

STATE OF NORTH CAROLINA

Court File No.

IV-D Case No.

_____ County

In The General Court Of Justice

District Superior Court Division

Civil: _____
(Name Of Plaintiff)

Criminal: _____

**STATE
VERSUS**

**MOTION TO JOIN PAYOR AS PARTY TO
ENFORCE WITHHOLDING FROM INCOME
OTHER THAN WAGES AND
NOTICE OF HEARING**

G.S. 110-136.8

Name Of Defendant

Name And Address Of Payor

Name And Address Of Obligor

MOTION

In support of this Motion by the initiating party identified below, the undersigned shows the Court that:

1. The disposable income of the obligor named above is subject to income withholding for child support pursuant to an order entered under G.S. 110-136.5 or to an administrative determination made pursuant to G.S. 110-136.4.
2. Pursuant to that order or determination, the payor named above was properly served with a Notice Of Obligation To Withhold From Income Other Than Wages For Child Support.
3. The payor has willfully refused to comply with the provisions of G.S. 110-136.8 in that the employer/payor:
 - a. did not begin withholding within the time provided by law, as stated in the Notice.
 - b. has failed, on one or more occasions, to withhold and send to the North Carolina Child Support Centralized Collection Office, PO Box 900012, Raleigh, NC, 27675 the amount, or the percentage of disposable income, stated in the Notice.
 - c. has failed, on one or more occasions, after withholding an amount from disposable income, to send that amount to the North Carolina Child Support Centralized Collection Office, PO Box 900012, Raleigh, NC, 27675 within the time provided by law as stated in the Notice.
 - d. Other:

Therefore, the initiating party requests the Court to:

1. Cause the payor named above to be joined as a party to this action;
2. Order the payor to begin withholding pursuant to the terms of the Notice Of Obligation To Withhold From Income Other Than Wages For Child Support or as may be determined by the Court on the evidence presented;
3. Hold the payor liable for any amount which the payor should have withheld; and
4. Tax the costs against the payor.

Date

Signature

Identity Of Initiating Party

Plaintiff Defendant State Clerk Of Superior Court
 IV-D Agency Attorney For Party

Identity Of Signer

Initiating Party Deputy CSC Assistant CSC
 Authorized Agent Other _____

(NOTE: This form may be used in both civil and criminal cases.)
(Over - See Notice Of Hearing on reverse.)

NOTICE OF HEARING

TO THE EMPLOYER/PAYOR:

You are notified to appear before the Court at the date, time and place of hearing stated below and to present any defense you have against the relief requested in the foregoing Motion. You may file a written response to the Motion in the office of the Clerk of Superior Court, and serve a copy on the initiating party within thirty (30) days of the date of service of this Motion.

At the hearing, if the Court finds that you have willfully refused to comply with the provisions of G.S. 110-136.8, it may grant any or all of the relief requested in the Motion.

<i>Date Of Hearing</i>	<i>Time Of Hearing</i> <input type="checkbox"/> AM <input type="checkbox"/> PM	<i>Date</i>
<i>Place Of Hearing</i>		<i>Signature</i>
		<input type="checkbox"/> <i>Deputy CSC</i> <input type="checkbox"/> <i>Assistant CSC</i> <input type="checkbox"/> <i>CSC</i> <input type="checkbox"/> <i>Plaintiff/Attorney</i> <input type="checkbox"/> <i>Defendant/Attorney</i> <input type="checkbox"/> <i>Other</i> _____

RETURN OF SERVICE

I certify that this Motion and Notice Of Hearing was received and served as follows:

<i>Date Served</i>	<i>Time Served</i> <input type="checkbox"/> AM <input type="checkbox"/> PM	<i>Name Of Employer/Payor</i>
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- By delivering to the payor named above a copy of this Motion and Notice.
- By leaving a copy of this Motion and Notice at the dwelling house or usual place of abode of the payor named above with a person of suitable age and discretion then residing therein.
- As the payor is a corporation, service was effected by delivering a copy of this Motion and Notice to the person named below.

Name And Address Of Person With Whom Copies Left (if corporation, give title of person copies left with)

Other manner of service: *(specify)*

Payor WAS NOT served for the following reason:

<i>Service Fee Paid</i> \$	<i>Signature Of Deputy Sheriff Making Return</i>
<i>Date Received</i>	<i>Name Of Sheriff</i>
<i>Date Of Return</i>	<i>County Of Sheriff</i>