

**Using This Revisable PDF Form**

1. Copies
  - a. Original - to court.
  - b. First copy - to respondent. See Using This Form, 4b.
  - c. Second copy - to payee (if initiated on the court's own motion and both parties are not in court). See Using this Form, 4c.
2. Motion prepared by requesting party (See Using this Form, 4c., notice prepared by clerk).
3. Attachments - form DC-645(a), INCOME DEDUCTION ORDER FOR SUPPORT, if issued.
4. Preparation Details
  - a. This form must be used unless the respondent files a RESPONDENT'S REQUEST FOR INCOME DEDUCTION ORDER, form DC-615, or the parties are before the judge when an income deduction order is requested by a party or on the judge's motion.
  - b. The respondent has only ten calendar days to file a written notice of contest to have a hearing on the motion (Data Element No. 20, front); otherwise, an order must be entered as requested (Virginia Code § 20-79.1(B)(2)). Also, if a notice of contest is filed, the hearing must be conducted within ten days from the filing of the request. Because of timeliness of service of process problems,
    - The clerk should insert a pre-set hearing date in Data Element No. 21(front).
    - a copy should be mailed to the party to be served unless the serving officer can get service within the ten-day period.
  - c. If the request is initiated by someone other than the payee, the status of the signer should be shown below the signature line in Data Element No. 19; the payee's name (if different from the petitioner) and residential address for service of process should be inserted only on the payee's copy and the original copy. If served by different serving officers, an extra copy should be provided for return of service of process.

**Using This Form, *continued***

- d. The maximum percentage deductible from disposable income is determined by Virginia Code § 34-29(b1) based on:
- whether any other dependents not covered by the order in the case are being supported by the respondent, and
  - whether total support payments are more than twelve weeks in arrears.

The percentages are:

- 50% - other dependents, no arrearages over twelve weeks
  - 55% - other dependents, arrearages over twelve weeks
  - 60% - no other dependents, no arrearages over twelve weeks
  - 65% - no other dependents, arrearages over twelve weeks
- e. Data Element No. 10 - one of the two boxes must be checked to show whether the deduction is to be applied first to support or to health care coverage if the amount deducted is insufficient to cover both the support amount and the health care coverage cost.

**MOTION AND NOTICE OF PROPOSED  
INCOME DEDUCTION ORDER FOR SUPPORT**

*Data Elements, page one*

- |  |  |
|--|--|
| <ol style="list-style-type: none"> <li>1. Court case number.</li> <li>2. Division of Child Support Enforcement case I.D. number.</li> <li>3. Court name.</li> <li>4. Petitioner's name and social security number.</li> <li>5. Respondent's name, residential address and social security number.</li> <li>6. Check the box that corresponds to the respondents pay interval. If none of the typed intervals apply, check the last box and insert the respondent's pay interval.</li> <li>7. Insert description of respondent's normal pay date, (such as "every Friday," "first and sixteenth of each month," etc.).</li> <li>8. Name of each person for whom the respondent has been ordered to provide health care coverage.</li> <li>9. For each person, check the applicable box to show the relation of such person to the respondent.</li> <li>10. Check one of the two check boxes. See "Using this Form," 4(e).</li> <li>11. Maximum amount proposed to be deducted during each pay period.</li> <li>12. Maximum percentage which may be deducted per pay period from disposable income. See "Using this Form, 4(e).</li> </ol> | <ol style="list-style-type: none"> <li>13. Total court-ordered periodic support payments for current support and arrearages.</li> <li>14. Court-ordered payment interval on support payments. See "Using this Form," 4(d).</li> <li>15. Total support arrearages. If none, insert "0.00."</li> <li>16. Check appropriate box(es) and, if appropriate, insert additional information.</li> <li>17. Insert employer's name and address where the employer can be served with process.</li> <li>18. Date of signing of motion.</li> <li>19. Signature of petitioner. See "Using this Form," 4(c), if signed by someone other than the payee.</li> </ol> |
|--|--|
- Completed by the clerk or deputy clerk:

  20. Date by which respondent must file notice of contest. See "Using this Form," 4(b).
  21. Insert pre-set hearing date if notice of contest is filed. See "Using this Form," 4(b).
  22. Date of signing of notice.
  23. Signature of clerk or deputy clerk. Check appropriate box below the line.

**MOTION AND NOTICE OF PROPOSED INCOME DEDUCTION ORDER FOR SUPPORT**

Commonwealth of Virginia VA. CODE § 20-79.1

Case No.: ..... **1** .....  
 DCSE ID No.: ..... **2** .....

**3**

Juvenile and Domestic Relations District Court

ADDRESS

**4**

PETITIONER

V.

**5**

RESPONDENT

SOCIAL SECURITY NUMBER

ADDRESS

**MOTION:**

I request the court to enter an income deduction order which Contains the following terms:

**1. Proposed Income Deduction Terms:**

Pay interval:

- weekly .....
- bi-weekly .....
- 6**  semi-monthly ..... **7** .....
- monthly .....
- .....

} regular pay dates

OTHER PAY INTERVAL AND REGULAR PAY DATES

SOCIAL SECURITY NUMBER

I am also ordered to provide health care coverage for the following persons:

NAME <b>8</b>	<b>9</b> STATUS (check applicable box)			Payment Priority <b>10</b> <input type="checkbox"/> Support <input type="checkbox"/> Health care coverage
	Dependent Child	Current Spouse	Former Spouse	
1. ....				
2. ....				
3. ....				
4. ....				
5. ....				
6. ....				

**2. Proposed amount to be deducted each pay period:**

\$ ..... **11** ..... or ..... **12** ..... % of disposable income, whichever is less based on court-ordered payments of \$ ..... **13** ..... per ..... **14** ..... with \$ ..... **15** ..... total unpaid payments.

**3. Reason for proposed support income deduction order:**

- 16**  receipt of notice of arrearage in support payments  Court has found that there is an arrearage of an amount equal to one month's support obligation
- facts relevant in determining the likelihood of payments in accordance with the support order  request of the obligor
- Other: .....

**4.** ..... **17** .....  
 EMPLOYER'S NAME

EMPLOYER'S ADDRESS

**18**

DATE

**19**

PETITIONER

**NOTICE TO THE RESPONDENT/OBLIGOR:** Read this entire Notice (pages one and two) carefully. This motion is made pursuant to Virginia Code § 20-79.1. If you wish to contest this Motion, written notice must be filed in the clerk's office by

**20**

FILING DEADLINE

for a hearing on

**21**

HEARING DATE

**22**

DATE

**23**

CLERK

DEPUTY CLERK

**Data Elements**, *page two*

1. Serving officer to check this box if personal service obtained.
2. Serving officer to check the appropriate box to designate type of substituted service.
3. If served by leaving a copy with a family member aged 16 or older, check appropriate box and insert required information.
4. Serving officer to check this box if unable to serve process.
5. Date of signature.
6. Signature of serving officer
7. Name of sheriff if served by deputy sheriff.

**TO THE RESPONDENT/OBLIGOR:**

This notice is to advise you that this Court has been requested for the reason stated above to enter an order requiring all of your present and future employers to deduct support payments as described above from your income. This deduction will begin with the next regular pay interval for your income after your employers are served with an order.

You have ten (10) days from the date of issuance of this Notice to file in the clerk’s office of this court a written notice of contest of such proposed order. If no written notice of contest is filed, the court will enter such an order at the end of the ten (10) day filing period. If you file a written notice of contest,

- a hearing will be held and a decision made regarding the issuance of the Order and its contents within ten (10) days from the date that the Court receives your written notice of contest, unless good cause is shown for additional time, but not to exceed forty-five (45) days from your receipt of this notice, and
- only disputes as to mistakes of fact (error in the identity of the payor or the amount of current support or arrearage) will be heard. Alleged inability to pay is not a grounds for contest.
- payment of overdue support upon receipt of the notice shall not be the *sole* basis for not implementing withholding.

The order will state that the deduction will start with the regular pay period for your income after you employer is served with an order. Your employer will be told the names of the petitioner, the court file number, the DCSE ID number (if any), your name, address, and social security number, and the terms of the periodic support payment, and where to send payments. The employer will also be told:

- the maximum amount which can be withheld from your income,
- that the order is binding on the employer until further notice sent by the court is received by the employer,
- that the order requires income deductions for support to be paid before any other liens created under state law except that, when judicial or administrative income deduction orders for support have been previously served on the employer, the employer must prorate the amount withheld from your check among all income deduction orders of support based upon the current amounts due, with any remaining income prorated among the orders for accrued arrearages, if any,
- that deductions are to be made on your regular payday and sent that date to the Virginia Department of Social Services and how to send such payments,
- of his liability for failing to honor the order or for taking retaliatory action against you because of such order,
- that the employer and respondent must notify the Virginia Department of Social Services when your employment terminates, and give your home address and the name and address of your new employer,
- that the employer may deduct an additional fee of \$5.00 for each time that the employer deducts money or answers in writing that the employer was legally unable to makes such deductions,
- how the employer should respond if the order contains erroneous information, and
- the statutory authorization for such order.

**SERVICE OF PROCESS ON RESPONDENT:**

**1**  Personal service

Being unable to make personal service, a copy was delivered in the following manner:

Delivered to family member (not temporary sojourner or guest) age 16 or older at usual place of abode or party named above after giving information of its purport. (List name, age of recipient and relation to party named above.)

**3**

**2**  Posted on front door or such other door as appears to be the main entrance of usual place of abode, address listed above. (Other authorized recipient not found.)

Certified mail.

Facsimile service on employer to deliver to respondent.

**4**  Not found.

.....**5**.....  
DATE

.....**6**.....  
SERVING OFFICER

.....**7**.....  
for