

IN THE CIRCUIT COURT OF THE NINTH JUDICIAL CIRCUIT  
IN AND FOR OSCEOLA COUNTY, FLORIDA  
FAMILY DIVISION

IN RE: The Former Marriage of

Case No.:

Div.:

,  
Petitioner/,  
and

,  
Respondent/.

\_\_\_\_\_ /

**INCOME DEDUCTION ORDER**

TO: ANY PRESENT OR SUBSEQUENT EMPLOYERS/PAYORS OF OBLIGOR:

YOU ARE HEREBY ORDERED to make regular deductions from all income due and payable to the above-named obligor in accordance with the terms of this order as follows:

1. This Income Deduction Order shall be effective

*{Choose only one}*

\_\_\_\_\_ immediately.

\_\_\_\_\_ upon a delinquency in the amount of \$ \_\_\_\_\_ but not to exceed one month's payment,  
pursuant to the order establishing, enforcing, or modifying the obligation.

\_\_\_\_\_ beginning *{date}* : \_\_\_\_\_

2. You shall deduct:

\$ .00 per Month for ongoing child support. Child support shall be automatically reduced or terminated consistent with the schedule in paragraph 7; and

\$ \_\_\_\_\_ per \_\_\_\_\_ for retroactive child support; and

\$ \_\_\_\_\_ per \_\_\_\_\_ for child support arrears totaling \$ \_\_\_\_\_ as of \_\_\_\_\_;

and

\$ \_\_\_\_\_ per \_\_\_\_\_ for \_\_\_\_\_; and

\$ 5.25 per \_\_\_\_\_ for Clerk's Fee (4% of each payment not to exceed \$5.25 per payment)

**\$ Total amount of income to be deducted each Month.**

3. You shall pay the deducted amount to the "State of Florida Disbursement Unit", and mail it to the State of Florida Disbursement Unit P.O. Box 8500, Tallahassee, FL 32314-8500, (tel.) (877) 769-0251. All payments must include the obligor's name (last, middle, first), obligor's social security number, obligee's name (last, middle, first), name of county where court order originated, and case number/depository number. All payments must be made by check, money order, cashier's check, certified check, or through the Internet with access provided by the State of Florida <https://fl.smartchildsupport.com/>. No credit will be given for any payments made directly to the obligee without a court order permitting direct payments.

4. If a delinquency accrues after the order establishing, modifying, or enforcing the obligation has been entered and there is no order for repayment of the delinquency or a preexisting arrearage, a payor shall deduct an additional 20 percent 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.
5. You shall not deduct in excess of the amounts allowed under the Consumer Credit Protection Act, 15 U.S.C. §673(b), as amended.
6. You shall deduct *{Choose only one}* ( ☒ ) the full amount, ( ☐ ) \_\_\_\_\_%, or ( ☐ ) 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.
7. Child Support Reduction/Termination Schedule. Child support 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).
<b>Child 1</b> (Eldest) Initials: & year of birth:	<i>From the effective date of this Income Deduction Order <b>until</b> the following date:</i>	<b>DATE</b>	<i>child support for Child 1 and all other younger child(ren) should be paid in the following monthly amount:</i>	<b>\$ .00</b>
<b>Child 2</b> Initials: & year of birth:	<i>After the date set forth in the row above until the following date:</i>	<b>DATE</b>	<i>child support for Child 2 and all other younger child(ren) should be paid in the following monthly amount:</i>	<b>\$ .00</b>

8. This Income Deduction Order shall remain in effect so long as the underlying order of support is effective or until further order of the court.

## **STATEMENT OF OBLIGOR'S RIGHTS, REMEDIES, AND DUTIES**

9. The obligor is required to pay all amounts and fees specified within this Income Deduction Order.
10. The amounts deducted may not be in excess of that allowed under the Consumer Credit Protection Act, 15 U.S.C. §1673(b) as amended.
11. This income deduction order applies to all of the obligor's current and subsequent payors and periods of employment.
12. A copy of the Income Deduction Order will be served upon the obligor's payor or payors.
13. Enforcement of the Income Deduction Order may only be contested on the ground of mistake of fact regarding the amount owed pursuant to the order establishing, enforcing, or modifying the obligation, the arrearages, or the identity of the obligor, the payor, or the obligee.
14. The obligor is required to notify the obligee and, when the obligee is receiving IV-D services, the IV-D agency, within 7 days of any changes in the obligor's address, payors, and the addresses of the obligor's payors.
15. In a Title IV-D case, if an obligation to pay current support is reduced or terminated due to 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.
16. If any form of child support is provided for above, attached hereto and incorporated herein by reference is an INCOME WITHHOLDING FOR SUPPORT (IWO) Form notice in accordance with OMB Form 0970-0154 and 42 U.S.C. §666(b)(6)(A)(ii).

**DONE AND ORDERED** in Osceola County, Kissimmee, Florida, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
CIRCUIT JUDGE

### **CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that a true and correct copy of the foregoing has been furnished to;; this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Judicial Assistant

IN THE CIRCUIT COURT OF THE NINTH JUDICIAL CIRCUIT  
IN AND FOR OSCEOLA COUNTY, FLORIDA  
FAMILY DIVISION

IN RE:

Case No.:

Div.:

,  
Petitioner ,  
and

,  
Respondent/.

**INCOME WITHHOLDING FOR SUPPORT ORDER AND FLORIDA ADDENDUM**

- ☐ **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/cse/forms/OMB-0970-0154\\_instructions.pdf](http://www.acf.hhs.gov/programs/cse/forms/OMB-0970-0154_instructions.pdf)). 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 FLORIDA    Remittance Identifier (include w/payment) Co. Code #49  
City/County/Dist./Tribe KISSIMMEE, OSCEOLA COUNTY    Order Identifier \_\_\_\_\_  
Private Individual/Entity \_\_\_\_\_    CSE Agency Case Identifier \_\_\_\_\_

ANY CURRENT OR SUBSEQUENT EMPLOYERS    RE: \_\_\_\_\_  
and all current and future employers    Employee/Obligor's Name (Last, First, Middle)  
Employer/Income Withholder's Name \_\_\_\_\_

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 FLORIDA (State/Tribe).

You are required by law to deduct these amounts from the employee/obligor's income commencing October 1, 2020.

\$ .00 Per Month current child support  
\$ Per past-due child support - **Arrears greater than 12 weeks?** ☐ Yes ☐ No  
\$ Per current cash medical support  
\$ Per past-due cash medical support  
\$ Per Current spousal support  
\$ Per past-due spousal support  
\$ 5.25 Per pay period other (must specify) **for State of Florida Disbursement Unit fee**  
**(4% of each payment not to exceed \$5.25 per payment) for a**

**Total Amount to Withhold of \$ 893.25 per month**

**AMOUNTS TO WITHHOLD:** You do not have to vary your pay cycle to be in compliance with the *Order Information*. If your pay cycle does not match the ordered payment cycle, withhold one of the following amounts:

\$ 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 FLORIDA (State/Tribe), you must begin withholding no later than the first pay period that occurs Immediately after the date of service of this IWO. Send payment within 2 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 65 % of disposable income for all orders. If the employee/obligor's principal place of employment is not FLORIDA (State/Tribe), obtain withholding limitations, time requirements, and any allowable employer fees at [http://www.acf.hhs.gov/programs/cse/newhire/employer/contacts/contact\\_map.htm](http://www.acf.hhs.gov/programs/cse/newhire/employer/contacts/contact_map.htm) 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/cse/newhire/employer/contacts/contact\\_map.htm](http://www.acf.hhs.gov/programs/cse/newhire/employer/contacts/contact_map.htm).

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

**Remit payment to** STATE OF FLORIDA DISBURSEMENT UNIT (SDU/Tribal Order Payee)  
at P.O. BOX 8500, TALLAHASSEE, FL 32314-8500 (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.

If Required by State or Tribal Law: \_\_\_\_\_

Signature of Judge/Issuing Official: \_\_\_\_\_

Print Name of Judge/Issuing Official: The Honorable

Title of Judge/Issuing Official: Circuit Judge

Date of Signature: \_\_\_\_\_, 20\_\_\_\_

If the employee/obligor works in a State or for a Tribe that is different from the State or Tribe that issued this order, a copy of this IWO must be provided to the employee/obligor.

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

#### **ADDITIONAL INFORMATION FOR EMPLOYERS/INCOME WITHHOLDERS**

State-specific contact and withholding information can be found on the Federal Employer Services website located at: [http://www.acf.hhs.gov/programs/cse/newhire/employer/contacts/contact\\_map.htm](http://www.acf.hhs.gov/programs/cse/newhire/employer/contacts/contact_map.htm)

**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.

OMB Expiration Date – 05/31/2014. The OMB Expiration Date has no bearing on the termination date of the IWO; it identifies the version of the form currently in use.

**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 lesser of the limit set by the law of the jurisdiction in which the employer/income withholder is located or the maximum amount permitted under section 303(d) of the CCPA (15 U.S.C. 1673 (b)).

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.

**Additional 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 OSCEOLA COUNTY, CLERK OF COURTS (Issuer name) by phone at 407-742-3492, by fax at 407-742-3515 , by email or website at: WWW.OSCEOLACLERK.COM  
Send termination/income status notice and other correspondence to: OSCEOLA COUNTY, CLERK OF COURTS  
2 COURTHOUSE SQUARE, SUITE 200, KISSIMMEE, FL 34741(Issuer address)

**To Employee/Obligor:** If the employee/obligor has questions, contact OSCEOLA COUNTY, CLERK OF COURTS (Issuer name) by phone at 407-742-3492, by fax at 407-742-3515 , by email or website at WWW.OSCEOLACLERK.COM

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