

**IN THE SUPERIOR COURT OF \_\_\_\_\_ COUNTY  
STATE OF GEORGIA**

**Petitioner:** \_\_\_\_\_

**and**

**Respondent:** \_\_\_\_\_

**Civil Action File No.:** \_\_\_\_\_

**INCOME DEDUCTION ORDER**

This Court having entered an order establishing, modifying or enforcing a child support obligation owed by the \_\_\_\_\_ (hereafter, "Obligor"), and the Court having determined that an Income Deduction Order ("IDO") should be entered in accordance with Official Code of Georgia Annotated § 19-6-30 et seq., it is ORDERED AND ADJUDGED:

**1. Identification of Parties**

Obligor is: \_\_\_\_\_

Obligor's Address is: \_\_\_\_\_

Obligee is: \_\_\_\_\_

Child(ren):

Name: \_\_\_\_\_ Year of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Year of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Year of Birth: \_\_\_\_\_

**2. Service**

The Obligee shall be responsible for initiating the wage withholding by completing and transmitting all documents and notices required by O.C.G.A. § 19-6-30 et seq., 42 USC 666(b)(6)(A)(ii), and the Georgia Family Support Registry. Additionally, a copy of this order and all further papers required to be served pursuant to O.C.G.A. §19-6-30, et seq., shall be served by the Obligee upon the Obligor by personal service, certified mail or statutory overnight delivery, return receipt requested, or by regular mail in accordance with the alternative service provisions of O.C.G.A. §§ 9-11-4(j) and 19-6-33(b). A copy of this Order shall also be mailed by the Obligee to:

Family Support Registry  
P.O. Box 1800  
Carrollton, Georgia 30112-1800

3. **Effective Date of this Order:**

( ☐ ) Immediately.

( ☐ ) Upon a delinquency equal to one month's support. This Court finds that good cause was shown to delay the effective date of this Order. The Obligee or the IV-D agency may enforce this IDO by serving a "Notice of Delinquency" on the Obligor as provided in O.C.G.A. § 19-6-32(f).

4. **Duration of this Order**

This Order hereby supersedes any previous IDO; and it shall remain in force so long as the order of support upon which it is based is effective or arrearages remain upon payment due thereunder, or until further order of this Court. Thus, this Order shall continue until [check one]: ( ☐ ) the last child of the parties for whom the Obligor has a duty to support reaches the age of majority; ( ☐ ) the last child of the parties for whom the Obligor has a duty of support graduates from high school and reaches the age of majority, or reaches the age of 20 years, whichever shall first occur. See O.C.G.A. § 19-6-15(e).

5. **Income Deduction**

The Obligor's employer, future employer, or any other person, private entity, federal or state government, or any unit of local government providing or administering any periodic form of payment due to the Obligor, regardless of source, including without limitation wages, salary, commissions, bonus, workers' compensation, disability, payments from a pension or retirement program, a personal injury award or settlement, and interest, shall deduct from all monies due the Obligor the following amounts:

6. **Amount of Deduction**

- (a) Current Support: \$ \_\_\_\_\_ per month.  
(b) Alimony: \$ \_\_\_\_\_ per month.  
(c) Past Due Support: \$ \_\_\_\_\_ per month.  
(d) Family Support Registry ("FSR") Fee: \$ \_\_\_\_\_ \*\*per deduction payment per O.C.G.A. §19-6-33.1(j).

\*\* Five percent of the amount deducted for current or past child support, or a maximum fee of \$1.50, whichever is less.

**7. Past Due Support**

The Obligor named above owes Past Due Support in the amount of \$ \_\_\_\_\_ as of \_\_\_\_\_, 20\_. The Obligee shall have the right to any additional arrearage that may accrue through the date of the first deduction of income and for all other periods of non-payment.

**8. Payment Address**

The total amount deducted shall be forwarded by the Employer ("Payor") within two (2) business days after each payment date to:

Family Support Registry  
P.O. Box 1800  
Carrollton, Georgia 30112-1800

**9. Payment Instructions**

(a) If Payor is deducting child support for more than one IDO, Payor must, upon future modification by Child Support Services or court order, deduct the FSR Fee for each IDO. If the amount Payor is deducting for any one case is \$40 or more, the FSR Fee for that IDO is \$1.50. If the deduction is less than \$40, the FSR Fee is five percent (5%) of the amount deducted, but in no event shall the fee exceed \$1.50.

(b) The total amount of the Child Support Deduction will decrease, if applicable, after all Past Due Support is paid in full; at that point the amount deducted will be the amount of Current Support plus the FSR Fee.

**10. Consumer Protection Act**

The maximum amount to be deducted by a payor shall not exceed that allowable under Section 303(b) of the federal Consumer Protection Act, 15 U.S.C. § 1673(b), as amended.

**11. Duty of Obligor to Insure Compliance**

The Obligor is hereby ordered to perform all acts necessary for the proper withholding of the sums stated in this IDO, including delivery of the same to his employer and future employers, and to personally monitor and confirm on an ongoing basis that the payments withheld are timely and properly deducted from his/her income and forwarded as ordered, correctly identified with the above case. Failure of the employer to perform under this order does not relieve the Obligor of his/her obligation to insure that payment is made.

**12. Wrongful Discharge**

No payor shall discharge an obligor by reason of the fact that income has been subjected to an IDO under O.C.G.A. § 19-6-32. A payor who violates this paragraph is subject to a civil penalty not to exceed \$250 for the first violation or \$500 for any subsequent violation. Penalties shall be paid to the Obligee or the Division of Child Support Services,

whichever is enforcing the IDO, if any support is due and payable. If no support is due and payable, the penalty shall be paid to the Obligor.

**SO ORDERED** this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
\_\_\_\_\_, Judge

Superior Court of \_\_\_\_\_ County

Prepared and presented by

Name (print or type): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_