

INSTRUCTIONS FOR INCOME DEDUCTION ORDERS

Read Carefully !!

IMPORTANT: You may only request that the Court enter an Income Deduction Order without having a hearing for one of the four (4) reasons listed on the *Request for Income Deduction Order* in this packet.

1. You must prepare the *Request for Income Deduction Order* stating why you want the Court to sign your *Income Deduction Order* without a hearing. This request may be typed or neatly handwritten. **Mail or deliver a copy of the request to the other party** at their last known address. Make certain that you certify that you provided a copy to the other party on your original request (at the bottom of the page).
2. **Type** the information on the *Income Deduction Order* filling in **all** the blanks. A chart is provided for you to compute all required payment amounts. Check and re-check all your figures - incorrect amounts or incomplete orders will be returned to you. **Make three (3) additional copies** of the Order.
3. Type or neatly print the *Memorandum to Clerk*. The obligor is the person who pays the court ordered support, the obligee is the person who receives the court ordered support.
4. **Return** all the following to the Clerk of Courts Office:
 - (a) The original *Request for Income Deduction Order*,
 - (b) The original *Income Deduction Order* plus three (3) copies,
 - (c) Three (3) self-addressed, stamped envelopes (one addressed to each party and one addressed to the employer)
 - (d) The original *Memorandum to Clerk*.
 - (e) **Arrearage Affidavit* (see below).

*If payments were originally ordered to be paid through the **Clerk of the Court** depository of the **State Child Support Disbursement Unit**, *and* you have not been before the Court within the past three (3) months, you must obtain an *Arrearage Affidavit* (a certified audit of the account) from the Clerk of Court. Submit this along with the Request for Income Deduction Order and Income Deduction Order.

There is a \$50.00 filing fee due at the time of filing the paperwork with the Clerk of Courts Office.

INCOME DEDUCTION ORDER PAYMENT COMPUTATION CHART

Write in the amount in the section that states how the payments of support were ordered to be paid, and compute the other three as indicated. You must fill in every section of the chart on the Income Deduction Order. Compute the processing fee by multiplying the amount of pay by 4% or .04. If that amount is more than \$5.25, indicate only \$5.25 in the processing fee column.

Support Payments ordered to be paid

Every week \$ _____ times 52 weeks divided by 26 = _____ every other week

_____ times 52 weeks divided by 24 = _____ twice per month

_____ times 52 weeks divided by 12 = _____ once per month

Support Payments ordered to be paid

Every other week \$ _____ times 26 weeks divided by 52 = _____ weekly

_____ times 26 weeks divided by 24 = _____ twice per month

_____ times 26 weeks divided by 12 = _____ once per month

Support Payments ordered to be paid

Twice a month \$ _____ times 24 weeks divided by 52 = _____ weekly

_____ times 24 weeks divided by 26 = _____ every other week

_____ times 24 weeks divided by 12 = _____ once per month

Support Payments ordered to be paid

Once a month \$ _____ times 12 months divided by 52 = _____ weekly

_____ times 12 months divided by 26 = _____ every other week

_____ times 12 months divided by 24 = _____ twice per month

IN THE CIRCUIT COURT OF THE FIRST JUDICIAL CIRCUIT
IN AND FOR SANTA ROSA COUNTY, FLORIDA

IN RE: _____ Petitioner, Case No. _____
Division: _____ " " _____
and
_____ Respondent.

REQUEST FOR INCOME DEDUCTION ORDER

Comes now _____ and requests the Court to enter an Income Deduction Order without a hearing for the support payments that were adjudged in this case. Grounds for this request would show:

() The court order dated _____ states that the obligee is entitled to an income deduction order pursuant to Florida Statutes 61.1301.

() The previously entered Income Deduction Order dated _____ must be amended to reflect a change of employment of the obligor.

() The original court order was recently modified on _____ and the Income Deduction Order must be amended to reflect the modifications.

() The court order dated _____ provided for a pro-rated or specified reduction when each child reached the age of majority or graduated high school. This applies to the following child:

Name: _____ DOB: _____

DATE: _____

Signature

Printed or Typed Name

Complete Address

I certify a copy of the foregoing was () hand delivered or () mailed by U.S. regular mail to the other party on this _____ day of _____, 200____.

Signature

IN THE CIRCUIT COURT OF THE FIRST JUDICIAL CIRCUIT
IN AND FOR SANTA ROSA COUNTY, FLORIDA

IN RE:

_____ Petitioner,

and

Case No. _____

Division: _____ " " _____

_____ Respondent.

INCOME DEDUCTION ORDER AND NOTICE TO PAYOR

THIS ORDER establishes support obligations owed by _____ (hereinafter referred to as Obligor) whose social security number is _____. You are hereby notified that, pursuant to Florida law, you are to immediately begin deductions, from all income due and payable to Obligor, an amount equal to monthly obligations set forth below.

Monthly Obligations [✓ all that apply]

1. **Amount.** The total monthly amount to be deducted is as follows:

() _____ \$ Child Support

() _____ \$ Alimony

() _____ \$ Arrearage/Retroactive Child Support (if any)

2. **Amount of Arrearage/Delinquency.**

The arrearage in child support and/or alimony is established at {amount} _____ as of {date} _____, 20_____.

Method of Payment. Deductions should be made according to the Obligor's payroll schedule. Each payment should include a clerk's processing fee as provided in §61.181, F.S. The amount of the fee is 4% of the total payment, but not more than \$5.25. (Please refer to the chart below to find out the proper amount to deduct from Obligor's payroll.)

IF PAID . . .	Child Support/ Alimony to be Deducted:	Arrearage/ Retroactive Child Support Payment:	Plus the Processing Fee of:	For a Total Amount of:
EVERY WEEK				
EVERY OTHER WEEK				
TWICE PER MONTH				
ONCE PER MONTH				

Pursuant to Florida Statute 61.1824(b) the employer is hereby directed to forward all payments within two (2) working days after each payment date, and at the same time to forward a statement as to whether the amount deducted totally or partially satisfies the amount specified in this income deduction order, and the specific date the deduction was made to:

STATE OF FLORIDA DISBURSEMENT UNIT	*	<i>Employer Customer Service:</i>
P. O. Box 8500	*	<i>Tallahassee: (850) 201-0183</i>
Tallahassee, Florida 32314-8500	*	<i>Toll Free: 1-888-883-0743</i>

**** Checks must be made payable to FLSDU and payments should be identified by obligor's name, social security number, case number, county (where court order is located) and current address.**

4. Withholding Limitations. You are required:

a. Not to deduct any amount in excess of the amount allowed under the U.S. Consumer Credit Protection Act, which is determined to be () 50% (X) 55% () 60% () 65% of the disposable earnings of the employee/obligor.

b. To deduct () 50% (X) 55% () 60% () 65% of any bonus or other lump sum payment made to the employee/obligor, up to the amount of past support (if any) then owed by the non-custodial parent.

Arrearage 12 weeks or greater? () Yes () No

The total amount to be deducted from the obligor's income may not exceed those limits established by the Consumer Credit Protection Act, 15 U.S.C. 1673(b), (50% of disposable income where there is a second family, 60% where there is no second family and an additional 5% of either limit if the arrearage is equal to 12 weeks or more in support payments).

5. This income deduction shall be implemented no later than the first payment date which occurs more than 14 days after the receipt of this notice.

6. Failure to deduct the proper amounts from the obligor's income renders the payor/employer liable for the amounts that should have been deducted, plus costs, interest and reasonable attorney's fees.

7. You may deduct up to \$5.00 for the first time a deduction is made and \$2.00 for each subsequent time to cover your administrative costs.

8. You shall not discharge, refuse to employ, or take disciplinary action against the obligor because of this income deduction order. A violation of this provision subjects you to a civil penalty not to exceed \$250.00 for the first violation and \$500.00 for any subsequent violations. The obligor may bring a civil action against you if you refuse to employ, discharge or otherwise discipline him/her because of this income deduction notice. The obligor is entitled to reinstatement and all wages and benefits lost, plus reasonable attorneys fees and costs incurred.

9. This income deduction notice has priority over all other legal processes under state law pertaining to the same income. Payments required by this income deduction order are a complete defense against any claims of the obligor or his/her creditors.

10. If you are deducting support from the income of two or more obligors, you may combine the amounts into a single payment as long as the payments attributable to each obligor are clearly identified.

11. If you receive more than one income deduction order against the same obligor, contact the State of Florida Disbursement Unit, (850) 201-0183 / 1-888-883-0743, for further instructions.

THIS INCOME DEDUCTION REPLACES ANY PREVIOUS INCOME DEDUCTION ENTERED IN THIS CASE, AND SHALL BE BINDING ON THE PRESENT AND FUTURE EMPLOYERS OF THE OBLIGOR, AND IT REMAINS IN EFFECT UNTIL FURTHER ORDER OF THE COURT.

DONE AND ORDERED at Milton, Santa Rosa County, Florida, this ____ day
of _____, 20__.

CIRCUIT JUDGE

Copies furnished to:

Husband/Father:

Wife/Mother

TO BE DELIVERED TO EMPLOYER BY PETITIONER

**IN THE CIRCUIT COURT IN AND FOR SANTA ROSA COUNTY, FLORIDA
MEMORANDUM TO CLERK**

To: Clerk, Circuit Court, Domestic Relations Division
Subject: Payment and Disbursement of Child Support or Alimony; State Case Registry Information
Style of Case: _____
Case Number: _____ Date of Order _____

PAYMENT INFORMATION

Amount for: Child Support \$ _____ Alimony \$ _____ Arrearage \$ _____
Payable: _____ Weekly _____ Bi-Weekly _____ Semi-Monthly _____ Monthly _____ Yearly
First Payment Due: _____ Clerk's fee paid by: _____ Obligor _____ Obligee
Arrearage: \$ _____ As of _____ For _____ Child Support _____ Alimony

OBLIGOR

Name: _____
Mailing Address: _____ Zip Code _____
Date of Birth: _____ SSN: _____

OBLIGEE

Name: _____
Mailing Address: _____ Zip Code _____
Date of Birth: _____ SSN: _____

CHILDREN

1. _____ DOB: _____ SSN: _____
2. _____ DOB: _____ SSN: _____
3. _____ DOB: _____ SSN: _____
4. _____ DOB: _____ SSN: _____
5. _____ DOB: _____ SSN: _____

Family violence indicator present? _____ Yes _____ No
Court order entered against Obligor in a domestic violence or protective action? _____ Yes _____ No
Court order entered against Obligee in a domestic violence or protective action? _____ Yes _____ No

Remarks: _____

I certify that the information in this Memorandum is correct and complete to the best of my knowledge.

Signature: _____
Print Name: _____

Signer is: _____ Attorney for Obligor _____ Attorney for Obligee _____ Obligor (pro se) _____ Obligee (pro se)