

STATE OF NORTH CAROLINA

Court File No.

_____ County

In The General Court Of Justice
 District Superior Court Division

Civil: *Plaintiff* _____
 Criminal: **STATE**

REQUEST BY SUPPORTING PARTY FOR WAGE WITHHOLDING

VERSUS

G.S. 110-136.3(b)

Defendant

Name, Mailing And Location Address Of Employer

Name, Mailing And Location Address Of Supporting Party

REQUEST

I, the undersigned Supporting Party, request that wage withholding begin as a means of payment of the child support obligation I owe.

1. Pursuant to an order entered by this Court for support of the child(ren) named below, I am obligated to pay child support in the amount shown below.

Name And Date Of Birth Of Each Child For Whose Benefit Support Is Owed

<i>Amount Of Support Obligation</i> \$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Other (specify) _____	<i>Date Of Support Order</i> _____
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2. I receive disposable wages from the employer named above in the amount of:

<i>Amount Of Disposable Wages</i> \$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Other (specify) _____
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3. I understand that if withholding is implemented:

- a. The withholding will apply to my current employer and all subsequent employers and will continue until:
- (1) the child support order expires or becomes invalid; or
 - (2) the initiating party, the district court judge, and I agree to terminate withholding because there is another adequate means to collect child support or arrearages; or
 - (3) all valid arrearages owed to the state are paid in full, and the whereabouts of each child for whom support is owed and the party entitled to receive the support payments are unknown.
- b. The amount withheld will include an amount sufficient to pay current child support, an additional amount toward liquidation of any arrearages, and a \$2.00 processing fee to be retained by my employer for each withholding, but that the total amount withheld may not exceed the following percentage of my disposable income;
- 40% (I am not already subject to an order for withholding child support.)
- 45% (I am already subject to an order for withholding for child support and I **am** supporting other dependent child(ren) or a spouse.)
- 50% (I am already subject to an order for withholding for child support and I **am not** supporting other dependent child(ren) or a spouse.)

4. As of this date, I am delinquent in payments under the child support order.
 As of this date, I am not delinquent in payments under the child support order.

5. I understand the court **may** require a hearing in any case.
(check one of the following:)

- I **WAIVE** my right to a hearing and consent to the entry of an order for withholding of an amount the court determines to be appropriate within the percentage limit set out above.
- I **DO NOT WAIVE** my right to a hearing.

Date Withholding Requested

Signature Of Supporting Party

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

(Over)

VERIFICATION

I, the undersigned being first duly sworn, say that I have read this Request 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		<i>Date</i>
<i>Date</i>	<i>Signature Of Person Authorized to Administer Oaths</i>	<i>Signature Of Person Making Motion</i>
<input type="checkbox"/> <i>Deputy CSC</i> <input type="checkbox"/> <i>Assistant CSC</i> <input type="checkbox"/> <i>Clerk Of Superior Court</i>		<i>Name And Address Of Person Making Motion</i>
<input type="checkbox"/> <i>Notary</i>	<i>Date Commission Expires</i>	
SEAL	<i>County Where Notarized</i>	