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

The **Southern Inland Region Child Support Collaborative** includes the following **Local Child Support Agencies (LCSA):**

- **Imperial** County
- **Kern** County
- **Riverside** County
- **San Bernardino** County
- **Los Angeles** County
- **Orange** County
- **San Diego** County

# Mission:

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

# Introduction to Child Support



# 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)

# Local Child Support Agency (LCSA) Services:

## Services Offered

- Locate
- Establish Paternity
- 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

# Local Child Support Agency (LCSA) Services:

## Services NOT Offered

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

# "IV-D" vs Non "IV-D":

- **"IV-D" Cases:** managed by child support agencies, referring to Title IV-D of the Federal Social Security Act.
  - Income Withholding Orders are issued by the child support agency and do not require a judge's signature.

- **Non "IV-D" Private Cases:** not managed through a child support agency; the family court will issue the Income Withholding Order
  - 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.
  - The California State Disbursement Unit (SDU) may need additional information to ensure the payment is processed accurately. This may include employee's social security or court case number.

CCP § 706.0301(b)

# How Employers Help their Communities by Complying

- 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 **74%** of all child support collections are through payroll deductions.

*More money for the family…*



## CHILD SUPPORT AND EMPLOYERS

In FY 2025, the child support program collected **$29.3 billion** and served 12 million children — 1 in 6 children in the U.S.

**74%** of child support was collected by income withholding from employee paychecks.

### Electronic Processing

Using the electronic Income Withholding Order (**e-IWO**) and National Medical Support Notice (**e-NMSN**) are cost-effective ways to exchange information with child support agencies.

### New Hire Reporting

Employers reported **62 million** new and rehired employees in FY 2025. Federal law requires employers to report basic information on new and rehired employees within 20 days of hire.

### Child Support Portal

The Portal is a secure way for you to exchange information with child support agencies.

- Download and acknowledge e-IWOs.
- Receive responses from child support agencies about reported lump sum payments.
- Report when an individual's employment ends.
- Update your organization's information.
- Communicate with the federal child support office and other child support agencies.
- Register as a multistate new hire reporter.

**Employers Page**
https://acf.gov/css/employers

**Child Support Portal**
https://ocsp.acf.hhs.gov/csp/

**Employer Services Team**
EmployerServices@acf.hhs.gov

**Multistate Employer Registry**
https://ocsp.acf.hhs.gov/csp/mser

& ACF

# Here to help YOU

The following Local Child Support Agencies participating in the Southern Inland Region Child Support Collaborative and their information

# 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

KernCountyChildSupportServices.com

# Riverside County

Monday-Friday: 8:30 am to 5:30 pm

**Blythe:**

260 N. Broadway, Blythe CA 92225

**Indio:**

47-950 Arabia Street, Indio, CA 92201

**Riverside:**

2081 Iowa Avenue, Riverside, CA 92507

RivCoDCSS.com

# Imperial County

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

**El Centro:**

2795 S 4th. Street  El Centro, CA 92243

CSS.ImperialCounty.org

# 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

WP.SBCounty.gov/DCSS

# LA County

Monday-Friday, 8 AM to 5 PM

**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

CSSD.LACounty.gov

# Orange County

**Santa Ana:**

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

1055 N. Main Street, Santa Ana, CA 92701

CSS.OCGov.com

# 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

SanDiegoCounty.gov/content/SDC/DCSS


Thank You

# Income Withholding Requirements:



# Income Withholding Order (IWO):

- 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
- May also be referred to as Wage Assignment, Garnishment Order, or Income Withholding for Support Order
- Employers may be served with an IWO by a Local Child Support Agency (LCSA), by a private party, or by another state's child support agency.

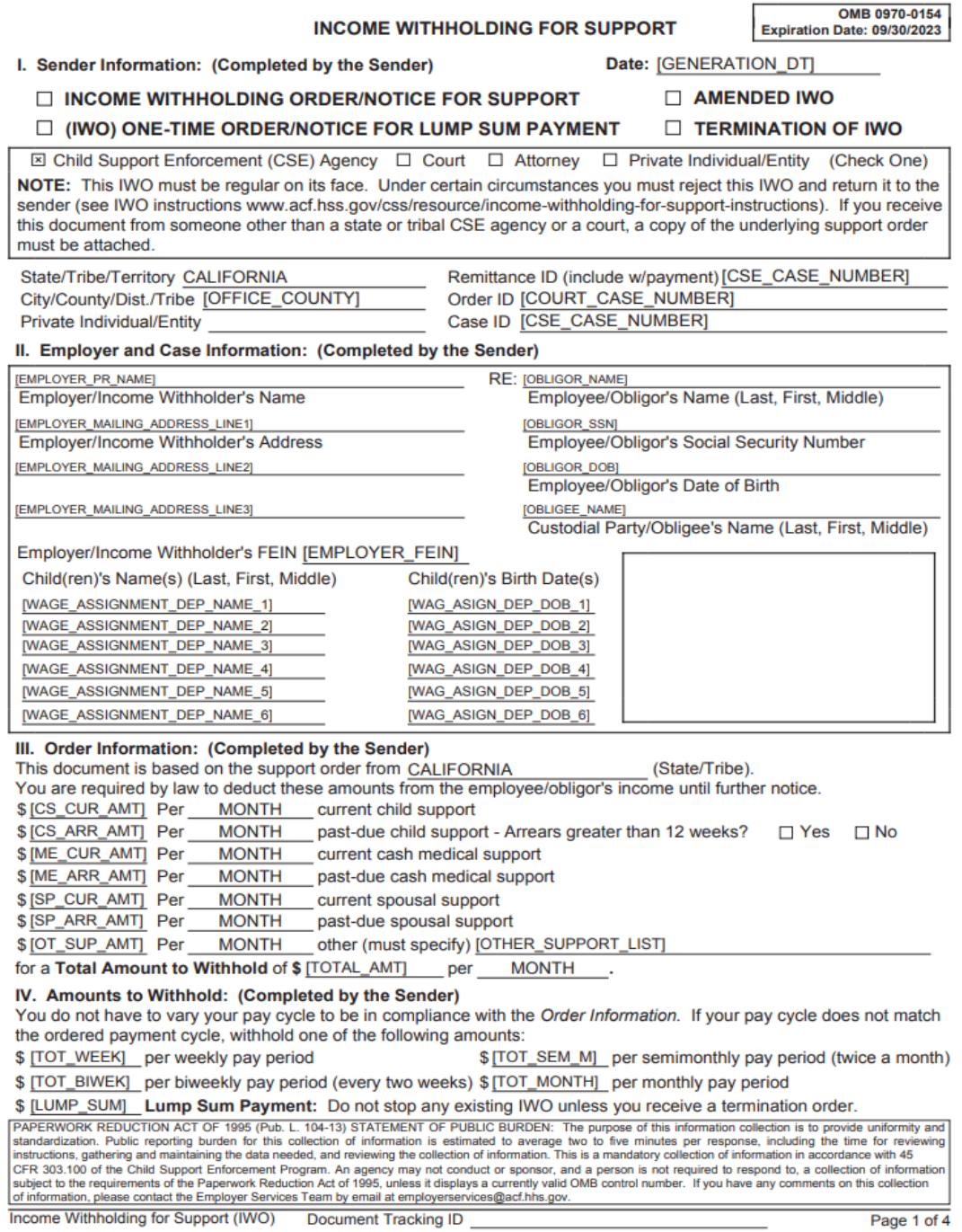
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CHILD SUPPORT COLLABORATIVE

# Income Withholding Order:

- 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.hss.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
City/County/Dist./Tribe [OFFICE_COUNTY]
Private Individual/Entity

Remittance ID (include w/payment) [CSE_CASE_NUMBER]
Order ID [COURT_CASE_NUMBER]
Case ID [CSE_CASE_NUMBER]

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

[EMPLOYER_PR_NAME]
Employer/Income Withholder's Name

[EMPLOYER_MAILING_ADDRESS_LINE1]
Employer/Income Withholder's Address

[EMPLOYER_MAILING_ADDRESS_LINE2]

[EMPLOYER_MAILING_ADDRESS_LINE3]

Employer/Income Withholder's FEIN [EMPLOYER_FEIN]

RE: [OBLIGOR_NAME]
Employee/Obligor's Name (Last, First, Middle)

[OBLIGOR_SSN]
Employee/Obligor's Social Security Number

[OBLIGOR_DOB]
Employee/Obligor's Date of Birth

[OBLIGEE_NAME]
Custodial Party/Obligee's Name (Last, First, Middle)

| Child(ren)'s Name(s) (Last, First, Middle) | Child(ren)'s Birth Date(s) |
|---|---|
| [WAGE_ASSIGNMENT_DEP_NAME_1] | [WAG_ASIGN_DEP_DOB_1] |
| [WAGE_ASSIGNMENT_DEP_NAME_2] | [WAG_ASIGN_DEP_DOB_2] |
| [WAGE_ASSIGNMENT_DEP_NAME_3] | [WAG_ASIGN_DEP_DOB_3] |
| [WAGE_ASSIGNMENT_DEP_NAME_4] | [WAG_ASIGN_DEP_DOB_4] |
| [WAGE_ASSIGNMENT_DEP_NAME_5] | [WAG_ASIGN_DEP_DOB_5] |
| [WAGE_ASSIGNMENT_DEP_NAME_6] | [WAG_ASIGN_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_BIWEK] per biweekly pay period (every two weeks)
$ [TOT_SEM_M] per semimonthly pay period (twice a month)
$ [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.

Income Withholding for Support (IWO) Document Tracking ID _____ Page 1 of 4

# 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

FAM § 5700.502

# Out-of-State Orders:

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

# Compliance Timeframes:

Within 10 days of receiving an IWO, the employer will need to notify the employee and provide them 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 the 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 *even if the support order does* (CCP § 706.052; 15 USC § 1673)

# Compliance Timeframes:

- The employer must remit the payment to the State Disbursement Unit (SDU) (CCP § 706.030 (c)(6))
  - No later then 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)

# 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

FAM § 3767 & 3771

# 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

# Employer Responsibilities:

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

- Refuse to hire
- Discriminate
- Discipline
- Terminate

LAB § 2929(b) & FAM § 3769

# 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

**FAM § 5238 -** Priority of pays:
Child Support,
Spousal Support,
Health Insurance,
Arrears

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

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

# 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



# 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.

# 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



# WHAT ARE EARNINGS?

FAM § 5206 defines Earnings as:

## Payments to Independent Contractor services

- 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.

# 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 (FAM § 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?

# 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



# Electronic Income Withholding Order (e-IWO)



# 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"***

# e-IWO Benefits

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

# e-IWO Implementation Options

- e-IWO Online
- No Programming
- System-to-System



# e-IWO

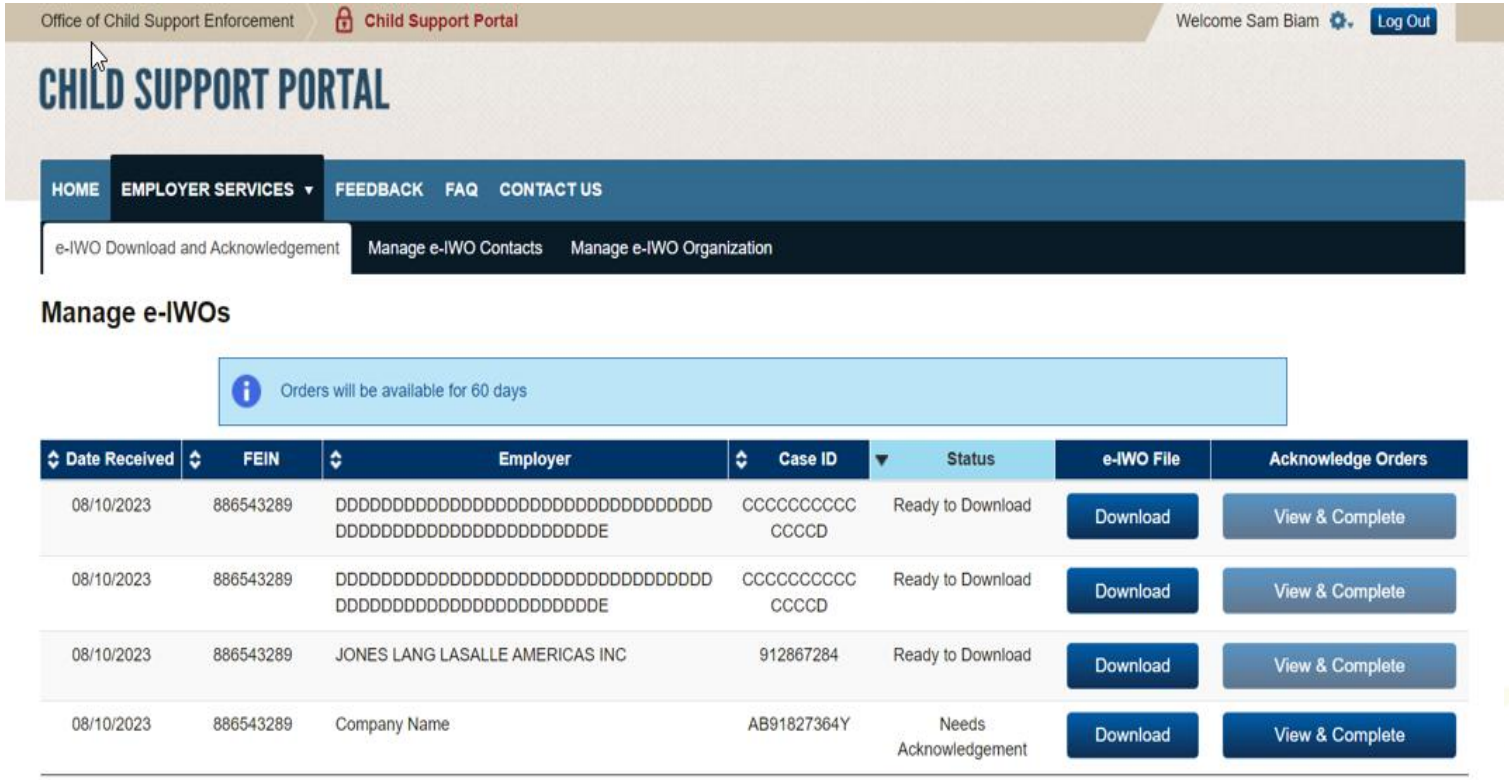
- Ideal for employers unable to participate in System-to-System or No Programming Options
- Programming or IT investment not required
- No Server is required
- Smaller employers
- **5 – 15 Business Days** for implementation
- 1,000 employers enrolled

# e-IWO

- 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

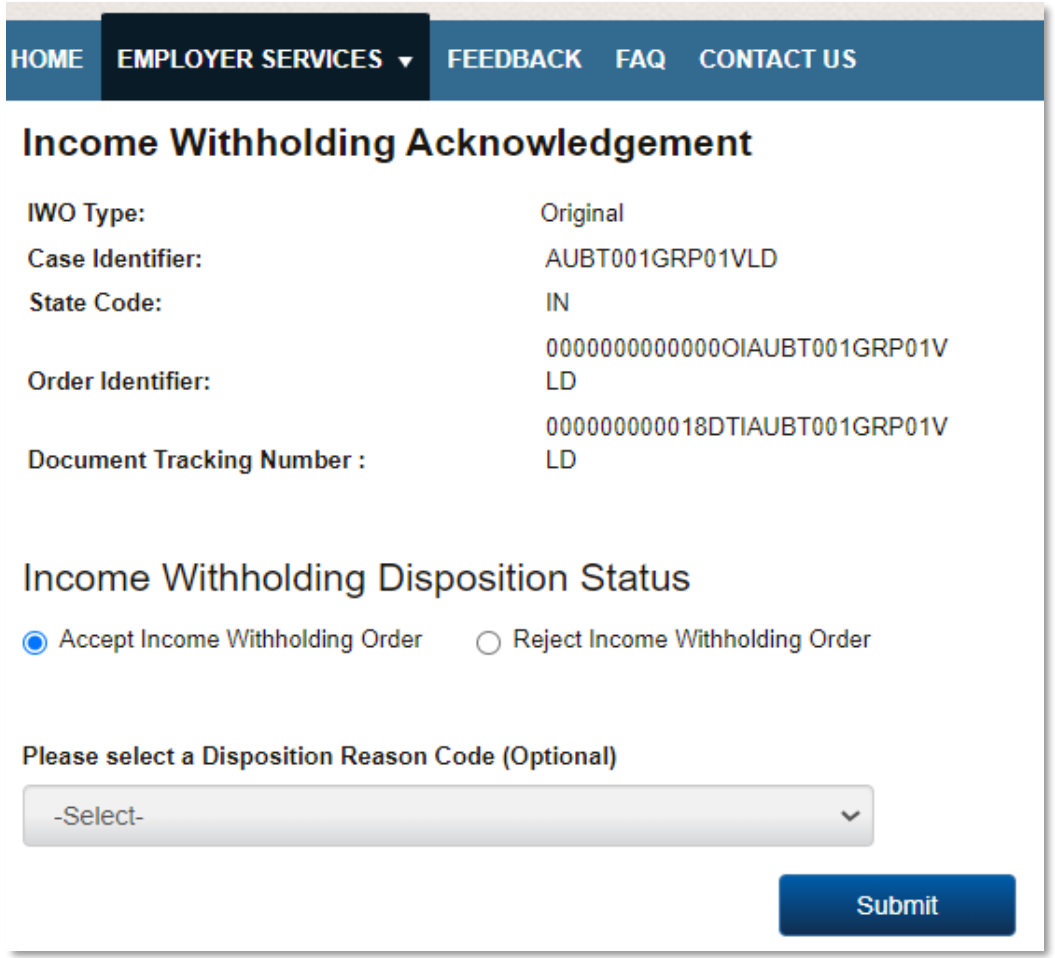
# e-IWO Online
# Child Support Portal

Visit
ocsp.acf.hhs.gov/csp/home/employer



# Income Withholding Acknowledgement

Note: Prevent e-IWO processing delays by addressing the rejection Disposition Reason Codes prior to submission



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

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New Files:

Total Files Available for Download: 0

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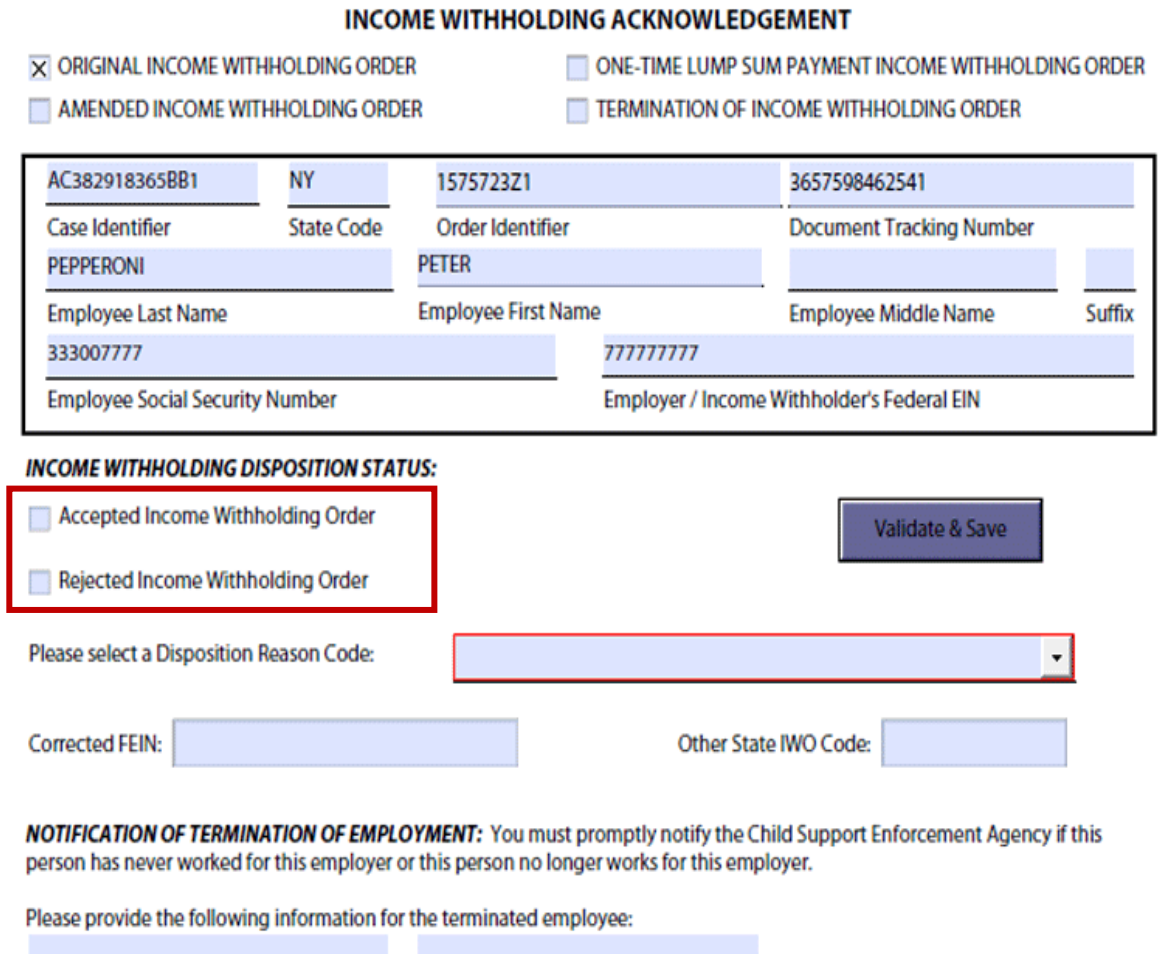
e-IWO FILES PENDING ACKNOWLEDGEMENT

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Files Pending Acknowledgement:
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886543289.OAD.OWEN.16SJMZG2F167114113.0001.O.PDF

# No Programming Option

- Ideal for employers with a low volume of IWOs
- Easy to Implement
- Minimal IT investment
- Ability to accept or reject IWOs
- Prefilled acknowledgement (PDF or Excel)
- Handles termination and Lump Sum reporting
- **2 – 4 Weeks** for implementation
- Receive PDF Income Withholding Order
- Send 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 | | 777777777 | |
| 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:

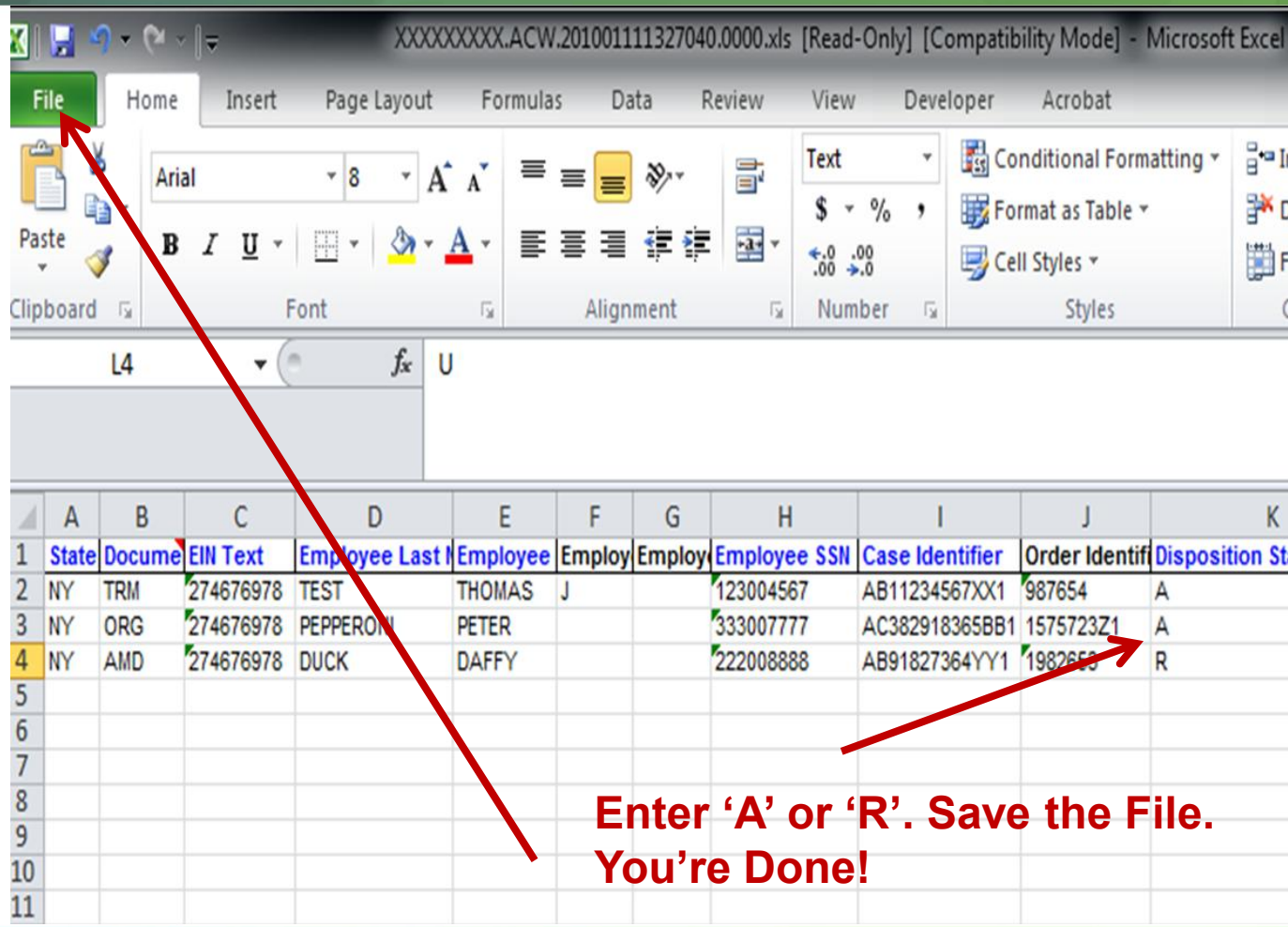
Corrected FEIN: Other State IWO Code:

***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:

# No Programming Excel

- Receive PDF Income Withholding Order
- Send Excel spreadsheet Acknowledgement



# 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 programing
- Flat file or XML schema offered
- Mapping required
- **3 – 5 Months** for implementation

# System – to – System Interface Option

- **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

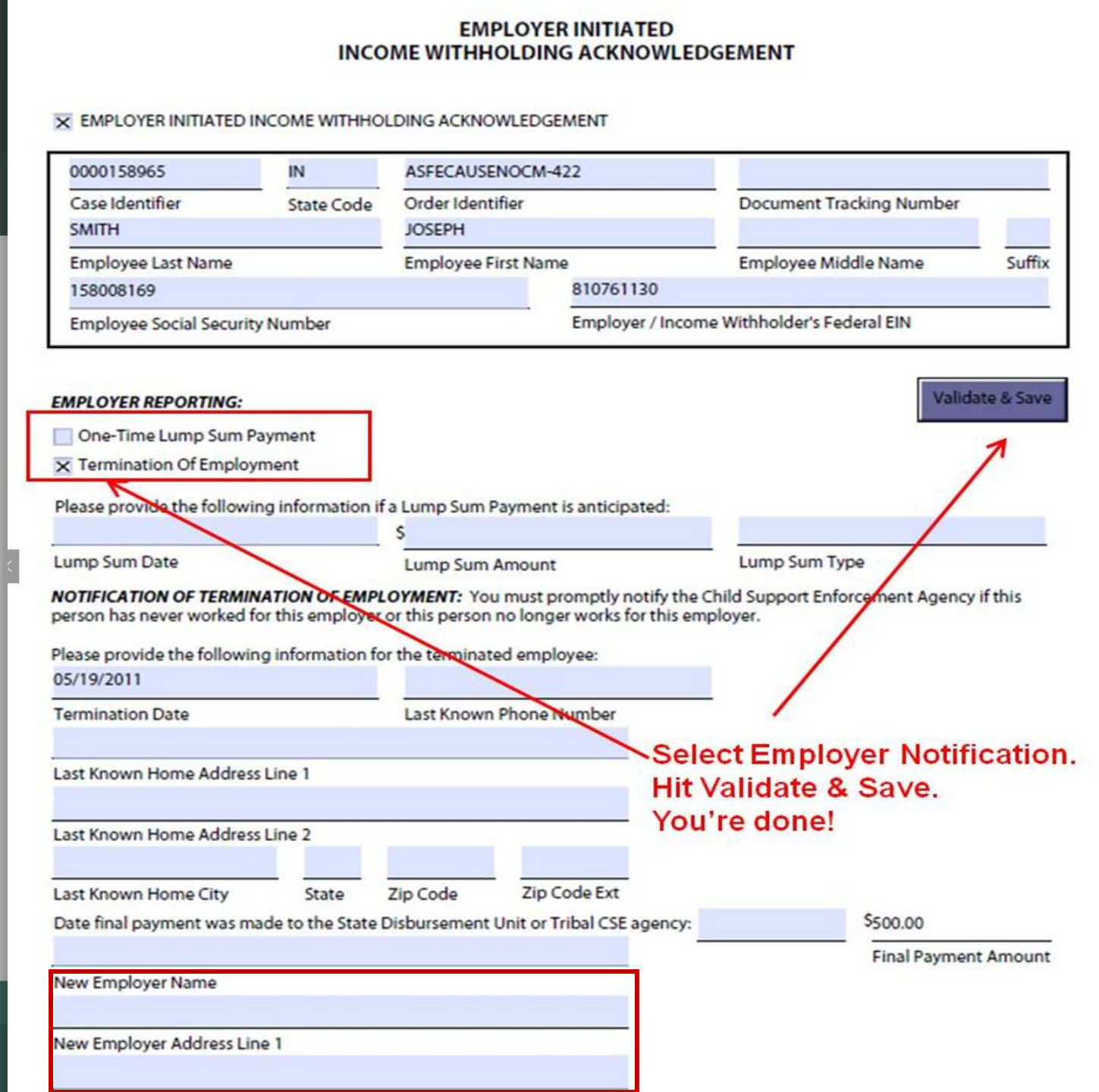
# System – to – System no Programming Email Notifications

- ✓ 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



**SOUTHERN INLAND REGION CHILD SUPPORT COLLABORATIVE**

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

The Registration includes an agreement to process e-IWOs.

## 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

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

# No Programming Option

- Fill out profile form and FEIN spreadsheet (if applicable)
- Set up connectivity (We will help you!)
- Conduct a test
- Start receiving IWOs electronically

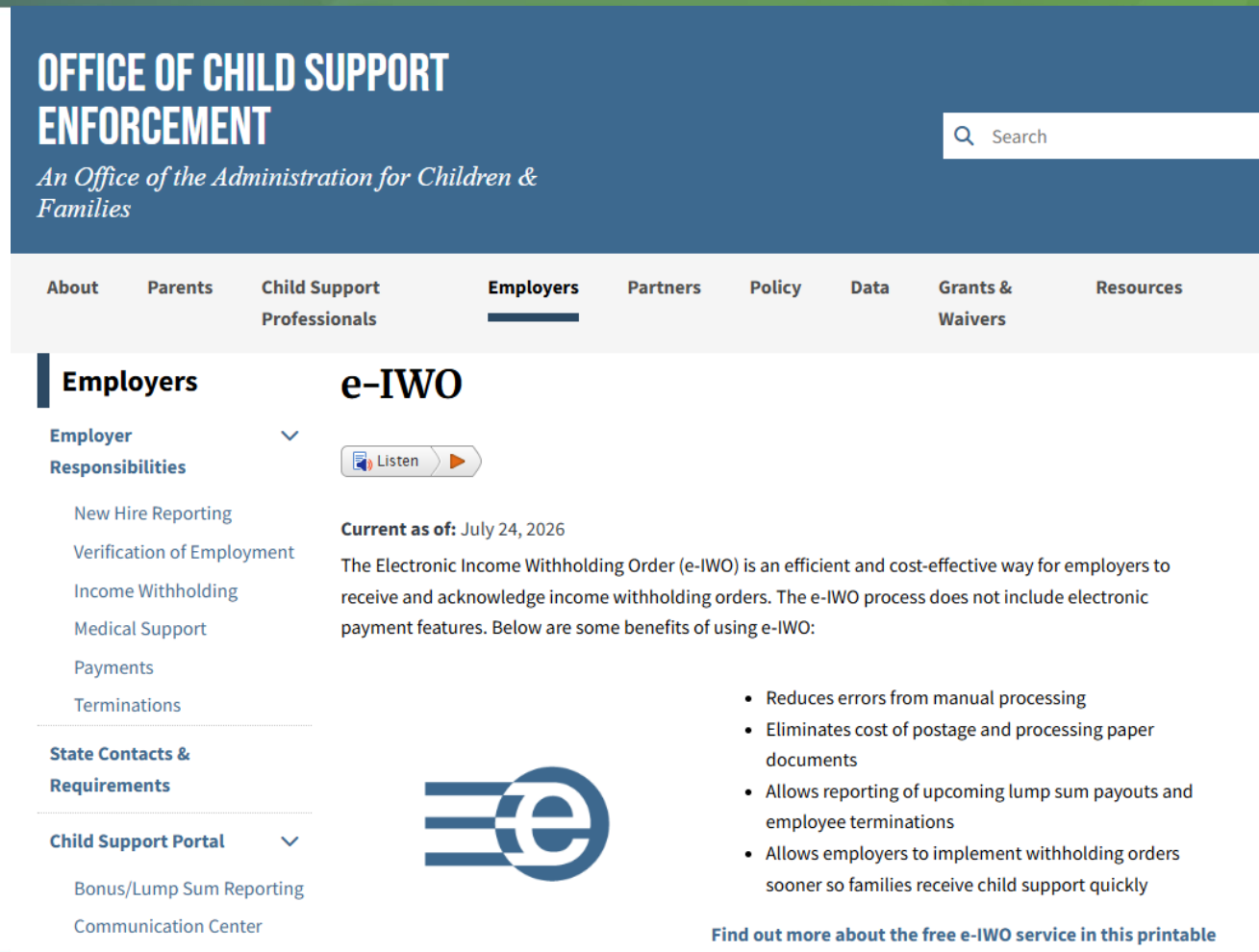
**+41,950 e-IWO employers enrolled nation wide!**

To get started, contact:

eiwomail@acf.hhs.gov

For more information, visit:

acf.hhs.gov/css/employers/e-iwo



# 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.

# 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



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

# 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:
  lumpsumresponseteam@dcss.ca.gov or (916) 464-6640.
- **Federal Office of Child Support Services (OCSS) website**
  acf.hhs.gov/css/employers/child-support-portal/bonus-lump-sum-reporting

The maximum withholding is 50% of the net disposable earning under CCP § 706.052(a)

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

# Ways to Enroll:

Federal Office of Child Support Services:

acf.gov/css/employers/e-iwo

Reporting Lump Sum Resources:

acf.hhs.gov/css/outreach-material/report-lump-sum-payments-online#signup

Child Support Portal:

ocsp.acf.hhs.gov/csp/home/ocse

# State Reporting Requirements

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

acf.gov/css/employers/child-support-portal

# Office of Child Support Enforcement:

Website:

acf.hhs.gov/css/resource/bonus-lump-sum-answers-to-employers-questions

| California | Updated On: 03/22/2025 |
|---|---|
| **State Contact Information** | **Address** |
| Phone: 916-464-6640<br>Email: lumpsumresponseteam@dcss.ca.gov<br><br>Lump Sum Response Team | CA Dept of Child Support Services<br>MS 311<br>PO Box 419064<br>Rancho Cordova, CA 95741-9064<br><br>Express mail only:<br>11150 International Drive<br>MS 311<br>Rancho Cordova, CA 95670 |

# SOUTHERN INLAND REGION CHILD SUPPORT COLLABORATIVE



# Wage & Insurance Verification



# California Family Code Section 17512

- CCP § 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).*

# 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.
- To comply with CCP § 17512, complete the Wage and Insurance Verification Form (DCSS-0230) and return to the requesting LCSA in the 30-calendar day timeframe.
- Alternative option when using a third-party verifier.

# Best Practices

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



SOUTHERN INLAND REGION
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_NU
Last Known Address:
[PARTICIPANT_LAST_KNOWN_ADDRESS]

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.

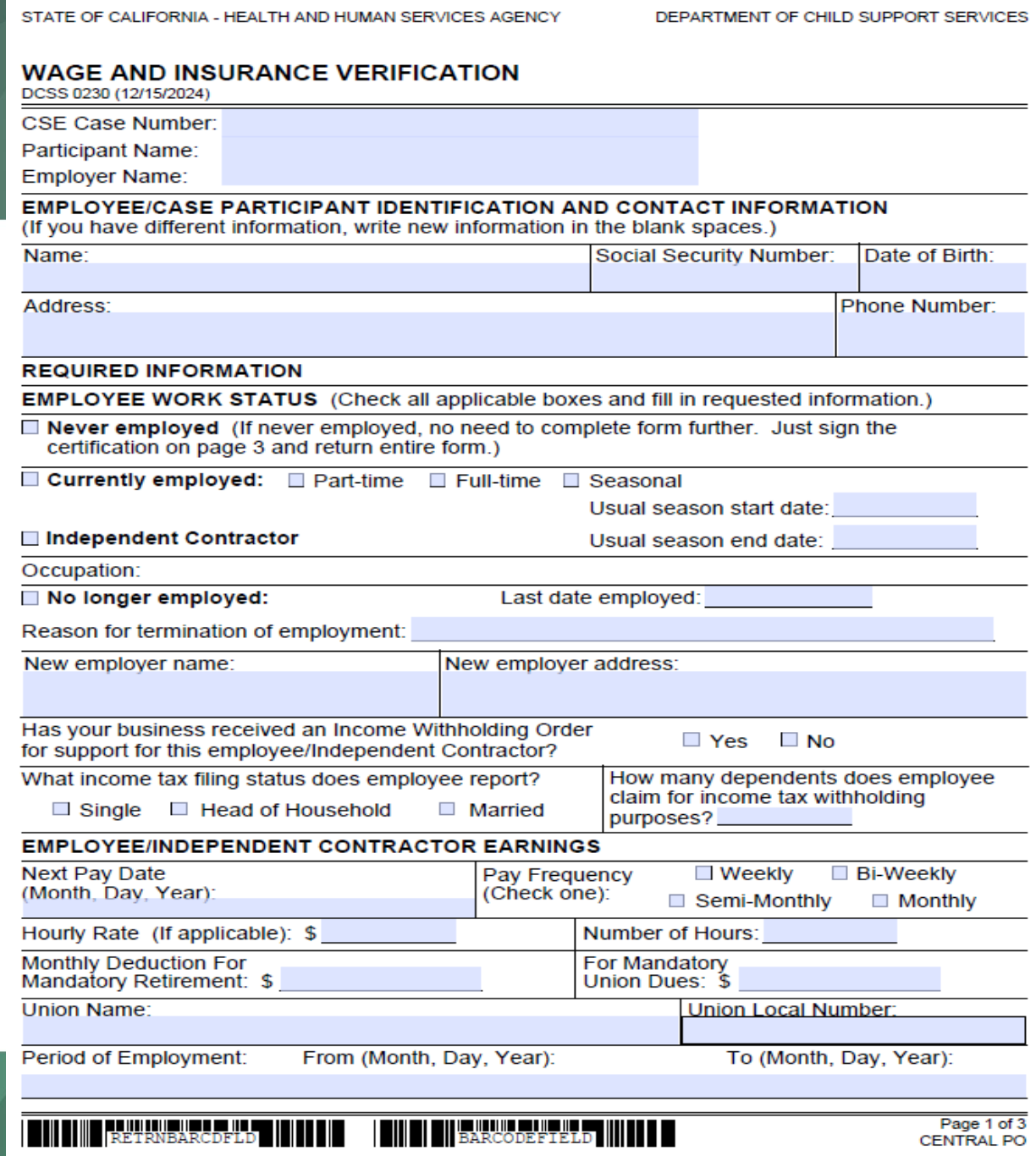
**Please provide the information requested within 30 calendar days of the date you received this letter.**

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 REGION
CHILD SUPPORT COLLABORATIVE

# Wage and Insurance Verification Form (DCSS 0230)

- Requests employee information to be used in establishing, modifying, or enforcing support orders
- Signed under penalty of perjury by employer
- Can be utilized in court



STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY — DEPARTMENT OF CHILD SUPPORT SERVICES

**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? ☐ Single ☐ Head of Household ☐ 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): ☐ 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:

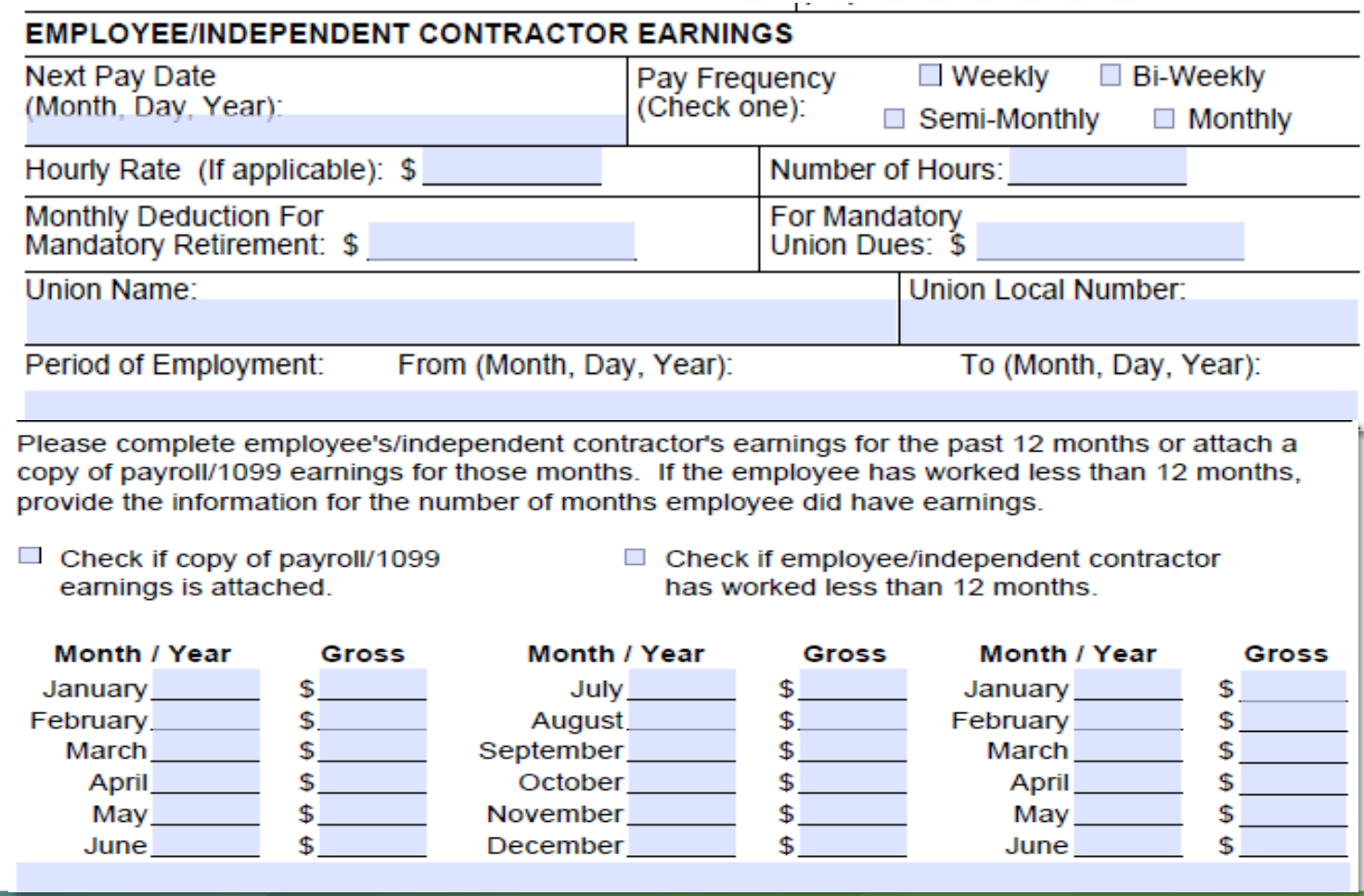
Period of Employment: From (Month, Day, Year): To (Month, Day, Year):

RETRNBARCDFLD BARCODEFIELD

Page 1 of 3
CENTRAL PO

# 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.

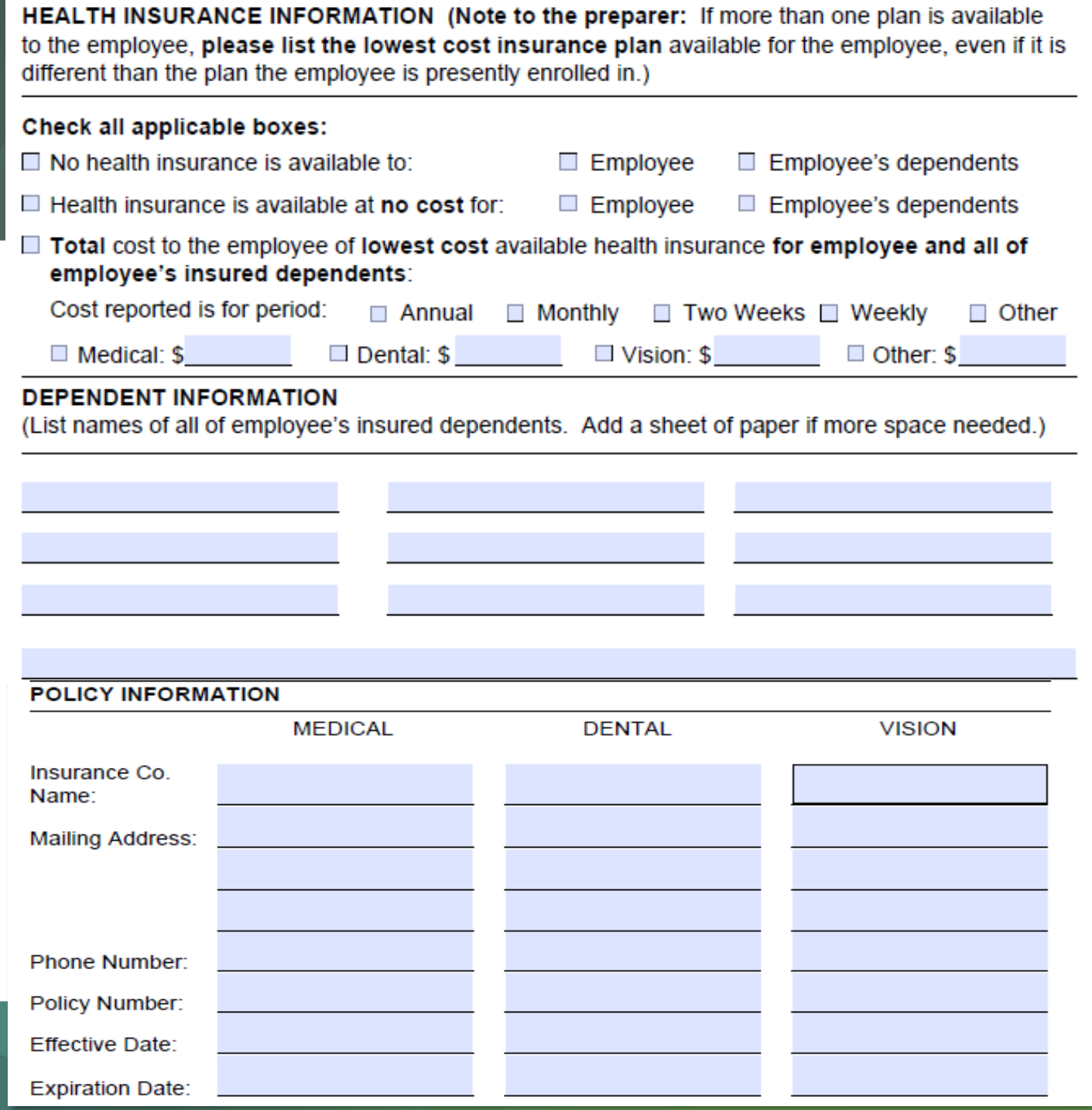
☐ Check if employee/independent contractor has worked less than 12 months.

| 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.)

**POLICY INFORMATION**

| | MEDICAL | DENTAL | VISION |
|---|---|---|---|
| Insurance Co. Name: | | | |
| Mailing Address: | | | |
| Phone Number: | | | |
| Policy Number: | | | |
| Effective Date: | | | |
| Expiration Date: | | | |

# 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) |

# 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 FAM §17512.
- Assist the children in California with receiving the support they deserve!

# SOUTHERN INLAND REGION
# CHILD SUPPORT COLLABORATIVE



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



# 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.



# What Constitutes as Health Insurance?

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

Can be a combined or separate policies or plans



# 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.

# 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. (FAM § 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. (FAM § 4063(s)(1))

# 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:

**(Cost of Family Coverage) – (Self-Only) = (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.

FAM § 3750-3753 Pursuant to FAM § 3751(a)(2)

# 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 SSNand 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

# Employer Responsibilities:

## Employer SHALL NOT:

- 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

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

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

RE:

Employer/Withholder's Federal EIN Number

Employer/Withholder's Name

Employer/Withholder's Address

Employee's Name (Last, First, MI)

Employee's Social Security Number

Employee's Mailing Address

Custodial Parent's Name (Last, First, MI)

Custodial Parent's Mailing Address

Substituted Official/Agency Name

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 ebsa.opr@dol.gov and reference the OMB Control Number.
**OMB control number: 1210-0113. Expiration Date: 10/31/2022.**

# 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 (DCSS 0054) to the LCSA.

# 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)

# 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.

# 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.



# Need help?

Visit the Employer Resource Center
dcss.ca.gov/employer-resource/

**The employer forms you will need are located at:**
acf.hhs.gov/css/resource/national-medical-support-notice-form



# SOUTHERN INLAND REGION CHILD SUPPORT COLLABORATIVE



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



# 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

# Why Is This Important?

- To assist in locating parents who owe support.
- Increases child support collections, reduces welfare & 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.



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 | M | EMPLOYEE LAST NAME

SOCIAL SECURITY NUMBER | STREET NUMBER | STREET NAME | UNIT/APT

CITY | STATE | ZIP CODE | START-OF-WORK DATE

DE 34 Rev. 10 (3-17) (INTERNET) Page 1 of 2

MAIL TO: Employment Development Department / PO Box 997016, MIC 96 West Sacramento, CA 95799-7016 or fax to 916-319-4400

CU

# 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

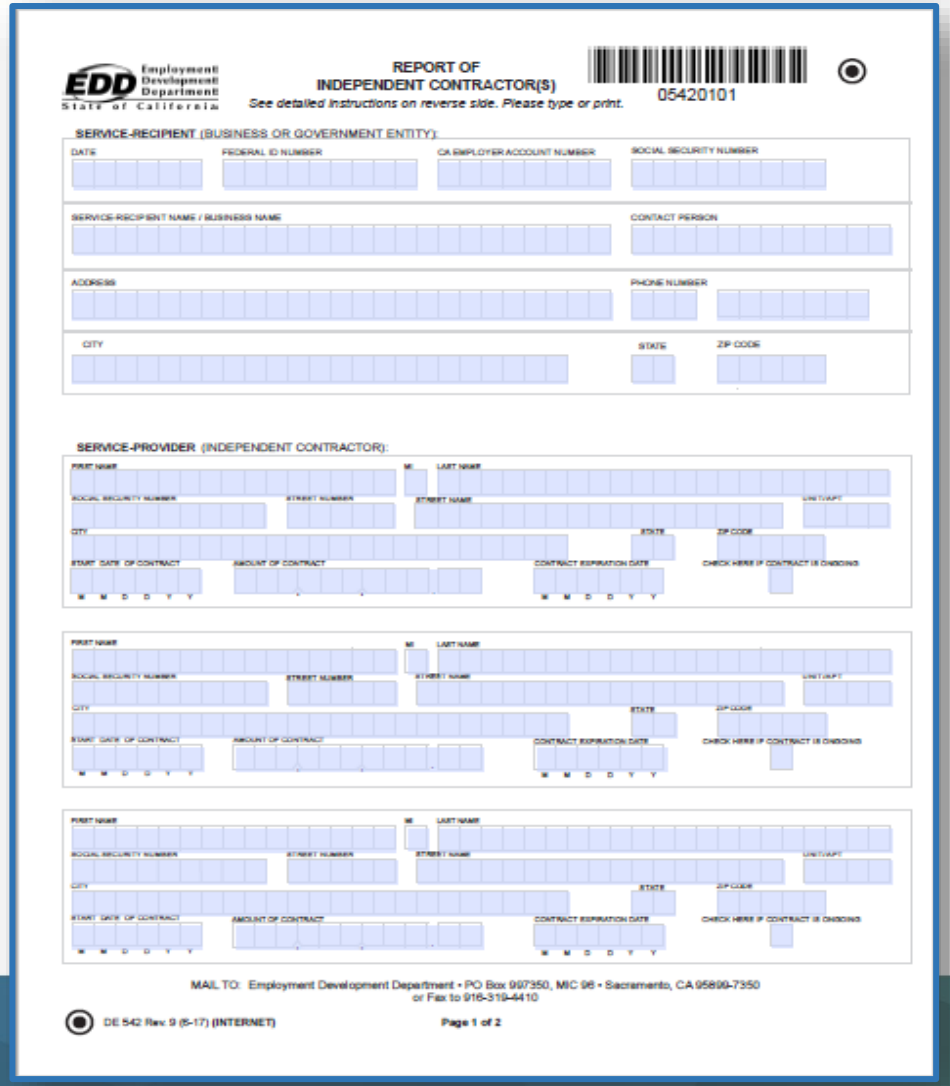
# Independent Contractor Reporting Requirements:

## 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



EDD Employment Development Department State of California

REPORT OF INDEPENDENT CONTRACTOR(S)

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

05420101

**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

SOCIAL SECURITY NUMBER | STREET NUMBER | STREET NAME | UNIT/APT

CITY | STATE | ZIP CODE

START DATE OF CONTRACT | AMOUNT OF CONTRACT | CONTRACT EXPIRATION DATE | CHECK HERE IF CONTRACT IS ONGOING

M M D D Y Y

FIRST NAME | MI | LAST NAME

SOCIAL SECURITY NUMBER | STREET NUMBER | STREET NAME | UNIT/APT

CITY | STATE | ZIP CODE

START DATE OF CONTRACT | AMOUNT OF CONTRACT | CONTRACT EXPIRATION DATE | CHECK HERE IF CONTRACT IS ONGOING

M M D D Y Y

FIRST NAME | MI | LAST NAME

SOCIAL SECURITY NUMBER | STREET NUMBER | STREET NAME | UNIT/APT

CITY | STATE | ZIP CODE

START DATE OF CONTRACT | AMOUNT OF CONTRACT | CONTRACT EXPIRATION DATE | CHECK HERE IF CONTRACT IS ONGOING

M M D D Y Y

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

DE 542 Rev. 9 (5-17) (INTERNET) Page 1 of 2

# 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

# Need Assistance Reporting?

New Hire and Independent Contractors

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



# 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?

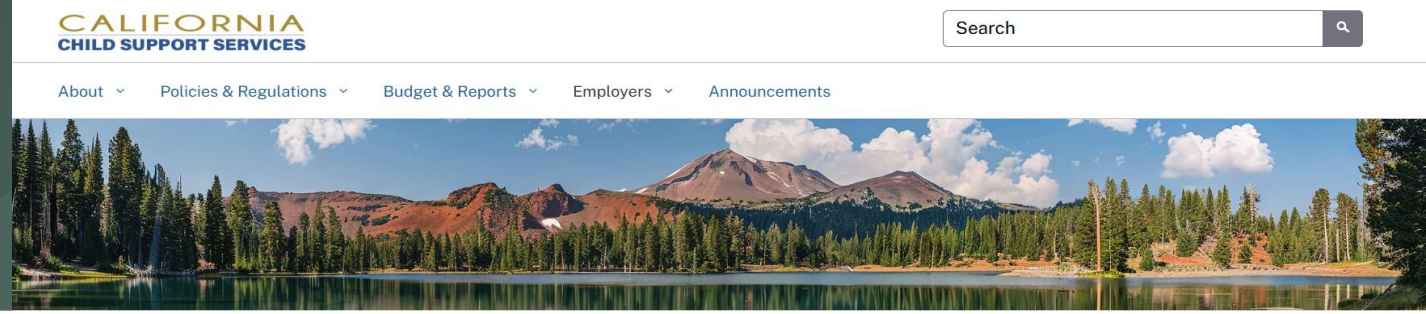


SOUTHERN INLAND REGION CHILD SUPPORT COLLABORATIVE

# Employer Resource Center:

dcss.ca.gov/employer-resource/

CALIFORNIA CHILD SUPPORT SERVICES




## EMPLOYER RESOURCE CENTER

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 Request Form. All other forms are located on our Employer Forms page.

**Employer Updates**

We've updated the Employer Handbook and Quick Reference Guide to make it easier for you to navigate child support processes. See the updated Employer Handbook and Quick Reference Guide.

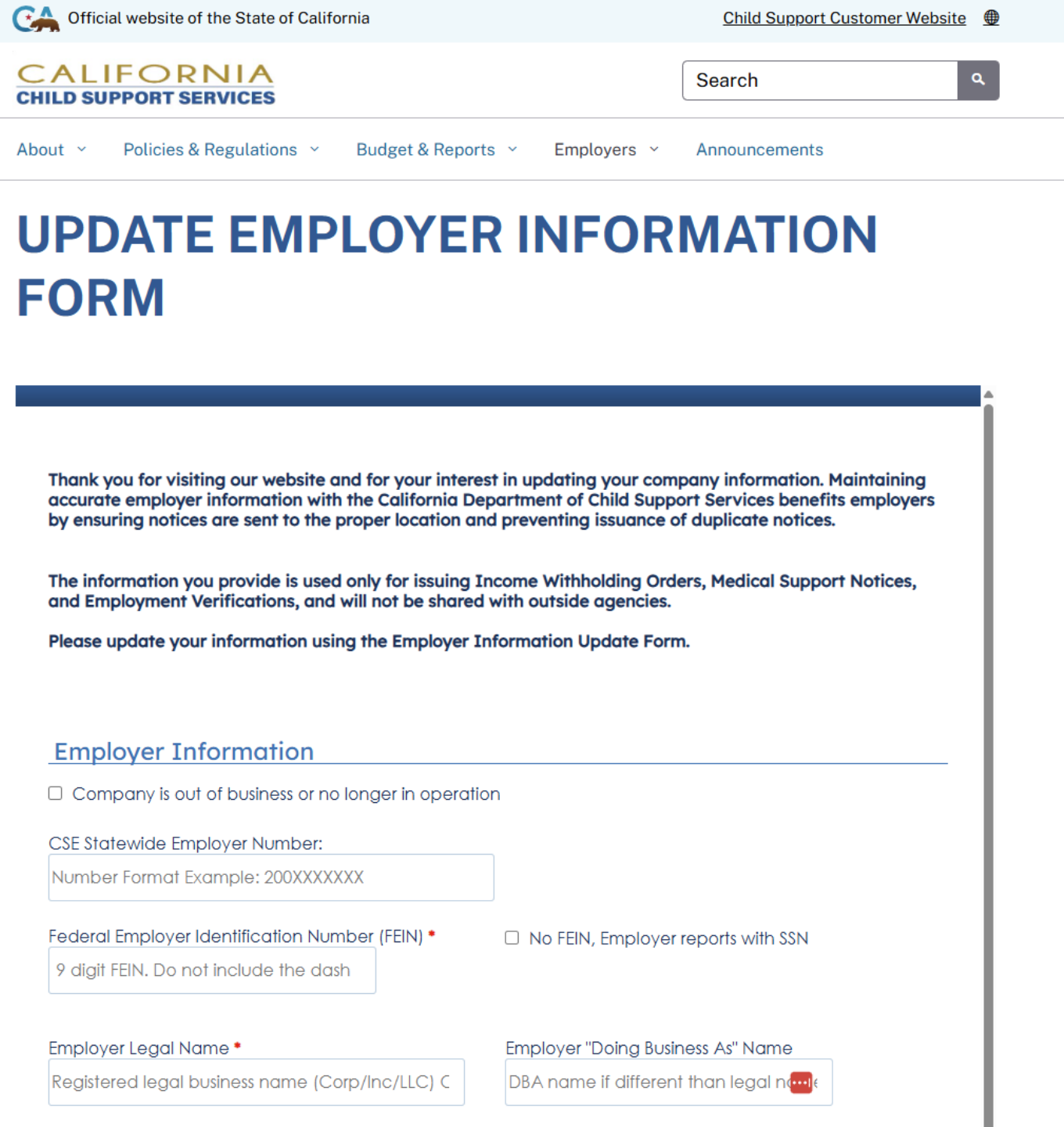
Go paperless, save time and reduce errors, submit Income Withholding Orders electronically with e-IWO. Learn more about e-IWO and enroll today!

- Income Withholding Order
- Employment Verification
- Health Insurance
- Payments
- New Hire Reporting
- Update Employer Information
- Terminations
- Employer Handbook
- Employer Forms
- Upcoming Employer Events
- Video Resource Library
- FAQs

SOUTHERN INLAND REGION
CHILD SUPPORT COLLABORATIVE

# Update Employer Contact Information:

dcss.ca.gov/update-contact-information/



SOUTHERN INLAND REGION CHILD SUPPORT COLLABORATIVE

# Employer Events:

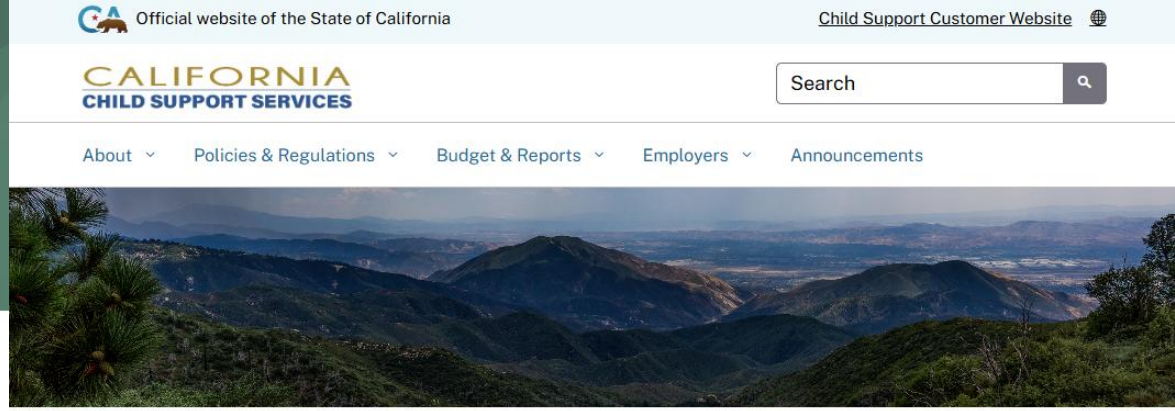
dcss.ca.gov/employer-events/



SOUTHERN INLAND REGION
CHILD SUPPORT COLLABORATIVE

# Employer FAQs:

- Income Withholding Orders
- e-IWO
- SDU Payment Options
- Reporting New Hires
- Terminations
- NMSN
- Update Employer Information



# Employer Information & Contact Offices:

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



# State Disbursement Unit:

SDU CALIFORNIA

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.

# 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

# 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

# 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

# Payment Options Explained:

- If an employer has more than one employee with child support obligations, 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).

# ExpertPay℠ | for Employer

# 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.

# 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

# 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

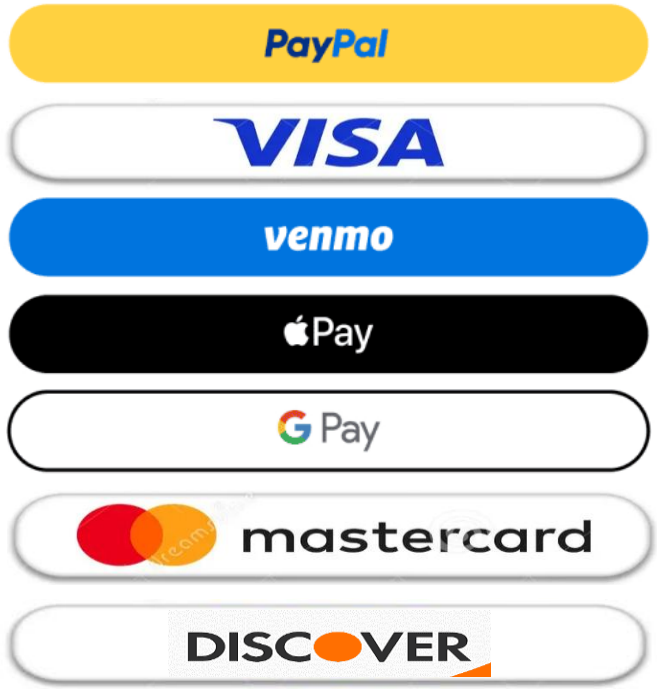
# ACH Credit Payments:

- **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

# Employer Payment Options:

- Electronic Funds Transfer
- PayPal
- Visa
- Venmo
- Apple Pay
- Google Pay
- MasterCard
- Discover card



# 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
Phone: (800) 403-0879

# Contact Information:

California Child Support Services
Website: dcss.ca.gov/
Contact them between the hours of 6:00 am to 6:00 pm
Phone: (866) 901-3212 (option 1)
E-mail: 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


THANK YOU

# Employer Refund Requests



# Best Practices for Accurate Child Support Payments

- Employers should verify all payment information before sending funds
- Double check the remittance advice to confirm accuracy
  - Remittance amount by employee
  - Remittance identifiers by employee
- Valid payment identifiers include:
  - Participant Name
  - Child Support Case Number
  - Social Security Number (SSN)
  - Participant ID Number
  - Court Case Number
  - Taxpayer Identification Number (TIN)

# Importance of Accurate Identifiers

- The SDU applies payments exactly as submitted
- Payments submitted with incorrect identifiers may not be refundable
- If a payment is applied to the wrong case due to incorrect identifiers, the employer is responsible for fully compensating the correct participant

# Payment Processing Timelines

- SDU has 2 business days to process payments from receipt per Federal requirements
- The Child Support Enforcement System automatically identifies payments using remittance information provided
  - Payments with the minimum identification requirements are not manually reviewed
  - Payments are processed immediately so funds can be disbursed to families
- Once payments are disbursed, DCSS no longer has care and control of those funds

# Refund Limitations

- DCSS cannot refund money it no longer has care and control of
- Employers are responsible for accurate withholding:
  - Ensure all payment information is correct before remitting
  - Duplicate payments will need to be corrected with employee
  - Repayment plans between the employer and the employee/participant not DCSS
  - Withholding under the Income Withholding Order (IWO) must continue as required, even if a repayment arrangement is being worked out.

# California Family Code: Employer Responsibilities

- Under FAM § 5232–5247, employers are responsible for accurate withholding and timely remittance of child support payments.

- Under FAM § 5235, employers must continue withholding and forwarding payments as ordered, even when an error occurs or a refund request is pending.

# Preventing Payment Issues

## DO:

- Carefully verify all payment information before remitting
- Cancel automatic payments with payroll service providers or business banking accounts when employment or IWO changes
- Treat each month's payment as a separate obligation
- Call the SDU immediately when a stop-payment request is needed
- Call the SDU immediately if a payment was submitted incorrectly

# Common Mistakes Employers Should Avoid

## DON'T:

- Leave automatic payments active after employment or IWO changes
- Expect outdated automatic payments to be refunded once processed
- Assume a double payment applies to future months
- Delay stop-payment requests (payments process within 48 hours)
- Overlook the risk of double payments when using a payroll service provider

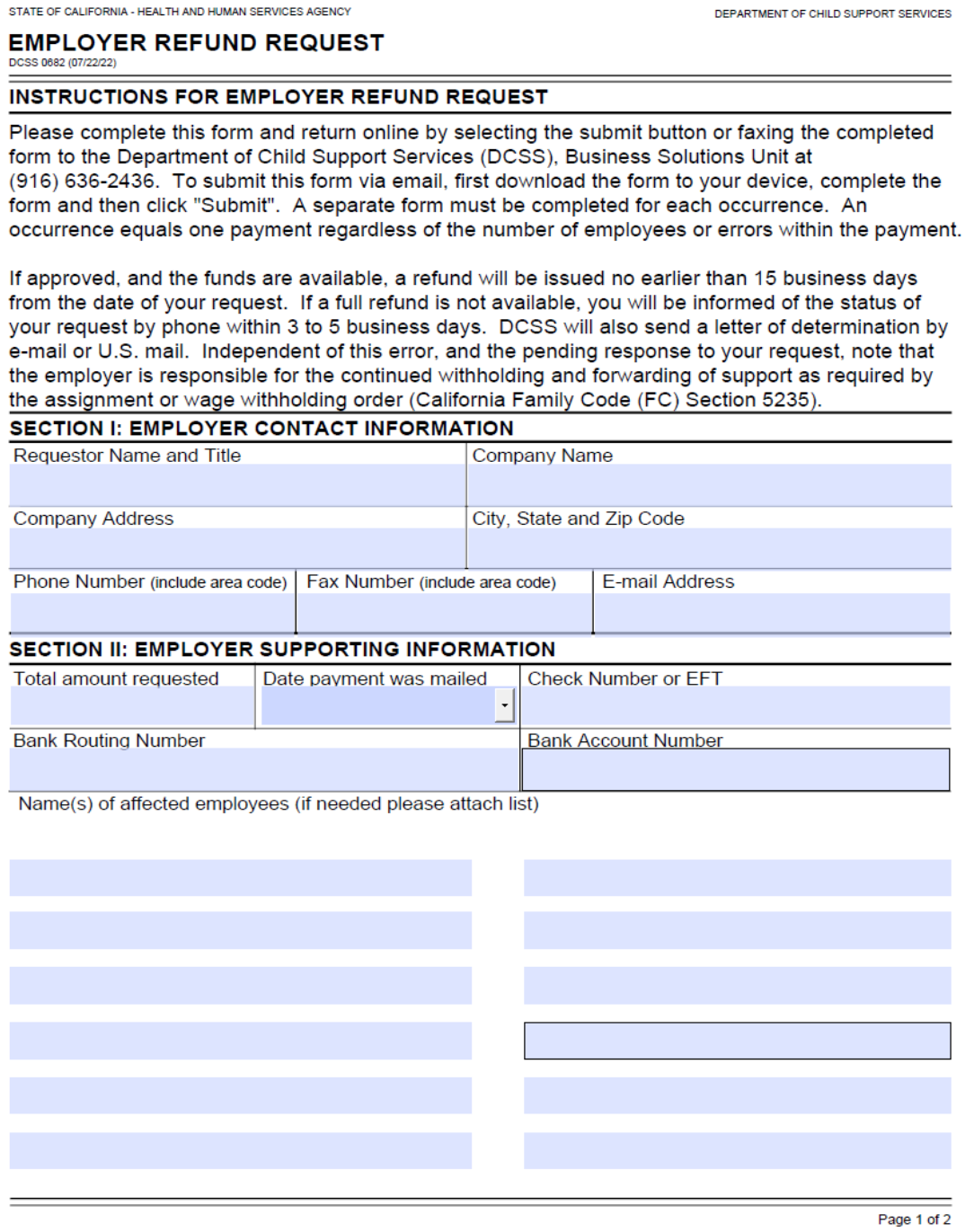
SOUTHERN INLAND REGION
CHILD SUPPORT COLLABORATIVE

# How to Complete the Refund Form

## Section I: Employer Contact Information

- Requestor Name
- Contact Details including address where refund (if available) will be sent

- **Section II: Supporting Information**
- Payment information Contact details
- Employee information



STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF CHILD SUPPORT SERVICES

**EMPLOYER REFUND REQUEST**

DCSS 0682 (07/22/22)

**INSTRUCTIONS FOR EMPLOYER REFUND REQUEST**

Please complete this form and return online by selecting the submit button or faxing the completed form to the Department of Child Support Services (DCSS), Business Solutions Unit at (916) 636-2436. To submit this form via email, first download the form to your device, complete the form and then click "Submit". A separate form must be completed for each occurrence. An occurrence equals one payment regardless of the number of employees or errors within the payment.

If approved, and the funds are available, a refund will be issued no earlier than 15 business days from the date of your request. If a full refund is not available, you will be informed of the status of your request by phone within 3 to 5 business days. DCSS will also send a letter of determination by e-mail or U.S. mail. Independent of this error, and the pending response to your request, note that the employer is responsible for the continued withholding and forwarding of support as required by the assignment or wage withholding order (California Family Code (FC) Section 5235).

**SECTION I: EMPLOYER CONTACT INFORMATION**

| Requestor Name and Title | Company Name | |
|---|---|---|
| Company Address | City, State and Zip Code | |
| Phone Number (include area code) | Fax Number (include area code) | E-mail Address |

**SECTION II: EMPLOYER SUPPORTING INFORMATION**

| Total amount requested | Date payment was mailed | Check Number or EFT |
|---|---|---|
| Bank Routing Number | | Bank Account Number |

Name(s) of affected employees (if needed please attach list)

Page 1 of 2

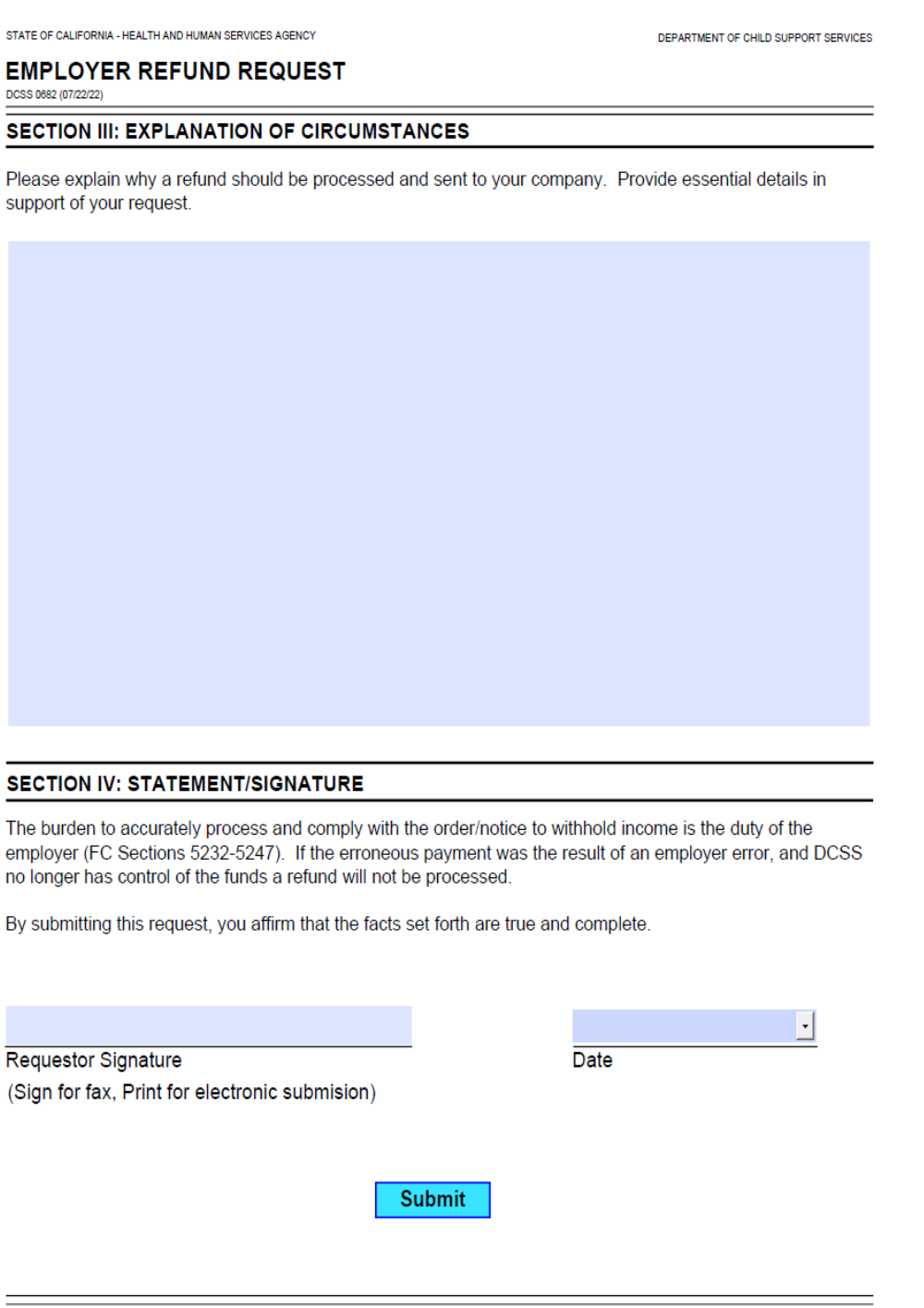
SOUTHERN INLAND REGION
CHILD SUPPORT COLLABORATIVE

# How to Complete the Refund Form

## Section III: Explanation of Circumstances

- Refund request
- Essential supporting details required
- Occurrence equals one payment regardless of employees or errors

- ***Please Note:*** Burden to accurately process and comply with the order is the duty of the employer.



STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF CHILD SUPPORT SERVICES

**EMPLOYER REFUND REQUEST**

DCSS 0682 (07/22/22)

**SECTION III: EXPLANATION OF CIRCUMSTANCES**

Please explain why a refund should be processed and sent to your company. Provide essential details in support of your request.

**SECTION IV: STATEMENT/SIGNATURE**

The burden to accurately process and comply with the order/notice to withhold income is the duty of the employer (FC Sections 5232-5247). If the erroneous payment was the result of an employer error, and DCSS no longer has control of the funds a refund will not be processed.

By submitting this request, you affirm that the facts set forth are true and complete.

Requestor Signature

(Sign for fax, Print for electronic submision)

Date

Submit

# Key Takeaways for Employers

- **Always verify payment information** and identifiers **before remitting**
- Automatic payments must be updated or canceled immediately when employment or IWO changes
- Refunds cannot be issued once funds have been released as DCSS no longer has care and control of the funds
- Employers are responsible for accurate withholding
- Withholding must continue even if a repayment plan is arranged outside DCSS
- Acting quickly—especially with stop-payment requests—helps prevent misdirected or non-refundable payments

# NEED HELP? CONTACT US

Complete the form and return by selecting the submit button or faxing the completed form to the:

**Department of Child Support Services (DCSS)**

**(916) 636-2436**

To submit this form via email, **first download** the form to your device, complete the form then click **"Submit"**

***Please Note:*** If approved, and the funds are available, a refund check will be issued no earlier than 15 business days from the date of your request.

# SOUTHERN INLAND REGION CHILD SUPPORT COLLABORATIVE



# Employer Responsibility



# Employer Responsibilities: Income & Locate Information for Child Support

The goal is to strike a balance between obtaining necessary information for child support services and respecting the operational constraints of employers. By fulfilling these responsibilities, employers play a crucial role in ensuring that child support obligations are met, ultimately benefiting the children who rely on this support.

This collaborative approach between employers and child support services helps to create a more efficient and effective system, ensuring that children receive the financial support they are entitled to, while minimizing the administrative burden on employers.

# Responsibilities During Employment:

Employers are expected to provide up-to-date income information and current address details. This information is vital for calculating appropriate child support payments and ensuring that communications reach the correct recipients.

# Responsibilities After Employment:

Employers are asked to furnish the last known income, most recent address on file, and the reason for employment termination. This information helps child support services maintain accurate records and locate individuals who may have changed jobs or relocated.

Employers are only expected to provide information that is readily available in their current records. There is no expectation for employers to search through archived or off-site storage to retrieve old files on former employees.

# 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



# Employer Resources:

## Employer Information Request

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)

eiwomail@acf.hhs.gov
acf.hhs.gov/css/employers/e-iwo

CALIFORNIA
CHILD SUPPORT SERVICES

State Contact Center 866-901-3212

# Other Employer Resources:

- California Employer Handbook
- Income Withholding Order Fact Sheet
- National Medical Support Notice Fact Sheet
- New Hire Reporting Fact Sheet
- Electronic Income Withholding Order (e-IWO) Fact Sheet

# 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