

SALARY GARNISHMENT**CHILD SUPPORT/FAMILY SUPPORT**

STD. 639 CFS (REV. 5/2009)

ATTACHMENT B-2 EXAMPLE 11
**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			4. POSITION NUMBER (Agency) (Unit) (Class) (Serial) XXX XXX XXXX XXX				
2. SOCIAL SECURITY NUMBER XXX-XX-XXXX	3. NAME (F.I.) (M.I.) (LAST) X X XXXXXXXX						
5. EFFECTIVE DATE 02/02/07	6. ACTION TYPE <input checked="" type="checkbox"/> NEW <input type="checkbox"/> MODIFICATION OR CORRECTION OF ITEM <input type="checkbox"/> CANCELLATION OF GARNISHMENT ORIGINAL EFFECTIVE DATE						
7. PAY FREQUENCY <input checked="" type="checkbox"/> MONTHLY <input type="checkbox"/> SEMI-MONTHLY <input type="checkbox"/> BI-WEEKLY							
8. GARNISHMENT TYPE (038) A. <input checked="" type="checkbox"/> COURT ORDERED ASSIGNMENT OF WAGES (ONGOING SUPPORT) (FC 150 et seq., 5200 et seq. or PC 3088) \$ 350.00 (Monthly Amount) <input type="checkbox"/> DEDUCTION AMOUNT CHANGED FROM \$ (Must be completed if changing 8A) \$ 350.00 (Deduction Amount per Pay Period)							
9. ARREARAGES \$ 99,999.99							
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)							

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	<input type="checkbox"/> TERMINATION DATE OF EARNINGS WITHHOLDING ORDER	
B	<input type="checkbox"/> MAXIMUM GARNISHMENT AMOUNT DEDUCTIBLE PER MONTH	\$
C	<input type="checkbox"/> SUPPORT EXEMPTION AMOUNT	\$
D	<input type="checkbox"/> 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 680AUTHORIZED SIGNATURE
COMPLETE

DATE

TYPED NAME

COMPLETE