

CSE Case Number:  
Noncustodial Parent:

Court Case Number:  
Employer Name:

Employer Address:

## EMPLOYEE STATUS REPORT

The Income Withholding Order/Notice for Support (IWO) is to remain in effect until further notice. Please complete the information requested below and return the Employee Status Report to the address listed on the IWO within 10 days of the date on this letter:

1. ☐ We received the IWO regarding the employee named above on \_\_\_\_\_.  
(Date)
2. ☐ The employee named above is presently employed. The withholding will begin on \_\_\_\_\_.  
(Date)
3. ☐ Our payroll is issued: ☐ Weekly ☐ Bi-weekly ☐ Monthly ☐ Twice a month on \_\_\_\_\_.  
(Date)
4. ☐ On \_\_\_\_\_, the above employee: ☐ was terminated ☐ voluntarily left our employment  
(Date)  
☐ is presently on lay-off status and will return to work on \_\_\_\_\_.  
(Estimated return date)
5. ☐ The employee named above is currently employed at \_\_\_\_\_  
(Company name, if known)  
\_\_\_\_\_  
(Address, if known)

If you prefer you may call our office at 1-866-901-3212.

I declare under penalty of perjury under the laws of the State of California that the foregoing information is true and correct. Executed on \_\_\_\_\_ at \_\_\_\_\_, \_\_\_\_\_.  
(Date) (City) (State)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Job Title)

\_\_\_\_\_  
(Phone Number)

\_\_\_\_\_  
(Fax Number)