

**IN THE CIRCUIT COURT OF THE ELEVENTH JUDICIAL CIRCUIT  
IN AND FOR MIAMI-DADE COUNTY, FLORIDA**

REF. NO.: \_\_\_\_\_  
CASE NO.: \_\_\_\_\_

\_\_\_\_\_  
Petitioner,  
and  
\_\_\_\_\_  
Respondent

**INCOME WITHHOLDING FOR SUPPORT ORDER AND FLORIDA ADDENDUM**

- ORIGINAL INCOME WITHHOLDING ORDER/NOTICE FOR SUPPORT (IWO)
  - AMENDED IWO
  - ONE-TIME ORDER/NOTICE FOR LUMP SUM PAYMENT
  - TERMINATION of IWO
- Date: \_\_\_\_\_

Child Support Enforcement (CSE) Agency     Court     Attorney     Private Individual/Entity (Check One)

**NOTE:** This IWO must be regular on its face. Under certain circumstances you must reject this IWO and return it to the sender (see IWO instructions [http://www.acf.hhs.gov/programs/cse/forms/OMB-0970-0154\\_instructions.pdf](http://www.acf.hhs.gov/programs/cse/forms/OMB-0970-0154_instructions.pdf)). If you receive this document from someone other than a State or Tribal CSE agency or a Court, a copy of the underlying order must be attached.

State/Tribe/Territory FLORIDA Remittance Identifier (include w/payment) **13** \_\_\_\_\_  
City/County/Dist./Tribe MIAMI-DADE Order Identifier \_\_\_\_\_  
Private Individual/Entity \_\_\_\_\_ CSE Agency Case Identifier \_\_\_\_\_

_____ Employer/Income Withholder's Name  _____ Employer/Income Withholder's Address  _____  _____ Employer/Income Withholder's FEIN  _____ Child(ren)'s Name(s) (Last, First, Middle) _____ _____ _____ _____ _____ _____ _____ Child(ren)'s Birth Date(s) _____ _____ _____ _____ _____ _____	RE: _____ Employee/Obligor's Name (Last, First, Middle)  _____ Employee/Obligor's Social Security Number  _____ Custodial Party/Obligee's Name (Last, First, Middle)  <div style="border: 1px solid black; width: 100%; height: 100%; margin-top: 20px;"></div>
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**ORDER INFORMATION:** This document is based on the support or withholding order from FLORIDA (State/Tribe). You are required by law to deduct these amounts from the employee/obligor's income until further notice.

\$ _____	Per _____	current child support
\$ _____	Per _____	past-due child support - <b>Arrears greater than 12 weeks?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
\$ _____	Per _____	current cash medical support
\$ _____	Per _____	past-due cash medical support
\$ _____	Per _____	current spousal support
\$ _____	Per _____	past-due spousal support
\$ _____	Per _____	other (must specify) _____
\$ _____	Per payment	<b>Statutory fees (4% per payment; min. \$1.00, max. \$5.25)</b>

For a **Total Amount to Withhold** of \$ \_\_\_\_\_  
**Statutory fee will be paid by (check one)**       Obligor       Obligee (fees will be deducted from each payment)

**AMOUNTS TO WITHHOLD:** You do not have to vary your pay cycle to be in compliance with the *Order Information*. If your pay cycle does not match the ordered payment cycle, withhold one of the following amounts:  
 \$ \_\_\_\_\_ per weekly pay period                                  \$ \_\_\_\_\_ per semimonthly pay period (twice a month)  
 \$ \_\_\_\_\_ per biweekly pay period (every two weeks)                  \$ \_\_\_\_\_ per monthly pay period  
**Amounts include Statutory Fees per payment (4% per payment; min. \$1.00, max. \$5.25) unless otherwise indicated**

**REMITTANCE INFORMATION:** If the employee/obligor’s principal place of employment is FLORIDA (State/Tribe), you must begin withholding no later than the first pay period that occurs 14 days after the date of service of this IWO. Send payment within 2 working days of the pay date. If you cannot withhold the full amount of support for any or all orders for this employee/obligor, withhold up to 65 % of disposable income for all orders. If the employee/obligor’s principal place of employment is not FLORIDA (State/Tribe), obtain withholding limitations, time requirements, and any allowable employer fees at [http://www.acf.hhs.gov/programs/cse/newhire/employer/contacts/contact\\_map.htm](http://www.acf.hhs.gov/programs/cse/newhire/employer/contacts/contact_map.htm) for the employee/obligor’s principal place of employment.  
 For electronic payment requirements and centralized payment collection and disbursement facility information (State Disbursement Unit [SDU]), see [http://www.acf.hhs.gov/programs/cse/newhire/employer/contacts/contact\\_map.htm](http://www.acf.hhs.gov/programs/cse/newhire/employer/contacts/contact_map.htm).

Include the **Remittance Identifier with the payment** and if necessary this FIPS code: 12025\_\_\_\_\_.

Remit payment to STATE OF FLORIDA DISBURSEMENT UNIT (SDU/Tribal Order Payee) at  
P.O. BOX 8500, TALLAHASSEE, FL 32314-8500 (SDU/Tribal Payee Address)

**Return to Sender [Completed by Employer/Income Withholder].** Payment must be directed to an SDU in accordance with 42 USC §666(b)(5) and (b)(6) or Tribal Payee (see Payments to SDU below). If payment is not directed to an SDU/Tribal Payee or this IWO is not regular on its face, you *must* check this box and return the IWO to the sender.

Signature of Judge/Issuing Official (if required by State or Tribal law) \_\_\_\_\_  
 Print Name of Judge/Issuing Official: \_\_\_\_\_  
 Title of Judge/Issuing Official: \_\_\_\_\_  
 Date of Signature: \_\_\_\_\_

If the employee/obligor works in a State or for a Tribe that is different from the State or Tribe that issued this order, a copy of this IWO must be provided to the employee/obligor.  
 If checked, the employer/income withholder must provide a copy of this form to the employee/obligor.

**ADDITIONAL INFORMATION FOR EMPLOYERS/INCOME WITHHOLDERS**

State-specific contact and withholding information can be found on the Federal Employer Services website located at: [http://www.acf.hhs.gov/programs/cse/newhire/employer/contacts/contact\\_map.htm](http://www.acf.hhs.gov/programs/cse/newhire/employer/contacts/contact_map.htm)

**Priority:** Withholding for support has priority over any other legal process under State law against the same income (USC 42 §666(b)(7)). If a Federal tax levy is in effect, please notify the sender.

**Combining Payments:** When remitting payments to an SDU or Tribal CSE agency, you may combine withheld amounts from more than one employee/obligor’s income in a single payment. You must, however, separately identify each employee/obligor’s portion of the payment.

**Payments To SDU:** You must send child support payments payable by income withholding to the appropriate SDU or to a Tribal CSE agency. If this IWO instructs you to send a payment to an entity other than an SDU (e.g., payable to the custodial party, court, or attorney), you must check the box above and return this notice to the sender. Exception: If this IWO was sent by a Court, Attorney, or Private Individual/Entity and the initial order was entered before January 1, 1994 or the order was issued by a Tribal CSE agency, you must follow the “Remit payment to” instructions on this form.

**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/obligor’s wages. You must comply with the law of the State (or Tribal law if applicable) of the employee/obligor’s principal place of employment regarding time periods within which you must implement the withholding and forward the support payments.

**Multiple IWOs:** If there is more than one IWO against this employee/obligor and you are unable to fully honor all IWOs due to Federal, State, or Tribal withholding limits, you must honor all IWOs to the greatest extent possible, giving priority to current support before payment of any past-due support. Follow the State or Tribal law/procedure of the employee/obligor’s principal place of employment to determine the appropriate allocation method.

OMB Expiration Date – 05/31/2014. The OMB Expiration Date has no bearing on the termination date of the IWO; it identifies the version of the form currently in use.

**Lump Sum Payments:** You may be required to notify a State or Tribal CSE agency of upcoming lump sum payments to this employee/obligor such as bonuses, commissions, or severance pay. Contact the sender to determine if you are required to report and/or withhold lump sum payments.

**Liability:** If you have any doubts about the validity of this IWO, contact the sender. If you fail to withhold income from the employee/obligor's income as the IWO directs, you are liable for both the accumulated amount you should have withheld and any penalties set by State or Tribal law/procedure. **SEE ATTACHED FLORIDA ADDENDUM.** \_\_\_\_\_

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**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 an employee/obligor because of this IWO.

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Employer's Name: \_\_\_\_\_ Employer FEIN: \_\_\_\_\_  
Employee/Obligor's Name: \_\_\_\_\_  
CSE Agency Case Identifier: \_\_\_\_\_ Order Identifier: \_\_\_\_\_

**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. 1673(b)); or 2) the amounts allowed by the State or Tribe of the employee/obligor's principal place of employment (see *REMITTANCE INFORMATION*). Disposable income 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 limit is 50% of the disposable income if the obligor is supporting another family and 60% of the disposable income if the obligor is not supporting another family. However, those limits increase 5% - to 55% and 65% - if the arrears are greater than 12 weeks. If permitted by the State or Tribe, you may deduct a fee for administrative costs. The combined support amount and fee may not exceed the limit indicated in this section.

For Tribal orders, you may not withhold more than the amounts allowed under the law of the issuing Tribe. For Tribal employers/income withholders who receive a State IWO, you may not withhold more than the lesser of the limit set by the law of the jurisdiction in which the employer/income withholder is located or the maximum amount permitted under section 303(d) of the CCPA (15 U.S.C. 1673 (b)).

Depending upon applicable State or Tribal law, you may need to also consider the amounts paid for health care premiums in determining disposable income and applying appropriate withholding limits.

**Arrears greater than 12 weeks?** If the *Order Information* does not indicate that the arrears are greater than 12 weeks, then the Employer should calculate the CCPA limit using the lower percentage.

**Additional Information: THE FLORIDA ADDENDUM ATTACHED HERETO IS MADE PART OF THIS ORDER. ALL PARTIES AND PAYORS SHALL COMPLY WITH THE PROVISIONS OF SAID ADDENDUM.**

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**NOTIFICATION OF EMPLOYMENT TERMINATION OR INCOME STATUS:** If this employee/obligor never worked for you or you are no longer withholding income for this employee/obligor, an employer must promptly notify the CSE agency and/or the sender by returning this form to the address listed in the Contact Information below:

- This person has never worked for this employer nor received periodic income.
- This person no longer works for this employer nor receives periodic income.

Please provide the following information for the employee/obligor:

Termination date: \_\_\_\_\_ Last known phone number: \_\_\_\_\_

Last known address: \_\_\_\_\_  
\_\_\_\_\_

Final payment date to SDU/ Tribal Payee: \_\_\_\_\_ Final payment amount: \_\_\_\_\_

New employer's name: \_\_\_\_\_

New employer's address: \_\_\_\_\_  
\_\_\_\_\_

**CONTACT INFORMATION:**

**To Employer/Income Withholder:** If you have any questions, contact FL State Disbursement Unit \_\_\_\_\_ (Issuer name) by phone at 1-866-435-2763, by fax at \_\_\_\_\_, by email or website at: [www.floridasdu.com](http://www.floridasdu.com) \_\_\_\_\_.

Send termination/income status notice and other correspondence to: FSDU P O Box 8500, Tallahassee, FL 32314.

**To Employee/Obligor:** If the employee/obligor has questions, contact FL State Disbursement Unit \_\_\_\_\_ (Issuer name) by phone at 1-877-769-0251, by fax at \_\_\_\_\_, by email or website at [www.dor.myflorida.com](http://www.dor.myflorida.com).

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

## FLORIDA ADDENDUM

**THE PAYOR, {name}** \_\_\_\_\_, **IS HEREBY NOTIFIED** that, under sections 61.13 and 61.1301, Florida Statutes, you have the responsibilities and rights set forth below with regard to the Income Withholding Order/Notice for Support:

1. The Income Withholding Order/Notice for Support is enforceable against employers specifically listed upon the form as well as **all subsequent employers/payors** of Obligor, {name} \_\_\_\_\_, {address} \_\_\_\_\_
2. You are required to deduct from the obligor's income the amount specified in the income withholding order, and in the case of a delinquency the amount specified in the notice of delinquency, and to pay that amount to the State of Florida Disbursement Unit. The amount actually deducted plus all administrative charges shall not be excess of the amount allowed under s. 303(b) of the Consumer Credit Protection Act, 15 U.S.C. §1673(b), as amended.
3. You must implement income deduction no later than the first payment date which occurs more than 14 days after the date the income deduction order was served on you, and you shall conform the amount specified in the income withholding order to the obligor's pay cycle. The court should request at the time of the order that the payment cycle will reflect that of the obligor.
4. You must forward, within 2 days after each date the obligor is entitled to payment from you, to the State of Florida Disbursement Unit, the amount deducted from the obligor's income, a statement as to whether the amount totally or partially satisfies the periodic amount specified in the income withholding order, and the specific date each deduction is made. If the IV-D agency is enforcing the order, you shall make these notifications to the agency.
5. If you fail to deduct the proper amount from the obligor's income, you are liable for the amount you should have deducted, plus costs, interest, and reasonable attorneys' fees.
6. You may collect up to \$5 against the obligor's income to reimburse you for administrative costs for the first income deduction and up to \$2 for each deduction thereafter.
7. The Income Withholding Order/Notice for Support is binding on you until further notice by court order or until you no longer provide income to the obligor.
8. When you no longer provide income to the obligor, you shall notify the obligee, {name} \_\_\_\_\_, {address} \_\_\_\_\_, and provide the obligor's last known address and the name and address of the obligor's new payor, if known utilizing the form contained within the Income Withholding Order/Notice for Support. If you violate this provision, you are subject to a civil penalty not to exceed \$250 for the first violation or \$500 for any subsequent violation. If the IV-D agency is enforcing the order, you shall make these notifications to the agency instead of the obligee. Penalties shall be paid to the obligee or the IV-D agency, whichever is enforcing the income deduction order.
9. You shall not discharge, refuse to employ, or take disciplinary action against an obligor because of the requirement for income deduction. A violation of this provision subjects you to a civil penalty not to exceed \$250 for the first violation or \$500 for any subsequent violation. Penalties shall be paid to the obligee or the IV-D agency, whichever is enforcing the income deduction, if any alimony or child support obligation is owing. If no alimony or child support obligation is owing, the penalty shall be paid to the obligor.
10. The obligor may bring a civil action in the courts of this state against a payor who refuses to employ, discharges, or otherwise disciplines an obligor because of income deduction. The obligor is entitled to reinstatement of all wages and benefits lost, plus reasonable attorneys' fees and costs incurred.
11. In a Title IV-D case, if an obligation to pay current support is reduced or terminated due to the emancipation of a child and the obligor owes an arrearage, retroactive support, delinquency, or costs, income deduction continues at the rate in effect immediately prior to emancipation until all arrearages, retroactive support, delinquencies, and costs are paid in full or until the amount of withholding is modified.
12. All notices to the obligee shall be sent to the address provided in this notice to payor, or anyplace thereafter the obligee requests in writing.
13. An employer who employed 10 or more employees in any quarter during the preceding state fiscal year or who was subject to and paid tax to the Department of Revenue in an amount of \$20,000 or more shall remit support payments deducted pursuant to an income deduction order or income deduction notice and provide associated case data to the State Disbursement Unit by electronic means approved by the department. Payors who are required to remit support payments electronically can find more information on how to do so by accessing the State Disbursement Unit's website at [www.floridasdu.com](http://www.floridasdu.com) and clicking on "Payments." Payment options include Expert Pay, Automated Clearing

House (ACH) credit through your financial institution, [www.myfloridasdu.com](http://www.myfloridasdu.com), or Western Union. Payors may contact the SDU Customer Service Employer telephone line at 1-888-883-0743.

14. The amount of arrears owed, if any, is \$\_\_\_\_\_ You must withhold an additional twenty percent (20%) or more of the ongoing periodic obligation towards same at the rate of \$\_\_\_\_\_per\_\_\_\_\_until full payment is made of any arrearage, attorney's fees and costs – provided that no deduction shall be applied to attorney's fees and costs until the full amount of any arrearage is paid. If a delinquency accrues after the order establishing, modifying, or enforcing support has been entered and there is no existing order for repayment of the delinquency or a pre-existing arrearage, a payor shall deduct \$\_\_\_\_\_per\_\_\_\_\_ (which represents an additional twenty percent (20%) of the current support obligation, or other amount agreed to by the parties) until the delinquency and any attorneys' fees and costs are paid in full. No deduction may be applied to attorneys' fees and costs until the delinquency is paid in full.

15. Pursuant to sections 61.13 and 61.1301, Florida Statutes, the amounts listed for payment on the Income Withholding Order must be varied by the employer/payor for bonus income, or similar one-time payment.

You shall deduct [Choose only **one**] (\_\_\_) the full amount, (\_\_\_)\_\_\_\_%, or (\_\_\_) none of the income which is payable to the obligor in the form of a bonus or other similar one-time payment, up to the amount of arrearage reported in the Income Deduction Order or the remaining balance thereof, and forward the payment to the State of Florida Disbursement Unit. For purposes of this subparagraph, "bonus" means a payment in addition to an obligor's usual compensation and which is in addition to any amounts contracted for or otherwise legally due and shall not include any commission payments due an obligor.

16. Child Support Reduction/Termination Schedule. Child support amount listed on this IWO shall be automatically reduced or terminated as set forth in the following schedule:

Please list children by initials from eldest to youngest		Insert in this column the day, month, and year the child support obligation terminates for each designated child (see instructions)		Insert in this column the amount of child support for all minor children remaining (including designated child)
<b>Child 1</b> (Eldest) Initials & year of birth:	From the effective date of this Income Deduction Order until the following date:		child support for Child 1 and all other younger child(ren) should be paid in the following monthly amount:	
<b>Child 2</b> Initials & year of birth:	After the date set forth in the row above until the following date:		child support for Child 2 and all other younger child(ren) should be paid in the following monthly amount:	
<b>Child 3</b> Initials & year of birth:	After the date set forth in the row above until the following date:		child support for Child 3 and all other younger child(ren) should be paid in the following monthly amount:	
<b>Child 4</b> Initials & year of birth:	After the date set forth in the row above until the following date:		child support for Child 4 and all other younger child(ren) should be paid in the following monthly amount:	

(Continue on additional pages for additional children)

NOTE: This change only relates to the amount of the ongoing child support obligation portion of the payments listed in the first page of this Income Withholding Order. If there is a child support arrearage in a Title IV-D case, the amount will not be reduced due to the child no longer being eligible for ongoing support pursuant to par. 11 above.

17. Additional information regarding the implementation of income deduction may be found at [www.floridasdu.com](http://www.floridasdu.com).

**DONE AND ORDERED** in Chambers at \_\_\_\_\_, Miami-Dade County, Florida, this \_\_\_\_ day of \_\_\_\_\_ 20\_\_.

\_\_\_\_\_  
CIRCUIT JUDGE

\_\_\_\_\_  
PRINT NAME OF JUDGE

**THE ELEVENTH JUDICIAL CIRCUIT OF MIAMI-DADE COUNTY FLORIDA  
REQUIRED INFORMATION FORM**

**PAYEE/OBLIGEE INFORMATION**

Last Name:	Middle Name:	First Name:
Date of Birth:	SSN:	Driver's License:
Home Phone:	Cell Phone:	Work Phone:
Email Address:		
Mailing Address:		
City:	State:	ZIP Code:

**ATTORNEY INFORMATION FOR PAYEE/OBLIGEE**

Last Name:	Middle Name:	First Name:
Firm Name:	Work Phone:	Fax:
Email Address:		
Mailing Address:		
City:	State:	ZIP Code:

**PAYOR/OBLIGOR INFORMATION**

Last Name:	Middle Name:	First Name:
Date of Birth:	SSN:	Driver's License:
Home Phone:	Cell Phone:	Work Phone:
Email Address:		
Mailing Address:		
City:	State:	ZIP Code:

**ATTORNEY INFORMATION FOR PAYOR/OBLIGOR**

Last Name:	Middle Name:	First Name:
Firm Name:	Work Phone:	Fax:
Email Address:		
Mailing Address:		
City:	State:	ZIP Code:

**EMPLOYER INFORMATION FOR PAYOR/OBLIGOR**

Last Name:	Middle Name:	First Name:
Company Name:	Work Phone:	Fax:
Email Address:		
Mailing Address:		
City:	State:	ZIP Code:

**MINOR CHILDREN INVOLVED IN THIS CASE**

	Last Name:	Middle Name:	First Name:	Date of Birth:	SSN:
1					
2					
3					
4					

**MARITAL INFORMATION FOR BUREAU OF VITAL STATISTICS**

Place of Marriage (State/Province/County):	
Date of Marriage:	Maiden Name of Wife:

**SIGNATURES**

*I authorize the verification of the information provided on this form. I have received a copy of this application.*

Signature of applicant:	Date:
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