

STATE OF CALIFORNIA - STATE CONTROLLER'S OFFICE  
**SALARY GARNISHMENT  
CHILD SUPPORT/FAMILY SUPPORT**  
STD. 639 CFS (REV. 5/2009)

ATTACHMENT H-2 EXAMPLE 10  
**NOTE: SUBMIT ORIGINAL TO THE STATE CONTROLLER'S GARNISHMENT  
UNIT. SUBMIT ORIGINAL, ONE COPY AND COURT ORDER.**

Reference Payroll Procedures Manual Section H 300

DOCUMENT NUMBER

|   |   |   |  |  |                                      |
|---|---|---|--|--|--------------------------------------|
| 1. AGENCY NAME<br><b>COMPLETE</b>   |   | 4. POSITION NUMBER<br>(Agency) (Unit) (Class) (Serial)<br><b>XXX XXX XXXX XXX</b> |  |  |                                      |
| 2. SOCIAL SECURITY NUMBER<br><b>XXX-XX-XXXX</b>   | 3. NAME (F.I.) (M.I.) (LAST)<br><b>X X XXXXXXXX</b>   |   |  |  |                                      |
| 5. EFFECTIVE DATE<br><b>02/13/07</b>  | 6. ACTION TYPE<br><input checked="" type="checkbox"/> NEW <input type="checkbox"/> MODIFICATION OR CORRECTION OF ITEM <input type="checkbox"/> CANCELLATION OF GARNISHMENT<br>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)<br>A. <input checked="" type="checkbox"/> COURT ORDERED ASSIGNMENT OF WAGES (ONGOING SUPPORT) (FC 150 et seq., 520C et seq. or PC 3088)<br>\$ <b>700.00</b> (Monthly Amount) <input type="checkbox"/> DEDUCTION AMOUNT CHANGED FROM \$ (Must be completed if changing 8A)<br>\$ <b>700.00</b> (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.)<br>(including FTB Child Support Collection Program, Revenue & Taxation Code 19271)<br><input checked="" type="checkbox"/>  |   |   |  |  | 9. ARREARAGES<br>\$ <b>99,999.99</b> |

**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 | \$ <b>300.00</b> |

12. WARRANT TO BE MADE PAYABLE TO

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 660

AUTHORIZED SIGNATURE

DATE

**COMPLETE**

TYPED NAME

**COMPLETE**