OMB 0970-0154 Expiration Date: 09/30/2023 JUD10

**OMB 0970-0154**

**Expiration Date: 09/30/2023**

**INCOME WITHHOLDING FOR SUPPORT**

1. **Sender Information: (Completed by the Sender) Date:** {{date1}}

{%if iwo == ‘on’%}☒{%else%}☐{%endif%} **INCOME WITHHOLDING ORDER/NOTICE FOR SUPPORT (IWO)** {%if amendiwo == ‘on’%}☒{%else%}☐{%endif%} **AMENDED IWO**

{%if lump == ‘on’%}☒{%else%}☐{%endif%} **ONE-TIME ORDER/NOTICE FOR LUMP SUM PAYMENT** {%if termiwo == ‘on’%}☒{%else%}☐{%endif%} **TERMINATION OF IWO**

{%if cse == ‘on’%}☒{%else%}☐{%endif%}Child Support Enforcement (CSE) Agency {%if court == ‘on’%}☒{%else%}☐{%endif%}Court {%if attorney == ‘on’%}☒{%else%}☐{%endif%}Attorney {%if private == ‘on’%}☒{%else%}☐{%endif%}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 instruction www.acf.hhs.gov/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 support order

must be attached.

State/Tribe/Territory {{statetribeterritory}} Remittance ID (include w/payment) {{remittanceid}}

City/County/Dist./Tribe {{citycountydisttribe}} Order ID {{orderid}}

Private Individual Entity {{privateindividualentity}} Case ID {{caseid}}

1. **Employer and Case Information: (Completed by the Sender)**

{{employername}} RE: {{employeename}}

Employer/Income Withholder’s Name Employee/Obligor’s Name (Last, First, Middle)

{{employeraddress1}} {{employeessn}}

Employer/Income Withholder’s Address Employee/Obligor’s Social Security Number

{{employeraddress2}} {{employeedob}}

Employee/Obligor’s Date of Birth

{{employeraddress3}} {{obligeename}}

Custodial Party/Obligee’s Name (Last, First, Middle)

Employer/Income Withholder’s FEIN {{fein}}

Child(ren)’s Name(s) (Last, First, Middle) Child(ren)’s Birth Date(s)

{{child1}} {{child1dob}}

{{child2}} {{child2dob}}

{{child3}} {{child3dob}}

{{child4}} {{child4dob}}

{{child5}} {{child5dob}}

{{child6}} {{child6dob}}

1. **Order Information: (Completed by the Sender)**

This document is based on the support order from {{statetribeterritory10}} (State/Tribe).

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

${{dollar1}} Per {{per1}} current child support

${{dollar2}} Per {{per2}} past-due child support - Arrears greater than 12 weeks? {%if yes12 == ‘on’%}☒{%else%}☐{%endif%} Yes {%if no12 == ‘on’%}☒{%else%}☐{%endif%} No

${{dollar3}} Per {{per3}} current cash medical support

${{dollar4}} Per {{per4}} past-due cash medical support

${{dollar5}} Per {{per5}} current spousal support

${{dollar6}} Per {{per6}} past-due spousal support

${{dollar7}} Per {{per7}} other (must specify) {{other}}

For a **Total Amount to Withhold of $** {{totalwithhold}} per {{per8}}

1. **Amounts to Withhold: (Completed by the Sender)**

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:

$ {{perweek}} per weekly pay period $ {{persemimonth}} per semimonthly pay period (twice a month)

$ {{pertwoweeks}} per biweekly pay period (every two weeks) $ {{permonth}} per monthly pay period

$ {{lumpsum}} **Lump Sum Payment:** Do not stop any existing IWO unless you receive a termination order.

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to provide uniformity and

standardization. Public reporting burden for this collection of information is estimated to average two to five minutes per response, including the time for reviewing

instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a mandatory collection of information in accordance with 45

CFR 303.100 of the Child Support Enforcement Program. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information

subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. If you have any comments on this collection

of information, please contact the Employer Services Team by email at [employerservices@acf.hhs.gov](mailto:employerservices@acf.hhs.gov).

Income Withholding for Support (IWO) Document Tracking ID {{documented}} Page 1 of 4

Employer/Income Withholder’s Name: {{employername2}} Employer/Income Withholder’s FEIN: {{fein2}}

Employee/Obligor’s Name: {{employeename2}} SSN: {{employeessn2}}

Case ID: {{caseid2}} Order ID: {{orderid2}}

1. **Remittance Information: (Completed by the Sender except for the “Return to Sender” check box.)**

If the employee/obligors principal place of employment is {{principal}} (State/Tribe), you must begin withholding no

later than the first pay period that occurs {{days1}} days after the date of {{daysof}} of the order/notice. Send payment

within {{days2}} 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 {{withholdpercent}} % of disposable income for all orders. If the employee/obligor’s principal place of

employment is not {{statetribeterritory2}} (State/Tribe), obtain withholding limitations, time requirements, the appropriate

method to allocate among multiple child support cases/orders 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. 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 or

www.bia.gov/tribalmap/DataDotGovSamples/tld map.html.

You may not withhold more than the lesser of: 1) the amounts allowed by the Federal Consumer Credit Protection Act

(CCPA) [15 USC § 1673 (b)]; or 2) the amounts allowed by the law of the state of the employee/obligor’s principal place of

employment if the place of employment is in a state; or the tribal law of the employee/obligor’s principal place of employment if the place of employment is under tribal jurisdiction. The CCPA is available at www.dol.gov/sites/dolgov/

Files/WHD/legacy/files/garn01.pdf. If the Order Information section does not indicate that the arrears are greater than 12

weeks, then the employer should calculate the CCPA limit using the lower percentage.

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.

If the obligor is a nonemployee, obtain withholding limits from the **Supplemental Information** section in the IWO. This

information is also available at www.acf.hhs.gov/css/resource/state-income-withholding-contacts-and-program-

requirements.

**Remit payment to** {{remitto}} (SDU/Tribal Order Payee)

at {{remitaddress}} (SDU/Trial Payee Address)

Include the Remittance ID with the payment and if necessary this locator code of the SDU/Tribe order payee {{remitid}}

on the payment.

To set up electronic payments or to learn state requirements for checks, contact the State Disbursement Unit (SDU).

Contacts and information are found at www.acf.hhs.gov/css/resource/sdu-eft-contacts-and-program-requirements.

**Return to Sender (Completed by Employer/Income Withholder).** Payment must be directed to an SDU in

accordance with sections 466(b)(5) and (6) of the Social Security Act or Tribal Payee (see Payments in Section VI). 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.

JJJJ

**If Required by State or Tribal Law:**

Signature of Judge/Issuing Official:

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.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Income Withholding for Support (IWO) Page 2 of 4

Employer/Income Withholder’s Name: {{employername3}}Employer/Income Withholder’s FEIN: {{fein3}}

Employee/Obligor’s Name: {{employeename3}} SSN: {{employeessn3}}

Case ID: {{caseid3}} Order ID: {{orderid3}}

1. **Additional Information for Employers/Income Withholders: (Completed by the Sender)**

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

(section 466(b)(7) of the Social Security Act). If a federal ta levy is in effect, please notify the sender.

**Payments:** You must send child support payments payable by income withholding to the appropriate State Disbursement

Unit or to a tribal CSE agency within 7 business days, or fewer if required by state law, after the date the income would

have been paid to the employee/obligor and include the date you withheld the support from his or her income. You may

combine withheld amounts from more than one employee/obligor’s income in a single payment as long as you separately

identify each employee/obligor’s portion of the payment. Child support payments may not be made through the federal

Office of Child Support Enforcement (OCSE) Child Support Portal.

**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. Employers/income withholders may use OCSE’s Child Support

Portal (ocsp.acf.hhs.gov/csp/) to provide information about employees who are eligible to receive lump sum payments and

to provide contacts, addresses, and other information about their companies. Child support payments may not be made through the federal OCSE Child Support Portal.

**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. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

{{liability}}

**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.

{{antidiscrimination}}

**Supplemental Information:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

{{supplemental}}

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Income Withholding for Support (IWO) Page 3 of 4

Employer/Income Withholder’s Name: {{employername4}}Employer/Income Withholder’s FEIN: {{fein4}}

Employee/Obligor’s Name: {{employeename4}}SSN: {{employeessn4}}

Case ID: {{caseid4}} Order ID: {{orderid4}}

1. **Notification of Employment Termination or Income Status: (Completed by the Employer/Income Withholder)**

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 section below or using OCSE’s Child Support Portal (ocsp.acf.hhs.gov/csp/). Please report the new employer or income withholder, if known.

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 telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last known address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Final payment date to SDU/Tribal Payee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Final Payment Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

New employer’s or income withholder’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

New employer’s or income withholder’s address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Contact Information: (Completed by the Sender)**

**To employer/income withholder:** If you have questions, contact {{sender}} (sender name) by

telephone: {{sendertel}} , by fax: {{senderfax}} , by email or website: {{senderwebsite}}.

Send termination/income status notice and other correspondence to: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

{{noticeto}}

**To employee/obligor:** If the employee/obligor has questions, contact {{sender2}} (sender name)

by telephone: {{sender2tel}} , by fax: {{senderfax2}} , by email or website: {{senderwebsite2}}.

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

**Encryption Requirements:**

When communicating this form through electronic transmission, precautions must be taken to ensure the security of the data. Child

support agencies are encouraged to use the electronic applications provided by the federal Office of Child Support Enforcement.

Other electronic means, such as encrypted attachments to emails, may be used if the encryption method is compliant with Federal

Information Processing Standard (FIPS) Publication 140-2 (FIPS PUB 140-2).

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Income Withholding for Support (IWO) Page 4 of 4

**IN THE CIRCUIT COURT OF THE {{circuit}} JUDICIAL CIRCUIT**

**IN AND FOR {{county}} COUNTY, STATE OF FLORIDA**

**FAMILY DIVISION**

**CASE NO.:** {{casenumber}}

**SECTION:** {{division}}

**IN RE: THE MATTER OF:**

{{petitionerbig}}**,**

**Petitioner,**

**and**

{{respondentbig}},

**Respondent.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/**

**FLORIDA ADDENDUM TO INCOME WITHHOLDING ORDER**

**THE PAYOR** {{employerupper}}**,** **IS HEREBY NOTIFIED** that, under sections 61.13 and 61.1301, Florida Statutes, you have the responsibilities and rights set forth below with regard to the Income Withholding Order/Notice for Support.

1. The Income Withholding Order/Notice for Support is enforceable against employers specifically listed upon the form as well as all subsequent employers/payors of Obligor, {{obligornamesmall}}**,** {{obligoraddress}}**.**
2. You are required to deduct from the obligor’s income the amount specified in the income withholding order, and in the case of a delinquency the amount specified in the notice of delinquency, and to pay that amount to the State of Florida Disbursement Unit. The amount actually deducted plus all administrative charges shall not be in excess of the amount allowed under section 303(b) of the Consumer Credit Protection Act, 15 U.S.C. Section 1673(b), as amended.
3. You must implement the income deduction no later than the first payment date which occurs more than 14 days after the date the income deduction order was served on you, and you shall conform the amount specified in the income withholding order to the obligor’s pay cycle. The court should request at the time of the order that the payment cycle will reflect that of the obligor.
4. You must forward, within 2 days after each date the obligor is entitled to payment from you, to the State of Florida Disbursement Unit, the amount deducted from the obligor’s income, a statement as to whether the amount totally or partially satisfies the periodic amount specified in the income withholding order, and the specific date each deduction is made. If the IV-D agency is enforcing the order, you shall make these notifications to the agency.
5. If you fail to deduct the proper amount from the obligor’s income, you are liable for the amount you should have deducted, plus costs, interest, and reasonable attorneys’ fees.
6. You may collect up to $5 against the obligor’s income to reimburse you for the administrative costs for the first income deduction and up to $2 for each deduction thereafter.
7. The Income Withholding Order/Notice for Support is binding on you until further notice by court order or until you no longer provide income to the obligor.
8. When you no longer provide income to the obligor, you shall notify the obligee,{{obligeenamesmall}}**,** {{obligeeaddress}}**,** and provide the obligor’s last known address and the name and address of the obligor’s new payor, if known, utilizing the form contained within the Income Withholding Order/Notice for Support. If you violate this provision, you are subject to a civil penalty not to exceed $250 for the first violation or $500 for any subsequent violation. If the IV-D agency is enforcing the order, you shall make these notifications to the agency instead of the obligee. Penalties shall be paid to the obligee or the IV-D agency, whichever is enforcing the income deduction order.
9. You shall not discharge, refuse to employ, or take disciplinary action against an obligor because of the requirement for income deduction. A violation of this provision subjects you to a civil penalty not to exceed $250 for the first violation or $500 for any subsequent violation. Penalties shall be paid to the obligee or the IV-D agency, whichever is enforcing the income deduction, if any alimony or child support obligation is owing. If no alimony or child support obligation is owing, the penalty shall be paid to the obligor.
10. The obligor may bring a civil action in the courts of this state against a payor who refuses to employ, discharges, or otherwise disciplines an obligor because of income deduction. The obligor is entitled to reinstatement of all wages and benefits lost, plus reasonable attorneys’ fees and costs incurred.
11. In a Title IV-D case, if an obligation to pay current support is reduced or terminated due to the emancipation of a child and the obligor owes an arrearage, retroactive support, delinquency, or costs, income deduction continues at the rate in effect immediately prior to emancipation until all arrearages, retroactive support, delinquencies, and costs are paid in full or until the amount of withholding is modified.
12. All notices to the obligee shall be sent to the address provided in this notice to payor, or any place thereafter the obligee requests in writing.
13. An employer who employed 10 or more employees in any quarter during the preceding state fiscal year or who was subject to and paid tax to the Department of Revenue in an amount of $20,000 or more shall remit support payments deducted pursuant to an income deduction order or income deduction notice and provide associated case data to the State Disbursement Unit by electronic means approved by the department. Payors who are required to remit support payments electronically can find more information on how to do so by accessing the State Disbursement Unit’s website at www.floridasdu.com and clicking on “Payments.” Payment options include Expert Pay, Automated Clearing House (ACH) credit through your financial institution, www.myfloridacounty.com , or Western Union. Payors may contact the SDU Customer Service Employer telephone line at 1-888-883-0743.
14. The amount of arrears owed, if any, is{{arrears}}**.** You must withhold an additional twenty percent (20%) or more of the ongoing periodic obligation towards same at the rate of {{arrearsrate}}per {{arrearsper}} until full payment is made of any arrearage, attorneys’ fees and costs that no deduction shall be applied to attorneys’ fees and costs until the full amount of any arrearage is paid. If a delinquency accrues after the order establishing, modifying, or enforcing support has been entered and there is no existing order for repayment of the delinquency or a pre-existing arrearage, a payor shall deduct ${{arrearspayment}}per {{arrearspaymentper}}(which represents an additional twenty percent (20%) of the current support obligation, or other amount agreed to by the parties) until the delinquency and any attorneys’ fees and costs are paid in full. No deduction may be applied to attorneys’ fees and costs until the delinquency is paid in full.
15. Pursuant to sections 61.13 and 61.1301, Florida Statutes, the amounts listed for payment on the Income Withholding Order must be varied by the employer/payor for bonus income, or similar one-time payment:

You shall deduct [Choose only one**]** {%if deductfull == ‘on’%}☒{%else%}☐{%endif%} the full amount, {%if deductpercent == ‘on’%}☒{%else%}☐{%endif%} {{deductpercentamount}}, or {%if deductnone == ‘on’%}☒{%else%}☐{%endif%} none of the income which is payable to the obligor in the form of a bonus or other similar one-time payment, up to the amount of arrearage reported in the Income Deduction Order or the remaining balance thereof, and forward the payment to the State of Florida Disbursement Unit. For purposes of this subparagraph, “bonus” means a payment in addition to an obligor’s usual compensation and which is in addition to any amounts contracted for or otherwise legally due and shall not include any commission payments due an obligor.

1. Child Support Reduction/Termination Schedule. Child support amount listed on the IWO shall be automatically reduced or terminated as set forth in the following schedule:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Please list children by initials from eldest to youngest** |  | **Insert in this column the day, month, and year the child support obligation terminates for each designated child (see instructions)** |  | **Insert in this column the amount of child support for all minor children remaining (including designated child).** |
| **Child 1**  Initials & year of birth:  {{childinit1}}  {{childdobtwo1}} | *From the effective date of this Income Deduction Order* ***until*** *the following date:* | {{dob181}} | *Child support for Child 1 and all other younger child(ren) should be paid in the following monthly amount:* | {{allremaining1}} |
| **Child 2**  Initials & year of birth  {{childinit2}}  {{childdobtwo2}} | *After the date set forth in the row above until the following date:* | {{dob182}} | *All other younger child(ren) should be paid in the following monthly amount:* | {{allremaining2}} |
| **Child 3**  Initials & year of birth  {{childinit3}}  {{childdobtwo3}} | *After the date set forth in the row above until the following date:* | {{dob183}} | *All other younger child(ren) should be paid in the following monthly amount:* | {{allremaining3}} |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Child 4**  Initials & year of birth  {{childinit4}}  {{childdobtwo4}} | *After the date set forth in the row above until the following date:* | {{dob184}} | *All other younger child(ren) should be paid in the following monthly amount:* | {{allremaining4}} |
| **Child 5**  Initials & year of birth  {{childinit5}}  {{childdobtwo5}} | *After the date set forth in the row above until the following date:* | {{dob185}} | *All other younger child(ren) should be paid in the following monthly amount:* | {{allremaining5}} |
| **Child 6**  Initials & year of birth  {{childinit6}}  {{childdobtwo6}} | *After the date set forth in the row above until the following date:* | {{dob186}} | *All other younger child(ren) should be paid in the following monthly amount:* | {{allremaining6}} |

NOTE: This change only relates to the amount of the child support obligation portion of the payments listed in the first page of the Income Withholding Order. If there is a child support arrearage in a Title IV-D case, the amount will not be reduced due to the child no longer being eligible for support pursuant to paragraph 11 above.

1. Additional information regarding the implementation of income deduction may be found at [www.floridasdu.com](http://www.floridasdu.com).

{{ data\_string }}