

ORDER/NOTICE TO WITHHOLD INCOME FOR CHILD SUPPORT WORKSHEET

(Please Print Legibly)

Date of Issuance: _____

Order Number: _____

SETS NO: _____

Submitted by: (print) Attorney's Name _____

Original Order/Notice

Amended Order/Notice

Terminate Order/Notice

Employer/Withholder's Name

RE: _____
Employee/Obligor's Name (Last, First, MI)

Employer/Withholder's Address (street)

Employee/Obligor's Social Security No.

(City, State, Zip)

Employee/Obligor's Date of Birth

Worker's Compensation Number

Financial Institution Account Number

Custodial Parent's Name (Last, First, MI)

Checking

Savings

Child(ren)'s Name(s):

Child(ren)'s SNN:

Child(ren)'s DOB:

\$ _____ per month in current support

\$ _____ per month in past due suport Arrears 12 weeks or greater? Yes No

\$ _____ per month in medical support if lump sum judgemet granted

\$ _____ per month Guardian Ad Litem if lump sum judgement granted

\$ _____ per month Subtotal (for Ohio Bureau of Employment Services Withholding)

\$ _____ per month (2% of subtotal for administrative fee) \$ _____ Total per month

A YELLOW COPY AND WHITE COPY OF THIS FORM MUST BE RETURNED WITH J.E.