



**SUPERIOR COURT OF CALIFORNIA
COUNTY OF ORANGE
SELF-HELP CENTER/FACILITATOR'S OFFICE
www.occourts.org**

**HOW TO PREPARE AN INCOME WITHHOLDING ORDER FOR
SUPPORT (IWO) (FL-195)
(CHILD SUPPORT ONLY OR CHILD AND SPOUSAL SUPPORT)**

Description:

This workshop will assist you in preparing a new, amended, or termination of your Income Withholding Order for Support so that it may be submitted for court filing. You must have an existing order for child support, spousal support in conjunction with child support, and/or payment on arrears of past due support, and the Department of Child Support Services (CSS) is not involved in enforcing the support order.

When:

This workshop is offered on Monday. Check-in begins at 9:30 a.m. and ends at 9:45 a.m. **Your registration packet must be complete in order to be admitted. Please arrive early as seating is limited. This is first-come, first-served.**

Where:

Lamoreaux Justice Center (LJC)
341 The City Drive, 1st Floor, Room C101
Orange, CA, 92868

What to Bring:

- *Completed* WORKSHOP REGISTRATION PACKET
- Copy of court order
- Black pen
- Your own interpreter, if necessary

Name: _____
Superior Court case number: _____

* Workshop Presenters will **not** give legal advice

REGISTRATION PACKET

Income Withholding Order for Support (FL-195)

Please read and follow the instructions below to ensure that your paperwork is completed as quickly and efficiently as possible. Missing information or failure to bring all of the necessary information/items could result in your paperwork not being completed and you will have to return on another day.

CHECKLIST

COURT ORDER

Bring a copy of the order (i.e. Minute Order with DissoMaster/Xspouse printout, Findings and Order after Hearing, Judgment) showing the dollar amount(s) ordered/breakdown per child for support.

DECLARATION

Complete the Attached Declaration form (MC-031) telling the Court what you are requesting and why.

The Court's Self-Help webpage has a presentation on how to write a declaration for court purposes, available at the following link: <http://www.occourts.org/self-help/resources/shresources.html>. On this page, scroll down to Educational Videos/Other and click on "Writing a Declaration for the Court."

If you are requesting that the Court terminate or modify an existing IWO because the child is 18 and graduated from high school, you will need to provide documentation supporting your declaration, such as a copy of the child's diploma, school transcript, graduation announcement, or graduation program.

PROVIDE THE FOLLOWING INFORMATION

Payor Information: Employer's name: _____
Employer's address: _____
Payor's Social Security # (last 4 digits): XXX-XX-_____
Payor's Date of Birth: _____

Child(ren)'s Information:

Name: _____ Date of Birth: _____
Name: _____ Date of Birth: _____
Name: _____ Date of Birth: _____
Name: _____ Date of Birth: _____

PAST DUE SUPPORT AMOUNT

Are you requesting a payment on arrears or past due support? ____ Yes ____ No

If Yes, provide **monthly** amount requested: \$_____ and complete the attached Declaration of Payment History and Payment History Attachment.

STAMPED ENVELOPES ADDRESSED TO THE FOLLOWING

- Yourself
- The Other Party
- The Payor's Employer
- State Disbursement Unit, P.O. Box 989067, West Sacramento, CA 95798-9067

PROOF OF SERVICE

You must have someone else over the age of 18 serve the other parent by mail with a copy of the proposed IWO before submitting it to the Court. The completed Proof of Service must be included with the paperwork submitted to the Court for filing.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state Bar number, and address) or GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406): <hr/> TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	
DECLARATION OF PAYMENT HISTORY	CASE NUMBER: _____

1. Declaration of (name) :
2. Based on my records or my recollection, I declare that the information on the attached pages showing the amounts ordered and the amounts paid are true and correct for the following obligations (check all that apply) :

a. <input type="checkbox"/> Child support	d. <input type="checkbox"/> Medical support	g. <input type="checkbox"/> Other (specify) :
b. <input type="checkbox"/> Spousal support	e. <input type="checkbox"/> Unreimbursed medical expenses	
c. <input type="checkbox"/> Family support	f. <input type="checkbox"/> Unreimbursed child care expenses	
3. Number of pages attached: _____

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

_____ (TYPE OR PRINT NAME) _____ (SIGNATURE OF DECLARANT)

SUPPORT ARREARAGE SUMMARY

This summary is for arrearage for the periods specified in the attached pages. Interest is calculated through (specify date) :

	<u>Principal:</u>	<u>Interest (optional) :</u>	<u>Total Arrearage:</u>
CHILD SUPPORT:	\$ _____	\$ _____	\$ _____
SPOUSAL SUPPORT:	\$ _____	\$ _____	\$ _____
FAMILY SUPPORT:	\$ _____	\$ _____	\$ _____
MEDICAL SUPPORT:	\$ _____	\$ _____	\$ _____
UNREIMBURSED MEDICAL EXPENSES:	\$ _____	\$ _____	\$ _____
UNREIMBURSED CHILD CARE EXPENSES:	\$ _____	\$ _____	\$ _____
OTHER (specify) :	\$ _____	\$ _____	\$ _____

NOTICE: Interest that is not calculated is not waived

Date:

Submitted by:

_____ (TYPE OR PRINT NAME) _____ (SIGNATURE)

Details of the arrearage statement, consisting of (specify number) _____ pages, are attached.

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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PAYMENT HISTORY FOR (check one):

- Child
 Spousal
 Family
 Medical
 Unreimbursed child care
 Unreimbursed medical
 Other (specify):

	Year _____		Year _____		Year _____	
	AMOUNT ORDERED	AMOUNT PAID	AMOUNT ORDERED	AMOUNT PAID	AMOUNT ORDERED	AMOUNT PAID
January						
February						
March						
April						
May						
June						
July						
August						
September						
October						
November						
December						
TOTAL						

	Year _____		Year _____		Year _____	
	AMOUNT ORDERED	AMOUNT PAID	AMOUNT ORDERED	AMOUNT PAID	AMOUNT ORDERED	AMOUNT PAID
January						
February						
March						
April						
May						
June						
July						
August						
September						
October						
November						
December						
TOTAL						

PAYMENT HISTORY ATTACHMENT
(Family Law-Governmental-Uniform Parentage Act)



INSTRUCTIONS FOR COMPLETING PAYMENT RECORD

You must complete a separate *Payment History Attachment* form for each type of support paid. Enter the year, list the amount ordered, and the amount paid for each month during that year. If the amounts repeat in a column, you can use an arrow as shown in the example below. Add the amounts in each column to get the yearly totals. Enter the totals at the bottom.

Attach additional sheets and supporting documents (bills, receipts, and other proof of expense) as necessary.

Child Year 2000 Year 2001 Spousal

	Year <u>2000</u>		Year <u>2001</u>				
	AMOUNT ORDERED	AMOUNT PAID	AMOUNT ORDERED	AMOUNT PAID		AMOUNT ORDERED	AMOUNT PAID
January	100	0	100	100	January	100	0
February				0	February		
March					March		
April		100		100	April		100
May		100		0	May		100
June		100			June		100
July		0			July		0
August				100	August		
September				100	September		
October		100		0	October		100
November					November		
December					December		
TOTAL	1,200	600	1,200	400	TOTAL	1,200	600

UNREIMBURSED CHILD CARE, MEDICAL, OR OTHER EXPENSES:

You must complete a separate *Payment History Attachment* form for each type of unreimbursed expense. If you have more than one bill, receipt, and other proof of expense per month use an additional declaration page (form MC-031) or separate page. **1.)** Itemize each expense; **2.)** attach proof of bill or payment; **3.)** mark each bill or payment with an Exhibit #———; **4.)** group the bills receipts, and other proof of expense in chronological order for each month; and **5.)** enter the total bills, receipts, and other proof of expense for each month. If your court order did not state a specific due date for reimbursement, then include that amount in the month that the expense was incurred.

Unreimbursed child care expenses Unreimbursed medical expenses

	Year <u>2001</u>		Year <u>2001</u>	
	AMOUNT ORDERED	AMOUNT PAID	AMOUNT ORDERED	AMOUNT PAID
January	50% (\$200)	0	January	50% (\$200)
February	50% (\$200)	100	February	
March	50% (\$200)	0	March	50% (\$200)
April	50% (\$200)	50	April	50% (\$75)
May			May	
June			June	
July			July	
August			August	
September			September	
October			October	
November			November	
December			December	
TOTAL	\$400	150	TOTAL	\$237.50

Form MC-031

Petitioner/Plaintiff	CASE NUMBER		
Defendant/Respondent			
I request reimbursement for 50% of these expenses, which are supported by copies of bills, receipts, and other proof of expense.			
01/04/01	Dr. Adams	\$45.00	Exhibit A
01/08/01	Dr. Lee, D.D.S.	\$155.00	Exhibit B
02/15/01	AB X-ray Inc.	\$200.00	Exhibit C
04/26/01	Kids Therapy	\$75.00	Exhibit D
Child care expenses:			
01/02	ABC School	50% (\$200)	} Exhibit E
02/02	ABC School	50% (\$200)	
03/02	ABC School	50% (\$200)	
04/02	ABC School	50% (\$200)	
I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.			
..... (TYPE OR PRINT NAME)	 (SIGNATURE OF DECLARANT)	
Form MC-031	ATTACHED DECLARATION		

PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	CASE NUMBER:
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DECLARATION

(This form must be attached to another form or court paper before it can be filed in court.)

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

_____ (TYPE OR PRINT NAME)

_____ (SIGNATURE OF DECLARANT)

- Attorney for
- Plaintiff
- Petitioner
- Defendant
- Respondent
- Other *(Specify):*