

COURT ORDERED CHILD CARE OR ALIMONY DEDUCTIONS

1. AGENCY CODE	2. EMPLOYING OFFICE	3. CASE NUMBER	4. SOCIAL SECURITY NUMBER	5. TRANSACTION CODE 1 = ADD 2 = CHANGE 3 = CANCEL	6. EMPLOYEE NAME <i>(Last, First, Middle Initial)</i>
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7. DUTY STATION	8. EMPLOYEE NOTIFICATION <i>(Check One)</i> <input type="checkbox"/> EMPLOYEE NOTIFIED IN PERSON OR BY CERTIFIED MAIL WITHIN 15 DAYS OF RECEIPT OF COURT ORDER. <input type="checkbox"/> EMPLOYEE NOTIFIED IN PERSON OR BY CERTIFIED MAIL OF ANY CHANGES.
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9. DEDUCTIONS. You are hereby directed to deduct the following in accordance with a court order on file in this office effective _____	PAY PERIOD	YEAR
A. COURT ORDERED PAY PERIOD DEDUCTION	9A(1)	
(1) DOLLAR AMOUNT	\$	
(2) PERCENTAGE OF APPLICABLE EARNINGS	9A(2)	%
(3) NOT TO EXCEED DOLLAR AMOUNT PER PAY PERIOD	9A(3)	
	\$	
B. COURT COST	9B(1)	
(1) TOTAL AMOUNT	\$	
(2) AMOUNT COLLECTABLE PER PAY PERIOD	9B(2)	
	\$	
C. ARREARS	9C(1)	
(1) TOTAL AMOUNT	\$	
(2) AMOUNT COLLECTABLE PER PAY PERIOD	9C(2)	
	\$	
(3) PERCENTAGE OF APPLICABLE EARNINGS PER PAY PERIOD	9C(3)	%
(4) NOT TO EXCEED DOLLAR AMOUNT PER PAY PERIOD	9C(4)	
	\$	

10. NAME AND ADDRESS OF COURT OFFICIAL OR RECIPIENT OF DEDUCTION			
NAME			
1ST LINE ADDRESS			
2ND LINE ADDRESS			

CITY	STATE	ZIP CODE	11. EMPLOYEE CASE NUMBER ASSIGNED BY COURT <i>(To Appear on Check)</i>
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12. REMARKS

13. AUTHORIZATION		
SIGNATURE OF AUTHORIZED OFFICIAL	TITLE	DATE

NOTE: Request must be received at the National Finance Center no later than Monday of the week in which the pay period follows in order to be effective for a particular pay period. Later receipts will be processed the following pay period.