

TRANSMITTAL SHEET FOR

NOTICE OF INTENDED ACTION

Control 660 Department or Agency Human Resources
Rule No. 660-3-16/Appendix A
Rule Title: Income Withholding
 New Amend X Repeal Adopt by Reference

Would the absence of the proposed rule significantly harm or endanger the public health, welfare, or safety? N/A

Is there a reasonable relationship between the state's police power and the protection of the public health, safety, or welfare? N/A

Is there another, less restrictive method of regulation available that could adequately protect the public? N/A

Does the proposed rule have the effect of directly or indirectly increasing the costs of any goods or services involved and, if so, to what degree? N/A

Is the increase in cost, if any, more harmful to the public than the harm that might result from the absence of the proposed rule? N/A

Are all facets of the rulemaking process designed solely for the purpose of, and so they have, as their primary effect, the protection of the public? NO

Does the proposed rule have an economic impact? NO

If the proposed rule has an economic impact, the proposed rule is required to be accompanied by a fiscal note prepared in accordance with subsection (f) of Section 41-22-23, Code of Alabama 1975.

*

Certification of Authorized Official

I certify that the attached proposed rule has been proposed in full compliance with the requirements of Chapter 22, Title 41, Code of Alabama 1975, and that it conforms to all applicable filing requirements of the Administrative Procedure Division of the Legislative Services Agency.

Signature of certifying officer Amy J. Bulmer

Date 3-9-18

(DATE FILED)
(STAMP)

APA-2

(Department of Human Resources)
(Child Support Enforcement)

NOTICE OF INTENDED ACTION

AGENCY NAME: Department of Human Resources

RULE NO. & TITLE: 660-3-16/Appendix A

INTENDED ACTION: To repeal Chapter 660-3-16/Appendix A

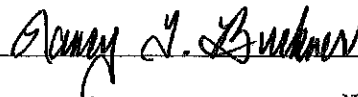
SUBSTANCE OF PROPOSED ACTION: The Appendix A forms are outdated and no longer valid.

TIME, PLACE, MANNER OF PRESENTING VIEWS: All interested parties may submit data, views or arguments respecting the proposed amendment by mail or in person through close of business on May 4, 2018. Persons wishing to submit data, views or arguments orally should contact the Department's Administrative Procedures Secretary between the hours of 8:00a.m. and 4:30 p. m., Monday through Friday, excluding State holidays, at (334) 242-9330 to set up an appointment for such oral/in person presentations.

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE: May 4, 2018

CONTACT PERSON AT AGENCY:

Gail Grobe, AP Secretary
State Department of Human Resources
Gordon Persons Building
50 Ripley Street, Suite 2122
Montgomery, Alabama 36130-4000
(334) 242-9334



Nancy T. Buckner
Commissioner

State of Alabama
Child Support Enforcement Division
Department of Human Resources

Re:
SSN:
Case No:

Dear Sir or Madam:

Enclosed are several documents pertaining to withholding income for the purpose of child support. The Order/Notice to Withhold Income for Child Support requires that you withhold the designated amount from the wages of the above-named employee and transmit it to the specified address. The order is issued in accordance with Public Law 104-193, Section 314, (42 U.S.C. 666) and Code of Alabama 1975, §30-3-197 which authorizes the state Title IV-D agency to order that income withholding be implemented.

Included in this packet is the Employer's Answer to the Order/Notice to Withhold Income for Child Support. We need you to complete this form at your earliest convenience and return it to the above address. The Child Support Enforcement Division is not subject to the restrictions of the Privacy Act (PL93-579 and 5 U.S.C. 552a). The information will be used solely for the purpose of enforcing the civil and criminal laws of the State of Alabama regarding Child Support.

Your employee has the right to be notified of this action. Please give the individual a copy of the Order/Notice to Withhold Income for Child Support, as well as the Obligor Notice of Right to Administrative Review and the Request for Administrative Review forms that are included in this packet.

If you have any questions concerning this request, please contact me at () . Thank you for your cooperation.

Sincerely,

STATE OF ALABAMA
DEPARTMENT OF HUMAN RESOURCES
CHILD SUPPORT ENFORCEMENT

Date of Notice: _____

NOTICE OF DECISION REGARDING ADMINISTRATIVE IWO REVIEW

Based on your written request for an administrative review the following determination has been made:

Based on your allegation that there is a mistake in the amount of delinquent support, Child Support Enforcement (CSE) has reviewed the facts and agrees that there is an error.

Based on your allegation that there is a mistake in the amount of delinquent support, CSE has reviewed the facts and finds no error.

Based on a mistake in identity, CSE has reviewed the facts and agrees that there is an error.

Based on your allegation that _____ as reviewed the facts and agrees that there is an error.

Based on your allegation that _____, CSE has reviewed the facts and finds no error.

Based on your allegation that the amount of current support set forth in the administrative Order/Notice to Withhold Income For Child Support is not the same as the current support in the underlying order of support, CSE has reviewed the facts and agrees that there is an error.

Based on your allegation that the amount of current support set forth in the administrative Order/Notice to Withhold Income For Child Support is not the same as the current support in the underlying order of support, CSE has reviewed the facts and finds no error.

As a result, the administrative Order/Notice to Withhold Income for Child Support:

Will remain in effect

Will be withdrawn

ATTENTION OBLIGOR

If you disagree with these findings and want an administrative hearing, you must submit a written request to the above address within 30 days of the date on the notice to prevent further action on the case. Reason for request must be specified.

OMB NO.: 0970-0154
EXPIRATION DATE: 12/31/00

ADDITIONAL INFORMATION TO EMPLOYERS AND OTHER WITHHOLDERS

If checked you are required to provide a copy of this form to your employee.

1. 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 requesting agency listed below.

2. Combining Payments: You can combine withheld amounts from more than one employee/obligor's income in a single payment to each agency requesting withholding. You must, however, separately identify the portion of the single payment that is attributable to each employee/obligor.

3.* 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 child support payments.

4. 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 #9 below)

5. Termination Notification: You must promptly notify the payee when the employee/obligor is no longer working for you. Please provide the information requested and return a copy of this order/notice to the agency identified below.

EMPLOYEE'S/OBLIGOR'S NAME: _____
EMPLOYEE'S CASE IDENTIFIER: _____
DATE OF SEPARATION: _____
LAST KNOWN HOME ADDRESS: _____
NEW EMPLOYER'S ADDRESS: _____

6. 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.

7. Liability: 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/obligor's income and any other penalties set by State law. (Section 30-3-69, Code of Alabama 1975)

8. 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. (Section 30-3-70Code of Alabama 1975)

9.* 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; and Medicare taxes.

* NOTE: If you or your agent are served with a copy of this order in the state that issued the order, you are to follow the law of the state that issued this order with respect to these items.

Requesting Agency: _____

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

*EFT/EDI Information

OMB NO.: 0970-0154
EXPIRATION DATE: 12/31/00

ORDER/NOTICE TO WITHHOLD INCOME FOR CHILD SUPPORT

State Alabama
Co./City/Dist. of _____
Date of Order/Notice _____
Court/Case Number _____

- Original Order/Notice
- Amended Order/Notice
- Terminate Order/Notice

_____) RE: *
Employer/Withholder's Federal EIN Number _____ Employee/Obligor's Name (Last, First, MI) _____
_____) *
Employer/Withholder's Name _____ Employee/Obligor's Social Security Number _____
_____) *
Employer/Withholder's Address _____ Employee/Obligor's Case Identifier _____
_____) _____
Custodial Parent's Name (Last, First, MI) _____

Child(ren)'s Name(s)	DOB	Child(ren)'s Name(s)	DOB
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ORDER INFORMATION: This is an Order/Notice to Withhold Income for Child Support based upon an order for support from _____. By law, you are required to deduct these amounts from the above-named employee's/obligor's income until _____, even if the Order/Notice is not issued by your State.

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

\$ _____ per _____ in current support
\$ _____ per _____ in past-due support
Arrears 12 weeks or greater?
\$ _____ per _____ in medical support
 yes no
\$ _____ per _____ in other (specify)
\$ _____ per _____ in 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:

You must begin withholding no later than the first pay period occurring _____ working days after the date of this Order/Notice. Send payment within _____ working days of the paydate/date of withholding. You are entitled to deduct a fee to defray the cost of withholding. Refer to the laws governing the work state of the employee for the allowable amount. The total withheld amount, including your fee, cannot exceed _____ % of the employee's/obligor's aggregate disposable weekly earnings. For the purpose of the limitation on withholding, the following information is needed : (see #9 on back)

When remitting payment, provide the paydate/date of withholding and the case identifier _____
If remitting by EFT/EDI, use this FIPS code: * _____ ; Bank routing code: _____ ; Bank account number: _____

Make it payable to: _____

Send check to: _____

Authorized by: _____

Print Name _____

*EFT/EDI Information

EMPLOYER'S ANSWER TO ORDER/NOTICE TO WITHHOLD INCOME FOR CHILD SUPPORT

State Alabama
County
Date of Order
Court Order
Number
Original Order/Notice
Amended Order/Notice
Terminate Order/Notice
ALECS Number

Employer/Withholder's Federal EIN Number RE: Employee/Obligor's Name (Last, First, MI)
Employer/Withholder's Name * Employee/Obligor's Social Security Number
Employer/Withholder's Address * Employee/Obligor's Case Identifier
Custodial Parent's Name (Last, First, MI)

AFTER READING THE ENCLOSED DOCUMENT, CHECK THE APPROPRIATE ANSWER(S) BELOW AND SIGN. PLEASE RETURN ONE COPY OF YOUR ANSWER TO THIS AGENCY AT THE ADDRESS BELOW SO THAT THEY WILL ARRIVE WITHIN FOURTEEN (14) DAYS OF THE DATE THESE DOCUMENTS WERE SERVED UPON YOU. RETAIN ONE COPY FOR YOUR RECORDS.

I. DEFENDANT IS EMPLOYED. After deducting Federal Income Taxes, State Taxes, Social Security Taxes, City Taxes, and other amounts required by law to be withheld, Defendant's "Disposable Earnings" are \$ per (week, bi-week, month). Employer further answers that:

(A) He/she will begin withholding from the Defendant's disposable earnings the total dollar amounts ordered for all support payments in the Court's Order, OR

(B) The total amount ordered withheld exceeds the _____% maximum of Defendant's Disposable Earnings indicated in the Court's Order and therefore, in keeping with the Court's order, the Employer will withhold and pay over only that percentage of the Defendant's Disposable Earnings.

II. DEFENDANT IS NOT EMPLOYED by this Employer and Employer was not indebted to the Defendant when this process was received, or when making this answer, or during the intervening time.

III. Defendant is receiving Unemployment Compensation Benefits in the amount of \$_____. The Department of Industrial Relations will withhold \$_____ per _____.

IV. Defendant is receiving Worker's Compensation Benefits in the amount of \$_____. The Department of Industrial Relations will withhold \$_____ per _____.

V. OTHER (Explain): _____

Employer's Signature

If you or your employee/obligor have any questions, contact:

by telephone at: _____

Notary Public/Clerk/Register

PLEASE RETURN THIS ANSWER FORM TO: _____

STATE OF ALABAMA
DEPARTMENT OF HUMAN RESOURCES
CHILD SUPPORT ENFORCEMENT DIVISION

Date Of Notice _____

Request For Administrative Review

To request a review, please complete this form and return it to the address below within fifteen (15) days of the date shown at the top of this notice. Please include written documentation to support your claim or the Child Support Enforcement Division of the Department of Human Resources (DHR) will complete the review based on information available in your case file.

YOU CANNOT REQUEST AN ADMINISTRATIVE REVIEW BY TELEPHONE

(Please Print)

Name

: _____
Last First MI Social Security Number

Address: _____ ()
Street
Home Phone

City State Zip Code Work Phone

Reason for requesting review (check one):

- THE PAST-DUE SUPPORT IS INCORRECT
- I DO NOT OWE SUPPORT

THE AMOUNT OF CURRENT SUPPORT SET FORTH IN THE ADMINISTRATIVE ORDER/NOTICE TO WITHHOLD INCOME FROM CHILD SUPPORT IS NOT THE SAME AS THE CURRENT SUPPORT IN THE UNDERLYING ORDER OF SUPPORT.

If you are requesting a review of a specific action taken by DHR, please indicate below:

Action: _____

You must include proof, such as copies of:

- Canceled checks or money orders;
- Child Support orders or modifications to them;
- Pay stubs that show money withheld for child support;
- Letters from employers who have withheld wages from your salary;
- Receipts for child support payments made in cash;
- Court payment records;
- Bank documents showing that the levied account does not belong to you.; or
- Picture ID and Social Security Card to show mistaken identity.

IV-D Agency Address:

YOU WILL BE NOTIFIED BY MAIL OF THE RESULTS OF YOUR REVIEW.
PLEASE DO NOT CALL OUR OFFICE FOR THE STATUS OF YOUR REVIEW.

OMB NO.: 0970-0154

STATE OF ALABAMA
DEPARTMENT OF HUMAN RESOURCES
CHILD SUPPORT ENFORCEMENT

Date of Notice _____

ADMINISTRATIVE REVIEW

You have a right to an administrative review of the action taken to implement your income withholding order for the following reasons:

The amount of past-due support is incorrect.

You do not owe past-due support; or

The amount of current support set forth in the administrative Order/Notice to Withhold Income for Child Support is not the same as the current support in the underlying order of support.

To request a review, complete the enclosed form entitled Request for Administrative Review and mail it to the Department of Human Resources (DHR) within 15 days of the date shown at the top of this notice. YOU CANNOT REQUEST AN ADMINISTRATIVE REVIEW BY TELEPHONE. DHR will review your case and notify you of the results in writing.

CHANGE OF ADDRESS AND EMPLOYMENT

Your are required by law to notify DHR of changes in your address or employment status. Code of Alabama 1975, Section 30-3-197(1). Failure to do so may subject you to contempt of court and will result in your not receiving timely notice of enforcement action to resolve this matter immediately.

OMB NO.: 0970-0154