

SALARY GARNISHMENT**NOTE: SUBMIT ORIGINAL TO THE STATE CONTROLLER'S GARNISHMENT UNIT. SUBMIT ORIGINAL, ONE COPY AND COURT ORDER.****CHILD SUPPORT/FAMILY SUPPORT**

STD. 639 CFS (REV. 5/2009)

DOCUMENT NUMBER

Reference Payroll Procedures Manual Section H 300

1. AGENCY NAME COMPLETE			4. POSITION NUMBER			
			(Agency)	(Unit)	(Class)	(Serial)
2. SOCIAL SECURITY NUMBER XXX-XX-XXXX			3. NAME (F.I.) (M.I.) (LAST) X X XXXXXXXX			
5. EFFECTIVE DATE 12/23/06			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 type="checkbox"/> COURT ORDERED ASSIGNMENT OF WAGES (ONGOING SUPPORT) (FC 150 et seq., 5200 et seq. or PC 3088) \$ _____ (Monthly Amount) <input type="checkbox"/> DEDUCTION AMOUNT CHANGED FROM \$ _____ (Must be completed if changing 8A) \$ _____ (Deduction Amount per Pay Period)						
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) <input checked="" type="checkbox"/>			B. ARREARAGES \$ 10,000.00			

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 checked="" type="checkbox"/>	SPECIFIC AMOUNT TO BE DEDUCTED PER MONTH	\$ 200.00

12. WARRANT TO BE MADE PAYABLE TO

Must be completed Case Number

ENTER 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 680 AUTHORIZED SIGNATURE COMPLETE TYPED NAME COMPLETE
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