

EX PARTE ORDER TO WITHHOLD EARNINGS

IN THE CIRCUIT COURT OF THE STATE OF
FOR THE COUNTY OF

,)	Docket Number
Petitioner,)	
)	
and)	EX PARTE ORDER
)	TO WITHHOLD EARNINGS
,)	
Respondent)	

TO:	Employer	Respondent
	Address	Social Security Number

Based upon Petitioner's Motion,
**YOU ARE
HEREBY
ORDERED TO
WITHHOLD &
PAY OVER TO:**

**DELINQUENT
AMOUNT OWED \$ _____
CONTINUING MONTHLY
SUPPORT
PAYMENTS: \$ _____**

An amount equal to 25 percent (or the continuing monthly support payment amount, whichever is less) of the beneficiary's benefits for temporary total disability, or an amount equal to 25 percent of the beneficiary's benefits for permanent partial disability and permanent total disability due or becoming due for each month beneficiary becomes or is eligible for these benefits, whether the benefits are paid monthly or in a lump sum payment.

The Department of Human Resources will inform you when there is no longer a current monthly support obligation.

**EVEN IF THERE IS MORE THAN ONE ORDER TO WITHHOLD, IN NO
EVENT SHALL YOU WITHHOLD MORE THAN 25 PERCENT OF BENEFICIARY'S
BENEFITS DUE OR BECOMING DUE FOR EACH MONTH BENEFICIARY BECOMES OR IS
ELIGIBLE.**

THIS ORDER supercedes any order to withhold previously entered and shall continue in effect as long as there is current support owed or until further order of this court.

DATED _____

CIRCUIT COURT JUDGE