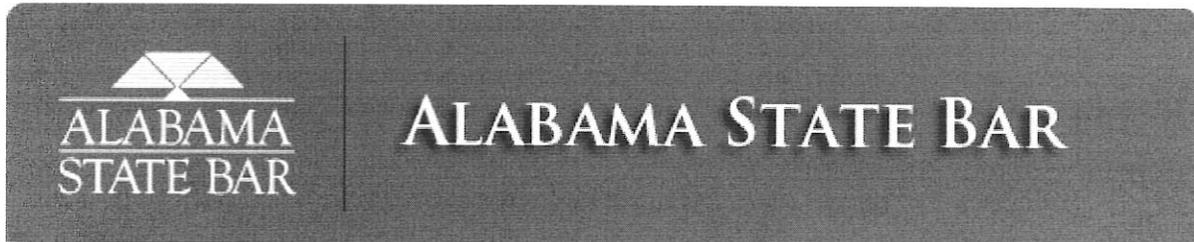


## Bob Maddox

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**From:** Alabama State Bar <auto-alabar@listserv.alabar.org>  
**Sent:** Wednesday, May 03, 2017 9:00 AM  
**To:** Bob Maddox  
**Subject:** ASB - Important Notice from the Administrative Office of Courts



### Important Notice from the Administrative Office of Courts

The Administrative Office of Courts (AOC) has asked that the Alabama State Bar disseminate an important notice regarding personal identifying information in documents filed with the courts.

The Associated Press recently published an article with the headline "ID Theft Case Reveals Security Weaknesses in Alabama Court System." Two follow up articles have been published concerning personal information of crime victims appearing in court records. The initial story reported that prosecutors had charged an Alabama man with aggravated identity theft and conspiracy. The defendant, who has since pleaded guilty, used personal information purportedly gained from alacourt.com to assist in stealing identities. The story pointed out that the federal court system, PACER, "typically" does not include personal information and that PACER posts a notice that it is up to attorneys to ensure that private information is not included in filed documents. The notice posted on that website is no different from Alabama state law.

Under Alabama law, the person filing a document with the court must ascertain that no identifying information is included in that document. Rule 31(l) of the Alabama Rules of Judicial Administration states in part that "[t]he clerk or other official custodian of court records shall not be responsible for identifying information included on any document filed in the clerk's office." Rule 31(l) goes on to state that "[a]ny individual filing a document that requires or contains an individual's personal identifying information may make proper request...to protect the contents of such documents from public disclosure." Furthermore, Rule 5.1 of the Alabama Rules of Civil Procedure provides a process for redacting identifying information in documents filed in civil cases.

In addition to not being charged with the legal responsibility to comb through the hundreds or thousands of documents filed in their offices per day in search of potential personal identifying information, the Circuit Clerks do not have the time or personnel to perform this task. The Administrative Office of Courts has implemented processes that safeguard any identifying information that may be contained in any data that is displayed in any electronic systems. If identifying information is written or typed on a document that is scanned into the system, however, the system cannot identify that information. Therefore, individuals filing documents with the courts need to exercise extreme caution when they include personal identifying information about an individual.

Although Social Security numbers are frequently used to verify the identity of a person, it is not necessary to include the entire Social Security number in a document filed with the court. Although Section 41-13-6, Ala. Code 1975, implements a general prohibition of certain governmental entities from placing a Social Security number on any document available for public inspection, that statute is "not applicable to a document originating with any court...or any record of judgment, conviction, eviction, or bankruptcy." Rule 5.1 of the Alabama Rules of Civil Procedure states that, unless the court orders otherwise, a filer may include only the last four digits of any Social Security number, of any taxpayer identification number, or of any financial-account number when filing an electronic or a paper document. If a person filing a document is ever prompted to provide a Social Security number on a document to be filed with the court, the filer may enter 999-99-9999.

Information about the victim of certain criminal offenses (defined in 15-23-60(7) as "a felony involving physical injury, the threat of physical injury, or a sexual offense, or any offense involving spousal abuse or domestic violence has been committed") must also be excluded from documents filed with the courts. Section 15-23-69, Ala. Code 1975, provides that "[t]he address, phone number, place of employment, and other related information about the victim contained in the court file shall not be public record." Furthermore, Section 15-1-2(b), Ala. Code

1975, provides that "[t]he court records of a child under the age of 18 years who is a victim of sexual abuse or exploitation shall not be open to the public, but shall be kept in the same manner as juvenile offender records are kept." If the victim information is contained in a document filed with the courts, the filing party should take steps to assure that the information is redacted or to assure that the document is shielded from public view. The filing party can notify the circuit clerk at the time such document is filed.

The Administrative Office of Courts is dedicated to protecting information within court records that could be used for malicious purposes. The courts further intend to protect victims of crime from the display of their identifying information. Please assist the court system in our efforts by assuring that documents filed with the courts are appropriately redacted.

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*The Alabama State Bar only sends email to its members on activities or events directly connected to the ASB, ASB's committees or sections, Alabama Law Foundation, Alabama Supreme Court or Administrative Office of Courts. You can control the types of emails you receive from the ASB by logging onto [www.alabar.org](http://www.alabar.org) and changing your preferences.*

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Employer's Name: \_\_\_\_\_ Employer FEIN: \_\_\_\_\_

Employee/Obligor's Name: \_\_\_\_\_ SSN: \_\_\_\_\_

CSE Agency Case Identifier: \_\_\_\_\_ Order Identifier: \_\_\_\_\_

**REMITTANCE INFORMATION:** If the employee/obligor's principal place of employment is \_\_\_\_\_ (State/Tribe), you must begin withholding no later than the first pay period that occurs \_\_\_\_\_ days after the date of \_\_\_\_\_. Send payment within \_\_\_\_\_ working days of the pay date. If you cannot withhold the full amount of support for any or all orders for this employee/obligor, withhold up to \_\_\_\_\_ % of disposable income. If the obligor is a non-employee, obtain withholding limits from Supplemental Information on page 3. If the employee/obligor's principal place of employment is not \_\_\_\_\_ (State/Tribe), obtain withholding limitations, time requirements, and any allowable employer fees at [www.acf.hhs.gov/programs/css/resource/state-income-withholding-contacts-and-program-information](http://www.acf.hhs.gov/programs/css/resource/state-income-withholding-contacts-and-program-information) for the employee/obligor's principal place of employment.

For electronic payment requirements and centralized payment collection and disbursement facility information (State Disbursement Unit (SDU)), see [www.acf.hhs.gov/programs/css/employers/electronic-payments](http://www.acf.hhs.gov/programs/css/employers/electronic-payments).

Include the **Remittance ID with the payment** and if necessary this FIPS code: \_\_\_\_\_.

Remit payment to ALABAMA CHILD SUPPORT PAYMENT CENTER (ACSPC) (SDU/Tribal Order Payee)  
at P.O. BOX 244015, MONTGOMERY, AL 36124-4015. (SDU/Tribal Payee Address)

**Return to Sender [Completed by Employer/Income Withholder].** Payment must be directed to an SDU in accordance with 42 USC §666(b)(5) and (b)(6) or Tribal Payee (see Payments to SDU below). If payment is not directed to an SDU/Tribal Payee or this IWO is not regular on its face, you *must* check this box and return the IWO to the sender.

Signature of Judge/Issuing Official (if Required by State or Tribal Law): _____
Print Name of Judge/Issuing Official: _____
Title of Judge/Issuing Official: _____
Date of Signature: _____

If the employee/obligor works in a state or for a tribe that is different from the state or tribe that issued this order, a copy of this IWO must be provided to the employee/obligor.

If checked, the employer/income withholder must provide a copy of this form to the employee/obligor.

### ADDITIONAL INFORMATION FOR EMPLOYERS/INCOME WITHHOLDERS

State-specific contact and withholding information can be found on the Federal Employer Services website located at [www.acf.hhs.gov/programs/css/resource/state-income-withholding-contacts-and-program-information](http://www.acf.hhs.gov/programs/css/resource/state-income-withholding-contacts-and-program-information).

**Priority:** Withholding for support has priority over any other legal process under State law against the same income (42 USC §666(b)(7)). If a federal tax levy is in effect, please notify the sender.

**Combining Payments:** When remitting payments to an SDU or tribal CSE agency, you may combine withheld amounts from more than one employee/obligor's income in a single payment. You must, however, separately identify each employee/obligor's portion of the payment.

**Payments To SDU:** You must send child support payments payable by income withholding to the appropriate SDU or to a tribal CSE agency. If this IWO instructs you to send a payment to an entity other than an SDU (e.g., payable to the custodial party, court, or attorney), you must check the box above and return this notice to the sender. Exception: If this IWO was sent by a court, attorney, or private individual/entity and the initial order was entered before January 1, 1994 or the order was issued by a tribal CSE agency, you must follow the "Remit payment to" instructions on this form.

**Reporting the Pay Date:** You must report the pay date when sending the payment. The pay date is the date on which the amount was withheld from the employee/obligor's wages. You must comply with the law of the state (or tribal law if applicable) of the employee/obligor's principal place of employment regarding time periods within which you must implement the withholding and forward the support payments.

**Multiple IWOs:** If there is more than one IWO against this employee/obligor and you are unable to fully honor all IWOs due to federal, state, or tribal withholding limits, you must honor all IWOs to the greatest extent possible, giving priority to current support before payment of any past-due support. Follow the state or tribal law/procedure of the employee/obligor's principal place of employment to determine the appropriate allocation method.

Employer's Name: \_\_\_\_\_ Employer FEIN: \_\_\_\_\_

Employee/Obligor's Name: \_\_\_\_\_ SSN: \_\_\_\_\_

CSE Agency Case Identifier: \_\_\_\_\_ Order Identifier: \_\_\_\_\_

**Lump Sum Payments:** You may be required to notify a state or tribal CSE agency of upcoming lump sum payments to this employee/obligor such as bonuses, commissions, or severance pay. Contact the sender to determine if you are required to report and/or withhold lump sum payments.

**Liability:** If you have any doubts about the validity of this IWO, contact the sender. If you fail to withhold income from the employee/obligor's income as the IWO directs, you are liable for both the accumulated amount you should have withheld and any penalties set by state or tribal law/procedure.

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**Anti-discrimination:** You are subject to a fine determined under state or tribal law for discharging an employee/obligor from employment, refusing to employ, or taking disciplinary action against an employee/obligor because of this IWO.

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**Withholding Limits:** You may not withhold more than the lesser of: 1) the amounts allowed by the Federal Consumer Credit Protection Act (CCPA) (15 USC §1673(b)); or 2) the amounts allowed by the state of the employee/obligor's principal place of employment or tribal law if a tribal order (see *Remittance Information*). Disposable income is the net income after mandatory deductions such as: state, federal, local taxes; Social Security taxes; statutory pension contributions; and Medicare taxes. The federal limit is 50% of the disposable income if the obligor is supporting another family and 60% of the disposable income if the obligor is not supporting another family. However, those limits increase 5% --to 55% and 65% --if the arrears are greater than 12 weeks. If permitted by the state or tribe, you may deduct a fee for administrative costs. The combined support amount and fee may not exceed the limit indicated in this section.

For tribal orders, you may not withhold more than the amounts allowed under the law of the issuing tribe. For tribal employers/income withholders who receive a state IWO, you may not withhold more than the limit set by tribal law.

Depending upon applicable state or tribal law, you may need to consider amounts paid for health care premiums in determining disposable income and applying appropriate withholding limits.

**Arrears greater than 12 weeks?** If the *Order Information* does not indicate that the arrears are greater than 12 weeks, then the employer should calculate the CCPA limit using the lower percentage.

**Supplemental Information:**

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IMPORTANT: The person completing this form is advised that the information may be shared with the employee/obligor.

Employer's Name: \_\_\_\_\_ Employer FEIN: \_\_\_\_\_

Employee/Obligor's Name: \_\_\_\_\_ SSN: \_\_\_\_\_

CSE Agency Case Identifier: \_\_\_\_\_ Order Identifier: \_\_\_\_\_

**NOTIFICATION OF EMPLOYMENT TERMINATION OR INCOME STATUS:** If this employee/obligor never worked for you or you are no longer withholding income for this employee/obligor, you must promptly notify the CSE agency and/or the sender by returning this form to the address listed in the contact information below:

This person has never worked for this employer nor received periodic income.

This person no longer works for this employer nor receives periodic income.

Please provide the following information for the employee/obligor:

Termination date: \_\_\_\_\_ Last known phone number: \_\_\_\_\_

Last known address: \_\_\_\_\_  
\_\_\_\_\_

Final payment date to SDU/tribal payee: \_\_\_\_\_ Final payment amount: \_\_\_\_\_

New employer's name: \_\_\_\_\_

New employer's address: \_\_\_\_\_  
\_\_\_\_\_

**CONTACT INFORMATION:**

**To Employer/Income Withholder:** If you have questions, contact \_\_\_\_\_ (issuer name)

by phone: \_\_\_\_\_, by fax: \_\_\_\_\_, by e-mail or website: \_\_\_\_\_.

Send termination/income status notice and other correspondence to: \_\_\_\_\_ (issuer address).

**To Employee/Obligor:** If the employee/obligor has questions, contact \_\_\_\_\_ (issuer name)

by phone: \_\_\_\_\_, by fax: \_\_\_\_\_, by e-mail or website: \_\_\_\_\_.

The Paperwork Reduction Act of 1995

This information collection and associated responses are conducted in accordance with 45 CFR 303.100 of the Child Support Enforcement Program. This form is designed to provide uniformity and standardization. Public reporting burden for this collection of information is estimated to average 5 minutes per response for Non-IV-D CPs; 2 minutes per response for employers; 3 seconds for e-IWO employers, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

## INCOME WITHHOLDING FOR SUPPORT - Instructions

The Income Withholding for Support (IWO) is the OMB-approved form used for income withholding in tribal, intrastate, and interstate cases as well as all child support orders initially issued in the state on or after January 1, 1994, and all child support orders initially issued (or modified) in the state before January 1, 1994 if arrearages occur. This form is the standard format prescribed by the Secretary in accordance with 42 USC §666(b)(6)(A)(ii). Except as noted, the following information is required and must be included.

### Please note:

- For the purpose of this IWO form and these instructions, "state" is defined as a state or territory.
- Do's and don'ts on using this form are found at [www.acf.hhs.gov/programs/css/resource/using-the-income-withholding-for-support-form-dos-and-donts](http://www.acf.hhs.gov/programs/css/resource/using-the-income-withholding-for-support-form-dos-and-donts).

### COMPLETED BY SENDER:

- 1a. **Original Income Withholding Order/Notice for Support (IWO).** Check the box if this is an initial or original IWO.
- 1b. **Amended IWO.** Check the box to indicate that this form amends a previous IWO. Any changes to an IWO must be done through an amended IWO.
- 1c. **One-Time Order/Notice For Lump Sum Payment.** Check the box when this IWO is to attach a one-time collection of a lump sum payment. When this box is checked, enter the amount in field 14, Lump Sum Payment, in the *Amounts to Withhold* section. Additional IWOs must be issued to collect subsequent lump sum payments.
- 1d. **Termination of IWO.** Check the box to stop income withholding on a child support order. Complete all applicable identifying information to aid the employer/income withholder in terminating the correct IWO.
- 1e. **Date.** Date this form is completed and/or signed.
- 1f. **Child Support Enforcement (CSE) Agency, Court, Attorney, Private Individual/Entity (Check One).** Check the appropriate box to indicate which entity is sending the IWO. If this IWO is **not** completed by a state or tribal CSE agency, the sender should contact the CSE agency (see [www.acf.hhs.gov/programs/css/resource/state-income-withholding-contacts-and-program-information](http://www.acf.hhs.gov/programs/css/resource/state-income-withholding-contacts-and-program-information)) to determine if the CSE agency needs a copy of this form to facilitate payment processing.

### NOTE TO EMPLOYER/INCOME WITHHOLDER:

This IWO must be regular on its face. The IWO must be rejected and returned to sender under the following circumstances:

- IWO instructs the employer/income withholder to send a payment to an entity other than a state disbursement unit (for example, payable to the custodial party, court, or attorney). Each state is required to operate a state disbursement unit (SDU), which is a centralized facility for collection and disbursement of child support payments. Exception: If this IWO is issued by a court, attorney, or private individual/entity and the initial child support order was entered before January 1, 1994 or the order was issued by a tribal CSE agency, the employer/income withholder must follow the payment instructions on the form.
- Form does not contain all information necessary for the employer to comply with the withholding.
- Form is altered or contains invalid information.
- Amount to withhold is not a dollar amount.
- Sender has not used the OMB-approved form for the IWO.
- A copy of the underlying order is required and not included.

If you receive this document from an attorney or private individual/entity, a copy of the underlying order containing a provision authorizing income withholding must be attached.

### COMPLETED BY SENDER:

- 1g. **State/Tribe/Territory.** Name of state or tribe sending this form. This must be a governmental entity of the state or a tribal organization authorized by a tribal government to operate a CSE program. If you are a tribe submitting this form on behalf of another tribe, complete line 1i.
- 1h. **Remittance ID (include w/payment).** Identifier that employers must include when sending payments for this IWO. The Remittance ID is entered as the case identifier on the electronic funds transfer/electronic data interchange (EFT/EDI) record.

### NOTE TO EMPLOYER/INCOME WITHHOLDER:

The employer/income withholder must use the Remittance ID when remitting payments so the SDU or tribe can identify and apply the payment correctly. The Remittance ID is entered as the case identifier on the EFT/EDI record.

### COMPLETED BY SENDER:

- 1i. **City/County/Dist./Tribe.** Name of the city, county, or district sending this form. This must be a government entity of the state or the name of the tribe authorized by a tribal government to operate a CSE program for which this form is being sent. (A tribe should leave this field blank unless submitting this form on behalf of another tribe.)
- 1j. **Order ID.** Unique identifier associated with a specific child support obligation. It could be a court case number, docket number, or other identifier designated by the sender.
- 1k. **Private Individual/Entity.** Name of the private individual/entity or non-IV-D tribal CSE organization sending this form.
- 1l. **CSE Agency Case ID.** Unique identifier assigned to a state or tribal CSE case. In a state IV-D case as defined at 45 Code of Federal Regulations (CFR) 305.1, this is the identifier reported to the Federal Case Registry (FCR). One IWO must be issued for each IV-D case and must use the unique CSE Agency Case ID. For tribes, this would be either the FCR identifier or other applicable identifier.

Fields 2 and 3 refer to the employee/obligor's employer/income withholder and specific case information.

- 2a. **Employer/Income Withholder's Name.** Name of employer or income withholder.
- 2b. **Employer/Income Withholder's Address.** Employer/income withholder's mailing address including street/PO box, city, state, and zip code. (This may differ from the employee/obligor's work site.) If the employer/income withholder is a federal government agency, the IWO should be sent to the address listed under Federal Agency Income Withholding Contacts and Program Information at [www.acf.hhs.gov/programs/css/resource/federal-agency-income-withholding-contact-information](http://www.acf.hhs.gov/programs/css/resource/federal-agency-income-withholding-contact-information).
- 2c. **Employer/Income Withholder's FEIN.** Employer/income withholder's nine-digit Federal Employer Identification Number (if available).
- 3a. **Employee/Obligor's Name.** Employee/obligor's last name, first name, middle name.
- 3b. **Employee/Obligor's Social Security Number.** Employee/obligor's Social Security number or

other taxpayer identification number.

- 3c. **Custodial Party/Obligee's Name.** Custodial party/obligee's last name, first name, middle name. Enter one custodial party/obligee's name on each IWO form. Multiple custodial parties/obligees are not to be entered on a single IWO. Issue one IWO per state IV-D case as defined at 45 CFR 305.1
- 3d. **Child(ren)'s Name(s).** Child(ren)'s last name(s), first name(s), middle name(s). (Note: If there are more than six children for this IWO, list additional children's names and birth dates in field 33 - Supplemental Information). Enter the child(ren) associated with the custodial party/obligee and employee/obligor only. Child(ren) of multiple custodial parties/obligees is not to be entered on an IWO.
- 3e. **Child(ren)'s Birth Date(s).** Date of birth for each child named.
- 3f. **Blank box.** Space for court stamps, bar codes, or other information.

**ORDER INFORMATION** – Field 4 identifies which state or tribe issued the order. Fields 5 through 12 identify the dollar amount to withhold for a specific kind of support (taken directly from the support order) for a specific time period.

- 4. **State/Tribe.** Name of the state or tribe that issued the order.
- 5a-b. **Current Child Support.** Dollar amount to be withheld **per** the time period (for example, week, month) specified in the underlying order.
- 6a-b. **Past-due Child Support.** Dollar amount to be withheld **per** the time period (for example, week, month) specified in the underlying order.
- 6c. **Arrears Greater Than 12 Weeks?** The appropriate box (Yes/No) must be checked indicating whether arrears are greater than 12 weeks so the employer/income withholder can determine the withholding limit.
- 7a-b. **Current Cash Medical Support.** Dollar amount to be withheld **per** the time period (for example, week, month) specified in the underlying order.
- 8a-b. **Past-due Cash Medical Support.** Dollar amount to be withheld **per** the time period (for example, week, month) specified in the underlying order.
- 9a-b. **Current Spousal Support.** (Alimony) Dollar amount to be withheld **per** the time period (for example, week, month) specified in the underlying order.
- 10a-b. **Past-due Spousal Support.** (Alimony) Dollar amount to be withheld **per** the time period (for example, week, month) specified in the underlying order.
- 11a-c. **Other.** Miscellaneous obligations dollar amount to be withheld **per** the time period (for example, week, month) specified in the underlying order. **Must specify** a description of the obligation (for example, court fees).
- 12a-b. **Total Amount to Withhold.** The total amount of the deductions **per** the corresponding time period. Fields 5a, 6a, 7a, 8a, 9a, 10a, and 11a should total the amount in 12a.

#### **NOTE TO EMPLOYER/INCOME WITHHOLDER:**

An acceptable method of determining the amount to be paid on a weekly or biweekly basis is to multiply the monthly amount due by 12 and divide that result by the number of pay periods in a year.

**AMOUNTS TO WITHHOLD** - Fields 13a through 13d specify the dollar amount to be withheld for this IWO if the employer/income withholder's pay cycle does not correspond with field 12b.

- 13a. **Per Weekly Pay Period.** Total amount an employer/income withholder should withhold if the employee/obligor is paid weekly.
- 13b. **Per Semimonthly Pay Period.** Total amount an employer/income withholder should withhold if the employee/obligor is paid twice a month.
- 13c. **Per Biweekly Pay Period.** Total amount an employer/income withholder should withhold if the employee/obligor is paid every two weeks.
- 13d. **Per Monthly Pay Period.** Total amount an employer/income withholder should withhold if the employee/obligor is paid once a month.
- 14. **Lump Sum Payment.** Dollar amount withheld when the IWO is used to attach a lump sum payment. This field should be used when field 1c is checked.

**REMITTANCE INFORMATION** - Payments are forwarded to the SDU in each state, unless the order was issued by a tribal CSE agency. If the order was issued by a tribal CSE agency, the employer/income withholder must follow the remittance instructions on the form.

- 15. **State/Tribe.** Name of the state or tribe sending this document.
- 16. **Days.** Number of days after the effective date noted in field 17 in which withholding must begin according to the state or tribal laws/procedures for the employee/obligor's principal place of employment.
- 17. **Date.** Effective date of this IWO.
- 18. **Working Days.** Number of working days within which an employer/income withholder must remit amounts withheld pursuant to the state or tribal laws/procedures of the principal place of employment.
- 19. **% of Disposable Income.** The percentage of disposable income that may be withheld from the employee/obligor's paycheck.

#### **NOTE TO EMPLOYER/INCOME WITHHOLDER:**

For state orders, the employer/income withholder may not withhold more than the lesser of: 1) the amounts allowed by the Federal Consumer Credit Protection Act (15 USC §1673(b)); or 2) the amounts allowed by the state of the employee/obligor's principal place of employment.

For tribal orders, the employer/income withholder may not withhold more than the amounts allowed under the law of the issuing tribe. For tribal employers/income withholders who receive a state order, the employer/income withholder may not withhold more than the limit set by the law of the jurisdiction in which the employer/income withholder is located or the maximum amount permitted under section 303 (b) of the Federal Consumer Credit Protection Act (15 USC §1673(b)).

A federal government agency may withhold from a variety of incomes and forms of payment, including voluntary separation incentive payments (buy-out payments), incentive pay, and cash awards. For a more complete list, see 5 CFR 581.103.

## COMPLETED BY SENDER:

20. **State/Tribe.** Name of the state or tribe sending this document.
21. **Document Tracking ID.** Optional unique identifier for this form assigned by the sender.

**Please Note:** Employer's Name, FEIN, Employee/Obligor's Name and SSN, Remittance ID, CSE Agency Case ID, and Order ID must appear in the header on pages two and subsequent pages.

22. **FIPS Code.** Federal Information Processing Standards code.
23. **SDU/Tribal Order Payee.** Name of SDU (or payee specified in the underlying tribal support order) to which payments must be sent. Federal law requires payments made by IWO to be sent to the SDU except for payments in which the initial child support order was entered before January 1, 1994 or payments in tribal CSE orders.
24. **SDU/Tribal Payee Address.** Address of the SDU (or payee specified in the underlying tribal support order) to which payments must be sent. Federal law requires payments made by IWO to be sent to the SDU except for payments in which the initial child support order was entered before January 1, 1994 or payments in tribal CSE orders.

## COMPLETED BY EMPLOYER/INCOME WITHHOLDER:

25. **Return to Sender Checkbox.** The employer/income withholder should check this box and return the IWO to the sender if this IWO is not payable to an SDU or tribal payee or this IWO is not regular on its face. Federal law requires payments made by IWO to be sent to the SDU except for payments in which the initial child support order was entered before January 1, 1994 or payments in tribal CSE orders.

## COMPLETED BY SENDER:

26. **Signature of Judge/Issuing Official.** Signature (if required by state or tribal law) of the official authorizing this IWO.
27. **Print Name of Judge/Issuing Official.** Name of the official authorizing this IWO.
28. **Title of Judge/Issuing Official.** Title of the official authorizing this IWO.
29. **Date of Signature.** Optional date the judge/issuing official signs this IWO.
30. **Copy of IWO checkbox.** Check this box for all intergovernmental IWOs. If checked, the employer/income withholder is required to provide a copy of the IWO to the employee/obligor.

## **ADDITIONAL INFORMATION FOR EMPLOYERS/INCOME WITHHOLDERS**

The following fields refer to federal, state, or tribal laws that apply to issuing an IWO to an employer/income withholder. State- or tribal-specific information may be included only in the fields below.

## COMPLETED BY SENDER:

31. **Liability.** Additional information on the penalty and/or citation of the penalty for an employer/income withholder who fails to comply with the IWO. The state or tribal law/procedures of the employee/obligor's principal place of employment govern the penalty.
32. **Anti-discrimination.** Additional information on the penalty and/or citation of the penalty for an employer/income withholder who discharges, refuses to employ, or disciplines an

employee/obligor as a result of the IWO. The state or tribal law/procedures of the employee/obligor's principal place of employment govern the penalty.

33. **Supplemental Information.** Any state-specific information needed, such as maximum withholding percentage for non-employees, fees the employer/income withholder may charge the obligor for income withholding, or children's names and DOBs if there are more than six children on this IWO. Additional information must be consistent with the requirements of the form and the instructions.

## **COMPLETED BY EMPLOYER/INCOME WITHHOLDER:**

### ***NOTIFICATION OF EMPLOYMENT TERMINATION OR INCOME STATUS***

The employer must complete this section when the employee/obligor's employment is terminated, income withholding ceases, or if the employee/obligor has never worked for the employer.

- 34a-b. **Employment/Income Status Checkbox.** Check the employment/income status of the employee/obligor.
35. **Termination Date.** If applicable, date employee/obligor was terminated.
36. **Last Known Phone Number.** Last known (home/cell/other) phone number of the employee/obligor.
37. **Last Known Address.** Last known home/mailling address of the employee/obligor.
38. **Final Payment Date.** Date employer sent final payment to SDU/tribal payee.
39. **Final Payment Amount.** Amount of final payment sent to SDU/tribal payee.
40. **New Employer's Name.** Name of employee's/obligor's new employer (if known).
41. **New Employer's Address.** Address of employee's/obligor's new employer (if known).

## **COMPLETED BY SENDER:**

### ***CONTACT INFORMATION***

42. **Issuer Name (Employer/Income Withholder Contact).** Name of the contact person that the employer/income withholder can call for information regarding this IWO.
43. **Issuer Phone Number.** Phone number of the contact person.
44. **Issuer Fax Number.** Fax number of the contact person.
45. **Issuer E-mail/Website.** E-mail or website of the contact person.
46. **Termination/Income Status and Correspondence Address.** Address to which the employer should return the Employment Termination or Income Status notice. It is also the address that the employer should use to correspond with the issuing entity.
47. **Issuer Name (Employee/Obligor Contact).** Name of the contact person that the employee/obligor can call for information.
48. **Issuer Phone Number.** Phone number of the contact person.

49. **Issuer Fax Number.** Fax number of the contact person.
50. **Issuer E-mail/Website.** E-mail or website of the contact person.

The Paperwork Reduction Act of 1995

This information collection and associated responses are conducted in accordance with 45 CFR 303.100 of the Child Support Enforcement Program. This form is designed to provide uniformity and standardization. Public reporting burden for this collection of information is estimated to average 5 minutes per response for Non-IV-D CPs; 2 minutes per response for employers; 3 seconds for e-IWO employers, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

## Code of Ala. § 41-13-6

Titles 1-44 current through May 1, 2017, and through Acts 2017, No. 17-192 of the 2017 Regular Session

*Michie's™ Alabama Code > TITLE 41 State Government > CHAPTER 13 Public Records > Article 1 General Provisions*

### **§ 41-13-6. Social Security number confidentiality.**

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Notwithstanding any other law to the contrary, a state department, licensing or regulatory board, agency, or commission is prohibited from placing or otherwise revealing the Social Security number of a person, including, but not limited to, full- or part-time employees thereof, on any document that is available for public inspection including, but not limited to, state personnel evaluation forms and any other forms related thereto unless otherwise required by law, without the express consent of the person with the number, or the consent of that person's parent, custodian, legal guardian, or legal representative. The foregoing prohibition shall not apply when a federal or state agency makes a request for or releases a Social Security number for a legitimate government purpose, or pursuant to a federal or state statute, regulation, or federally funded program or pursuant to an administrative or judicial subpoena or order. Nothing in this section is intended to create or establish a new cause of action for damages in any court. Nothing in this section shall be construed as a waiver of sovereign or qualified immunity. The provisions of this section shall not be applicable to a document originating with any court or taxing authority, any document that when filed by law constitutes a consensual or nonconsensual lien or security lien or security interest, or any record of judgment, conviction, eviction, or bankruptcy. If express consent to reveal a Social Security number has not been obtained, a state department or agency shall redact, remove, cover or otherwise excise the Social Security number of any person from any document that is available for public inspection so that the remaining portion of the document may be revealed.

### **History**

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Acts 2006, No. 06-611.

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## Ala. R. Civ. P. Rule 5.1

State court rules are current with amendments received through March 27, 2017. Local federal district and bankruptcy court rules are current with amendments received through April 1, 2017

*Alabama Court Rules > ALABAMA RULES OF CIVIL PROCEDURE WITH DISTRICT COURT MODIFICATIONS > II. COMMENCEMENT OF ACTION; SERVICE OF PROCESS, PLEADINGS, MOTIONS, AND ORDERS*

### Rule 5.1. Privacy protection for court filings.

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- (a) **Redacted filings.** Unless the court orders otherwise, in an electronic or paper filing with the court that contains a Social Security number, a taxpayer-identification number, or a financial-account number, a party or nonparty making the filing may include only the last four digits of any such Social Security number, taxpayer-identification number, or financial-account number.
- (b) **Exemptions from the redaction requirement.** This redaction requirement does not apply to the following:
- (1) a financial-account number that identifies the property allegedly subject to forfeiture in a forfeiture proceeding;
  - (2) information contained in the record of any administrative, agency, or court proceeding, if that record was not subject to the redaction requirement when originally created;
  - (3) a filing governed by or subject to a statute, rule, regulation, or other provision of law that requires the inclusion of the information that would otherwise be subject to redaction by this rule; and
  - (4) a filing covered by Rule 5.1(c).
- (c) **Filings made under seal.** The court may order that a filing be made under seal without redaction. The court may later unseal the filing or order the person who made the filing to file a redacted version for the public record.
- (d) **Party access.** Any party to a civil action is presumptively entitled upon request to a copy of a filing made under seal pursuant to Rule 5.1(c) and to an unredacted copy of any redacted filing made pursuant to this rule. Upon such a request, a person who previously made such a filing shall either promptly provide to the requesting party the requested filing under seal or an unredacted copy or file a timely motion to be excused from providing such documents to the requesting party.
- (e) **Protective orders.** For good cause shown, the court may order the redaction of additional information from any filing or may order the removal from a filing of any information required to be redacted but not redacted from that filing.

**(f) Responsibility for privacy protection.** The attorney, party, or nonparty filing documents in the clerk's office or the electronic court record is responsible for making the redactions required by this rule. Neither the clerk nor any other official custodian of court records shall be responsible for reviewing documents filed with the court for compliance with this rule.

**(g) Waiver of protection of identifiers.** Subject to the provisions of subsection (e), a person or entity waives the protection of Rule 5.1(a) as to the person or entity's own information by filing it without redaction and not under seal.

(dc) District court rule. Rule 5.1 applies in the district courts.

## **History**

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(Adopted 3-26-12, eff. 8-1-12.)

MICHIE'S ALABAMA RULES

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## Code of Ala. § 30-3-60

Titles 1-44 current through May 1, 2017, and through Acts 2017, No. 17-192 of the 2017 Regular Session

*Michie's™ Alabama Code > TITLE 30 Marital and Domestic Relations > CHAPTER 3 Child Custody and Support > Article 3 Withholding Orders for Child Support*

### § 30-3-60. Definitions.

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As used in this article, the following terms shall have the following meanings:

- (1) **Clerk of the court.** — Any circuit court clerk, district court clerk or juvenile court clerk, or their employees, with responsibility for docketing or otherwise carrying out the court's clerical duties in regard to domestic relations matters, support and nonsupport cases, including the receipt and disbursement of support payments.
- (2) **Court.** — Any juvenile or family court division of the circuit or district court in the county where the mother of the child resides or is found, in the county where the father resides or is found, or in the county where the child resides or is found and, in the case of a petition seeking a divorce or legal separation, a petition seeking a modification of support previously ordered under a divorce decree or a petition seeking a contempt citation for failure to pay support previously ordered under a divorce decree, the circuit court or the domestic relations division of the circuit court. Provided, further, in cases involving the enforcement of another state's order of support within this state, court may mean the courts hereinabove prescribed of the county where the employer is located or is found, and such term may also mean, when the context requires, the court or agency of another state or jurisdiction outside the State of Alabama whose functions include the issuance and enforcement of support orders.
- (3) **Department.** — The Department of Human Resources of the State of Alabama, including the county department of human resources.
- (4) **Employer.** — Any person, business, corporation, partnership, company, firm or unit of municipal, county, state, or federal government.
- (5) **Income.** — Wages, salary, tips, commissions, bonuses, unemployment compensation, workers' compensation, disability payments, payments pursuant to a pension or retirement program and interest, and any and all money due or payable to a person, the entitlement to which is based upon remuneration for employment, past or present, after the deduction of those amounts required to be withheld by law. Income shall also include any other continuous or periodic income from whatever source whether earned or unearned except as expressly limited by law.

- (6) Income withholding order or Notice.** —An order or notice in the standardized format prescribed under Title IV-D of the Social Security Act, as amended, that requires an employer to deduct a portion of an employee's income for the payment of support.
- (7) Obligee.** — Any person for whom support benefits are ordered by the court and shall specifically include the Department of Human Resources when any person has assigned their rights to support payments to the department under any provision of law or when the department is otherwise representing the obligee. Provided, when the context requires, obligee may also include an agency or department of this or another state or jurisdiction to which a person has assigned his or her rights to support.
- (8) Obligor.** — Any person ordered by the court to make periodic payments for the benefit and support of another person or minor child.
- (9) State or Jurisdiction.** — Such terms shall include any state or subdivision thereof, any possession of the United States, the District of Columbia, the Commonwealth of Puerto Rico, and any foreign jurisdiction in which a similar law is in effect.
- (10) Support or Support order.** —Any order, decree, or judgment for the support of a child, or in the case of an order being enforced pursuant to the requirements of Title IV-D of the Social Security Act, a spouse or former spouse, issued by a court of this state or, where the context requires, a court or agency of another state or jurisdiction, whether interlocutory or final, including orders issued for any of the following purposes:
- a. Current support of a minor child.
  - b. Current medical support, which includes the cost of medical insurance or unreimbursed medical expenses.
  - c. Arrearage that has accrued due to unpaid child or medical support during the child's minority, including enforcement post-majority of arrearages accrued during minority and interest that has accrued or continues to accrue on that arrearage.
  - d. Spousal support when such spousal support is collected by the Department of Human Resources or the department's designee pursuant to the requirements of Title IV-D of the Social Security Act.

## **History**

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Acts 1984, No. 84-445; Acts 1985, 2nd Ex. Sess., No. 85-989; Acts 1997, No. 97-447; Acts 2009, No. 09-146, § 1, March 25, 2009.

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End of Document

## Ala. R. Jud. Admin. Rule 32.1

State court rules are current with amendments received through March 27, 2017. Local federal district and bankruptcy court rules are current with amendments received through April 1, 2017

*Alabama Court Rules* > *ALABAMA RULES OF JUDICIAL ADMINISTRATION*

### **Rule 32.1. Child support information sheet.**

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This rule, as adopted effective July 1, 1998, shall apply to all filings made on or after July 1, 1998.

A "child support information sheet" (see the form attached as an appendix to this rule), shall accompany the filing of each complaint, petition, answer, or motion to intervene in a divorce action, an action seeking to establish or to modify child support, or an action to determine paternity. Each party, or if the party is represented by counsel, the party's attorney, shall complete the child support information sheet and print his or her name and daytime telephone number in the spaces provided at the bottom of the sheet before filing it with the court. However, the failure to file the child support information sheet when the complaint, petition, answer, or motion to intervene is filed shall not affect the validity of the action or the date of the commencement of the action.

If the complaint, petition, answer, or motion to intervene is presented to the clerk of the court without a properly completed child support information sheet, the clerk shall accept the complaint, petition, answer, or motion to intervene and inform the person filing it of the requirements of this rule, and each party, or, if a party is represented by counsel, then the party's attorney, shall promptly file a completed child support information sheet.

If a party fails to comply with the requirements of this rule, the court in which the action is pending may make such orders as it believes are just, including issuing an order staying the proceedings until the child support information sheet is filed, or, after proper notice, dismissing the action; and in lieu of any other orders, or in addition to any orders, the court may treat the failure to comply with the requirements of this rule as contempt of court. [Click here to view image.](#)

### **History**

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(Adopted 4-30-98; eff. 7-1-98.)

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End of Document

Appendix to Rule 32.1  
**CHILD SUPPORT INFORMATION SHEET**

Case Number \_\_\_\_\_

IN THE \_\_\_\_\_ COURT OF \_\_\_\_\_, ALABAMA  
(Circuit or District) (Name of County)  
\_\_\_\_\_  
Plaintiff v. Defendant

Information Concerning the Parties:

Not applicable. No minor child(ren) a party to or subject to this action.

Plaintiff (Mother, Father, Other \_\_\_\_\_) or  
Other party (Specify) (\_\_\_\_\_)

Defendant (Mother, Father, Other \_\_\_\_\_) or  
Other party (Specify) (\_\_\_\_\_)

Address (including city, state, and zip code):

Address (including city, state, and zip code):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Telephone No: \_\_\_\_\_

Home Telephone No: \_\_\_\_\_

Social Security No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sex: \_\_\_\_\_

Sex: \_\_\_\_\_

Place of Employment (if applicable) and Address of  
Employer (including city, state, and zip code):

Place of Employment (if applicable) and Address of  
Employer (including city, state, and zip code):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Work Telephone No: \_\_\_\_\_

Work Telephone No: \_\_\_\_\_

Information Concerning the Minor Child(ren):

Name(s)	Address(es)	sex(es)	Date(s) of Birth	Social Security Number(s)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

THE CHILD SUPPORT REFORM ACT OF 1997, CODIFIED AT § 30-3-190, ET SEQ., ALA.CODE 1975, REQUIRES THAT THE DEPARTMENT OF HUMAN RESOURCES MAINTAIN THE ABOVE INFORMATION IN THE RECORD FOR ALL PARTIES IN DOMESTIC RELATIONS, SUPPORT, OR PATERNITY ACTIONS. THIS INCLUDES GRANDPARENTS OR OTHERS WHO MAY EITHER INITIATE AN ACTION OR INTERVENE IN AN EXISTING ACTION.

Completed By \_\_\_\_\_ Date Completed: \_\_\_\_\_  
(Print Name)

Daytime Phone No.: \_\_\_\_\_