

RESPONDENT'S REQUEST FOR INCOME DEDUCTION ORDER

Using This Revisable PDF Form

1. Copies
 - a. Original - to court.
 - b. First copy - to respondent.
2. Prepared and signed by respondent.
3. Attachments
 - a. Form DC-645(a), INCOME DEDUCTION ORDER FOR SUPPORT, if issued.
4. Preparation Details
 - a. The information in Data Element No. 13 is used to determine the maximum percentage of disposable earnings which may be withheld pursuant to Virginia Code § 34-29.
 - b. In Data Element No. 15, respondent may request a specific amount to reduce arrearages if the order does not provide for periodic payment on arrearages. The respondent may request the same or a larger amount if the order provides for periodic payment to reduce arrearages.
 - c. In Data Element No. 17, check "same as above" if normal pay interval is same as Data Element Nos. 8 and 9. Otherwise check "different from above..." and then check the appropriate box below that line and fill in the appropriate line(s). Use this information in completing the pay-interval provisions in the Form DC-645(a), INCOME DEDUCTION ORDER FOR SUPPORT, and the EMPLOYER'S INCOME DEDUCTION ORDER FOR SUPPORT, form DC-645(b).
 - d. Data Element No. 12 - one of the two boxes must be checked to show whether the deduction is to be applied first to support or to health care coverage if the amount deducted is insufficient to cover both the support amount and the health care coverage cost.

RESPONDENT'S REQUEST FOR INCOME DEDUCTION ORDER**Data Elements**

1. Court case number.
2. Division of Child Support Enforcement Case I.D. number.
3. Court name.
4. Name and (if known) residential address and social security number of petitioner.
5. Name, residential address and social security number of respondent.
6. Total amount of court-ordered periodic current support payment (if any).
7. Total amount of court-ordered periodic payment to reduce arrearages (if any).
8. Check appropriate box to show scheduled frequency of support payments.
9. Due dates for payments (examples: "each Friday," "first and sixteenth of each month," "fourth Monday of each month").
10. Name of each person for whom the respondent has been ordered to provide health care coverage.
11. For each person, check the applicable box to show the relation of such person to the respondent.
12. Check one of the two check boxes. See "Using this Form," 4(d).
13. Check the appropriate box. If the second box is checked, insert the names of persons for whom support is being provided. See "Using this Form," 4(a).
14. Same as Data Element No. 6.
15. Same as Data Element No. 7 if court-ordered. See "Using this Form," 4(b).
16. Name and address of employer(s).
17. Check the appropriate box for each employer and, if appropriate, fill in the appropriate blank(s). See "Using this Form," 4(c).
18. Date of signing of stipulation.
19. Signature of respondent.

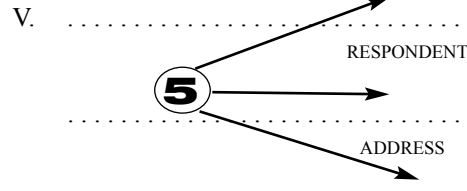
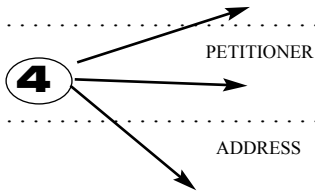
RESPONDENT'S REQUEST FOR INCOME DEDUCTION ORDER

Case No.: **1**

Commonwealth of Virginia VA. CODE § 20-79.1 **3**

DCSE No.: **2**

Juvenile and Domestic Relations District Court



SOCIAL SECURITY NUMBER

I, the undersigned Respondent, state that the following is my court-ordered periodic support payment in this case:

\$ **6** current support

\$ **7** applied to arrearages } payable:

8 { weekly **9** } regular pay dates
bi-weekly
semi-monthly
monthly
OTHER PAY INTERVAL AND REGULAR PAY DATES

I am also ordered to provide health care coverage for the following persons:

NAME	11 STATUS (check applicable box)			Payment Priority <input type="checkbox"/> Support <input type="checkbox"/> Health care 12 coverage
	Dependent Child	Current Spouse	Former Spouse	
1. 10				
2.				
3.				
4.				
5.				
6.				

Support of other dependents:

- I am not providing support to another spouse or another dependent child other than such spouse and/or dependent child(ren) for whom support is to be provided through this case.
- I am providing support to these other spouse(s) and/or child(ren) for whom no support is provided through this case: **13**

I hereby request this court to enter an Income Deduction Order for the withholding from my income of:

\$ **14** current support \$ **15** to be applied to arrearages

My employers are:

1. **16** NAME

..... ADDRESS

.....

whose normal pay dates are

17 same as above different from above in that I am paid
 weekly semi-monthly
 bi-weekly monthly
with paydays being
NORMAL PAYDAY

whose normal pay dates are

17 same as above different from above in that I am paid
 weekly semi-monthly
 bi-weekly monthly
with paydays being
NORMAL PAYDAY

I also waive notice of a hearing on the matter. **18**

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