STATE OF CALIFORNIA - STATE CONTROLLER'S OFFICE

SALARY GARNISHMENT

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

CHILD SUPPORT/FAMILY SUPPORT DOCUMENT NUMBER STD. 639 CFS (REV. 5/2009) Reference Payroll Procedures Manual Section H 300 1. AGENCY NAME 4. POSITION NUMBER COMPLETE (Agency) (Unit) (Class) (Serial) 2. SOCIAL SECURITY NUMBER 3. NAME (F.I.) (M.I.) (LAST) XXX-XX-XXXX Х Х XXXXXXX XXX XXX XXXX XXX 5. EFFECTIVE DATE 6. ACTION TYPE MODIFICATION OR CANCELLATION OF GARNISHMENT NEW 84 12/29/06 CORRECTION OF ITEM ORIGINAL EFFECTIVE DATE 7. PAY FREQUENCY BI-WEEKLY MONTHLY SEMI-MONTHLY 8. GARNISHMENT TYPE (038) COURT ORDERED ASSIGNMENT OF WAGES (ONGOING 1 SUPPORT) (FC 150 et seq., 5200 et seq. or PC 3088) DEDUCTION AMOUNT \$ 500.00 300.00 CHANGED FROM (Monthly Amount) (Must be completed if changing 8A) (Deduction Amount **30**0.00 \$ per Pay Perlod) ARREARAGES 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 EMPLOYEE DATE OF BIRTH (MM/DD/YYYY) COMPLETE ONLY IF COURT SPECIFICALLY STATES (May only be completed with 8B.) 11. TERMINATION DATE OF EARNINGS WITHHOLDING ORDER MAXIMUM GARNISHMENT AMOUNT DEDUCTIBLE PER MONTH В SUPPORT EXEMPTION AMOUNT C D SPECIFIC AMOUNT TO BE DEDUCTED PER MONTH 12, WARRANT TO BE MADE PAYABLE TO Must be completed **P** ENTER CASE NUMBER $C_1O_1M_1P_1L_1E_1T_1E_1$ PAYEE NAME C/O SDU PO BOX 989067 WEST SACRAMENTO CA 95798 13. REMARKS 14. FORM COMPLETED BY TELEPHONE NUMBER AND EXTENSION 15. PAYROLL INFORMATION CERTIFIED IN ACCORDANCE WITH B/C RULE 660 AUTHORIZED SIGNATURE COMPLETE COMPLETE COMPLETE TYPED NAME COMPLETE