

STOPPING AN INCOME WITHHOLDING ORDER

BOTH PARTIES WILL SIGN

YOU CAN USE THIS PACKET IF ALL THIS IS TRUE:

- You have an Income Withholding Order from Coconino County Superior Court.
- You want to stop that order.
- The other party will sign the forms.

IF YOU WANT TO CHANGE THE CHILD SUPPORT AMOUNT (because income or the child's residence has changed, for example): Do not use this packet. Use the Self-Help Center packet *Changing Child Support: Asking for the Change*.

Before signing a court document or getting involved with a court case, it's important to see an attorney to make sure you understand your legal rights and responsibilities. The Self-Help Center has information on finding an attorney.

INSTRUCTIONS

STEP 1: FILL OUT THE FOLLOWING FORMS:

- ☐ Stipulation To Terminate An Income Withholding Order
- ☐ Order Terminating An Income Withholding Order Pursuant To A Stipulation
- ☐ Income Withholding Order

STEP 2: IF EITHER PARENT RECEIVES TITLE IV-D SERVICES FROM THE DIVISION OF CHILD SUPPORT ENFORCEMENT ("DCSE"): GET THE ATTORNEY GENERAL'S SIGNATURE

1. Fill out the Letter: Attorney General's Signature on a Stipulation to Terminate an Income Withholding Order
2. Mail or hand-deliver the following to the Attorney General's Office:
 - ☐ Letter: Attorney General's Signature on a Stipulation to Terminate an Income Withholding Order
 - ☐ Stipulation to Terminate an Income Withholding Order
 - ☐ A self-addressed, stamped envelope with enough postage for the return of the Stipulation

Keep copies of everything for your records.

3. The Attorney General's Office will mail you the signed Stipulation or contact you.

STEP 3: FILE THE FOLLOWING WITH THE COURT

Take or mail the original and two copies of the following to the Clerk's Office in the Coconino County Courthouse at 200 N. San Francisco St., Flagstaff, AZ 86001.

- ☐ Stipulation to Terminate an Income Withholding Order
- ☐ Order Terminating an Income Withholding Order Pursuant to a Stipulation
- ☐ Income Withholding Order

The Clerk will stamp your copies with the filing date and return them to you for your records. If you file by mail, include a self-addressed, stamped envelope and a note asking the Clerk to return the date-stamped copies to you.

STEP 4: THE COURT WILL MAIL YOU A SIGNED ORDER

Petitioner's Name: _____
Mailing Address: _____
City, State, Zip: _____
Phone Number: _____
Representing Self

Respondent's Name: _____
Mailing Address: _____
City, State, Zip: _____
Phone Number: _____
Representing Self

SUPERIOR COURT OF ARIZONA, COUNTY OF COCONINO

Petitioner's Name on the Petition that started this case: _____ Case Number: DO _____

**STIPULATION TO TERMINATE AN
INCOME WITHHOLDING ORDER**

Respondent's Name: _____ ATLAS Number: _____

We ask the court to terminate the Income Withholding Order dated _____
because the following is true or will be true by 90 days after we file this Stipulation:

☐ All past-due court-ordered amounts have been paid.

☐ All past-due court-ordered amounts have been waived.

☐ The court-ordered child support obligation has ended for all the children because:

| Child's Name | Is at least 18 and not in high school | Is married | Has been adopted | Is deceased |
|--------------|--|--------------------------|--------------------------|--------------------------|
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

☐ Other: _____

Current Child Support Order Date: _____ Monthly Amount: \$ _____

☐ The court-ordered spousal maintenance obligation has ended because:

☐ The receiving party is ☐ remarried or ☐ deceased.

☐ Other: _____

[] Other: _____

Paying Party's Employer or Other Payor's Name: _____

Address: _____

Sign in front of a notary, or in front of the Court Clerk when you file. The person signing must bring photo ID. Notaries are at most banks or listed in the Yellow Pages. Notaries usually charge a fee.

Petitioner's Signature: _____

State of Arizona)

)

County of _____)

Subscribed and sworn before me this date: _____ by: _____

Seal:

Notary Public: _____

Notary Expiration Date: _____

Respondent's Signature: _____

State of Arizona)

)

County of _____)

Subscribed and sworn before me this date: _____ by: _____

Seal:

Notary Public: _____

Notary Expiration Date: _____

Attorney General's Office's Signature *(If either parent receives Title IV-D services from DCSE)*

Printed Name: _____

State of Arizona)

)

County of _____)

Subscribed and sworn before me this date: _____ by: _____

Seal:

Notary Public: _____

Notary Expiration Date: _____

Petitioner's Name: _____
Mailing Address: _____
City, State, Zip: _____
Phone Number: _____
Representing Self _____

Respondent's Name: _____
Mailing Address: _____
City, State, Zip: _____
Phone Number: _____
Representing Self _____

SUPERIOR COURT OF ARIZONA, COUNTY OF COCONINO

Petitioner's Name on the Petition that started this Case Number: DO _____
case: _____

**ORDER TERMINATING AN INCOME
WITHHOLDING ORDER PURSUANT
TO A STIPULATION**

Respondent's Name: _____ ATLAS Number: _____

Based on the parties' Stipulation to Terminate an Order of Assignment, the Income Withholding Order dated _____ is terminated.

Do not sign. The court will sign this form.

Date: _____ Superior Court Judge: _____

INSTRUCTIONS:

“INCOME WITHHOLDING FOR SUPPORT” FORM

| | |
|-----------|---|
| 1. | <p>Fill in the grey-shaded blanks on Pages 1 and 3</p> <p>Here’s help with the blanks that might be confusing:</p> <p>“ORIGINAL INCOME WITHHOLDING ORDER/NOTICE FOR SUPPORT (IWO)”: Check this box if this will be the very first Income Withholding Order.</p> <p>“AMENDED IWO”: Check this box if you’re <i>changing</i> an Income Withholding Order.</p> <p>“TERMINATION of IWO”: Check this box if you’re <i>stopping</i> the Income Withholding Order.</p> <p>“Remittance Identifier” = your ATLAS number if you have one</p> <p>“Order Identifier” = your case number if you have one</p> <p>“CSE Agency Case Identifier” = your ATLAS number again if you have one</p> <p>“FEIN” = the employer’s Federal Employer Identification Number if you have it</p> |
| 2. | <p>Leave the rest of the form blank</p> |

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: _____

☐ 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 <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 _____ Remittance Identifier (include w/payment) _____
City/County/Dist./Tribe _____ Order Identifier _____
Private Individual/Entity _____ CSE Agency Case Identifier _____

RE: _____

| | | | |
|--|----------------------------|--|---|
| Employer/Income Withholder's Name | | Employee/Obligor's Name (Last, First, Middle) | |
| Employer/Income Withholder's Address | | Employee/Obligor's Social Security Number | |
| Employer/Income Withholder's FEIN | | Custodial Party/Obligee's Name (Last, First, Middle) | |
| Child(ren)'s Name(s) (Last, First, Middle) | Child(ren)'s Birth Date(s) | . | . |
| | | . | . |
| | | . | . |
| | | . | . |
| | | . | . |
| | | . | . |

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

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

for a **Total Amount to Withhold** of \$ _____ Per _____

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:

| | |
|--|---|
| \$ _____ per weekly pay period | \$ _____ per semimonthly pay period (twice a month) |
| \$ _____ per biweekly pay period (every two weeks) | \$ _____ 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 _____ (State/Tribe), you must begin withholding no later than the first pay period that occurs _____ days after the date of _____. Send payment within _____ working days of the pay date. If you cannot withhold the full amount of support for any or all orders for this employee/obligor, withhold up to _____% of disposable income for all orders. If the employee/obligor's principal place of employment is not _____ (State/Tribe), obtain withholding limitations, time requirements, and any allowable employer fees at <http://www.acf.hhs.gov/programs/css/resource/state-income-withholding-contacts-and-program-information> for the employee/obligor's principal place of employment.

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

Include the **Remittance Identifier with the payment** and if necessary this FIPS code: _____.

Remit payment to _____ (SDU/Tribal Order Payee)
at: _____ (SDU/Tribal Payee Address)

☐ **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: _____

Title of Judge/Issuing Official: _____

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.

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

ADDITIONAL INFORMATION FOR EMPLOYERS/INCOME WITHOLDERS

State-specific contact and withholding information can be found on the Federal Employer Services website located at: <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 (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.

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.

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.

Employer's Name: _____ Employer FEIN: _____

Employee/Obligor's Name: _____

CSE Agency Case Identifier: _____ Order Identifier: _____

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 left after making 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: _____

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 _____ (Issuer name)
by phone at _____, by fax at _____, by email or website at: _____.

Send termination/income status notice and other correspondence to: _____
_____ (Issuer address).

To Employee/Obligor: If the employee/obligor has questions, contact _____ (Issuer name)
by phone at _____, by fax at _____, by email or website at: _____.

Presumptive Termination Date: This order is presumed to terminate on _____ when the youngest child who is subject to this order is expected to emancipate as defined in A.R.S. §§ 25-320 and 25-501 unless the order contains a payment on arrears. The presumptive termination date of this order may be modified by the court upon changed circumstances.

Note to Employers/Other Withholders:

If the most recent Order of Assignment or Income Withholding Order in the case is for current child support only, you should discontinue withholding monies after the last pay period of the month of the presumptive termination date above. If the Order of Assignment or Income Withholding Order includes current child support and an arrearage payment, you should continue withholding the entire amount listed on the order until further notice.

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

This order is effective _____. All rules under REMITTANCE INFORMATION apply after the effective date.

**LETTER: ATTORNEY GENERAL'S SIGNATURE ON A STIPULATION
TO TERMINATE AN INCOME WITHHOLDING ORDER**

Petitioner's Name: _____
Mailing Address: _____
City, State, Zip: _____
Phone Number: _____

Respondent's Name: _____
Mailing Address: _____
City, State, Zip: _____
Phone Number: _____

Date: _____

Michele Legg
Assistant Attorney General
Child Support Enforcement
2323 N. Walgreen St., Ste. 100
Flagstaff, AZ 86004

To whom it may concern:

A.R.S. 25-504(O) requires the Attorney General's notarized signature on a Stipulation to Terminate an Income Withholding Order when either party receives benefits under Title IV-D.

I and/or the other parent receive Title IV-D services from the Division of Child Support Enforcement ("DCSE").

Please find enclosed our Stipulation to Terminate an Income Withholding Order, for your signature.

Please return the signed Stipulation to us in the enclosed self-addressed, stamped envelope.

Sincerely,

Petitioner's Signature: _____

Respondent's Signature: _____