

CHEMREX INC.
10601 FULTON ST
BRIGHTON, CO 80601-7135



Child Support Services

Jefferson County

3500 Illinois Street, Suite 1300
Golden, CO 80401 Phone 303-271-4300
Fax 303-271-4091 or 303-271-4480

Serving the Tri-County Region

VERIFICATION OF EARNINGS

Date mailed: January 08, 2016
Employer: CHEMREX INC.
10601 FULTON ST
BRIGHTON, CO 80601-7135

Regarding: NATHAN ANTHONY GONZALES
IV-D Case Number: 30-391245-44-3A
Social Security Number: 652-07-5959
Date of Birth: 02/11/1994

The JEFFERSON County Delegate Child Support Services Unit has determined that the above named individual has been employed by your firm. Please provide the following information pursuant to §26-13-107(3)((a)(I), (c) and (e) Colorado Revised Statutes (C.R.S.) The requirement to collect this information is provided to States pursuant to 42 U.S.C. TITLE 42, CHAPTER 7 SUBCHAPTER IV, PART D §666(c)(1)(C) and (D):

§26-13-107(3)(c) and (e). State parent locator service.

(c) The state parent locator service or the equivalent of a state child support services agency or delegate child support services unit of any other state may initiate a request requiring any employer, trustee, payor of funds, or other employer located within this state or doing business in this state to provide any information on the employment, compensation, and benefits of any individual for whom information is known. Compliance with such a request shall not subject the employer, trustee, or payor of funds to liability to the obligor for disclosing such information without a subpoena pursuant to this paragraph (c).

(e) The state parent locator service or a delegate child support services unit may initiate a request requiring any person located within this state or doing business in this state who is in possession or control of personal property or information concerning the location, benefits, income, and assets of parents with a child support obligation to provide such information to the requesting agency. Compliance with such request shall not subject the holder to liability to the obligor for disclosing such information without a subpoena pursuant to this paragraph (e).

FEIN: _____

Date employment began: _____ Date of termination: _____

Reason for Termination: _____
(i.e., quit voluntarily, fired, laid off due to lack of work, etc.)

Employee's job title: _____ SSN: _____ DOB: _____

Employee's last known address or where last W-2 form was mailed, whichever is more recent:

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (____) _____

Number of hours hired to work: _____ Are more hours available? Yes ____ No ____

If Yes, how many? _____

Pay Frequency: Monthly ____ Bi-Monthly ____ Weekly ____ Other ____

Hourly Rate \$ _____ Overtime Rate \$ _____ Overtime Mandatory? Yes ____ No ____

Does the employee have direct deposit? Yes ____ No ____

If Yes, Bank Name _____ Acct No. _____

Is this employee currently enrolled in a pension plan? Yes ____ No ____

If Yes, please list plan administrator, address, and phone number.

Administrator: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (____) _____

Employee Worksite Address: _____

City: _____ State: _____ Zip Code: _____

Gross Monthly Income: It is important that you provide accurate information for the most recent 2-year period, as this document may be used in a court of law.

JAN FEB MAR APR MAY JUNE JULY AUG SEPT OCT NOV DEC

Please indicate years documented above: Year 1 _____ Year 2 _____

WHO ACCEPTS NOTICES TO EMPLOYERS? _____

Is medical coverage available to this employee and dependents? Yes ____ No ____

If this person is eligible, please complete the information below.

Insurance Carrier: _____ Is this an HMO? Yes ____ No ____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (____) _____

Policy Number: _____ Group Number: _____
Effective Date: _____
Monthly Premium Cost to Employee: \$ _____
Monthly Premium Cost per Covered Dependent: \$ _____
Names of Individuals Covered by Policy: _____

Income assignments should be sent to: _____ this address
_____ corporate or billing address
Address: _____
City: _____ State: _____ Zip Code: _____

Order for health insurance should be sent to: _____ this address
_____ corporate or billing address
Address: _____
City: _____ State: _____ Zip Code: _____

If this person has terminated employment with you, please provide his/her current employer if known:
Address: _____
City: _____ State: _____ Zip Code: _____

Please include a printout of the employee's payroll summary indicating the earnings for the last pay period, if available.

Thank you for your help in this matter. If you need additional information to complete this form, please contact:

BELINDA MURRAY
Legal Technician/Paralegal
(303) 271-4300

_____	_____
Person completing this report	Title
_____	_____
Date	Phone

The completed form can be faxed to (303) 271-4091.