

**IN THE DISTRICT COURT OF _____ COUNTY
STATE OF OKLAHOMA**

_____))
 Plaintiff,) Case No. _____
)
 vs.) CSED FGN _____
)
 _____)
 Defendant.

SUMMARY OF SUPPORT ORDER

COMPLETED BY: The Summary of Support Order form must be completed and signed by the attorney who prepares the Order or the Plaintiff or Defendant, if neither is represented by counsel.

Nature of Action Order: Final Temporary
 Divorce Paternity Juvenile Modification Enforcement Other

On _____ the following Order was entered:
 Date

1. _____, Obligor (payor), _____ of the child(ren), is to pay
 Name Relationship
 _____, Obligee (payee), _____ of the child(ren).
 Name Relationship
2. \$ _____ to be paid every _____. First payment is due on _____
 Amount (M, W, B,S) Date
3. For the following child(ren): If more than 5 children are included, please complete and attach an additional form.

First Name	Middle Name	Last Name	Birth Date	Sex	Social Security No.

4. Obligor also pays: If more than 2 additional types of support, please complete and attach an additional form.
 _____ \$ _____
 _____ \$ _____

5. An income assignment is immediately ordered. Yes No Obligor's Employer is:

 Employer Name Mailing address City State Zip

6. Health insurance for child(ren) provided by: Obligor Obligee None Other Party _____

7. Additional Obligor information: _____
 Birthdate Sex Social Security No. Drivers License No.

Address of Record for Service of Process (43 O.S. 112A) [may be different from physical address] City State Zip

8. Additional Obligee information:

 Birthdate Sex Social Security No. Drivers License No.

Address of Record for Service of Process (43 O.S. 112A) [may be different from physical address] City State Zip

9. Additional Biological Parent Information: _____
 Name Birthdate Sex Social Security No.

DATE: _____ PREPARED BY: _____

INSTRUCTIONS for COMPLETING
THE SUMMARY of SUPPORT ORDER FORM for CHILD SUPPORT ORDERS

Purpose. This form is required pursuant to 43 O.S. § 112A, 43 O.S. §§ 120 and 413. The Summary of Support Order form must be completed by the attorney who prepares the Order or one of the parties if neither is represented by counsel. The form must be submitted and incorporated as a part of all Child Support Orders. Social Security Numbers must be provided [42 U.S.C. § 666(a)(13), 43 O.S. § 112]. The Child Support Enforcement Division will use it for child support enforcement purposes as defined in Title IV-D of the Social Security Act.

Distribution of form. The original copy shall be filed with the Child Support Order and remain in the Court file. The Court Clerk cannot accept and file the Child Support Order unless this form is incorporated with the Order. The District Court Clerk will submit a copy of the completed form to the CSED, Central Case Registry, P.O. Box 528805, Oklahoma City, OK 73152-8805.

Completing the Form:

STYLE: Enter the County in which the Order was entered.

Enter the Plaintiff's name as it appears on the Order.

Enter the Defendant's name as it appears on the Order.

Enter the District Court Case Number as it appears on the Order.

Enter the Child Support Enforcement Division Family Group Number (FGN) case number, if known.

Nature of Action: Enter a check in the proper box signifying if this Order is Final or Temporary and the type or reason for the Order. Entry of Order: Enter date the Order was entered.

1. Enter the name of the Obligor (the person who is to pay support). Enter the relationship (e.g., father or mother) of the Obligor to the child(ren) in the Order. Enter the name of the Obligee (the person to whom support is to be paid). Enter the relationship (e.g., mother, father, grandmother, grandfather, aunt, uncle, cousin, or foster parent) of the Obligee to the child(ren) in the Order.
2. Enter the current child support amount. Enter the frequency of payment—monthly, weekly, biweekly, or semi-monthly. Enter the date the first payment is due.
3. Enter the full name, birth date, sex, and Social Security Number of all children listed in the Order. If more than 5 children are included, an additional form must be completed and attached.
4. Enter a description and payment amount of any other type of support or payment listed in the Order such as birth expenses, medical payments, interest, support alimony, fees or costs. If more than 2 additional types of support, an additional form must be completed and attached.
5. Check the box to show if the Order provides for immediate income assignment. Enter the name, mailing address, City, State and Zip Code of the Obligor's employer.
6. If health insurance is provided for the children in the Order, check the box(es) indicating who is to provide the insurance. If Other Party, enter the name of the other party.
7. Enter the Obligor's birth date, sex, Social Security Number, Driver's License number, and Address of Record (AOR) for service of process as required by 43 O.S. 112A (effective 7/1/01). AOR is an address which can be released to parties and custodians for service of process in support, visitation or custody actions. AOR may be different from the physical (home) address.
8. Enter the Obligee's birth date, sex, Social Security Number, Driver's License number, and Address of Record (AOR) for service of process as required by 43 O.S. 112A (effective 7/1/01). AOR is an address which can be released to parties and custodians for service of process in support, visitation or custody actions. AOR may be different from the physical (home) address.
9. If a Biological Parent is neither the Obligor or Obligee, enter the Biological Parent full name, birth date, sex, and Social Security Number.

DATE: Enter the date this form is completed. PREPARED BY: The signature of the person preparing this form.

ORDER/NOTICE TO WITHHOLD INCOME FOR CHILD SUPPORT

Original Amended Termination

State: OKLAHOMA

County/District of: _____

Tribunal/Case Number: _____

Employer/Withholder's Name: _____

Employer/Withholder's Address: _____

Employer/Withholder's EIN Number (if known): _____

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

Child(ren)'s Names:	DOB:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Employee/Obligor's Social Security Number: _____

Employee/Obligor's Case Identifier: _____

Obligee Name (Last, First, MI): _____

If checked, you are required to enroll the child(ren) identified above in any health insurance coverage available to the employee/obligor through his/her employment.

ORDER INFORMATION: This Order/Notice is based on the support order from OKLAHOMA. You are required by law to deduct these amounts from the employee's/obligor's income until further notice.

\$ _____ per _____ current child support

\$ _____ per _____ past-due child support – Arrears 12 weeks or greater? yes no

\$ _____ per _____ current medical support

\$ _____ per _____ past-due medical support

\$ _____ per _____ spousal support

\$ _____ per _____ other (specify) _____

for a total of \$ _____ per _____ to be forwarded to the payee below.

You do not have to vary your pay cycle to be in compliance with the support order. If your pay cycle does not match the ordered support payment cycle, use the following to determine how much to withhold:

\$ _____ per weekly pay period. \$ _____ per semimonthly pay period (twice a month).

\$ _____ per biweekly pay period (every two weeks). \$ _____ per monthly pay period.

REMITTANCE INFORMATION: When remitting payment, provide the pay date/date of withholding and the case identifier. If the employee's/obligor's principal place of employment is OKLAHOMA, begin withholding no later than the first pay period occurring after the date of this Order/Notice. Send payment within seven (7) working days of the pay date/date of withholding. The total withheld amount, including your fee, cannot exceed ____ % of the employee's/obligor's aggregate disposable earnings. If the employee's/obligor's principal place of employment is not OKLAHOMA, for limitations on withholding, applicable time requirements, and any allowable employer fees, follow the laws and procedures of the employee's/obligor's principal place of employment (see #4 and #10, ADDITIONAL INFORMATION TO EMPLOYERS AND OTHER WITHHOLDERS).

If remitting payment by EFT/EDI, call _____ before first submission. Use this FIPS code: _____

Bank routing code: _____ Bank account number: _____

Make check payable to: (Payee and Case identifier): _____

Send check to: _____

Authorized & Signed By: _____ Date: _____

Print Name and Title of Authorized Official(s): _____

IMPORTANT: The person completing this form is advised that the information on this form may be shared with the obligor.

ADDITIONAL INFORMATION TO EMPLOYERS AND OTHER WITHHOLDERS

If checked you are required to provide a copy of this form to your employee. If your employee works in a state that is different from the state that issued this order, a copy must be provided to your employee even if the box is not checked.

- 1. We appreciate the voluntary compliance of Federally recognized Indian tribes, tribally owned businesses, and Indian-owned businesses located on a reservation that choose to withhold in accordance with this notice.
- 2. **Priority:** Withholding under this Order/Notice has priority over any other legal process under State law against the same income. Federal tax levies in effect before receipt of this order have priority. If there are Federal tax levies in effect, please contact the State Child Support Enforcement Agency or party listed in number 12, below.
- 3. **Combining Payments:** You can combine withheld amounts from more than one employee's/obligor's income in a single payment to each agency/party requesting withholding. You must, however, separately identify the portion of the single payment that is attributable to each employee/obligor.
- 4. **Reporting the Paydate/Date of Withholding:** You must report the paydate/date of withholding when sending the payment. The paydate/date of withholding is the date on which amount was withheld from the employee's wages. You must comply with the law of the state of employee's/obligor's principal place of employment with respect to the time periods within which you must implement the withholding order and forward the support payments.
- 5. **Employee/Obligor with Multiple Support Withholdings:** If there is more than one Order/Notice to Withhold Income for Child Support against this employee/obligor and you are unable to honor all support Order/Notices due to Federal or State withholding limits, you must follow the law of the state of employee's/obligor's principal place of employment. You must honor all Order/Notices to the greatest extent possible. (See #10 below)
- 6. **Termination Notification:** You must promptly notify the Child Support Enforcement Agency or payee when the employee/obligor no longer works for you. Please provide the information requested and return a complete copy of this Order/Notice to the Child Support Enforcement Agency or payee.

EMPLOYEE'S/OBLIGOR'S NAME: _____ **CASE IDENTIFIER:** _____

DATE OF SEPARATION FROM EMPLOYMENT: _____

LAST KNOWN HOME ADDRESS: _____

NEW EMPLOYER'S ADDRESS: _____

- 7. **Lump Sum Payments:** You may be required to report and withhold from lump sum payments such as bonuses, commissions, or severance pay. If you have any questions about lump sum payments, contact the person or authority below.
- 8. **Liability:** If you have any doubts about the validity of the Order/Notice, contact the agency or person listed below. If you fail to withhold income as the Order/Notice directs, you are liable for both the accumulated amount you should have withheld from the employee's/obligor's income and any other penalties set by State law.
- 9. **Anti-discrimination:** You are subject to a fine determined under State law for discharging an employee/obligor from employment, refusing to employ, or taking disciplinary action against any employee/obligor because of a child support withholding.
- 10. **Withholding Limits:** You may not withhold more than the lesser of: 1) the amounts allowed by the Federal Consumer Credit Protection Act (15 U.S.C. §1673(b)); or 2) the amounts allowed by the State of the employee's/obligor's principal place of employment. The Federal limit applies to the aggregate disposable weekly earnings (ADWE). ADWE is the net income left after making mandatory deductions such as: State, Federal, local taxes; Social Security taxes; statutory pension contributions, and Medicare taxes. Additional Information:

11. **Submitted by:** _____
Address _____

12. If you or your employee/obligor have any questions, contact: _____
by telephone at _____ or by FAX at _____ or by Internet at _____