



2021 EMPLOYER FORUM

*Working Together For The
Benefit of Ventura County Families*

*Working to ensure children
receive consistent and reliable
support from both parents.*

August 31, 2021

Welcome to the 2021 Employer Forum

Guadalupe Magana
Child Support Services Specialist



AGENDA

Introduction to Child Support

Iris Hammonds, Community Relations Manager

Income Withholding Orders (IWO)

Michael Marcelo, Senior Attorney

Lump Sum Income Withholding Orders (IWO)

Angela Jones, California Child Support Services Employer Outreach Coordinator

Electronic Income Withholding Orders (E-IWO)

Angela Jones

National Medical Support Notice (NMSN)

Sonia Lopez, Supervising Child Support Services Specialist

Non IV-D cases

Angela Jones

State Disbursement Unit (SDU)

Angela Jones

Reporting New Hires and Independent Contractors

Angela Jones

Wage and Insurance Verification

Tyler Petrangelo, Lead Child Support Services Specialist

Website Demonstration

Tyler Petrangelo

Let's Review Questions

Lupe Magana

Q&A/Comments

Lupe Magana



Our Core Purpose:

To Help Families Thrive

Our Vision:

“Transforming lives through the true power of Child Support”





Our mission is:

Promote the well-being of children and families by working to ensure that children receive consistent and reliable support from both parents

What is Child Support?

Court ordered obligation for a parent to provide for the support of his or her minor child(ren)

Typically includes:

- A monthly child support amount
- A requirement to provide health insurance
- Parentage
- Child care costs



Services Provided

- Find absent parents
- Establish parentage
- Establish child & medical support orders
- Enforce child, medical & spousal support orders
- Modify child support orders
- Collect and distribute child support payments



Services do not include:

- Divorce
- Child Custody
- Visitation
- Restraining Orders
- Spousal Support only orders



COLLECTIONS*

In FY2020, the child support program collected **\$2.9 Billion**



61% of child support was collected by income withholding from an employee's paycheck.

(39% other sources)



85% of child support collected went to families.

(14% reimbursed public assistance dollars)**

The child support program served
1.1 Million statewide
13.8 million children nationwide





INCOME WITHHOLDING ORDER REQUIREMENTS

WHAT IS THIS BIG PACKET THAT JUST ARRIVED?!?!

VENTURA COUNTY DEPT. OF CHILD SUPPORT SERVICES
(VDCSS)
5171 VERDUGO WAY
CAMARILLO CA 93012

LOCAL MECHANIC SHOP
1234 SKYLINE DR
CAMARILLO, CA 93012

Pursuant to California FC section 17309.5, if an employer pays taxes electronically to the Franchise Tax Board or the Employment Development Department, then child support payments are required to be sent to the California State Disbursement Unit (SDU) using Electronic Funds Transfer. To remit payments electronically visit the California SDU at [www.childsup.ca.gov/Payments/StateDisbursementUnit\(sdu\).aspx](http://www.childsup.ca.gov/Payments/StateDisbursementUnit(sdu).aspx).

If you do business in the State of California, California FC sections 3764, 3773 and 5234 require you to give the employee the following forms within 10 days of receipt of this package.

Forms

- Employer copy of each enclosed IWO (OMB 0970-0154) - If you wish to receive the IWO form electronically in the future, visit DCSS at [www.childsup.ca.gov/Employee/ElectronicIncomeWithholdingOrders\(e-iwo\).aspx](http://www.childsup.ca.gov/Employee/ElectronicIncomeWithholdingOrders(e-iwo).aspx)
- Request for Hearing Regarding Earnings Assignment (FL-450)
- Request for Hearing Regarding Health Insurance Assignment (FL-478)
- Information Sheet and Instructions for Request and Notice of Hearing Regarding Health Insurance Assignment (FL-478-INFO)
- Statement of Obligor's Rights and Procedures Regarding a National Medical Support Notice (NMSN) or Health Insurance Assignment Order (DCSS 0361)
- The following employer forms are located at www.childsup.ca.gov/Employee.aspx:
 - Termination of Benefits/Employment Notice (DCSS 0114) - Complete and return this form to the Local Child Support Agency (LCSA) if the employee leaves your employment or has a lapse in health coverage.
 - Health Insurance Information (DCSS 0054) - Complete and return this form to the LCSA when health insurance is provided or available through employment with your company.
 - Request and Notice of Hearing Regarding Health Insurance Assignment (FL-478)
 - Information Sheet and Instructions for Request and Notice of Hearing Regarding Health Insurance Assignment (FL-478-INFO)
 - Employee Status Report (DCSS 0522) - Please complete and return this form to the LCSA.

If you have questions or need additional information on obtaining or downloading forms, please visit the Employer Resource Center at www.childsup.ca.gov/Employee.aspx or call Customer Connect at (866) 501-3212. Please update your company demographics at www.childsup.ca.gov/Employee/InformationRequest.aspx. Persons with hearing or speech impairments, please call the TTY number at (866) 399-4096.

Re: DOE, JOHN
SSN 123-45-6789
DOB 05/03/1964
CSE Case Number: 20000000000000
Participant Number: 3000000000000000

154 and National Medical Sup

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for a Total Amount to Withhold of \$ 21.00
your pay cycle does not match the ordered payment cycle, withhold one of the following amounts:
\$ 4.84 per weekly pay period
\$ 9.69 per biweekly pay period (every two weeks)
Lump Sum Payment: Do not stop any existing IWO unless you receive a termination order.

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:
\$ 4.84 per weekly pay period
\$ 9.69 per biweekly pay period (every two weeks)
Lump Sum Payment: Do not stop any existing IWO unless you receive a termination order.

Income Withholding for Support (IWO)
OMB 0970-0154
Expiration Date: 08/31/2020

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9/1

INCOME WITHHOLDING ORDER/NOTICE FOR SUPPORT
 AMENDED IWO
 ONE-TIME ORDERING NOTICE FOR LUMP SUM PAYMENT
 TERMINATION NOTICE FOR IWO

Child Support Enforcement (CSE) Agency Court Attorney Private
State/Tribe/Territory: CALIFORNIA
City/County/Dist/Tribe: VENTURA
Private Individual/Entity: _____

NOTE: This IWO must be regular on its face. Under certain circumstances you may send (see IWO instructions www.acf.hhs.gov/cssa/resources/income-withholding-for-c) document from someone other than a state or tribal CSE agency or a court, a copy of which is attached.

Remittance ID (include w/ payment)
Order ID: D123456
Case ID: 2000000000000000

LOCAL MECHANIC SHOP
Employer/Income Withholder's Name
1234 SKYLINE DR
Employer/Income Withholder's Address
CAMARILLO, CA 93012

RE: DOE, JOHN
Employee/Obligor's Name (Last, First, Middle)
123-45-6789
Employee/Obligor's Social Sec. #
DOE, JANE
Employee/Obligor's Date of Birth
05/03/1964
Custodial Party/Obligee's Name (Last, First, Middle)
DOE, JOHN JR
Child(ren)'s Name(s) (Last, First, Middle)
Child(ren)'s FEIN: 123456789
Child(ren)'s Birth Date(s)
07/29/2006

ORDER INFORMATION: This document is based on the support order from CALIFORNIA. You are required by law to deduct these amounts from the employee/obligor's income until further notice. (State/Tribe)
\$ 21.00 Per MONTH current child support
\$ 0.00 Per MONTH past-due child support
\$ 0.00 Per MONTH current cash medical support
\$ 0.00 Per MONTH past-due cash medical support
\$ 0.00 Per MONTH current spousal support
\$ 0.00 Per MONTH past-due spousal support
\$ 0.00 Per MONTH other (must specify) _____

Income Withholding for Support (IWO)
OMB 0970-0154
Expiration Date: 08/31/2020

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Employer's Name: LOCAL MECHANIC SHOP
Employee/Obligor's Name: DOE, JOHN
Case Identifier: 20000000000000
Employer FEIN: 123456789
SSN: 123-45-6789
Order Identifier: D123456

REMITTANCE INFORMATION: If the employee/obligor's principal place of employment is CALIFORNIA (State/Tribe), you must begin withholding no later than the first pay period that occurs 10 days after the date of 9/11/19. Send payment within 7 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 50 % of disposable income for all orders. If the obligor is a non-employee, obtain withholding limits from Supplemental Information. If the employee/obligor's principal place of employment is not CALIFORNIA (State/Tribe), obtain withholding limitations, time requirements, 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/cssa/resources/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/cssa/tribal_contacts_printable_pdf.pdf or https://www.bia.gov/tibalmapping/Data/DCGovSamples/td_map.html.

For electronic payment requirements and centralized payment collection and disbursement facility information [State Disbursement Unit (SDU)], see www.acf.hhs.gov/cssa/employers/employer-responsibilities/payments. Include the Remittance ID with the payment and if necessary this locator code 060099 (SDU/Tribal Order Payee) (SDU/Tribal Payee Address)

Remit payment to CALIFORNIA STATE DISBURSEMENT UNIT at PO BOX 989067, WEST SACRAMENTO CA 95798-9067

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 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: GERARDO GARIN
Print Name of Judge/Issuing Official: Child Support Representative
Title of Judge/Issuing Official: Child Support Representative
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 employee/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 www.acf.hhs.gov/cssa/resources/state-income-withholding-contacts-and-program-requirements. Employers/income withholders may use OCSE's Child Support Portal (https://ocsp.acf.hhs.gov/csp/) to provide information about employees who are eligible to receive a lump sum payment, have terminated employment, and to provide contacts, addresses, and other information about their company.

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 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/identity 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.
Income Withholding for Support (IWO)

Page 1 of 4

LOCAL MECHANIC SHOP
the DOE, JOHN
1234 SKYLINE DR
CAMARILLO, CA 93012
Order Identifier: D123456
Employer FEIN: 123456789
SSN: 123-45-6789

Just report the pay date when sending the payment. The pay date is the date on which the employee/obligor's wages are paid. You must comply with the law of the state or tribal law if the principal place of employment regarding time periods within which you must remit the support payments.

We IWO against this employee/obligor and you are unable to fully honor all IWOs you must notify the state or tribal CSE agency of upcoming lump sum payments to the appropriate attention method.

You notify a state or tribal CSE agency of upcoming lump sum payments to the appropriate attention method.

If this IWO contact the sender. If you fail to withhold income from the state or tribal law for discharging an employee/obligor, you are liable for both the accumulated amount you should have withheld and any penalties or interest.

Penalties allowed by the Federal Consumer Credit Protection Act of the state of the employee/obligor. If the employee/obligor is a tribal CSE agency, the net income is the net income. If the employee/obligor is a tribal CSE agency, you may deduct a fee for care premiums in this section.

Arrears are greater than

Page 2 of 4

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Step 1: Figure out who sent it

- Pro Tip: Read the whole packet! As an employer, you will want to identify the type of child support case to know which steps to follow.
 - If the packet in the mail is from VCDCSS or another Local Child Support Agency, your employee has a child support obligation that is being collected through the California Child Support Enforcement System. Child Support Professionals call this a “IV-D” case (pronounced “Four-D.”)
 - If the packet in the mail is from a private attorney, this Income Withholding Order has been granted by a Judge and will need to be followed as well. Child Support Professionals call these private cases “non IV-D cases.”
 - If the packet in the mail is from another state, the packet will give you all the information you need to remit the payment correctly.
- Note: Child Support payments always go to the listed State Disbursement Unit on the Income Withholding Order.
 - Example: If the order is from California, payments go to the CASDU.



Processing an IV-D Income Withholding Order

- Step 1.** Within 10 days of receiving an IWO (form OMB 0970-0154 or form FL-195) the employer must notify the employee named and provide him/her with a copy of the Order/Notice, and a blank Request for Hearing Regarding Earnings Assignment with information and instruction sheet (form FL-450).
- Step 2.** The employer must begin withholding the amount specified in the order no later than the first pay period occurring 10 days after receipt of the IWO.
- Step 3.** The employer must remit the payment to the SDU within 7 working days of the pay date/date of withholding. The employer may charge the employee an administrative fee of up to \$1.50 for each payment made per the employee's IWO.



Processing a Non-IV-D Income Withholding Order

Step 1. When the employer receives an OMB 0970-0154 or FL-195 Income Withholding for Support order, the employer should keep the original form and send a copy to the California State Disbursement Unit. This can be done by mail, eFax or Fax:

California State Disbursement Unit
P. O. Box 980218
West Sacramento, CA 95798-0218

Efax to: casdu-electronichelpdesk@dcss.ca.gov
OR Fax number: 888-587-5471

Step 2. The SDU will respond to the employer's submission by return mail indicating a case number that must be included on all payments for that case.

Step 3. The employer can then remit all current and future child support income withholding payments to the SDU. The case number should be included with each payment. Employers may charge the employee an administrative fee of up to \$1.50 for each payment made per the employee's IWO.



Reminder about other states!

- If an Income Withholding for Support is from another state, must the payment be sent to that state?
 - Yes. You must comply with income withholding orders from other states. Instructions on the income withholding order will specify where to mail the payment. Please do not send payments ordered by other states to the California State Disbursement Unit.



Step 2: Is this new or am I changing something

- Child Support Obligations can change over time, which is why an employer will receive an Amended IWO. The Amended IWO gives the employer instructions as to how to adjust withholdings from a parent's wages.
- An employer may also receive a notice to terminate an Income Withholding Order if the Child Support Obligation is no longer due or is no longer being enforced via Income Withholding Order.



Employee Termination

When an employee with child support obligation through a local child support agency (LCSA) leaves your company, notify the LCSA as soon as possible. The IWO includes a Termination Notice that can be sent to the LCSA.

Employer's Name: _____ Employer FEIN: XXXXXXXXXX
Employee/Obligor's Name: SIMPSON, HOMER SSN: XXX-XX-XXXX
CSE Agency Case Identifier: 2000000000000 Order Identifier: DXXXXXX

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, you 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: _____

Note: Employers SHALL NOT use an Order/Notice as grounds for refusing to hire a person or for taking disciplinary action against an employee. Employers could face civil penalties if they do so.



Step 3: Did I forget to give my employee their forms?

If you do business in California, California Family Code Sections 3764, 3773 and 5234 require you to give the employee the following forms within 10 days of receipt of the packet:

FL-450

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): 20000000000000		FOR COURT USE ONLY	
TELEPHONE NO.:	FAX NO. (OPTIONAL):		
E-MAIL ADDRESS (OPTIONAL):			
ATTORNEY FOR JUDGE:			
SUPERIOR COURT OF CALIFORNIA, COUNTY OF VENTURA			
STREET ADDRESS: 800 S. VICTORIA AVE			
MAILING ADDRESS: 800 S. VICTORIA AVE			
CITY AND ZIP CODE: VENTURA 93003			
BRANCH NAME: VENTURA COUNTY SUPERIOR COURT			
PETITIONER/PLAINTIFF: JANE DOE		CASE NUMBER: D123456	
RESPONDENT/DEFENDANT: JOHN DOE			
OTHER PARENT:			
REQUEST FOR HEARING REGARDING EARNINGS ASSIGNMENT			

NOTICE: Complete and file this form with the court clerk to request a hearing only if you object to the *Income Withholding for Support* (form FL-195/OMB0970-0154) or *Earnings Assignment Order for Spousal or Partner Support* (form FL-435). This form may not be used to modify your current child support amount. (See page 2 of form FL-192, *Information Sheet on Changing a Child Support Order*.) Page 3 of this form is instructional only and does not need to be delivered to the court.

1. A hearing on this application will be held as follows (see instructions for getting a hearing date on page 3):

a. Date: _____ Time: _____ Dept.: _____ Div.: _____ Room: _____

b. The address of the court is: same as noted above other (specify): _____

2. I request that service of the *Earnings Assignment Order for Spousal or Partner Support* (form FL-435) or *Income Withholding for Support* (form FL-195/OMB0970-0154) be quashed (set aside) because:

a. I am not the obligor named in the earnings assignment.

b. There is good cause to recall the earnings assignment because all of the following conditions exist:

(1) Recalling the earnings assignment would be in the best interest of the children for whom I am ordered to pay support (state reasons): _____

(2) I have paid court-ordered support fully and on time for the last 12 months without either an earnings assignment or another mandatory collection process.

(3) I do not owe any arrearage (back support).

(4) Service of the earnings assignment would cause extraordinary hardship for me, as follows (state reasons; you must prove these reasons at any hearing on this application by clear and convincing evidence): _____

c. The other parent and I have a written agreement that allows the support order to be paid by an alternative method. A copy of the agreement is attached. (NOTE: If the support obligation is paid to the local child support agency, this agreement must be signed by a representative of that agency.)

FL-450

PETITIONER/PLAINTIFF: JANE DOE	CASE NUMBER: D123456
RESPONDENT/DEFENDANT: JOHN DOE	
OTHER PARENT:	

3. I request that the earnings assignment be modified because:

a. the total amount of arrearages claimed as owing is incorrect. (Check one or more of the following reasons.)

(1) I did not receive credit for all of the payments I have made. (Check (a), (b), or both.)

(a) I have attached my statement of the payment history, which includes a monthly breakdown of amounts ordered and amounts paid.

(b) I made the following payments that were not credited (for each payment, specify the date, the amount, and the name of the person or agency paid): _____

(2) Child support has terminated (specify name of child, child's date of birth, date of termination, and reason support was terminated): _____

(3) Other (specify): _____

b. the monthly payment specified in the earnings assignment is more than half of my total net income each month from all sources.

c. the monthly arrearage payment stated in the earnings assignment creates an undue hardship because (describe the hardship and state the amount you are able to pay on your arrearage): _____

(NOTE: If you want to change the amount of money being deducted for arrearage because it creates a hardship, please attach a completed *Financial Statement (Simplified)* (form FL-155) or *Income and Expense Declaration* (form FL-150).)

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 OF PERSON REQUESTING HEARING)

 (SIGNATURE OF PERSON REQUESTING HEARING)

CLERK'S CERTIFICATE OF MAILING

I certify that I am not a party to this action and that a true copy of the *Request for Hearing Regarding Earnings Assignment* (form FL-450) was mailed, with postage fully prepaid, in a sealed envelope addressed as shown below, and that the request was mailed at (place): _____ on (date): _____

Date: _____ Clerk, by _____, Deputy

FL-450 (Rev. July 1, 2008) **REQUEST FOR HEARING REGARDING EARNINGS ASSIGNMENT** (Family Law—Governmental—UIFSA) Page 2 of 2 POST ORDER

1. The "Employee Copy" of each enclosed Income Withholding Order
2. A Request for Hearing Regarding Earnings Assignment



Step 4: When Do I start withholding the money?

You must begin withholding no later than the 1st pay period that occurs 10 days after the IWO date

- Your employee is identified in the cover letter by:
Name, Social security number, Date of Birth.

What if the name and/or Social Security number on the Income Withholding for Support doesn't match my employee?

- Call California Child Support at 1-866-901-3212 to find out if there is an error in the number or name, or if this could be a case of mistaken identity.



The IWO provides specific amounts to withhold based on your pay cycle.

ORDER INFORMATION: This document is based on the support or withholding order from CALIFORNIA
(State/Tribe). You are required by law to deduct these amounts from the employee/obligor's income until further notice.

\$ 509.00 Per MONTH current child support
\$ 127.25 Per MONTH past-due child support - **Arrears greater than 12 weeks?** Yes No
\$ 0.00 Per MONTH current cash medical support
\$ 0.00 Per MONTH past-due cash medical support
\$ 0.00 Per MONTH current spousal support
\$ 0.00 Per MONTH past-due spousal support
\$ 0.00 Per MONTH other (must specify) _____.

for a **Total Amount to Withhold** of \$ 636.25 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:

\$ 146.82 per weekly pay period \$ 318.12 per semimonthly pay period (twice a month)
\$ 293.65 per biweekly pay period (every two weeks) \$ 636.25 per monthly pay period
\$ _____ **Lump Sum Payment:** Do not stop any existing IWO unless you receive a termination order.

Document Tracking ID _____

OMB 0970-0154



Calculating an Employee's or Independent Contractor's Net Disposable Income

Generally, the maximum amount that can be withheld to satisfy an IWO is 50% of an employee's net disposable income. Net disposable income is the wages left after taxes and mandatory fee, includes but is not limited to: income taxes, Social Security/Medicare (FICA), unemployment insurance, union dues and mandatory retirement deductions.

Wages counted as part of an employee's or independent contractor's income include salary, tips, bonuses, commissions, gratuities, vacation pay, retirement pay, and regular overtime.

Employers must apply this formula to determine what amount of their employee's wages are available to satisfy the IWO:

(Gross Earnings – Mandatory Deductions)

X 50%

= Disposable Income



Step 5: I only have enough for part of the obligation. Which one comes first?

Priorities of Deductions

1. Current child support, family support and/or spousal support
2. Monthly health premiums and/or other current medical support
3. Payment of ordered support arrears
4. Any remaining ordered amounts

In California, when an employee's or independent contractor's net disposable income is inadequate to meet his/her child support obligation, child support takes precedence over medical coverage.

The example on the following page shows a sample calculation of California child support income withholding deductions. It is important to remember that other states may calculate child support differently.



Calculating 50% of Net Disposable Income

Net disposable income is the net amount after making mandatory deductions such as state, federal, and Social Security taxes, Medicare taxes, state disability insurance, union dues and mandatory retirement. Although the Consumer Credit Protection Act allows withholding of greater than 50% of the net disposable income in certain circumstances, all California Department of Child Support Services wage assignments are limited to 50% maximum withholding.

Example:

Gross Income		\$4,882.00
Federal Income Tax	-496.00	
State Income Tax	-109.00	
FICA	-313.00	
Medicare	-73.00	
SDI	-50.00	
Mandatory Retirement	-150.00	
Net Disposable Income		\$3,691.00
Multiply by 50%		X 0.5
<hr/>		
<i>Available for Deduction</i>		\$1,845.00



Net Disposable Income	\$3,691.00
Multiply by 50%	x 0.5
<i>Available for Deduction</i>	<i>\$1,845.00</i>

Multiple Orders without Medical Deductions

Example:

	<i>Current Child Support</i>		<i>Child Support Arrears</i>		
Order A:	\$150.00	+	\$50.00	=	\$200.00
Order B:	\$100.00	+	\$25.00	=	\$125.00
	<i>Total for Both Orders</i>				<i>\$325.00</i>

REMIT THE FULL OBLIGATION FOR EACH ORDER TO THE CALIFORNIA STATE DISBURSEMENT UNIT

If an employee has multiple IWOs totaling more than 50% of his/her net disposable income, the employer should call the state that issued the IWO or call 1-866-901-3212 for assistance.



Step 6: Sending in the money to the (right) SDU

- **Pro Tip:** Send your employee's funds in ON TIME!
 - When an IWO payment comes in late, or not at all, your employee will face increased back pay and the family waiting to receive support will face financial instability. Help us help the families we serve by submitting the IWO payments on time.

Failure to Withhold

Employers who fail to withhold the amounts as specified on the IWO may be found liable for the full amount of the support owed, plus a fine. Under certain circumstances, a willful failure to withhold is punishable by contempt of court. In addition, the court may order payment by electronic funds transfer from the employer's bank account if the employer willfully failed to withhold the required support.

Provide the following information for each employee:

- Employee name/Independent contractor name
- Child Support Enforcement (CSE) case number
- Employee's Social Security Number
- Date money was withheld (pay date)
- The amount withheld for each employee



BONUS/LUMP SUM REPORTING



BONUS/LUMP SUM

TYPES OF PAYMENTS

Bonus Pay/Commissions

Severance or Buy Out Payments

Vacation Payouts

Retirement Incentives

Commissions



INCOME WITHHOLDING FOR SUPPORT

- 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 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 _____ Remittance ID (include w/payment) _____
 City/County/Dist./Tribe _____ Order ID _____
 Private Individual/Entity _____ Case ID _____

LUMP SUM IWO

 Employer/Income Withholder's Name RE: _____
 _____ Employee/Obligor's Name (Last, First, Middle)

 Employer/Income Withholder's Address _____ Employee/Obligor's Social Security Number
 _____ Employee/Obligor's Date of Birth
 _____ Custodial Party/Obligee's Name (Last, First, Middle)

Employer/Income Withholder's FEIN _____

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

ORDER INFORMATION: This document is based on the support order from _____ (State/Tribe).

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

\$ _____ Per _____ 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
 \$ _____ Per _____ other (must specify) _____
 for a Total Amount to Withhold of \$ _____ per _____

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.

Document Tracking ID _____



HOW TO REPORT BONUS/ LUMP SUM PAYMENTS



Child Support Portal
acf.hhs.gov/css/resource/report-lump-sum-payments-online#signup



lumpsumresponseteam@dcss.ca.gov



(916) 464-6640

Report bonus or lump sum payments prior to payout



CALIFORNIA
CHILD SUPPORT SERVICES

ELECTRONIC INCOME WITHHOLDING ORDER (e-IWO)



CALIFORNIA
CHILD SUPPORT SERVICES

VENTURA COUNTY DEPARTMENT OF CHILD SUPPORT SERVICES | childsupport.countyofventura.org

e-IWO

- **What is e-IWO?**

- Receive Income Withholding Orders (IWO) electronically
- Notify child support agencies of terminations and lump sums
- Acknowledge acceptance or rejection of IWOs



“A paperless solution”



e-IWO BENEFITS

- Child support gets to the family sooner
- Saves time, money and resources
- Ensures uniform IWO data from all states
- Increases accuracy and reliability of data
- No cost to employers



Registration for e-IWO

Complete a **profile form**
and **FEIN spreadsheet**

The Registration includes
an agreement to process
e-IWOs.

Department of Health and Human Services
Administration for Families and Children
Office of Child Support Enforcement

Agreement to Receive Electronic Income Withholding Orders/Notices

By completing and providing the information contained in the e-IWO Employer/Payroll Provider Profile Form, the employer, company or government agency agrees that it will:

Electronically receive income withholding orders/notices issued by a state, tribe or territory.

Not impersonate any individual, entity or association, use false headers or otherwise conceal or provide misleading information about my identity while receiving income withholding orders/notices electronically.

Provide true, accurate, current and complete information about the entity identified in the profile form.

Receive, handle and process income withholding orders/notices electronically transmitted in the same manner as if they were received via regular mail; and that any electronic income withholding orders it receives shall be considered records generated during the ordinary course of business; and the electronic income withholding orders received by it shall be considered admissible as evidence in the same manner as paper documents.

Provide written notice to the federal Office of Child Support Enforcement, at least 30 days in advance, of its intent to no longer accept electronic income withholding orders.

Accept

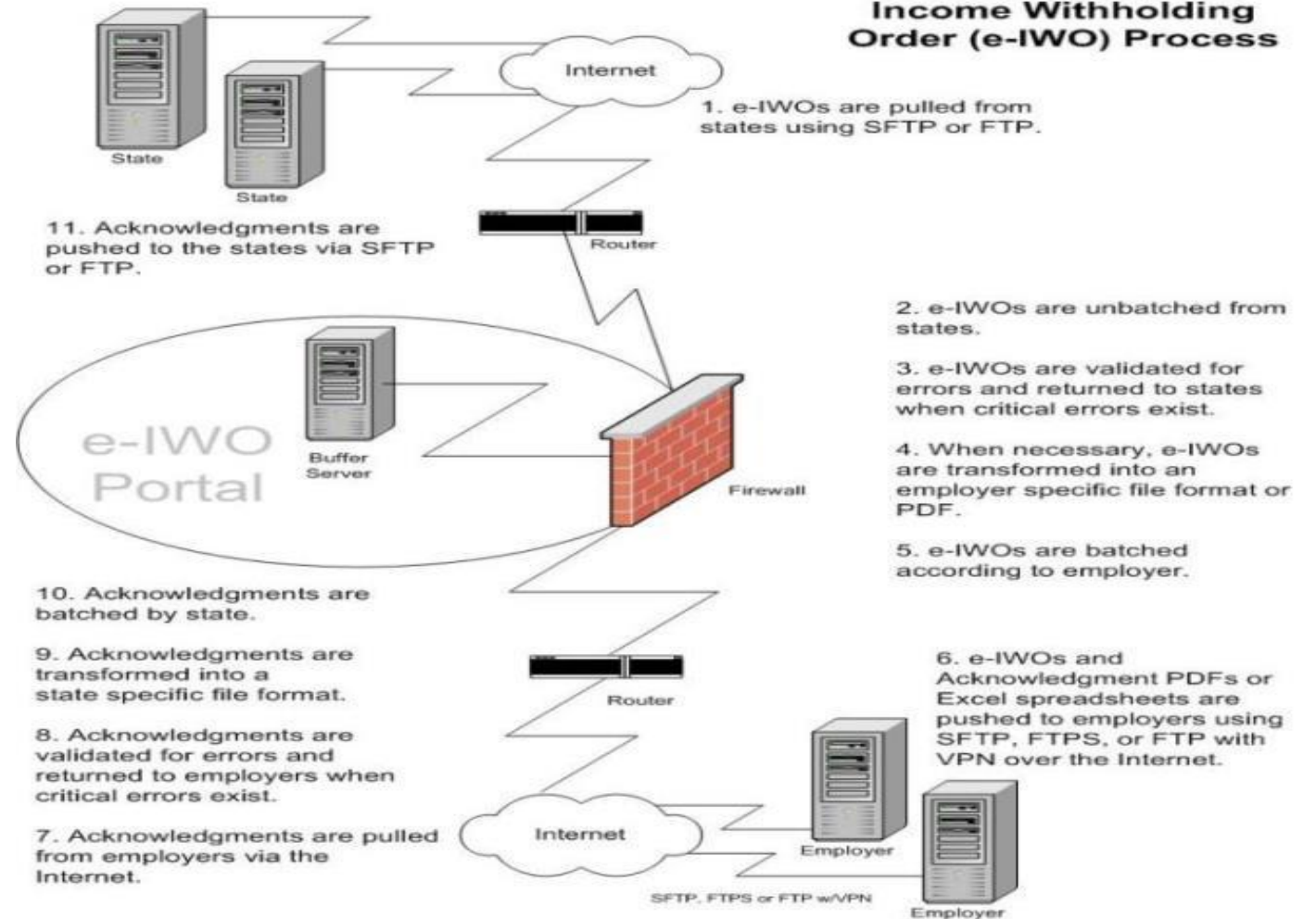
Decline



CALIFORNIA
CHILD SUPPORT SERVICES

e-IWO Process

OCSE's Electronic Income Withholding Order (e-IWO) Process



e-IWO

- **Two options to implement:**
 - System-to-System interface (High volume IWO)
 - Requires IT resources for programming
 - No Programming option (Low volume IWO)
 - PDF copy of IWO is provided
 - Easy to Implement
 - Minimal IT investment
 - Ability to accept or reject IWOs
 - Handles terminations and lump sum reporting



SYSTEM –TO-SYSTEM IMPLEMENTATION

- For employers with large volume of IWOs
- Flat file or XML schema offered
- Mapping required
- IWOs received in file/batches
- Image-ready IWO PDF available
- Employer generates Acknowledgement
- Manual processing minimized
- Estimate 3-5 months of IT resources



NO PROGRAMMING OPTIONS

■ Option 1

- Receive PDF Income Withholding Order
- Send PDF Acknowledgement
- 600+ employers using PDF Acknowledgement

■ Option 2

- Receive PDF Income Withholding Order
- Send Excel spreadsheet Acknowledgement
- 170+ employers using Excel (XLS) Acknowledgement



Sample PDF Acknowledgement

Select Accept or Reject



INCOME WITHHOLDING ACKNOWLEDGEMENT

- ORIGINAL INCOME WITHHOLDING ORDER
- ONE-TIME LUMP SUM PAYMENT INCOME WITHHOLDING ORDER
- AMENDED INCOME WITHHOLDING ORDER
- TERMINATION OF INCOME WITHHOLDING ORDER

AC382918365BB1	NY	1575723Z1	3657598462541
Case Identifier	State Code	Order Identifier	Document Tracking Number
PEPPERONI		PETER	
Employee Last Name	Employee First Name	Employee Middle Name	Suffix
333007777		77777777	
Employee Social Security Number	Employer / Income Withholder's Federal EIN		

INCOME WITHHOLDING DISPOSITION STATUS:

Accepted Income Withholding Order

Rejected Income Withholding Order

Validate & Save



Click Validate and Save

Please select a Disposition Reason Code:

Corrected FEIN:

Other State IWO Code:

You're Done!

NOTIFICATION OF TERMINATION OF EMPLOYMENT: You must promptly notify the Child Support Enforcement Agency if this person has never worked for this employer or this person no longer works for this employer.

Please provide the following information for the terminated employee:



Sample Excel (XLS) Acknowledgement

XXXXXXX.ACW.20100111327040.0000.xls [Read-Only] [Compatibility Mode] - Microsoft Excel

File Home Insert Page Layout Formulas Data Review View Developer Acrobat

Paste Clipboard Font Alignment Number Styles Cells Editing

L4 fx U

	A	B	C	D	E	F	G	H	I	J	K	L
1	State	Docume	EIN Text	Employee Last	Employee	Employ	Employee	Employee SSN	Case Identifier	Order Identif	Disposition Status Code	Disposition Reason Code
2	NY	TRM	274676978	TEST	THOMAS	J		123004567	AB11234567XX1	987654	A	
3	NY	ORG	274676978	PEPPERONI	PETER			333007777	AC382918365BB1	1575723Z1	A	
4	NY	AMD	274676978	DUCK	DAFFY			222008888	AB91827364YY1	1982653	R	U
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												

Enter 'A' or 'R'. Save the File.
You're Done!

Acknowledgement

Ready 100%



Employer Initiated Acknowledgement

EMPLOYER INITIATED INCOME WITHHOLDING ACKNOWLEDGEMENT

EMPLOYER INITIATED INCOME WITHHOLDING ACKNOWLEDGEMENT

0000158965	IN	ASFECAUSENOCM-422	
Case Identifier	State Code	Order Identifier	Document Tracking Number
SMITH		JOSEPH	
Employee Last Name	Employee First Name	Employee Middle Name	Suffix
158008169		810761130	
Employee Social Security Number	Employer / Income Withholder's Federal EIN		

EMPLOYER REPORTING:

- One-Time Lump Sum Payment
- Termination Of Employment

Validate & Save

Please provide the following information if a Lump Sum Payment is anticipated:

	\$		
Lump Sum Date	Lump Sum Amount	Lump Sum Type	

NOTIFICATION OF TERMINATION OF EMPLOYMENT: You must promptly notify the Child Support Enforcement Agency if this person has never worked for this employer or this person no longer works for this employer.

Please provide the following information for the terminated employee:

05/19/2011	
Termination Date	Last Known Phone Number

Last Known Home Address Line 1

Last Known Home Address Line 2

Last Known Home City State Zip Code Zip Code Ext

Date final payment was made to the State Disbursement Unit or Tribal CSE agency:	\$500.00	Final Payment Amount
--	----------	----------------------

New Employer Name

New Employer Address Line 1

Select Employer Notification.
Hit Validate & Save.
You're done!



SAMPLE DAILY PROCESS EMAIL NOTIFICATIONS

■ Processing Summary

- Total # of records received: 28
- Total # of error records: 1
- Total # of records forwarded: 27
- Total # of files rejected: 0
- Total # of batches received: 11

■ File Sent to the Employer

- IWO Details: 18
- Acknowledgements: 0
- PDF Orders: 18
- PDF Acknowledgements: 0
- XLS Acknowledgements: 0
- Error: 0
- Reject: 0



PREPARING FOR THE e-IWO

■ Employers Need

- Secure File Transfer Protocol (SFTP) Server or
- FTP Server with a Virtual Private Network (VPN) or
- File Transfer Protocol Server (FTPS)
- Adobe Reader v. 10 or higher with JavaScript for fillable PDF

■ Next Steps

- Fill out profile form and FEIN spreadsheet (if applicable)
- Set up connectivity
(We will help you!)
- Conduct a test
- Start receiving IWOs electronically



e-IWO Resources

e-IWO Questions?

Email: eiwomail@acf.hhs.gov

acf.hhs.gov/css/employers/e-iwo

OFFICE OF CHILD SUPPORT ENFORCEMENT

An Office of the Administration for Children & Families

Select Language

Employers

Employer Responsibilities

- New Hire Reporting
- Verification of Employment
- Income Withholding
- Medical Support
- Payments
- Terminations

State Contacts & Requirements

Child Support Portal

- Employer Information Updates
- Multistate Employer Registry
- eTerm
- Bonus/Lump Sum Reporting

e-IWO

Forms

FAQs

e-IWO

e-IWO is an efficient and cost-effective way for employers to receive and acknowledge income withholding orders (IWOs) electronically. The e-IWO process does not include electronic payment features. Below are some benefits of using the e-IWO:



- Reduces errors from manual processing
- Eliminates cost of postage and processing paper documents
- Allows reporting of upcoming lump sum payouts and employee terminations
- Allows employers to implement withholding orders sooner so families receive child support quickly

this printable flyer.

Find out more about the free e-IWO service in

Expand All

What is the e-IWO process? +

What are the implementation options? +

How do I register for either option? +

[View More Resources >](#)



CALIFORNIA
CHILD SUPPORT SERVICES



National Medical Support Notice

Legal Obligations - LCSA

- Obtain orders for health insurance on all our orders
- Serve the order on the employer
- Provide the PRS (parent receiving support) with the health insurance information
- Enforce the health insurance order



Types of Medical Support

- Medical
- Dental
- Vision
- Prescriptions
- Mental Health



These can be combined or separate policies or plans



Legal Obligations - Employers

- Allow enrollment in health insurance without regard to open enrollment restrictions
- Deduct costs of the health insurance coverage in addition to the child support amount
 - *not to exceed 50% of net
- Notify LCSA if 50% withholding limitations prevent implementation of health insurance order



Employers Cannot...

Deny enrollment because the child:

- Was born outside the marriage
- Was not claimed as a dependent on the tax returns
- Does not reside with employee

Terminate coverage unless:

- Health insurance is no longer offered for all employees
- NMSN Termination is received from our office



NMSN Forms



1. Cover Letter:

- Subject line indicates enclosed documents
- Employee/case information
- Instructions/legal requirements employers must follow
- LCSA website/contact information

2. NMSN Part A

3. NMSN Part B

4. Statement of Obligors Rights and Procedures Regarding NMSN or Health Insurance Assignment DCSS-0361 (additional forms available online)



NMSN Packets



Packet for employers:

- NMSN Part A- Notice to Withhold for Health Care Coverage
- Limitations on Withholding
- Employer Response (send this to LCSA)
- Instructions to Employer (2 pages)



NMSN Packets



Packet for Plan Administrator:

- NMSN Part B- Medical Support Notice to Plan Administrator
- Plan Administrator Response
- Instructions to Plan Administrator (3 pages)

Please note- Plan B discloses *confidential* information





NMSN Timeframes

Within

10

Business
Days

- *Notify employee of receipt of NMSN*
- *Provide employee with:*
 - **NMSN Part A**- confidential and should not be disclosed
 - Statement of Obligors Rights and Procedures regarding NMSN or Health Insurance Assignment Order (**DCSS 0361**- included in NMSN)
 - Request and Notice of Hearing regarding Health Insurance Assignment **FL-450** and provide instructions **FL-450-INFO** (available online)

Forms not included can be found online at:

<https://childsupport.ca.gov/employer-resource-center>



NMSN Timeframes

Within

20

Business
Days

Forward NMSN for enrollment

- Forward **NMSN Part B Packet** to the health care administrator to enroll the child(ren).
- Respond to NMSN by completing the **Employer Response Form** (included in NMSN) and sending it to the LCSA.

*If employee is no longer employed, please provide last known whereabouts of former employee.



NMSN Timeframes

Within

40

Business
Days

Provide health insurance coverage information to LCSA

- Insurance company name
- Claims address
- Phone number
- Policy number
- Members covered

Information can be provided via the **Health Insurance Information Form- DCSS-0054** (available online)



NMSN Timeframes

Within

10

Business
Days

Lapse of existing health insurance

Provide LCSA with the following information:

- Date coverage ended
- Reason for lapse
- If lapse is temporary when coverage is expected to resume

Information can be provided via the **Termination of Benefits/Employment Notice** (available online)



Penalty of Non-Compliance

An employer who willfully fails to comply with the NMSN is:

“liable to the Parent Ordered to Receive Support (PRS) for the amount incurred in health care services that would otherwise have been covered by insurance”

Failure to comply is punishable by contempt



50% Withholding Limit

- Deducting costs of health insurance coverage in addition to the child support amount CANNOT exceed 50% of the employee's **net** disposable income
- Notify LCSA if limitations on withholding prevent health insurance enrollment



Net Disposable Income

Income After Mandatory Deductions
Net Disposable Income

$\$1,200 \times 50\% =$
 $\$600$

	Monthly Child Support Amount	Monthly Health Insurance Cost	Totals
Ordered	\$400	\$100	\$500
Allocated	\$400	\$100	\$500

In this example, employer should be implementing both the IWO and the NMSN as per the order



Net Disposable Income

Income After Mandatory Deductions
Net Disposable Income

$\$1,200 \times 50\% =$
 $\$600$

	Monthly Child Support Amount	Monthly Health Insurance Cost	Totals
Ordered	\$700	\$100	\$800
Allocated	\$600	\$0	\$600

In this example, employer should be contacting LCSA to explain employee is not earning enough to meet both IWO and NMSN



Net Disposable Income

Income After Mandatory Deductions
 Net Disposable Income

$\$1,200 \times 50\% =$
 $\$600$

	Monthly Child Support Amount	Medical Insurance Cost	Dental Insurance Cost	Vision Insurance Cost	Totals
Ordered	\$400	\$175	\$80	\$25	\$680
Allocated	\$400	\$175	\$0	\$25	\$600

In this example, employer should implement IWO and enroll child in medical and vision coverage only.



Reasonable Health Insurance

FC 3751(a)(2) defines health insurance as reasonable if the cost does not exceed 5% of the obligor's **gross** income.

PPS (parent paying support) must contact LCSA and express concern re cost of health insurance to initiate review

What we'll need to do this calculation:

- ✓ Employee's monthly gross earnings (pay stubs)
- ✓ Health Insurance Cost for employee (self)
- ✓ Health Insurance Cost for employee + child(ren)



Priority of Deductions

- 1) Current Child Support
- 2) Current Spousal Support
- 3) Health Insurance Premiums
- 4) Child Support Arrears
- 5) Spousal Support Arrears

Child Support deductions always take priority over other agency garnishments (possible exception is IRS tax liens)





PRIVATE / NON IV-D CASES



CALIFORNIA
CHILD SUPPORT SERVICES

VENTURA COUNTY DEPARTMENT OF CHILD SUPPORT SERVICES | childsupport.countyofventura.org

WHAT IS A PRIVATE CASE?

- Person Receiving Support has not requested assistance from the local child support agency
- Child Support Order enforced by Person Receiving Support
- Income Withholding Order / National Medical Support Notice and underlying order are filed and served by Person Ordered to Receive Support/Attorney
- Person Receiving Support/Attorney is responsible for amending updating or terminating the Income Withholding Order / National Medical Support Notice



EMPLOYER'S RESPONSIBILITIES

Income Withholding Orders dated prior to **May 31, 2011**

- If the Income Withholding Order is not payable through the State Disbursement Unit, request a new Income Withholding Order payable through the State Disbursement Unit.
- If the Income Withholding Order was issued on the outdated form, return the original Income Withholding Order to the sender and request a new Income Withholding Order on the correct federal form.

- **FL-195**
- **OMB0970-0154**



EMPLOYER'S RESPONSIBILITIES

- Send all earnings withheld to the State Disbursement Unit regardless of who issued the Income Withholding Order (CA Code 5235e)
- Register ALL Private Cases / Non IV-D with the State Disbursement Unit before making the payment
- Contact our office should you receive an Income Withholding Order from the local child support agency when there is already a Private Case / Non IV-D



LOCAL CHILD SUPPORT AGENCY LIMITATIONS

- Local child support agency is able to determine if a Private / Non IV-D case exists
- Local child support agency does not have the ability to modify or terminate an Income Withholding Order issued by the Person Receiving Support / Attorney
- For questions or concerns regarding a Private Case / Non IV-D you must contact the issuing party or call the State Disbursement Unit at (866) 901-3212 (Option 1)



CALIFORNIA STATE DISBURSEMENT UNIT (SDU)



CALIFORNIA
CHILD SUPPORT SERVICES

VENTURA COUNTY DEPARTMENT OF CHILD SUPPORT SERVICES | childsupport.countyofventura.org

REMITTING PAYMENTS TO THE SDU

Employer Responsibilities:

- Deduct the appropriate amount per withholding notice
- Remit payments within 7 days of deduction
- Providing identifying information about your employee(s)
- Forward payments to the appropriate SDU
- Selecting an Electronic Payment Option



ELECTRONIC PAYMENT BENEFITS

- Fewer errors
- No lost checks
- Saves time and money
(Reduces check printing costs and postage fees)
- Reduces risk of theft and fraud
- Faster SDU receipt and processing
- Fewer calls (about late payments) to employers
- It's 'green'!



ELECTRONIC PAYMENT OPTIONS

Pursuant to California Family Code §17309.5, if an employer pays taxes electronically to the Franchise Tax Board (FTB) or the Employment Development Department (EDD), then child support payments are required to be sent to the SDU using Electronic Funds Transfer (EFT).



ELECTRONIC PAYMENT BENEFITS

Automated Clearing House (ACH) Credit

- Use your own payroll software to send Automated Clearing House credit payments (similar to direct deposit) utilizing CCD+ or CTX formats using the standard child support addendum segment.
- The CA SDU electronic help desk is here to help answer any questions by calling (866) 901-3212 (option 1) or email casdu-electronichelpdesk@dcss.ca.gov



ELECTRONIC PAYMENT OPTIONS

Automated Clearing House (ACH) Debit and Credit Card Options

- ExpertPay using the ACH debit option at [ExpertPay.com](https://www.expertpay.com)



ELECTRONIC PAYMENT OPTIONS

Remitting Checks for Out-Of-State Employers

Mail check payments only to:

State Disbursement Unit

P.O. Box 989067

West Sacramento, CA 95798-9067

**Payments should never be mailed directly to the
Local Child Support Agency issuing the IWO**



REMITTANCE INFORMATION

Include necessary identification information for each employee:

- Employee name
- Social security number
- CSE participant number
- Child support case number provided by the SDU or other State
- Date of withholding
- Amount of payment



NEW HIRE REPORTING



CALIFORNIA
CHILD SUPPORT SERVICES

VENTURA COUNTY DEPARTMENT OF CHILD SUPPORT SERVICES | childsupport.countyofventura.org

REPORTING NEW HIRES

Timeframes:

- Report **New Hires** or **Rehires** within 20 days of the employee's first day of work.
- Report **Independent Contractors** within 20 days of contracting if all of the following apply:
 - ✓ Form 1099 for services provided
 - ✓ \$600 or more paid
 - ✓ Enter into a contract for \$600 or more
 - ✓ Individual or Sole Proprietorship



REPORTING NEW HIRES

How is new hire reporting information used?

- Reports matched against child support records help:
 - ✓ Locate parents
 - ✓ Establish orders for support
 - ✓ Provide up-to-date earnings record



REPORTING NEW HIRES

Report your **FEIN**,
Legal Business Name
and Business Address
accurately and
consistently!

Form DE 34

- Report New Employees

Form DE 542

- Report Independent Contractors



REPORT OF NEW EMPLOYEE(S)

NOTE: Failure to provide all of the information below may result in this form being rejected and/or a penalty being assessed.



00340600

DATE MMDDYY	CA EMPLOYER ACCOUNT NUMBER	BRANCH CODE	FEDERAL ID NUMBER
----------------	----------------------------	-------------	-------------------

BUSINESS NAME	CONTACT PERSON	PHONE NUMBER
ADDRESS	STREET	CITY
		STATE
		ZIP CODE

EMPLOYEE FIRST NAME	MI	EMPLOYEE LAST NAME
SOCIAL SECURITY NUMBER	STREET NUMBER	STREET NAME
		UNIT/APT
CITY		STATE
		ZIP CODE
		START-OF-WORK DATE MMDDYY

EMPLOYEE FIRST NAME	MI	EMPLOYEE LAST NAME
SOCIAL SECURITY NUMBER	STREET NUMBER	STREET NAME
		UNIT/APT
CITY		STATE
		ZIP CODE
		START-OF-WORK DATE MMDDYY



CALIFORNIA
CHILD SUPPORT SERVICES

REPORTING NEW HIRES

How to report:

- Online using e-Services for Business at eddservices.edd.ca.gov
- Electronically – Large employers/payroll services – submit bulk uploads
- Paper – Mail or fax the Report of New Employee(s) (DE 34)
- Mail: Employment Development Department
Document Management Group, MIC 96
P.O. Box 997016
West Sacramento, CA 95799-7016
- Fax: (916) 319-4400
- For additional information contact the Taxpayer Assistance Center at (888) 745-3886



REPORTING NEW HIRES

EDD e-Services for Business:

- Manage your employer payroll tax account
- Register as an employer
- File reports
- Pay deposits and liabilities
- Make address changes

www.eddservices.edd.ca.gov

For tutorials on how to use e-Services for Business, visit
edd.ca.gov/Payroll_Taxes/e-Services_for_Business_Tutorials.htm



CALIFORNIA
CHILD SUPPORT SERVICES

Contact Information



Angela Jones
Employer Outreach Coordinator
California Child Support Services



Angela.Jones@dcss.ca.gov



[childsupport.ca.gov/
employer-resource-center/](http://childsupport.ca.gov/employer-resource-center/)





Wage and Insurance Verification

Wage & Insurance Verification's Purpose

- To confirm employment and possibly learn of more details (name/address/ph)
- To calculate proposed child support amount for court order (includes H/I + taxes)
- To determine appropriately sized payment on past-due support
- To see if employee has other support obligations/dependents



Employer name/address

CSE Case Number:
Participant Name: "employee"

SSN: XXX-XX-1234
DOB:
Driver License:
Last Known Address:

Attention Personnel Department:

This office has received information that [EMPLOYEE NAME] is working or has worked for your company/business. Please choose an option and complete the checklist below within 30 calendar days of the date you received this letter:

Option 1

- Complete the enclosed form about this person.
- Sign the certification.
- Return the completed form to this address:
VENTURA COUNTY DEPT. OF CHILD SUPPORT SERVICES (VDCSS)
5171 VERDUGO WAY, CAMARILLO CA 93012

Option 2

Alternatively, instead of completing the enclosed form, you may provide a printout or other attachment(s) containing all of the information requested on the form. If you choose this option, please note:

- All of the information must be included. Partial compliance is non-compliance and subject to penalty.
- You must still sign the certification.

If you have any questions or need additional information, please visit the Employer Resource Center at <http://www.childsupport.ca.gov/employer-resource-center> or call Customer Connect at (866) 901-3212. Please update your company demographics at <http://www.childsupport.ca.gov/employer-update-contact-information-form>. Persons with hearing or speech impairments, please call the TTY number at (866) 399-4096.

California Family Code section 17512 requires employers and labor organizations to provide employment, income and health insurance information about their employees and independent contractors to child support agencies within 30 calendar days upon written request. This written information request is made pursuant to California Family Code section 17512. Please provide the information requested within 30 calendar days of the date you received this letter.

Sincerely,

TYLER PETRANGELO
Child Support Representative

Enclosure
WAGE AND INSURANCE VERIFICATION
DCSS 0230 (06/09/2021)

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF CHILD SUPPORT SERVICES



WAGE AND INSURANCE VERIFICATION

CSE Case Number: Child support case #

Participant Name:

Employer Name:

DCSS 0230 (06/20/2021)

EMPLOYEE/CASE PARTICIPANT IDENTIFICATION AND CONTACT INFORMATION *(If you have different information, write new information in the blank spaces.)*

Name:	Social Security Number:	Date of Birth:
Address:		Phone Number:

EMPLOYEE WORK STATUS *(Check all applicable boxes and fill in requested information.)*

Never employed *(if never employed, no need to complete form further. Just sign the certification on page 3 and return entire form.)*

Currently employed: Part-time Full-time Seasonal Usual season start date: _____

Independent Contractor aka 1099 Usual season end date: _____

Occupation: _____

No longer employed Last date employed: _____

Reason for termination of employment: _____

New employer name: _____ New employer address: _____

Has your business received an Income Withholding Order for support for this employee/independent Contractor? Yes No

What income tax filing status does employee report? Single Head of Household Married

How many dependents does employee claim for income tax withholding purposes? _____

EMPLOYEE/INDEPENDENT CONTRACTOR EARNINGS

Next Pay Date (Month, Day, Year): _____ Pay Frequency (Check one): Weekly Bi-Weekly Semi-Monthly Monthly

Hourly Rate (if applicable): \$ _____ Number of Hours: _____

Monthly Deduction For Mandatory Retirement: \$ _____ For Mandatory Union Dues: \$ _____

Union Name: _____ Union Local Number: _____

Period of Employment: From (Month, Day, Year): _____ To (Month, Day, Year): _____

Please complete employee's/independent contractor's earnings for the past 12 months or attach a copy of payroll/1099 earnings for those months. If the employee has worked less than 12 months, provide the information for the number of months employee did have earnings.

Check if copy of payroll/1099 earnings is attached. Check if employee/independent contractor has worked less than 12 months.

Month / Year	Gross	Month / Year	Gross	Month / Year	Gross
January _____	\$ _____	July _____	\$ _____	January _____	\$ _____
February _____	\$ _____	August _____	\$ _____	February _____	\$ _____
March _____	\$ _____	September _____	\$ _____	March _____	\$ _____
April _____	\$ _____	October _____	\$ _____	April _____	\$ _____
May _____	\$ _____	November _____	\$ _____	May _____	\$ _____
June _____	\$ _____	December _____	\$ _____	June _____	\$ _____



WAGE AND INSURANCE VERIFICATION

CSE Case Number:

Participant Name:

Employer Name:

DCSS 0230 (09/20/2021)

HEALTH INSURANCE INFORMATION *(Note to the preparer: If more than one plan is available to the employee, please list the lowest cost insurance plan available for the employee, even if it is different than the plan the employee is presently enrolled in.)*

Check all applicable boxes:

- No health insurance is available to: Employee Employee's dependents
- Health insurance is available at no cost for: Employee Employee's dependents
- Total cost to the employee of lowest cost available health insurance for employee and all of employee's insured dependents:
- Cost reported is for period: Annual Monthly Two Weeks Weekly Other
- Medical: \$ _____ Dental: \$ _____ Vision: \$ _____ Other: \$ _____

DEPENDENT INFORMATION *(List names of all of employee's insured dependents. Add a sheet of paper if more space needed.)*

_____	_____	_____
_____	_____	_____
_____	_____	_____

POLICY INFORMATION

	MEDICAL	DENTAL	VISION
Insurance Co. Name:	_____	_____	_____
Mailing Address:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Phone Number:	_____	_____	_____
Policy Number:	_____	_____	_____
Effective Date:	_____	_____	_____
Expiration Date:	_____	_____	_____



WAGE AND INSURANCE VERIFICATION

DCSS 0230 (06/20/2021)

CSE Case Number:

Participant Name:

Employer Name:

CERTIFICATION OF RECORD

I have personally completed this form, or printed and attached records containing **all** of the employee's earnings and benefits information requested in this form, from the payroll records in my custody and control. I am personally aware such records are kept in the regular course of business and that entries therein are made at or about the time of the condition or event. I have compared the records with the above *Wage and Insurance Verification* (DCSS 0230) and know the information I am supplying to be accurate.

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

Print Name	Signature	Executed on (Date)
Job Title	Address	
Name of Company or Business Organization		
Telephone Number	Email Address	
Fax Number	FEIN (Do not provide SSN)	





Website Demonstrations



Let's Review



Questions/Comments

Contact Us



By Phone

1-866-901-3212



By Text

805-316-6272



By Email

DCSSCommunityRelations@ventura.org



Online

childsupport.countyofventura.org



In Person

5171 Verdugo Way, Camarillo, CA 93012

