STATE OF CALIFORNIA-STATE CONTROLLER'S OFFICE

## 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)  Reference Payroll Procedures Manual Section H 300										Ē	DOCUMENT NUMBER									
1, AGENCY NAME										4. P	OSIT	ION I	NUME	BÉR						
COMPLETE		- · · · · · · · · · · · · · · · · · · ·		_						(4	Agenc	y)		(Unit		ı	(Class	;)	ı	(Serial)
2. SOCIAL SECURITY NUMBER	3. NAME (	F.I.) (M.I.)	(LAS									_	į						ĺ	
XXX-XX-XXXX 5. EFFECTIVE DATE	6. ACTION TYP	XX	X	CXXX	XX						XX	Χ	<u> </u>	XX	X	l 	XX	XX.		XXX
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05/01/09 7. PAY FREQUENCY	NEW	L	COR	RECTION	N OF ITEM	1				✓	OF	RIGIN	AL E	FECTI	/E DAT	ΓE		00	/10/(	)1 
MONTHLY	✓ Si	EMI-MONTHLY		В	I-WEEKLY	,														
8. GARNISHMENT TYPE (038)											_		1000			5130	14.1			
A. COURT ORDERED ASSIGNMENT SUPPORT) (FC 150 et seq., 5200 et	OF WAGES (ON t seg. or PC 3088)	GOING	– DEDI	ICTION A	AMOUNT															
\$ 300.00	(Monthly Amoun	1		NGED FR		\$														
e 150.00						(Musi	be com	pleted	if chang	jing 8	BA)									
\$ 150.00	per Pay Period)																			
													9.	AF	REAF	RAGE	s			
B. (399/002) EARNINGS WITHHOLDING ORD (including FTB Child Support Coll	ER FOR SUPPOR	RT - ARREARA	GES (CC	P Section	n 706.030	706.052	, and 70	06.070 e	t seq.)				\$							
10.													4							
COMPLETE FOR USE	BY DEPAR	RTMENT O	F CHI	LD SL	JPPOR	T SEI	RVICE	ES O	NLY											
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EMPLOYEE DATE OF BIRTH (MM/DD/YYYY)	F	$ \mathbf{x} \mathbf{x}$	$ \mathbf{x} $	x	$\mathbf{x} \mathbf{x}$	$ \mathbf{x} $	ا۲													
TERMINATION DATE OF EARNING  MAXIMUM GARNISHMENT AMOUNT	ži.	_	\$																	
SUPPORT EXEMPTION AMOUNT			\$																	
SPECIFIC AMOUNT TO BE DEDUC	TED PER MONTH	I	\$																	
2. WARRANT TO BE MADE PAYABLE TO											_		200		XXX 0.00	980000	1,000	Zintines	La Company	K.2., 131
	<b>P</b>	Must be o	complete	d C	ase Numb	er														
ENTER CASE NUMBER		$C_1O_1M$	[P]	$L_{\parallel}E_{\parallel}$	$T_{\mid}E$	Ш														
PAYEE NAME		$C_{ O M}$	$ P_{ }I$	$L_{\parallel}E_{\parallel}$	$T_{ E }$						ē			L_I				ı		
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*																				
3. REMARKS			_																	
14. FORM COMPLETED BY		TELEPHONE	NUMBE	R AND E	XTENSIO	N 15.	PAYRO	LL INFO	RMATIC	ON C	ERTII	FIED	IN A	CCOR	DANC	E WI	TH B/C	RUL	E 660	
COMPLETE		COMPT	pro			ΑU	HORIZI										DATE			
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