

V.

PETITIONER

RESPONDENT

ADDRESS

ADDRESS

SOCIAL SECURITY NUMBER

SOCIAL SECURITY NUMBER

I, the undersigned Respondent, state that the following is my court-ordered periodic support payment in this case:

\$ current support
 \$ applied to arrearages } payable:

weekly
 bi-weekly
 semi-monthly
 monthly

 OTHER PAY INTERVAL AND REGULAR PAY DATES } regular pay dates

I am also ordered to provide health care coverage for the following persons:

NAME	STATUS (check applicable box)			Payment Priority
	Dependent Child	Current Spouse	Former Spouse	
1.				<input type="checkbox"/> Support <input type="checkbox"/> Health care coverage
2.				
3.				
4.				
5.				
6.				

Support of other dependents:

- I am not providing support to another spouse or another dependent child other than such spouse and/or dependent child(ren) for whom support is to be provided through this case.
 I am providing support to these other spouse(s) and/or child(ren) for whom no support is provided through this case:

I hereby request this court to enter an Income Deduction Order for the withholding from my income of:

\$ current support \$ to be applied to arrearages

My employers are:

1.	2.
NAME	NAME
ADDRESS	ADDRESS

whose normal pay dates are

whose normal pay dates are

same as above different from above in that I am paid
 weekly semi-monthly
 bi-weekly monthly
 with paydays being
 NORMAL PAYDAY

same as above different from above in that I am paid
 weekly semi-monthly
 bi-weekly monthly
 with paydays being
 NORMAL PAYDAY

I also waive notice of a hearing on the matter.