OMB 0970-0154
Expiration Date: 08/31/2026

INCOME WITHHOLDING FOR SUPPORT

I. Sender Information: (Completed by the Sender)

Date: 02/27/2025

[ ] INCOME WITHHOLDING ORDER/NOTICE FOR SUPPORT (IWO) [X] AMENDED IWO

[ ] ONE-TIME ORDER/NOTICE FOR LUMP SUM PAYMENT [ ] TERMINATION OF IWO

[X] Child Support Agency (CSA) [X] 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). If you receive this document from someone other than a state or tribal CSA or a court, a copy of the underlying support order must be attached.

State/Tribe/Territory: Michigan
City/County/Dist./Tribe: Washtenaw County Friend of the Court
Private Individual Entity:

Remittance ID (include w/payment): 913021112
Order ID: 2015001686
Case ID: 913021112

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

LLPS INC
Employer/Income Withholder's Name
5859 W SAGINAW HWY
Employer/Income Withholder's Address
BOX 343

LANSING, MI 48917-2460

Employer/Income Withholder's FEIN: 383468792

RE: AUSTIN, DANIEL, DALE
Employee/Obligor's Name (Last, First, Middle)
427-69-3646
Employee/Obligor's Social Security Number
05/21/1984
Employee/Obligor's Date of Birth
MURRAY, LESLIE, NICOLE
Custodial Party/Obligee's Name (Last, First, Middle)

Child(ren)'s Name(s) (Last, First, Middle)	Child(ren)'s Birth Date(s)
AUSTIN, LEIGHA, ROSE	04/29/2013

III. Order Information: (Completed by the Sender)

This document is based on the support order from Michigan (State/Tribe). You are required by law to deduct these amounts from the employee/obligor's income until further notice.

$ 374.00	Per month current child support
$ 0.84	Per month past-due child support - Arrears greater than 12 weeks? [ ] Yes [X] No
$ 19.00	Per month current cash medical support
$ 1.14	Per month past-due cash medical support
$ 0.00	Per month current spousal support
$ 0.00	Per month past-due spousal support
$ 51.52	Per month other (must specify) Arrears and/or Fees

for a **Total Amount to Withhold** of **$446.50** 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:

$102.64	per weekly pay period	$223.25	per semimonthly pay period (twice a month)
$205.29	per biweekly pay period (every two weeks)	$446.50	per monthly pay period
$	**Lump Sum Payment:** Do not stop any existing IWO unless you receive a termination order.		

Employer/Income Withholder's Name: LLPS INC Employer/Income Withholder's FEIN: 383468792
Employee/Obligor's Name: AUSTIN, DANIEL, DALE SSN: 427-69-3646
Case ID: 913021112 Order ID: 2015001686

V. Remittance Information: (Completed by the Sender, except for the "Return to Sender" check box.)

If the employee/obligor's principal place of employment is Michigan (State/Tribe), you must begin withholding no later than the first pay period that occurs 7 days after the date of service of the order/notice. Send payment within 3 business days of the pay date. If you cannot withhold the full amount of support for any or all orders for this employee/obligor, withhold 50% of disposable income for all orders. If the employee/obligor's principal place of employment is not Michigan (State/Tribe), obtain withholding limitations, time requirements, the appropriate method to allocate among multiple child support cases/orders, and any allowable employer fees from the jurisdiction of the employee/obligor's principal place of employment.

State-specific withholding limit information is available at www.acf.hhs.gov/css/resource/state-income-withholding-contacts-and-program-requirements. For tribe-specific contacts, payment addresses, and withholding limitations, please contact the tribe at www.acf.hhs.gov/sites/default/files/programs/css/tribal_agency_contacts_printable_pdf.pdf or www.bia.gov/tribalmap/DataDotGovSamples/tld_map.html.

You may not withhold more than the lesser of: 1) the amounts allowed by the Federal Consumer Credit Protection Act (CCPA) [15 USC §1673 (b)]; or 2) the amounts allowed by the law of the state of the employee/obligor's principal place of employment if the place of employment is in a state; or the tribal law of the employee/obligor's principal place of employment if the place of employment is under tribal jurisdiction. The CCPA is available at https://www.dol.gov/agencies/whd/fact-sheets/30-ccpa. If the Order Information section does not indicate that the arrears are greater than 12 weeks, then the employer should calculate the CCPA limit using the lower percentage.

If there is more than one IWO against this employee/obligor and you are unable to fully honor all IWOs due to federal, state, or tribal withholding limits, you must honor all IWOs to the greatest extent possible, giving priority to current support before payment of any past-due support.

If the obligor is a nonemployee, obtain withholding limits from the **Supplemental Information** section in this IWO. This information is also available at www.acf.hhs.gov/css/resource/state-income-withholding-contacts-and-program-requirements.

Remit payment to Michigan State Disbursement Unit (MISDU) (SDU/Tribal Order Payee)
at P.O. Box 30350, Lansing, MI 48909-7850 (SDU/Tribal Payee Address)

Include the Remittance ID with the payment and if necessary this locator code of the SDU/**Tribal order payee** 2616100 on the payment.

To set up electronic payments or to learn state requirements for checks, contact the State Disbursement Unit (SDU). Contacts and information are found at www.acf.hhs.gov/css/resource/sdu-eft-contacts-and-program-requirements.

[ ] **Return to Sender (Completed by Employer/Income Withholder).** Payment must be directed to an SDU in accordance with sections 466(b)(5) and (6) of the Social Security Act or Tribal Payee (see Payments in Section VI). If payment is not directed to an SDU/Tribal Payee or this IWO is not regular on its face, you must check this box and return the IWO to the sender.

If Required by State or Tribal Law:
Signature of Judge/Issuing Official: Michigan law does not require a signature for this notice.
Print Name of Judge/Issuing Official: Kristy L. Bray
Title of Judge/Issuing Official: Friend of the Court
Date of Signature:

If the employee/obligor works in a state or for a tribe that is different from the state or tribe that issued this order, a copy of this IWO must be provided to the employee/obligor.

[ ] If checked, the employer/income withholder must provide a copy of this form to the employee/obligor.

Employer/Income Withholder's Name: LLPS INC
Employer/Income Withholder's FEIN: 383468792
Employee/Obligor's Name: AUSTIN, DANIEL, DALE
SSN: 427-69-3646
Case ID: 913021112
Order ID: 2015001686

VI. Additional Information for Employers/Income Withholders: (Completed by the Sender)

Priority: Withholding for support has priority over any other legal process under state law against the same income (section 466(b)(7) of the Social Security Act). If a federal tax levy is in effect, please notify the sender.

Payments: You must send child support payments payable by income withholding to the appropriate SDU or to a tribal CSA within 7 business days, or fewer if required by state law, after the date the income would have been paid to the employee/obligor and include the date you withheld the support from his or her income. You may combine withheld amounts from more than one employee/obligor's income in a single payment as long as you separately identify each employee/obligor's portion of the payment. Child support payments may not be made through the federal Office of Child Support Services (OCSS) Child Support Portal.

Lump Sum Payments: You may be required to notify a state or tribal CSA of upcoming lump sum payments, such as bonuses, commissions, or severance pay, to this employee/obligor. Contact the sender to determine if you are required to report and/or withhold lump sum payments. Employers/income withholders may use the OCSS Child Support Portal (ocsp.acf.hhs.gov/csp/) to provide information about employees who are eligible to receive lump sum payments and to provide contacts, addresses, and other information about their companies. Child support payments may not be made through the OCSS Child Support Portal.

Liability: If you have any doubts about the validity of this IWO, contact the sender. If you fail to withhold income from the employee/obligor's income as the IWO directs, you are liable for both the accumulated amount you should have withheld and any penalties set by state or tribal law/procedure.
MCL 552.611a(2), 552.613, and 552.1501.

Anti-Discrimination: You are subject to a fine determined under state or tribal law for discharging an employee/obligor from employment, refusing to employ, or taking disciplinary action against an employee/obligor because of this IWO.
MCL 552.623.

Supplemental Information:

- **IMPORTANT: INCLUDE ORDER ID AND EMPLOYEE NAME WITH REMITTANCE. Remitters with payment questions including EFT/EDI/ACH may call MISDU at 800-817-0805 or visit www.misdu.com.**
- If a bonus or lump sum is payable to the employee/obligor, contact OCS Central Operations at 866-540-0008 to be advised of the amount to remit.
- MI permits income withholders to charge support payers a fee up to $2 or $4/month for withholding: MCL 552.623.
- MI has no withholding limit for non-employee income/non-earnings: MCL 552.608, 552.611a.
- Report Lump-sum 866-540-0008;Payments www.misdu.com;No limit for non-employee income/non-earnings MCL 552.608, 611a;$2 or $4/month withholding fee MCL 552.623.
- **Additional child(ren) this withholding order applies to:**

Employer/Income Withholder's Name: LLPS INC Employer/Income Withholder's FEIN: 383468792

Employee/Obligor's Name: AUSTIN, DANIEL, DALE SSN: 427-69-3646

Case ID: 913021112 Order ID: 2015001686

VII. Notification of Employment Termination or Income Status: (Completed by the Employer/Income Withholder)

If this employee/obligor never worked for you or you are no longer withholding income for this employee/obligor, you must promptly notify the CSA and/or the sender by returning this form to the address listed in the **Contact Information** section below or by using the OCSS Child Support Portal (ocsp.acf.hhs.gov/csp/). Please report the new employer or income withholder, if known.

[ ] This person has never worked for this employer nor received periodic income.

[ ] This person no longer works for this employer nor receives periodic income.

Please provide the following information for the employee/obligor:

Termination date: _____ Last known telephone number: _____

Last known address: _____

_____

Final payment date to SDU/Tribal Payee: _____ Final payment amount: _____

New employer's or income withholder's name: _____

New employer's or income withholder's address: _____

_____

VIII. Contact Information: (Completed by the Sender)

To Employer/Income Withholder: If you have questions, contact Friend of the Court (sender name) by telephone: (734) 222-3050, by fax: (734) 222-9582, by email, or website: Intake@washtenaw.org.

Send termination/income status notice and other correspondence to Washtenaw County Friend of the Court P. O. Box 8645 101 East Huron Ann Arbor MI 48107-8645 (sender address).

To Employee/Obligor: If the employee/obligor has questions, contact Friend of the Court (sender name) by telephone: (734) 222-3050, by fax: (734) 222-9582, by email, or website: intake@washtenaw.org.

IMPORTANT: The person completing this form is advised that the information may be shared with the employee/obligor.

Encryption Requirements:
When communicating this form through electronic transmission, precautions must be taken to ensure the security of the data. Child support agencies are encouraged to use the electronic applications provided by the federal Office of Child Support Services. Other electronic means, such as encrypted attachments to emails, may be used if the encryption method is compliant with Federal Information Processing Standard (FIPS) Publication 140-2 (FIPS PUB 140-2).