

MOTION AND NOTICE OF PROPOSED INCOME DEDUCTION ORDER FOR SUPPORT

Commonwealth of Virginia VA. CODE § 20-79.1

Court Case No.: _____

DCSE ID No.: _____

_____ Juvenile and Domestic Relations District Court

ADDRESS

V.

PETITIONER

RESPONDENT

SOCIAL SECURITY NUMBER

ADDRESS

MOTION:

I request the court to enter an income deduction order which contains the following terms:

1. Proposed Income Deduction Terms:

Pay interval:

- weekly _____
- bi-weekly _____
- semi-monthly _____
- monthly _____



regular pay dates

OTHER PAY INTERVAL AND REGULAR PAY DATES

The Respondent has also been ordered to provide health care coverage for the following persons:

STATUS (check applicable box)

NAME	STATUS (check applicable box)			Payment Priority
	Dependent Child	Current Spouse	Former Spouse	
1. _____				Support
2. _____				Health care
3. _____				coverage
4. _____				
5. _____				
6. _____				

2. Proposed amount to be deducted each pay period:

\$ _____ or _____ % of disposable income, whichever is less based on court-ordered payments of \$ _____ per _____ with \$ _____ total unpaid payments.

3. Reason for proposed support income deduction order:

receipt of notice of arrearage in support payments

facts relevant in determining the likelihood of payments in accordance with the support order

Court has found that there is an arrearage of an amount equal to one month's support obligation request of the obligor

Other: _____

4. _____ EMPLOYER'S NAME

EMPLOYER'S ADDRESS

DATE

PETITIONER

NOTICE TO THE RESPONDENT/OBLIGOR: Read this entire Notice (pages one and two) carefully. This motion is made pursuant to Virginia Code § 20-79. 1. If you wish to contest this Motion, written notice must be filed in the clerk's office by

FILING DEADLINE

for a hearing on

HEARING DATE

DATE

CLERK

DEPUTY CLERK

TO THE RESPONDENT/OBLIGOR:

This notice is to advise you that this Court has been requested for the reason stated above to enter an order requiring all of your present and future employers to deduct support payments as described above from your income. This deduction will begin with the next regular pay interval for your income after your employers are served with an order.

You have ten (10) days from the date of issuance of this Notice to file in the clerk's office of this court a written notice of contest of such proposed order. If not written notice of contest is filed, the court will enter such an order at the end of the ten (10) day filing period. If you file a written notice of contest,

- a hearing will be held and a decision made regarding the issuance of the Order and its contents within ten (10) days from the date that the Court receives your written notice of contest, unless good cause is shown for additional time, but not to exceed forty-five (45) days from your receipt of this notice, and
- only disputes as to mistakes of fact (error in the identity of the payor or the amount of current support or arrearage) will be heard. Alleged inability to pay is not a grounds for contest.
- payment of overdue support upon receipt of the notice shall not be the sole basis for not implementing withholding.

The order will state that the deduction will start with the regular pay period for your income after your employer is served with an order. Your employer will be told the names of the petitioner, the court file number, the DCSE ID number (if any), your name, address and social security number, and the terms of the periodic support payment, and where to send payments. The employer will also be told:

- the maximum amount which can be withheld from your income,
- that the order is binding on the employer until further notice sent by the court is received by the employer,
- that the order requires income deductions for support to be paid before any other liens created under state law except for judicial or administrative income deduction orders previously served on the employer,
- that deductions are to be made on your regular payday and sent that date to the Virginia Department of Social Services and how to send such payments,
- of his liability for failing to honor the order or for taking retaliatory action against you because of such order,
- that the employer and respondent must notify the Virginia Department of Social Services when your employment terminates, and give your home address and the name and address of your new employer,
- that the employer may deduct an additional fee of \$ 5.00 for each time that the employer deducts money or answers in writing that the employer was legally unable to make such deductions,
- how the employer should respond if the order contains erroneous information, and
- the statutory authorization for such order.

SERVICE OF PROCESS ON RESPONDENT:

Personal service
Being unable to make personal service, a copy was delivered in the following manner:
Delivered to family member (not temporary sojourner or guest) age 16 or older at usual place of abode of party named above after giving information of its purport. (List name, age of recipient and relation to party named above.)

Posted on front door or such other door as appears to be the main entrance of usual place of abode, address listed above. (Other authorized recipient not found.)

Certified mail.
Facsimile service on employer to deliver to respondent.
Not found.

DATE _____ for _____
SERVING OFFICER