INCOME WITHHOLDING FOR SUPPORT ☑ ORIGINAL INCOME WITHHOLDING ORDER/NOTICE FOR SUPPORT (IWO) ☐ AMENDED IWO ☐ ONE-TIME ORDER/NOTICE FOR LUMP SUM PAYMENT ☐ TERMINATION of IWO Date:05/01/2015 NOTE: This IWO must be regular on its face. Under certain circumstances you must reject this IWO and return it to the sender (see IWO instructions http://www.acf.hhs.gov/programs/cse/newhire/employer/publication/publication.htm - forms). If you receive this document from someone other than a State or Tribal CSE agency or a Court, a copy of the underlying order must be attached State/Tribe/Territory CALIFORNIA Remittance Identifier (include w/payment) 200000001437853 City/County/Dist./Tribe MERCED Order Identifier FLM59527 Private Individual/Entity CSE Agency Case Identifier 200000001437853 SAN JOSE COMMUNITY COLLEGE DISTRICT RE: THORPE, LAMAR Employer/Income Withholder's Name Employee/Obligor's Name (Last, First, Middle) 40 S MARKET ST Employer/Income Withholder's Address Employee/Obligor's Social Security Number SAN JOSE CA 95113-2367 Custodial Party/Obligee's Name (Last, First, Middle) Employer/Income Withholder's FEIN Child(ren)'s Name(s) (Last, First, Middle) Child(ren)'s Birth Date(s) ORDER INFORMATION: This document is based on the support or withholding order from CALIFORNIA (State/Tribe). You are required by law to deduct these amounts from the employee/obligor's income until further notice. Per MONTH current child support MONTH past-due child support - Arrears greater than 12 weeks? Yes Per □ No \$ 0.00 MONTH current cash medical support Per \$ 0.00 Per MONTH past-due cash medical support \$ 0.00 MONTH Per current spousal support \$ 0.00 MONTH Per past-due spousal support \$ 0.00 Per MONTH other (must specify) Per MONTH for a Total Amount to Withhold of \$ 1 AMOUNTS TO WITHHOLD: You do not have to vary your pay cycle to be in compliance with the Order Information. If your pay cycle does not match the ordered payment cycle, withhold one of the following amounts: per weekly pay period per semimonthly pay period (twice a month) per biweekly pay period (every two weeks) \$ _____ per monthly pay period Lump Sum Payment: Do not stop any existing IWO unless you receive a termination order.

REMITTANCE INFORMATION: If the employee/obligor's principal place of employment is CALIFORNIA (State/Tribe), you must begin withholding no later than the first pay period that occurs 10 days after the date of 05/01/2015. Send payment within 7 working days of the pay date. If you cannot withhold the full amount of support for any or all orders for this employee/obligor, withhold up to 50 % of disposable income for all orders. If the employee/obligor's principal place of employment is not CALIFORNIA (State/Tribe), obtain withholding limitations, time requirements, and any allowable employer fees at http://www.acf.hhs.gov/programs/cse/newhire/employer/contacts/contact_map.htm for the employee/obligor's principal place of employment.