

## NOTICE TO EMPLOYER OR OTHER INCOME PAYOR

TO: \_\_\_\_\_ DATE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RE: Employee/Obligor: \_\_\_\_\_

Social Security #: Birthdate: \_\_\_\_\_

Enclosed you will find an *Income Deduction Order*.

This is your notice under OCGA § 19-6-33(e), explaining your duties, penalties and rights concerning the *Income Deduction Order*. Please read this notice and the court order carefully and follow their instructions. If you have any questions, please call me at the number below, or call the Family Support Registry (FSR) at 404-761-2735 or toll-free at 1-877-231-8753.

**Definitions** - Throughout this notice, the term “*Employer*” also includes any person, private entity or unit of government that provides or administers any kind of income due the Obligor. The term “*Employee*” refers to the support Obligor, whether or not the income is earned by the Obligor as an employee. “*Income*” includes wages, salary, bonuses, commissions, compensation as an independent contractor, worker’s compensation, payments under a disability, pension or retirement program, interest, or any other periodic form of payments, regardless of source.

**Basic Requirements and Penalty** - You are required by law to deduct from an Employee’s income the amount specified by the court in the *Income Deduction Order*. **IF YOU WILLFULLY FAIL TO DEDUCT THE PROPER AMOUNT, YOU ARE LIABLE FOR THE AMOUNT THAT SHOULD HAVE BEEN DEDUCTED PLUS COSTS, INTEREST, AND REASONABLE ATTORNEY FEES.** Along with the deducted amount, you are required to note the names of the parties, the case number, and the Employee’s Social Security Number on the payment, and to send a statement about whether the amount being sent totally or partially satisfies the periodic amount specified in the Order.

**Deadlines and Where to Send** - Payment must begin no later than the first pay period after 14 days following the postmark of this notice. You must **forward the deducted amount within 2 days** after each pay day, to **Child Support Enforcement, Family Support Registry (FSR), P.O. Box 1800, Carrollton, GA 30112-1800.**  
**Priority Over Other Collection Processes** - The *Income Deduction Order* has priority over all other legal processes under Georgia law pertaining to the same income,

and the payment required by the *Income Deduction Order* is a complete defense against any claims of the Employee or the Employee's creditors as to the sum paid.

**Administrative Fees You May Charge** - You may collect up to \$25.00 against the Employee's income to reimburse for the administrative costs of the first income deduction, and up to \$3.00 for each subsequent deduction.

**Maximum Deduction Amount** - The amount actually deducted plus all administrative charges shall not be in excess of the amount allowed under Section 303(b) of the federal Consumer Credit Protection Act, 15 USCA §1673(b).

**Conflicting Orders** - If you get more than one *Income Deduction Order* against the same Employee, you are required to contact the issuing court for further instructions. Upon being contacted, OCGA § 19-6-33(e)(11) requires the court to allocate the amounts available for income deduction.

**Continuing Duty** - You must continue to deduct and send the child support until further notice is given by the court, the undersigned Obligee, or the Office of Child Support Enforcement, or until you are no longer providing income to the Employee. Even if the Employee contests enforcement of the *Income Deduction Order*, you must continue to enforce the order, until the court or administrative agency issues an order granting relief to the Employee.

**Prohibition Against Firing Employee** - You may not discharge an Employee because you receive an *Income Deduction Order*. If an Employee is discharged for this reason, a penalty of up to \$250.00 for the first violation and \$500.00 for a subsequent violation may be imposed against you.

**When Employee Leaves** - When you no longer provide income to the Employee, you are required to notify the Obligee and the Family Support Registry (FSR) within 7 days and provide the Employee's new Employer (or other payor), if known. If the IV-D agency is enforcing the order you must make these notifications to the agency instead of to the Obligee and FSR. If you willfully fail to do this, you are subject to a civil penalty not to exceed \$250.00 for the first violation and \$500.00 for a subsequent violation.

**Combining Payment on Multiple Orders** - If you get *Income Deduction Orders* requiring you to deduct income of two or more Employees to pay to the same agency, you may combine the amounts paid in a single payment, so long as you identify the amount attributable to each Employee.

\_\_\_\_\_  
Obligee/Recipient (*Signature*)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_

IN THE SUPERIOR COURT OF \_\_\_\_\_ COUNTY  
STATE OF GEORGIA

\_\_\_\_\_,  
Defendant,

vs. Civil Action Case Number \_\_\_\_\_

\_\_\_\_\_,  
Defendant.

**INCOME DEDUCTION ORDER**

This Court, having entered an order in the above-named case that establishes, modifies or enforces a child support obligation and/or spousal support obligation owed by [*Petitioner / Respondent*] \_\_\_\_\_ (the “Obligor”) to [*Petitioner / Respondent*] \_\_\_\_\_ (the “Obligee”), and having determined that an income deduction order (“IDO”) should be entered pursuant to O.C.G.A. § 19-6-31 et seq., it is hereby ORDERED AND ADJUDGED:

**1. PARTIES IDENTIFIED.** The parties are hereby identified as follows:

Obligor’s Full Name: \_\_\_\_\_

Obligor’s Date of Birth: \_\_\_\_\_

Obligor’s Home Address: \_\_\_\_\_

Obligor’s Employer: \_\_\_\_\_

Employer’s Address: \_\_\_\_\_

\_\_\_\_\_

Obligee’s Full Name: \_\_\_\_\_

Obligee’s Address: \_\_\_\_\_

Names of Minor Child(ren) Date of Birth

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

2. **INCOME DEDUCTION.** The Obligor's employer (the "Payor"),  
[name] \_\_\_\_\_,  
any future employer, or any other person, private entity, federal or state government, or any  
unit of local government providing or administering any periodic form of payment or income  
due to the Obligor, including without limitation wages, salary, bonus, commission,  
compensation as an independent contractor, worker's compensation, disability benefits,  
annuity and retirement benefits, pensions, dividends, interest royalties, trusts or any other  
payments, shall deduct from all monies due and payable to the Obligor the following  
amounts:

- A. Current Child Support:** \$ \_\_\_\_\_ per \_\_\_\_\_.
- B. Current Spousal Support:** \$ \_\_\_\_\_ per \_\_\_\_\_.
- C. Past Due Support (Arrearage Payment):** \$ \_\_\_\_\_ per \_\_\_\_\_.

As of \_\_\_\_\_, 20\_\_\_\_, the Obligor owes Past Due Support in  
the amount of \$\_\_\_\_\_. The Petitioner shall have the right to any  
additional arrearage which may accrue.

D. Family Support Registry Fee (FSR fee): Pursuant to O.C.G.A. § 19-6-33.1, this fee  
shall be 5% of the amount of each payment, not to exceed \$2.00 per payment.

\*\*Note: you will be notified later when the FSR fee should be deducted.

**E. Total Amount of Deduction:** \$ \_\_\_\_\_ per \_\_\_\_\_.

This amount is the total amount to be deducted. This amount will decrease to  
\$ \_\_\_\_\_ per \_\_\_\_\_ when all Past Due Support has been paid in full. If the  
Current Child Support Payment ends before the Past Due Support has been paid in  
full, the Total Amount of Deduction shall continue to be deducted until the Past Due  
Support has been paid in full.

3. **PLACE OF PAYMENTS:** The Payor shall make the amounts deducted payable to the Family Support Registry, and forward them via U.S. Mail within two (2) business days after each payment date to the following address:

- **Non-Custodial Parent** Family Support Registry  
P.O. Box **1600** Carrollton, GA 30112-1600
- **Employer or Private Attorney** Family Support Registry  
P.O. Box **1800** Carrollton, GA 30112-1800
- **Out of State Child Support Agency** Family Support Registry  
P.O. Box **1700** Carrollton, GA 30112-1700

4. **PAYMENT INSTRUCTIONS:** If you are deducting child support for more than one IDO, you must, upon future notification by the Office of Child Support Services, deduct the FSR fee for each IDO. If the amount you are deducting for any one case is \$40.00 or more, the FSR fee for that IDO is \$2.00. If the deduction is less than \$40.00, the FSR fee is 5% of the amount deducted. For example, the FSR fee would be \$1.75 for a \$35.00 deduction. The Total Amount of Deduction will decrease after all Past Due Support is paid in full; it will be reduced to the Current Child Support plus Current Spousal Support plus the FSR fee. If Current Child Support or Spousal Support shall end before all Past Due Support is paid in full, you should continue to deduct the Total Amount of Deduction until all Past Due Support is paid in full.

5. **CONSUMER CREDIT PROTECTION ACT.** The maximum amount to be deducted shall not exceed the amounts allowed under Section 303(b) of the federal Consumer Credit Protection Act, 15 U.S.C. Sec. 1673(b), as amended.

6. **EFFECTIVE DATE.** This *Income Deduction Order* shall become effective:

\_\_\_\_\_ Immediately upon signing. Employer (or Payor) shall begin deduction of the above-described amount of support obligation on the first pay period following the pay period during which this IDO was entered. Deduction from Obligor's income and payment of such deducted amounts to Obligees pursuant to this IDO shall begin no later than

thirty (30) days from the entry of this Order.

\_\_\_\_\_ Upon a delinquency equal to one month's support. This Court finds that good cause was shown to delay the effective date of this Order. The Obligee or the IV-D agency (i.e., Office of Child Support Services of the Department of Human Resources and its contractors) may enforce this *Income Deduction Order* by serving a "Notice of Delinquency" upon the Obligor as provided in O.C.G.A. § 19-6-32(f).

**7. DURATION.** This *Income Deduction Order* supersedes any income deduction order which may have been previously entered in this case and shall remain in full force and effect until the original support order upon which this Order is based no longer requires payment, is modified, suspended or terminated by the order of this Court.

Enforcement of this *Income Deduction Order* may only be contested on the ground of mistake of fact regarding the amount of support owed pursuant to a support order, the arrearages, or the identity of the Obligor.

#### **8. SERVICE.**

**The Obligee shall serve:**

A. A copy of this *Income Deduction Order* upon the Obligor by personal service, by certified mail or statutory overnight delivery, return receipt requested, or by regular First Class U.S. mail.

B. A copy of this *Income Deduction Order* and the *Notice to Employer or Payor*, as required by O.C.G.A. § 19-6-33(e), upon the Obligor's Employer or Payor or successor payor by regular First Class U.S. mail.

C. A copy of this *Income Deduction Order* by First Class U.S. mail to:  
Family Support Registry  
P.O. Box 1800

Carrollton, GA 30112-1800

9. **DUTY TO INSURE COMPLIANCE.** The Obligor is ordered to perform all acts necessary for the proper withholding of the sums stated in this IDO, including delivery of the same to his/her employer and future employers, and to personally monitor and confirm on an ongoing basis that the payments withheld are timely and properly deducted from his/her income and forwarded as ordered, and correctly identified with the above case. The Obligor is required to notify the Obligee and, when the Obligee is receiving Title IV-D services, the Office of Child Support Services, within seven (7) days of changes in the Obligor's address and payors and the addresses of his or her payors. Failure of the employer to perform under this Order does not relieve the Obligor of his/her obligation to insure that payments are made.

SO ORDERED this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
**Judge**

Superior Court of \_\_\_\_\_ County

IN THE SUPERIOR COURT OF \_\_\_\_\_ COUNTY  
STATE OF GEORGIA

\_\_\_\_\_,  
Plaintiff,

vs. Civil Action Case Number \_\_\_\_\_

\_\_\_\_\_,  
Defendant.

**CERTIFICATE OF SERVICE  
ON INCOME DEDUCTION ORDER**

This certifies that I have sent copies of the *Income Deduction Order* and the *Notice to Employer/Payor* by first class mail to the Obligor, Employer/Payor, and the IDO Registry of Child Support Enforcement today, at the following addresses:

_____	_____
_____	_____
_____	_____
_____	_____

**IDO Family Support Registry  
P.O. Box 1800  
Carrollton, GA 30112-1800**

If this box is checked, I also served a copy of the *Notice of Delinquency* together with the other documents listed above.

Dated: \_\_\_\_\_

Plaintiff  Defendant, *Pro se (Check & sign)*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_



**NOTICE OF DELINQUENCY UNDER OCGA § 19-6-32**

TO: \_\_\_\_\_ DATE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This is your notice under OCGA § 19-6-32 (f), that the enclosed *Income Deduction Order* shall now be enforced.

(1) The support order was entered on \_\_\_\_\_ in the Superior Court of \_\_\_\_\_ County, Georgia, in Civil Action Number \_\_\_\_\_. It ordered you to pay:

- Child support of \$ \_\_\_\_\_ per month, beginning on \_\_\_\_\_.
- Spousal support of \$ \_\_\_\_\_ per month, beginning on \_\_\_\_\_.

(2) A total arrearage of \$ \_\_\_\_\_ has accrued between the date of \_\_\_\_\_ and the date of this *Notice*.

(3) Fees may be imposed about which you will be notified by support enforcement if you will be required to deduct them. The interest which may be imposed is: \$ \_\_\_\_\_ to date, and will continue to accumulate at the applicable rate of \_\_\_\_\_% per year.

(4) The total amount of income to be deducted for each month until the arrearage and all applicable fees and interest are paid in full is \$ \_\_\_\_\_, and the total amount of income to be deducted for each month thereafter is \$ \_\_\_\_\_. The amounts deducted may not be in excess of that allowed under Section 303(b) of the federal Consumer Credit Protection Act, 15 USC Section 1673(b), as amended.

(5) A copy of this notice will be served on your payor or payors, together with a copy of the *Income Deduction Order*. You may apply to the court to contest enforcement of the order. The application shall not affect the enforcement of the *Income Deduction Order* unless and until the court enters an order granting relief to you.

(6) The enforcement of the *Income Deduction Order* may only be contested on the ground of mistake of fact regarding the amount of support owed pursuant to a support order, the arrearages, or the identity of the obligor.

(7) You are required to notify me of your current address and current payors and the address of current payors. All changes shall be reported by you within seven days.  
*(Do not check the box below unless Child Support Enforcement is handling your case.)*

The IV-D agency is enforcing the order, so you must make these notifications to the agency (the Office of Child Support Enforcement) instead of to me.

\_\_\_\_\_  
Obligee/Recipient *(Signature)*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
Telephone: \_\_\_\_\_