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.) (M.I.) (LAST): X X XXXXXXX

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

5. EFFECTIVE DATE: 12/29/06

6. ACTION TYPE: ☐ NEW ☑ MODIFICATION OR CORRECTION OF ITEM 8A ☐ 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)

$ 300.00 *(Monthly Amount)*

$ 300.00 *(Deduction Amount per Pay Period)*

☑ DEDUCTION AMOUNT CHANGED FROM $ 500.00 ***(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. **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 $

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