

Support Obligation Disclosure Form

To: **All New Employees**
(Hired or reinstated after January 1, 1990)

Section 40-5-425, Montana Code annotated requires you to complete this form, sign, date, and return to your employer.

_____ I have a support order which requires automatic income withholding. The amount withheld for court support should be \$_____ per month.

_____ I **do not** have a support order requiring automatic income withholding.

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Signature

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Printed Name

Today's Date

To: **Employer**

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

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