

**STATE OF NORTH CAROLINA**

Court File No.

IV-D Case No.

\_\_\_\_\_ County

In The General Court Of Justice  
District Court Division

Name Of Plaintiff

**MOTION TO JOIN EMPLOYER  
AS PARTY TO ENFORCE  
WAGE WITHHOLDING**

G.S. 110-136.8(e)

**VERSUS**

Name Of Defendant

Name And Address Of Employer

Name And Address Of Obligor (Employee)

**MOTION**

In support of this Motion the undersigned shows the Court that:

1. The disposable wages of the obligor named above are subject to wage withholding for child support pursuant to an order entered under G.S. 110-136.5 or to an administrative determination made pursuant to G.S. 110-136.4.
2. Pursuant to that order or determination, the employer named above was properly served with an **Order/Notice To Withhold Income For Child Support**.
3. The employer has willfully refused to comply with the provisions of G.S. 110-136.8 in that the employer:
  - a. did not begin withholding within the time provided by law, as stated in the **Order/Notice To Withhold Income For Child Support**.
  - b. has failed on one or more occasions to withhold and send to the North Carolina Child Support Centralized Collection Office the amount or percentage of disposable wages stated in the **Order/Notice To Withhold Income For Child Support**.
  - c. has failed on one or more occasions after withholding an amount from disposable wages to send that amount to the North Carolina Child Support Centralized Collection Office within the time provided by law as stated in the Notice.
  - d. Other:

Therefore the initiating party requests the Court to:

1. Cause the employer named above to be joined as a party to this action;
2. Order the employer to begin withholding pursuant to the terms of the **Order/Notice To Withhold Income For Child Support** or as may be determined by the Court on the evidence presented;
3. Hold the employer liable for any amount which the employer should have withheld; and
4. Tax the costs against the employer.

Date

Signature

Identity Of Initiating Party  
 Plaintiff     Defendant     Clerk Of Superior Court

Identity Of Signer  
 Initiating Party     Deputy CSC     Assistant CSC     Other \_\_\_\_\_

**VERIFICATION**

I, the undersigned being first duly sworn, say that I have read this Motion and the contents are true to my own knowledge, except as to matters stated on information and belief, and as to those, I believe them to be true.

**SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME**

Date

Date

Signature Of Person Authorized To Administer Oaths

Signature

Deputy CSC     Assistant CSC     Clerk Of Superior Court

Notary

Date My Commission Expires

**SEAL**

County Where Notarized

**SEE NOTICE OF HEARING ON REVERSE.**

(NOTE: This form may be used in both civil and criminal cases.)

(Over)

**NOTICE OF HEARING**

**TO THE EMPLOYER:**

You are notified to appear before the Court at the date, time and location of hearing stated below and to present any defense you have against the relief requested in the foregoing Motion. You may file a written response to the Motion in the office of the Clerk of Superior Court, and serve a copy on the initiating party within thirty (30) days of the date of service of this Motion.

At the hearing, if the Court finds that you have willfully refused to comply with the provisions of G.S. 110-136.8, it may grant any or all of the relief requested in the Motion.

<i>Date Of Hearing</i>	<i>Time Of Hearing</i> <input type="checkbox"/> AM <input type="checkbox"/> PM	<i>Date</i>
<i>Location Of Hearing</i>		<i>Signature</i> <input type="checkbox"/> Deputy CSC <input type="checkbox"/> Assistant CSC <input type="checkbox"/> CSC <input type="checkbox"/> Plaintiff/Attorney <input type="checkbox"/> Defendant/Attorney <input type="checkbox"/> Other _____

**RETURN OF SERVICE**

I certify that this Motion and Notice was received and served as follows:

<i>Date Served</i>	<i>Name Of Employer</i>
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- By personally delivering the same to the employer named above.
- As the employer is a corporation or partnership, service was effected by delivering a copy of this Motion and Notice to the person named below.

<i>Name And Address Of Person With Whom Copies Left</i>
<i>Title Of Person With Whom Copies Left</i>

- The employer WAS NOT served for the following reason:

<i>Date Received</i>	<i>Signature Of Deputy Sheriff Making Return</i>
<i>Date Of Return</i>	<i>Name Of Sheriff (Type Or Print)</i>
	<i>County Of Sheriff</i>