

IN THE SUPERIOR COURT OF FORSYTH COUNTY
STATE OF GEORGIA

_____ Plaintiff,	CIVIL ACTION FILE NO.: _____
v.	
_____ Defendant.	INCOME DEDUCTION ORDER

This Court having entered an order establishing, modifying or enforcing a child support obligation owed by the Defendant, _____, and the Court having determined in its _____, 20____ Contempt Order that an Income Deduction Order (IDO) should be entered in accordance with O.C.G.A. § 19-6-30 et seq., it is **ORDERED** and **ADJUDGED**:

1. INCOME DEDUCTION: The Defendant's employer, future employer, or any other person, private entity, federal or state government, or any unit of local government providing or administering any periodic form of payment due to the Defendant, regardless of source, including without limitation wages, salary, commission, bonus, workers' compensation, disability, payments from a pension or retirement program, and interest, shall deduct from all monies due and payable to the Plaintiff the following amounts:

2. AMOUNT OF DEDUCTION: Total amount of deduction is:
\$_____ per month (if paid monthly); or \$_____ (if paid bi-weekly); or \$_____ (if paid weekly).

The Department of Human Resources, Child Support Enforcement Agency shall be permitted to collect an administrative fee for deductions made through this IDO pursuant to the requirements of O.C.G.A. § 19-6-33(j).¹

3. PAST DUE SUPPORT: The Defendant named above does not owe any Past Due Support at this time. The Obligee shall have the right to any additional arrearage that may accrue through the date of the first deduction and for all other periods of non-payment.

4. PAYMENT ADDRESS: The total amount deducted shall be forwarded within two (2) business days after each deduction to:

**Child Support Enforcement, FSR
Post Office Box 105730
Atlanta, Georgia 30348-5730**

5. PAYMENT INSTRUCTIONS: If you are deducting child support for more than one IDO you must, upon future notification by Child Support Enforcement, deduct the FSR fee² for each IDO. If the amount you are deducting for any one case is \$40.00 or more, the FSR fee for that IDO is \$2.00. If the deduction is less than \$40.00, the FSR fee is 5% of the amount deducted. For example, the FSR fee would be \$1.75 for a \$35.00 order.

6. CONSUMER CREDIT PROTECTION ACT: The maximum amount to be deducted shall not exceed the amounts allowed under 303.b of the Consumer Credit Protection Act, 15 U.S.C.A. § 1673(b), as amended.

7. EFFECTIVE DATE OF THIS ORDER:

() Immediately

¹Note: You will be later notified by Child Support Enforcement when the FSR fee is to be deducted.

²The FSR fees are not fixed and are subject to future statutory adjustment.

() Upon a delinquency equal to one month's support. This Court finds that good cause was shown to delay the effective date of this Order. The Obligee of the IV-D agency may enforce this IDO by serving a "Notice of Delinquency" on the Obligor as provided in O.C.G.A. § 19-6-32(f).

8. DURATION: This IDO supersedes any IDO which may have been previously entered in this case. This IDO shall remain in full force and effect until modified, suspended or terminated by further order of this Court.

9. PARTIES IDENTIFIED:

Defendant is: _____; DOB: ____/____/_____.

Defendant's address is: _____

(last address of court record).

Defendant's employer is [**to be entered by the parties**]:

_____.

Obligee is: _____.

Obligee's address is: _____

_____.

Child(ren): _____

_____.

10. SERVICE: This IDO and all further papers required to be served pursuant to O.C.G.A. § 19-6-30 et seq., shall be served upon Defendant by regular mail in accordance with the alternative service provisions of O.C.G.A. §§ 19-11-4(i) and 19-6-33(b). A copy of this IDO shall be registered with the IDO Registry Division at Child Support Enforcement by facsimile at (770) 473-2655 and by mail at:

Child Support Enforcement
IDO Registry
Post Office Box 38070
Atlanta, Georgia 30334

11. **DUTY TO INSURE COMPLIANCE:** The Defendant is hereby **ORDERED** to perform all acts necessary for the proper withholding of the sums stated in this IDO, including delivery of same to his employer and future employers, and to personally monitor and confirm on an ongoing basis that the payments withheld are timely and properly deducted from his income and forwarded as ordered, correctly identified with the above case. Failure of the employer to perform under this IDO does not relieve the Defendant of his obligation to insure payment is made.

So ORDERED, this ____ day of _____, 20____.

Presiding Judge
Forsyth County Superior Court
Bell-Forsyth Judicial Circuit

Distribution List

Original: Clerk of Court

cc: _____

____ sender's initials

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