

Using This Form**1. Copies (See Using This Form, 4.c.)**

- a. Part 1 (DC-645(A), INCOME DEDUCTION ORDER OF SUPPORT)-to court.
- b. Part 2 (DC-645(A), INCOME DEDUCTION ORDER OF SUPPORT) - to employer to give to employee.
- c. Part 3 (DC-645(B), EMPLOYER'S INCOME DEDUCTION ORDER FOR SUPPORT)-to employer.
- d. Part 4 (DC-645(B), EMPLOYER'S INCOME DEDUCTION ORDER FOR SUPPORT)-to serving officer for service of process, then to court.

Additional copies--See Using This Form, 4.c..

2. Prepared by clerk and:

DC-645(A), INCOME DEDUCTION ORDER OF SUPPORT--signed by *judge*.

DC-645(B), EMPLOYER'S INCOME DEDUCTION ORDER FOR SUPPORT--signed by *clerk*.

3. Attachments

- a. DC-646, COMPLIANCE PROVISIONS--INCOME DEDUCTION ORDER, to every copy of both of the orders.
- b. Only to original of DC-645(A), INCOME DEDUCTION ORDER FOR SUPPORT.
 - DC-615, RESPONDENT'S REQUEST FOR INCOME DEDUCTION ORDER, if filed.
 - DC-617, MOTION AND NOTICE OF INCOME DEDUCTION ORDER FOR SUPPORT, if issued.
 - DC-645(B), EMPLOYER'S INCOME DEDUCTION ORDER FOR SUPPORT.

4. Preparation details

- a. This form contains two separate orders. They were placed in the same set to

save clerical preparation time since both orders are frequently produced at the same time.

- b. Because the two orders are signed by different people (see Using This Form, 2), be sure to separate Parts 1 and 2 from Parts 3 and 4 before either order is signed.
- c. Because not enough copies of the two orders could be produced with this set, the following additional copies will have to be copied and distributed thusly:
 - Second copy (front only, DC-645(A), INCOME DEDUCTION ORDER FOR SUPPORT) -- to petitioner by mail

Remember to attach a copy of DC-646, COMPLIANCE PROVISIONS--INCOME DEDUCTION ORDER, to *every* one of these copies as well as every part of the form that is issued.

- d. Data Element No. 6--Respondent's social security number must be on both orders (Va. Code § 20-79.1).
- e. Data Element No. 9--The maximum percentage deductible from "disposable income" must be included in each order and is determined by Va. Code § 34-29(b 1) based on:
 - whether any other dependents not covered by the order in the case are being supported by the respondent, and
 - whether total support payments are more than 12 months in arrears.

The percentages are:

- 50% - other dependents, no arrearages over 12 weeks
- 55% - other dependents, arrearages over 12 weeks
- 60% - no other dependents, no arrearages over 12 weeks
- 65% - no other dependents, arrearages over 12 weeks

This information should be obtained from DC-615, RESPONDENT'S REQUEST FOR INCOME DEDUCTION ORDER, or from DC-617, MOTION AND NOTICE OF PROPOSED INCOME DEDUCTION ORDER FOR SUPPORT; otherwise, additional information should be obtained in court to make this selection.

- f. Data Element No. 17--The judge needs to determine whether priority will be given to applying the payroll deduction to support payments or to health care coverage if the total deductible amount is insufficient to fully pay both support payments and health care coverage.
- g. Once an INCOME DEDUCTION ORDER FOR SUPPORT, DC-645(A), is entered, additional EMPLOYER'S INCOME DEDUCTION ORDERS FOR SUPPORT, DC-645(B) to new or additional employers may be prepared without preparing and signing the INCOME DEDUCTION ORDER FOR SUPPORT, DC-645(A), portion of the form. In such situations, Data Elements Nos. 5 (address only), 6 (address only), 7, 10 and/or 11 can be changed by the clerk from new information without a new hearing and without entry of a new INCOME DEDUCTION ORDER OF SUPPORT, DC-645(A), (or its former version, DC-632) being issued.
- h. Data Elements Nos. 10 and 11--If the pay interval in the support order does not agree with the respondent's current pay interval for the employer to whom the EMPLOYER'S INCOME DEDUCTION ORDER FOR SUPPORT, DC-645(B) is directed, convert the payment for purposes of the EMPLOYER'S INCOME DEDUCTION ORDER FOR SUPPORT, DC-645(B) to the respondent's current pay interval by using the Payroll Conversion Table in Section IX of the DISTRICT COURT MANUAL.
- i. Data Element No. 18--The reporting form to be completed by the employer is provided by the Division of Child Support Enforcement and is to be attached to the copy of the EMPLOYER'S INCOME DEDUCTION ORDER OF SUPPORT, DC-645(B), to be left with the employer by the serving officer.
- j. DC-645(B), SERVICE OF PROCESS copy (back)--Because corporate employers are served pursuant to Va. Code § 8.01-513 (service of process of garnishments on corporations), the service of process format on the back of DC-645(B), EMPLOYER'S INCOME DEDUCTION ORDER FOR SUPPORT, is somewhat different from the format usually used in civil service of process. Service may also be made by transmission of a copy of the order by electronic means. Virginia Code § 20-79.1.

Data Elements, front (DC-645(A))

1. Court case number.
2. Division of Child Support Enforcement case I.D. number.
3. Check whether this order is the first order to the employer (original) or is a subsequent order modifying an earlier order (modified).
4. Court name. Insert name and address of court's jurisdiction and check the applicable type of court.
5. Petitioner's name, address, and social security number. See Using This Form, 4.g..
6. Respondent's name, residential address and social security number. See Using This Form, 4.d. and g..
7. Name and address of employer. See Using This Form, 4.g..
8. Maximum monetary amount to be deducted from respondent's disposable income.
9. Maximum percentage of respondent's disposable income. which may be deducted. See Using This Form, 4.e..
10. Check appropriate box to show scheduled pay intervals. See Using This Form, 4.g. and h..
11. Pay dates (examples: "Each Friday," "1st and 16th of each month," "4th Monday of each month"). See Using This Form, 4.g. and h..
12. Check this box if health care coverage through the employer's health care plan is ordered.
13. Check the applicable box to designate through which party's employer health care coverage is to be provided.
14. Check this box if data element no. 12 is checked.
15. Name each person (except the employee) for whom the employee has been ordered to provide health care coverage.
16. For each person named in Data Element No. 15, check the applicable box to show the relation of such person to the employee.
17. Check the appropriate box to show how payments are to be prioritized if the employee's income is insufficient to cover both child support and health care coverage. See Using This Form, 4.f..
18. If the Division of Child Support Enforcement is enforcing the support obligation, check this box. See Using This Form, 4.i..
19. Check the appropriate block as to whether payment pursuant to this order may be combined with other payments to the Division of Child Support Enforcement.
20. Date of signing of order.
21. Signature of judge.

Data Elements (DC-645(B)), front

1. Court case number.
2. Division of Child Support Enforcement case I.D. number.
3. Check whether this order is the first order to the employer (original) or is a subsequent order modifying an earlier order (modified).
4. Court name and address. Insert name of court's jurisdiction and check the applicable type of court.
5. Petitioner's name, address, and social security number. See Using This Form, 4.g.
6. Respondent's name, residential address and social security number. See Using This Form, 4.d. and g.
7. Name and address of employer. See Using This Form, 4.g.
8. Maximum monetary amount to be deducted from respondent's disposable income.
9. Maximum percentage of respondent's disposable income which may be deducted. See Using This Form, 4.e..
10. Check appropriate box to show scheduled pay intervals. See Using This Form, 4.g. and h..
11. Pay dates (examples: "Each Friday," "1st and 16th of each month," "4th Monday of each month"). See Using This Form, 4.g. and h..
12. Check this box if health care coverage through the employer's health care plan is ordered.
13. Check the applicable box to designate through which party's employer health care coverage is to be provided.
14. Check this box if the box in data element no. 12 has been checked.
15. Name each person (except the employee) for whom the employee has been ordered to provide health care coverage.
16. For each person named in Data Element No. 15, check the applicable box to show the relation of such person to the employee.
17. Check the appropriate box to show how payments are to be prioritized if the employee's income is insufficient to cover both child support and health care coverage. See Using This Form, 4.f..
18. If the Division of Child Support Enforcement is enforcing the support obligation, check this box. See Using This Form, 4.i..
19. Check the appropriate block as to whether payment pursuant to this order may be combined with other payments to the Division of Child Support Enforcement.
20. Date of signing of order.
21. Signature of clerk or deputy clerk. Check the applicable status box.

Data Elements (DC-645(b)), reverse, employer's copy

1. Employer seeking to void order checks the appropriate box(es) and, if applicable, completes the correct pay record information.
 2. Date of signing by employer or employer's authorized employee.
 3. Name of employer.
 4. Signature of employer's authorized employee.
-

Data Elements (DC-645(B)), reverse

- | | |
|--|---|
| <ol style="list-style-type: none"> 1. Name and address (and telephone number if known) of employer (to be inserted by clerk or judge). 2. Serving officer to check this box if personal service obtained. 3. Serving officer to check the appropriate box to designate type of substitute service. 4. If served on a registered agent of a corporation, check the box and insert name and title of such person. 5. If served by leaving a copy with a family member age 16 or older, check appropriate box and insert required information. 6. Check if served by posting. 7. Check if served on clerk of State Corporation Commission. 8. Serving officer to check this box if unable to serve process. 9. Signature of serving officer. 10. Date of service. | <ol style="list-style-type: none"> 11. Name of sheriff if served by deputy sheriff. 12. Employer seeking to void order checks the appropriate box(es) and, if applicable, completes the correct pay record information. 13. Date of signing by employer or employer's authorized employee. 14. Name of employer. 15. Name of employer's authorized employee. 16. Name of employer. 17. Address of employer. 18. Telephone and facsimile number of employer. 19. Date of electronic transmission of order. 20. Signature of clerk. Check applicable box. |
|--|---|

INCOME DEDUCTION ORDER FOR SUPPORT

Commonwealth of Virginia VA. CODE §§ 20-79.1 to 20-79.3

original order modified order **3**

Case No. **1**

DCSE No. **2**

Circuit Court
 Juvenile and Domestic Relations District Court

4

5

ADDRESS OF COURT

6

PETITIONER/PAYEE

RESPONDENT/OBLIGOR

ADDRESS

ADDRESS

SOCIAL SECURITY NUMBER

SOCIAL SECURITY NUMBER

Having given notice as required by law or notice having been waived and finding that an income deduction order for support payments should be ordered, it is ORDERED that pursuant to Va. Code § 20-79.1, the respondent's employer shall deduct support payments from the respondent's income during each pay period beginning with the next regular pay period of the obligor following service of the order on the employer, as follows:

TO: **7**
EMPLOYER
ADDRESS

\$ **8** or 50% 55% 60% 65% of respondent's disposable income, whichever is less (but see No. 2 in the attached COMPLIANCE PROVISIONS)

Regular pay period interval of the respondent:

- weekly **10** **11**
- bi-weekly
- semi-monthly
- monthly

9 } regular pay dates

OTHER PAY INTERVAL AND REGULAR PAY DATES

12 Check if health care coverage is to be provided to the persons listed below if they are eligible for coverage under the employer's enrollment provisions:

- A. Respondent Petitioner is the employee **13**
- B. Persons to be covered if eligible are your employee and:

NAME

- 1. **14** **15**
- 2.
- 3.
- 4. **17**
- 5.
- 6.

16 STATUS

Dependent Child	STATUS	
	Spouse	Former Spouse

If there are insufficient funds to pay both the support amount shown at the top of the order and the health care premium within the percentage limits as shown at the top of the order, then priority in payment shall be given to:

- support amount shown at top of order
- health care premium

The employer also is required to advise the Virginia Department of Social Services in which plan the children are enrolled or if the children are ineligible for any plan through the employer by using the accompanying reporting form.

Send payments to: Virginia Department of Social Services
Division of Child Support Enforcement
P.O. Box 570
Richmond, Virginia 23218-0570

It is mandated by statute that the employer provide a copy of this Order to the respondent.

Make checks payable to the Treasurer of Virginia.

19 The employer may combine payment pursuant to this order with payments pursuant to other orders which are sent to the same place in one check in conformance with Compliance Provisions, 4.c., attached to this Order.

Do not combine payment pursuant to this order with payments pursuant to other orders unless the exemption in paragraph 4.b. in the attached COMPLIANCE PROVISIONS applies to you.

The attached COMPLIANCE PROVISIONS are incorporated into this order by reference. It is further ORDERED that the clerk shall issue orders directed to all present and future employers of the respondent which shall contain the above information and which shall also contain the COMPLIANCE PROVISIONS addressed to the employer.

20

DATE

21

JUDGE

INCOME DEDUCTION ORDER FOR SUPPORT

Commonwealth of Virginia VA. CODE §§ 20-79.1 to 20-79.3

Case No. **1**

DCSE No. **2**

original order modified order **3**

Circuit Court
 Juvenile and Domestic Relations District Court

5 ADDRESS OF COURT

PETITIONER/PAYEE

ADDRESS

SOCIAL SECURITY NUMBER

6

RESPONDENT/OBLIGOR

ADDRESS

SOCIAL SECURITY NUMBER

Pursuant to Va. Code § 20-79.1, an order has been entered in the above-styled case requiring all of the respondent's employers to deduct support payments from the respondent's income during each pay period. You are ordered to deduct the following amount from the respondent's income during each pay period beginning with the next regular pay period after this order is served on you. You must send payment on the employee's (respondent's) payday.

7 TO:
EMPLOYER
ADDRESS

\$ **8** or 50% 55% 60% 65% of respondent's disposable income, whichever is less (but see No. 2 in the attached COMPLIANCE PROVISIONS)

Regular pay period interval of the respondent:

- 10** weekly **11**
- bi-weekly
- semi-monthly
- monthly

9 regular pay dates

OTHER PAY INTERVAL AND REGULAR PAY DATES

12 Check if health care coverage is to be provided to the persons listed below if they are eligible for coverage under the employer's enrollment provisions:

- A. Respondent Petitioner is the employee **13**
- B. Persons to be covered if eligible are your employee and:

14 NAME

1. 15
2.
3.
4.
5.
6.

16 STATUS

Dependent Child	Spouse	Former Spouse

If there are insufficient funds to pay both the support amount shown at the top of the order and the health care premium within the percentage limits as shown at the top of the order, then priority in payment shall be given to:

- support amount shown at top of order
- health care premium

The employer also is required to advise the Virginia Department of Social Services in which plan the children are enrolled or if the children are ineligible for any plan through the employer by using the accompanying reporting form.

Send payments to: Virginia Department of Social Services
Division of Child Support Enforcement
P.O. Box 570
Richmond, Virginia 23218-0570

It is mandated by statute that the employer provide a copy of this Order to the respondent.

Make checks payable to the Treasurer of Virginia.

19 The employer may combine payment pursuant to this order with payments pursuant to other orders which are sent to the same place in one check in conformance with Compliance Provisions, 4.c., attached to this Order.

Do not combine payment pursuant to this order with payments pursuant to other orders unless the exemption in paragraph 4.b. in the attached COMPLIANCE PROVISIONS applies to you.

The attached COMPLIANCE PROVISIONS are incorporated into this order by reference. It is further ORDERED that the clerk shall issue orders directed to all present and future employers of the respondent which shall contain the above information and which shall also contain the COMPLIANCE PROVISIONS addressed to the employer.

20

DATE

21

JUDGE

a. THIS ORDER IS BINDING UPON YOU AND YOUR EMPLOYEE:

(i) UNTIL you receive a subsequent (more recently dated) court order affecting the petitioner and respondent listed on the front of this Order;

or,

(ii) UNLESS, within five (5) business days from the service of this Order on you, you have either deposited by mail or otherwise filed a written reply stating which of the requirements listed in b (below) have not been satisfied, after which this Order is void unless the court finds that such a reply is materially false. (Use this form by completing the portion below and either mailing or returning it to this court.) The clerk may issue a new order with corrected information, with which you must comply.

Call the clerk of this court if you have any questions concerning this Order.

b. To the clerk of the court: This order is defective because it

1

- does not contain respondent's correct social security number.
- does not contain a single monetary amount to be deducted for each regular pay period.
- does not contain the maximum percentage of disposable income (50%, 55%, 60%, 65%) which may be deducted for each regular pay period.
- requires that payment be made other than by combined single payment and the exemption in paragraph 4.b. of the compliance provisions applies to this employer and the order is not from a support agency outside this Commonwealth.
- requires that payment be made to someone or some organization other than the Virginia Department of Social Services.
- contains information which is in conflict with our current pay records (including regular pay intervals and regular pay dates) — the correct information is:

2

DATE

3

EMPLOYER NAME

4

by

SIGNATURE

RETURNS: Each person was served according to law, as indicated below, unless not found.

EMPLOYER NAME **1**

Address **2**

PERSONAL SERVICE Tel. No. **3**

Being unable to make personal service, a copy was delivered in the following manner: **4**

Served on registered agent of the corporation. List name and title: **5**

..... **6**

Delivered to family member (not temporary sojourner or guest) age 16 or older at usual place of abode of party named above after giving information of its purport. List name, age of recipient, and relation of recipient to party named above. **7**

..... **8**

Posted on front door or such other door as appears to be the main entrance of usual place of abode, address listed above. (Other authorized recipient not found.) **9**

Served on the Clerk of the State Corporation Commission. **10**

Not found **11**

SERVING OFFICER _____

12 for _____

DATE _____

EMPLOYER NAME **16**

Address **17**

TEL. NO. **18** FACSIMILE NO.

I certify that on **19** DATE

I sent to the named employer by electronic means a certified copy of this order. **20**

_____ CLERK DEPUTY CLERK

a. THIS ORDER IS BINDING UPON YOU AND YOUR EMPLOYEE:

- (i) UNTIL you receive a subsequent (more recently dated) court order affecting the petitioner and respondent listed on the front of this Order; or
 - (ii) UNLESS, within five (5) business days from the service of this Order on you, you have either deposited by mail or otherwise filed a written reply stating which of the requirements listed in b (below) have not been satisfied, after which this Order is void unless the court finds that such a reply is materially false. (Use this form by completing the portion below and either mailing or returning it to this court.) The clerk may issue a new order with corrected information, with which you must comply.
- Call the clerk of this court if you have any questions concerning this Order.

b. To the clerk of the court: This order is defective because it

- does not contain respondent's correct social security number. **13**
- does not contain a single monetary amount to be deducted for each regular pay period.
- does not contain the maximum percentage of disposable income (50%, 55%, 60%, 65%) which may be deducted for each regular pay period.
- requires that payment be made other than by combined single payment and the exemption in paragraph 4.b. of the compliance provisions applies to this employer and the order is not from a support agency outside this Commonwealth.
- requires that payment be made to someone or some organization other than the Virginia Department of Social Services.
- contains information which is in conflict with our current pay records (including regular pay intervals and regular pay dates) — the correct information is: _____

..... **14** by **15**

DATE EMPLOYER NAME SIGNATURE