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16.03.03 - Rules Governing Child Support Services

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CHAPTER 03

16.03.03 - RULES GOVERNING CHILD SUPPORT SERVICES

000. LEGAL AUTHORITY.
The Department of Health and Welfare is authorized to promulgate these rules under Sections 7-1206, 32-1209, 32-
1214G, 32-1217, 56-203A, and 56-1004, Idaho Code. (5-8-09)

001. TITLE, SCOPE, AND GOAL.

01. Title. The title of these rules is IDAPA 16.03.03, “Rules Governing Child Support Services.” (5-8-09)

02. Scope. These rules provide the requirements for the administration of the Department’s child support program. (5-8-09)

03. Goal. The goal of child support services is to ensure that both parents provide the financial support necessary to provide for their children. This program requires cooperation between families, employers, and the community. (5-8-09)

002. WRITTEN INTERPRETATIONS.
There are no written interpretations of these rules. (5-8-09)

003. ADMINISTRATIVE APPEAL.
Administrative appeals are governed by provisions of IDAPA 16.05.03, “Rules Governing Contested Case Proceedings and Declaratory Rulings.” (5-8-09)

004. INCORPORATION BY REFERENCE.
There are no incorporations by reference in this chapter of rules. (5-8-09)

005. OFFICE HOURS -- MAILING ADDRESS -- STREET ADDRESS -- TELEPHONE -- WEBSITE.

01. Office Hours. Office hours are 8 a.m. to 5 p.m., Mountain Time, Monday through Friday, except holidays designated by the state of Idaho. (5-8-09)

02. Mailing Address. The mailing address for the business office is Idaho Department of Health and Welfare, P.O. Box 83720, Boise, Idaho 83720-0036. (5-8-09)

03. Street Address. The business office of the Idaho Department of Health and Welfare is located at 450 West State Street, Boise, Idaho 83702. (5-8-09)

04. Telephone. The telephone number for the Idaho Department of Health and Welfare is (208) 334-5500. (5-8-09)

05. Internet Website. The Department's internet website is http://www.healthandwelfare.idaho.gov. (5-8-09)

006. CONFIDENTIALITY OF RECORDS AND PUBLIC RECORDS REQUESTS.

01. Confidential Records. Any information about an individual covered by these rules and contained in the Department’s records must comply with IDAPA 16.05.01, “Use and Disclosure of Department Records.” (5-8-09)

02. Public Records. The Department will comply with Sections 9-337 through 9-350, Idaho Code, when requests for the examination and copying of public records are made. Unless otherwise exempted, all public records in the custody of the Department are subject to disclosure. (5-8-09)
007. -- 009. (RESERVED)

010. DEFINITIONS.

01. Alleged Father. Any man who may be the father of a child on whose behalf an application for assistance or child support services has been made. (7-1-98)

02. Applicant/Participant. Any person on whose behalf child support services are being provided as a result of the payment of assistance. (7-1-98)

03. Applicant/Recipient. A person on whose behalf child support services are being provided as a result of an application for child support services. (7-1-98)

04. Arrears. Any amount that is past due and owing. Any payment arrangement must be based on having all the arrears paid in full before the youngest child on the case turns twenty-three (23). When determining the amount owed prior to a court or administrative determination, the Child Support Guidelines will be used to determine the amount owed. (7-1-98)

05. Assistance. Includes all types of assistance provided to a person including TAFI, Medicaid, Food Stamps and foster care costs. (7-1-98)

06. Child Support. A judgment, decree, order, or administrative ruling directing a person or persons to provide for the support, including medical support, of a child or children. (7-1-98)


08. Child Support Services. The program administered by the Department of Health and Welfare and may be referred to as the IV-D Agency administered under the Social Security Act. (7-1-98)

09. Custodian. The individual who is the physical custodian of any person on whose behalf child support services are being provided by the IV-D Agency. (7-1-98)

10. Direct Payment. A support payment from a non-custodial parent which is received directly by a custodian. (7-1-98)

11. FPLS. The Federal Parent Locator Service. (7-1-98)

12. Legal Process. For purposes of income withholding, “legal process” means a writ, order, summons or other similar process in the nature of a garnishment, which is issued by a court of competent jurisdiction or by an authorized official pursuant to an order of such court or pursuant to state or local law. (7-1-98)

13. Locate. The process of obtaining information concerning the physical whereabouts of the non-custodial parent, or the non-custodial parent’s employer, other sources of income or assets, as appropriate, which is sufficient and necessary to take the next appropriate action in a case. (7-1-98)

14. Medicaid. Medical assistance provided under a state plan approved under Title XIX of the Social Security Act, 42 USC 1396. (7-1-98)

15. Non-Custodial Parent. An individual who:
   a. Is not the physical custodian of the child; and (7-1-98)
   b. Is a parent or other person who has a legal duty to support a child on whose behalf an application has been made for assistance or child support services. (7-1-98)

16. Spousal Support. A legally enforceable obligation assessed against an individual for the support,
including medical support, of a spouse or former spouse who is living with a child or children for whom the individual also owes support. (7-1-98)

17. **Support Order.** A judgment, decree, order or administrative ruling directing a person or persons to provide child support or child and spousal support. A support order shall also include a judgment, decree, order or administrative ruling directing the payment of fees and/or costs associated with the establishment, enforcement or modification of the obligation. (7-1-98)

18. **Temporary Assistance for Families in Idaho (TAFI).** Temporary cash assistance provided pursuant to Chapter 2, Title 56, Idaho Code. (7-1-98)

19. **Title IV-A.** Temporary Cash Assistance as provided under the Social Security Act, 42 USC 601. (7-1-98)

20. **Title IV-D.** Child support services as provided under the Social Security Act, 42 USC 651. (7-1-98)

21. **Title IV-D Plan.** The plan established under the conditions of 42 USC 654 and approved by the Secretary, Department of Health and Human Services and adopted by the state of Idaho. (7-1-98)

22. **Title IV-E.** Federally Funded Foster Care Program as provided under the Social Security Act, 42 USC 670. (7-1-98)

011. -- 099. (RESERVED)

100. **NOTICE.** 
A monthly statement of payment activity shall be provided to the custodian and the non-custodial parent. (7-1-98)

101. **CHILD SUPPORT OBLIGATION AMOUNT.** 
The amount of support which must be provided by the non-custodial parent as specified in the support order, or if there is not yet a support order, then the amount is determined by using the Child Support Guidelines. (7-1-98)

102. -- 199. (RESERVED)

200. **COOPERATION IN ASSISTANCE CASES.**
The applicant/participant must cooperate with Child Support Services. Cooperation includes, but is not limited to, assisting in:

01. **Locate and Other Child Support Actions.** The applicant/participant must assist in identifying and locating the non-custodial parent or alleged father; establishing the paternity of a child born out of wedlock; and the establishment, modification and enforcement of a support obligation. (7-1-98)

02. **Forwarding of Payments.** Any direct payments received by the custodian must be paid to Child Support Services. Direct payments which are retained by the applicant/recipient are subject to recovery by the Department. (7-1-98)

201. **ELIGIBILITY FOR TEMPORARY ASSISTANCE FOR FAMILIES IN IDAHO (TAFI).**
As a condition of eligibility, the applicants and participants must:

01. **Assign Their Support Rights.** Applicants and participants shall assign their right to receive support payments to Child Support Services while they receive temporary cash assistance. (7-1-98)

02. **Cooperate.** Child Support Services is responsible for determining if the applicant/participant is cooperating and notifying TAFI of any non-cooperation. (7-1-98)

202. **ELIGIBILITY FOR MEDICAID.**
As a condition of eligibility, the applicants and participants must:

(7-1-98)
01. **Assign Their Medical Support Rights.** Applicants and participants shall assign to Child Support Services all rights to any medical support available under an order of a court or an administrative agency. The assignment shall include the right to third party payments and the right to medical support that accrued prior to the date of the assignment. The applicant/recipient shall not be required to assign rights to Medicare benefits. (7-1-98)

02. **Grant Limited Power of Attorney.** Applicants and participants shall grant a limited power of attorney to Child Support Services to pursue the establishment and enforcement of child support orders. (7-1-99)

03. **Cooperate.** If an applicant/participant fails to cooperate, Child Support Services shall notify Medicaid. (7-1-98)

203. **ELIGIBILITY FOR FOOD STAMPS.**

As a condition of eligibility, the applicants and participants must:

01. **Grant Limited Power of Attorney.** Applicants and participants shall grant a limited power of attorney to Child Support Services to allow for collection, enforcement and legal activities while they receive food stamps. (7-1-98)

02. **Cooperate.** If an applicant/participant fails to cooperate, Child Support Services shall notify the Food Stamp agency. (7-1-98)

204. **DISTRIBUTION OF SUPPORT PAYMENTS.**

01. **Monthly Application.** The amounts collected as support in a month shall first be used to satisfy the current support obligation for that month. The amounts collected in excess of current support will be treated as payments on support arrears. (7-1-98)

02. **Date of Collection.** The date of collection shall be the date on which the payment is received by the State Disbursement Unit. (7-1-99)

03. **Distribution of Amounts Collected Through Income Tax Refund Offset.** Amounts collected through federal income tax refund offset shall be distributed as payment on support arrears. (7-1-99)

04. **Distribution of Support in Open TAFI Cases.** The amounts collected shall be retained by the State to reimburse itself in whole or in part for unreimbursed cash assistance paid to the recipient. The State is limited to reimbursement of past assistance payments by the amount of the total support obligation owed. Any excess amount collected on the past due support obligation that remains after the State has been reimbursed for past assistance will be paid to the family. (7-1-99)

05. **Distribution upon Termination of TAFI.** For those cases in which child support services continue after the termination of temporary cash assistance, current support shall be paid first. Collections which exceed the current support obligation shall be disbursed as follows:

   a. Through September 30, 1998, collections exceeding current support shall be retained by the State to reimburse any amounts of unpaid assistance that accrued prior to the termination of assistance. Any excess collected on the past due support obligation after the State has been reimbursed shall be paid to the family. (7-1-99)

   b. From and after October 1, 1998, collections exceeding current support shall first be distributed to the family for any arrears that accumulated before or after the termination of temporary cash assistance. Any excess collected that exceeds the arrears owed to the family shall be retained by the State for reimbursement of assistance up to the amount of the unreimbursed assistance. (7-1-99)

06. **Distribution of Assigned Medical Support.** Any amounts collected which represent specific dollar amounts owed for medical support shall be forwarded to the Medicaid agency for distribution. (7-1-98)
205. DISTRIBUTION OF SUPPORT COLLECTED IN TITLE IV-E FOSTER CARE MAINTENANCE CASES.

01. Payment of Support Obligation. The amount collected as current support shall first be retained by the State to reimburse itself for the foster care assistance payment for that month. Any amount collected in excess of the current month’s foster care assistance payment, but less than the monthly support obligation, shall be paid to the state agency responsible for the child’s placement and care. Any amount collected in excess of the monthly support obligation shall be retained by the State to reimburse any previous foster care assistance payments. The State is limited to reimbursement for past foster care assistance by the amount of the total support obligation owed. Any excess collected after the State has been reimbursed for past foster care assistance payments shall be paid to the state agency responsible for the child’s placement and care. Collections shall be applied to future payments only after all current support and arrears have been satisfied. (7-1-98)

02. Termination of Foster Care Payments. When a state stops providing foster care assistance under Title IV-E, the assignment of support rights ends except as to unpaid support which accrued prior to or during the assignment. (7-1-98)

206. -- 298. (RESERVED)

299. SIGNATURES.
An individual who is applying for benefits, receiving benefits, or providing additional information as required by this chapter, may do so with the depiction of the individual's name either handwritten, electronic, or recorded telephonically. Such signature serves as intention to execute or adopt the sound, symbol, or process for the purpose of signing the related record. (3-29-12)

300. CHILD SUPPORT SERVICES FOR CHILDREN NOT RECEIVING ASSISTANCE.
Any person may apply for child support services except when the person owing the duty to pay support is deceased, and no claim may be made against the estate, or the person owing support is eligible for or receiving old age assistance. (7-1-98)

301. SERVICES UPON TERMINATION OF ASSISTANCE.
Whenever a family stops receiving assistance, Child Support Services must, within five (5) days of the termination of assistance, notify the family of the option to continue receiving child support services. The notice shall include the fees charged for services, cost recovery and distribution policies. The family must be advised that services will be continued until Child Support Services is notified to the contrary. (7-1-98)

302. APPLICATION.

01. Application Forms. An individual requesting child support services shall complete the appropriate forms applying for the services and granting a limited power of attorney to Child Support Services. Copies of divorce or dissolution decrees, support orders, modifications, and any related documents shall be supplied by the applicant/recipient. (7-1-98)

02. Payment History. The applicant/recipient shall provide a history of any payments received from the non-custodial parent. The history shall include the date and the amount paid. A certified copy of any payment record maintained by a court is valid payment history. If there is a dispute about the payment history, a judgment may be required that determines all accrued arrears owed under an accruing order of support before further collection action is taken. (7-1-98)

303. LIMITED POWER OF ATTORNEY.

01. Limited Power of Attorney. The applicant/recipient shall grant a limited power of attorney to Child Support Services to allow for collection, enforcement and legal activities. (7-1-98)

02. Forwarding of Payments. The applicant/recipient must forward to Child Support Services any payments received from a non-custodial parent or alleged father. The non-custodial parent shall pay all support payments directly to Child Support Services, pursuant to Section 32-710A, Idaho Code. (7-1-98)
304. FEES.

01. Application Fee. At the time of application for child support services, a written application must be completed and a fee of twenty-five dollars ($25) must be paid. The fee must be paid in advance of any services to be provided and is not refundable. (7-1-98)

02. Income Tax Offset Fees. A fee of twenty-five dollars ($25) will be deducted each time child support is collected as a result of an income tax offset. (7-1-98)

03. Internal Revenue Service (IRS) Referral Fees. A fee of one hundred twenty-two dollars and fifty cents ($122.50) shall be charged for a referral to the IRS for full collection of the child support obligation. (7-1-98)

04. Locate Fees. Child Support Services may charge an applicant/recipient a fee of ten dollars ($10) for referral to FPLS for location of a non-custodial parent when no other child support services are being provided. Child Support Services may also charge a fee of four dollars ($4) for referral to the FPLS for a social security number search. Child Support Services may charge a fee of seventy cents ($0.70) for referral to FPLS for location of a non-custodial parent. (7-1-98)

05. Federally Mandated Annual Service Fees. Child Support Services must charge an annual fee of twenty-five dollars ($25) for each Title IV-D enforcement case in which Child Support Services has collected and disbursed five hundred dollars ($500) of support in the federal fiscal year. The fee will be billed to the child support obligor once five hundred dollars ($500) of support has been collected during the relevant federal fiscal year provided the case otherwise qualifies. The fee will not be collected on any case in which the applicant/recipient has ever received benefits under a State or Tribal Title IV-A program, or from any child support obligor who is currently required to participate in Title IV-D services as an eligibility requirement for Food Stamps participation. (4-9-09)

305. LEGAL COSTS.

01. Deduction From Collections. An applicant/recipient shall be notified at the time of the application that legal costs incurred by Child Support Services will be deducted from any child support collected to reimburse the State. The applicant/recipient will be notified as to the legal costs being incurred. No more than twenty percent (20%) of any collection will be deducted for reimbursement of these costs. Child Support Services will attempt to obtain an order against the non-custodial parent in favor of the applicant/recipient for reimbursement of the legal costs incurred by Child Support Services. (7-1-98)

306. TERMINATION OF SERVICES.

01. Applicant/Recipient's Request. Child support services will terminate upon receipt of the applicant/recipient's request for termination. (3-30-01)

02. Applicant/Recipient Contact. Child support services may be terminated if Child Support Services is unable to contact the applicant/recipient within a thirty (30) calendar day period or applicant/recipient is not cooperating and cooperation by the applicant/recipient is essential for further action to be taken on the case. (7-1-98)

03. Unenforceable Order. Child support services may be terminated when the support order is unenforceable or the order is no longer enforceable and the arrears owed are less than five hundred dollars ($500). (7-1-98)

307. NOTIFICATION OF TERMINATION.

Written notice of termination of service, including the reason for the discontinuation of services will be provided to the applicant/recipient. (7-1-98)

308. -- 499. (RESERVED)

500. SECURING MEDICAL SUPPORT INFORMATION.

Child Support Services must obtain information as to whether either parent has a health insurance policy in effect.
Child Support Services must obtain the names of both parents’ employers. Information about available medical insurance will be provided to the other parent. (3-20-04)

501. SECURING AND ENFORCING MEDICAL SUPPORT.
Medical support enforcement services must be provided in any case for which an assignment of medical support is in effect, including:

01. Petition. Petitioning the court to include health insurance that is available to either parent at reasonable cost in new or modified court orders for support. Health insurance is considered reasonable in cost if it is available through employment or other group health benefit plan. (3-20-04)

02. Enforcement. Taking any necessary action to ensure that one (1) parent secures and maintains medical insurance required by the support order. (3-20-04)

502. ADMINISTRATIVE REVIEW FOR ENFORCEMENT OF MEDICAL SUPPORT.

01. Request. An obligor may request an administrative review within twenty (20) days after a notice of intent to enroll one (1) or more children in a health benefit plan is mailed by the Department. (3-20-04)

02. Scope of Administrative Review. The Department will cancel a notice of intent to enroll or a National Medical Support Notice (NMSN) if:

a. The parent does not owe medical support. (3-20-04)

b. The parent is no longer obligated to provide medical support. (3-20-04)

c. Medical support, excluding Medicaid, is already being provided by either parent. (3-20-04)

503. -- 600. (RESERVED)

601. REVIEW AND MODIFICATION OF SUPPORT ORDERS.

01. Notice. Each parent subject to a child support order in effect in the State that is being enforced by Child Support Services must be notified of the right of the parent to request a review of the order by Child Support Services every thirty-six (36) months. Reviews are not to be done more frequently unless there has been a substantial and material change in circumstances. (5-8-09)

02. Review. A support order will be reviewed for possible modification:

a. If requested by either parent; (5-8-09)

b. If requested by any state, tribal, or foreign child support services agency; or (5-8-09)

c. Automatically, at least every thirty-six (36) months, in any case where the custodial parent or other custodian of the child or children is receiving benefits under Title IV-A of the Social Security Act, either in Idaho or elsewhere. (5-8-09)

03. After the Review. Each parent will be notified of the proposed adjustment or of the determination that there should be no change in the amount of child support. (7-1-98)

04. Adjustment. A modification of a support order will only be sought if the review conducted under Subsection 601.02 of this rule results in an obligation under the Child Support Guidelines which differs from the existing order by at least fifteen percent (15%), but not less than fifty dollars ($50) per month. The following criteria will be applied by Child Support Services to determine whether there has been a substantial and material change of circumstances:

a. Whether there has been an increase or decrease in the income, as the term is defined in the Child Support Guidelines. (5-8-09)
Support Guidelines, of either parent or other person legally obligated for the support of a child;  

b. Whether there has been a substantial increase or decrease in the assets of either parent or other person legally obligated for the support of a child;  

c. Whether there has been a substantial change in the needs of the child;  

d. Whether there has been a change in the custody or visitation rights of the non-custodial parent; and  

e. Whether other factors exist indicating a substantial and material change in circumstances since the entry or modification of the support order.  

602. FORM OF INCOME WITHHOLDING ORDER.  
Income withholding orders issued pursuant to Section 7-1204, Idaho Code, shall be in substantially the following form set forth in Appendix A at the end of this chapter.  

603. CONSUMER REPORTING AGENCIES.  

01. Consumer Reporting Agency. Any person who for monetary fees, dues or on a cooperative basis, regularly engages in whole or in part in the practice of assembling or evaluating consumer credit information or other information on consumers for the purpose of furnishing consumer reports to third parties, and who uses any means or facility of interstate commerce for the purpose of preparing or furnishing consumer reports.  

02. Reports. Reports are made to consumer reporting agencies once arrears accrue in excess of five hundred dollars ($500). Notice will be provided to the non-custodial parent prior to the report being made available to the agencies and shall inform the non-custodial parent of the methods available for contesting the accuracy of the information.  

604. GOOD CAUSE DETERMINATION IN LICENSE SUSPENSION PROCEEDINGS.  

01. Definition. “Person” means an individual.  

02. Res Judicata. No issues that have been previously litigated may be considered at the license suspension hearing.  

03. Good Cause. A license suspension shall be denied or stayed if the obligor proves that one (1) of the following has resulted in a current inability to pay the child support obligation:  

a. The obligor is physically disabled;  

b. The obligor is experiencing the effects of an extended illness or accident;  

c. The obligor is a student whose enrollment is a result of a referral from Vocational Rehabilitation, workman’s compensation, or other competent authority working with disabled individuals; or  

d. The obligor is incarcerated in any county or state facility, and proves that he or she has no assets.  

e. The obligor is receiving TAFI.  

f. The obligor has physical custody of all of the children listed in the order or orders for support.  

g. Child support is being collected directly from the obligor’s income through an income withholding order issued by the Department to the obligor’s employer or other income source.
04. **Not Good Cause.** Any factor not defined as good cause in Subsection 604.03 is not good cause for a denial or stay of a license suspension, including but not limited to the following:

a. The obligor is unemployed, underemployed, or has difficulty maintaining consistent employment; (7-1-98)

b. The obligor is disabled but has not applied for disability or other benefits, or has been refused benefits; (7-1-98)

c. The obligor asserts that the child support obligation is too high; (7-1-98)

d. The obligor has been denied full visitation with the child or children; or (7-1-98)

e. The obligor alleges the obligee misuses the child support. (7-1-98)

605. **RELEASE OF LIENS.**
A perfected state lien for a child support delinquency shall be automatically released when the delinquency reaches a zero (0) balance or is otherwise satisfied. The Department shall file a notice of release within two (2) business days if the delinquency is paid in full by cash, cashier’s check or money order. The Department shall file a notice of release within thirty (30) days if the delinquency is paid in full by personal check. (7-1-99)

606. **OBLIGOR’S RIGHTS.**
An obligor has the right to receive an accurate accounting of child support payments received upon request. Upon receipt of a request from an obligor, the Department shall send the obligor a financial analysis showing the history of child support accruals and payments and credits within five (5) business days. The obligor is entitled to challenge the accuracy of the financial analysis. The obligor must provide proof of any alleged error. If the financial analysis is shown to be in error, the Department must see that the financial analysis is corrected and provide a corrected copy to any person or entity who received the erroneous financial analysis. In any event, the obligor will be allowed to insert into the file an explanatory statement which must be signed and dated. (7-1-99)

607. -- 999. (RESERVED)
APPENDIX A - ORDER/NOTICE TO WITHHOLD INCOME FOR CHILD SUPPORT

ORDER/NOTICE TO WITHHOLD INCOME FOR CHILD SUPPORT

State ____________________________  Original Order/Notice
Co./City/Dist. of ____________________________  Amended Order/Notice
Date of Order/Notice ____________________________  Terminate Order/Notice

Court/Case Number

Employer/Withholder’s Federal EIN Number  ) RE: *
Employer/Withholder’s Name  ) Employee/Obligor’s Name (Last, First, MI)
Employer/Withholder’s Name  ) Employee/Obligor’s Social Security Number
Employer/Withholder’s Name  ) *
Employer/Withholder’s Name  ) Employee/Obligor’s Case Identifier
Employer/Withholder’s Name  ) Custodial Parent’s Name (Last, First, MI)

Child(ren)’s Name(s): ____________________________ DOB ____________________________  Child(ren)’s Name(s): ____________________________ DOB

ORDER INFORMATION: This is an Order/Notice to Withhold Income for Child Support based upon an order for support from ____________________________. By law, you are required to deduct these amounts from the above-named employee/obligor’s income until ______ even if the Order/Notice is not issued by your State.

_ If checked, you are required to enroll the child(ren) identified above in any health insurance coverage available through the employee/obligor’s employment. ______________________________________________________

$______ per________ in current support
$______ per________ in past-due support  Arrears 12 weeks or greater? _ yes _ no
$______ per________ in medical support
$______ per________ in other (specify)
$______ per________ in other (specify)

for a total of $______ per________ to be forwarded to the payee below.

You do not have to vary your pay cycle to be in compliance with the support order. If your pay cycle does not match the ordered support payment cycle, use the following to determine how much to withhold:

$______ per weekly pay period. $______ per semimonthly pay period (twice a month).
$______ per biweekly pay period (every two weeks). $______ per monthly pay period.

REMITTANCE INFORMATION: Follow the laws and procedures of the employee's/obligor’s principal place of employment even if such laws and procedures are different from this paragraph:

You must begin withholding no later than the first pay period occurring __________ working days after the date of this Order/Notice. Send payment within __________ working days of the paydate date of withholding. You are entitled to deduct a fee of ______ to defray the cost of withholding.

The total withheld amount, including your fee, cannot exceed ____% the employee/obligor’s aggregate disposable weekly earnings. For the purpose of the limitation on withholding, the following information is

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Child(ren)’s Name(s): ____________________________ DOB ____________________________  Child(ren)’s Name(s): ____________________________ DOB

ORDER INFORMATION: This is an Order/Notice to Withhold Income for Child Support based upon an order for support from ____________________________. By law, you are required to deduct these amounts from the above-named employee/obligor’s income until ______ even if the Order/Notice is not issued by your State.

_ If checked, you are required to enroll the child(ren) identified above in any health insurance coverage available through the employee/obligor’s employment. ______________________________________________________

$______ per________ in current support
$______ per________ in past-due support  Arrears 12 weeks or greater? _ yes _ no
$______ per________ in medical support
$______ per________ in other (specify)
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You do not have to vary your pay cycle to be in compliance with the support order. If your pay cycle does not match the ordered support payment cycle, use the following to determine how much to withhold:

$______ per weekly pay period. $______ per semimonthly pay period (twice a month).
$______ per biweekly pay period (every two weeks). $______ per monthly pay period.

REMITTANCE INFORMATION: Follow the laws and procedures of the employee’s/obligor’s principal place of employment even if such laws and procedures are different from this paragraph:

You must begin withholding no later than the first pay period occurring __________ working days after the date of this Order/Notice. Send payment within __________ working days of the paydate date of withholding. You are entitled to deduct a fee of ______ to defray the cost of withholding.

The total withheld amount, including your fee, cannot exceed ____% the employee/obligor’s aggregate disposable weekly earnings. For the purpose of the limitation on withholding, the following information is
needed (see #9 below):

When remitting payment provide the paydate/date of withholding and the case identifier ________________.
If remitting by EFT/EDI, use this FIPS code: *; ___________; Bank routing code:*______________;
Bank account number:*__________________.
Make it payable to: Payee and case identifier

Send check to: Payee's Address

Authorized by _________________________________

Print Name ___________________________________

ADDITIONAL INFORMATION TO EMPLOYERS AND OTHER WITHHOLDERS

___ If checked you are required to provide a copy of this form to your employee.

1. **Priority:** Withholding under this Order/Notice has priority over any other legal process under State
   law against the same income. Federal tax levies in effect before receipt of this order have priority. If there are Federal
   tax levies in effect please contact the requesting agency listed below.

2. **Combining Payments:** You can combine withheld amounts from more than one employee/
   obligor’s income in a single payment to each agency requesting withholding. You must, however, separately identify
   the portion of the single payment that is attributable to each employee/obligor.

3. **Reporting the Paydate/Date of Withholding:** You must report the paydate/date of withholding
   when sending the payment. The paydate/date of withholding is the date on which the employee is paid and controls
   the income, i.e. the date the income check or cash is given to the employee, or the date in which the income is
   deposited directly in his/her account.

4. **Employee/Obligor with Multiple Support Withholdings:** If you receive more than one Order/
   Notice against this employee/obligor and you are unable to honor them all in full because together they exceed the
   withholding limit of the State of the employee’s principal place of employment (see #9 below), you must allocate the
   withholding based on the law of the State of the employee’s principal place of employment. If you are unsure of that
   State’s allocation law, you must honor all Orders/Notices’ current support withholdings before you withhold for any
   arrearages, to the greatest extent possible under the withholding limit. You should immediately contact the last
   agency that sent you an Order/Notice to find the allocation law of the state of the employee’s principal place of
   employment.

5. **Termination Notification:** You must promptly notify the payee when the employee/obligor is no
   longer working for you. Please provide the information requested and return a copy of this order/notice to the agency
   identified below.

   EMPLOYEE’S/OBLIGOR’S NAME: _________________________________
   EMPLOYEE’S CASE IDENTIFIER: ______________ DATE OF SEPARATION: ___________________
   LAST KNOWN HOME ADDRESS ___________________________.
   NEW EMPLOYER’S ADDRESS _____________________________.

6. **Lump Sum Payments:** You may be required to report and withhold from lump sum payments such
   as bonuses, commissions, or severance pay. If you have any questions about lump sum payments, contact the person
   or authority below.

7. **Liability:** If you fail to withhold income as the Order/Notice directs, you are liable for both the
   accumulated amount you should have withheld from the employee/obligor’s income and any other penalties set by
   State law.

_____________________________________________________________________________
_____________________________________________________________________________
8. **Anti-discrimination:** You are subject to a fine determined under State law for discharging an employee/obligor from employment, refusing to employ, or taking disciplinary action against any employee/obligor because of a child support withholding.

9. **Withholding Limits:** You may not withhold more than the lesser of: 1) the amounts allowed by the Federal Consumer Credit Protection Act (15 U.S.C. Section 1673(b)); or 2) the amounts allowed by the State of the employee's/obligor’s principal place of employment. The Federal limit applies to the aggregate disposable weekly earnings (ADWE). ADWE is the net income left after making mandatory deductions such as: State, Federal, local taxes; Social Security taxes; and Medicare taxes. The Federal CCPA limit is 50% of the ADWE for child support and alimony, which is increased by: 1) 10% if the employee does not support a second family; and/or 2) 5% if arrears are more than 12 weeks old. (see boxes on front)

10. 

Requesting Agency________________________________________

________________________________________

________________________________________

If you or your employee/obligor have any questions, contact:

by telephone at ____________________ or
by FAX at ____________________ or
by Internet ____________________.

(7-1-98)
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