

\* See Footnotes & Additional Information



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. \_\_\_\_\_

**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 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 care coverage **is** currently accessible and reasonable in cost. The  Mother  Father is ordered to provide and maintain health care coverage for the minor child(ren).  Health care coverage **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: <sup>1</sup> \$ \_\_\_\_\_ 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 <sup>2</sup> -**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<sup>1</sup> 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.  
<sup>2</sup> 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.  
**CHILD SUPPORT SHALL CONTINUE IN FULL FORCE AND EFFECT UNLESS MODIFIED BY THE COURT, OR ENDED BY OPERATION OF LAW.**

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.<sup>3</sup> 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.<sup>4</sup> Attach a copy of this Order, AOC-152, to Form OMB 0970-0154 when serving the employer.<sup>5</sup>*

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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<sup>3</sup> 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.

<sup>4</sup> 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.

<sup>5</sup> 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.

<p><b>DOCUMENT PREPARER:</b> _____</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>
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This order reflects statutory provisions of KRS 403.211-.2122, 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