

FINCWU

State Of Connecticut Judicial Branch
Support Enforcement Services

124116*1 DIB



PAID
DEC 11 2003
CGCC Payroll Dept.

*12/1/03
waiting to hear
from Cindy White!*

Central Processing Unit
414 CHAPEL STREET, P.O. BOX 9691
NEW HAVEN, CT 06536-0641

087

COLUMBIAGREENE COMMUNITY
CO
4400 ROUTE 23

DATE: November 25, 2003
OBLIGOR: CHARLES LAKE
FILE #: 10027363
SS#:

*per Laura O.
& Cindy*

HUDSON, NY

DOCKET #: FA3-363

*total
\$ 45 for
both!*

NOTICE OF INCOME WITHHOLDING ORDER

Dear Sir or Madam:

The enclosed income withholding order for support is being served upon you by first class mail in accordance with Connecticut General Statutes §52-362(h), as modified by June Special Session, Public Act 01-02, Section 28. The withholding order is issued against the income of CHARLES LAKE and is effective on the first pay period that occurs within fourteen days of the date of this notice.

If the above-named individual is no longer employed by you, please notify the office listed below by telephone or fax. Please provide the employee's last known address and/or new employer, if known.

The following information is provided to help you to administer the withholding order. If you have any questions concerning the withholding order, please call us at the number listed below.

1. Please include the employee's social security number and the date of withholding on each payment. The date of withholding is the date of the employee's paycheck or other periodic income from which amounts are withheld. Please note the date of withholding with the abbreviation "DOW" followed by the date.
2. Payments must be remitted within seven (7) business days of the date of withholding to:

Connecticut Centralized Child Support Processing Center
~~PO BOX 990032~~
~~HARTFORD CT 06199-0032~~

3. Promptly notify the office below if the employee's employment status changes (i.e. terminates or makes a claim for either worker's compensation or unemployment benefits).
4. Only withhold nonexempt income as defined by Connecticut General Statutes §52-362(e). Please refer to the actual withholding order for help in calculating the employee's nonexempt income.

Failure to comply with the income withholding order or any of the provisions of Connecticut General Statutes §52-362 may result in legal action.

Thank you for your prompt attention to this matter.

Support Officer / Assistant

Telephone: (203) 789-6505

FAX: (203) 624-3357

You may contact us via email at: Cs.autoenf@jud.state.ct.us

SECTION I (To be completed by preparer)

Support Category ("X" one)

- A. Obligor is supporting a spouse or dependent child other than the spouse or child with respect to whose support the order is issued.
- B. Obligor is not supporting a spouse or dependent child other than the spouse or child with respect to whose support the order is issued.
- C. Obligor is supporting a spouse or dependent child other than the spouse or child with respect to whose support the order is issued AND there is an arrearage of 12 weeks or greater in length.
- D. Obligor is not supporting a spouse or dependent child other than the spouse or child with respect to whose support the order is issued AND there is an arrearage of 12 weeks or greater in length.

SECTION II (To be completed by payer of income)

ADDITIONAL INFORMATION FOR CONNECTICUT PAYERS OF INCOME

Pursuant to C.G.S. § 52-362, certain income of the obligor cannot be withheld to satisfy this withholding order. First, only "disposable income" may be subjected to this withholding. Disposable income for the purpose of this withholding order means that part of the earnings of an individual remaining after deduction from that income of amounts required to be withheld for the payment of federal, state and local income taxes, employment taxes, normal retirement contributions, union dues and initiation fees, and group life and health insurance premiums. Second, 85% of the first \$145.00 per week of disposable income are legally exempt from this withholding order. Use the following table to compute the obligor's disposable income each week and the amount available for withholding.

1. Obligor's gross income per week.....	\$ _____
2. Federal income tax withheld.....	\$ _____
3. Federal employment tax.....	\$ _____
4. State income tax withheld.....	\$ _____
5. Local income tax withheld.....	\$ _____
6. Normal retirement contribution.....	\$ _____
7. Union dues and initiation fees.....	\$ _____
8. Group life insurance premium.....	\$ _____
9. Health insurance premium.....	\$ _____
10. Total allowable deductions (add lines 2-9).....	\$ _____
11. WEEKLY DISPOSABLE INCOME (subtract line 10 from line 1).....	\$ _____
12. Weekly Disposable Income minus 85% of the first \$145.....	\$ _____
13. Refer to Support Category checked in SECTION I above and enter:	
50% of Weekly Disposable Income if box A is checked	} \$ _____
60% of Weekly Disposable Income if box B is checked	
55% of Weekly Disposable Income if box C is checked	
65% of Weekly Disposable Income if box D is checked	
14. Amount available for withholding (lesser of lines 12 and 13)	\$ _____

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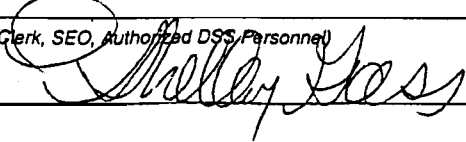
The instructions below must be followed to determine the amount of weekly withholding. Refer to "Order Information" on the first page of this "Order to Withhold Income for Child Support" and line 14 above.

15. Amount of withholding - to be computed weekly:
Deduct weekly the total withholding order specified in "Order Information" on the first page or the amount specified in line 14 above, whichever is less.

SECTION III (To be completed by Clerk)

TO ANY PROPER OFFICER: You are hereby ordered to make due service of this Order (3 pages) on the payer of income to the obligor named on the first page of the Order.

TO PAYER OF INCOME: You are hereby ordered to deduct from the income due the obligor named on the first page of the Order and to make payable as prescribed on the Order, the amount you calculated above. You are further ordered to comply with all other requirements of the Order.

DATE OF COURT ORDER 06-30-87	NAME OF JUDGE, FAMILY SUPPORT MAGISTRATE McCarthy	
SIGNED (Judge, Family Support Magistrate, Asst. Clerk, SEO, Authorized DSS Personnel) 		DATE SIGNED 11-25-03



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CGCC Payroll Dept.

COLUMBIAGREENE COMMUNITY
4400 ROUTE 23

HUDSON, NY

Employer's/Withholder's Federal EIN Number (if known)
RE: LAKE, CHARLES,
Employee's/Obligor's Name (Last, First, MI)

Child(ren)'s Name(s):
STEPHEN
TIFFANY

Employee's/Obligor's Social Security Number

Employee's/Obligor's Case Identifier
LAYDEN, CYNTHIA,
Obligee's Name (Last, First, MI)

[] If checked, you are required to enroll the child(ren) identified above in any health insurance coverage available to the employee/obligor through his/her employment.

ORDER INFORMATION — This Order is based on the support order from CONNECTICUT. You are required by law to deduct these amounts from the employee's/obligor's income until further notice.

\$10.00	per week	current child support	Arrears 12 weeks or greater? [NO]
	per	past-due child support	
	per	current medical support	
	per	past-due medical support	
	per	spousal support	
	per	other (specify)	

for a total of \$10.00 per week to be forwarded to the payee below.

You do not have to vary your pay cycle to be in compliance with the support order. If your pay cycle does not match the ordered payment cycle, withhold one of the following amounts:

\$10.00 per weekly pay period.	\$21.73 per semimonthly pay period (twice a month).
\$20.00 per biweekly pay period (every two weeks).	\$43.45 per monthly pay period.

REMITTANCE INFORMATION — When remitting payment, provide the pay date/date of withholding and the case identifier. If the employee's/obligor's principal place of employment is Connecticut, begin withholding no later than the first pay period occurring 14 days after the date of service or, in the case of a payer of income other than an employer, begin withholding no later than the date of periodic payment occurring 14 days after the date of service. Send payment within 7 working days of the pay date/date of withholding. The total withheld amount, including your fee, cannot exceed 55% of the employee's/obligor's aggregate disposable weekly earnings.

If the employee's/obligor's principal place of employment is not Connecticut, for limitations on withholding, applicable time requirements, and any allowable employer fees, follow the laws and procedures of the employee's/obligor's principal place of employment (see #4 and #10, ADDITIONAL INFORMATION TO EMPLOYERS AND OTHER WITHHOLDERS).

If remitting payment by EFT/EDI, call (860) 787-3035 before first submission. Use this FIPS code: 0900003

Bank routing code (EFT Payment): ABA 053110400

Bank account number (EFT Payment): 2000013946793

Make check payable to: Connecticut - CCSPC (Note: CCSPC is an abbreviation for Centralized Child Support Processing Center)

Send check to: Connecticut - CCSPC, P.O. Box 990032, Hartford, CT 06199-0032

Authorized by: *SHELLEY GOESS*
SHELLEY GOESS SEO

DATE: 11-26-03

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

WHOLE
[] Am
Connecticut
Dist. of JD-DAN
Case Number 28

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DATE OF COURT ORDER 06-30-87	NAME OF JUDGE, FAMILY SUPPORT MAGISTRATE McCarthy
SIGNED (Judge, Family Support Magistrate, Asst. Clerk, SEO, Authorized DSS Personnel) <i>Mully Jones</i>	DATE SIGNED 11/26/03