

**IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
DOMESTIC RELATIONS DIVISION**

GENERAL ORDER: 03 D 1

**SUBJECT: FORM FOR NOTICE TO WITHHOLD INCOME FOR SUPPORT
(REVISED)**

IT IS HEREBY ORDERED THAT:

Effective January 1, 2003, this form for Notice to Withhold Income for Support is authorized for use in the Domestic Relations Division. This form shall be furnished by the Clerk of the Circuit Court to the Bar and the general public in limited amounts. Any word-processor form consistent with and in the form of this Notice to Withhold Income for Support is acceptable. To Facilitate compliance with Federal and State mandates, a copy of the Notice to withhold Income for Support must accompany the Order for Support, General Order 02-D-11 and served onto the payor.

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
COUNTY DEPARTMENT - DOMESTIC RELATIONS DIVISION

NOTICE TO WITHHOLD INCOME FOR SUPPORT

And _____

Petitioner
Respondent

Case No. _____
TO: PAYOR/EMPLOYER
Name / Company _____
Address _____
City _____ County _____
State _____ Zip _____
Telephone () _____

Employee/Obligor's Name (Last, First, Middle) _____

Date of Birth _____ Social Security No. _____

Residential Address _____

City _____ County _____ State _____ Zip _____

Mailing Address (if different) _____

Home Telephone () _____ Work Telephone () _____

Driver's License No. (Illinois) _____ Driver's License No. (other state) _____

Employee Identification No. _____

Custodial Parent's /Obligee's Name (Last, First, Middle) _____

Date of Birth _____ Social Security No. _____

Residential Address _____

City _____ County _____ State _____ Zip _____

Mailing Address (if different) _____

Home Telephone () _____ Work Telephone () _____

Driver's License No. (Illinois) _____ Driver's License No. (other state) _____

Child(ren) covered by Order For Support:

<u>Name(s) (Last, First, Middle)</u>	<u>Sex</u>	<u>Date of Birth</u>	<u>Social Security No.</u>

NOTICE INFORMATION: This is a Notice to Withhold Income For Support based upon the attached Order for Support, entered by the Honorable Judge _____, Circuit Court of Cook County, Illinois on _____, _____. By law, you are required to deduct the following amounts from the above-named employee's/obligor's income until _____, _____ even if this Notice to Withhold Income for Support is not used by your State.

\$ _____ per _____ in current support;
 \$ _____ per _____ in past-due support until \$ _____ is paid in full;
 Arrears 12 weeks or greater? yes no
 \$ _____ per _____ in medical support;
 \$ _____ per _____ in other (specify): _____
 \$ _____ per _____ in other (specify): _____
 Total \$ _____ per _____ withheld to be paid over and sent to:

STATE DISBURSEMENT UNIT; P.O. BOX 5400; CAROL STREAM, IL 60197-5400
for payment to the obligee.

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 support payment cycle, use the following to determine how much to withhold:

\$ _____ per weekly pay period. \$ _____ per semimonthly pay period (twice a month).
 \$ _____ per biweekly pay period. \$ _____ per monthly pay period.

If checked, you are also required to immediately enroll the child(ren) identified above in any health insurance coverage available through the employee/obligor's employment, and withhold or cause to be withheld, if applicable, any required premiums. Premiums withheld shall be made to the health insurance plan in a timely manner. You are required to mail to the obligee, within 15 days of enrollment or upon request, notice of the date of coverage, specific information regarding the dependent benefits/coverage plan, and all forms necessary to obtain reimbursement for covered health expenses, such as would be made available to a new employee. When an order for dependent coverage is in effect and the insurance coverage is terminated or changed for any reason, you must notify the obligee within 10 days of the termination or change date along with notice of conversion privileges.

REMITTANCE INFORMATION: Follow the laws and procedures of the State of the employee obligor's principal place of employment even if such laws and procedures are different from this paragraph:

*You must begin withholding no later than the first pay period occurring 14 days after the date of this notice.
 You must send the amount withheld to the
 STATE DISBURSEMENT UNIT; P.O. BOX 5400; CAROL STREAM, IL 60197-5400
 within 7 business days of the pay date. You are entitled to deduct a fee of your actual cost not to exceed \$5.00 per month from the income to be paid to the obligor in order to defray the cost of withholding. The total amount withheld, including your fee, cannot exceed the amount permitted under the Federal Consumer Credit Protection Act.*

When remitting payment, provide the pay date that you withheld support; state that the order for support was entered in the Circuit Court of Cook County; Case No. _____; your name, address (including county), telephone number; the obligor's name, address (including county), social security number; and driver's license number and the obligee's name, address (including county), social security number and driver's license number.

Name _____ Attorney of Record Obligee _____ Date of Notice _____

ADDITIONAL INFORMATION TO EMPLOYERS/PAYORS AND OBLIGORS

If checked, you are required to provide a copy of this NOTICE to your employee.

TO THE PAYOR/EMPLOYER:

1. **PRIORITY:** Withholding under this NOTICE has priority over any other legal process under State Law against the same income. Federal tax levies in effect before receipt of this NOTICE have priority. If there are Federal tax levies in effect, please contact the requesting attorney or obligee listed below.
2. **COMBINING PAYMENTS:** You can combine withheld amounts from more than one employee/obligor's income in a single payment when sending payment to the State Disbursement Unit. You must, however, separately identify the portion of the single payment that is attributable to each employee/obligor and include his/her social security number and driver's license number.
3. **REPORTING THE PAY DATE/DATE OF WITHHOLDING:** You must report the pay date/date of withholding when sending the payment. The pay date/date of withholding is the date on which the employee is paid and controls the income, i.e. the date the income check or cash is given to the employee, or date on which the income is deposited directly in his/her account.
4. **EMPLOYEE/OBLIGOR WITH MULTIPLE SUPPORT WITHHOLDINGS:** If you receive more than one NOTICE against this employee/obligor and you are unable to honor them all in full because together they exceed the withholding limit of the State of the employee's principal place of employment you must allocate the withholding based on the law of the State of the employee's principal place of employment. If you are unsure of the State's allocation law, you must honor all NOTICE of current support withholding before you withhold for any arrearages, to the greatest extent possible under the withholding limit.
5. **TERMINATION NOTIFICATION:** You must promptly notify the obligee, and the Clerk of the Circuit Court when the employee/obligor is no longer working for you. Please provide the information requested and return a copy of this NOTICE to the obligee, and the Clerk of the Circuit Court.

EMPLOYEE'S/OBLIGOR'S NAME: _____

EMPLOYEE'S/OBLIGOR'S CASE NUMBER: _____

EMPLOYEE'S/OBLIGOR'S LAST DATE OF EMPLOYMENT: _____

EMPLOYEE'S LAST KNOWN HOME ADDRESS: _____

NEW EMPLOYER'S ADDRESS: _____

6. **LIABILITY:** If you fail to withhold income as the 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 law. You may be found liable for the total amount which you fail to withhold or pay over and fines up to \$100.00 per day for each day after the 7 day grace period. See Illinois Statutes 305 ILCS 5/10-16.2, 750 ILCS 5/706.1, 750 ILCS 15/4.1 or 750 ILCS 45/20, 750 ILCS 5/507.
7. **ANTI-DISCRIMINATION:** You are subject to a fine determined under State law for discharging an employee/obligor from employment, refusing to employ, or taking disciplinary action against any employee/obligor because of child support withholding.
8. **WITHHOLDING LIMITS:** You may not withhold more than the lesser of: 1) the amounts allowed by the Federal Consumer Credit Protection Act (CCPA) (15 U.S.C. sec. 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, including but not limited to: State, Federal, local taxes; Social Security taxes; 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 are more than 12 weeks old (see appropriate box on front).

TO THE OBLIGOR:

CONTESTING WITHHOLDING: An Obligor may contest withholding commenced by this NOTICE only by filing a petition to contest withholding with the Clerk of the Circuit Court within 20 days after service of a copy of the income withholding notice on the obligor. The grounds for the petition shall be limited. See Illinois Statutes 305 ILCS 5/10-16.2 and 750 ILCS 5/706.1.

- 2. **MODIFY, SUSPEND, TERMINATE OR CORRECT WITHHOLDING:** An obligor may petition the court, at any time, to modify, suspend, terminate or correct a withholding notice. See Illinois Statutes 305 ILCS 5/10-16.2 and 750 ILCS 5/706.1.
- 3. **CHANGE OF ADDRESS:** The obligor must notify the obligee, the public office, and the Clerk of the Circuit Court of any changes of address within 7 days.
- 4. **CHANGE OF EMPLOYER:** The obligor whose income is being withheld, or who has been served with a notice of delinquency, must notify the obligee, the public office and the Clerk of the Circuit Court of any new employer, within 7 days.
- 5. **ANTI-DISCRIMINATION:** An Obligor may not be discharged, disciplined, denied employment or otherwise penalized by a Payor because of the Payor's duty to withhold income.
- 6. **ADDITIONAL RIGHTS, REMEDIES AND DUTIES:** For the obligor's additional rights, remedies and duties, if the principal place of employment is Illinois, see Illinois Statutes 305 ILCS 5/10-16.2, 750 ILCS 5/706.1, 750 ILCS 15/4.1 and 750 ILCS 45/20.

Requesting Attorney: _____
 Address: _____
 City/State/Zip: _____
 Phone: _____
 Fax: _____
 Atty. No. _____

Obligee's Signature: _____
 Obligee's Address: _____
 City/State/Zip: _____
 Phone: _____
 Fax: _____

Dated the 2nd day of January, 2003. Effective January 1, 2003. This Order supersedes General Orders 99-D-3 and 97-D-1. This Order shall be spread upon the records of this court and published.

ENTERED:

MOSHE JACOBUS
PRESIDING JUDGE
DOMESTIC RELATIONS DIVISION