

NAME: _____

ADDRESS: _____

TEL. No.: _____

Plaintiff/Petitioner Pro Se

Defendant/ Respondent Pro Se

IN THE FAMILY COURT OF THE FIRST CIRCUIT

STATE OF HAWAII

_____)	FC-__ No. _____
<input type="checkbox"/> Plaintiff <input type="checkbox"/> Petitioner)	
)	<input type="checkbox"/> ORIGINAL <input type="checkbox"/> AMENDED
)	<input type="checkbox"/> TERMINATION
vs.)	ORDER/NOTICE TO WITHHOLD
)	INCOME FOR CHILD SUPPORT
)	
_____)	
<input type="checkbox"/> Defendant <input type="checkbox"/> Respondent)	
_____)	

ORIGINAL AMENDED TERMINATION
ORDER/NOTICE TO WITHHOLD INCOME FOR CHILD SUPPORT

ORDER/NOTICE TO WITHHOLD INCOME FOR CHILD SUPPORT
 NOTICE OF AN ORDER TO WITHHOLD INCOME FOR CHILD SUPPORT

Original Amended Termination Date: _____
 State/Tribe/Territory HAWAII - FAMILY COURT OF THE FIRST CIRCUIT
City/Co./Dist./Reservation CITY AND COUNTY OF HONOLULU
 Non-governmental entity or Individual _____
Case Number FC- No. _____

_____	RE: _____
Employer's/Withholder's Name	Employee's/Obligor's Name (Last, First, MI)
_____	_____
_____	Employee's/Obligor's Social Security Number
_____	_____
Employer's/Withholder's Address	FC- No. _____
_____	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 support or withholding order from HAWAII. You are required by law to deduct these amounts from the employee's/obligor's income until further notice.

_____	Per month	current child support	_____
_____	Per month	past-due child support	-
_____	Per month	current cash medical support	Arrears greater than 12 weeks? <input type="checkbox"/> yes <input type="checkbox"/> no
_____	Per month	past-due cash medical support	_____
_____	Per month	spousal support	_____
_____	Per month	past-due spousal support	_____
_____	Per month	other (specify)	_____

for a total of _____ per month to be forwarded to the payee below.

You do not have to vary your pay cycle to be in compliance with the support order. If your pay cycle does not match the ordered payment cycle, withhold one of the following amounts:

_____ per weekly pay period. _____ per semimonthly pay period (twice a month).
_____ per biweekly pay period (every two weeks). _____ per monthly pay period.

REMITTANCE INFORMATION: When remitting payment, provide the pay date/date of withholding and the case identifier. If the employee's/obligor's principal place of employment is HAWAII, begin withholding no later than the first pay period occurring 7 days after the date of receiving this notice/order. Send payment within 5 working days of the pay date/date of withholding. The total withheld amount, including your fee, may not exceed _____% of the employee's/obligor's aggregate disposable weekly earnings.

If the employee's/obligor's principal place of employment is not HAWAII for limitations on withholding, applicable time requirements, and any allowable employer fees, follow the laws and procedures of the employee's/obligor's principal place of employment (see #3 and #9, ADDITIONAL INFORMATION TO EMPLOYERS AND OTHER WITHHOLDERS).

Make check payable to: CHILD SUPPORT ENFORCEMENT AGENCY Case _____
Send check to: CHILD SUPPORT ENFORCEMENT AGENCY
STATE DISBURSEMENT UNIT
P. O. BOX 1860
HONOLULU, HI 96805-1860

If remitting payment by EFT/EDI, call (808) 692-7013 before first submission. Use this FIPS code: _____:
Bank routing number: _____ Bank account number: _____

If this is an Order/Notice to Withhold:

Print Name _____
Title of Issuing Official JUDGE, FAMILY COURT, FIRST CIRCUIT

Signature and Date _____

- IV-D Agency Court
- Attorney with authority under state law to issue order/notice.

NOTE: Non-IV-D Attorneys, individuals, and non-governmental entities must submit a Notice of an Order to Withhold and include a copy of the income withholding order unless, under a state's law, an attorney in that state may issue an income withholding order. In that case, the attorney may submit an Order/Notice to Withhold and include a copy of the state law authorizing the attorney to issue an income withholding order/notice.

IMPORTANT: The person completing this form is advised that the information on this form may be shared with the obligor.

ADDITIONAL INFORMATION TO EMPLOYERS AND OTHER 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: _____

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. This Order/Notice is applicable to all employers and to all income as defined in Sections 571-52(e), 571-52.2(n), 576E-1, and 576E-

16(f) of the Hawaii Revised Statutes.

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.

9. **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 /DOB
and Additional Information:**

10. If you or your employee/obligor have any questions, contact CHILD SUPPORT ENFORCEMENT AGENCY - OAHU BRANCH by telephone at 587-4250 ALL OTHERS: 1-888-317-9081 by Fax at (808) 692-7060 or by internet at _____.