

EXHIBIT E-1

IN THE COURT OF COMMON PLEAS OF GUERNSEY COUNTY, OHIO

GENERAL DIVISION

_____ CASE NO. _____
PLAINTIFF/PETITIONER SETS NO. _____
DOB: _____ WITHHOLDING ORGANIZATION:

VS/AND

_____ DEFENDANT/PETITIONER **READ THIS ORDER**
DOB: _____ You may have important continuing obligations

INCOME WITHHOLDING ORDER

The Court, upon evidence, finds that _____ is the employer / income source of _____, the Obligor, and that the Obligor has been **ORDERED** by this Court to pay support.

THE COURT, THEREFORE ORDERS, ADJUDGES AND DECREES that _____ is joined as a party defendant in this action and **SHALL DO ALL OF THE FOLLOWING:**

1. Withholding from the income of the Obligor the total sum of \$_____ per_____; but if this amount exceeds the maximum amount allowed to be withheld under Federal Law, withhold only the maximum amount allowed.
2. Begin withholding as Ordered **NO LATER THAN ONE WEEK FROM RECEIPT OF THIS ORDER**; however, the employer/income source does not have to alter its pay cycle.
3. Forward the count withheld **IMMEDIATELY** to the Ohio Child Support Payment Central, P.O. Box 182394, Columbus, OH 43218-2394, including with each amount forwarded, the Obligor's name, Social Security Number, Sets Case Number, Order Number and the amount forwarded for this Obligor.
4. Continue the withholding until further order of this Court.

5. Give this Withholding Order priority over any other legal process issued against the same income, as required by law.
6. If you receive two or more of these Orders for Obligor, prorate the amounts due under the Orders, and notify the Court immediately of the other Order and the proration.
7. Notify the Court, IN WRITING, within ten (10) days upon the occurrence of any situation where the Obligor is not receiving enough income to cover this Order. This Notice MUST state the reason for the lack of income, including but not limited to termination of employment, leave of absence, and layoff.
8. Notify the Court of any benefits or other income the Obligor is receiving or is eligible to receive as a result of the occurrence of any of the above situations. Such benefits or other income include, but are not limited to, new employment, unemployment compensation, worker's compensation, severance pay, sick leave, lump-sum payments or retirement benefits or contributions, and bonuses or profit sharing payments or distributions. This notice MUST state the name and address of the new source of income, the amount of the income, the Obligor's Social Security Number and Date of Birth, and the Obligor's last known address and telephone number.
9. Notify the Court IMMEDIATELY of any lump sum payments of Five Hundred Dollars (\$500) or more to be paid to the Obligor, HOLD THE LUMP SUM FOR THIRTY (30) DAYS BEFORE PAYMENT, and upon Order of the Court pay the sum to the Agency specified in this Order.
10. Withholding the amount set forth hereinabove; however, the amounts specified herein shall not exceed the maximum amount permitted to be withheld from earnings under Sec. 303(b) of the "Consumer Credit Protection Act", 15 USC 1673(b), which is sixty percent (60%) of disposable earnings for a person not supporting another family and fifty percent (50%) for a person supporting another spouse or child, plus an additional five percent (5%) on each limit if there are arrearages over twelve (12) weeks old. If the Order exceeds these limits, the employer shall notify the Guernsey County Child Support Enforcement Agency, P. O. Box 253, Cambridge Oh 43725, IN WRITING, and withhold only the prescribed limit. (Disposal earnings means compensation paid for services minus amounts withheld for taxes and Social Security.)

ALL NOTICES ARE TO BE SENT TO: GUERNSEY COUNTY CHILD SUPPORT ENFORCEMENT AGENCY, P. O. BOX 253, CAMBRIDGE, OH 43725. ANY PRIOR WITHHOLDING ORDER SENT TO THE EMPLOYER/INCOME SOURCE FOR THIS CASE NUMBER IS NULL AND VOID.

NOTICE OF EMPLOYER/INCOME SOURCE

1. As a withholder of income you may charge a fee not to exceed \$2.00 or 1% of the amount withheld, whichever is greater.

2. You may combine all payments in one check to the Ohio Child Support Payment Central if you have more than one order of withholding that is paid through that Agency; however, you **MUST** provide with your check a written list of names, social security numbers; SETS numbers and case numbers, and the amount withheld for Obligor.

3. The law provides penalties for any employer who discharges, refuses to hire or disciplines an employee of this Withholding Order.

4. The law also provides penalties for failure to comply with any of the obligations imposed by this Order.

5. YOU ARE LIABLE FOR ALL SUMS YOU FAIL TO WITHHOLD UNDER THIS ORDER.

6. If you have any questions concerning application of this Order, the Court advises that you seek proper legal assistance of your own choice.

_____ Yes _____ No The Court has also ORDERED the Obligor herein to enroll his/her dependent child(ren) in the group health care plan available by way of employment within thirty (30) days of the date of this Order.

JUDGE OF THE COMMON PLEAS COURT

GUERNSEY COUNTY, OHIO