for the health insurance premium for one pay period. 19. \$ _____
20. Does line 19 exceed line 18?
 Yes. **DO NOT** withhold the health insurance premium. Since the combined amount for child support and the health insurance premium exceeds CCPA limitations, withholding for health insurance premiums based on the National Medical Support Notice is not permitted at this time. Check Box 4 of Part A, Employer Response (page 2 of 5), of the National Medical Support Notice and return the Notice. Withhold the appropriate **TOTAL** amount on line 12d above.
 No. Withhold the health insurance premium amount entered on line 19 above for each pay period and provide the required health insurance based on the National Medical Support Notice. Complete Part B, Plan Administrator Response (page 2 of 4), of the National Medical Support Notice and return the Notice. The full amount to be withheld for all NOTICES will be the amount carried forward and totaled on line 12d, plus health insurance premiums calculated on line 19.

***IMPORTANT NOTE:** Upon any future change in income paid to the employee/obligor, you must recalculate the limitations on withholding for each NOTICE received, including the calculation for health insurance premiums where appropriate.

**REQUEST FOR REVIEW OF THE ADDITIONAL AMOUNT ON THE
INCOME WITHHOLDING FOR SUPPORT**

BEFORE COMPLETING THIS FORM - Please read the other side of this form for information regarding a review and further instructions.

I cannot afford to pay the additional amount of support indicated on the **Income Withholding for Support** due to the following reason(s):

Check all that apply:

Custody and Financial Need

I have physical custody of the minor child(ren) who is/are subjects of the support order, a current support obligation no longer exists for the child(ren), and the income withholding affects my ability to support my minor child(ren) as supported by the following enclosed proof of physical custody:

copy of the court order showing that the minor child(ren) live(s) with me; or
 school or other governmental records indicating the child(ren)'s residence; or
 other (identify) _____;

AND, proof of terminated current support:

copy of the court order showing that the current support order is terminated;

AND, proof of income:

copy of my most recently filed State and Federal tax return and W-2 statement; and
 copy of my current paycheck stub, or a signed letter from my employer, stating my current income; and/or
 proof of any benefits received (i.e., Social Security, Unemployment Insurance Benefits); and/or
 other (identify) _____;

AND,

Statement of Income and Expenses form.

Annual Income Below the Self-Support Reserve (SSR)

The additional amount required to be deducted will reduce my disposable income below the self-support reserve amount of \$14,620 for 2009, as supported by the following enclosed proof of income:

copy of my most recently filed State and Federal tax return and W-2 statement; and
 copy of my current paycheck stub, or a signed letter from my employer, stating my current income; and/or
 proof of any benefits received (i.e., Social Security, Unemployment Insurance Benefits); and/or
 other (identify) _____.

Completed and Submitted By:

Name _____

Dated: _____

Address _____

Social Security Number _____

Daytime Telephone Number _____

New York Case Identifier and county listed on the Income Withholding for Support for each of your cases:

ID _____	County _____	ID _____	County _____
ID _____	County _____	ID _____	County _____
ID _____	County _____	ID _____	County _____

Copies of this form and all documentary proof must be sent to each county that you request a review of the additional amount that was issued by that county.

**Process and Instructions for
Request for Review of the Additional Amount on the
Income Withholding for Support**

Before completing the form on the other side, please read the following:

You may ask for a review of the additional amount to be withheld as stated on the "Income Withholding for Support" (NOTICE) for the following reasons:

- You have physical custody of the minor child(ren) who is/are the subject(s) of the support order, a current support obligation no longer exists, and the income withholding affects your ability to support the minor child(ren); or
- The additional amount required to be deducted will reduce your disposable income below the self-support reserve amount of \$14,620 for 2009.

To request a review, you must complete this form by:

- placing a checkmark (✓) in the appropriate boxes on this form identifying your request and identifying the required documentary proof included to support your request;
- providing your personal information, all of your New York Case identifiers (account numbers) and counties listed on the NOTICE that you received; and
- submitting this completed form and documentary proof to the address provided in the cover letter that was sent with this form.

You must provide the identified documentary proof to support your request. If you wish to provide relevant supporting documentation that is not listed on the form, you may check the box labeled "other" where applicable and provide a description of the documentation included. If you do not file state and/or federal tax returns you must send a letter indicating the law that states you do not have to file the tax return(s).

After completion, you must submit this form, the enclosed Statement of Income and Expenses form (if custody is the basis of your request), and required documents to the address provided in the cover letter that was sent with this form. Upon receipt, we will review the documentation and provide you with a written decision stating whether or not we agree with you.

In addition, if we agree with your request, wholly or in part, we will adjust your account and send an amended NOTICE to your employer and send a copy of the NOTICE to you. Our decision will be based solely upon consideration of relevant court orders and findings, the Support Collection Unit records and any written documentation submitted by you. Our written decision will be the final determination.

Statement of Income and Expenses

(To be completed if custody is the basis of your request)

General Information

Name _____ Date _____
 Address _____ Daytime Telephone Number _____
 _____ Social Security Number _____
 New York Case Identifier(s) and county for all support cases involving the children that are now in your custody:
 ID _____ County _____ ID _____ County _____
 ID _____ County _____ ID _____ County _____
 Copies of this form must be sent to each county that you request a review of the additional amount.

Income Information

Annual gross income \$ _____
 Married Yes No
 If yes, please list your spouse's annual gross income \$ _____

Family Expense Information

For any expenses that are paid each week, multiply by 4.3 to obtain a monthly payment. Expenses included under "Other" should be listed separately with separate dollar amounts. Attach additional sheets, if needed. When available, please provide documentary proof of your expenses, for example: a cancelled rent or mortgage check, a utility bill, or receipts.

Please list expenses on a monthly basis:

- | | |
|--|--------------------|
| 1. Housing: rent, mortgage, real estate taxes, association fees, condominium charges, cooperative apartment maintenance | 1. Total \$ _____ |
| 2. Utilities: fuel oil, gas, electricity, telephone, water | 2. Total \$ _____ |
| 3. Food: groceries, school lunches | 3. Total \$ _____ |
| 4. Child support payments, alimony and maintenance payments | 4. Total \$ _____ |
| 5. Clothing | 5. Total \$ _____ |
| 6. Laundry: Laundromat, dry cleaning | 6. Total \$ _____ |
| 7. Insurance: life, homeowner's/tenant's, fire, theft and liability, automotive, umbrella policy, medical plan, dental plan, optical plan, prescription drug plan, disability | 7. Total \$ _____ |
| 8. Unreimbursed health expenses: medical, dental, optical, prescription | 8. Total \$ _____ |
| 9. Automotive: lease or loan payments, gas and oil, parking and tolls
Year: _____ Make: _____ Personal: ___ Business: ___
Year: _____ Make: _____ Personal: ___ Business: ___
Year: _____ Make: _____ Personal: ___ Business: ___ | 9. Total \$ _____ |
| 10. Income taxes: Federal, State, City, Social Security and Medicare | 10. Total \$ _____ |
| 11. Miscellaneous: union and organization dues, loan payments, unreimbursed business expenses | 11. Total \$ _____ |
| 12. Other: please list | 12. Total \$ _____ |
| 1. _____ \$ _____ | |
| 2. _____ \$ _____ | |
| 3. _____ \$ _____ | |
| 4. _____ \$ _____ | |

TOTAL EXPENSES: \$ _____

**Alternate Additional Amount Calculation for Custody Issues
Instructions and Worksheets 18 NYCRR 347.9(e)**

General Instructions

Review the documentary proof and determine if the NCP has a valid request. Review the court order to determine if the NCP has custody of the children for whom the NCP is obligated to support. Review ASSETS or CSMS to determine that the NCP has no current obligation amount for such children. Review the "Statement of Income and Expenses" form to determine if the additional amount affects the NCP's ability to support his or her children.

In reviewing the "Statement of Income and Expenses" you do not have to accept, without question, the information the NCP provided. For example, if the family court imputed income to the NCP in establishing the amount of support, you should use the income determined by the court, which may be found in the findings of fact, not the income shown on the tax return, W-2, or other document. Similarly, expenses listed which are unnecessary, discretionary, or excessive should not be considered in determining the impact of the additional amount on the noncustodial parent's ability to support his or her children.

Annual number of payments based on the obligation frequency are as follows:

- ◆ weekly equals 52 annual payments, ◆ semi-monthly equals 24 annual payments, and
- ◆ bi-weekly equals 26 annual payments, ◆ monthly equals 12 annual payments

Use the forms and documentary proof to complete worksheet 1 to determine the alternate additional amount.

Custody Issues Worksheet

- | | |
|---|----------|
| 1. Enter NCP's annual gross earnings or annual court imputed income. | 1. _____ |
| 2. Enter NCP's Total Expenses from the "Statement of Income and Expenses" form. | 2. _____ |
| 3. Multiply line 2 by 12 to get the annual expenses. | 3. _____ |
| 4. Subtract line 3 from line 1. | 4. _____ |
| 5. Enter the NCP's obligation frequency. | 5. _____ |
| 6. Enter the annual number of payments based on the obligation frequency. | 6. _____ |
| 7. Divide line 4 by the number on line 6. | 7. _____ |
| 8. Round the number on line 7 down. This is the Alternate Additional Amount. | 8. _____ |

**Alternate Additional Amount Calculation for Self-Support Reserve Issues
Instructions and Worksheets 18 NYCRR 347.9(e)**

General Instructions

Review the documentary proof submitted by the NCP. If family court imputed income to the NCP in establishing the amount of support, the SCU should use the income determined by the court, which may be found in the findings of fact, not the income shown on the tax return, W-2, or other document.

The current obligation amount and additional amount can be found on the CSMS or the ASSETS fiscal page for the noncustodial parent. If the NCP has multiple orders the annual income of the noncustodial parent is subtracted by the total of all current obligations and additional amounts when considering the request for review. If the NCP has multiple cases in multiple counties, the obligation amount and additional amount for a county other than your own can be viewed on ASSETS by entering the case ID and county provided by the NCP and then reviewing the Account tab in the Account mode. Do not calculate Consumer Credit Protection Act (CCPA) limitations on withholdings for support.

The additional amount **must** be reduced if the additional amount calculated pursuant to the regulation will reduce the NCP's annual income below the self-support reserve amount for the current year.

Gross Earnings means compensation paid or payable for personal services, such as wages, salary, commission, or bonus, and includes periodic payments pursuant to a pension or retirement program, prior to any taxes or deductions being taken.

Annual number of payments based on the pay period frequency and obligation frequency are as follows:

- ◆ weekly equals 52 annual pay periods, ◆ semi-monthly equals 24 annual pay periods, and
- ◆ bi-weekly equals 26 annual pay periods, ◆ monthly equals 12 annual pay periods

Use the forms and documentary proof to complete worksheet 2 to determine the alternate additional amount.

Step 1 - Disposable Earnings Calculation

1. Enter NCP's gross earnings per pay period or court imputed income for the same pay period. 1. _____

2. Amounts deducted as required by law:

a. Federal income tax	\$	
b. Social Security tax	\$	
c. Medicare tax	\$	
d. State income tax	\$	
e. City/local income tax	\$	
f. Involuntary retirement or pension plan payments	\$	

Add lines 2 a-f. These are the total deductions required by law. 2. _____

3. Subtract line 2 from line 1. 3. _____

4. Number of annual pay periods. 4. _____

5. Multiply line 3 by the number on line 4.
This is the NCP's annual **disposable earnings**. 5. _____

Next, go to Step 2, Proration of the Obligation Amount

Step 2 – Proration of the Obligation Amount

6. Enter the NCP’s annual disposable income from line 5 above.	6. _____						
7. Enter the annual number of payments based on the obligation frequency.	7. _____						
8. Proration of multiple accounts.	<table border="0" style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;">Account one</td> <td style="text-align: center;">Account two</td> <td style="text-align: center;">Account three</td> </tr> <tr> <td style="text-align: center;">County _____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </table>	Account one	Account two	Account three	County _____	_____	_____
Account one	Account two	Account three					
County _____	_____	_____					
a. Enter the obligation amount from each of the account numbers the NCP provided.	a. \$ _____ \$ _____ \$ _____						
b. Enter the additional amount from each of the account numbers the NCP provided.	b. \$ _____ \$ _____ \$ _____						
c. Total each column.	c. \$ _____ \$ _____ \$ _____						
d. Enter the TOTAL of all obligation and additional amounts from 8c.	d. \$ _____						
e. Divide the amount(s) entered on line 8c by 8d for each account. Enter as a percentage (0.00%). Note: A single NOTICE will result in 100%.	e. _____% _____% _____%						
9. Enter the total of the court ordered obligation amount(s) from line 8a.	9. _____						
10. Multiply line 9 by the number on line 7.	10. _____						
11. Subtract line 10 from line 6.	11. _____						
12. Multiply line 8d by the number on line 7.	12. _____						
13. Subtract line 12 from line 6.	13. _____						

Step 3 – Calculation of the Alternate Additional Amount

14. Enter the current self-support reserve amount.	14. _____						
15. Is the amount on line 13 greater than the amount on line 14?							
<input type="checkbox"/> Yes. The Additional Amount is correct. No Change. Stop.							
<input type="checkbox"/> No. Go to line 16.							
16. Is line 14 greater than line 11?							
<input type="checkbox"/> Yes. The obligation amount is bringing the NCP’s income below the SSR. The Alternate Additional Amount should be \$0.00. Stop.							
<input type="checkbox"/> No. Go to line 17.							
17. Subtract line 14 from Line 11.	17. _____						
18. Divide line 17 by the number on line 7.	18. _____						
19. Round the number on line 18 down. This is the Total Alternate Additional Amount that can be withheld. If there are multiple accounts continue to line 20 to prorate the alternate additional amount.	19. _____						
20. Multiply the total alternate additional amount on line 19 by each percentage on line 8e above. Round the prorated alternate additional amount down.							
<table border="0" style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;">Account one</td> <td style="text-align: center;">Account two</td> <td style="text-align: center;">Account three</td> </tr> <tr> <td style="text-align: center;">County _____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </table>	Account one	Account two	Account three	County _____	_____	_____	
Account one	Account two	Account three					
County _____	_____	_____					
Note: Set the Alternate additional amount from line 20 only on accounts in your county.							

[SCU letterhead]

TO:

Date: _____

New York Case Identifier: _____

<p>SUPPORT COLLECTION UNIT DETERMINATION OF YOUR REQUEST FOR REVIEW OF THE ADDITIONAL AMOUNT ON THE INCOME WITHHOLDING FOR SUPPORT</p>

Dear _____:

The review of your request to reduce the additional amount on the "Income Withholding for Support" (NOTICE) for the New York State Case Identifier above has been completed. Based on our review of the case and supporting documentation provided:

- Your request has been **granted**. Your case will be reviewed and adjusted as appropriate.
- An amended NOTICE will be sent to your employer/income withholder reflecting the adjusted amount that your employer must begin withholding. A copy of the amended NOTICE will be sent to you.
- A terminated NOTICE will be sent to your employer/income withholder advising that the amount being withheld by your employer must stop.

Please note that if your financial circumstances change, you must immediately contact the Support Collection Unit through the **NYS Child Support Helpline** toll free at **888-208-4485**, TTY 866-875-9975, Video Relay Service (http://www.fcc.gov/cgb/dro/trs_providers.html), Monday through Friday from 8:00 AM to 7:00 PM.

- Your request has been **denied**.
- Insufficient documentation was provided to us to determine the validity of your request.
- You did not demonstrate that the additional amount required to be deducted will reduce your annual income below the self-support reserve amount.
- You did not demonstrate: that you have physical custody of the minor child(ren) who is/are the subject(s) of the support order; that a current support obligation no longer exists for the minor child(ren); and/or that the income withholding effects your ability to support the minor child(ren).

If you do not believe that our final decision is correct, you may seek review of this decision by bringing a legal proceeding authorized by Article 78 of the Civil Practice Law and Rules within four months of the date of this notice. You should see an attorney about how to bring an Article 78 proceeding. If you have no attorney or cannot afford to hire one, you should call your local legal services organization for help.

Supervisor,
Support Collection Unit

_____ County Support Collection Unit

Date: _____

**IMMEDIATE ACTION
 REQUIRED**

**PLEASE CAREFULLY READ
 THIS DOCUMENT**

New York Case Identifier:
 Employer No:
 Employee/Obligor Name:
 Employee/Obligor SSN:
 County Name:

Support Withholding Non-Compliance Notice

Our records indicate that the individual noted above is employed by you, or receiving payments or benefits from you. An "Income Withholding for Support" (NOTICE) was mailed to you, and no payments have been received in at least the past 45 days. You are required to submit payments within 7 business days of the individual being paid. You must notify us if the individual is no longer employed by you, or receiving payments or benefits from you.

Immediate Action Required

Please review your records and forward payments to: **NYS Child Support Processing Center, PO Box 15363, Albany, NY 12212-5363.**

If the employee/obligor is no longer working for you, or is not receiving benefits, IMMEDIATELY notify the NYS Child Support Processing Center by completing the information as directed in #11 (Notification of Termination of Employment/Income) on page 3 of the NOTICE and mail it to the address below.

If you no longer have the NOTICE fill in the information below and mail this notice to **NYS Child Support Processing Center, PO Box 15368, Albany, NY 12212-5368.**

This person has never worked for this employer or never received income from this income withholder.

This person no longer works for this employer or receives income from this income withholder

Employer's/ Income withholder's contact name: _____ Phone number: _____

Employee's/Obligor's name: _____ NY case ID: _____

Date of termination: _____ Reason for termination: _____

Employee's/Obligor's last known address: _____

New employer's/income withholder's name and address: _____

Penalty for Failure to Comply

Your failure to withhold or remit the support as directed in the NOTICE may cause us to bring legal action in family court against you. Family court can direct the payment of a civil penalty to the creditor not to exceed \$500 for the first instance and \$1,000 per instance for the second and subsequent instances of noncompliance. You would also be responsible for full payment of all payments that should have been withheld and remitted as directed in the NOTICE.

If you have any questions about this notice, please contact the **NYS Child Support Employer Helpline toll-free at 888-208-4485** Monday through Friday from 8:00 AM to 5:00 PM.

CHILD SUPPORT ENFORCEMENT TRANSMITTAL #2 - SUBSEQUENT ACTIONS

Petitioner IV-D Case TANF
 IV-E FOSTER CARE
 MEDICAID ONLY
Respondent Non-IV-D Case FORMER ASSISTANCE
 NEVER ASSISTANCE

File Stamp

To: (Agency Name and Address)

Responding FIPS Code _____ State _____

Responding IV-D Case No _____

Responding Tribunal No _____

From: (Contact Person, Agency, Address, Phone, Fax, E-mail)

Initiating FIPS Code _____ State **NY**

Initiating IV-D Case No. _____

Initiating Tribunal No _____

Send Payments To:

Payment FIPS Code _____ State **NY**

Bank Account _____ Routing Code _____

State with Continuing Exclusive Jurisdiction (CEJ) _____

Action

- 1. Status Request
- 2. Status Update
- 3. Notice of Hearing
- 4. Notice of Case Forwarding
- 5. Document Filed
- 6. Order Issued/Confirmed
- 7. Notice of Arrearage Reconciliation/Determination of Sum-Certain
- 8. Change of Payee/Redirection of Payment
- 9. Other

Please Return the Acknowledgment Attached (2 of 2)

II. Additional Information

Date Initiating Contact Person (Print or Type) Telephone Number & Extension
FAX _____ E-mail _____

CHILD SUPPORT ENFORCEMENT TRANSMITTAL #2 - SUBSEQUENT ACTIONS

Petitioner IV-D Case TANF
 IV-E FOSTER CARE
 MEDICAID ONLY
Respondent Non-IV-D Case FORMER ASSISTANCE
 NEVER ASSISTANCE

File Stamp

To: (Contact Person, Agency, Address, Phone, Fax, E-mail)

Responding FIPS Code _____ State ____
Responding IV-D Case No _____
Responding Tribunal No _____

From: (Agency Name and Address)

Initiating FIPS Code _____ State NY
Initiating IV-D Case No. _____
Initiating Tribunal No _____

Send Payments To:

Payment FIPS Code _____ State NY
Bank Account _____ Routing Code _____
State with Continuing Exclusive Jurisdiction (CEJ) __

ACKNOWLEDGMENTS

Return This Form to Initiating State

- Request Received and No Additional Information is Necessary
- Additional Information Needed (See Remarks)
- Remarks/Response

Your Case has been Forwarded for Action to:

Name of Worker
Agency Name
Address, FIPS Code
Phone & Extension & Fax

Date Person Completing Form (Print or Type) Telephone Number & Extension
FAX _____ E-mail _____

F.C.A. §§ 440, 453

C.P.L.R. § 5241

(04/08)
(Petition – Employer
Violation - Income
Execution for Support
Enforcement)

FAMILY COURT OF THE STATE OF NEW YORK
COUNTY OF

.....
In the Matter of a Proceeding for Support
under Article 4, 5, 5-A, and 5-B of the Family Court Act
and Article 52 of the Civil Practice Law and Rules

Family File No.
Docket No.
New York Case ID
WMS Case ID

Commissioner of Social Services, Petitioner

– against –

**PETITION FOR
EMPLOYER VIOLATION OF INCOME
EXECUTION FOR SUPPORT
ENFORCEMENT**

for _____, as Employer/Income Payor
S.S. # _____, Employee/Obligor

.....
TO THE FAMILY COURT:

The undersigned Petitioner respectfully shows that:

1. The Petitioner is the Commissioner of Social Services, whose official address is:

_____, _____,
, in the County of _____, State of New York, and is authorized to originate this proceeding
pursuant to Section 453 of the Family Court Act.

2. The employee/obligor is _____, and has an employer/income payor
as defined in Civil Practice Law and Rules, Section 5241(a), whose name and address is

3. By order of the _____ Court, dated _____, Docket number _____, the employee/obligor was directed to pay the sum of _____ weekly every two weeks twice per month monthly quarterly semi-annually annually through the Support Collection Unit.

4. The order further directed, pursuant to Section 440 of the Family Court Act, that the Support Collection Unit enforce the order by income execution pursuant to Section 5241 of the Civil Practice Law and Rules.

5. On or about _____, the Support Collection Unit issued an income execution by first class mail to the employer/income payor at the address provided above, directing such employer/income payor to deduct and remit support in the total amount of _____ per _____ including per _____ for court ordered obligations [and] per _____ for the additional amount to pay arrears/past due support. The income execution further directed the employer/income payor to deduct such amounts no later than the first pay period which occurs fourteen (14) days after service of the income execution, and begin remittance of payments within seven (7) business days of the date of each deduction, and thereafter, under New York Case ID _____, to the NYS Child Support Processing Center, PO Box 15363, Albany, NY 12212-5363.

6. Upon information and belief, the employer/income payor has failed to obey the income execution in that as of _____, the employer/income payor has failed to deduct and remit support in the amount of _____ per _____. The employer was sent a follow up notice of its obligation to comply with the income execution on _____.

This is said employer's/income payor's first instance of noncompliance. This employer/income payor has failed to comply with income executions previously sent by the Petitioner.

7. No previous application has been made to any court or judge for the relief requested herein.

8. YOU ARE HEREBY GIVEN NOTICE that the Petitioner may amend this Petition to include any additional withholding which has not been deducted and remitted from the commencement of this proceeding up to the date of the hearing or disposition.

WHEREFORE, Petitioner prays that an order of compliance be entered herein granting Petitioner relief as set forth in Section 5241 of the Civil Practice Law and Rules including payment and remittance in the total amount that should have been deducted and remitted to the NYS Child Support Processing Center, PO Box 15363, Albany, NY 12212-5363, under New York Case ID _____; and

Petitioner prays that the Court find the employer/income payor liable for a civil penalty not to exceed five hundred dollars for the first instance and one thousand dollars for each subsequent instance of employer/income payor noncompliance together with such other or further relief as the Court may deem just and proper.

Commissioner of Social Services
(or Designee for Commissioner), Petitioner
Signature

Dated: _____, _____

Print or type name

Service of all pleadings and legal papers upon Petitioner in response to this petition should be directed to:

Office of the IV-D Attorney

Attorney, if any (Print or type name)

Attorney's Address.