



**STATE OF CONNECTICUT**  
*DEPARTMENT OF SOCIAL SERVICES*  
**OFFICE OF CHILD SUPPORT SERVICES**

F00260  
(Rev. 10-11)  
Page 1

**NOTICE OF DIRECT INCOME WITHHOLDING AND HEARING CLAIM FORM**

**INSTRUCTIONS TO EMPLOYER:** *You are required, in accordance with section 46b-213w of the Connecticut General Statutes (CGS) to provide your employee with a copy of this form and a copy of the income withholding order when you receive such an order from another state. You must also complete Part IV of this form, "Employer's Certification of Delivery" (on page 2) when you give it to your employee. Even if you receive a completed claim form contesting the validity or enforcement of the income withholding order from your employee, you must implement the withholding order unless otherwise notified by the Office of Child Support Services.*

**NOTICE TO EMPLOYEE:** Your employer has been served with an income withholding order for child support and/or health insurance. The income withholding order was issued in another state but must be honored by your employer under Connecticut law, subject to your rights to a hearing and exemptions, as described below.

**RIGHT TO A HEARING**

An income withholding order against your earnings is now effective, pursuant to section 46b-213w of the Connecticut General Statutes. You may object to the validity or enforcement of such order by requesting a hearing before the Family Support Magistrate Division of the Superior Court.

To request a hearing, you must complete the claim form on page 2 and return it, along with a copy of the income withholding order, to the local Support Enforcement Services (SES) office. For contact information about the nearest SES office, call 1-800-228-KIDS.

If you request a hearing, the court will notify you of the hearing date. At the hearing, you may contest the validity or the enforcement of the income withholding order and claim any other applicable state or federal exemption with respect to your earnings.

**EXEMPTIONS**

Only disposable earnings are subject to a withholding order. Disposable earnings means "that part of the earnings of an individual remaining after deduction from those earnings of amounts required to be withheld for the payment of federal, state and local income taxes, employment taxes, normal retirement contributions, union dues and initiation fees, and group life and health insurance premiums". The amount withheld may not exceed the maximum amount permitted under section 1673 of Title 15 of the United States Code: If you are supporting a spouse or dependent child other than the spouse or child with respect to whose support the order is issued, the maximum amount of your disposable earnings that may be withheld is 50% of such earnings, unless you are twelve weeks or more in arrears in which case the maximum is 55% of such earnings. If you are not supporting a spouse or dependent child other than the spouse or child with respect to whose support the order is issued, the maximum amount of your disposable earnings that may be withheld is 60% of such earnings unless you are twelve weeks or more in arrears in which case the maximum is 65%. In no event however, under state law, may you be left with less than 85% of the first \$145.00 of disposable earnings. Such exemptions will automatically take effect; they need not be claimed. The computation of the amount withheld will be done by your employer based on information supplied by the party requesting the withholding. If you believe that an incorrect amount of your wages is being withheld due to incorrect information being supplied to your employer and you would like the amount withheld modified, you must request a court hearing.

**RIGHT TO SEEK MODIFICATION**

You have a right to seek a modification of the underlying support order in the court of continuing exclusive jurisdiction. You also have the right to request the assistance of the Office of Child Support Services (OCSS) of the Department of Social Services in connection with such request. For contact information about the OCSS office nearest you, please call 1-800-228-KIDS.

**CLAIM FORM**

**Instructions:**

- If you believe that you have a defense or exemption to the income withholding order, you may claim it by checking the appropriate box in Part I below and briefly explaining your claim in the space provided.
- If you wish to request a modification of the underlying support order, check the box in Part II below and return a copy of this form to the OCSS office nearest you (please see page 1 for contact information).
- You must provide all of the information in Part III below and sign your name to complete this claim form.

***Part I - DEFENSES AND EXEMPTIONS***

I request a hearing to contest the income withholding order because (check all that apply):

- The issuing court lacked personal jurisdiction over me.
- The order was obtained by fraud.
- The order has been vacated, suspended, or modified by a later order.
- The issuing court has stayed the order pending appeal.
- There is a defense under the laws of this state to the remedy sought.
- Full or partial payment has been made.
- The statute of limitations under section 46b-213j of the Connecticut General Statutes precludes enforcement of all or some of the arrearages.

BRIEFLY EXPLAIN IN THIS SPACE THE BASIS OF YOUR DEFENSE OR EXEMPTION:

***Part II – REQUEST FOR MODIFICATION OF SUPPORT ORDER***

- I request the assistance of the Office of Child Support Services in modifying the underlying support order in the court of continuing exclusive jurisdiction.

***Part III – PAYEE INFORMATION AND EMPLOYEE NAME, ADDRESS, AND SIGNATURE***

\_\_\_\_\_  
*Print or type name and address (if known) of the person to whom you were ordered to pay support (payee) on this line*

\_\_\_\_\_ \_\_\_\_\_  
*Print or type your name and address on this line* *Your home/cell phone no.*

\_\_\_\_\_ \_\_\_\_\_  
*Print or type your employer's name/address on this line* *Your signature*

***Part IV – EMPLOYER’S CERTIFICATION OF DELIVERY***

***I hereby certify that I delivered this document to the above named employee as required by CGS §46b-213w.***

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
*Date Delivered* *Signed (Employer / Employer's Official)* *Title (Employer / Employer's Official)*

\_\_\_\_\_ \_\_\_\_\_  
*Print or Type Name Signed Above* *Telephone*