		ICOME FOR CHILD SUPPORT
Original Amended Termination Date:		_
State/Tribe/Territory ARKANSAS		
City/Co./Dist./Reservation		_
Non-governmental entity or Individual		=
OCSE Case Number	RE:	_
Employer's/Withholder's Name	KE.	Employee's/Obligor's Name (Last,First,MI)
Employer's/Withholder's Address		Employee's/Obligor's Social Security Number
	_	Employee's/Obligor's Case Identifier
Employer's/Withholder's Federal EIN Number (if known)	_	Obligee's Name (Last,First,MI)
ORDER INFORMATION: This document is based on the law to deduct these amounts from the employee's/obligor's Per current child support		
\$ Per past-due child support - Arrears greater current cash medical support \$ Per past-due cash medical support \$ per past-due cash medical support \$ per past-due spousal support \$ past-due spousal support	er than 12 we	eks? yes no
\$ Per other (specify)		
for a total of \$ Per You do not have to vary your pay cycle to be in compliand the ordered payment cycle, withhold one of the following at \$ per weekly pay period. \$ per biweekly pay period (every two weeks). **REMITTANCE INFORMATION:* When remitting payments.	ce with the mounts: \$\$	per semimonthly pay period (twice a month). per monthly pay period.
identifier. If the employee's/obligor's principal place of emfirst pay period occurring 14 days after the date of Ser withholding. The total withheld amount, including your fee, disposable weekly earnings.	nployment nd payme	is <u>Arkansas</u> , begin withholding no later than the nt within working days of the pay date/date of
If the employee's/obligor's principal place of employment time requirements, and any allowable employer fees, fo principal place of employment (see #3 and #9, ADDIT WITHHOLDERS).	llow the I	aws and procedures of the employee's/obligor's
Make check payable to: Office of Child Support Enfor	cement	Send check to:
Payee and Case Identif	fier	Arkansas Child Support Clearinghouse
		P.O. Box 8125
		Little Rock, Arkansas 72203
If remitting payment by EFT/EDI, call <u>1-800-216-0224</u> befo Bank routing number: Bank accour		
If this is an Order/Notice to Withhold:	<u>If th</u>	nis is a Notice of an Order to Withhold:
Print Name Pr	int Name	
	le (if appr	
Signature and DateSignature	gnature ar	nd Date
X IV-D Agency Court Attorney with authority under state law to issue order/notice	Attorney	Individual Private Entity
NOTE: Non-IV-D Attorneys, individuals, and non-government and include a copy of the income withholding order unless, income withholding order. In that case, the attorney may sustate law authorizing the attorney to issue an income withholding order. The person completing this form is advised that the information of the information is advised that th	under a submit an Colding ord	state's law, an attorney in that state may issue an Order/Notice to Withhold and include a copy of the ler/notice.

	ADDITIONAL INFORMATION TO EMPLOYERS AND WITHHOLDERS
	If checked you are required to provide a copy of this form to your employee/obligor. If your employee works in a state that is different from the state that issued this order, a copy must be provided to your employee/obligor even if the box is not checked.
1.	Priority: Withholding under this Order or Notice has priority over any other legal process under state law (or tribal law, if applicable) against the same income. If there are federal tax levies in effect, please notify the contact person listed below. (See 10 below.)
2.	Combining Payments: You may combine withheld amounts from more than one employee's/obligor's income in a single payment to each agency/party requesting withholding. You must, however, separately identify the portion of the single payment that is attributable to each employee/obligor.
3.	Reporting the Paydate/Date of Withholding: You must report the paydate/date of withholding when sending the payment. The paydate/date of withholding is the date on which the amount was withheld from the employee's wages. 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 the withholding and forward the support payments.
4.	Employee/Obligor with Multiple Support Withholdings: If there is more than one Order or Notice against this employee/obligor and you are unable to honor all support Orders or Notices 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 or Notices to the greatest extent possible. (See 9 below.)
5.	Termination Notification: You must promptly notify the Child Support Enforcement (IV-D) Agency and/or the contact person listed below when the employee/obligor no longer works for you. Please provide the information requested and return a complete copy of this Order or Notice to the Child Support Enforcement (IV-D) Agency and/or the contact person listed below. (See 10 below.) THE EMPLOYEE/OBLIGOR NO LONGER WORKS FOR:
	EMPLOYEE'S/OBLIGOR'S NAME:CASE IDENTIFIER:
	DATE OF SEPARATION FROM EMPLOYMENT: LAST KNOWN HOME ADDRESS: NEW EMPLOYER/ADDRESS:
	NEW LINI EOTENADDREGO.
6.	Lump Sum Payments: You may be required to report and withhold from lump sum payments such as bonuses, commissions, or severance pay. If you have any questions about lump sum payments, contact the Child Support Enforcement (IV-D) Agency.
7.	Liability: If you have any doubts about the validity of the Order or Notice, contact the agency or person listed below under 10. If you fail to withhold income as the Order or Notice directs, you are liable for both the accumulated amount you should have withheld from the employee's/obligor's income and any other penalties set by state or tribal law/procedure.
8.	Anti-Discrimination: You are subject to a fine determined under state or tribal law for discharging an employee/obligor from employment, refusing to employ, or taking disciplinary action against any employee/obligor because of a child support withholding.
0 1	Withholding Limits: For state orders, you may not withhold more than the lesser of: 1) the amounts allowed by the Federal
(Consumer Credit Protection ACT (15 U.S.C § 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 the aggregate disposable weekly earnings (ADWE). ADWE is the net income left after making mandatory deductions such as: state, federal, local taxes, Social Security taxes, statutory pension contributions, and Medicare taxes. The Federal CCPA limit is 50% of the ADWE for child support and alimony, which is increased by 1) 10% if the employee does not support a second family; and/or 2) 5% if arrears greater than 12 weeks.
	For tribal orders, you may not withhold more than the amounts allowed under the law of the issuing tribe. For tribal employers who receive a state order, you may not withhold more than the amounts allowed under the law of the state that issued the order.
	Child(ren)'s Names and Additional Information:
-	
10	. If you or your employee/obligor have any questions, contact:
10.	by telephone at or by Fax at
	or by internet at

	IOLD INCOME FOR CHILD SUPPORT ITHHOLD INCOME FOR CHILD SUPPORT
Original Amended Termination Date:	THROLD INCOME FOR CHILD SUFFORT
State/Tribe/Territory ARKANSAS	
City/Co./Dist./Reservation	
Non-governmental entity or Individual	
OCSE Case Number	
Employer's/Withholder's Name	RE: Employee's/Obligor's Name (Last,First,MI)
Employer s/ Withholder's Name	
Employer's/Withholder's Address	Employee's/Obligor's Social Security Number
	Employee's/Obligor's Case Identifier
Employer's/Withholder's Federal EIN Number (if known)	Obligee's Name (Last,First,MI)
law to deduct these amounts from the employee's/obligo \$ Per current child support	
\$ Per past-due child support - Arrears green current cash medical support past-due cash medical support past-due cash medical support spousal support spousal support past-due spousal support	eater than 12 weeks? yes no
\$ Per other (specify) for a total of \$ Per	to be forwarded to the payee below.
You do not have to vary your pay cycle to be in compliant the ordered payment cycle, withhold one of the following per weekly pay period.	ance with the support order. If your pay cycle does not match
\$ per biweekly pay period (every two weeks).	\$ per monthly pay period.
identifier. If the employee's/obligor's principal place of effirst pay period occurring 14 days after the date of S	ent, provide the pay date/date of withholding and the case employment is <u>Arkansas</u> , begin withholding no later than the Send payment within working days of the pay date/date of ee, may not exceed _ of the employee's/obligor's aggregate
time requirements, and any allowable employer fees,	ent is not Arkansas, for limitations on withholding, applicable follow the laws and procedures of the employee's/obligor's DITIONAL INFORMATION TO EMPLOYERS AND OTHER
Make check payable to: Office of Child Support Enf	forcement Send check to:
Payee and Case Ide	ntifier Arkansas Child Support Clearinghouse
	P.O. Box 8125
	Little Rock, Arkansas 72203
If remitting payment by EFT/EDI, call <u>1-800-216-0224</u> be Bank routing number: Bank acco	efore first submission. Use this FIPS code:
If this is an Order/Notice to Withhold:	If this is a Notice of an Order to Withhold:
Print Name	Print Name
	Title (if appropriate)
Signature and Date	Signature and Date
X IV-D Agency Court	Attorney Individual Private Entity
	mental entities must submit a Notice of an Order to Withhold
	ss, under a state's law, an attorney in that state may issue an submit an Order/Notice to Withhold and include a copy of the
IMPORTANT: The person completing this form is advised that the inf	

OCSE - FEN31 11/04 Page 3 of 5

NOTICE OF AN ORDER TO WITHOU				
Original Amended Termination Date:				
State/Tribe/Territory ARKANSAS				
City/Co./Dist./Reservation				
Non-governmental entity or Individual				
OCSE Case Number				
Employer's/Withholder's Name	RE:	nployee's/Obligor's Name (Last,First,MI)		
Employer's/Withholder's Address		ployee's/Obligor's Social Security Number		
		Employee's/Obligor's Case Identifier		
Employer's/Withholder's Federal EIN Number (if known)		Obligee's Name (Last,First,MI)		
ORDER INFORMATION: This document is based on the slaw to deduct these amounts from the employee's/obligor's ———————————————————————————————————				
\$ Per Per past-due child support - Arrears greate current cash medical support	r than 12 weeks?	yes no		
\$ Per past-due cash medical support spousal support				
\$ Per past-due spousal support other (specify)				
for a total of \$ Per				
You do not have to vary your pay cycle to be in compliand		ort order. If your pay cycle does not match		
the ordered payment cycle, withhold one of the following ar \$ per weekly pay period.		semimonthly pay period (twice a month).		
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REMITTANCE INFORMATION: When remitting payment identifier. If the employee's/obligor's principal place of emfirst pay period occurring 14 days after the date of Ser withholding. The total withheld amount, including your fee, disposable weekly earnings.	ployment is <u>Ark</u> nd payment with	<u>ansas,</u> begin withholding no later than the in working days of the pay date/date of		
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Make check payable to: Office of Child Support Enforce	cement	Send check to:		
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If this is an Order/Notice to Withhold:		Notice of an Order to Withhold:		
Print Name Pri	nt Name			
Title of Issuing Official Titl	e (if appropriate			
Signature and Date Signature	nature and Date	e		
X IV-D Agency Court	Attorney	Individual Private Entity		
Attorney with authority under state law to issue order/notice				
NOTE: Non-IV-D Attorneys, individuals, and non-governme and include a copy of the income withholding order unless, income withholding order. In that case, the attorney may su	under a state's ibmit an Order/N	law, an attorney in that state may issue an Notice to Withhold and include a copy of the		
state law authorizing the attorney to issue an income withhour important: The person completing this form is advised that the information in the information is advised that the information is advised to the informati	olding order/noti nation on this form	ice. may be shared with the obligor. OMB 0970-0154		
		OIND 0310-0134		

OCSE - FEN31 11/04 Page 4 of 5

	D INCOME FOR CHILD SUPPORT
Original Amended Termination Date:	HOLD INCOME FOR CHILD SUPPORT
State/Tribe/Territory ARKANSAS	
City/Co./Dist./Reservation	
Non-governmental entity or Individual	
OCSE Case Number	
	RE:
Employer's/Withholder's Name	Employee's/Obligor's Name (Last,First,MI)
Employer's/Withholder's Address	Employee's/Obligor's Social Security Number
	Employee's/Obligor's Case Identifier
Employer's/Withholder's Federal EIN Number (if known)	Obligee's Name (Last,First,MI)
ORDER INFORMATION: This document is based on the s law to deduct these amounts from the employee's/obligor's i Per current child support Per past-due child support - Arrears greater current cash medical support	income until further notice.
\$ Per past-due cash medical support \$ Spousal support \$ Per past-due spousal support \$ past-due spousal support \$ other (specify) \$ Per \$ Other (specify) \$ Per \$ Past-due cash medical support \$ Per \$ Past-due cash medical support \$ Per \$	to be forwarded to the payee below.
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If the employee's/obligor's principal place of employment itime requirements, and any allowable employer fees, folloprincipal place of employment (see #3 and #9, ADDITI WITHHOLDERS).	ow the laws and procedures of the employee's/obligor's
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If this is an Order/Notice to Withhold: Print Name Print Name	If this is a Notice of an Order to Withhold: nt Name
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Attorney with authority under state law to issue order/notice NOTE: Non-IV-D Attorneys, individuals, and non-government and include a copy of the income withholding order unless, income withholding order. In that case, the attorney may substate law authorizing the attorney to issue an income withhold IMPORTANT: The person completing this form is advised that the information	under a state's law, an attorney in that state may issue an bmit an Order/Notice to Withhold and include a copy of the olding order/notice.

OCSE - FEN31 11/04 Page 5 of 5