



The Employer's Handbook

County of Santa Clara
Department of
Child Support Services



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Preface

This *Employer's Handbook* provides helpful information to employers about employee wage assignments they receive from the County of Santa Clara Department of Child Support Services.

Laws and regulations require that we have a verification of employment, amount of wages, and availability of health insurance. They also require employers to have knowledge of and adhere to laws regarding matters such as wage assignments, medical assignments, and reporting requirements for newly hired employees.

Our aim in this booklet is to give employers quick access to information about what is often complicated material. To help with this, we have provided a table of contents and an index.

Our staff realizes that dealing with wage assignments and filling out the required forms take time and energy away from the many other responsibilities employers have. We, and the children your efforts help support, appreciate what you do.

Contacting us

**County of Santa Clara
Department of Child Support Services
2851 Junction Avenue
San Jose, CA 95134**



Our telephone numbers:

408-503-5200

1-888-687-7500

408-503-5700

408-573-5230

Main number & voice mail

Toll free in the USA

For employers

TTY machine

Our fax numbers:

408-503-5252

408-503-5296

408-503-5619

408-503-5278

Administration

Accounting

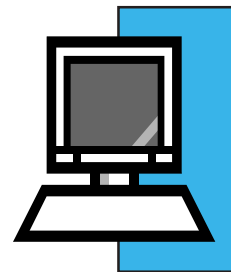
Casework

Court Unit

Our e-mail address

customerservice@dcss.co.santa-clara.ca.us

Our web site: www.scc-dcss.org



Verification Forms

Verification forms ask employers to verify employment and provide specific information about wages, term of employment, and health insurance coverage. Information in these forms is based on New Employee Registry information or other sources.

The employer needs to provide the **Social Security number, union affiliation, last known address and health insurance information.**

The forms must be returned to DCSS within 30 days.

The information you provide may be used in court.



Q & A about verification forms

Q. Is there a penalty for failing to provide the requested information within 30 days?

A. Yes, you can be fined \$1,000 and have to pay attorney costs and fees.

Q. What information must DCSS provide on the form to assist you in identifying the employee?

A. It must provide you with at least three of the following:

First, middle & last name

Date of Birth

Driver's license number

Last known address

Name of spouse

Wage Assignments

Notice to Withhold Income for Child Support (NTW)

A wage assignment, also called an *Order and Notice to Withhold Income for Child Support*, is a court-ordered deduction for child, spousal, or family support. **It is a legal document that requires your response.**

A wage assignment for child support takes priority over all other income assignments **except a federal tax levy if the levy was in effect prior to receipt of the child support wage assignment.**

Upon receipt of a wage assignment, an employer has these obligations:

1. Deliver a copy of the wage assignment, a written statement of the employee's rights,* and a blank Request for Hearing* to your employee within **10 days** of the date you receive the assignment.
2. Withhold earnings no later than **10 days** after receiving the wage assignment.
3. Forward the amount withheld within **10 days** of the date you paid your employee.
4. When the person is no longer your employee, notify DCSS by first-class mail by the time the next payment on the wage assignment is due. If possible, let DCSS know the employee's last known address and the name and address of a new employer.



Employers must never use a wage assignment as a reason for dismissing an employee.

You have the right to deduct \$1:00 from an employee's earnings for each payment you make.

*These documents are included in the wage assignment packet.

Withholding

Employers may withhold up to 50 percent of the employee's **net disposable earnings**, unless there is a specific court order which permits a higher percentage to be withheld. Employers must never withhold more than 65 percent of an employee's net disposable income.



Net disposable earnings

A wage assignment is placed upon earnings, which are **wages, salary, tips, bonuses, vacation pay, retirement pay and commissions paid by an employer.**

Net disposable earnings are the earnings left *after* subtracting the money that state or federal law requires an employer to withhold, and so are different from “gross pay” or “take home pay.”

Generally, the required deductions are

- 1) Federal income tax
- 2) State income tax
- 3) State disability insurance
- 4) Social Security
- 5) Payments to Public Employees' Retirement Systems (PERS)

Note: When calculating disposable earnings, medical insurance deductions are not to be considered, as such deductions are not required by law. **If the employer *does* deduct for medical insurance, it should be only *after* 50% of the net disposable earnings have been calculated for child support.**

Wage withholdings from other states

WaAn Order and Notice to Withhold Income for Child Support issued by a court or administrative agency of another state is as binding upon the employer of the noncustodial parent as an earnings assignment order made by a California court.

Note: These assignments are referred to as “direct wage withholding orders” because they are sent directly to the employer by an out-of-state child support enforcement agency, so it is unlikely that the Santa Clara County Family Support Division has any record of either the wage assignment or your employee. If you have any questions regarding the withholding order you have received from another state, contact the “requesting agency” as identified on the withholding order for assistance.

Priorities for Payment

An employer may receive more than one wage assignment for an employee or sometimes receive a second order from another jurisdiction for arrears.

Always pay current support first; an additional amount can be deducted for arrears if the total does not exceed 50 percent of the employee's NET wages, or 60 percent if authorized by the court.

Regulations require DCSS to use the following priorities in paying support:

- 1. Current child support**
- 2. Current family support**
- 3. Current medical support**
- 4. Current spousal support**
- 5. Child support arrearages**
- 6. Family support arrearages**
- 7. Medical support arrearages**
- 8. Spousal support arrearages**

Multiple orders from various counties, continued

If your employee has several orders but the deductible amount does not cover arrears, then always pay current support first. In the following example, no arrears could be sent to any county since current support exceeds the available deduction.

Net disposable income: \$662.00

x .50

MSD \$ 331.00

Order A: \$150 current + \$50 arrears = \$200.00

Order B: \$100 current + \$25 arrears = \$125.00

Order C: \$175 current + \$25 arrears = \$200.00

Total \$425 \$100 \$525.00

Because the required deductions add up to more than the \$331.00 available, it is necessary to prorate the payments by first finding the percentages.

Order A: \$150 current \$425 total = 35%

Order B: \$100 current \$425 total = 24%

Order C: \$175 current + \$425 total = 41%

Total \$425 current support 100%

Now it is necessary to multiply the amount actually available—\$331.00—by the percentages.

Order A: \$331 x .35 = \$115.85 to County A

Order B: \$331 x .24 = \$79.44 to County B

Order C: \$331 x .41 = \$135.71 to County C

Total \$331.00

Multiple orders from various counties, continued

In another instance, there may be enough money for all current support, but not enough to pay all arrears. Again, it is necessary to prorate amounts.

Net disposable income: \$662.00
 x .50
MSD \$ 331.00

Order A: \$150 current + \$50 arrears= \$150.00

Order B: \$ 75 current + \$25 arrears= \$100.00

Order C: \$100 current + \$25 arrears= \$125.00

Total \$275 \$100 \$375.00 The total is more than the available amount.

Net disposable income: \$331.00
 -\$275.00 = **Current support due**
Total \$ 56.00 = Amount left for arrears

Order A: \$50 / 100 (total arrears payment) = 50%

Order B: \$25 / 100 (total arrears payment) = 25 %

Order C: \$25 / 100 (total arrears payment) = 25%

Order A: \$56 x .50 = \$28

Order B: \$56 x .25 = \$14

Order C: \$56 x .25 = \$14



Now add the current and arrears amounts.

County A: \$100 current + \$28 arrears = \$128 to County A

County B: \$ 75 current + \$14 arrears = \$ 89 to County B

County C: \$100 current + \$14 arrears = \$114 to County C

TOTAL \$275 current + \$56 arrears = \$ 331

Wage Assignment Q & A

About deductions. . .

Q. An employer has a child support order from DCSS and then receives an earnings withholding order from FTB. What does the employer do?

A. The employer should give the employee the FTB notice and advise him to contact DCSS.

Q. How can an employer determine the validity of an order?

A. Check the forms in this booklet (pp. 26-28) to see if the form you have matches the examples. If you still have doubts, the quickest way is to call DCSS.

Q. Is there an amount too small to be deducted? A dollar, for example?

A. No. The court-ordered amounts vary, and DCSS enforces whatever the court orders.

Q. What happens if an employer “over deducts” and sends too much money to DCSS?

A. In welfare cases, the money will be applied to an arrears account if there is one, and if not, applied to future support.

In non-welfare cases, if there are arrears, the computer will automatically apply the money to the arrears account. If there are no arrears accounts, the money will go into a refund account. However, the money is not refunded automatically. If you discover you have “over deducted” call the DCSS caseworker as soon as possible to discuss the situation.

Q. Are non-mandatory union dues considered a deduction?

A. No

Q. What if the employee’s disposable earnings don’t cover the amount called for in the order?

A. Go ahead and deduct the 50% of disposable earnings. If the amount doesn’t cover the amount the court order, the unpaid amount will be added to an arrears account.

Wage Assignment Q&A, Continued

Q. If an employer has several employees that are paid differently (bi-weekly, weekly, etc.) and sends payments in at the same time for all employees, does this penalize some employees based on frequency of pay? Does it make a difference in interest charges?

A. Not as long as the appropriate monthly amount is sent in for each employee before the end of the month. Interest accrues from the first day of the following month.

About DCSS policy. . .

Q. When an employee says that a child has emancipated, should the employer automatically change the wage assignment amount to cover just the arrears?

A. No. DCSS will notify the employer of any changes to the wage assignment. It's a good idea to contact DCSS with any questions you have regarding emancipation.

Q. Can an employer offer an employee information about requesting a modification?

A. To avoid providing information which may not be timely, it's best to refer the employee to DCSS.

Q. If DCSS sends a wage assignment or verification to the wrong company address, is the employer liable for a late response?

A. No, the employer is not liable. Once you receive the order, you have 10 days to begin deductions.

Q. What is the best way for an employer to notify DCSS about a name change?

A. Call our employer number (see page 3) or notify us by mail.

Q. Can the employer just send the payments with the employee's name on the check stub?

A. No. In order for DCSS to correctly post a payment, we need the case number, employee's name, and pay date.

Q. Must employers provide the date the payroll department withholds the payment?

A. Yes. This is known as the "legal date of collection" or "pay period ending" and must be included on the check or check stub.

Q. What should employers do if the pay period is more or less frequent than the frequency in the income withholding notice?

A. If more frequent, withhold a part of the amount due from each pay period and send to DCSS as specified in the order.

If less frequent, withhold enough to satisfy the amounts spanned by the pay period. So, for example, if the order specifies \$50 semi- and pay is monthly, then deduct \$100 from the monthly paycheck.

Q. An employee says a court order is illegal or was sent in error, or says the child has emancipated, or says arrearages have been paid off. What should the employer do?

A. Do not discontinue withholding until you are notified to do so by DCSS. It is the responsibility of employees who have questions about their order to call DCSS.

A Final Review: Your Responsibilities and Your Employee's Responsibilities

In review, you as the an employer must


- **notify employees of the receipt of the wage assignment**
- **provide them with a written statement of the employee's rights**
- **provide them with the necessary forms for requesting a hearing.**

It is not your responsibility to contact the Department of Child Support services to convey any aspect of the employee's dissatisfaction with a wage assignment.

It is the responsibility of employees to pursue changes in the wage assignment, such as:

- **seeking an order to quash the wage assignment**
- **seeking a modification of the underlying child support order**
- **disputing the arrears being collected by the wage assignment.**

An employee who has concerns about the wage assignment should call the Department of Child Support Services at 408-922-1400.



Please remember that having employees served with a wage assignment does not mean these individuals have failed to provide for their children.

Since July, 1990, federal regulations have required DCSS to obtain a wage assignment when it establishes a new or a modified order even if no back support is due.

If an order was established *before* July, 1990, federal regulations require DCSS to get a wage assignment any time a non-custodial parent becomes one month delinquent.

Health Insurance Coverage Assignments

National Medical Support Notice (NMSN)

Health insurance coverage includes medical care, vision care and dental coverage. It may be part of existing health insurance coverage or issued as a separate policy or plan. Like wage assignments, a health insurance coverage assignment is a legal document and must be honored.

Employer Responsibilities

An employer or insurer is responsible for enrolling a child under the health insurance coverage of a child's parent. Enrollment cannot be denied because

- The child was born out of wedlock
- The child is not claimed as a dependent on the parent's federal income tax return;
- The child does not reside with the parent or in the insurer's service area

Orders issued for out-of-state children often specify that the employer is not required to enroll a child in insurance coverage if the coverage cannot be used in the other state *and* if a cost would be incurred to add the child to the coverage.

When a court requires a parent to provide health insurance for a child, and the employer provides family health insurance coverage, then the employer is responsible for

- Permitting the parent to enroll the child without regard to any enrollment period restrictions
- Enrolling the child in the health insurance plan when DCSS presents a court order (or when the Medi-Cal program or the custodial person presents an order).
- Notifying DCSS or the custodial person of the date coverage begins.
- Providing evidence of coverage and any information that may be necessary for the child to obtain benefits to both parents or the custodial person and, upon our request, to DCSS.
- Upon request by the custodial parent (or custodial person), providing all forms and other documentation necessary for the purpose of submitting claims to the insurance carrier.

- Enrolling the child in the health insurance plan when DCSS presents a court court order (or when the Medi-Cal program or the custodial person presents an order) if your employee/parent fails to apply for the child.

When an employer can discontinue coverage

The employer may discontinue enrollment or eliminate coverage of a child **in two instances:**

- The employer has eliminated family health insurance for all employees
- The employer is provided with satisfactory written evidence that either of the following applies:
 1. The court order/administrative order is no longer in effect or is terminated
 2. The child is or will be enrolled in comparable health insurance coverage through another insurer, which will take effect not later than the effective date of the child's coverage termination.

Time Lines for Employers

Assignments for health insurance coverage have certain time lines employers need to know.

Provide DCSS with the following information within 30 days of receiving a request.

- The employee's SSN and home address
- The policy names, policy numbers and the names of persons covered by the available health insurance
- Information as to whether the health insurance policy provides coverage for dependent children of the employee who do not reside in the employee's home

If there is a subsequent lapse in insurance coverage, you must notify DCSS **within 30 days**, giving the date the coverage ended, the reason for the lapse in coverage and, if the lapse is temporary, the date upon which the coverage is expected to resume.

Use the Judicial Council Form, **Notice of Lapse in Health Insurance** (Document #7154 in Santa Clara County) to report the change, and fax or mail it to DCSS.

Provide the following information within 20 days:

If DCSS serves you with an assignment order and no coverage is available for the child, return the assignment within **20 days** to DCSS. The form, *Declaration of No Health Insurance Coverage*, is on the back of the order.

Do the following within 10 days:

Within 10 days deliver a copy of the order to your employee, together with a written statement of the employee's rights and the relevant procedures under the law to move to quash the order.*

Medical Assignment Q & A

Q. If the employer offers health insurance coverage but the child lives out of the service area of the health plan, what should the employer do?

A. Call, write, or e-mail DCSS to let us know that the child doesn't live in the area.

Q. An employee has wages that vary from week to week. Some months the employee's wages cover the wage assignment amount and health insurance, but other months only the wage assignment can be covered, even though DCSS requires the employee to provide health coverage. What should be done?

Pay only the on-going current support amount and advise the employee of other coverage options (see "Healthy Families on page 19)

Q. DCSS has determined that the health coverage provided for a child does not meet the "reasonable" standard and has informed the employer that it is not necessary to enroll the employee's child in the available coverage. Is the employer liable if the child later incurs medical costs?

No, since DCSS has instructed the employer not to deduct for medical coverage.

Q. If a union, not the employer, provides the employee's coverage, is the employer liable if the union does not comply with health orders DCSS serves on it? Does the employer have any responsibilities once the health assignments are forwarded to the union?

A. No. The employer is not liable, but the union is if it has been ordered to provide coverage and does not.

Q. What if an employer doesn't provide health coverage?

A. Use the form on back of the order (*Declaration of No Health Insurance Coverage*) to notify DCSS.

Q. Some employers offer health insurance plans that require a private physician to be chosen before enrollment is possible. Does the employer need to send insurance information packets to DCSS or the custodial parent and then wait for a response before enrolling a child?

A. Forward insurance information to the DCSS caseworker, who will send it to the appropriate parties.

Q. Are health coverage forms given to an employee to forward to a custodial parent?

A. No. They should be sent to DCSS.

Q. Is an employer obligated to share low-cost health insurance plans available in Santa Clara County?

A. No, there is no *obligation* to do so, but sharing information you have could help your employee.

Santa Clara County's "Healthy Families" program

Employers can alert their employees to Santa Clara County's **Healthy Families** medical insurance for children. Children need to live in Santa Clara County, be under 19 years old, and the family needs to qualify as middle or low income.

Healthy Families covers regular check-ups, emergency visits, prescription drugs, eye and dental exams. The number for information is 1-888-244-5222.

The **Health Trust** provides dental care for Santa Clara County children through its Mobile Dental Clinic, which travels throughout the county. The information number is 408-410-0626. The Health Trust also provides a dental clinic for county children at the Franklin McKinley Elementary School. For information call 408-283-6200.



Medical Assignment Q&A Continued

Q. What if the employee has elected not to maintain any insurance?

A. If there is a choice of several plans, enroll the child in any plan that will reasonably provide benefits where the child live unless the court has specified a plan.

Q. What if an employee already has health coverage?

A. The employer should replace it only if the children are not provided benefits under the existing coverage.

Q. Where should the employer send medical cards for dependents?

A. Send them to DCSS or to the custodial parent.

Q. Does the employer send the premiums to the insurance provider?

A. Yes. Make sure to include the child's name and Social Security number.

Q. If the health coverage deductions would result in the employee's net disposable earnings being less than 50 percent, what should the employer do?

A. Sign the *Declaration of No Health Insurance Coverage* (on back of the order) and return it to DCSS.

NEW EMPLOYEE REGISTRY & NEW HIRE REPORTING

The New Hire Registry is part of national welfare reform, which requires that employers report basic information about newly hired or re-hired employees to a designated agency. In California it is the Employment Development Department (EDD).

Employers may report the new employee information by using **one** of the following:

- the form called Report of New Employees (DE 34)
- a copy of the employee's W-4 form with the employee's start-of-work date and the employer's California employer account number and federal employer identification number (FEIN) indicated on the W-4.
- magnetic media; for acceptable types and format specifications, call the Magnetic Media Unit at (916) 651-6945.
- an alternate paper form with the required information.

The following information must be reported:

Employee:	—Full name	Employer:	—Name & address
	—Social security number		—California employer account #
	—Address		—Federal employer identification # (FEIN)
	—Start-of-work date		

When: **No later than 20 days after their start-of-work date.** The start-of-work date is the first day services were performed for wages.

Where: **By mail:** Employment Development Department
PO Box 997016 MIC 23
West Sacramento, CA 95799-7016
By fax: (916) 255-0951

New Employee Registry Hotline: **(916) 657-0529**, Monday through Friday, from 8 a.m. to 5 p.m. (PST). **For magnetic media reporting, call (916) 651-6945.**

INDEPENDENT CONTRACTOR REPORTING

An *independent contractor* is an individual who is not an employee of a business or government entity. This person receives compensation or executes a contract for services performed either in or outside of California.

Effective January 1, 2001, any business or government entity required to file federal form 1099-MISC for services received from an independent contractor is also required to report specific independent contractor information to EDD. **This information will be used to locate parents who are delinquent in their child support obligations.**

When employers must report use of an independent contractor to EDD

New reporting requirements apply if you hire an independent contractor *and*

- You must file a 1099-MISC form for the services performed by the independent contractor, *and*
- You pay the independent contractor \$600 or more OR enter into a contract for \$600 or more, *and*
- The independent contractor is an individual or sole proprietorship. **You are not required to report independent contractors that are corporations, general partnerships, limited liability partnerships, or limited liability companies.**

Independent contractor reporting requirements, continued

Report independent contractor information on the ***Report of Independent Contractors form (DE 542)***. **Information to be provided about the independent contractor:**

—First, middle initial, and last name	Information to be provided about the employer:
—Social security number	
—Address	—Federal employer identification number
—Start date of contract (if no contract, date payments equal \$600 or more)	—California employer account number
—Amount of contract, including cents	—Social security number
—Contract expiration date	—Business name, address, and telephone number
—Ongoing contract (check box if applicable)	

When: **within 20 days** of **EITHER** making payments totaling \$600 or more, OR entering into a contract for \$600 or more with an independent contractor in any calendar year, whichever is earlier.

Where:

By mail: Employment Development Department
 PO Box 997350 MIC 99
 Sacramento CA 95899-7350

By fax: (916) 255-0951

New Hire/Independent Contractor Q & A

Q. How is New Hire Registry information used?

A. California EDD matches New Hire Registry reports against local child support agencies' records. EDD sends Santa Clara County DCSS a quarterly list of new employees which match our caseload. A match helps locate parents so that the agency can either establish a wage withholding order or enforce an existing order. In the past, when DCSS and other agencies depended upon the regular EDD reporting schedule, we had to rely on information that was six months to a year old.

Q. What penalty is charged if the report is late?

A. EDD may assess a penalty of \$24 for each failure to report a new hire.

Forms

ORDER/NOTICE TO WITHHOLD INCOME FOR CHILD SUPPORT

OMB Control No.: 0970-0154

Original Amended Termination

State: **CALIFORNIA**
Co./City/Dist. of: **SANTA CLARA**
Tribunal/Case Number: **202DA1234567 / 0012345**

Employer/Withholder's Name:

EMPLOYER NAME

Employer/Withholder's Address:

EMPLOYER MAILING ADDRESS
CITY STATE ZIP

Employer/Withholder's Federal EIN Number(if known):

RE: Employee/Obligor's Name (Last, First, MI):
TEST CASE , ROBERT M
Employee/Obligor's Social Security Number:
432-51-6882
Employee/Obligor's Case Identifier:
0000577531
Obligee Name (Last, First, MI):
TEST CASE , BONNIE

Child(ren)'s Name(s):	DOB
CHARLES TEST CASE	01-01-1990
LISA TEST CASE	02-01-1998
UNBORN TEST CASE	07-04-2002
SAM TEST CASE	05-29-1998
BRIEF TEST CASE	01-01-2002
QUIZ TEST CASE	01-02-2002

If checked, you are required to enroll the child(ren) identified above in any health insurance coverage available to the employee/obligor through his/her employment.

ORDER INFORMATION: This Order/Notice is based upon an order for support order 202DA1234567 from _____
You are required by law to deduct these amounts from the employee's/obligor's income until further notice.

\$ _____	per	<u>MONTH</u>	current child support		
\$ _____	per	<u>MONTH</u>	past-due support	Arrears 12 weeks or greater?	<input type="checkbox"/> yes <input type="checkbox"/> no
\$ _____	per	<u>MONTH</u>	current medical support		
\$ _____	per	<u>MONTH</u>	past-due medical support		
\$ _____	per	<u>MONTH</u>	spousal support		
\$ _____	per	<u>MONTH</u>	other (specify): FAMILY SUPPORT		

for a total of \$ 0.00 per MONTH to be forwarded to the payee below.

You do not have to vary your pay cycle to be in compliance with the support order. If your pay cycle does not match the ordered support payment cycle, use the following to determine how much to withhold:

\$ 0.00 per weekly pay period. \$ 0.00 per semimonthly pay period (twice a month).
\$ 0.00 per biweekly pay period (every two weeks). \$ 0.00 per monthly pay period.

REMITTANCE INFORMATION: When remitting payment, provide the paydate/date of withholding and the case identifier. If the employee's/obligor's principal place of employment is California, begin withholding no later than the first pay period occurring ten (10) working days after the date of this Order/Notice. Send payment within seven (7) working days of the paydate/date of withholding. The total withheld amount, including your fee, cannot exceed 50% of the employee's/obligor's aggregate disposable weekly earnings.

If the employee's/obligor's principal place of employment is not California, for limitations on withholding, applicable time requirements, and any allowable employer fees, follow the laws and procedures of the employee's/obligor's principal place of employment (see #4 and #10, ADDITIONAL INFORMATION TO EMPLOYERS AND OTHER WITHHOLDERS).

If remitting by EFT/EDI, call _____ before first submission. Use this FIPS code _____;

Bank routing code: _____; Bank account number: _____

Make check payable to (Payee and Case Identifier): **SANTA CLARA
DEPARTMENT OF CHILD SUPPORT SERVICES
0000577531**

Send check to: **PO BOX 7622
SAN FRANCISCO, CA 94120-7622**

Authorized by: A signature is not required on this form if issued by a Child Support Agency pursuant to Family Code section 5246(b)

Print Name **JULIE GUERRERO**
Of Authorized **FAMILY SUPPORT OFFICER**
Officials: **SANTA CLARA**

Date: **JULY 16, 2002**

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

DATE PRODUCED: 07-16-2002

7684/43JAGPAT06

ADDITIONAL INFORMATION TO EMPLOYERS AND OTHER WITHHOLDERS

- If checked, you are required to provide a copy of this form to your employee, along with a blank *Request for Hearing Regarding Wage and Earnings Assignment* (form 1299.28) within 10 days. If your employee works in a state that is different from the state that issued this order, a copy must be provided to your employee even if the box is not checked.

1. We appreciate the voluntary compliance of Federally recognized Indian tribes, tribally-owned businesses, and Indian-owned business located on a reservation that choose to withhold in accordance with this notice.
2. **Priority:** Withholding under this *Order/Notice* has priority over any other legal process under State law against the same income. Federal tax levies in effect before receipt of this order have priority. If there are Federal tax levies in effect, please contact the State Child Support Enforcement Agency or party listed in number 12 below.
3. **Combining Payments:** You can combine withheld amounts from more than one employee/obligor's income in a single payment to each agency/party requesting withholding. You must, however, separately identify the portion of the single payment that is attributable to each employee/obligor.
4. **Reporting the Paydate/Date of Withholding:** You must report the paydate/date of withholding when sending the payment. The paydate/date of withholding is the date on which amount was withheld from the employee's wages. You must comply with the law of the state of employee's/obligor's principal place of employment with respect to the time periods within which you must implement the withholding order and forward the support payments.
5. **Employee/Obligor with Multiple Support Withholdings:** If there is more than one *Order/Notice to Withhold Income for Child Support* against this employee/obligor and you are unable to honor all support *Order/Notices* due to Federal or State withholding limits, you must follow the law of the state of employee's/obligor's principal place of employment. You must honor all *Order/Notices* to the greatest extent possible. (see #10 below)
6. **Termination Notification:** You must promptly notify the Child Support Enforcement Agency or payee when the employee/obligor no longer works for you. Please provide the information requested and return a complete copy of this *Order/Notice* to the Child Support Enforcement Agency or payee. (**Note: Please use the enclosed TERMINATION OF EMPLOYMENT NOTICE.**)

EMPLOYEE'S/OBLIGOR'S NAME: _____ CASE IDENTIFIER: _____

DATE OF SEPARATION FROM EMPLOYMENT: _____

LAST KNOWN HOME ADDRESS: _____ NEW EMPLOYER'S ADDRESS: _____

Notice to Employee: Upon termination you are also required to provide this information to the agency identified below.

7. **Lump Sum Payments:** You may be required to report and withhold from lump sum payments such as bonuses, commissions, or severance pay. If you have any questions about lump sum payments, contact the person or authority below.
8. **Liability:** If you have any doubts about the validity of the *Order/Notice*, contact the agency or person listed below. If you fail to withhold income as the *Order/Notice* directs, you are liable for both the accumulated amount you should have withheld from the employee/obligor's income and any other penalties set by State law.
9. **Anti-discrimination:** You are subject to a fine determined under State law for discharging an employee/obligor from employment, refusing to employ, or taking disciplinary action against any employee/obligor because of a child support withholding.
10. **Withholding Limits:** You may not withhold more than the lesser of : 1) the amounts allowed by the Federal Consumer Credit Protection Act (15 U.S.C. § 1673(b)); or 2) the amounts allowed by the State of the employee's/obligor's principal place of employment. The Federal limit applies to the aggregate disposable weekly earnings (ADWE). ADWE is the net income left after making mandatory deductions such as: State, Federal, local taxes; Social Security taxes; and Medicare taxes; along with disability insurance and payments to public employees' retirement systems. After the Obligor's disposable earnings are known, withhold the amount required by the *Order/Notice*, but never withhold more than 50 percent of the disposable earnings unless the court order specifies a higher percentage. Federal law prohibits withholding more than 65 percent of disposable earnings of an employee in any case.
11. **To the Employee/Obligor:** If you did not receive a blank *Request for Hearing Regarding Wage and Earnings Assignment* (form 1299.28), you may get one from the court clerk, the local child support agency, or the family law facilitator.
12. **Submitted by:** DEPARTMENT OF CHILD SUPPORT SERVICES
2645 ZANKER ROAD
SAN JOSE, CA 95134
13. If you or your employee/obligor have any questions, contact: **TEAM 06**
by telephone at: (408) 922-1400 or by FAX at: (408) 955-0619 or by Internet at:
14. **Earnings for purpose of this Order/Notice include:** 1) wages, salary, bonuses, vacation pay, retirement pay, and commissions paid by an employer; 2) payments for services of independent contractors; 3) dividends, interest, rents, royalties, and residuals; 4) patent rights, and mineral or other natural resource rights; 5) any payments due as a result of written or oral contracts for services or sales, regardless of title; 6) payments due for workers' compensation temporary benefits, or payments from a disability or health insurance policy or program; and 7) any other payments or credits due regardless of source.

**INFORMATION SHEET FOR REQUEST FOR HEARING
REGARDING WAGE AND EARNINGS ASSIGNMENT
(California Rules of Court, rules 1285.70 and 1299.28)**

(Do NOT deliver this information Sheet to the court clerk.)

Please follow these instructions to complete the *Request for Hearing Regarding Wage and Earnings Assignment* (form 1299.28) if you do not have an attorney representing you. Your attorney, if you have one, should complete this form. You must file the completed *Request for Hearing* form and its attachments with the court clerk within 10 days after the date your employer gave you a copy of a *Wage and Earnings Assignment* or an *Interstate Order/Notice to Withhold Income for Child Support*. The address of the court clerk is the same as the one shown for the superior court on the *Wage and Earnings Assignment*. You may have to pay a filing fee. If you cannot afford to pay the filing fee, the court may waive it, but you will have to fill out some forms first. For more information about the filing fee and waiver of the filing fee, contact the court clerk.

INSTRUCTIONS FOR COMPLETING THE *REQUEST FOR HEARING REGARDING WAGE AND EARNINGS ASSIGNMENT* FORM (TYPE OR PRINT IN INK)

Front page, first box, top of form, left side: Print your name, address and telephone number in this box if it is not already there.

Item 1: a.-b. You must contact the court clerk's office and ask that a hearing date be set for this motion. The court clerk will give you the information you need to complete this section.

Item 2: Check this box if you want the court to stop the district attorney or the other parent from collecting any support from your wages or earnings. You must check the box for either a., b., or c. below if you check this box.

- a. Check this box if you are not the person required to pay support in the *Wage and Earnings Assignment*.
- b. Check this box if you believe that there is "good cause" to recall the earnings assignment. NOTE: The court must find ALL of the conditions listed in this paragraph exist in order for good cause to apply.
- c. Check this box if you and the other parent have a written agreement that allows you to pay the support another way. **You must attach a copy of the agreement**, which must be signed by the other parent and a representative of the district attorney if payments are made to a county office.

Item 3: Check this box if you want to change the *Wage and Earnings Assignment*. You must check the box for either a., b., or c. below if you check this box.

- a. Check this box if the total arrearage listed in item 9 on the *Wage and Earnings Assignment* is wrong. If you check this box, you must check one or more boxes for (1), (2), or (3). You must attach the original of your statement of arrearages. Keep one copy for yourself.
 - (1) Check this box if you believe that the amount of arrearage listed in the *Wage and Earnings Assignment* does not give you credit for all the payments you have made. If you check this box, you must check either or both of the boxes underneath it:
 - (a) Check this box if you are attaching your own statement of arrearage. This statement must include a monthly listing of what you were ordered to pay and what you actually paid.
 - (b) Check this box if you wish to list any payments that you believe were not included in the arrearage amount. For each payment you must list the date you paid it, the amount paid, and the person or agency (such as the district attorney) to whom you made the payment. Bring proof of any payment in dispute to the hearing.
 - (2) Check this box if the child support for any of the children in the case has terminated (ended). If you check this box, you must list the following information for each child:
 - The name and date of birth of each child.
 - The date the child support order terminated.
 - The reason child support terminated.
 - (3) Check this box if there is another reason you believe the arrearage is incorrect. You must explain the reasons in detail.
- b. Check this box if the total monthly payment shown in item 1 of the *Wage and Earnings Assignment* is more than one-half of your monthly net income.
- c. Check this box if the total monthly payment shown in item 1 of the *Wage and Earnings Assignment* causes you a serious hardship. You must write in the reasons for the hardship in this space.

You must date the *Request for Hearing* form, print your name, and sign the form under penalty of perjury. When you sign the *Request for Hearing* form, you are stating that the information you have provided is true and correct. After you file the request, the court clerk will notify you of the date, time, and location of the hearing by mail.

You must file your request within 10 days of receiving the *Wage and Earnings Assignment* or *Interstate Order/Notice to Withhold Income for Child Support* from your employer. You may file your request in person at the clerk's office or mail it to the clerk. In either event, it must be received by the clerk within the 10-day period. If you need additional assistance with this form, contact an attorney or the Family Law Facilitator in your county.

**NATIONAL MEDICAL SUPPORT NOTICE
PART A
NOTICE TO WITHHOLD FOR HEALTH CARE COVERAGE**

This Notice is issued under section 466(a)(19) of the Social Security Act, section 609(a)(5)(C) of the Employee Retirement Income Security Act of 1974 (ERISA), and for State and local government and church plans, sections 401(e) and (f) of the Child Support Performance and Incentive Act of 1998.

Issuing Agency: DEPARTMENT OF CHILD SUPPORT SERVICES Issuing Agency Address: 2645 ZANKER ROAD SAN JOSE, CA 95134 Date of Notice: JULY 16, 2002 Case Number: 0012345 Telephone Number: (408) 922-1400 FAX Number: (408) 955-0619	Court or Administrative Authority: SUPERIOR COURT Date of Support Order: 01-03-2002 Support Order Number: 202DA1234567
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Employer/Withholder's Federal EIN Number:

RE: Employee's Name (Last, First, MI):

Employer/Withholder's Name:
EMPLOYER NAME

TEST CASE, **ROBERT** **M**

Employer/Withholder's Address:
EMPLOYER MAILING ADDRESS
CITY STATE ZIP

Employee's Social Security Number:

432-51-6882

Employee's Mailing Address:
**234 ANY WHERE STREET
MCKEE, WA 98002**

Custodial Parent's Name (Last, First, MI):

Substituted Official/Agency Name and Address
**DEPARTMENT OF CHILD SUPPORT SERVICES
 2645 ZANKER ROAD
 SAN JOSE, CA 95134**

Custodial Parent's Mailing Address:

Children's Mailing Address (if different from Custodial Parent's):

Name, Mailing Address, and Telephone Number of a Representative of the Child(ren)

() - Child(ren)'s Name(s):	DOB	SSN
CHARLES TEST CASE	01-01-1990	555-44-4333
LISA TEST CASE	02-01-1998	544-44-4444
UNBORN TEST CASE	07-04-2002	
SAM TEST CASE	05-29-1998	
BRIEF TEST CASE	01-01-2002	
QUIZ TEST CASE	01-02-2002	

The order requires the child(ren) to be enrolled in

any health coverages available; or

only the following coverage(s):

Medical; Dental; Vision; Prescription drug; Mental Health;

Other (specify):

THE PAPERWORK REDUCTION ACT OF 1995 (P.L. 104-13) Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time 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. OMB control number: 0970-0222 Expiration Date: 12/31/2003.

**NATIONAL MEDICAL SUPPORT NOTICE
PART B
MEDICAL SUPPORT NOTICE TO PLAN ADMINISTRATOR**

This Notice is issued under section 466(a)(19) of the Social Security Act, section 609(a)(5)(C) of the Employee Retirement Income Security Act of 1974 (ERISA), and for State and local government and church plans, sections 401(e) and (f) of the Child Support Performance and Incentive Act of 1998. Receipt of this Notice from the Issuing Agency constitutes receipt of a Medical Child Support Order under applicable law. The rights of the parties and the duties of the plan administrator under this Notice are in addition to the existing rights and duties established under such law.

Issuing Agency: DEPARTMENT OF CHILD SUPPORT SERVICES Issuing Agency Address: 2645 ZANKER ROAD SAN JOSE, CA 95134 Date of Notice: JULY 16, 2002 Case Number: 0012345 Telephone Number: (408) 922-1400 FAX Number: (408) 955-0619	Court or Administrative Authority: SUPERIOR COURT Date of Support Order: 01-03-2002 Support Order Number: 202DA1234567
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Employer/Withholder's Federal EIN Number:

Employer/Withholder's Name:
TACO BELL SANTA CLARA/CA
 Employer/Withholder's Address:
**3610 EL CAMINO REAL
 SANTA CLARA, CA 95051**

RE: Employee's Name (Last, First, MI):

TEST CASE , ROBERT M
 Employee's Social Security Number:
432-51-6882
 Employee's Mailing Address:
**234 ANY WHERE STREET
 MCKEE, WA 98002**

Custodial Parent's Name (Last, First, MI):

Substituted Official/Agency Name and Address
**DEPARTMENT OF CHILD SUPPORT SERVICES
 2645 ZANKER ROAD
 SAN JOSE, CA 95134**

Custodial Parent's Mailing Address:

Child(ren)'s Mailing Address (if different from Custodial Parent's):

Name, Mailing Address, and Telephone Number of a Representative of the Child(ren)

() -

Child(ren)'s Name(s):

**CHARLES TEST CASE
 LISA TEST CASE
 UNBORN TEST CASE
 SAM TEST CASE
 BRIEF TEST CASE
 QUIZ TEST CASE**

DOB

**01-01-1990
 02-01-1998
 07-04-2002
 05-29-1998
 01-01-2002
 01-02-2002**

SSN

**555-44-4333
 544-44-4444**

The order requires the child(ren) to be enrolled in

any health coverages available; or

only the following coverage(s):

Medical; Dental; Vision; Prescription drug; Mental Health;
 Other (specify):

INSTRUCTIONS TO EMPLOYER

This document serves as notice that the employee identified on this National Medical Support Notice is obligated by a court or administrative child support order to provide health care coverage for the child(ren) identified on this Notice. This National Medical Support Notice replaces any Medical Support Notice that the Issuing Agency has previously served on you with respect to the employee and the children listed on this Notice.

The document consists of **Part A - Notice to Withhold for Health Care Coverage** for the employer to withhold any employee contributions required by the group health plan(s) in which the child(ren) is/are enrolled; and **Part B - Medical Support Notice to the Plan Administrator**, which must be forwarded to the administrator of each group health plan identified by the employer to enroll the eligible child(ren).

EMPLOYER RESPONSIBILITIES

1. If the individual named above is not your employee, or if family health care coverage is not available, please complete item 1, 2, or 3 of the Employer Response as appropriate, and return it to the Issuing Agency. **NO FURTHER ACTION IS NECESSARY.**
2. If family health care coverage is available for which the child(ren) identified above may be eligible, you are required to:
 - a. Transfer, not later than 20 business days after the date of this Notice, a copy of **Part B - Medical Support Notice to the Plan Administrator** to the administrator of each appropriate group health plan for which the child(ren) may be eligible, and
 - b. Upon notification from the plan administrator(s) that the child(ren) is/are enrolled, either
 - 1) withhold from the employee's income any employee contributions required under each group health plan, in accordance with the applicable law of the employee's principal place of employment and transfer employee contributions to the appropriate plan(s), or
 - 2) complete item 4 of the Employer Response to notify the Issuing Agency that enrollment cannot be completed because of prioritization or limitations on withholding.
 - c. If the plan administrator notifies you that the employee is subject to a waiting period that expires more than 90 days from the date of its receipt of **Part B** of this Notice, or whose duration is determined by a measure other than the passage of time (for example, the completion of a certain number of hours worked), notify the plan administrator when the employee is eligible to enroll in the plan and that this Notice requires the enrollment of the child(ren) named in the Notice in the plan.

LIMITATIONS ON WITHHOLDING

The total amount withheld for both cash and medical support cannot exceed 50 % of the employee's aggregate disposable weekly earnings. The employer may not withhold more under this National Medical Support Notice than the lesser of:

1. The amounts allowed by the Federal Consumer Credit Protection Act (15 U.S.C., section 1673(b));
2. The amounts allowed by the State of the employee's principal place of employment; or
3. The amounts allowed for health insurance premiums by the child support order, as indicated here:

The court order limits monthly deductions for health insurance premiums to \$ _____.

The federal Limit applies to the aggregate disposable weekly earnings (ADWE). ADWE is the net income left after making mandatory deductions such as State, Federal, local taxes; Social Security taxes; and Medicare taxes.

EMPLOYER RESPONSE

If either 1, 2, or 3 below applies, check the appropriate box and return this Part A to the Issuing Agency within 20 business days after the date of the Notice, or sooner if reasonable. **NO OTHER ACTION IS NECESSARY.** If neither 1, 2, nor 3 applies, forward Part B to the appropriate plan administrator(s) within 20 business days after the date of the Notice, or sooner if reasonable. Check number 4 and return this Part A to the Issuing Agency if the Plan Administrator informs you that the child(ren) is/are enrolled in an option under the plan for which you have determined that the employee contribution exceeds the amount that may be withheld from the employee's income due to State or Federal withholding limitations and/or prioritization.

1. Employer does not maintain or contribute to plans providing dependent or family health care coverage.
2. The employee is among a class of employees (for example, part-time or non-union) that are not eligible for family health coverage under any group health plan maintained by the employer or to which the employer contributes.
3. Health care coverage is not available because employee is no longer employed by the employer:

Date of termination: _____

Last known address: _____

Last known telephone number: () - _____

New employer (if known): _____

New employer address: _____

New employer telephone number: () - _____

4. State or Federal withholding limitations and/or prioritization prevent the withholding from the employee's income of the amount required to obtain coverage under the terms of the plan.

Employer Representative:

Name: _____ Telephone Number: _____

Title: _____ Date: _____

EIN (if not provided by Issuing Agency on Notice to Withhold for Health Care Coverage): _____

Glossary

Here are terms found in this booklet, and a few other terms related to child support issues which you may encounter.

ARREARS: Past due child support accrued under a support order

CAL-Works: California term for federal TANF (welfare)

CASES: Casework and accounting computer system DCSS uses

CP: Custodial Parent

EDD: Employment Development Department

EMANCIPATION: Date when child support can no longer be collected

FSO: Family Support Officer, a case worker in DCSS office

FTB: Franchise Tax Board

NCP: Non-custodial parent

HICA: Health Insurance Coverage Assignment

MNO: Medically Needy Only; a CP may request medical coverage only.

MSD: Maximum Support Deduction (typically no more than 50% of net disposable income)

NMSN: National Medical Support Notice

NTW: Notice to Withhold

PRWOA: Personal Responsibility & Work Opportunity ACT; 1998 Federal welfare reform legislation

SLMS: State Licensing Match System; Notification to an NP that a license (professional and driver's) can be withheld because of failure to pay child support

TANF: Temporary Assistance for Needy Families; replaced AFDC

WA: Wage assignment

Laws & regulations

Earnings Assignments: **California Family Code, Section 5200**

Health Insurance Assignments: **California Family Code, Section 3750**