

## INCOME WITHHOLDING FOR SUPPORT

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

**Date: 10/16/2019**

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](http://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	COLORADO	Remittance ID (include w/payment)	14878003
City/County/Dist./Tribe	LARIMER	Order ID	08069316JV000077
Private Individual/Entity		CSE Agency Case ID	14878003

CORPORATE MANAGEMENT GROUP INC	RE: VELASQUEZ, TREVOR, STEPHAN
Employer/Income Withholder's Name	Employee/Obligor's Name (Last, First, Middle)
Employer/Income Withholder's Address	521-57-9552
12000 WASHINGTON ST STE 350	Employee/Obligor's Social Security Number
THORNTON, CO 80241-3133	06/16/1980
Employer/Income Withholder's Federal FEIN 201535646	Employee/Obligor's Date of Birth
Child(ren)'s Name(s) (Last, First, Middle)	NAKATA, STACY
VELASQUEZ, KALEB, STEPHEN	Custodial Party/Obligee's Name (Last, First, Middle)
VELASQUEZ, DAKOTA, RAE	
Child(ren)'s Birth Date(s)	
01/07/2014	
02/17/2010	

**ORDER INFORMATION:** This document is based on the support or withholding order from Colorado.

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

\$ _____	Per _____	Month _____	current child support
\$ 100.00	Per _____	Month _____	past-due child support - <b>Arrears greater than 12 weeks?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
\$ _____	Per _____	Month _____	current cash medical support
\$ _____	Per _____	Month _____	past-due cash medical support
\$ _____	Per _____	Month _____	current spousal support
\$ _____	Per _____	Month _____	past-due spousal support
\$ _____	Per _____	Month _____	other (must specify)

for a **Total Amount to Withhold** of \$100.00 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:

\$ 23.07	per weekly pay period	\$ 50.00	per semimonthly pay period (twice a month)
\$ 46.15	per biweekly pay period (every two weeks)	\$ 100.00	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 Colorado, you must begin withholding no later than the first pay period that occurs 14 days after the date of 10/16/2019 . Send payment within 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 55% of disposable income for all orders. If the obligor is a non-employee, obtain withholding limits from Supplemental Information. If the employee/obligor's principal place of employment is not Colorado, 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](http://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](http://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](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/programs/css/employers/electronic-payments](http://www.acf.hhs.gov/programs/css/employers/electronic-payments).

Include the **Remittance ID with the payment** and if necessary this locator code: 08000.

Remit payment to FAMILY SUPPORT REGISTRY at P.O. BOX 2171, DENVER CO 80201-2171.

**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: <u>SUSAN E TALLMAN</u> Title of Judge/Issuing Official: <u>Legal Technician/ Paralegal</u> Date of Signature: <u>10/16/2019</u>
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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:  
[www.acf.hhs.gov/programs/css/resource/state-income-withholding-contacts-and-program-information](http://www.acf.hhs.gov/programs/css/resource/state-income-withholding-contacts-and-program-information)

**Priority:** Withholding for support has priority over any other legal process under State law against the same income (42 USC §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.

**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.

14-14-111.5(8)(b), C.R.S. states that an employer, trustee or other payor of funds who fails to withhold income shall be liable for both the accumulated amount the employer, trustee, or other payor of funds should have withheld from the obligor's income and any other penalties set by state law.

**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.

14-14-111.5(8) & (9), C.R.S. states that an employer, trustee, or other payor of funds who discharges, refuses to hire, or takes disciplinary action against an employee because of the entry or service of an income withholding order may be held in contempt of court or be subject to a fine. If an employer discharges an employee because of the income withholding order, the employee may bring a civil action for the recovery of wages lost and for an order requiring the reinstatement of the employee. Damages recoverable shall be lost wages not to exceed six weeks, costs, and reasonable attorney fees.

**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 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:** 1) 13-54-104(1), 14-10-115(5) and 14-14-102(9), C.R.S. include payments made to contractors and sub-contractors in the list of income from which support must be withheld. 13-54-104(1), C.R.S. provides the same maximum withholding limits as 15 USC 1673 specified above in the Withholding Limits paragraph. 2) Pursuant to 14-14-111.5(4)(n) C.R.S., a fraudulent submission of a Notice to Withhold Income For Support shall subject the person submitting the notice to an employer, trustee, or other payor of funds to a fine of not less than one thousand dollars and court costs and attorney fees.

**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 SUSAN E TALLMAN by phone: (970) 498-7600, by fax: (970) 619-4465, by email or website: STALLMAN@LARIMER.ORG.

Send termination notice and other correspondence to: FAMILY SUPPORT REGISTRY, P.O. BOX 2171, DENVER, CO 80201-2171.

**To Employee/Obligor:** If the employee/obligor has questions, contact SUSAN E TALLMAN by phone: (970) 498-7600, by fax: (970) 619-4465, by email or website: STALLMAN@LARIMER.ORG.

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

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.

CERTIFICATE OF DELIVERY

I certify that a true and correct copy of the foregoing Original Income Withholding Order/Notice for Support was placed in the United States Mail/electronic transmission, on 10/16/2019 to the following:

CORPORATE MANAGEMENT GROUP INC  
12000 WASHINGTON ST STE 290  
THORNTON, CO 80241-3133

  
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