NEW MEXICO HEALTH CARE AUTHORITY
CHILD SUPPORT SERVICES DIVISION

APPLICATION FOR
NON-IV-D INCOME WITHHOLDING PAYMENT PROCESSING

The information necessary for the Child Support Services Division (CSSD) to process a Non-IV-D Income Withholding Payment Processing case must be provided by the requester on the attached CSSD 102 Request for Payment Processing (Non-IV-D) form. This service can be provided for income withholding payments unless other alternative payment arrangements are identified in the court order. If payments cease to be sent to CSSD, the case will be reviewed for closure.

Once this application is received by the CSSD office, the information will be entered into the CSSD's automated system, which will then issue a case identification number (Case ID) that is unique to the case between the Non-Custodial Parent (NCP) and the Custodial Party (CP). This Case ID number will be provided to each party. **The CSSD Case ID and the following address <u>must</u> be included in the legal document that directs the obligor (payer) or employer to withhold and remit the support payments from the Non-Custodial Parent's income. PAYMENTS MUST BE MADE PAYABLE AND MAILED TO:**

> **STATE OF NEW MEXICO**
> **CHILD SUPPORT STATE DISBURSEMENT UNIT**
> **FOR CHILD SUPPORT SERVICES DIVISION CASE ID: _____**
> **P. O. BOX 200796**
> **Dallas, TX 75320-0796**

Along with the CSSD Form 102, the following documents must be provided to the local CSSD office (see the local office's return address, not the mailing address listed above) to ensure that payments are properly processed:

1. A court endorsed copy of the **Notice to Withhold Income -** that includes the provision for the employer, or an endorsed copy of the court order, that states an alternative payment arrangement to withhold and remit the payments to the CSSD.

2. A court endorsed copy of the **Court Order** - that includes the provision for the employer to withhold and remit the payments to CSSD, the effective date for the support payment, the amount of the judgment for arrears, if any; and the amount to be paid on the arrears judgment, if any.

3. If the customer provided the employer with the **Notice to Withhold Income**, the customer shall provide a copy of the **Proof of Service** indicating that the employer has been served with the Notice to Withhold Income.

CSSD cannot accept and process payments without the CSSD Form 102 and all supporting documentation. If the Notice to Withhold Income and/or the support order do not contain language similar to that above, one (or both) of these documents may need to be amended by the Court. CSSD takes no responsibility for drafting, filing, or modifying any legal paperwork. CSSD may send out an *Income Withholding for Support* form on behalf of the customer and once an obligation is paid in full, or is closed by the customer or applicant, CSSD will send a *Notice of Termination of Wage Withholding* to the paying parent's employer to stop the wage withholding. CSSD will also provide an accounting of payments made through CSSD.

Rev 05/25

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1. PERSON RECEIVING SUPPORT （Obligee）
Person Requesting Services is the Obligee: ☐ Yes ☐ No

Recipient Name:	Date of Birth:	Social Security Number:	Home Telephone:
Home Address:	City / State / Zip:	Place of Employment:	Work Telephone:
Bank Name:	Branch Address:	Account Number:	

2. PERSON PAYING SUPPORT (Obligor)

Name:	Date of Birth:	Social Security Number:	Home Telephone:
Home Address:	City:	State:	ZIP:

3. DEPENDENT CHILD(REN)

Name(s):	Married at time of birth?	Social Security Number:	Birth Date:

If married, what is the date of the marriage _____ Divorced ☐ Yes ☐ No   Date: _____

Was income withholding ordered by the Court ☐ No ☐ Yes   If yes, complete section 4.

4. INCOME WITHHOLDING INFORMATION

Employer Name:	Employer's Address:	City:
State:	ZIP:	Employer phone Number:

5. Are you currently being represented by an Attorney? ☐ Yes ☐ No

If so, Attorney's name is: _____

Address: _____

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6. PLEASE READ THE FOLLOWING INFORMATION AND SIGN:

a) I understand that I am not applying for full Child Support Services but am requesting that my court ordered support payments unless other alternative payment arrangements are identified in the court order and be processed through the CSSD.

b) I understand that I must give, in writing or by Web access if available, any change of employer including the name, address and phone number. I need to submit Proof of Service showing that I provided the Obligor's employer with the Notice to Withhold Income.

c) I understand that CSSD may send out a Notice of Income Withholding for Support form on behalf of the customer and once an obligation is paid in full, or is closed by the customer or applicant, CSSD may send a *Notice of Termination of Wage Withholding* to the obligors (payer) employer to stop the wage withholding.

d) I understand that CSSD is not responsible for maintaining a balance or producing an audit of what is owed to me (or by me) for this case. CSSD will only provide a record of payments made through CSSD upon the written request of a court or party.

e) I understand that I must provide CSSD any change to my address, or phone number, to ensure correct processing and delivery of support payments.

f) I understand that any attorney fees, or all other non-support types of payments, must be sent directly to me or my attorney as all payments received by CSSD will be treated as support payments.

g) I understand that I may apply for full Child Support Services at any time by completing and signing an Application for Full Service (CSSD Form 538). Any change from payment processing services only to full CSSD services will require a full services application and will occur at the month's end. Payments made through CSSD for payment processing services must be by income withholding or alternative payment arrangements. Any payments that cease to be paid through CSSD, will result in a review for case closure.

h) I understand that the Custodial Party (obligee) must receive support payments through Electronic Funds Transfer (EFT) via direct deposit to their bank account or the New Mexico Pre-Paid Debit Card. All payments will be processed and disbursed in accordance with federal and state law to the obligee.

i) I understand, CSSD makes payments to custodial parties in error. The custodial party is personally liable for paying back any amounts received which were paid erroneously. When this occurs, CSSD will automatically retain a portion of a future outgoing collection(s) until the amount owed is paid in full. This is referred to as a recoupment. CSSD will recoup from the custodial party's outgoing collection(s) as follows:

Reason	Amount
Insufficient funds (NSF)	No more than 100% of any future payment to the custodial party
Amended tax return of the non-custodial party or reversal of part or all of the intercepted tax refund	No more than 25% of any future payment to the custodial party
Any other overpayment reason	No more than 25% of any future payment to the custodial party

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NOTE: By requesting payment processing services, all payments will be disbursed in accordance with federal and state law to the obligee through EFT, via direct deposit or the New Mexico Pre-Paid Debit Card.

_____
Signature   **Date**