

EMPLOYER SERV CTR  
P O BOX 248805  
OKLAHOMA CITY, OK 73124-8805



State of Oklahoma  
Department of Human Services  
Child Support Services  
WWW.OKDHS.ORG  
1-866-553-2368  
FAX 405-325-8210  
12/27/19  
FGN: 000793896001  
Emp Seq: 036



TRELLEBORG SEALING S  
2509 BREMER RD  
FORT WAYNE, IN 46803-3014

Re: Initial Income Withholding Order  
EMPLOYEE: JEVIN COLBERT

Dear TRELLEBORG SEALING S:  
Thank you for helping take care of children in Oklahoma. Most of the child support collected for families is submitted by employers from their employee's income. Without you, many children would not receive adequate financial support.

Enclosed is the **initial** Income Withholding Order for Support. Record the date you received this order and begin withholding the new amount from the employee's next paycheck. Please provide a copy of this INITIAL order to your employee.

Please withhold \$ 285.00 per month and send it to OKLAHOMA at:  
**OKLAHOMA CENTRALIZED SUPPORT REGISTRY**  
**P.O.BOX 268809**  
**OKLAHOMA CITY, OK 73126**

Include the FGN listed above on your payment to ensure your employee receives credit for the child support payment.

The order provides information about matching the child support payment amounts to the frequency of pay periods. It also provides information on how to determine if the amount to be deducted exceeds the Consumer Protection (CCPA) limits and how you are to proceed.

If this employee no longer works for you or has never worked for you, please contact the state or tribe listed below or return this page by fax to 405-325-8210.

Issuing State/Tribe: OKLAHOMA

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: \_\_\_\_\_

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

If you have questions or problems submitting timely payment, contact our Employer Services Center by phone at (866) 553-2368, by fax at (405) 325-8210, or by email at OCSS.contact.esc@okdhs.org.



INCOME WITHHOLDING FOR SUPPORT

- Income Withholding Order/Notice for Support (IWO)
Amended IWO
One-time Order/Notice for Lump Sum Payment
Termination of IWO

Date: 12/27/19

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...

State/Tribe/Territory OKLAHOMA
City/County/Dist./Tribe MUSKOGEE
Private Individual/Entity

Remittance ID (include w/payment) 000793896001
Order ID 15JV180
Case ID 000793896001

TRELLEBORG SEALING S
Employer/Income Withholder's Name
2509 BREMER RD
FORT WAYNE, IN 46803-3014

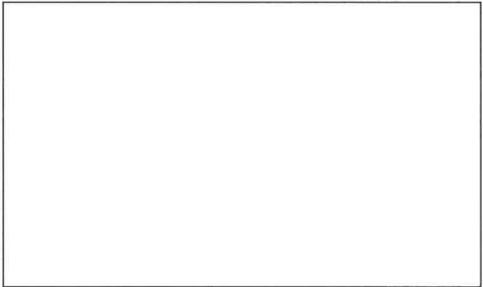
Employer/Income Withholder's Address

Employer/Income Withholder's FEIN 951773005

Child(ren)'s Name(s) (Last, First, Middle)
HOWARD, AMARIAN D.

RE: COLBERT, JEVIN
Employee/Obligor's Name (Last, First, Middle)
445-06-2274
Employee/Obligor's Social Security Number
02/15/1991
Employee/Obligor's Date of Birth
HOWARD TISHIA LASHEA
Custodial Party/Obligee's Name (Last, First, Middle)

Child(ren)'s Birth Date(s)
01/10/12



ORDER INFORMATION: This document is based on the support order from OKLAHOMA (State/Tribe).

You are required by law to deduct these amounts from the employee/obligor's income until further notice.

- \$ 255.00 Per Month current child support
\$ 30.00 Per Month past-due child support - Arrears greater than 12 weeks?
\$ 0.00 Per Month current cash medical support
\$ 0.00 Per Month past-due cash medical support
\$ 0.00 Per Month current spousal support
\$ 0.00 Per Month past-due spousal support
\$ 0.00 Per Month other (must specify)

for a Total Amount to Withhold of \$ 285.00 per month.

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:

- \$ 65.76 per weekly pay period
\$ 142.50 per semimonthly pay period (twice a month)
\$ 131.53 per biweekly pay period (every two weeks)
\$ 285.00 per monthly pay period
Lump Sum Payment: Do not stop any existing IWO unless you receive a termination order.

Document Tracking ID 000793896001

Employer's Name: TRELLEBORG SEALING S

Employer FEIN: 951773005

Employee/Obligor's Name: COLBERT, JEVIN

SSN: 445-06-2274

Case Identifier: 000793896001

Order Identifier: 15JV180

**REMITTANCE INFORMATION:** If the employee/obligor's principal place of employment is Oklahoma (State/Tribe), you must begin withholding no later than the first pay period that occurs SEVEN (7) days after the date of 08/18/15. Send payment within SEVEN (7) business 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. If the obligor is a non-employee, obtain withholding limits from Supplemental Information. If the employee/obligor's principal place of employment is not Oklahoma (State/Tribe), obtain withholding limitations, time requirements, and any allowable employer fees from the jurisdiction of the employee/obligor's principal place of employment. State-specific withholding limit information is available at www.acf.hhs.gov/css/resource/state-income-withholding-contacts-and-program-requirements. For tribe-specific contacts, payment addresses, and withholding limitations, please contact the tribe at www.acf.hhs.gov/sites/default/files/programs/css/tribal\_agency\_contacts\_printable\_pdf.pdf or https://www.bia.gov/tribalmap/DataDotGovSamples/tld\_map.html.

For electronic payment requirements and centralized payment collection and disbursement facility information [State Disbursement Unit (SDU)], see www.acf.hhs.gov/css/employers/employer-responsibilities/payments.

Include the Remittance ID with the payment and if necessary this locator code: 4000000

**Remit payment to** OKLAHOMA (SDU/Tribal Order Payee) at OKLAHOMA CENTRALIZED SUPPORT REGISTRY, P.O.BOX 268809, OKLAHOMA CITY, OK 73126 (SDU/Tribal Payee Address)

**Return to Sender (Completed by Employer/Income Withholder).** Payment must be directed to an SDU in accordance with sections 466(b)(5) and (6) of the Social Security Act 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.

if Required by State or Tribal Law:

Signature of Judge/Issuing Official: \_\_\_\_\_

Print Name of Judge/Issuing Official: Renee Banks

Title of Judge/Issuing Official: Director, Oklahoma Child Support Services

Date of Signature: 12/27/19

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 WITHOLDERS**

State-specific contact and withholding information can be found on the Federal Employer Services website located at www.acf.hhs.gov/css/resource/state-income-withholding-contacts-and-program-requirements.

Employers/income withholders may use OCSE's Child Support Portal (https://ocsp.acf.hhs.gov/csp/) to provide information about employees who are eligible to receive a lump sum payment, have terminated employment, and to provide contacts, addresses, and other information about their company.

**Priority:** Withholding for support has priority over any other legal process under State law against the same income (section 466(b)(7) of the Social Security Act). 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.

Employer's Name: TRELLEBORG SEALING S

Employer FEIN: 951773005

Employee/Obligor's Name: COLBERT, JEVIN

SSN: 445-06-2274

Case Identifier: 000793896001

Order Identifier: 15JV180



**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.

**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.

The payor is liable for any amount up to the accumulated amount that should have been withheld and paid, and may be fined up to two hundred dollars (\$200.00) for each failure to make the required deductions if the payor: a.) fails to withhold or pay the support in accordance with the provisions of the income assignment notice, or b.) fails to notify the person or agency designated to receive payments as required. 12 O.S. 1171.3(B) (9) and 56 O.S. 240.2 (D) (10).

**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.

---

---

---

---

---

**Withholding Limits:** You may not withhold more than the lesser of: 1) the amounts allowed by the Federal Consumer Credit Protection Act (CCPA) [15 USC §1673 (b)]; or 2) the amounts allowed by the law of the state of the employee/obligor's principal place of employment, if the place of employment is in a state; or the tribal law of the employee/obligor's principal place of employment if the place of employment is under tribal jurisdiction. Disposable income is the net income after 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.

Depending upon applicable state or tribal law, you may need to consider 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.

**Supplemental Information:**

---

---

---

---

---

Employer's Name: TRELLEBORG SEALING S Employer FEIN: 951773005

Employee/Obligor's Name: COLBERT, JEVIN SSN: 445-06-2274

Case Identifier: 000793896001 Order Identifier: 15JV180

**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, you 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 telephone 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 questions, contact MUSKOGEE CSS (issuer name)

by telephone: 1-866-553-2368, by fax: 405-325-8210, by email or website: WWW.OKDHS.ORG

Send termination/income status notice and other correspondence to:  
OKLAHOMA EMPLOYER SERVICES CENTER, PO BOX 248805, OKLAHOMA CITY, OK 73124-8805 (issuer address).

**To Employee/Obligor:** If the employee/obligor has questions, contact MUSKOGEE CSS (issuer name)

by telephone: 1-800-522-2922, by fax: (918) 781-5916, by email or website: WWW.OKDHS.ORG

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

**Encryption Requirements:**

When communicating this form through electronic transmission, precautions must be taken to ensure the security of the data. Child support agencies are encouraged to use the electronic applications provided by the federal Office of Child Support Enforcement. Other electronic means, such as encrypted attachments to emails, may be used if the encryption method is compliant with Federal Information Processing Standard (FIPS) Publication 140-2 (FIPS PUB 140-2).

**The Paperwork Reduction Act of 1995**

This information collection and associated responses are conducted in accordance with 45 CFR 303.100 of the Child Support Enforcement Program. This form is designed to provide uniformity and standardization. Public reporting for this collection of information is estimated to average two to five minutes per response. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.