

Doc ID: 109CSO170041081  
OLMSTED COUNTY COMMUNITY SERVICES  
CHILD SUPPORT RECOVERY  
2117 CAMPUS DR SE STE 100  
ROCHESTER MN 55904-4825

TELEPHONE: 507-328-6550

CORPORATE MANAGEMENT GROUP INC  
C/O CMG  
12000 WASHINGTON ST STE 350  
THORNTON CO 80241-3136

08/17/2018

RE: Wat Phetda  
Case: 001432001101  
SSN: 473-11-4021

## Notice of Failure To Withhold Support

Dear Payor of Funds:

On 06/06/2018 we served you with the Income Withholding For Support for Wat Phetda. We have not received the withholding required by the court order in the amount of \$440.40.

Minnesota Statutes, section 518A.53 requires you to remit these payments to the MN Child Support Payment Center within 7 days of the date the funds are withheld. Minnesota Statutes, section 518A.73 also makes you liable for any amounts required to be withheld. Failure to withhold and remit funds to the MN Child Support Payment Center may result in a contempt proceeding against you under Minnesota Statutes, section 588.01, subdivision 3(3), and section 518A.73.

**Remit Payment to: Minnesota Child Support Payment Center  
PO Box 64306  
St Paul MN 55164-0306**

If Wat Phetda is no longer receiving funds from you, complete and return the enclosed Notice of Termination. A return envelope is provided for your convenience.

Brenda Huemoeller  
Child Support Officer  
507-328-6494  
Fax: 507-328-7957

enc:

CORPORATE MANAGEMENT GROUP INC  
C/O CMG  
12000 WASHINGTON ST STE 350  
THORNTON CO 80241-3136

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NOTE: Keep the Notice of Termination. Complete and return the form if the employment of Wat Phetda terminates. You must provide the information to the Child Support Enforcement Agency indicated below within 10 days of termination. A return envelope is provided for your convenience.

NOTICE OF TERMINATION

Attn: Brenda Huemoeller

Re: Wat Phetda	Case: 001432001101
SSN: 473-11-4021	
Wat Phetda is no longer employed by or receiving funds from Corporate Management Group Inc	
Home address:	
Last day of actual work:	
Lump sum payment Anticipated date of Payment:	
Date Insurance ends:	
Do you expect this person to return to work? If yes, when?	<input type="checkbox"/> Yes. Date: _____ <input type="checkbox"/> No.

SEPARATION/TERMINATION REASON	
<input type="checkbox"/> Voluntary Quit	<input type="checkbox"/> Discharged for Misconduct
<input type="checkbox"/> Refusal of Re-employment	<input type="checkbox"/> Laid off
<input type="checkbox"/> Other:	
New employer or payor of funds:	

COMPLETED BY
Name:
Title:
Phone:
Date: