MAIL TO: State of Montana
Department of Public Health & Human Services
Child Support Enforcement Division
Wage Withholding Unit
P. O. Box 8001
Helena, MT 59604-8001

FROM:_____
(Company Name)

Make check or money order payable to: **Child Support Enforcement Division or CSED**

Name	Social Security #	PAR ID #	Order by*	$ Amount Withheld	**Date Employee is Paid** = DOC

IWFORM02.FRM

*write in name of the ordering State's court or Child Support Agency
(Use back of form if necessary)

PAGE ____ OF _____

.

Example: MT-CSED (Montana Child Support Enforcement Division)
ID-Clerk of Ct. (Idaho)
WY-CSED (Wyoming)

DOC= **employee pay date