

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.

DOCUMENT NUMBER

Reference Payroll Procedures Manual Section H 300

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| 1. AGENCY NAME COMPLETE | | | 4. POSITION NUMBER | | | | | |
| 2. SOCIAL SECURITY NUMBER XXX-XX-XXXX | | | 3. NAME (F.I.) (M.I.) (LAST) X X XXXXXXXX | | (Agency) XXX | (Unit) XXX | (Class) XXXX | (Serial) XXX |
| 5. EFFECTIVE DATE 01/08/07 | | 6. ACTION TYPE <input checked="" type="checkbox"/> NEW <input type="checkbox"/> MODIFICATION OR CORRECTION OF ITEM <input type="checkbox"/> CANCELLATION OF GARNISHMENT 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) A. <input checked="" type="checkbox"/> COURT ORDERED ASSIGNMENT OF WAGES (ONGOING SUPPORT) (FC 150 et seq., 5200 et seq. or PC 3088) \$ <u>500.00</u> (Monthly Amount) <input type="checkbox"/> DEDUCTION AMOUNT CHANGED FROM \$ _____ \$ <u>500.00</u> (Deduction Amount per Pay Period) <i>(Must be completed if changing 8A)</i> | | | | | | | 9. ARREARAGES | |
| B. (399/002) EARNINGS WITHHOLDING ORDER FOR SUPPORT - ARREARAGES (CCP Section 706.030, 706.052, and 706.070 et seq.) (including FTB Child Support Collection Program, Revenue & Taxation Code 19271) <input type="checkbox"/> | | | | | | | \$ _____ | |

COMPLETE FOR USE BY DEPARTMENT OF CHILD SUPPORT SERVICES ONLY

EMPLOYEE ADDRESS  **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. TERMINATION DATE OF EARNINGS WITHHOLDING ORDER _____

B. MAXIMUM GARNISHMENT AMOUNT DEDUCTIBLE PER MONTH \$ _____

C. SUPPORT EXEMPTION AMOUNT \$ _____

D. SPECIFIC AMOUNT TO BE DEDUCTED PER MONTH \$ _____

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

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|------------------------------------------|---------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 14. FORM COMPLETED BY COMPLETE | TELEPHONE NUMBER AND EXTENSION COMPLETE | 15. PAYROLL INFORMATION CERTIFIED IN ACCORDANCE WITH B/C RULE 660 AUTHORIZED SIGNATURE  COMPLETE DATE _____ TYPED NAME COMPLETE |
|------------------------------------------|---------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|