



## SOUTHERN INLAND REGION CHILD SUPPORT COLLABORATIVE

# Employer Workshop

### Partnering to help you!

We are actively working together to provide you the best child support services experience.





# SOUTHERN INLAND REGION CHILD SUPPORT COLLABORATIVE



## Participating Counties:



**Imperial County**



**Kern County**



**Riverside County**



**San Bernardino County**



**Los Angeles County**



**Orange County**



**San Diego County**



## SOUTHERN INLAND REGION CHILD SUPPORT COLLABORATIVE



### Mission:

Our collaboration mission is to work together to ensure we are meeting the needs of our community.



# SOUTHERN INLAND REGION CHILD SUPPORT COLLABORATIVE



## Introduction to:





## SOUTHERN INLAND REGION CHILD SUPPORT COLLABORATIVE



### How we Open Cases:

- Service referral from Dept. of Social Services for dependent(s) who are receiving Cal-works.
- Dependent(s) are in foster care.
- Receive an application for services from the Person Receiving Support (PRS) or Person Paying Support (PPS).
- Referral from another child support agency (State or International Jurisdiction)



## SOUTHERN INLAND REGION CHILD SUPPORT COLLABORATIVE



# Local Child Support Agency (LCSA) Services:

## Services offered

- Locate
- Establish Parentage
- Establishment of an order
- Enforce court orders:
  - Child Support, Spousal Support, Health Insurance  
& Uninsured Court Ordered Medical Reimbursed Costs
- Modification of child support court order
- Enforce and collect on arrears only cases



## SOUTHERN INLAND REGION CHILD SUPPORT COLLABORATIVE



# Local Child Support Agency (LCSA) Services:

## Services Not Offered

- Divorce
- Custody
- Visitation
- Restraining Orders
- Establish spousal support orders



## SOUTHERN INLAND REGION CHILD SUPPORT COLLABORATIVE



### Withholding Priority:

1. Current Child/Family Support
2. Medical Support
3. Current Spousal Support
4. Child/Family Support Arrears
5. Spousal Support Arrears

Note: Current support ALWAYS takes priority over other deductions



## SOUTHERN INLAND REGION CHILD SUPPORT COLLABORATIVE



### Confidentiality:

- Child Support case records are confidential
- Case Worker can **ONLY** discuss a case as it relates to the employer's ability and/or obligation to process the order.





## SOUTHERN INLAND REGION CHILD SUPPORT COLLABORATIVE



# What's the difference?:

- **From a Local Child Support Agency (LCSA):** Cases managed by child support agencies in any state are called “IV-D” cases, referring to Title IV-D of the Federal Social Security Act, the law that created Child Support Services agencies.
  - Income Withholding Orders are issued by the child support agency administratively and do not require a judge’s signature. (**CCP§706.0301b**)
- **Private Cases:** If the case is not being managed through a child support agency, the family court will issue the Income Withholding Order. This is called a non “IV-D” case or Private Case.
  - You the employer will be served with the documentation by a private party, i.e., by either the person who will be receiving the support or that person’s representative.



## SOUTHERN INLAND REGION CHILD SUPPORT COLLABORATIVE



### Employer Responsibilities:

- Private Orders (Non IV-D) do not originate from the LCSA, the California State Disbursement Unit (SDU), which processes all child support payments, may need additional information to ensure the payment is processed accurately. This may include employee's social security or court case number.
- Employers may receive an Income Withholding Order by a California local child support agency, by another state's child support agency, or by a private party



## SOUTHERN INLAND REGION CHILD SUPPORT COLLABORATIVE



### How Employers Help their Communities by Complying with Child Support Withholding:

- Deducting for child and medical support obligations
- Enrolling dependents' children in health insurance and increasing access to preventive health.
- Saving taxpayers' dollars
- Preventing and reducing fraud
- Promoting a stable and reliable workforce
- Encouraging a future skilled workforce
- Improving financial stability for families



# SOUTHERN INLAND REGION CHILD SUPPORT COLLABORATIVE

As employers, you are one of our closest partners, with an important role in helping ensure families get the financial and medical support they need.

More than **66%** of all child support collections are through payroll deductions.

More money for the family..

## 2021 CHILD SUPPORT: MORE MONEY FOR FAMILIES

### COLLECTIONS\*

In FY2021, the child support program collected **\$32.7 billion**



**66%** of child support was collected by income withholding from an employee's paycheck (34% other sources)



**96%** of child support collected went to families (4% reimbursed public assistance dollars)

The child support program served **13.2 million children** **1 in 5 children** in the U.S.

Child support nearly doubles the average income of recipients below the poverty line — lifting 750,000 people out of poverty\*\*



### COST-EFFECTIVENESS

One of the most cost-effective government programs

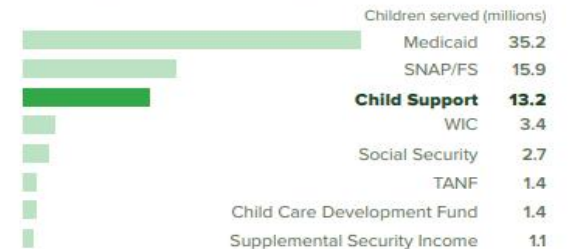
**\$5.27**

collected by the child support program for every **\$1.00** spent



### CASELOAD COMPARISON

Children served compared to other programs\*\*\*



Source: [Office of Child Support Enforcement](#)

\* Includes IV-D and non-IV-D payments.

\*\* Bureau of Census: Current Population Reports P60-261 (Appendix Table 5) and P60-265 (Appendix Table A-7).

\*\*\* Combined CHIP Enrollment Total Report and Form CMS-64.EC, 2021; FY 2019 Supplemental Nutrition Assistance Program Participation and Costs; WIC Program Monthly Data – State Level Participation, FY 2021; Social Security Annual Statistical Supplement, Dec. 2020; TANF: Total Number of Child Recipients, FY 2021; CCDF Preliminary Data Table 1, 2019; SSI Annual Statistical Report, 2020.



ADMINISTRATION FOR  
**CHILDREN & FAMILIES**  
Office of Child Support Enforcement

Office of Child Support Enforcement  
330 C Street, SW, Washington, DC 20201  
<https://www.acf.hhs.gov/css>



# SOUTHERN INLAND REGION CHILD SUPPORT COLLABORATIVE



## Kern County

Monday-Friday: 8:00 am to 5:00 pm

### **Bakersfield:**

3701 N. Sillect Avenue, Bakersfield, CA 93308

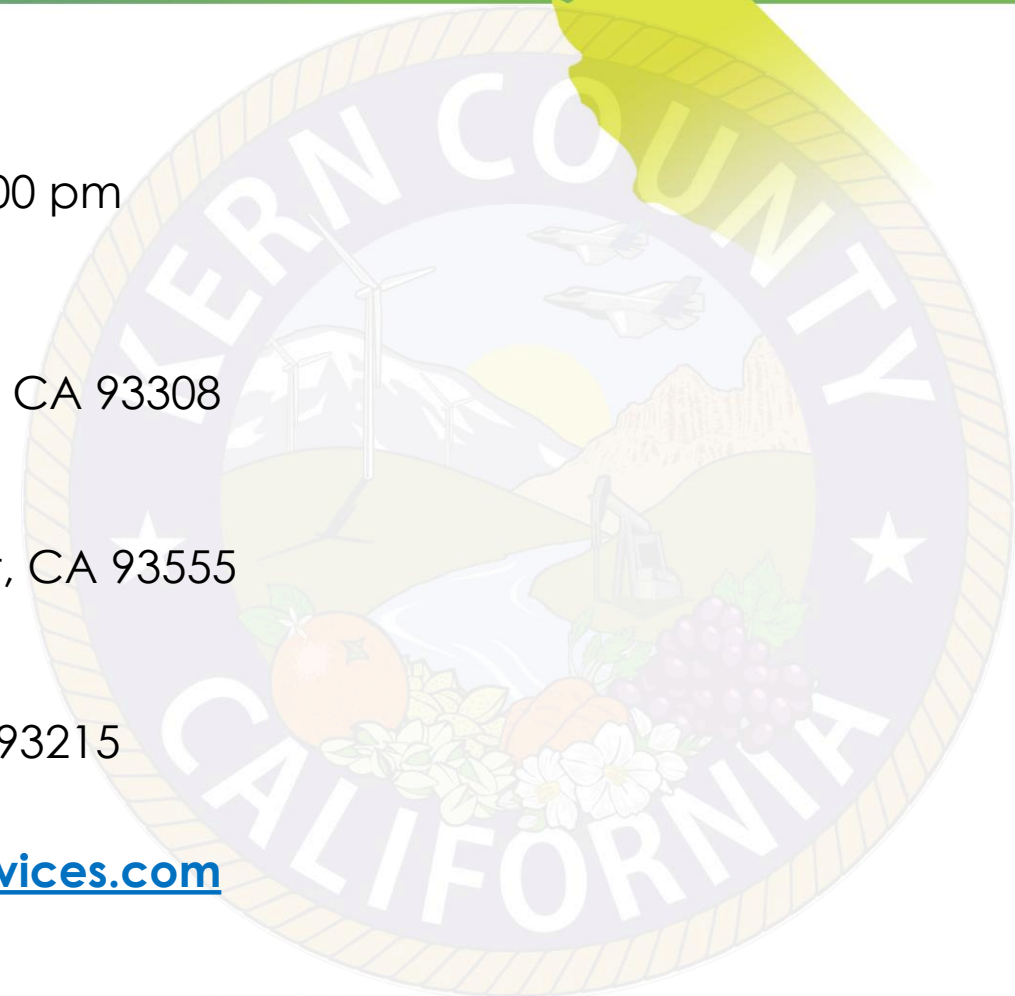
### **Ridgecrest:**

400 N. China Lake Blvd., Ridgecrest, CA 93555

### **Delano:**

455 Lexington St. Delano, CA 93215

<https://kerncountychildsupportservices.com>





## SOUTHERN INLAND REGION CHILD SUPPORT COLLABORATIVE



### Riverside County

Monday-Friday: 8:00 am to 5:00 pm

#### **Blythe:**

260 N. Broadway, Blythe CA 92225

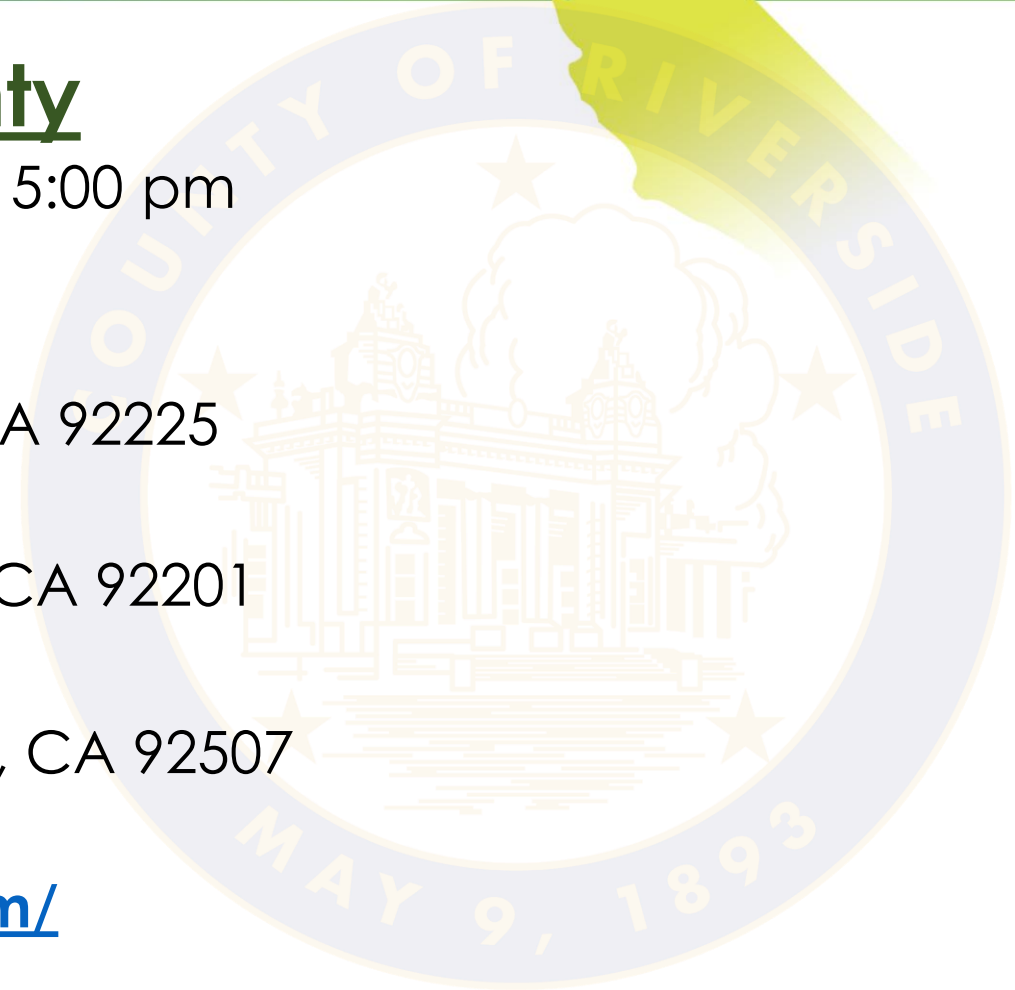
#### **Indio:**

47-950 Arabia Street, Indio, CA 92201

#### **Riverside:**

2081 Iowa Avenue, Riverside, CA 92507

<https://rivcodcss.com/>





**SOUTHERN INLAND REGION**  
**CHILD SUPPORT COLLABORATIVE**

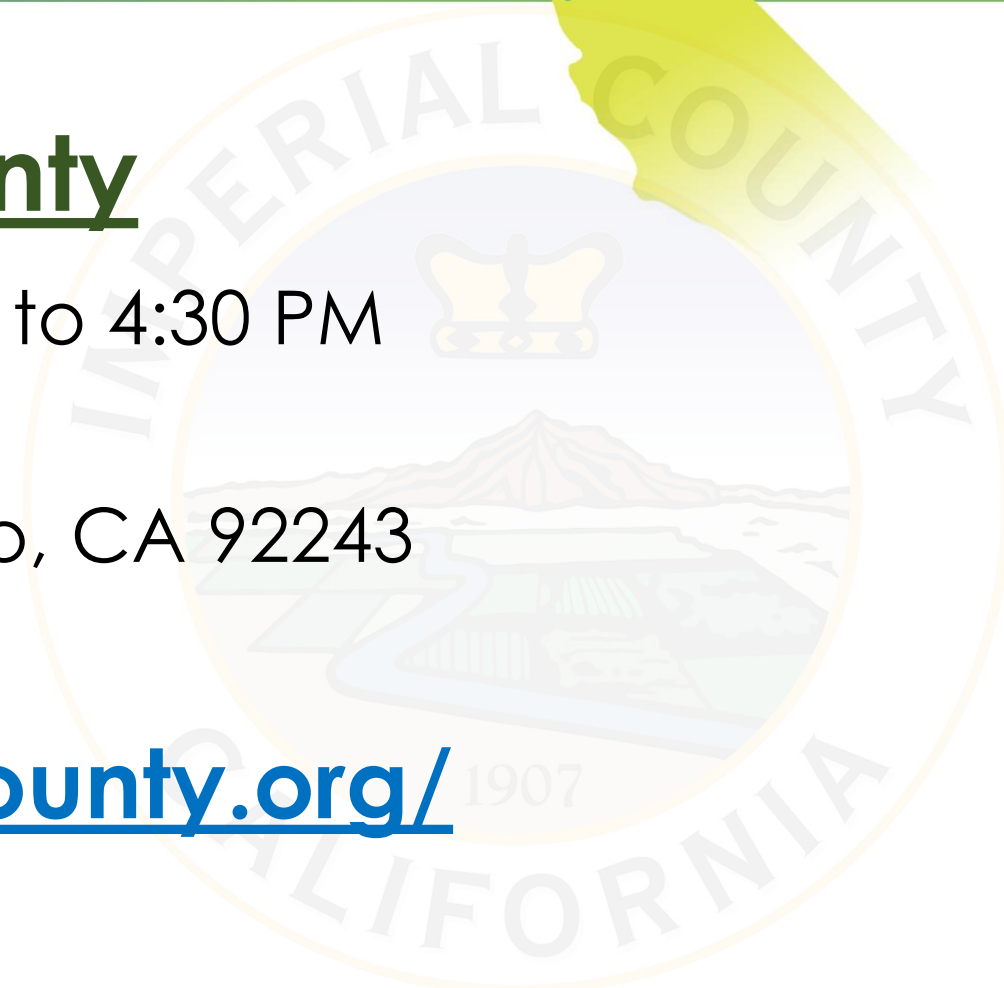


## Imperial County

Monday-Friday, 7:30 AM to 4:30 PM

2795 S 4th. Street El Centro, CA 92243

<https://css.imperialcounty.org/>





## SOUTHERN INLAND REGION CHILD SUPPORT COLLABORATIVE

### San Bernardino County

Monday-Friday: 8:00 am to 5:00 pm

#### **Loma Linda:**

10417 Mountain View Ave. Loma Linda, CA 92354

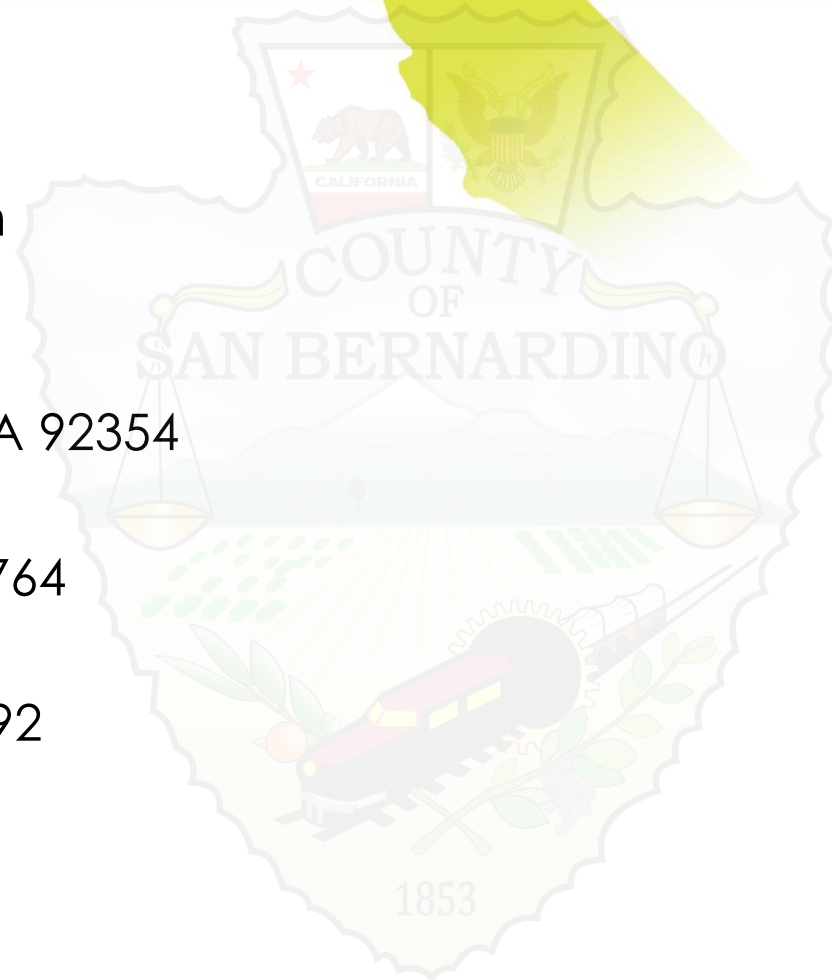
#### **Ontario:**

191 N. Vineyard Ave. Ontario, CA 91764

#### **Victorville:**

15400 Civic Drive, Victorville, CA 92392

<http://wp.sbcounty.gov/dcsc/>





## SOUTHERN INLAND REGION CHILD SUPPORT COLLABORATIVE



### LA County

#### **Van Nuys:**

7555 Van Nuys Blvd,  
Van Nuys, CA 91405

#### **Commerce:**

5500 S. Eastern Ave,  
Commerce, CA 90040

#### **Pomona:**

3179 W. Temple Ave,  
Pomona, CA 91768

#### **South Los Angeles:**

8300 S. Vermont Ave,  
Los Angeles, CA 90044

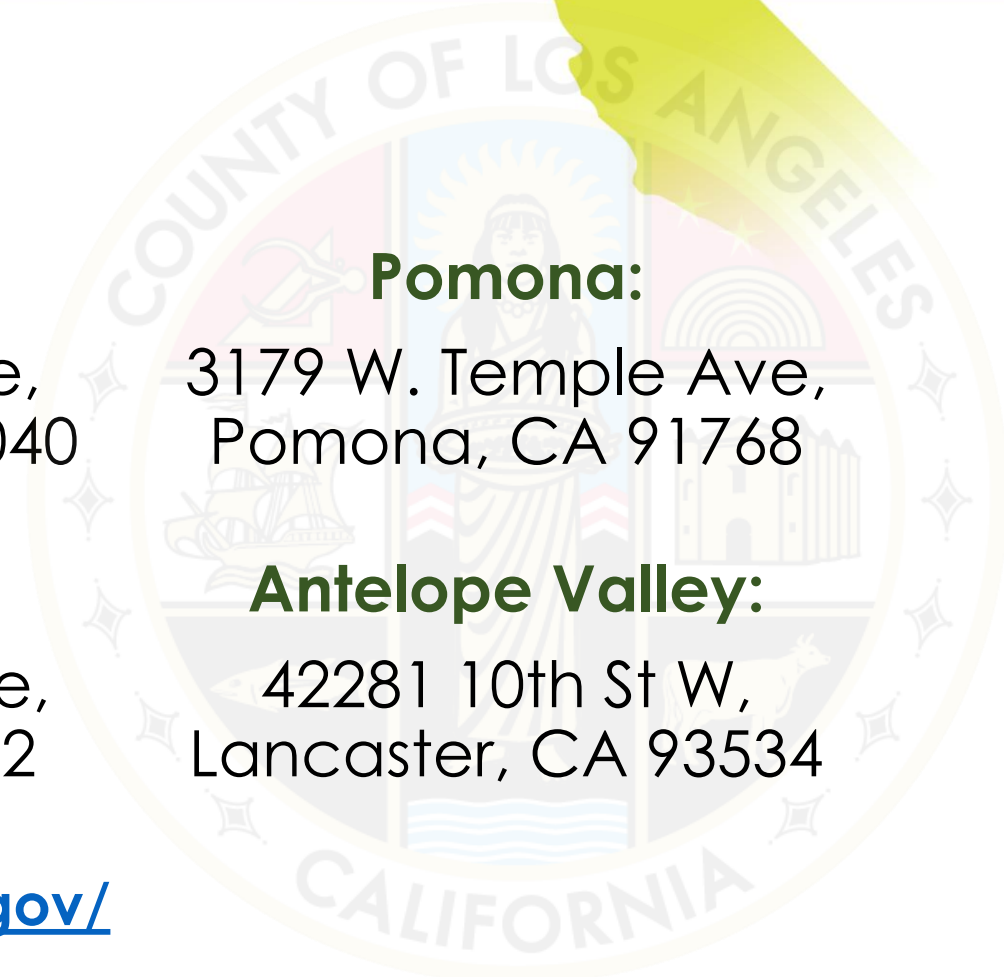
#### **Torrance:**

20221 Hamilton Ave,  
Torrance, CA 90502

#### **Antelope Valley:**

42281 10th St W,  
Lancaster, CA 93534

<https://cssd.lacounty.gov/>





## SOUTHERN INLAND REGION CHILD SUPPORT COLLABORATIVE



### Orange County

Monday-Friday, 7:30 AM to 4:30 PM

1055 N. Main Street, Santa Ana, CA 92701

<https://www.css.ocgov.com/>





## **SOUTHERN INLAND REGION** **CHILD SUPPORT COLLABORATIVE**



### **San Diego County**

Monday-Friday: 7:30 am to 5:00 pm

#### **National City:**

401 Mile of Cars Way, National City, CA 91950

#### **Kearny Mesa:**

3666 Kearny Villa Rd, San Diego, CA 92123

#### **Escondido:**

649 W Mission Ave, Escondido, CA 92025

<https://www.sandiegocounty.gov/content/sdc/dcss.html>



# SOUTHERN INLAND REGION CHILD SUPPORT COLLABORATIVE





**SOUTHERN INLAND REGION**  
**CHILD SUPPORT COLLABORATIVE**



**Income Withholding Requirements:**





## SOUTHERN INLAND REGION CHILD SUPPORT COLLABORATIVE



### Income Withholding Order (IWO):

- The Income Withholding Order (IWO) is a court or administrative order served on employers that requires them to withhold a specified amount of an employee's wages for payment of child and medical support.
- It may also be referred to as a wage assignment, garnishment order, or an income withholding for support order.
- Employers may be served with an Income Withholding Order by a [local child support agency](#) (LCSA), by private party, or by another state's child support agency.
- Income withholding is the most effective method of child support collection. In California, wage withholding accounts for more than 66 percent of child support collected.



# SOUTHERN INLAND REGION CHILD SUPPORT COLLABORATIVE

## Obligations of DCSS:

### Income Withholding Order (IWO)

- Obtained in every case with a support order
- Served on Employer within 15 days from entry of support order
- OR
- When employee changes employment and new employer's address is obtained

### INCOME WITHHOLDING FOR SUPPORT

OMB 0970-0154  
Expiration Date: 09/30/2023

#### I. Sender Information: (Completed by the Sender)

Date: [GENERATION\_DT]

- INCOME WITHHOLDING ORDER/NOTICE FOR SUPPORT       AMENDED IWO  
 (IWO) ONE-TIME ORDER/NOTICE FOR LUMP SUM PAYMENT       TERMINATION OF IWO

Child Support Enforcement (CSE) Agency    Court    Attorney    Private Individual/Entity (Check One)  
**NOTE:** This IWO must be regular on its face. Under certain circumstances you must reject this IWO and return it to the sender (see IWO instructions [www.acf.hhs.gov/css/resource/income-withholding-for-support-instructions](http://www.acf.hhs.gov/css/resource/income-withholding-for-support-instructions)). If you receive this document from someone other than a state or tribal CSE agency or a court, a copy of the underlying support order must be attached.

State/Tribe/Territory [CALIFORNIA]      Remittance ID (include w/payment) [CSE\_CASE\_NUMBER]  
City/County/Dist./Tribe [OFFICE\_COUNTY]      Order ID [COURT\_CASE\_NUMBER]  
Private Individual/Entity \_\_\_\_\_      Case ID [CSE\_CASE\_NUMBER]

#### II. Employer and Case Information: (Completed by the Sender)

[EMPLOYER_PR_NAME]	RE: [OBLIGOR_NAME]
Employer/Income Withholder's Name	Employee/Obligor's Name (Last, First, Middle)
[EMPLOYER_MAILING_ADDRESS_LINE1]	[OBLIGOR_SSN]
Employer/Income Withholder's Address	Employee/Obligor's Social Security Number
[EMPLOYER_MAILING_ADDRESS_LINE2]	[OBLIGOR_DOB]
	Employee/Obligor's Date of Birth
[EMPLOYER_MAILING_ADDRESS_LINE3]	[OBLIGEE_NAME]
	Custodial Party/Obligee's Name (Last, First, Middle)
Employer/Income Withholder's FEIN [EMPLOYER_FEIN]	
Child(ren)'s Name(s) (Last, First, Middle)	Child(ren)'s Birth Date(s)
[WAGE_ASSIGNMENT_DEP_NAME_1]	[WAG_ASSIGN_DEP_DOB_1]
[WAGE_ASSIGNMENT_DEP_NAME_2]	[WAG_ASSIGN_DEP_DOB_2]
[WAGE_ASSIGNMENT_DEP_NAME_3]	[WAG_ASSIGN_DEP_DOB_3]
[WAGE_ASSIGNMENT_DEP_NAME_4]	[WAG_ASSIGN_DEP_DOB_4]
[WAGE_ASSIGNMENT_DEP_NAME_5]	[WAG_ASSIGN_DEP_DOB_5]
[WAGE_ASSIGNMENT_DEP_NAME_6]	[WAG_ASSIGN_DEP_DOB_6]

#### III. Order Information: (Completed by the Sender)

This document is based on the support order from [CALIFORNIA] (State/Tribe).  
You are required by law to deduct these amounts from the employee/obligor's income until further notice.  
\$ [CS\_CUR\_AMT] Per [MONTH] current child support  
\$ [CS\_ARR\_AMT] Per [MONTH] past-due child support - Arrears greater than 12 weeks?    Yes    No  
\$ [ME\_CUR\_AMT] Per [MONTH] current cash medical support  
\$ [ME\_ARR\_AMT] Per [MONTH] past-due cash medical support  
\$ [SP\_CUR\_AMT] Per [MONTH] current spousal support  
\$ [SP\_ARR\_AMT] Per [MONTH] past-due spousal support  
\$ [OT\_SUP\_AMT] Per [MONTH] other (must specify) [OTHER\_SUPPORT\_LIST]  
for a **Total Amount to Withhold** of \$ [TOTAL\_AMT] per [MONTH].

#### IV. Amounts to Withhold: (Completed by the Sender)

You do not have to vary your pay cycle to be in compliance with the *Order Information*. If your pay cycle does not match the ordered payment cycle, withhold one of the following amounts:  
\$ [TOT\_WEEK] per weekly pay period      \$ [TOT\_SEM\_M] per semimonthly pay period (twice a month)  
\$ [TOT\_BIWEK] per biweekly pay period (every two weeks)      \$ [TOT\_MONTH] per monthly pay period  
\$ [LUMP\_SUM] **Lump Sum Payment:** Do not stop any existing IWO unless you receive a termination order.

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to provide uniformity and standardization. Public reporting burden for this collection of information is estimated to average two to five minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a mandatory collection of information in accordance with 45 CFR 303.100 of the Child Support Enforcement Program. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. If you have any comments on this collection of information, please contact the Employer Services Team by email at [employerservices@acf.hhs.gov](mailto:employerservices@acf.hhs.gov).



## SOUTHERN INLAND REGION CHILD SUPPORT COLLABORATIVE



### Income Withholding Order:

- Effective and binding upon any existing or future employer of the Person Paying Support (PPS).
- May be transferred by electronic means
- Issued by another state's court or administrative agency is as binding on an employer as an order made by a California court

(FC§5700.502)



## SOUTHERN INLAND REGION CHILD SUPPORT COLLABORATIVE



### Out-of-State Orders:

- Comply with an out-of-state IWO as if it is a California order (FC 5700.502)
- Failure to comply = same penalties below (FC 5700.505)
- As long as you are complying with the IWO, employer has immunity from civil liability (FC 5700.504)
- To contest, the obligor has to register in this state and challenge in court (FC 5700.506)



## Compliance Timeframes:

Within **10 days** of receiving an IWO, the employer will need to notify the employee and provide the employee with:

1. Copy of the IWO- Order of Notice
2. Request for hearing regarding earning assignment.
3. Copy of the statement of the employee's rights to quash, modify, or stay service of the order.
4. Blank form with instructions for the employee to file for relief within 10 calendar days after service of the IWO.

**CCP§706.030(b)(3)**



## Compliance Timeframes:

The employer should:

- ✓ Begin withholding the support amount no later than first pay period after 10 days after receiving the Income Withholding Order. (**CCP§706.022**)
- ✓ Deduct support amount from the employee's net disposable income (NDI)
- ✓ Deduction is not to exceed 50% of NDI (**CCP§706.052; 15 USC 1673**)

*Even if the support order does*



## Compliance Timeframes:

- The employer must remit the payment to the State Disbursement Unit (**CCP§706.030 (c)(6)**)
- No later than 10 days after close of pay period. (**CCP§706.025**)
- Until served with a notice modifying amount to be withheld or terminating the order

**CCP §706.027**



## SOUTHERN INLAND REGION CHILD SUPPORT COLLABORATIVE



# Employer Responsibilities:

Provide relevant employment and income information:

- Verification of employment
- Full name of employee
- Last known residence address of employee
- Date of birth
- Social Security Number
- Dates of employment
- Past and present earnings
- Availability of health insurance coverage

FC §3767 & 3771



## SOUTHERN INLAND REGION CHILD SUPPORT COLLABORATIVE



### Employer Responsibilities:

Wage and Insurance Verification Form ([DCSS-0230](#))

- Requests information concerning the employee
- Signed under penalty of perjury by employer
- Used as evidence in court
- Avoids the need for a subpoena

Employee Status Report ([DCSS-0522](#), similar to Page 4 of Income Withholding)

Inform Child Support on/before the next payment due date of:

- New employer's address (if known) or employment status
- Employee's last known residence address
- Employee's last known telephone number



## SOUTHERN INLAND REGION CHILD SUPPORT COLLABORATIVE



# Employer Responsibilities:

Employers **SHALL NOT** do the following based on the existence of an IWO:

- ✓ Refuse to hire
- ✓ Discriminate
- ✓ Discipline
- ✓ Terminate

Labor Code §2929(b) and Family Code §3769



## SOUTHERN INLAND REGION CHILD SUPPORT COLLABORATIVE



### Orders/Liens - Priority of Withholding:

- Child Support order
- Bankruptcy order
- Federal Administrative Garnishment
- Federal Tax Levy\*
- Student Loan
- State Tax Levy
- Local Tax Levy
- Creditor Garnishment
- Employer deductions

**FC§5238** – Priority of pays: Child Support, Spousal Support, Health Insurance, Arrears

*\*Levy received prior to Child Support order may have priority.*

**FC§4011**- Child support gets paid before all other creditors.



## SOUTHERN INLAND REGION CHILD SUPPORT COLLABORATIVE



### Applying Withholding:

1. Current Child/Family Support
2. Medical Support, if on IWO
3. Current Spousal Support
4. Child/Family Support Arrears
5. Spousal Support Arrears





## SOUTHERN INLAND REGION CHILD SUPPORT COLLABORATIVE



### Remitting Payments:

Provide the following information for each employee:

- Name as it appears on the Notice to Withhold
- Social Security Number
- Legal date of collection
- Case or court order number

Payments for multiple employees may be combined into one check, but you must provide an itemized accounting for each employee.



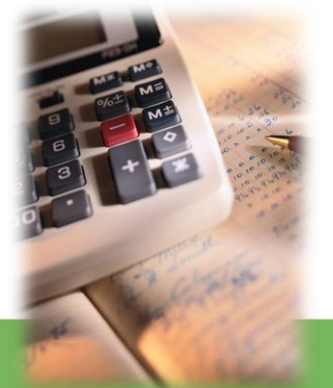
## SOUTHERN INLAND REGION CHILD SUPPORT COLLABORATIVE



# Calculating: Net Disposable Income (NDI)

NDI= Gross earnings less ONLY:

- Mandatory deductions
- State and federal taxes, SDI, etc.
- Mandatory union dues
- Mandatory retirement
  - Does not include 401K
  - Does not include other voluntary deductions such as advances





## SOUTHERN INLAND REGION CHILD SUPPORT COLLABORATIVE



# WHAT ARE EARNINGS:

Family Code Section 5206 defines Earnings as:

**Payments to Independent Contractor services. (FC§5206(b))**

- Salary
- Residuals
- Retirement
- Vacation Pay
- Bonuses
- Dividends
- Royalties
- Commissions



## Penalties for Non-Compliance:

Employers who fail to withhold and forward support is liable to:

- The Child Support Agency for the amount of support not withheld, forwarded or paid, including interest
- Employee for amounts withheld and not forwarded
- Failure to comply is punishable by contempt
- Employer can be sued for conversion (i.e. theft)
- Employer can be charged criminally for theft or embezzlement.



## SOUTHERN INLAND REGION CHILD SUPPORT COLLABORATIVE



### Electronic Fund Transfer:

DCSS may seek an order requiring payment of support by electronic transfer from the employer's bank account if the employer willfully:

- Fails to comply with the Notice to Withhold.
- Fails to comply on 3 separate occasions within a 12-month period.
- Civil penalties can be up to 50% of the support amount

**FC§5241**



## Employer Questions:

DCSS cannot answer the following:

- Why is the order so high?
- How do you expect this person to live?
- Can we work out a better payment plan?



## SOUTHERN INLAND REGION CHILD SUPPORT COLLABORATIVE



### Confidentiality:

DCSS case records are confidential

Employers can only be given information to comply with the IWO

DCSS can only discuss case as it relates to the employer's ability and/or obligation to process the IWO

Encourage the employee to contact DCSS directly.



# SOUTHERN INLAND REGION CHILD SUPPORT COLLABORATIVE





**SOUTHERN INLAND REGION**  
**CHILD SUPPORT COLLABORATIVE**



# Electronic Income Withholding Order (e-IWO)





## SOUTHERN INLAND REGION CHILD SUPPORT COLLABORATIVE



### What is e-IWO?

- Receive Income Withholding Orders (IWO) electronically
- Notify child support agencies of terminations and lump sums
- Acknowledge acceptance or rejection of IWOs



***“A paperless solution”***



## SOUTHERN INLAND REGION CHILD SUPPORT COLLABORATIVE



### e-IWO Benefits

- Child support gets to the family sooner
- Saves time, money and resources
- Ensures uniform IWO data from all states
- Increases accuracy and reliability of data
- No cost to employers

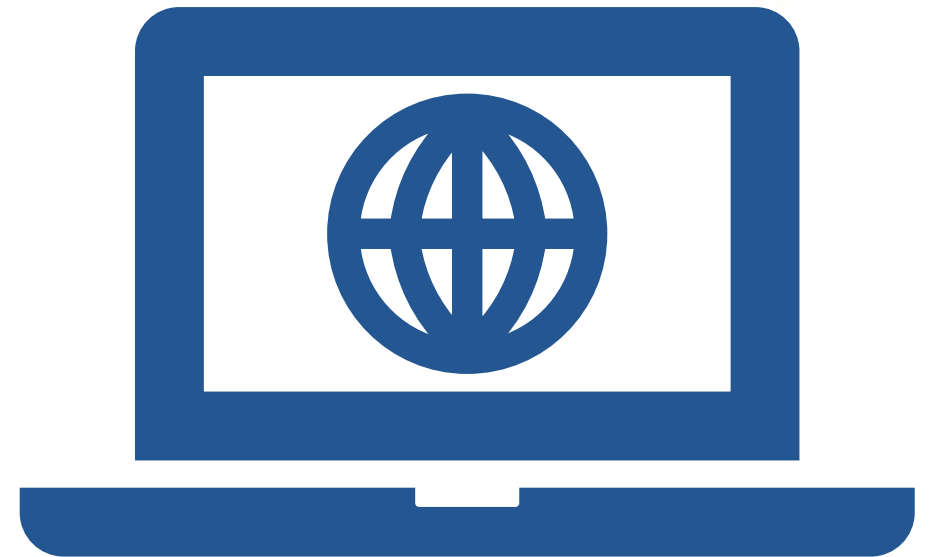


## SOUTHERN INLAND REGION CHILD SUPPORT COLLABORATIVE



### e-IWO Implementation Options

- e-IWO Online (**Newest Option**)
- No Programming
- System-to-System





## SOUTHERN INLAND REGION CHILD SUPPORT COLLABORATIVE



### e-IWO Newest Option

- Ideal for employers unable to participate in System-to-System or No Programming Options
- Programming or IT investment not required
- No Server is required
- Smaller employers
- **5 – 15 Business Days** for implementation
- Launched December 18, 2023



## SOUTHERN INLAND REGION CHILD SUPPORT COLLABORATIVE



### e-IWO Newest Option (Cont.)

- Employers download the e-IWO from the Child Support Portal
- Employer is required to download the IWO within 3 Business Days
- IWOs acknowledged using the Child Support Portal







# SOUTHERN INLAND REGION CHILD SUPPORT COLLABORATIVE



You have [e-IWO file\(s\)](#) available for download on the Portal. Click "Access e-IWO" to retrieve your orders.

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## e-IWO FILES AVAILABLE FOR DOWNLOAD

---

New Files:

Total Files Available for Download: 0

---

## e-IWO FILES PENDING ACKNOWLEDGEMENT

---

Files Pending Acknowledgement:

886543289.OAD.SOPI.N82000892311210120.0017.O.PDF

886543289.OAD.OWEN.16SJMZG2F167114113.0001.O.PDF

CALIFORNIA  
CHILD SUPPORT SERVICES





## SOUTHERN INLAND REGION CHILD SUPPORT COLLABORATIVE



### No Programming Options

- Ideal for employers with a low volume of IWOs
- Easy to Implement
- Minimal IT investment
- Ability to accept or reject IWOs
- Prefilled acknowledgement of a PDF or Excel spreadsheet
- Handles termination and Lump Sum reporting
- **2 – 4 Weeks** for implementation



## SOUTHERN INLAND REGION CHILD SUPPORT COLLABORATIVE



### No Programming PDF

- Receive PDF Income Withholding Order
- Send PDF Acknowledgement



# SOUTHERN INLAND RE CHILD SUPPORT COLLABORATIVE

No Programming PDF

- Sample PDF Acknowledgement



## INCOME WITHHOLDING ACKNOWLEDGEMENT

- ORIGINAL INCOME WITHHOLDING ORDER
- ONE-TIME LUMP SUM PAYMENT INCOME WITHHOLDING ORDER
- AMENDED INCOME WITHHOLDING ORDER
- TERMINATION OF INCOME WITHHOLDING ORDER

AC382918365BB1	NY	1575723Z1	3657598462541
Case Identifier	State Code	Order Identifier	Document Tracking Number
PEPPERONI		PETER	
Employee Last Name	Employee First Name	Employee Middle Name	Suffix
333007777		77777777	
Employee Social Security Number	Employer / Income Withholder's Federal EIN		

### INCOME WITHHOLDING DISPOSITION STATUS:

- Accepted Income Withholding Order
- Rejected Income Withholding Order

Validate & Save

Please select a Disposition Reason Code:

Corrected FEIN:

Other State IWO Code:

**NOTIFICATION OF TERMINATION OF EMPLOYMENT:** You must promptly notify the Child Support Enforcement Agency if this person has never worked for this employer or this person no longer works for this employer.

Please provide the following information for the terminated employee:





## SOUTHERN INLAND REGION CHILD SUPPORT COLLABORATIVE



### No Programming Excel

- Receive PDF Income Withholding Order
- Send Excel spreadsheet Acknowledgement



# SOUTHERN INLAND REGION CHILD SUPPORT COLLABORATIVE



## No Programming Excel

- Sample Excel (XLS)  
Acknowledgement

XXXXXXXXXX.ACW.201001111327040.0000.xls [Read-Only] [Compatibility Mode] - Microsoft Excel

File Home Insert Page Layout Formulas Data Review View Developer Acrobat

Paste Clipboard Font Alignment Number Styles

	A	B	C	D	E	F	G	H	I	J	K
1	State	Docume	EIN Text	Employee Last	Employee	Employ	Employ	Employee SSN	Case Identifier	Order Identif	Disposition Statu
2	NY	TRM	274676978	TEST	THOMAS	J		123004567	AB11234567XX1	987654	A
3	NY	ORG	274676978	PEPPERONI	PETER			333007777	AC382918365BB1	15757237	A
4	NY	AMD	274676978	DUCK	DAFFY			222008888	AB91827364YY1	1882653	R
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											

Acknowledgement

**Enter 'A' or 'R'. Save the File.  
You're Done!**





## SOUTHERN INLAND REGION CHILD SUPPORT COLLABORATIVE



### System – to – System Interface Option

- Ideal for employers with large volume of IWOs
- Minimal manual processing
- IWOs received in file/batches
- Image-ready IWO PDF available
- Employer generates Acknowledgement
- Requires IT resources for programming
- Flat file or XML schema offered
- Mapping required
- **3 – 5 Months** for implementation



## SOUTHERN INLAND REGION CHILD SUPPORT COLLABORATIVE



### System – to – System Interface Option (Cont.)

#### ■ Servers/Programs Needed

- ✓ Secure File Transfer Protocol (SFTP) Server; or
- ✓ FTP Server with a Virtual Private Network (VPN); or
- ✓ File Transfer Protocol Server (FTPS)
- ✓ Adobe Reader v. 10 or higher with JavaScript for fillable PDF



## SOUTHERN INLAND REGION CHILD SUPPORT COLLABORATIVE



### System – to – System no Programming / Email Notifications

- ✓ IWO Details: 18
- ✓ Acknowledgements: 0
- ✓ PDF Orders: 18
- ✓ PDF Acknowledgements: 0
- ✓ XLS Acknowledgements: 0
- ✓ Error: 0
- ✓ Reject: 0



# SOUTHERN INLAND REGION CHILD SUPPORT COLLABORATIVE

Notify the child support agency of the following:

- Termination
- Lump Sum
- Change in employment status

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## EMPLOYER INITIATED INCOME WITHHOLDING ACKNOWLEDGEMENT

EMPLOYER INITIATED INCOME WITHHOLDING ACKNOWLEDGEMENT

0000158965	IN	ASFECAUSENOCM-422	
Case Identifier	State Code	Order Identifier	Document Tracking Number
SMITH		JOSEPH	
Employee Last Name	Employee First Name	Employee Middle Name	Suffix
158008169		810761130	
Employee Social Security Number	Employer / Income Withholder's Federal EIN		

### EMPLOYER REPORTING:

- One-Time Lump Sum Payment  
 Termination Of Employment

Validate & Save

Please provide the following information if a Lump Sum Payment is anticipated:

	\$		
Lump Sum Date	Lump Sum Amount	Lump Sum Type	

**NOTIFICATION OF TERMINATION OF EMPLOYMENT:** You must promptly notify the Child Support Enforcement Agency if this person has never worked for this employer or this person no longer works for this employer.

Please provide the following information for the terminated employee:

05/19/2011	
Termination Date	Last Known Phone Number

Last Known Home Address Line 1

Last Known Home Address Line 2

Last Known Home City State Zip Code Zip Code Ext

Date final payment was made to the State Disbursement Unit or Tribal CSE agency: \$500.00  
Final Payment Amount

New Employer Name

New Employer Address Line 1

Select Employer Notification.  
Hit Validate & Save.  
You're done!



## SOUTHERN INLAND REGION CHILD SUPPORT COLLABORATIVE

Complete a  
**profile form** and  
**FEIN spreadsheet**

The Registration  
includes an agreement  
to process e-IWOs.

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CHILD SUPPORT SERVICES



### Agreement to Exchange Electronic Income Withholding Orders/Notices

By completing and providing the information on this form, the employer, company, or government agency agrees that:

The employer, company, or government agency shall have appropriate procedures in place to promptly report confirmed or suspected information security or privacy incidents, including, but not limited to, unauthorized use or disclosure of Personally Identifiable Information (PII) involving confidential child support information submitted through OCSE to your organization. As soon as reasonably practicable after discovery, but in no case later than one hour after discovery of the incident, the employer, company, or government agency shall report confirmed or suspected incidents to OCSE as specified in this paragraph. The requirement for the employer, company, or government agency to report confirmed or suspected incidents involving PII to OCSE is based on federal guidance/requirements from the Office of Management and Budget (OMB), Health and Human Services (HHS), the Federal Information Security Modernization Act of 2014 (FISMA), and the United States Computer Emergency Readiness Team (US-CERT).

Incidents must be reported via email to OCSE using the security mailbox address:

[ocsesecurity@acf.hhs.gov](mailto:ocsesecurity@acf.hhs.gov)

The organization will electronically receive and respond to IWOs issued by states, tribes, or territories in the same manner as mailed notices within the required timeframes. Response timeframes and other instructions are available at

<https://ocsp.acf.hhs.gov/irg/irgpdf.pdf?geoType=OGP&groupCode=EMP&addrType=EIW&addrClassType=EMP>

The organization will not impersonate any individual, entity, or association; use false headers; or otherwise conceal or provide misleading information about their identity while receiving IWOs electronically.

The organization's representative completing this form is authorized to act on behalf of the employer and agrees to provide true, correct, current, and complete information about the entity identified in the profile form.

The organization will consider the electronic version of the IWO admissible as evidence in the same way as paper documents.

The organization will provide written notice to the federal Office of Child Support Enforcement at least 30 days before it intends to stop accepting e-IWOs.

A third-party provider certifies that it has authorization to participate in e-IWO on behalf of their clients and will provide company names, FEINs, and related information to OCSE for the purpose of processing e-IWOs.

Accept

Decline





## SOUTHERN INLAND REGION CHILD SUPPORT COLLABORATIVE



### Preparing for e-IWO

- Fill out profile form and FEIN spreadsheet (if applicable)
- Set up connectivity (We will help you!)
- Conduct a test
- Start receiving IWOs electronically
- **41,950 e-IWO employers enrolled nation wide!**



# SOUTHERN INLAND REGION CHILD SUPPORT COLLABORATIVE

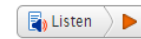


To get started,  
contact:  
[eiwomail@acf.hhs.gov](mailto:eiwomail@acf.hhs.gov)

For more information  
visit:  
[www.acf.hhs.gov/css/  
employers/e-iwo](http://www.acf.hhs.gov/css/employers/e-iwo)

- Employers**
- Employer Responsibilities**
  - New Hire Reporting
  - Verification of Employment
  - Income Withholding
  - Medical Support
  - Payments
  - Terminations
- State Contacts & Requirements**
- Child Support Portal**
  - Bonus/Lump Sum Reporting
  - Communication Center
  - Employer Information Updates
  - eTerm
  - Multistate Employer Registry
- e-IWO**

## e-IWO



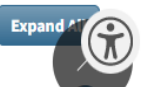
**Current as of:** December 14, 2023

e-IWO is an efficient and cost-effective way for employers to receive and acknowledge income withholding orders (IWOs) electronically. The e-IWO process does not include electronic payment features. Below are some benefits of using e-IWO:



- Reduces errors from manual processing
- Eliminates cost of postage and processing paper documents
- Allows reporting of upcoming lump sum payouts and employee terminations
- Allows employers to implement withholding orders sooner so families receive child support quickly

Find out more about the free e-IWO service in this printable flyer (PDF).



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# SOUTHERN INLAND REGION CHILD SUPPORT COLLABORATIVE





## SOUTHERN INLAND REGION CHILD SUPPORT COLLABORATIVE



### BONUS OR LUMP SUM

### INCOME WITHHOLDING ORDER:





## What is a lump sum payment?

- A bonus/lump sum payment made to an employee is considered income and can be garnished to collect past due child support (arrears).
- One-time payment made to an employee from their vacation payouts, cash awards or bonuses.



## SOUTHERN INLAND REGION CHILD SUPPORT COLLABORATIVE



# What is considered a bonus or lump sum payment?

- Severance
- Vacation payouts
- Insurance settlements
- Retirement incentives
- Stock options
- Lottery winnings
- Awards
- Payments from verdicts
- Workers compensation
- Retroactive pay increases
- Sign on bonus
- Commission





## SOUTHERN INLAND REGION CHILD SUPPORT COLLABORATIVE



- All employers served with an Income Withholding Order are required by California (FC) section 17512 to comply.
- Report all earnings as defined by FC section 5206.
- This means employers are required to report bonus/lump sum income



## SOUTHERN INLAND REGION CHILD SUPPORT COLLABORATIVE



# Reporting Bonuses and Lump Sum:

Employers are encouraged to report any bonus or lump sum payment prior to payout by contacting California Child Support Services: fax, email, e-IWO, or USPS.

- **Report by Phone or Email**

Prior to payout by contacting California Child Support Services at [lumpsumresponseteam@dcss.ca.gov](mailto:lumpsumresponseteam@dcss.ca.gov) or 916-464-6640.

- **Federal Office of Child Support Services (OCSS) website.**

[www.acf.hhs.gov/css/employers/child-support-portal/bonus-lump-sum-reporting](http://www.acf.hhs.gov/css/employers/child-support-portal/bonus-lump-sum-reporting)

- The maximum withholding is 50% of the net disposable earning under **CA Code of Civil Procedure Section 706.052(a)**

**Note:** Payments to an independent contractor are subject to the maximum 50% net disposable earnings withholding limit. (**FC§5206**)



## SOUTHERN INLAND REGION CHILD SUPPORT COLLABORATIVE



### Ways to Enroll:

Federal Office of Child Support Services:

<http://www.acf.hhs.gov/programs/css/employers/e-IWO>

Reporting Lump Sum Resources:

<https://www.acf.hhs.gov/css/outreach-material/report-lump-sum-payments-online#signup>

Child Support Portal:

<https://ocsp.acf.hhs.gov/csp/home/ocse>



## Where would I find the State's reporting requirements?

- Employers may find more information about each state's requirements on the

### State Lump Sum Requirements:

Employers can quickly report upcoming lump sum payments to employees using the online bonus/lump sum application on the  
Child Support Portal

<https://www.acf.hhs.gov/css/contact-information/state-lump-sum-contacts-and-program-requirements>



## SOUTHERN INLAND REGION CHILD SUPPORT COLLABORATIVE



# Office of Child Support Enforcement:

Website: <https://www.acf.hhs.gov/css/resource/bonus-lump-sum-answers-to-employers-questions>

California	
State Contact Information	Address
Contact name: Meredith Ford Phone: 916-464-6640 email: <a href="mailto:lumpsumresponseteam@dcss.ca.gov">lumpsumresponseteam@dcss.ca.gov</a>	Enforcement: Dept of Child Support Services MS 311 PO Box 419064 Rancho Cordova, CA 95741-9064  Express mail only: 11150 International Drive MS 311 Rancho Cordova, CA 95670



# SOUTHERN INLAND REGION CHILD SUPPORT COLLABORATIVE





# SOUTHERN INLAND REGION CHILD SUPPORT COLLABORATIVE



## Wage & Insurance Verification





## SOUTHERN INLAND REGION CHILD SUPPORT COLLABORATIVE



# California Family Code Section 17512

- California Family Code Section 17512 requires employers to provide relevant employment and income information about your employees and independent contractors for the purpose of establishing, modifying, or enforcing support obligations to the local child support agency (LCSA) or requesting agency, within 30 calendar days from the request date.

**Note: An employer or labor organization that fails to provide relevant employment information to the local child support agency or other requesting agency within 30 calendar days of receiving a request may be subject to a penalty of up to one thousand dollars (\$1,000).**



## SOUTHERN INLAND REGION CHILD SUPPORT COLLABORATIVE



# Employer Responsibilities

### **Provide relevant employment and income information:**

- Verification of employment
- Employee's full name
- Last known address
- Date of birth
- Social Security Number
- Dates of employment
- Past and present earnings
- Availability of health insurance coverage



# Employer Responsibilities (cont)

## **No Longer Employed:**

- ✓ Last date employed
- ✓ Reason for termination of employment
- ✓ New employer information (if known)
- ✓ New employer address



## Third-Party Verification

- The Work Number (TWN) is a third-party employment and income verification provider.
- DCSS will no longer partner with any fee-based third-party employment and income verification providers.
- To be compliant with California Family Code Section 17512, it is the responsibility of the employer to complete the [Wage and Insurance Verification](#) form (DCSS-0230) and return to the requesting local child support agency (LCSA) in the thirty (30) calendar day timeframe.
- Alternative option when using a third-party verifier.



# SOUTHERN INLAND REGION CHILD SUPPORT COLLABORATIVE



## Best Practices

- Primary Document
  - Case worker and court reliance
  - Establish
  - Modify
  - Enforce
- Completing the form
  - Accuracy
  - Readability
  - Compliance (partial compliance is non-compliance)
- Utilize Option 2 to include:
  - Attachment or printout from third-party providers
  - Pay stubs
  - Other attachments





# SOUTHERN INLAND REGIONAL CHILD SUPPORT COLLABORATIVE

## Wage and Insurance Verification Cover Letter

- Prepopulated employee identifying information
- Please update any information that does not match your records.
- Option 1: Complete all requested information and return.
- Option 2: Attachments or printouts with all information

**Note: Partial compliance is non-compliance and is subject to penalty.**

[CURRENT\_DATE]

CSE Case Number:  
[CSE\_CASE\_NUMBE  
Participant Name:  
[PARTICIPANT\_PR\_NAME]  
SSN: [PR\_WORKING\_SSN\_MA  
DOB: [PARTICIPANT\_PR\_DOB]  
Driver License: [PARTICIPANT\_DL\_NI  
Last Known Address:  
[PARTICIPANT\_LAST\_KNOWN\_ADD  
RESS]

Attention Personnel Department:

The Department of Child Support Services received information that [PARTICIPANT\_PR\_NAME] is working or has worked for your company/business. Please choose an option below and complete the request within 30 calendar days of the date on this letter:

### Option 1

- Complete the enclosed form about this person and sign the certification.

Return the completed form to:

[OFFICE\_NAME]  
[OFFICE\_MAIL\_ADDRESS SINGLE LINE]

### Option 2

- Provide a printout or other attachment(s) containing **all** the information requested on the form.

**All information must be included and you must still sign the certification** for your submission to be considered compliant.

**Please provide the information requested within 30 calendar days of the date you received this letter.**

This written information request is pursuant to California Family Code section 17512, which requires employers and labor organizations to provide employment, income and health insurance information about employees and independent contractors to child support agencies within 30 calendar days.





# SOUTHERN INLAND REGIONAL CHILD SUPPORT COLLABORATIVE

## WAGE AND INSURANCE VERIFICATION

DCSS 0230 (12/15/2024)

CSE Case Number: \_\_\_\_\_  
 Participant Name: \_\_\_\_\_  
 Employer Name: \_\_\_\_\_

### EMPLOYEE/CASE PARTICIPANT IDENTIFICATION AND CONTACT INFORMATION (If you have different information, write new information in the blank spaces.)

Name: _____	Social Security Number: _____	Date of Birth: _____
Address: _____		Phone Number: _____

### REQUIRED INFORMATION

#### EMPLOYEE WORK STATUS (Check all applicable boxes and fill in requested information.)

**Never employed** (If never employed, no need to complete form further. Just sign the certification on page 3 and return entire form.)

**Currently employed:**     Part-time     Full-time     Seasonal  
 Usual season start date: \_\_\_\_\_

**Independent Contractor**    Usual season end date: \_\_\_\_\_

Occupation: \_\_\_\_\_  
 **No longer employed:**    Last date employed: \_\_\_\_\_

Reason for termination of employment: \_\_\_\_\_

New employer name: _____	New employer address: _____
--------------------------	-----------------------------

Has your business received an Income Withholding Order for support for this employee/Independent Contractor?     Yes     No

What income tax filing status does employee report? <input type="checkbox"/> Single <input type="checkbox"/> Head of Household <input type="checkbox"/> Married	How many dependents does employee claim for income tax withholding purposes? _____
--	--

### EMPLOYEE/INDEPENDENT CONTRACTOR EARNINGS

Next Pay Date (Month, Day, Year): _____	Pay Frequency (Check one): <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly
---	--

Hourly Rate (If applicable): \$ _____	Number of Hours: _____
---------------------------------------	------------------------

Monthly Deduction For Mandatory Retirement: \$ _____	For Mandatory Union Dues: \$ _____
--	------------------------------------

Union Name: _____	Union Local Number: _____
-------------------	---------------------------

Period of Employment:    From (Month, Day, Year): \_\_\_\_\_    To (Month, Day, Year): \_\_\_\_\_

## Wage and Insurance Verification Form (DCSS 0230) Employee Information

- Employee/Case Participant Identification and Contact Information
- Employee Work Status
- IWO, tax filing, and Dependents





**SOUTHERN INLAND REGION  
CHILD SUPPORT COLLABORATIVE**

**Wage and Insurance  
Verification Form (DCSS  
0230)  
Employee Earnings**

- Employee/Independent Contractor Earnings
- Union Information
- 12 months of payroll or 1099

**EMPLOYEE/INDEPENDENT CONTRACTOR EARNINGS**

Next Pay Date (Month, Day, Year): \_\_\_\_\_ Pay Frequency (Check one):  Weekly  Bi-Weekly  Semi-Monthly  Monthly

Hourly Rate (If applicable): \$ \_\_\_\_\_ Number of Hours: \_\_\_\_\_

Monthly Deduction For Mandatory Retirement: \$ \_\_\_\_\_ For Mandatory Union Dues: \$ \_\_\_\_\_

Union Name: \_\_\_\_\_ Union Local Number: \_\_\_\_\_

Period of Employment: From (Month, Day, Year): \_\_\_\_\_ To (Month, Day, Year): \_\_\_\_\_

Please complete employee's/independent contractor's earnings for the past 12 months or attach a copy of payroll/1099 earnings for those months. If the employee has worked less than 12 months, provide the information for the number of months employee did have earnings.

- Check if copy of payroll/1099 earnings is attached.
- Check if employee/independent contractor has worked less than 12 months.

Month / Year	Gross	Month / Year	Gross	Month / Year	Gross
January _____	\$ _____	July _____	\$ _____	January _____	\$ _____
February _____	\$ _____	August _____	\$ _____	February _____	\$ _____
March _____	\$ _____	September _____	\$ _____	March _____	\$ _____
April _____	\$ _____	October _____	\$ _____	April _____	\$ _____
May _____	\$ _____	November _____	\$ _____	May _____	\$ _____
June _____	\$ _____	December _____	\$ _____	June _____	\$ _____



# SOUTHERN INLAND REGION CHILD SUPPORT COLLABORATIVE

## Wage and Insurance Verification Form (DCSS 0230) Health Insurance Info

- Employee Health Insurance Coverage
- Dependents and Policy Information

**HEALTH INSURANCE INFORMATION** (Note to the preparer: If more than one plan is available to the employee, please list the lowest cost insurance plan available for the employee, even if it is different than the plan the employee is presently enrolled in.)

**Check all applicable boxes:**

No health insurance is available to:  Employee  Employee's dependents

Health insurance is available at **no cost** for:  Employee  Employee's dependents

**Total cost to the employee of lowest cost available health insurance for employee and all of employee's insured dependents:**

Cost reported is for period:  Annual  Monthly  Two Weeks  Weekly  Other

Medical: \$   Dental: \$   Vision: \$   Other: \$

**DEPENDENT INFORMATION**

(List names of all of employee's insured dependents. Add a sheet of paper if more space needed.)

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**POLICY INFORMATION**

	MEDICAL	DENTAL	VISION
Insurance Co. Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing Address:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Policy Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Effective Date:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Expiration Date:	<input type="text"/>	<input type="text"/>	<input type="text"/>



# SOUTHERN INLAND REGIONAL CHILD SUPPORT COLLABORATIVE

## Wage and Insurance Verification Form (DCSS 0230) Certification of Records

- This certifies the accuracy of the information provided
- Employer signature
- Employers company information

### CERTIFICATION OF RECORD

I have personally completed this form, or printed and attached records containing **all** of the employee's earnings and benefits information requested in this form, from the payroll records in my custody and control. I am personally aware such records are kept in the regular course of business and that entries therein are made at or about the time of the condition or event. I have compared the records with the above Wage and Insurance Verification (DCSS 0230) and know the information I am supplying to be accurate.

**I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**

Print Name	Signature	Executed on (Date)
Job Title	Address	
Name of Company or Business Organization		
Telephone Number	Email Address	
Fax Number	FEIN (Do not provide SSN)	



## SOUTHERN INLAND REGION CHILD SUPPORT COLLABORATIVE



# Wage and Insurance Verification Form (DCSS 0230) Form Completion

- After completing all the steps discussed, please return the document to the requesting child support agency.
- By completing and returning the Wage and Insurance Verification form within 30 calendar days, you will remain compliant with California Family Code Section 17512.
- Assist the children in California with receiving the support they deserve!



# SOUTHERN INLAND REGIONAL CHILD SUPPORT COLLABORATIVE



## EMPLOYER RESOURCE CENTER

# Staying Connected: Employer Resource Center

[dcss.ca.gov/employer-resource/](https://dcss.ca.gov/employer-resource/)

## New Communication Tool: Employer Email List

### Employer Email List

To update your information in our records, please use the link below, which will open a form in a new tab. The link will take you to a trusted partner website to collect your information in a secure format, which will allow us to communicate important program updates.

[Subscribe to the email list to stay connected!](#)

For details, check out the [Employer Email List FAQs](#).

As employers, you are one of our closest partners, with an important role in helping ensure families get the financial and medical support they need. More than 70% of all child support collections are through payroll deductions. Please note that maintaining accurate information about your company with California Child Support Services benefits you by making sure official notices reach the right destination and preventing duplication. You can update your company information with our [employer information form](#). All other forms are located on [our Employer Forms page](#).

If you have an employee that is a member of a Native American tribe, you can find specialized information for withholding for these individuals on the [Health & Human Services website](#). If you have other questions or need assistance you can contact us at any time as we are here to better serve you.



Child Support Program Information



⇒ Employer Workshops and Events



⇒ Update Employer Information

Subscribe Today!



New Hire Reporting



Income Withholding Order



Health Insurance



Report Non-Regular Pay



Employer Forms



How to Submit a Payment



Employer Handbook



Update Employer Info



Video Resource Library



Upcoming Employer Events



FAQs



# SOUTHERN INLAND REGION CHILD SUPPORT COLLABORATIVE



## Employer Resources

### **EDD e-Services for Business**

Website:

[eddservices.edd.ca.gov](http://eddservices.edd.ca.gov)

Taxpayer Assistance Center:

888.745.3886

### **Lump Sum Reporting**

Email:

[lumpsumresponseteam@dcss.ca.gov](mailto:lumpsumresponseteam@dcss.ca.gov)

Lump Sum Response Team:

916.464.6640

### **Employer Information Request**

Employer Services Team:

888.898.1743

Electronic Employer Information Request form :

[dcss.ca.gov/update-contact-information/](http://dcss.ca.gov/update-contact-information/)

### **Employer Services Contacts**

Employer Services email:

[dcsemployerinquiries@dcss.ca.gov](mailto:dcsemployerinquiries@dcss.ca.gov)

Case Specific Questions:

866.901.3212

### **Federal Office of Child Support Services (e-IWO)**

e-IWO Questions?

Website:

[acf.hhs.gov/css/employers/e-iwo](http://acf.hhs.gov/css/employers/e-iwo)

Email:

[eiwomail@acf.hhs.gov](mailto:eiwomail@acf.hhs.gov)



# SOUTHERN INLAND REGION CHILD SUPPORT COLLABORATIVE





# SOUTHERN INLAND REGION CHILD SUPPORT COLLABORATIVE



## National Medical Support Notice (N.M.S.N.):





## SOUTHERN INLAND REGION CHILD SUPPORT COLLABORATIVE



# What is Medical Support?

Form of child support that requires one or both parents to provide health care coverage under a parent's policy or cash medical support.

- Provide health insurance if available through an employer.
- Pay premiums for private health care coverage or reimburse a parent for all or a portion of the costs of health insurance
- Court ordered dependent health insurance coverage.
- Pay additional amounts to cover a portion of ongoing medical bills or as reimbursement for uninsured medical costs.





## SOUTHERN INLAND REGION CHILD SUPPORT COLLABORATIVE



# What Constitutes as Health Insurance?

- Medical
- Dental
- Vision
- Mental Health
- Prescription Drugs

Can be a combined or separate policies or plans.





## SOUTHERN INLAND REGION CHILD SUPPORT COLLABORATIVE



### Legal Obligations:

State laws require that health care coverage be provided under a medical support order even if the child:

- Born to unmarried parents.
- Is not claimed as a dependent for tax purposes.
- Does not reside with the parent or in the insurer's service area.



## SOUTHERN INLAND REGION CHILD SUPPORT COLLABORATIVE



# Enrollment:

## Group Health Insurance Plan(s) is required:

- If your company maintains or contributes to plans providing dependent or family health care coverage
- If your employee is among a class of employees that is eligible for family health coverage after the waiting/probationary period has been satisfied
- If coverage is available at a reasonable cost



## Legislation Update

# California Laws: Reasonable Cost and Accessibility

- Cost is presumed reasonable in California if the difference between self-only and family coverage does not exceed 5% of the employee's gross income. (FC§3751(b))
  - Reasonable cost will be determined by the LCSA
- Health insurance is presumed to be accessible if:
  - Services can be provided within 50 miles of the supported dependent(s) residence. (FC§4063(s)(1))





## SOUTHERN INLAND REGION CHILD SUPPORT COLLABORATIVE



### Reasonable Cost:

- The burden of proof is on the employee to dispute reasonable cost.
- The LCSA will use the following equation to calculate reasonable cost

$$\text{(Cost of Family Coverage)} - \text{(Self-Only)} = \text{(5\% or less of PPS's gross income)}$$

**For example:** Family coverage is \$500.00 per month and self-only coverage is \$300.00 per month; the difference of \$200.00 cannot exceed 5% of the PPS's gross income.

#### NOTE:

The employer must still comply with the NMSN regardless of whether an objection has been made or not until a determination has been made

States determine what is a reasonable cost for medical insurance, and employers can find that information on the [Medical Support Requirements matrix](#).

California Family Code (FC) Sections 3750-3753. Pursuant to FC Section 3751(a)(2)



## SOUTHERN INLAND REGION CHILD SUPPORT COLLABORATIVE



# Employer Responsibilities:

### Employer shall:

- Allow the employee to enroll their dependent(s) without regard to open enrollment restrictions.
- Deduct cost of H/I coverage in addition to the child support amount
- Provide coverage to the employees' children even if the employee declines his/her own personal health coverage.
- Provide the LCSA within 30 days:
  - Employee's SSN and home address
  - Name of insurance company, policy number and names of person covered
- Notify LCSA when there is a lapse in coverage
  - Date coverage ended
  - Reason for lapse
  - When coverage is expected to resume



## SOUTHERN INLAND REGION CHILD SUPPORT COLLABORATIVE



# Employer Responsibilities:

### Should Refrain from:

- Deny enrollment because the child:
  - Was Not claimed as a dependent on the employee's tax return
  - Does not reside with the employee
  - Does not live within the service area
  - born out of wedlock
- Refuse to hire
- Discriminate
- Terminate coverage for a child unless:
  - H/I coverage has been eliminated for all employees
  - Receive evidence that the order has terminated (from the LCSA/courts)



# SOUTHERN INLAND REGION CHILD SUPPORT COLLABORATIVE

## NATIONAL MEDICAL SUPPORT NOTICE - PART A NOTICE TO WITHHOLD FOR HEALTH CARE COVERAGE

This Notice is issued under section 466(a) (19) of the Social Security Act, section 609(a)(5)(C) of the Employee Retirement Income Security Act of 1974 (ERISA), and for State and local government and church plans, sections 401(e) and (f) of the Child Support Performance and Incentive Act of 1998. Receipt of this Notice from the Issuing Agency constitutes receipt of a Medical Child Support Order under applicable law. The information on the Custodial Parent and Child(ren) contained on this page is confidential and should not be shared or disclosed with the employee. NOTE: For purposes of this form, the Custodial Parent may also be the employee when the State opts to enforce against the Custodial Parent.

National Medical Support Order/Notice (NMSN)

Termination Order/Notice (Optional)

Issuing Agency: _____ Issuing Agency Address: _____ _____	Court or Administrative Authority: _____ Order Date: _____
Notice Date: _____ CSE Agency Case Identifier: _____ Telephone Number: _____ FAX Number: _____	Order Identifier: _____ Document Tracking Identifier: _____ Employer web site: _____ See NMSN Instructions: <a href="http://www.acf.hhs.gov/programs/css/resource/national-medical-support-notice-form">http://www.acf.hhs.gov/programs/css/resource/national-medical-support-notice-form</a>

# National Medical Support Notice:

## Part A:

### Notice to Withhold for Health Coverage

_____ Employer/Withholder's Federal EIN Number	RE: _____ Employee's Name (Last, First, MI)
_____ Employer/Withholder's Name	_____ Employee's Social Security Number
_____ Employer / Withholder's Address	_____ Employee's Mailing Address
_____ Custodial Parent's Name (Last, First, MI)	_____ Substituted Official/Agency Name
_____ Custodial Parent's Mailing Address	_____ Substituted Official/Agency Address Required if Custodial Parent's mailing address is left blank)
_____ Child(ren)'s Mailing Address (if different from Custodial Parent's)	_____ Mailing Address of a Representative of the Child(ren)
_____ Name and Telephone of a Representative of the Child(ren)	_____ Mailing Address of a Representative of the Child(ren)
Child(ren)'s Name(s)    Gender    DOB    SSN _____ _____ _____	Child(ren)'s Name(s)    Gender    DOB    SSN _____ _____ _____

The order requires the child(ren) to be enrolled in  all health coverages available; or only the following coverage(s):  
 Medical;  Dental;  Vision;  Prescription drug;  Mental health;  Other (specify): \_\_\_\_\_

THE PAPERWORK REDUCTION ACT OF 1995 (P.L. 104-13) Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. **OMB control number: 0970-0222 Expiration Date: 10/31/2022.**



# SOUTHERN INLAND REGION CHILD SUPPORT COLLABORATIVE

## National Medical Support Notice:

### Part B:

## Medical Support Notice to Plan Administrator

### NATIONAL MEDICAL SUPPORT NOTICE - PART B MEDICAL SUPPORT NOTICE TO PLAN ADMINISTRATOR

This Notice is issued under section 466(a)(19) of the Social Security Act, section 609(a)(5)(C) of the Employee Retirement Income Security Act of 1974 (ERISA), and for State and local government and church plans, sections 401(e) and (f) of the Child Support Performance and Incentive Act of 1998 (CSPIA). Receipt of this Notice from the Issuing Agency constitutes receipt of a Medical Child Support Order under applicable law. The rights of the parties and the duties of the plan administrator under this Notice are in addition to the existing rights and duties established under such law. The information on the Custodial Parent and Child(ren) contained on this page is confidential and should not be shared or disclosed with the employee. NOTE: For purposes of this form, the Custodial Parent may also be the employee when the State opts to enforce against the Custodial Parent.

Issuing Agency: _____	Court or Administrative Authority: _____
Issuing Agency Address: _____	Order Date: _____
_____	Order Identifier: _____
Notice Date: _____	Document Tracking Identifier: _____
CSE Agency Case Identifier: _____	Employer web site: _____
Telephone Number: _____	See NMSN Instructions:
FAX Number: _____	<a href="http://www.acf.hhs.gov/programs/css/resource/national-medical-support-notice-form">http://www.acf.hhs.gov/programs/css/resource/national-medical-support-notice-form</a>

Employer/Withholder's Federal EIN Number	RE:	Employee's Name (Last, First, MI)
Employer/Withholder's Name		Employee's Social Security Number
_____		_____
Employer/Withholder's Address		Employee's Mailing Address
_____		_____
Custodial Parent's Name (Last, First, MI)		Substituted Official/Agency Name
_____		_____
Custodial Parent's Mailing Address		Substituted Official/Agency Address (Required if Custodial Parent's mailing address is left blank)
_____		_____
Child(ren)'s Mailing Address (if different from Custodial Parent's)		_____
_____		_____
Name and Telephone of a Representative of the Child(ren)		Mailing Address of a Representative of the Child(ren)
_____		_____
Child(ren)'s Name(s)    Gender    DOB    SSN		Child(ren)'s Name(s)    Gender    DOB    SSN
_____		_____
_____		_____

The order requires the child(ren) to be enrolled in  all health coverages available; or only the following coverage(s):  
 Medical;  Dental;  Vision;  Prescription drug;  Mental health;  Other (specify): \_\_\_\_\_

THE PAPERWORK REDUCTION ACT OF 1995 (P.L. 104-13) No persons are required to respond to a collection of information unless it displays a valid OMB control number. The time required to complete this information collection is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete the review of the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form please write to: Joseph Piacentini, Office of Policy and Research, Department of Labor, Employee Benefits Security Administration, 200 Constitution Avenue NW, Room-N5718, Washington, DC 20210 or email [ebbsa.opr@dol.gov](mailto:ebbsa.opr@dol.gov) and reference the OMB Control Number.

**OMB control number: 1210-0113. Expiration Date: 10/31/2022.**



## SOUTHERN INLAND REGION CHILD SUPPORT COLLABORATIVE



# NMSN Time Frames:

### Within 10 business days:

- Employer must notify the employee and provide him/her with the following 4 forms:
- Copy of NMSN Part A ([OMB 0970-0222](#))
- Statement of Obligor's Rights and Procedures Regarding NMSN ([DCSS 0361](#))
- Information Sheet ([FL-478 INFO](#))
- Request and Notice of Hearing ([FL-478](#))

### Within 20 business days:

- Employer must enroll the employee's children to a health care plan and return the Health Insurance Information (From DCSS 0054) the LCSA.

[https://dcss.ca.gov/wp-content/uploads/sites/345/2022/12/HealthInsuranceInformation\\_12122022.pdf](https://dcss.ca.gov/wp-content/uploads/sites/345/2022/12/HealthInsuranceInformation_12122022.pdf)



## SOUTHERN INLAND REGION CHILD SUPPORT COLLABORATIVE



### NMSN Time Frames:

#### **Within 40 business days:**

- Employer must provide the LCSA with description of the coverage available and of any forms required to activate coverage.
  - Termination/Lapse In Coverage

#### **Within 10 business days:**

- Employer must notify the LCSA office any lapse of coverage.

#### **Within 20 business days:**

- Notify the LCSA of termination of benefits or termination of employment.

**Return the Termination of Benefits/Employment Notice (DCSS 0114)**

[https://dcss.ca.gov/wp-content/uploads/sites/345/2022/12/TerminationofBenefits\\_08192019.pdf](https://dcss.ca.gov/wp-content/uploads/sites/345/2022/12/TerminationofBenefits_08192019.pdf)



## SOUTHERN INLAND REGION CHILD SUPPORT COLLABORATIVE



### Points to Consider:

When the employee's dependent(s) have been enrolled in your group health insurance plan, the LCSA is required to notify the Custodial Party in writing.

LCSA will provide the Custodial Parent the dependent's health insurance cards once received from the employer.

If the insurance cards are not immediately available, please provide them to our office when received. The information you provide makes a huge difference in managing the health care for the dependent(s) you enroll.

DCSS does not copy your forms and send it to the custodial party. Our office writes a letter to the custodial party providing him/her with the information you provide.



## SOUTHERN INLAND REGION CHILD SUPPORT COLLABORATIVE



# Penalty for Non-Compliance:

## **Failure to comply is punishable by contempt**

An employer who willfully fails to comply with the NMSN is liable to the custodial party for the amount incurred in health care cost.





## SOUTHERN INLAND REGION CHILD SUPPORT COLLABORATIVE



### Contact:

California Program and Policy Branch

Phone: 916-464-5883

Fax: 916-464-5893

E-mail: [policy.branch@dcss.ca.gov](mailto:policy.branch@dcss.ca.gov)



**The employer forms you will need are located at:**

<https://www.acf.hhs.gov/css/resource/national-medical-support-notice-form>



# SOUTHERN INLAND REGION CHILD SUPPORT COLLABORATIVE





**SOUTHERN INLAND REGION**  
**CHILD SUPPORT COLLABORATIVE**



# Reporting New Hires and Independent Contractors to the Employment Development Department (EDD):





## SOUTHERN INLAND REGION CHILD SUPPORT COLLABORATIVE



### New Hire Reporting Requirements:

- Report New Hires and Rehires within 20 days of their start-of-work-date to the Employment Development Department.
  - Rehired employees are those that have separated for at least 60 consecutive days and return to your employment.
- Report Independent Contractors within 20 days of contracting if any of the following apply:
  - Form 1099 for services provided
  - \$600 or more paid
  - Enter into a contract for \$600 or more



## SOUTHERN INLAND REGION CHILD SUPPORT COLLABORATIVE



### Why Is This Important?

- To assist in locating parents who owe support.
  - Increases child support collections.
  - Reduces welfare costs
  - Reduces Medi-Cal costs.
  - New Hire Reporting helps the child support program
    - Locate parents
    - Establish wage withholding orders
    - Enforce existing orders
  - The information is also sent to the National Directory of New Hires to locate delinquent debtors in other states.
- 
- Note: Nearly 30 percent of child support cases involve parents who do not live in the same state as their children.



# SOUTHERN INLAND REGION CHILD SUPPORT COLLABORATIVE



## Reporting New/Rehire Employee(s):

Form DE 34

Document Management Group  
P.O. Box 997016, MIC 96  
West Sacramento, CA 95799-7016  
FAX: (916) 319-4400

e-Services for Business  
Fast, Easy and Secure  
[edd.ca.gov/en/Payroll\\_Taxes/e-Services for Business](http://edd.ca.gov/en/Payroll_Taxes/e-Services_for_Business)

**EDD** Employment Development Department State of California

**REPORT OF NEW EMPLOYEE(S)**  
NOTE: Failure to provide all of the information below may result in this form being rejected and/or a penalty being assessed.

00340600

DATE CA EMPLOYER ACCOUNT NUMBER BRANCH CODE FEDERAL ID NUMBER

BUSINESS NAME CONTACT PERSON PHONE NUMBER

ADDRESS STREET CITY STATE ZIP CODE

EMPLOYEE FIRST NAME MI EMPLOYEE LAST NAME  
SOCIAL SECURITY NUMBER STREET NUMBER STREET NAME CITY STATE ZIP CODE START OF WORK DATE

EMPLOYEE FIRST NAME MI EMPLOYEE LAST NAME  
SOCIAL SECURITY NUMBER STREET NUMBER STREET NAME CITY STATE ZIP CODE START OF WORK DATE

EMPLOYEE FIRST NAME MI EMPLOYEE LAST NAME  
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SOCIAL SECURITY NUMBER STREET NUMBER STREET NAME CITY STATE ZIP CODE START OF WORK DATE



## SOUTHERN INLAND REGION CHILD SUPPORT COLLABORATIVE



# Independent Contractor Reporting Requirements:

### Service-provider

#### (Independent Contractor):

- First name, middle initial, and last name
- Social Security number
- Address
- Start date of contract (if no contract, date payments equal \$600 or more).
- Amount of contract, including cents (if applicable)
- Contract expiration date (if applicable)
- Ongoing contract (check box if applicable)

### Service-recipient

#### (Business or Government entity):

- Federal Employer Identification Number (**FEIN**)
- California employer payroll tax account number (if applicable)
- Social Security number (**SSN**)
- Service-recipient name/business name, address, and phone number



# SOUTHERN INLAND REGION CHILD SUPPORT COLLABORATIVE



## Reporting Independent Contractors:

Form DE 542

Document Management Group

P.O. Box 997350 MIC 96

West Sacramento, CA 95899-7350

Fax: (916) 319-4410

e-Services for Business

Fast, Easy and Secure

[edd.ca.gov/en/Payroll Taxes/e-Services for Business](http://edd.ca.gov/en/Payroll_Taxes/e-Services_for_Business)



### REPORT OF INDEPENDENT CONTRACTOR(S)



05420101

See detailed instructions on reverse side. Please type or print.

#### SERVICE-RECIPIENT (BUSINESS OR GOVERNMENT ENTITY):

DATE	FEDERAL ID NUMBER	CA EMPLOYER ACCOUNT NUMBER	SOCIAL SECURITY NUMBER
SERVICE-RECIPIENT NAME / BUSINESS NAME		CONTACT PERSON	
ADDRESS		PHONE NUMBER	
CITY	STATE	ZIP CODE	

#### SERVICE-PROVIDER (INDEPENDENT CONTRACTOR):

FIRST NAME	MI	LAST NAME	LAST NAME
SOCIAL SECURITY NUMBER	STREET NUMBER	STREET NAME	CITY
CITY	STATE	ZIP CODE	
START DATE OF CONTRACT	AMOUNT OF CONTRACT	CONTRACT EXPIRATION DATE	CHECK HERE IF CONTRACT IS ONGOING

FIRST NAME	MI	LAST NAME	LAST NAME
SOCIAL SECURITY NUMBER	STREET NUMBER	STREET NAME	CITY
CITY	STATE	ZIP CODE	
START DATE OF CONTRACT	AMOUNT OF CONTRACT	CONTRACT EXPIRATION DATE	CHECK HERE IF CONTRACT IS ONGOING

FIRST NAME	MI	LAST NAME	LAST NAME
SOCIAL SECURITY NUMBER	STREET NUMBER	STREET NAME	CITY
CITY	STATE	ZIP CODE	
START DATE OF CONTRACT	AMOUNT OF CONTRACT	CONTRACT EXPIRATION DATE	CHECK HERE IF CONTRACT IS ONGOING

MAIL TO: Employment Development Department • PO Box 997350, MIC 96 • Sacramento, CA 95899-7350  
or Fax to 916-319-4410



## SOUTHERN INLAND REGION CHILD SUPPORT COLLABORATIVE



### Need Assistance Reporting:

New Hire and Independent Contractors

- Taxpayer Assistance Center
- Monday-Friday 8am-5pm
- (888) 745-3886





# SOUTHERN INLAND REGION CHILD SUPPORT COLLABORATIVE





**SOUTHERN INLAND REGION**  
**CHILD SUPPORT COLLABORATIVE**



## Updating Employer Information:





## How to Stay Connected with California Child Support Services:

- Do you need to update your phone or fax number?
- Has the company changed their name?
- Has the payroll contact person changed?
- Do you need to update the health insurance information?
- Has the company moved and there is a new address?





# SOUTHERN INLAND REGION CHILD SUPPORT COLLABORATIVE

## Employer Resource Center:

[dcss.ca.gov/employer-resource/](https://dcss.ca.gov/employer-resource/)

**CALIFORNIA  
CHILD SUPPORT SERVICES**

### Update Employer Information

The information you provide will be used to issue notices to the appropriate addresses and individuals

[Update Your Record](#)

### Employer Resource Center

*In response to the COVID-19 national emergency, we strongly encourage employers to sign up to remit your child support payments electronically to help eliminate potential delays in processing payments via paper check. Please see below for more information on your options.*

As employers, you are one of our closest partners, with an important role in helping ensure families get the financial and medical support they need. More than 70% of all child support collections are through payroll deductions. Please note that maintaining accurate information about your company with California Child Support Services benefits you by making sure official notices reach the right destination and preventing duplication. You can update your company information with our [employer information form](#). **All other forms are located on our [Employer Forms page](#).**

If you have an employee that is a member of a Native American tribe, you can find specialized information for withholding for these individuals on the [Health & Human Services website](#). If you have other questions or need assistance you can contact us at any time as we are here to better serve you.



Employer Handbook

[Download the California Child Support Services Employer Handbook](#)

### Income Withholding Orders for Support (IWO)

Employers may be served an IWO by a California local child support agency, by another state's child support agency, or by a private party.

**From a Child Support Agency:** Cases managed by child support agencies in any state are called "4-D" cases, referring to Title IV-D of the Federal Social Security Act, the law that created Child Support Services agencies. These IWOs are issued by the child support agency and do not require a judge's signature.

**Private Cases:** If the case is not being managed through a child support agency, the family court will issue the IWO. This is called a "Non-4-D" case. In this circumstance, you the employer will be served with the documentation by a private party, either the person who will be receiving the support or that person's representative.

**Your Role:** The employer's responsibility is the same in both types of cases except on one point. Since Non-4-D orders do not originate within the child support system, the California State Disbursement Unit, which processes all child support payments, needs additional information to assure the payment is processed accurately. The IWO form is on the [Employer Forms page](#), and for ongoing reference you can [download the IWO Factsheet in English](#) or in an [accessible version](#).

[See the Employer Handbook](#) for more information on income withholding.

### Receive Income Withholding Orders Electronically (e-IWO)

Federal law requires that employers have the option of receiving IWOs electronically. California uses the federal e-IWO Process to save you time and money!

### Health Insurance

By law, every order for child support must include a Medical Support Order for health insurance. If an employee or independent contractor has an order to pay child support and is eligible for health insurance, his or her children must be enrolled in the employer's health insurance plan even if the employee declines his or her own personal health coverage.

Medical Support Orders may be for a specific dollar amount included on the IWO, or as an order for health insurance. If the order is not for a specific dollar amount, you as the employer will receive a [National Medical Support Notice](#). This is a standard federal form that all state child support agencies use. The Notice may accompany an IWO, or it may be sent separately.

Learn more by [downloading the National Medical Support Notice Fact Sheet](#).

#### Quick Links

- [Update Employer Information](#)
- [Upcoming Employer Events](#)
- [Frequently Asked Questions](#)
- [Employer Forms](#)
- [New Hire Reporting](#)
- [Bay Area Region Child Support Collaborative Employer Workshop Video](#)
- [Los Angeles County Employer Workshop Video Library](#)
- [Southern Inland Region Child Support Collaborative Employer Workshop Video](#)

#### Employer Email List

**Please note, we are performing system maintenance. During this time, the below subscription form will be unavailable. We apologize for any inconvenience this may cause.**

Employer Name

Email \*

Subscription Options \*

Subscribe

#### Changes to Employer Payments

As of July 2020, all ACH debit and credit card payments will be processed by ExpertPay. If you pay by ACH credit, there is no impact. You will be receiving communications regarding this change throughout the spring of 2020. To register for your ExpertPay account, visit [expertpay.com](https://expertpay.com) or call 1-800-403-0879.



# SOUTHERN INLAND REGION CHILD SUPPORT COLLABORATIVE

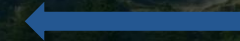
## Update Employer Information:

CALIFORNIA  
CHILD SUPPORT SERVICES

### Update Employer Information

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[Update Your Record](#)



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As employers, you are one of our closest partners, with an important role in helping ensure families get the financial and medical support they need. More than 70% of all child support collections are through payroll deductions. Please note that maintaining accurate information about your company with California Child Support Services benefits you by making sure official notices reach the right destination and preventing duplication. You can update your company information with our [employer information form](#). **All other forms are located on our [Employer Forms page](#).**

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**Please note, we are performing system maintenance. During this time, the below subscription form will be unavailable. We apologize for any inconvenience this may cause.**

Employer Name

Email \*

Subscription Options \*

Subscribe

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# SOUTHERN INLAND REGION CHILD SUPPORT COLLABORATIVE

## Update Employer Contact Information:

CALIFORNIA  
CHILD SUPPORT SERVICES

Dear Employers:

Thank you for visiting our website and for your interest in updating your company information. Maintaining accurate employer information with the California Department of Child Support Services benefits employers by ensuring notices are sent to the proper location and preventing issuance of duplicate notices. The information you provide will be used to issue Income Withholding Orders, Medical Support Notices and Employment Verifications to the appropriate addresses and individuals. This information will not be shared with any outside agency. Thank you for your participation and for keeping us informed.

Update your information using the Employer Information Update Form.

Sincerely,  
Employer Services

\* Required field

### Employer Legal/Registered Information

CSE Employer Number

Note: If you received an Employer Information Request form from DCSS, the CSE Employer Number is located on the top right of the form.

\* 9 Digit Federal Identification Number (FEIN)  (Do not include the dash) **OR**  No FEIN, Employer reports with SSN (Do not provide SSN)

\* Employer Legal Name (Corp/Inc/LLC)  **OR**  Sole Proprietor (Owner's Name)

Employer "Doing Business As" Name

### Payroll/Garnishment Information

Attention (optional)

\* Address

\* City  \* State  \* Zip

\* Phone Number (include area code)  Ext.  Fax Number (include area code)  E-mail Address

### Health Benefits Information

Attention (optional)

Does your company provide health insurance?

Address

Address same as payroll?

City

State

Zip

Phone Number (include area code)

Ext.

Fax Number (include area code)

E-mail Address

### Additional Information

A Professional Employer Organization is used (PEO)

PEO Company Name:

A third party is used to verify employment (provide information below)

Verifying Company Name:

Service ID:

This organization has more than one (1) FEIN (list additional Name/FEINs below or call 888-898-1743)

Company Name:

FEIN

Company Name:

FEIN

\* Form Completed by

\* Title

\* Phone Numl

Comments (600 characters maximum):

Subscribe to the DCSS Employer Update email list to receive tips, information, Employer Services Newsletter and helpful features for employers.

Submit

Clear this form



## SOUTHERN INLAND REGION CHILD SUPPORT COLLABORATIVE

# Stay Connected:

## Employer Email List

Subscribe to the below Employer Update Email List to receive child support program information, employer outreach event information, and helpful tips for employers.

**Employer Name**

**Email \***

**Subscription Options \***

Subscribe

Submit



**SOUTHERN INLAND REGION  
CHILD SUPPORT COLLABORATIVE**

# Upcoming Employer Workshops & Events

## Employer Events:

### EVENT CALENDAR

#### **Bay Area Region Virtual Employer Workshop**

Date: Thursday, August 24, 2023

Time: 9:30AM - 11:30AM

Location: Virtual

Cost: Free

#### **Southern Inland Region Child Support Collaborative**

Date: November 2023

Time: TBD

Location: TBD

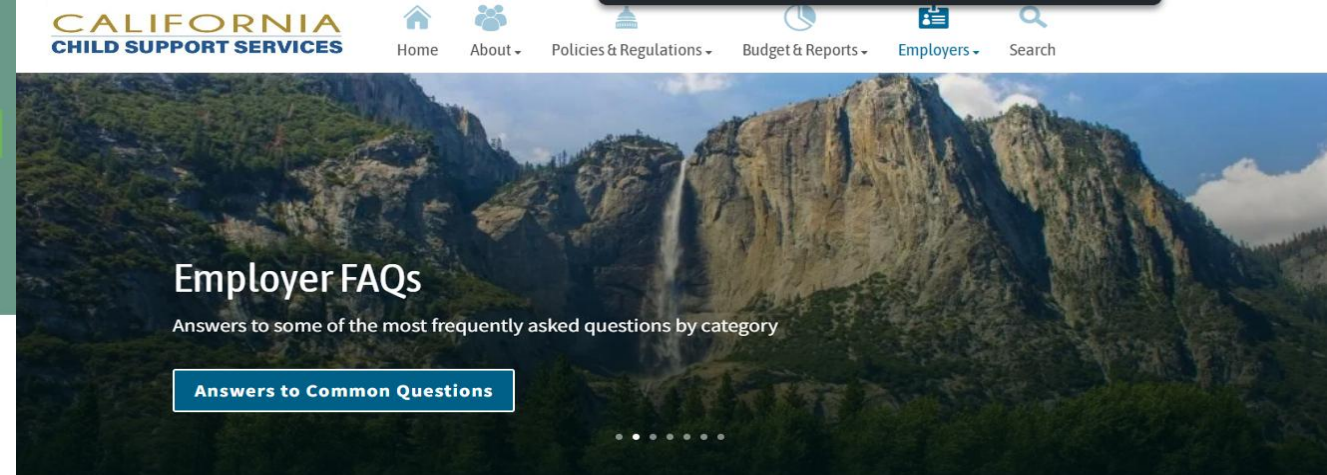
Cost: Free



# SOUTHERN INLAND REGION CHILD SUPPORT COLLABORATIVE

## Employer FAQs:

- Income Withholding Orders
- e-IWO
- SDU Payment Options
- Reporting New Hires
- Terminations
- National Medical
- Support Notice (NMSN)
- Update Employer Information



CA.GOV Home About Policies & Regulations Budget & Reports Employers Search

Child Support Customer Website

CALIFORNIA CHILD SUPPORT SERVICES Home About Policies & Regulations Budget & Reports Employers Search

As employers, you are one of our closest partners, with an important role in helping ensure families get the financial and medical support they need. More than 70% of all child support collections are through payroll deductions. Please note that maintaining accurate information about your company with California Child Support Services benefits you by making sure official notices reach the right destination and preventing duplication. You can update your company information with our [employer information form](#). **All other forms are located on our [Employer Forms](#) page.**

If you have an employee that is a member of a Native American tribe, you can find specialized information for withholding for these individuals on the [Health & Human Services website](#). If you have other questions or need assistance you can contact us at any time as we are here to better serve you.

**Employer Handbook**  
[Download the California Child Support Services Employer Handbook](#)

**Income Withholding Orders for Support (IWO)**

Employers may be served an IWO by a California local child support agency, by another state's child support agency, or by a private party.

**From a Child Support Agency:** Cases managed by child support agencies in any state are called "4-D" cases, referring to [Title IV-D](#) of the Federal Social Security Act, the law that created Child Support Services agencies. These IWOs are issued by the child support agency and do not require a judge's signature.

**Private Cases:** If the case is not being managed through a child support agency, the family court will issue the IWO. This is called a "Non-4-D" case. In this circumstance, you the employer will be served with the documentation by a private party, either the person who will be receiving the support or that person's representative.

**Your Role:** The employer's responsibility is the same in both types of cases except on one point. Since Non-4-D orders do not originate within the child support system, the California State Disbursement Unit, which processes all child support payments, needs additional information to assure the payment is processed accurately. The IWO form is on the [Employer Forms](#) page, and for ongoing reference you can [download the IWO Factsheet in English](#) or in an [accessible version](#).

[See the Employer Handbook](#) for more information on income withholding.

**Employer Quick Links**

- [Update Employer Information](#)
- [Upcoming Employer Events](#)
- [Frequently Asked Questions](#)
- [Employer Forms](#)
- [New Hire Reporting](#)
- [Bay Area Region Child Support Collaborative Employer Workshop Video](#)
- [Los Angeles County Employer Workshop Video Library](#)
- [Southern Inland Region Child Support Collaborative Employer Workshop Video](#)

**Employer Email List**

Subscribe to the below Employer Update Email List to receive child support program information, employer outreach event information, and helpful tips for employers.

**Employer Name**

**Email \***



**SOUTHERN INLAND REGION**  
**CHILD SUPPORT COLLABORATIVE**



## **Employer Information & Contact Offices:**

Employer Services Team

1-888-898-1743

State Contact Center

1-866-901-3212

### **Employer Contact List for Local Child Support Offices:**

<https://childsupport.ca.gov/find-my-local-agency/>



# SOUTHERN INLAND REGION CHILD SUPPORT COLLABORATIVE





# SOUTHERN INLAND REGION CHILD SUPPORT COLLABORATIVE



## State Disbursement Unit:





## SOUTHERN INLAND REGION CHILD SUPPORT COLLABORATIVE



- CA State Disbursement Unit (SDU) is a single payment processing center for employers to send child support wage withholding.
- Reason for creation:
  - Simplify the payment submission
  - Improve accuracy of child support records
  - Disburse speedy payment to the families
- Federal law Requires:
  - Every US State have one central location which processes all child support payments.
  - Employers are required to direct all payments to the SDU.



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## CA SDU: State and County Functions

Centralized Payment Processing  
Collections  
Disbursements  
Fund Allocations  
Set-up Electronic Payments  
Non IV-D Customer Service  
ExpertPay for Employer





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### Employers:

- Remit all California child support payments to SDU
- Include necessary employee identification
  - Employee name
  - Social security number
  - CSE participant number
  - Amount
  - Date of withholding
  - Child Support Enforcement (CSE) case number



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### SDU Time Frames:

- Begin withholding with in 10 days.
- Send the amount withheld within 7 days.
- Notify the issuing LCSA in writing within 7 days if the employee is:
  - ✓ No longer receiving payments from you
  - ✓ Receiving disability
  - ✓ On leave



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### Payment Options Explained:

- If an employer has more than one employee with a child support obligation, the payments may be combined into a single check.  
Include the following information for each employee:
  - ✓ Employee name/Independent contractor name
  - ✓ Child Support Enforcement (CSE) case number
  - ✓ Employee's Social Security Number
  - ✓ Date money was withheld (pay date)
  - ✓ The amount withheld for each employee
  - ✓ Include a company contact name and phone number
- Employers who fail to withhold the amounts as specified on the IWO may be found liable for the full amount of the support owed, plus a fine.



## Benefits of Electronic Payment Options:

- Employers are encouraged to send payments electronically. These transactions are faster, more accurate and less expensive to process than paper checks.
- If an employer pays taxes electronically to the Franchise Tax Board (FTB) or the Employment Development Department (EDD), then child support payments are required to be sent to the SDU using Electronic Funds Transfer (EFT).



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**ExpertPay**<sup>SM</sup>

**for Employer**

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# Expert Pay Payment: (New Payment Portal )

- Due to regulation changes from the National ACH Clearing House Association (NACHA), the State Disbursement Unit (SDU) is required to make changes to the SDU payment portal for payments made via a bank account.
- The SDU's current bank account payment option (ACH debit) will be going away and ACH debit payments will now be submitted through the ExpertPay platform.



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### ExpertPay:

Allows you (the employer) to ...

- Maintain employer data and facilitates the federally mandated payment of child support payments withheld from employees.
- Submit child support payments to the State Disbursement unit via the Internet.
- Save and maintain payment information for quick transactions.
- Create separate Payment Groups: If you have more than one facility in the state, you can create separate profiles for each facility, and if you registered more than one bank account, you can use different bank accounts for different profiles



## SOUTHERN INLAND REGION CHILD SUPPORT COLLABORATIVE



# ExpertPay Getting Started:

- In order to use ExpertPay, you will need to register and set-up your user id, your bank account information, and Payment Groups.
- Users will also be able to submit payments using their debit/credit card and PayPal account through the ExpertPay platform at cost to the remitter.
- The current process for using credit card via SDU website, IVR, ePayment Link (CSE link) and ePayment Call Center remains intact for customers at no cost.
- Details are on the ExpertPay website  
<https://www.expertpay.com/employerapp/#/help>



## SOUTHERN INLAND REGION CHILD SUPPORT COLLABORATIVE



# ACH Credit Payments:

- **Automated Clearing House (ACH) Credit**
  - Use your own payroll software to send Automated Clearing House credit payments (similar to direct deposit) utilizing CCD+ or CTX formats using the standard child support addendum segment.
  - The CA SDU electronic help desk is here to help answer any questions by calling (866) 901-3212 (option 1) or email [casdu-electronichelpdesk@dcss.ca.gov](mailto:casdu-electronichelpdesk@dcss.ca.gov)



## SOUTHERN INLAND REGION CHILD SUPPORT COLLABORATIVE



# Employer Payment Options:

Online: <https://childsupport.ca.gov/state-disbursement-unit/>  
Using debit, credit card or bank account information  
Phone: (866) 901-3212 (Option 1)

Check mail to:  
State Disbursement Unit  
P.O Box 989067  
West Sacramento CA. 95798-1326

ExpertPay: [https://www.expertpay.com/  
customer.service@expertpay.com](https://www.expertpay.com/customer.service@expertpay.com)  
Phone: (800) 403-0879



## SOUTHERN INLAND REGION CHILD SUPPORT COLLABORATIVE



### Contact Information:

California Child Support Services

Website: [dcss.ca.gov/](https://dcss.ca.gov/)

Contact them between the hours of 6:00 am to 6:00 pm

Phone: (866) 901-3212 (option 1)

Fax: (888) 587-5471

E-mail: [casdu-electronichelpdesk@dcss.ca.gov](mailto:casdu-electronichelpdesk@dcss.ca.gov)

Website: <https://childsupport.ca.gov/state-disbursement-unit/>

Mail Address: PO Box 981326 West Sacramento, CA 95798-1326

Programs and services we offer and how the process works can be found on the State of CA. website <https://dcss.ca.gov/about/> and make sure to see our [FAQs](#)



# SOUTHERN INLAND REGION CHILD SUPPORT COLLABORATIVE





# SOUTHERN INLAND REGION CHILD SUPPORT COLLABORATIVE



## Employer Responsibility





## SOUTHERN INLAND REGION CHILD SUPPORT COLLABORATIVE



# Employer Responsibilities: Income & Locate Information for Child Support

Employers help ensure child support obligations are met, benefiting children who depend on this support.

Collaboration between employers and child support services streamlines the process and minimizes employer burden.



## SOUTHERN INLAND REGION CHILD SUPPORT COLLABORATIVE



# Responsibilities During Employment:

Provide up-to-date employee income information.

Supply current address details for employees.

Enables accurate calculation of child support and effective communication.



## SOUTHERN INLAND REGION CHILD SUPPORT COLLABORATIVE



# Responsibilities After Employment:

Furnish last known income and most recent address for former employees.

State reason for employment termination.

Assists child support services in maintaining accurate records and locating individuals.



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## SOUTHERN INLAND REGION CHILD SUPPORT COLLABORATIVE



DCSS acknowledges and appreciates the role employers play in the lives of the children we serve.

Employers who are complying with the child support laws, help contribute to the community and provide stability to the children receiving support.

We thank you for your partnership!



# SOUTHERN INLAND REGION CHILD SUPPORT COLLABORATIVE





# SOUTHERN INLAND REGION CHILD SUPPORT COLLABORATIVE



## Employer Resources:

- **Employer Information Request**

DCSS Employer Services Team: 888.898.1743  
Submit form electronically: <https://dcss.ca.gov/update-contact-information/>

- **EDD e-Services for Business**

eddservices.edd.ca.gov  
Taxpayer Assistance Center 888.745.3886

- **Lump Sum Reporting**

Report bonus or lump sum payments **prior** to payout by contacting CA DCSS:  
lumpsumresponseteam@dcss.ca.gov or 916.464.6640

- **Federal Office of Child Support Services (e-IWO)**

e-IWO Questions?  
Email: [eiwomail@acf.hhs.gov](mailto:eiwomail@acf.hhs.gov)  
[acf.hhs.gov/css/employers/e-iwo](http://acf.hhs.gov/css/employers/e-iwo)



## SOUTHERN INLAND REGION CHILD SUPPORT COLLABORATIVE



# Other Employer Resources:

- California Employer Handbook
  - [https://childsupport.ca.gov/wp-content/uploads/sites/252/Employers/2022-05-10\\_EmployerHandbook\\_ADA.pdf?emrc=672f61](https://childsupport.ca.gov/wp-content/uploads/sites/252/Employers/2022-05-10_EmployerHandbook_ADA.pdf?emrc=672f61)
- Income Withholding Order Fact Sheet
  - [https://childsupport.ca.gov/wp-content/uploads/sites/252/Employers/IWO-Fact-Sheet\\_Final\\_09.06.2019.pdf?emrc=5de07d](https://childsupport.ca.gov/wp-content/uploads/sites/252/Employers/IWO-Fact-Sheet_Final_09.06.2019.pdf?emrc=5de07d)
- National Medical Support Notice Fact Sheet
  - [https://childsupport.ca.gov/wp-content/uploads/sites/252/Employers/NMSN-Fact-Sheet\\_Final\\_09.13.2019\\_ADA\\_actual.pdf?emrc=e24f91](https://childsupport.ca.gov/wp-content/uploads/sites/252/Employers/NMSN-Fact-Sheet_Final_09.13.2019_ADA_actual.pdf?emrc=e24f91)
- New Hire Reporting Fact Sheet
  - [https://childsupport.ca.gov/wp-content/uploads/sites/252/Employers/2022-4-26\\_New-Hire-Reporting\\_Fact-Sheet.pdf?emrc=6691ff](https://childsupport.ca.gov/wp-content/uploads/sites/252/Employers/2022-4-26_New-Hire-Reporting_Fact-Sheet.pdf?emrc=6691ff)
- Electronic Income Withholding Order (e-IWO) Fact Sheet
  - [https://childsupport.ca.gov/wp-content/uploads/sites/252/Employers/EIWO-FactSheet\\_Final\\_08.29.2019-1.pdf?emrc=7d2a84](https://childsupport.ca.gov/wp-content/uploads/sites/252/Employers/EIWO-FactSheet_Final_08.29.2019-1.pdf?emrc=7d2a84)



## SOUTHERN INLAND REGION CHILD SUPPORT COLLABORATIVE



# 2025 SIRC Employer Workshop Presenters:

**Welcome/Host – Pete Salazar** (Child Support Specialist III, Los Angeles County)

**Introduction to Child Support – Calvin Romero** (Child Support Specialist, San Bernardino County)

**IWO Requirements – Kandiss Green** (Deputy Child Support Attorney III, Los Angeles County)

**e-IWO – Shawna Smith** (Employer Outreach Coordinator, California Child Support Services)

**Bonus/Lump Sum IWO – Kimberly Dibene** (Program Specialist I, Kern County)

**Wage & Insurance Verification Form – Shawna Smith** (Employer Outreach Coordinator, California Child Support Services)

**NMSN – Megan Martin** (Special Programs Coordinator/Ombudsperson, Imperial County)

**Reporting New Hires & Independent Contractor – Marchette Brackett** (Program Manager, LA County)

**Updating Employer Information – Misty Ortiz** (Child Support Manager, San Diego County)

**SDU – Natalie Torres** (Senior Child Support Specialist, Orange County)

**Responsibility of Employers – Brandi Robertson** (Child Support Specialist, Riverside County)

**Questions – Open Forum**



## SOUTHERN INLAND REGION CHILD SUPPORT COLLABORATIVE



### Feedback Survey:

Let us know how we did!

Scan this QR code or visit the link  
and fill out this quick survey

[surveymonkey.com/r/SIRCEvaluation](https://surveymonkey.com/r/SIRCEvaluation)

