

**SALARY GARNISHMENT
CHILD SUPPORT/FAMILY SUPPORT**

STD. 639 CFS (REV. 10/2014)

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

1. AGENCY NAME		4. POSITION NUMBER			
		(Agency)	(Unit)	(Class)	(Serial)
2. SOCIAL SECURITY NUMBER	3. NAME (F.I.) (M.I.) (LAST)				
5. EFFECTIVE DATE	6. ACTION TYPE				
	<input type="checkbox"/> NEW <input type="checkbox"/> MODIFICATION OR CORRECTION OF ITEM _____ <input type="checkbox"/> CANCELLATION OF GARNISHMENT ORIGINAL EFFECTIVE DATE _____				
7. PAY FREQUENCY					
<input type="checkbox"/> MONTHLY <input type="checkbox"/> SEMI-MONTHLY <input type="checkbox"/> BI-WEEKLY					

8. GARNISHMENT TYPE (038)					
A. <input type="checkbox"/> COURT ORDERED ASSIGNMENT OF WAGES (ONGOING SUPPORT) (FC 150 et seq., 5200 et seq. or PC 3088)				<input type="checkbox"/> DEDUCTION AMOUNT CHANGED FROM	
\$ _____ (Monthly Amount) \$ _____ (Deduction Amount per Pay Period)				\$ _____ (Must be completed if changing 8A)	

B. (339/002) 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)		9. ARREARAGES
<input type="checkbox"/>		\$ _____

COMPLETE FOR USE BY DEPARTMENT OF CHILD SUPPORT SERVICES ONLY

EMPLOYEE ADDRESS 

EMPLOYEE DATE OF BIRTH (MM/DD/YYYY) 

11. COMPLETE **ONLY** IF COURT SPECIFICALLY STATES (May only be completed with 8B.)

A. <input type="checkbox"/> TERMINATION DATE OF EARNINGS WITHHOLDING ORDER _____	
B. <input type="checkbox"/> MAXIMUM GARNISHMENT AMOUNT DEDUCTIBLE PER MONTH \$ _____	
C. <input type="checkbox"/> SUPPORT EXEMPTION AMOUNT \$ _____	
D. <input type="checkbox"/> SPECIFIC AMOUNT TO BE DEDUCTED PER MONTH \$ _____	

12. WARRANT TO BE MADE PAYABLE TO

ENTER CASE NUMBER 

PAYEE NAME 

**C / O SDU
PO BOX 989067
WEST SACRAMENTO CA 95798**

13. REMARKS

14. FORM COMPLETED BY	TELEPHONE NUMBER AND EXTENSION	15. PAYROLL INFORMATION CERTIFIED IN ACCORDANCE WITH B/C RULE 633.7
		AUTHORIZED SIGNATURE _____ DATE _____
		 TYPED NAME