

**Child Support Obligation
Disclosure Form**

TO ALL NEW EMPLOYEES (hired or reinstated after 1/1/1990)

Section 40-5-425, Montana Code Annotated requires you complete this form. Please fill it out, sign it, date it and return to your employer.

Check ***one*** of the following:

() I **have** a child support order, which requires automatic income withholding. The amount for court ordered support should be \$ _____ per month in Montana/Other State (***Please circle one***)

If other, please give state: _____

PLEASE PROVIDE A COPY OF THE ORDER FOR WITHHOLDING PURPOSES.

() I **have** a child support order that I pay, and it is not to be withheld from my paycheck.

() I **do not** have a child support withholding order.

Signature: _____

Printed Name: _____

Date: _____

TO EMPLOYER:

Retain this for three years after the date of hiring or one year after the date Employment terminates, whichever is later.

If the employee owes a child support obligation subject to automatic withholding begin deducting child support immediately. Retain this money until you receive an "Order to Withhold" from the Montana Dept. of Social and Rehabilitation Services, Child Support Enforcement Division. If an "Order to Withhold" is not received with 45 days, call the CSED regional office serving your county. Use this form for new employees only. You are prohibited from asking prospective employees to complete this form.