

STATE OF NORTH CAROLINA

Court File No.

IV-D Case No.

_____ County

In The General Court Of Justice
 District Superior Court Division

Civil: *Plaintiff* _____
 Criminal

**STATE
VERSUS**

**MOTION TO WITHHOLD FROM
INCOME OTHER THAN WAGES TO
ENFORCE CHILD SUPPORT ORDER**

G.S. 110-136.5, -136.10

Name Of Defendant

Name And Address Of Payor

Name And Address Of Obligor

Federal Tax ID No.

Social Security No.

MOTION

The obligor is a responsible parent of each child named below for whose benefit support is due.

Pursuant to an Order entered by the Court for support of said child(ren), the obligor is obligated to pay child support in the amount shown below. As of the date of this Motion, the obligor is delinquent. has been erratic in making child support payments.

| Name Of Each Child For Whose Benefit Support Is Due | | Date Of Birth |
|---|---|-----------------------------------|
| | | |
| | | |
| | | |
| Amount Of Support Obligation \$ _____ | <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Other (specify) _____ | Date Of Support Order Or Judgment |
| Amount Of Support Obligation \$ _____ | As Of _____ ← (Date) | |

The undersigned believes that the obligor receives disposable income from the payor named above as set out below:

| | | |
|---|---|----------------|
| Amount Of Disposable Income \$ _____ | <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Other (specify) _____ | Type Of Income |
|---|---|----------------|

Now, therefore, the undersigned seeks to have the following amount withheld from the obligor's income to satisfy the order as directed by the Court.

(NOTE: Amount withheld ordinarily may not exceed 40% of disposable income.)

Amount Sought To Be Withheld
\$ _____

Thereform, the undersigned requests the Court to enforce the obligor's child support obligation by entry of an order for income withholding.

| | |
|------|--------------------------------------|
| Date | Signature Of Person Filing Complaint |
|------|--------------------------------------|

VERIFICATION

I, the undersigned, being first duly sworn, say that I have read this Motion and the contents are true to my own knowledge, except as to matters stated on information and believe, and as to those, I believe them to be true.

SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME

Date

| | | |
|------|-----------|-----------|
| Date | Signature | Signature |
|------|-----------|-----------|

Deputy CSC Assistant CSC Clerk Of Superior Court

Name And Address Of Person Making Motion

Notary
Date My Commission Expires

County Where Notarized

SEAL

NOTICE TO OBLIGOR

Take notice that the foregoing Motion asks the court to order withholding from your disposable income to enforce a child support obligation, and

1. If the court orders withholding, the order will apply to disposable income from your current payor(s) and from any future sources of income.
2. If income withholding is ordered, it will continue until
 - a. the child support order being enforced has expired or becomes invalid; or
 - b. the party initiating this proceeding, the district court judge, and you agree to terminate withholding because there is another adequate means to collect child support or arrearages; or
 - c. all valid arrearages owed to the State or obligee are paid in full, and the whereabouts of each child for whom support is ordered and the party entitled to receive the support payments are unknown.

CERTIFICATE OF SERVICE

I certify that a copy of this Motion was served by:

depositing a copy enclosed in a postpaid properly addressed envelope in a post office or official depository under the exclusive care and custody of the U.S. Postal Service directed to:

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> defendant. | <input type="checkbox"/> defendant's attorney. |
| <input type="checkbox"/> plaintiff. | <input type="checkbox"/> plaintiff's attorney. |

delivering a copy personally to the:

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> defendant. | <input type="checkbox"/> defendant's attorney. |
| <input type="checkbox"/> plaintiff. | <input type="checkbox"/> plaintiff's attorney. |

leaving a copy at the office of the attorney named below, with a partner or employee:

| | |
|-------------------------------------|-------------------------------------|
| <i>Name Of Attorney</i> | <i>Name Of Attorney</i> |
| <i>Party Represented</i> | <i>Party Represented</i> |
| <i>Person With Whom Copies Left</i> | <i>Person With Whom Copies Left</i> |

Other:

| | | |
|--------------------|---------------------------------------|---|
| <i>Date Served</i> | <i>Title Of Person Serving Motion</i> | <i>Signature Of Person Serving Motion</i> |
|--------------------|---------------------------------------|---|