

CSE Case Number:
Noncustodial Parent:

Court Case Number:
Employer Name:

Employer Address:

Attention Payroll/Benefits Department:

The Income Withholding Order/Notice for Support (IWO) is to remain in effect until further notice. Please complete the information requested below and return the Employee Status Report to the address listed on the IWO within 10 days of the date on this letter:

1. We received the IWO regarding the employee named above on _____.
(Date)
2. The employee named above is presently employed. The withholding will begin on _____.
(Date)
3. Our payroll is issued: Weekly Bi-weekly Monthly Twice a month on _____.
(Date)
4. The salary of the employee named above is being direct deposited _____.
(Name of Financial Institution)
5. On _____, the above employee: was terminated voluntarily left our employment
(Date)
 is presently on lay-off status and will return to work on _____.
(Estimated return date)
6. The employee named above is currently employed at _____.
(Company name, if known)

(Address, if known)
7. Is Dependent Health Insurance Coverage Provided: Yes No

If you prefer you may call our office at 1-866-901-3212.

I declare under penalty of perjury under the laws of the State of California that the foregoing information is true and correct. Executed on _____ at _____, _____.		
(Date)	(City)	(State)
_____	_____	_____
(Signature)	(Print Name)	
_____	_____	_____
(Job Title)	(Phone Number)	(Fax Number)