ATTACHMENT H-2 EXAMPLE 12

STATE OF CALIFORNIA- STATE CONTROLLER'S OFFICE

SALARY GARNISHMENT
CHILD SUPPORT/FAMILY SUPPORT

STD. 639 CFS (REV. 5/2009)

NOTE: SUBMIT ORIGINAL TO THE STATE CONTROLLER'S GARNISHMENT UNIT. SUBMIT ORIGINAL, ONE COPY AND COURT ORDER.

DOCUMENT NUMBER

Reference Payroll Procedures Manual Section H 300

1. AGENCY NAME: COMPLETE

2. SOCIAL SECURITY NUMBER: XXX-XX-XXXX

3. NAME (F.I.) X (M.I.) X (LAST) XXXXXXX

4. POSITION NUMBER: (Agency) XXX (Unit) XXX (Class) XXXX (Serial) XXX

5. EFFECTIVE DATE: 12/23/06

6. ACTION TYPE: [✓] NEW [ ] MODIFICATION OR CORRECTION OF ITEM _____ [ ] CANCELLATION OF GARNISHMENT ORIGINAL EFFECTIVE DATE _____

7. PAY FREQUENCY: [✓] MONTHLY [ ] SEMI-MONTHLY [ ] BI-WEEKLY

8. GARNISHMENT TYPE (038)

A. [ ] COURT ORDERED ASSIGNMENT OF WAGES (ONGOING SUPPORT) (FC 150 et seq., 5200 et seq. or PC 3088)

$ _____ *(Monthly Amount)*

$ _____ *(Deduction Amount per Pay Period)*

[ ] DEDUCTION AMOUNT CHANGED FROM $ _____ ***(Must be completed if changing 8A)***

B. (399/002) [✓] EARNINGS WITHHOLDING ORDER FOR SUPPORT - ARREARAGES *(CCP Section 706.030, 706.052, and 706.070 et seq.) (including FTB Child Support Collection Program, Revenue & Taxation Code 19271)*

9. ARREARAGES: $ 10,000.00

10. **COMPLETE FOR USE BY DEPARTMENT OF CHILD SUPPORT SERVICES ONLY**

EMPLOYEE ADDRESS ☞ COMPLETE

COMPLETE

EMPLOYEE DATE OF BIRTH (MM/DD/YYYY) ☞ XX XX XXXX

11. COMPLETE **ONLY** IF COURT SPECIFICALLY STATES ***(May only be completed with 8B.)***

A [ ] TERMINATION DATE OF EARNINGS WITHHOLDING ORDER _____

B [ ] MAXIMUM GARNISHMENT AMOUNT DEDUCTIBLE PER MONTH $ _____

C [ ] SUPPORT EXEMPTION AMOUNT $ _____

D [✓] SPECIFIC AMOUNT TO BE DEDUCTED PER MONTH $ 200.00

12. WARRANT TO BE MADE PAYABLE TO

ENTER CASE NUMBER ☞ **Must be completed** Case Number: COMPLETE

PAYEE NAME ☞ COMPLETE

C / O SDU
PO BOX 989067
WEST SACRAMENTO CA 95798

13. REMARKS

14. FORM COMPLETED BY: COMPLETE

TELEPHONE NUMBER AND EXTENSION: COMPLETE

15. PAYROLL INFORMATION CERTIFIED IN ACCORDANCE WITH B/C RULE 660

AUTHORIZED SIGNATURE: COMPLETE DATE

TYPED NAME: COMPLETE