

INCOME WITHHOLDING FOR SUPPORT

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

Date: APRIL 25, 2016

- (X) 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 www.acf.hhs.gov/programs/css/resource/income-withholding-for-support-instructions). 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 Commonwealth of Virginia Remittance ID 231496181
 City/Co./Dist./Tribe FISHERSVILLE DISTRICT OFFICE (include w/EFT payment)
 Private Individual/Entity Order ID
 CSE Agency Case ID 0003817377

LAKE REGIONAL MEDICAL RE: WELLS JR, RUSSELL SWENSON
 (Employer/Income Withholder's Name) (Employee/Obligor's Name)
 200 SOUTH YORKSHIRE STREET 231-49-6181
 SALEM VA 24153 (Employee/Obligor's SSN #)
 (Employer/Income Withholder's Address)
 541480585 BELL, THYRIA ELIZABETH
 (Employer/Income Withholder's FEIN) (Custodial Party/Obligee's Name)
 Child(ren)'s Name(s) Child(ren)'s Birth Date(s)
 WELLS, KERRICK VON 05/08/2007

ORDER INFORMATION: This document is based on the support or withholding order from VIRGINIA. You are required by law to deduct these amounts from the employee/obligor's income until further notice.

\$ 276.00 PER MONTH	current child support	
\$ 69.00 PER MONTH	past-due child support	Arrears greater than
\$.00	current cash medical support	12 weeks?
\$.00	past-due cash medical support	(X) yes () no
\$.00	current spousal support	
\$.00	past-due spousal support	
\$.00	other (specify)	

for a Total Amount to Withhold of \$ 345.00 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:

- \$ 79.62 per weekly pay period.
 - \$ 159.21 per biweekly pay period
 - \$ 172.50 per semimonthly pay period
 - \$ 345.00 per monthly pay period.
- \$ _____ LUMP SUM PAYMENT: Do not stop any existing IWO unless you receive a termination order.

REMITTANCE INFORMATION: If the employee/obligor's principal place of employment is Virginia, you must begin withholding no later than the first pay period that occurs after service of this notice. Send payment within the same working day 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 on page 3. If the employee/obligor's principal place of employment is not Virginia, obtain withholding limitations, time requirements and any allowable employer fees at www.acf.hhs.gov/programs/css/resource/state-income-withholding-contacts-and-program-information for the employee/obligor's principal place of employment.

Employer's Name: LAKE REGIONAL MEDICAL
Employee/Obligor's Name: WELLS JR, RUSSELL SWENSON
CSE Agency Case ID: 0003817377

Employer FEIN: 541480585
SSN: 231496181
Order ID: _____

For electronic payment and processing (EFT) information log on to the Virginia Department of Social Services, My Child Support Payments website at: <https://mychildsupport.dss.virginia.gov>; or for electronic payment requirements, you may call 1-800-468-8894 before the first submission of a payment. For centralized payment collection and disbursement facility information (State Disbursement Unit (SDU)), see www.acf.hhs.gov/programs/css/employers/electronic-payments. Virginia Code #20-79.3 requires employers with at least 100 employees and all payroll processing firms with at least 50 clients to remit payments by electronic funds transfer. Payment shall be transmitted within four days of the obligor's regular pay date.

Include the Remittance ID with the EFT payment and if necessary this FIPS code: 51000

Make payment payable to Treasurer of Virginia
and remit payment to Division of Child Support Enforcement (SDU)
at P.O. Box 570, Richmond, VA 23218-0570

If paying by check, include the employee/obligor's name along with their Social Security Number and/or DCSE Case Number.

() 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: WILLIAMS, KATHRYN
Title of Judge/Issuing Official: Support Enforcement Specialist
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.

(X) If checked, the employer/income withholder must provide a copy of this form to the employee/obligor.

ADDITIONAL INFORMATION TO EMPLOYERS/INCOME WITHHOLDERS

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

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.

OMB Expiration Date - 07/31/2017. The OMB Expiration Date has no bearing on the termination date of the IWO; it identifies the version of the form currently in use.

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. In Virginia those penalties can be found in Virginia Code #20-79.3 and 16.1-278.16.

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. The employee/obligor's rights are protected pursuant to Virginia Code #20-79.3(A)(9) and 63.2-1944.

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 of the employee/obligor's principal place of employment or tribal law if a tribal order (see REMITTANCE INFORMATION). 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.

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 limit set by tribal law.

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.

Supplemental Information: Virginia employers may (but do not have to) deduct a \$5.00 fee to cover administrative costs for each deduction for support or each reply stating that no funds are available. This amount is in addition to the amount of the income withholding. If you have questions regarding this order, you may call the Employer Inquiry helpline at 1-800-257-9986 or you may contact the district office listed on the last page of this document. Virginia Code #63.2-1924 and 63.2-1942 permit the employee/obligor to contest this order. If the employee/obligor does so, a written request for an appeal must be sent to: Hearing Officer, 801 E. Main Street, Richmond, VA 23219-2901 within 10 days from the date of receipt of this notice. If you cannot withhold enough to cover both the support payment and the insurance premium because their total exceeds the maximum percentage allowed under the Consumer Credit Protection Act, your priority should be:

() insurance premium (X) support payment based on Virginia Code # 20-79.3 and 34-29.

If the obligor is a non-employee, you may not withhold more than 50% of the earnings if the obligor is supporting another family and 60% of the earnings 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. The appropriate amount will be the same that is reflected under Remittance Information for the % of disposable earnings.

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

Employer's Name: LAKE REGIONAL MEDICAL
Employee/Obligor's Name: WELLS JR, RUSSELL SWENSON
CSE AGENCY Case ID: 0003817377

Employer FEIN: 541480585
SSN: 231496181
Order ID: _____

NOTIFICATION OF TERMINATION OF EMPLOYMENT 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 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:
WILLIAMS, KATHRYN by phone 800-468-8894
by FAX 540-332-9915
by email or website at: _____.

Send termination/income status notice and other correspondence to:

FISHERSVILLE DISTRICT OFFICE
57 BEAM LANE STE 302
UVA MEDICAL PARK - AUGUSTA
FISHERSVILLE VA 22939

To Employee/Obligor: If the employee/obligor has questions, contact:
WILLIAMS, KATHRYN by phone 800-468-8894
by FAX 540-332-9915
by email or website at: _____.

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 burden for this collection of information is estimated to average 5 minutes per response for Non-IV-D CPs; 2 minutes per response for employers; 3 seconds for e-IWO employers, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information.

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.

Employer's Name: LAKE REGIONAL MEDICAL
Employee/Obligor's Name: WELLS JR, RUSSELL SWENSON
CSE Agency Case ID: 0003817377

Employer FEIN: 541480585
SSN: 231496181
Order ID: _____

For electronic payment and processing (EFT) information log on to the Virginia Department of Social Services, My Child Support Payments website at: <https://mychildsupport.dss.virginia.gov>; or for electronic payment requirements, you may call 1-800-468-8894 before the first submission of a payment. For centralized payment collection and disbursement facility information (State Disbursement Unit (SDU)), see www.acf.hhs.gov/programs/css/employers/electronic-payments. Virginia Code #20-79.3 requires employers with at least 100 employees and all payroll processing firms with at least 50 clients to remit payments by electronic funds transfer. Payment shall be transmitted within four days of the obligor's regular pay date.

Include the Remittance ID with the EFT payment and if necessary this FIPS code: 51000

Make payment payable to Treasurer of Virginia
and remit payment to Division of Child Support Enforcement (SDU)
at P.O. Box 570, Richmond, VA 23218-0570

If paying by check, include the employee/obligor's name along with their Social Security Number and/or DCSE Case Number.

() 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: WILLIAMS, KATHRYN
Title of Judge/Issuing Official: Support Enforcement Specialist
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.

(X) If checked, the employer/income withholder must provide a copy of this form to the employee/obligor.

ADDITIONAL INFORMATION TO EMPLOYERS/INCOME WITHHOLDERS

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

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.

OMB Expiration Date - 07/31/2017. The OMB Expiration Date has no bearing on the termination date of the IWO; it identifies the version of the form currently in use.

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. In Virginia those penalties can be found in Virginia Code #20-79.3 and 16.1-278.16.

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. The employee/obligor's rights are protected pursuant to Virginia Code #20-79.3(A)(9) and 63.2-1944.

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 of the employee/obligor's principal place of employment or tribal law if a tribal order (see REMITTANCE INFORMATION). 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.

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 limit set by tribal law.

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.

Supplemental Information: Virginia employers may (but do not have to) deduct a \$5.00 fee to cover administrative costs for each deduction for support or each reply stating that no funds are available. This amount is in addition to the amount of the income withholding. If you have questions regarding this order, you may call the Employer Inquiry helpline at 1-800-257-9986 or you may contact the district office listed on the last page of this document. Virginia Code #63.2-1924 and 63.2-1942 permit the employee/obligor to contest this order. If the employee/obligor does so, a written request for an appeal must be sent to: Hearing Officer, 801 E. Main Street, Richmond, VA 23219-2901 within 10 days from the date of receipt of this notice. If you cannot withhold enough to cover both the support payment and the insurance premium because their total exceeds the maximum percentage allowed under the Consumer Credit Protection Act, your priority should be:

() insurance premium (X) support payment based on Virginia Code # 20-79.3 and 34-29.

If the obligor is a non-employee, you may not withhold more than 50% of the earnings if the obligor is supporting another family and 60% of the earnings 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. The appropriate amount will be the same that is reflected under Remittance Information for the % of disposable earnings.

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

Employer's Name: LAKE REGIONAL MEDICAL
Employee/Obligor's Name: WELLS JR, RUSSELL SWENSON
CSE AGENCY Case ID: 0003817377

Employer FEIN: 541480585
SSN: 231496181
Order ID: _____

NOTIFICATION OF TERMINATION OF EMPLOYMENT 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 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:
WILLIAMS, KATHRYN by phone 800-468-8894
by FAX 540-332-9915
by email or website at: _____

Send termination/income status notice and other correspondence to:

FISHERSVILLE DISTRICT OFFICE
57 BEAM LANE STE 302
UVA MEDICAL PARK - AUGUSTA
FISHERSVILLE VA 22939

To Employee/Obligor: If the employee/obligor has questions, contact:
WILLIAMS, KATHRYN by phone 800-468-8894
by FAX 540-332-9915
by email or website at: _____

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 burden for this collection of information is estimated to average 5 minutes per response for Non-IV-D CPS; 2 minutes per response for employers; 3 seconds for e-IWO employers, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information.

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.

FISHERSVILLE DISTRICT OFFICE
57 BEAM LANE STE 302
UVA MEDICAL PARK - AUGUSTA
FISHERSVILLE VA 22939

—————
*000170/6--s 0--B 0 CS# 0003817377
LAKE REGIONAL MEDICAL
200 SOUTH YORKSHIRE STREET
SALEM VA 24153

—————

—————

