STATE OF CALIFORNIA - STATE CONTROLLER'S OFFICE

## ATTACHMENT H-2 EXAMPLE 14

SALARY GARNISHMENT CHILD SUPPORT/FAMILY SUPPORT

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

STD. 639 CFS (REV. 5/2009)													Г	DOCUMENT NUMBER										
Reference Payroll Procedures Manual Section H 300																								
1. AGENCY NAME													4. POSITION NUMBER									_		
COMPLETE												'	(Age				lnít)		,	Class)			(Serial)	
2. SOCIAL SECURITY NUMBER	3. NAME (i	F.I.) (M	1.1.)	(LAS	7)							+	(rigor	,	Į.	10	,	1	,	0,633)		1	(Solial)	
XXX-XX-XXXX 5. EFFECTIVE DATE	6. ACTION TYP		X	XX	(XX)	XXX							XX	X	i	X	XX	į		XXX	<u>X</u>	<u>i</u>	XXX	
02/13/07 NEW MODIFICATION OR CORRECTION OF ITEM												<b>√</b> 3	CANCELLATION OF GARNISHMENT 12/23/06 ORIGINAL EFFECTIVE DATE											
7. PAY FREQUENCY MONTHLY	sı	EMI-MONT	HLY			BI-WEEKI	Y																	
8. GARNISHMENT TYPE (038) A. COURT ORDERED ASSIGNMENT SUPPORT) (FC 150 et seq., 5200 et	seq. or PC 3088) (Monthly Amoun	t)			UCTION NGED F	AMOUNT	\$	st be	com	pleted	if cha	ngin	g 8A)	.=.										
\$(Deduction Amount per Pay Period)																								
P. (2000)													5	9.	ARRE	ARA	GES							
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)														\$	ò						1	10,000.00		
COMPLETE FOR USE BY DEPARTMENT OF CHILD SUPPORT SERVICES ONLY																								
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EMPLOYEE ADDRESS	(F	CO	M	<b>P</b> .	L E	T E																		
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EMPLOYEE DATE OF BIRTH (MM/DD/YYYY)	P		-	$ \mathbf{x} $	 X	$ \mathbf{x} $	1-1	vl						_									J	
EMPLOTEE DATE OF BIRTH (MINUDD/TTTT)		$\Lambda \Lambda$	<b>\</b>	$\Lambda$	^_	$ \Lambda ^{\Delta}$	1	Λ																
11. COMPLETE ONLY IF COURT SPECIFIC	CALLY STATES	a	May on	lv be c	omplet	ed with 8L	3,}								_					—		—		
A TERMINATION DATE OF EARNING		-		,					_		_			(7)				lary.		4				
B MAXIMUM GARNISHMENT AMOUNT DEDUCTIBLE PER MONTH \$																								
C SUPPORT EXEMPTION AMOUNT				\$				•										*						
D SPECIFIC AMOUNT TO BE DEDUICE	TED PEP MONTH			\$						200	00										1			
D SPECIFIC AMOUNT TO BE DEDUCTED PER MONTH \$ 200.00																								
	<b>P</b>	Mus	t be co	mplete	d	Case Nun	iber																	
ENTER CASE NUMBER	<b>\</b>	$C_{ }O$	$ \mathbf{M} $	P <sub> </sub> ]	L <sub>l</sub> E	T E	<u>1</u>									L	L							
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C/O SDU PO BOX 989067 WEST SACRAMENTO CA 95798																								
42 DENADVO												_												
13. REMARKS																								
14. FORM COMPLETED BY		TELEPH	HONE N	NUMBE	R AND	EXTENSI	ON 1	5. PA	YRO	LL INFO	RMA	TION	I ČERT	TIFIF	D IN 4	CCC	ORDA	NCF	WITE	I B/C	शाह	660		
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