



UNIFORM CHILD SUPPORT ORDER AND/OR
WAGE/INCOME WITHHOLDING ORDER
 NEW ORDER AMENDED ORDER
 ORDER FOR WAGE/INCOME WITHHOLDING

Case No. _____
Court District
Circuit
Family
County _____
IV-D Case No. _____

* See Footnotes & Additional Information

NOTICE: The Federal Income Withholding For Support Form OMB 0970-0154 must be used by private parties or their attorneys in non-IV-D eligible cases to notify an employer/income withholder of any wage/income withholding ordered herein.

Plaintiff/Petitioner Name _____ **Birthdate** _____ **SSN** _____
Defendant/Respondent Name _____ **Birthdate** _____ **SSN** _____

In Re: Child's Name _____
Social Security No. _____ Birthdate _____
Child's Name _____
Social Security No. _____ Birthdate _____

If there are more than two (2) children, attach separate sheet with identifying information and check here . Said attachment is incorporated into this Order by reference.

IT IS HEREBY ORDERED AND ADJUDGED THAT: The Mother Father Other _____ shall pay child support as follows:

- 1) \$ _____ per month as **current child support** effective _____, _____ As determined by KY Child Support Guidelines; By written agreement of parties with knowledge of the Guidelines; Upon a finding that application of the Guidelines would be unjust or inappropriate because: _____
- 2) \$ _____ per month toward **arrearage judgment** totaling \$ _____, calculated for period beginning _____, _____ and ending _____, _____
- 3) Health insurance is currently accessible and reasonable in cost. The Mother Father is ordered to provide and maintain health insurance coverage for the minor child(ren). Health insurance is **not** currently accessible and reasonable in cost but shall be provided by the Mother Father when it becomes accessible and reasonable in cost. Extraordinary medical expenses shall be paid as follows: _____
- 4) \$ _____ per month for other expenses: _____
- 5) \$ _____ **TOTAL MONTHLY AMOUNT** to be paid at: ¹ \$ _____ per week bi-weekly semi-monthly month
- 6) Other conditions: _____

DOMESTIC VIOLENCE PROTECTIVE ORDER ISSUED [] YES [] NO PROTECTED PARTY: [] PETITIONER [] RESPONDENT

Child Support Recipient's Name & Address ² -

¹ If child support is paid by wage withholding, a job change may affect the frequency and amount of wages to be withheld in order to meet the monthly obligation amount.
² Child support recipient may elect not to provide address information in this section but in order to be properly disbursed his/her mailing address must be provided to the child support agency.

7) Check only box A, B, or C as appropriate and any applicable options therein.

- A. Child support ordered herein shall be subject to wage/income withholding on the effective date of this Order, to begin immediately.³ The employee is responsible for making payments to recipient: (check one)
 - directly, OR through _____ until such time as child support is withheld from the employee's paycheck. This Order shall apply to any subsequent employer.

The Federal Income Withholding Support Form OMB 0970-0154 must be utilized by private parties and attorneys in non-IV-D eligible cases, and must direct the employer to remit payment to the State Disbursement Unit.⁴ Attach a copy of this Order, AOC-152, to Form OMB 0970-0154 when serving the employer.⁵

OR

- B. One party has demonstrated and the Court hereby finds that there is good cause not to require immediate wage/income withholding. Child support shall be paid as follows: (check one)
 - Mailed directly to: Kentucky Child Support Enforcement at Centralized Collection Unit
P.O. Box 14059, Lexington, KY 40512-4059
 - OR
 - Other: _____

Wage/Income withholding shall take effect when an arrearage accrues that is equal to the amount of support payable for one month without the need for a judicial or administrative hearing. If wage/income withholding becomes applicable, see footnotes 3, 4, and 5 below relating to the mandatory federal income withholding form.

OR

- C. The Court has made a finding that both parties have reached a written agreement which provides for an alternative arrangement to wage/income withholding as follows: _____

³ Effective June 1, 2012, the Federal Income Withholding For Support Form OMB 0970-0154 must be used by private parties or their attorneys in non-IV-D eligible cases to notify an employer/income withholder of any wage/income withholding ordered herein.

⁴ All child support payments made pursuant to a wage/income withholding order shall be directed to the State Disbursement Unit at: Kentucky Child Support Enforcement at Centralized Collection Unit, P.O. Box 14059, Lexington, KY 40512-4059.

⁵ Requesting party must mail Form OMB 0970-0154 and a copy of this Order, AOC-152, by certified mail to the employer within 2 working days.

Notice. Obligor: Interest may be charged on any delinquent child support payments. KRS 360.040 and 405.467(2).

<p>DOCUMENT PREPARER: _____</p> <p>Address: _____</p> <p>_____</p> <p>Phone No. _____</p> <p><small>***FOR PRIVATE NON-IV-D ELIGIBLE CASES, PREPARER MUST SEND COPY OF THIS ORDER TO: KENTUCKY CHILD SUPPORT ENFORCEMENT, NIVD UNIT, P.O. Box 2150, FRANKFORT, KY 40602 FAX: (502) 564-7938</small></p>

This order reflects statutory provisions of KRS 403.211-.212, 405.467, 360.040, 405.465, 205.710, 205.712, 403.215, 403.750, and 610.170, the provisions of FCRPP 9, and section 466 of the Social Security Act.

Date: _____, _____ Judge

Distribution: Court File – Original. CHFS (place in Contracting Official's basket). Petitioner. Respondent.