

GARNISHMENTS IN DEPTH

GARNISHMENT TYPES

- Writ of Sequestration
- Student Loan
- Public Assistance Overpayment
- Payroll Deduction Agreement
- Federal Levy
- Bankruptcy
- Child Support
- Health Care Order

WRIT OF SEQUESTRATION

- General Creditor debts
- In effect 30 – 180 days
- Served to OA/Accounting by Cole County Sheriff
 - All other writs are returned to the court by OA/Accounting
- Employee copies are sent to the Agency by the Cole Co Sheriff for distribution
- Consumer Credit Protection Act (CCPA) limits apply to DISPOSABLE INCOME. This establishes the minimum net income that an employee must be allowed. Their wages cannot be garnished beyond the CCPA limit.

R1102024

IN THE CIRCUIT COURT OF ST. LOUIS COUNTY, MISSOURI
 REQUEST TO ISSUE: WRIT OF EXECUTION GARNISHMENT ON WAGES YES NO

RECEIVED
 APR 25 2007
 COLE COUNTY SHERIFF'S OFFICE

DEFENDANT Debtor's Name _____ SSN# _____ Address _____ SAINT LOUIS, MO 63138	Case Number _____ Execution/Garnishment Number _____ Date of Judgment <u>02/08/2007</u> Nature of Judgment <u>GENERAL</u> Support/Maintenance/Alty Fee _____ Amount of the Judgment \$ <u>3012.35</u> Total Credits \$ <u>0.00</u> Interest \$ <u>50.72</u> Attorney Fees \$ _____ Court Costs (if Associate Judgment completed by Court Clerk) \$ <u>92.00</u> Sheriff Fees For This Writ \$ _____ Amount Remaining Unpaid \$ <u>3,997.14</u>
--	---

Garnishee's Name BELLEFONTAINE HABILITATION CENTER
 Address STATE OF MISSOURI
501 W HIGH STREET, JEFFERSON CITY MO 65101

Returnable _____ 30 days _____ 60 days 90 days _____ 120 days _____ 150 days _____ 180 days

Date Issued 4-19-07
 Return Date 7-18-07

In support of this request, the garnishee states that: 1) a judgment has been entered against the debtor and remains unpaid; 2) the amount of the judgment and the amount remaining unpaid are as set out above; and 3) the garnishee knows or has good reason to believe that the garnishee is indebted to debtor; that the garnishee is obligated to make periodic payments to debtor; or that the garnishee has control or custody of property belonging to debtor.

INSTRUCTIONS FOR SERVICE
 Include applicable instructions such as: description of property, bank account number, name and title of disbursement officer, social security number of debtor, garnishee status (legal entity/municipal, corporation, partnership, individual). Attach all necessary documents for notice on vehicles and real estate or any information on how to obtain service.

REQUESTED BY DIANE W. OSTLIP, MISS# 36528 Signature _____ Date 04/16/2007
SHAWNEE L. SPANZ, P.C., #300 Dismann Ind. Dr., Ste 100, St. Louis, MO 63113 Address _____
 Attorney for Creditor, Bar Number _____ Phone Number _____

THE STATE OF MISSOURI TO THE SHERIFF OF Cole COUNTY, MISSOURI

WHEREAS Judgment was entered against the above debtor in the Circuit Court of St. Louis County, Missouri and there is a balance, accrued interest, and costs as stated above unpaid from said judgment, you are commanded to execute this writ and on the return date shown above certify to this Court how you executed this writ.

SUMMONS TO GARNISHEE

TO _____

You are hereby notified that I attach all goods, personal property, money, credit, bonds, bills, notes, checks, choses in action, and other assets of the above named debtor which are in your possession or charge or come under your possession or control from the date of the return date or a sufficient sum to satisfy the total amount of garnishment shown above. The minimum amounts to be withheld from earnings are governed by the applicable law.

Return this writ to the court and serve upon the party requesting this writ your verified answers to the interrogatories attached within the writ.

Buckley, Sheriff of St. Louis County, MO
 By [Signature] Deputy Sheriff
 Date 4-19-07

RECEIVED
 MAY 08 2007
 3987.14

CC00185 Rev. 05/05 WHITE-Sheriff's Return YELLOW-Garnishee PINK-File Copy GOLDENROD-Requesting Party

- **Note: DISPOSABLE INCOME**
 Gross wages less mandatory taxes (Federal, State, OASI, Medicare, and City Tax) equals disposable income. This is not Net or take home Pay.
- Multiple WRITS w/overlapping dates: only one writ can be active. Writs received that have a return date after the existing writ expires will be set up to begin withholding as soon as the first one expires.
- Head of Household forms – send to Sheriff, **not** OA.
- Sheriff issues employee refunds for Head of Household. Refunds are received in OA and forwarded to the agency.

WRIT OF SEQUESTRATION – GARN SCREEN

The screenshot shows a software window titled "Garnishment". It contains several input fields and sections:

- Name:** A text field with a light blue background.
- Employee ID:** A text field with a hyphen and a space.
- Appointment ID:** A text field with an asterisk, labeled with a blue "A".
- Effective Date:** A date field with "05 / 02 / 07", labeled with a blue "B".
- Expiration Date:** A date field with "07 / 31 / 07", labeled with a blue "C".
- Deduction Information:** A section with two columns of fields:
 - Type:** A dropdown menu with "SWRIT", labeled with a blue "D".
 - Plan:** A dropdown menu with "SWRIT".
 - Override Amount:** A text field with "0.00", labeled with a blue "E".
 - Override Rate:** A text field with "0.250000", labeled with a blue "F".
 - Goal Amount / Installments:** A text field with "3,987.14", labeled with a blue "G".
 - Contribution to Goal:** A text field with "0.00", labeled with a blue "H".
- Case Information / Attorney Information:** A section with two tabs. The "Case Information" tab is active, showing:
 - Case Number:** A text field.
 - Alt. Case Number:** A text field.
 - Creditor Name:** A text field with "CHRISTIAN HOSPITAL".
 - Alt. Creditor Name:** A text field.
 - Override Vendor:** A text field.
 - Period:** A text field with "90".
 - Remarks:** A text area.

A. APPOINTMENT ID

*Must enter * for WRITS*

B. EFFECTIVE DATE

Date received in our office

C. EXPIRATION DATE

*Last day of pay period associated with
Return Date*

D. TYPE PLAN

Deduction Code

E. OVERRIDE AMOUNT

Specific dollar amount

F. OVERRIDE RATE

Withholding percent

G. GOAL AMOUNT/INSTALLMENT

Amount due on WRIT

H. CONTRIBUTION TO GOAL

*Withholding on this WRIT only during
the effective period*

WRIT OF SEQUESTRATION – CASE INFORMATION TAB

The screenshot shows a software window titled "Garnishment" with a standard Windows-style title bar (minimize, maximize, close buttons). The interface is divided into several sections:

- Name:** A text input field.
- Employee ID:** A text input field with a hyphen separator.
- Appointment ID:** A text input field with an asterisk.
- Effective Date:** A date input field showing "05 / 02 / 07".
- Expiration Date:** A date input field showing "07 / 31 / 07".
- Deduction Information:** A table with four rows and two columns:

Type	SWRIT	Plan	SWRIT
Override Amount	0.00	Override Rate	0.250000
Goal Amount / Installments	3,987.14	Contribution to Goal	0.00
- Case Information / Attorney Information:** A tabbed interface with "Case Information" selected. It contains:
 - Case Number:** A text input field.
 - Alt. Case Number:** A text input field.
 - Creditor Name:** A text input field containing "CHRISTIAN HOSPITAL".
 - Alt. Creditor Name:** A text input field.
 - Override Vendor:** A text input field.
 - Period:** A text input field containing "90".
 - Remarks:** A text input field.

I. CASE NUMBER

Case # assigned by Cole County Sheriff

J. ALT CASE NUMBER

Case # assigned by the Court

K. CREDITOR NAME

Creditor filing WRIT

L. OVERRIDE VENDOR

Vendor # - payments made to

M. PERIOD

Length of WRIT (30 -180 days)

N. REMARKS

Notes for OA (see notes at end of document)

WRIT OF SEQUESTRATION – ATTORNEY INFORMATION TAB

Garnishment

Name: [Redacted]
 Employee ID: [Redacted] Appointment ID: *
 Effective Date: 05 / 02 / 07 Expiration Date: 07 / 31 / 07

Deduction Information

Type: SWRIT Plan: SWRIT
 Override Amount: 0.00 Override Rate: 0.250000
 Goal Amount / Installments: 3,987.14 Contribution to Goal: 0.00

Case Information | **Attorney Information**

Court Code **O** ST LOUIS CO Attorney Code **P** ORTLIP,DIAN
 Served Date **Q** 05 / 02 / 07 Return Date **R** 08 / 15 / 07
 User Field **S** [Redacted]
 User Field **T** 07/18/07
 User Field **U** N

O. COURT CODE

Circuit Court WRIT filed

P. ATTORNEY CODE

Attorney filed WRIT

Q. SERVED DATE

Date WRIT served to OA

R. RETURN DATE

Date Interrogatory issued

S. USER FIELD

Insufficient withholding 'F' (not enough wages available to take the garnishment.)

T. USER FIELD

Actual Return date on WRIT

U. USER FIELD

*Interrogatory indicator
Y- issued N-not issued*

STUDENT LOANS

- Issued by US Department of Education
- Various Guarantee Agencies collect debt
- CCPA limits apply
- Acknowledgement of withholding provided upon receipt of Student Loan Garnishment
- 10 or 15% normal withholding

SENT ACKWITH 5/2/07

**UNITED STATES GOVERNMENT
WAGE GARNISHMENT ORDER (SF-329B)**

*STUDENT
ORG*

1. Date of this Order: APRIL 12, 2007	2. Date Mailed to Employer: APRIL 14, 2007	3. Credit Agency Tracking No. (refer to this number in all correspondence)
---	--	--

RE:

4. Employee Name: Employee Name	5. Employee Social Security No.:
---	----------------------------------

TO:

6. Recipient: FAMILY SERVICES	7. Recipient Mailing Address (Include zip code if known, e.g., 1234 Main St., City, State, ZIP)
---	---

FROM:

8. Creditor Agency: U. S. DEPARTMENT OF EDUCATION STUDENT FINANCIAL ASSISTANCE COLLECTIONS	9. Creditor Name: DEBT COLLECTION SERVICE INFO. CENTER
10. Internet e-mail address:	

14. Amount Due: \$ 438,572.54	15. As of (Month/Day/Year): 04/12/2007
---	--

16. Amount of this Order: \$ of be

Section 1. ORDER. YOU, the Employer, are hereby ORDER to the Employee the Wage Garnishment Amount described in \$ deductions on the first pay day after you receive this Order. If this Order, you may begin deductions on the second pay day and continue deductions until you receive notification from the Creditor Agency. YOU are further ORDERED to pay the Creditor Agency all W


State of Missouri
OFFICE OF ADMINISTRATION
Division of Accounting
570 Truman Building, 301 West High Street
Post Office Box 809
Jefferson City, Missouri 65102
(573) 751-2971
INTERNET: <http://www.ao.mo.gov/aoct>
E-MAIL: sectrsal@mail.mo.gov

EMPLOYER ACKNOWLEDGEMENT OF WAGE WITHHOLDING

I, **Glesda Shamen**, on behalf of the State of Missouri, Office of Administration, acknowledge receipt of the Order of Withholding From Earnings for:

[] []

The above-named person is an employee of this company and payments of approximately **\$158.00** will be forwarded to the guaranty agency on a SEMI-MONTHLY lag basis. (15% or the amount by which the employee's disposable wages for each pay period exceeds \$334.75)

REMARKS:

The above-named person is no longer employed by this company as of:

Last known address:

For any future notices and/or updates on this matter please contact:
State of Missouri, Office of Administration
Division of Accounting / Garnishments
PO Box 809
Jefferson City, MO 65102
(573) 751-3141

Glesda Shamen May 1, 2007

STUDENT LOANS – GARN SCREEN

Garnishment

Name

Employee ID - - | Appointment ID *

Effective Date 04 / 30 / 07 Expiration Date 99 / 99 / 99

Deduction Information

Type B SLOAN Plan SLOAN

Override Amount 0.00 Override Rate 0.150000

Goal Amount / Installments C 99,999.99 Contribution to Goal 158.15

Case Information | **Attorney Information**

Case Number Alt. Case Number

Creditor Name D USDE

Alt. Creditor Name

Override Vendor Period 0

Remarks

Case Information | **Attorney Information**

Court Code Attorney Code

Served Date 04 / 30 / 07 Return Date / /

User Field

User Field

User Field

A. EXPIRATION DATE

Orders do not have expiration date

B. TYPE PLAN

Deduction code

C. GOAL AMOUNT / INSTALLMENT

No set \$ amount – continues to accrue interest

D. CREDITOR NAME

May be USDE or the name of a Guarantee Agency

PUBLIC ASSISTANCE OVERPAYMENT

- Issued by Dept of Social Services (DSS)
- RSMo 208.220
 - Deduction set by DSS: 10% or a specific dollar amount

STATE OF MISSOURI, DEPARTMENT OF SOCIAL SERVICES
BEFORE THE DIRECTOR, FAMILY SUPPORT DIVISION

PAO/OES

STATE OF MISSOURI,)
Petitioner)
)
)
)
)
)

RECEIVED
JUL 25 2006
OA/ACCOUNTING

INCOME WITHHOLDING ORDER

Payor:
Office of Administration
Wage Garnishment Unit
PO Box 809
Jefferson City, MO 65102

dated

by over:
month
to exceed 10% of disposable income

enacted by Senate Bill 869, 88th Missouri
ession, the Commissioner of
voluntarily deduct from any State
etermined to be owed by such employee for
t of public assistance benefits
Social Services.

-6061, has incurred a debt due the state
ce benefits totaling \$1,094.24 as of July

Principal Amount	Other (specify)
070.50	
23.74	
094.24	

Garnishment

Name: [Redacted]

Employee ID: [Redacted] Appointment ID: **A**

Effective Date: **B** 07 / 25 / 06 Expiration Date: 99 / 99 / 99

Deduction Information

Type	C PAO	Plan	PAO
Override Amount	D 25.00	Override Rate	0.000000
Goal Amount / Installments	E 1,094.24	Contribution to Goal	F 475.00

Case Information | **Attorney Information**

Case Number: **G** [Redacted] Alt. Case Number: [Redacted]

Creditor Name: DEPT SOCIAL SERVICES

Alt. Creditor Name: FAMILY SUPP DIV

Override Vendor: [Redacted] Period: 0

Remarks: [Redacted]

A. APPOINTMENT ID

No * for flat \$\$ withholding.
* required for % withholding.

B. EFFECTIVE & EXPIRATION DATE

Date OA Receives/ No expiration date on order

C. TYPE PLAN

Deduction Code

D. OVERRIDE AMOUNT / OVERRIDE RATE

Either: Amount - Set dollar amount of deduction OR Rate - % of wages

E. GOAL AMOUNT/ INSTALLMENT

Amount due per order

F. CONTRIBUTION TO GOAL

Amount withheld since effective date

G. CASE NUMBER

Number assigned by DSS

THE ATTORNEY TAB IS NOT USED FOR PAOs

FEDERAL TAX LEVY

- **Issued by Internal Revenue Service**
- **Exemption amount = Net Pay**
 - Different from normal garnishment – exemption amount is what the employee gets to keep.
- **No new voluntary deductions allowed after levy is received.**
 - e.g. No changes to Credit Union deduction
 - Medical, Dental, and Vision deductions can be added.
- **Statement of Exemptions**
 - If employee has exemptions, must complete & return to OA; this will increase their exemption amount (net pay)

Kind of Tax	Tax Period Ended	Unpaid Balance of Assessment	Statutory Addition	Total
1040A	12-31-1993	\$ 3,139.92	\$ 3,634.24	\$ 6,774.16
1040A	12-31-1994	\$ 3,190.35	\$ 3,200.53	\$ 6,390.88
1040A	12-31-1995	\$ 2,523.91	\$ 2,777.23	\$ 5,301.14
Total Amount Due				\$ 18,466.18

We figured the interest and late payment penalty to: **88-04-2065**

THIS ISN'T A BILL FOR TAXES YOU OWE. THIS IS A NOTICE OF LEVY WE ARE USING TO COLLECT MONEY OWED BY THE TAXPAYER NAMED ABOVE.

The Internal Revenue Code provides that there is a lien for the amount that is owed. Although we have given the notice and demand required by the Code, the amount hasn't been paid. The levy requires you to turn over to us: (1) the taxpayer's wages and salary that have been earned but not paid yet, as well as wages and salary earned in the future until this levy is released, and (2) the taxpayer's other income that you have now or for which you are obligated.

We levy these monies to the extent they aren't exempt, as shown on the instructions. Don't offset money this person owes you without contacting us at the telephone number shown above for instructions.

If you don't owe money to this taxpayer, please complete the back of part 3. Attach part 3 as a cover to the rest of this form. Return all of the parts to IRS in the enclosed envelope.

If you do owe money to this taxpayer, please see the back of this page for instructions on how to act on this notice.

Signature of Service Representative <i>[Signature]</i>	Title 802-4550 Operations Manager, Collection
--	--

Part 1 - FOR EMPLOYER OR OTHER ADDRESSEE

FEDERAL TAX LEVY SCREEN

The screenshot shows a window titled "Tax Levy" with a grey background. The form contains the following fields and values:

Name	[Redacted]		
Employee ID	[Redacted]	Appointment ID	A *
Effective Date	03 / 17 / 09	Expiration Date	99 / 99 / 99
Deduction Type	FDLVY	Deduction Plan	FDLVY
Served Date	C 03 / 13 / 09	Contribution to Goal	324.84
Goal Amount	99,999.99	Number of Defendant Dependents	D 3
Net Pay Exemption	E 804.17	User Field	[Redacted]
User Field	[Redacted]	User Field	[Redacted]
Remarks	F SOE 3/20/09		

A. APPOINTMENT ID

*Must enter * to view information*

B. TYPE PLAN

Deduction Code

C. SERVED DATE

*Must give employee three-day notice.
There is a difference between effective
and serve date.*

**D. NUMBER OF DEFENDANT
DEPENDENTS**

Listed on Statement of Exemptions

E. NET PAY EXEMPTION

Amount of pay employee gets to keep

F. REMARKS

*Notations for OA (eg Statement of
exemptions received 03/20/09 for this
person)*

PAYROLL DEDUCTION AGREEMENT

RECEIVED sent to emp 3/28/06 *PPA ORG*

Form 2159 **MAR 2 8 2006** Department of the Treasury - Internal Revenue Service
 (Rev. April 2005) **Payroll Deduction Agreement**
 (See instructions on the back of this page.)

TO: Employer name and address
QA ACCOUNTING
 STATE OF MISSOURI
 P.O. BOX 809
 JEFFERSON CITY, MO. 65102-0809-090

Contact Person's Name _____ Telephone (include area code) _____
 Title _____

EMPLOYER—See the instructions on the back of Part 2. The taxpayer identified above on the right named you as an employer. Please read and sign the following statement to agree to withhold amount(s) from the taxpayer's payments to wages or salary to apply to taxes owed.
 I agree to participate in this payroll deduction agreement and will withhold the amount shown below from each wage or salary payment due this employee. I will send the money to the Internal Revenue Service only. (Check one box.)

FEDERAL STATE LOCAL STATE AND LOCAL

Amount owed as of: **531506**

➤ **Federal Tax Agreement only** – State Tax Agreement is handled at Agency level

➤ **Only accept IF** employee had a prior tax levy

➤ **After signing, OA will return to employee to send to the IRS.**

➤ **Requires termination notice from IRS**

➤ **Employee cannot voluntarily terminate**

Internal Revenue Service
 ATLANTA, GA 39901

STATE OF MISSOURI
 PO BOX 809
 JEFFERSON CITY MO 65102

Dear Sir/Madame:

On February 23, 2006, your employer, **QA Accounting**, has been paid in full. This agreement is for taxes on beginning March 2006 until the balance is paid in full.

Payment to be increased to \$ _____

This balance reflects the amount due for the taxes on the full amount, please call 1-800-829-1040.

This balance does not include the amount due which is also covered by this agreement.

The Internal Revenue Service is required to charge deductions from the first installment payment.

These restrictions should be received at the address identification number(s), type of tax (1040, etc.), State Treasury.

If you have received a Form 6889(A), Notice of superdeduction pay prior levy action and serve as follows:

Thank you for your cooperation in facilitating the tax-free transfer, 1-800-829-0122

Mail payments to:
 Internal Revenue Service
 ATLANTA, GA 39901

RECEIVED FEB 23 2006
 DIVISION OF ACCOUNTS

IRS Department of the Treasury
 Internal Revenue Service
 CINCINNATI OH 45999-0859

STATE OF MISSOURI
 PO BOX 809
 JEFFERSON CITY MO 65102

Social Security Number:
 Taxpayer's Name:
 Tax Period(s):

Tax Form: 1040

Dear Taxpayer:

This is in regard to a payroll deduction agreement.

The account identified above has been paid in full. This letter authorizes your payroll officer to discontinue the payroll deductions being made or sending levy proceeds for the wage levy you are currently honoring.

Electronic Payment Options:

- Visit www.EFTPS.gov or call tEFTPS customer service at 1-800-316-6541 (individual) or 1-800-555-6477 (business).
- Visit www.PAY1040.com or call 1-888-PAY-1040 or 1-888-729-1040 to make a payment. (Link2Gov Corporation)
- Visit www.officialpayments.com or call 1-800-2PAYTAX or 1-800-272-9829 to make a payment. (Official Payments Corporation)
- Fees may vary between the providers

If you have any questions, please call us toll free at 1-800-829-8574.

If you prefer, you may write to us at the address shown at the top of the first page of this letter.

If you are out of the country and need assistance, please call us at 01-215-516-2800 (not a toll free number).

You can also contact us via our website at www.irs.gov for more information.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Also, you may want to keep a copy of this letter for your records.

Telephone Number () _____ Hours _____

PAYROLL DEDUCTION AGREEMENT – LEVY SCREEN

The screenshot shows a software window titled "Garnishment". It contains several input fields and sections:

- Name:** A text field with a light blue background.
- Employee ID:** A text field containing "- -".
- Appointment ID:** A text field containing "A".
- Effective Date:** A date field containing "02 / 28 / 06".
- Expiration Date:** A date field containing "11 / 14 / 06".
- Deduction Information:** A section with two columns of fields:
 - Type:** "FDAGR" with a blue "B" icon.
 - Plan:** "FDAGR".
 - Override Amount:** "114.00".
 - Override Rate:** "0.000000".
 - Goal Amount / Installments:** "99,999.99" with a blue "C" icon.
 - Contribution to Goal:** "798.00".
- Case Information / Attorney Information:** Two tabs, with "Case Information" selected.
- Case Number:** A text field containing "D".
- Alt. Case Number:** An empty text field.
- Creditor Name:** "IRS - PDA".
- Alt. Creditor Name:** An empty text field.
- Override Vendor:** An empty text field.
- Period:** A numeric field containing "0".
- Remarks:** An empty text field.

A. APPOINTMENT ID

*Does not require **

B. TYPE PLAN

Deduction Code (FDAGR)

C. GOAL AMOUNT/ INSTALLMENTS

Default value – accumulates Interest

D. CASE NUMBER

Employee's SS Number

BANKRUPTCY

- Chapter 13 – Reorganization
- Chapter 7 – Liquidation
- Active Garnishments require a termination order:
 - WRIT's from the sheriff
 - PAO's from Social Services
 - SL's from US Dept. of Ed or other

BENJORG

FORM 801 (Chapter 13 Case) (10/05)

013

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT of MISSOURI**

Notice of Chapter 13 Bankruptcy Case, Meeting of Creditors, & Deadlines

A bankruptcy case concerning the debtor(s) listed below was originally filed under chapter 7 on 12/26/06 and was converted to a case under chapter 13 on 2/1/07.

You may be a creditor of the debtor. This notice lists important deadlines. You may want to consult an attorney to protect your rights. All documents filed in the case may be inspected at the bankruptcy clerk's office at the address listed below. NOTE: The staff of the

Attorney for Debtor(s) (name and address)

**UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF MISSOURI**

RECEIVED

37 FEB 20 PM 12: 37

DIVISION OF
ACCOUNTING

To Employer: State of Missouri
Attn: Payroll Department/Sarah Steelman
301 West High Street Truman
Jefferson City, MO 65101

Deduction: \$350.00 monthly 175.00 biweekly

**ORDER TO EMPLOYER TO DEDUCT AND REMIT A PORTION OF DEBTOR'S EARNINGS
FOR THE VOLUNTARY PAYMENT OF DEBTS**

This is an ORDER of the United States Bankruptcy Court, NOT a garnishment. It supersedes any previous order of this Court issued with respect to the Debtor/Employer's wages.

The above-named Debtor/Employer has voluntarily filed a petition and plan under Chapter 13 of the United States Bankruptcy Code seeking to pay certain debts under the protection of this Court. These debts are to be paid by the Chapter 13 Trustee from the Debtor/Employer's future earnings. Debtor/Employer has requested an Order to have his/her future earnings withheld and paid to the Chapter 13 Trustee. This Court is empowered under Title 11, Section 1325(c) of the United States Code to direct any entity from which the Debtor/Employer receives income to pay all or any part of such income to the Trustee. Accordingly, it is hereby

ORDERED that:

Until further order of the Court, you are directed to immediately begin withholding the above stated amount from the wages, salary, commission, and all other earnings or income of Debtor/Employer and remit same promptly to the Chapter 13 Trustee no less frequently than once each month. (Make check payable to "John V. LaBarge, Jr., Chapter 13 Trustee" at the address shown below).

MAIL ALL REMITTANCES WITH CASE NAME AND NUMBER TO:

John V. LaBarge Jr
Chapter 13 Trustee
P.O. Box 430908
St. Louis, MO 63143

John V. LaBarge Jr
U. S. Bankruptcy Judge

Date: February 6, 2007

Copies to:
Debtor, Debtor's attorney, Employer, Chapter 13 Trustee
Rev. 0/06

RECEIVED

FEB 20 2007

10:00 AM

OA ACCOUNTING

Bankruptcy Trustee (name and address):
Richard Pink
Suite 900
3518 Grand Blvd
Kansas City, MO 64106-1910
Telephone number: 816-852-1031

Meeting of Creditors:
Time: 10:00 AM

Deadline:
341 meeting of creditors by the following deadline: OA ACCOUNTING

Proof of Claims:
For a governmental unit:
Creditor should read the information under "Claims" on the reverse side.

Dischargeability of Certain Debts:
See section for meeting of creditors.

Exemptions:
Notice of the meeting of creditors.

Confirmation of Plan:

Take Certain Actions:
If certain collection and other actions against the debtor, the debtor's estate may be limited to 30 days of not more at all, although the debtor can take other action in violation of the Bankruptcy Code, you may not.

For the Court:
Clerk of the Bankruptcy Court
Patricia L. Boone

Date: 2/12/07

30 days after the conclusion of the 341 meeting. The plan may be an objection to confirmation or the trustee's motion to deny evidence of perfection to both the trustee and to debtor's attorney (see to avoid any such lien if evidence of perfection is not timely see item #6 for information regarding hand-capped access to the

BANKRUPTCY – FAMC SCREEN

Family Court / Family Court Arrears / Bankruptcy

Name Employee ID Appointment ID **A**

Effective Date Expiration Date

Deduction Information

Type	B <input type="text" value="BANKW"/>	Plan	<input type="text" value="BANKW"/>
Override Amount	C <input type="text" value="258.00"/>	Override Rate	<input type="text" value="0.000000"/>
Goal Amount / Installments	D <input type="text" value="99,999.99"/>	Contribution to Goal	<input type="text" value="1,032.00"/>

Recipient Information

Case #	<input type="text"/>	Alt. Case #	<input type="text"/>
Last Name	<input type="text"/>	First Name	<input type="text"/>
Ovrd Vendor	<input type="text"/>	Address	<input type="text"/>
County	<input type="text"/>	City	<input type="text"/>
Attorney Code	<input type="text"/>	State	<input type="text"/>
Health Care Indicator	<input type="checkbox"/>	Zip	<input type="text"/>
Served Date	<input type="text" value="03 / 23 / 07"/>	Country	<input type="text"/>
Remarks	<input type="text"/>	User Field	<input type="text"/>

A. APPOINTMENT ID

*Does not require **

B. TYPE PLAN

Deduction code

C. OVERRIDE AMOUNT

Set amount per pay period

D. GOAL AMOUNT/ INSTALLMENTS

Default amount, actual amount due unknown

E. CASE NUMBER

Bankruptcy case number

F. LASTNAME FIRSTNAME

Trustee to whom payments are made

CHILD SUPPORT

ORDER NOTICE TO WITHHOLD INCOME FOR CHILD SUPPORT

(X) Original () Amended () Termination **RECEIVED** Date MAY 31 2007

State/Tribe/Territory Missouri 07 JUN -4 PM 1:45 REC

DIVISION OF

Employer/Withholder: E
C
I
J

Employer/Withholder's Fax

Registered Agent

D
JUN 04 2007

ORDER INFORMATION This doc acquired to deduct these amounts from the \$ 200.00 MONTHLY

\$ 0.00
\$ 0.00
\$ 0.00
\$ 0.00
\$ 0.00
\$ 0.00

for a total of \$ 200.00 MONTHLY

You do not have to vary your pay cycle outside support payment cycle, withhold \$ 65.15 per weekly pay period, \$ 92.31 per biweekly pay period (see

REMITTANCE INFORMATION: WA Security number of the employer/obligor withholding no later than the first pay pe working days of the pay date/date of with employee/obligor's aggregate disposable

If the employer's/obligor's principal place requirements, and any allowable employe employment (See #5 and #9, AEOCTION)

You may send withhold payments via elec

Misc check payable to: Family Support

Dorothy Da
Dorothy A

Authorized Representative of the Director

(X) IV-D Agency () Court () Attorney

NOTE: Non-IV-D Agencies, individuals include a copy of the income withholding withholding order. In that case, the above authorizing the attorney to issue an income

IMPORTANT: The person completing this form shared with the obligor.

MO 886-369 (6-05)
CSE 700U (Rev. 06-05)

IL Dept of Healthcare and Family Services

DIVISION OF CHILD SUPPORT **RECEIVED**

ORDER NOTICE TO WITHHOLD INCOME FOR CHILD SUPPORT

(X) Original () Amended () Termination Date MAY 15, 2007 MAY 29 2007

(X) State/Tribe/Terr City/Co./Dist., Non-Governments Case Number 200712 Entry Date of Order

126677581
919

ORDER INFORMATION: This document is a are required by law to deduct these amounts

\$ 61.85	per WEEK	current child
\$ 29.15	per WEEK	past-due child
\$ 0.00	per WEEK	current case
\$ 0.00	per WEEK	past-due case
\$ 0.00	per WEEK	spousal supp
\$ 17.00	per WEEK	past-due sp
\$ 0.00	per WEEK	delinquency
\$ 0.00	per WEEK	other

for a total of \$ 102.00 per WEEK

You do not have to vary your pay cycle, cycle does not match the ordered paymen

\$ 102.00	per weekly pay period.
\$ 204.00	per bi-weekly pay period.

REMITTANCE INFORMATION: when remitting case identification. If the employer/obligor withholding no later than the first pay pe Send payment within 7 working days of including your fee, cannot exceed 10% of earnings (ADET). If the employer/obligor limitations on withholding, applicable the laws and procedures of the employe

ADDITIONAL INFORMATION TO EMPLOYERS AND

Make check payable to: State Disburseme
Send check to: Case Section 11

If remitting payment by EFT/EDS, call 1 first submission, per bank routing and only. For all other income-withholding, identified on the last page of this form

Illinois Department of Healthcare and F Division of Child Support Enforcement 201 South Grand Avenue East Springfield, Illinois 62763

(X) IV-D Agency () Court Attorney with authority under state

NOTE: Non-IV-D Attorneys, individuals, Order to Withhold and include a copy of an attorney in that state may issue an submit an Order/Notice to Withhold and to issue an income withholding order/not

IMPORTANT: The person completing this fo shared with the obligor.

HTL 8863 (8-01-07)
LCSL-000003

IN THE CIRCUIT COURT OF MARIES COUNTY, MISSOURI

DIVISION I CIRCUIT NO. IV

COURT CASE IV-D NUMBER EMPLOYEE/PAYEE

EMPLOYER ADDRESS: Department of Social Services Human Resource Center P.O. Box 1527 Jefferson City, MO 65102

RECEIVED MAY 31 2007
O/A/ACCOUNTING

FILED FOR RECORD o'clock min. MAY 24 2007
MARK BUSCHMANN Circuit Clerk & Recorder Maries County, MO

NOTICE OF INCOME WITHHOLDING

TO EMPLOYER/PAYOR

Pursuant to Section 452.350 RSMo., this income Withholding shall go in effect on the above-named employee two weeks after mailing and shall continue until further order of this court.

The employee owes the following amounts:

CURRENT SUPPORT:	\$ 550.00 per month
TOTAL ARREARAGE:	\$ 2750.00

YOU ARE DIRECTED TO WITHHOLD AND PAY OVER:

CURRENT SUPPORT	\$550.00 per month
ARREARAGE PMT	\$250.00 per month
TOTAL WITHHOLDING	\$750.00 per month

You are further directed that when the total arrearage amount due has been satisfied in full, the withholding shall be for current support only. A statement of Exemptions limiting the amount of the employee's income or earnings subject to withholding is set forth on the attached page.

PREPARED BY: Holly J. Finch Assistant Prosecuting Attorney DATE: May 9, 2007

05/24/2007
Date By Judge

SEE SECOND PAGE FOR WITHHOLDING LIMITATIONS AND REMITTANCE INSTRUCTIONS.

CERTIFICATE OF MAILING

I certify that a copy of this notice was mailed on May 24, 2007, by certified mail, return receipt requested, to the above-named employer and, by registered mail, to the employee at his/her last known address.

Circuit Clerk
Frank Buschmann
By Deputy Clerk

➤ Types

- Family Support – 454
- Circuit Court – 452 voluntary
- Out of State- OSCS

CHILD SUPPORT

- *Multiple orders are prioritized based on statutes*
- *Child support takes priority over all garnishments*
- *Withholding*
 - *Current 50%*
 - *Arrears 50% of current*
- *Additional Withholding*
 - *If not able with withhold full amount ordered on 452 and Out of State orders:*
 - *Withhold 50% plus additional 10% if not supporting another family. Support of another family is determined by the marital status on the TAX window.*
 - *Withhold an additional 5% if order indicates greater than 12 weeks in arrears.*
- *Processing Fees*
 - *Authorized by RSMo 454.505.3*
 - *Semi-monthly \$3.00 per order*
 - *Deduction is taken on the MISC screen – OA handles, you DO NOT expire*

CHILD SUPPORT – FAMC SCREEN

The screenshot shows a software interface for Family Court. At the top, it says 'Family Court / Family Court Arrears / Bankruptcy'. Below this are several input fields: Name (empty), Employee ID (empty), Appointment ID (empty), Effective Date (05 / 24 / 07), and Expiration Date (99 / 99 / 99). The 'Deduction Information' section includes: Type (454CS), Plan (454CS), Override Amount (161.50), Override Rate (0.000000), Goal Amount / Installments (99,999.99), and Contribution to Goal (0.00). The 'Recipient Information' section includes: Case # (empty), Alt. Case # (empty), Last Name (empty), First Name (empty), MI (empty), Ovrdr Vendor (empty), Address (empty), County (empty), Attorney Code (empty), City (empty), State (empty), Health Care Indicator (Y), Zip (empty), Country (empty), Served Date (05 / 24 / 07), User Field (empty), User Field (HC 16.00), and Remarks (FE01). Blue boxes with letters A through H are placed over the following fields: A (Type), B (Override Amount), C (Case #), D (Alt. Case #), E (Last Name), F (Health Care Indicator), G (User Field), and H (User Field).

A. TYPE PLAN

*May have two screens
Current Child Support –code ends
with CS
Arrears – code ends with AR
Out of State order – code OSCS
(Arrears – AR)*

B. OVERRIDE AMOUNT

Set amount

C. CASE NUMBER

Court Order Case #

D. ALT CASE #

Child Support Case #

E. LASTNAME FIRSTNAME

Name of Custodial Parent

**F. HEALTH CARE ORDER
INDICATOR**

Y or N

G. USER FIELD

*Insufficient withholding 'F' (not
enough wages available to take the
garnishment.)*

H. USER FIELD

Cost of health care for child(ren)

I. USER FIELD

Maximum withholding percent

HEALTH CARE ORDER

- Receive with or without a Child Support Order
- This is NOT a choice for the employee
- National Medical Support Notice (NMSN) orders enrollment of children in health plan
- Part A sent to Agency. If not stamped with "Agency Copy", OA has not received.
- Plan Administrator receives Part B
- If there is a Child Support Order Health Care Indicator will be Y
- The Notice will be entered even if there is not a Child Support Order



HC/1026

NATIONAL MEDICAL SUPPORT NOTICE OMB NO: 1210-0113
PART B
MEDICAL SUPPORT NOTICE TO PLAN ADMINISTRATOR

This Notice is issued under section 466(a)(19) of the Social Security Act, section 609(a)(5)(C) of the Employee Retirement Income Security Act of 1974, and for State and local government and church plans, sections 401(e) and (f) of the Child Support Performance and Incentive Act of 1998. Receipt of the Notice from the Issuing Agency constitutes receipt of a Medical Child Support Order under applicable law. The rights of the parties and the duties of the plan administrator under this Notice are in addition to the existing rights and duties established under such law.

Issuing Agency: Family Support Division 911 HWY 84 W PO BOX 821 CARUTHERSVILLE, MO 63830 Telephone Number: (866) 313-9960 FAX Number: (573)333-4548	Court or Administrative Authority: SCOTT COUNTY, MISSOURI Support Order Number: <u>15-17-07</u>
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JEFFERSON CITY MO 65102
Employer/Withholder's Address

Registered Agent's Name

RECEIVED
MAY 24 2007
OA/ACCOUNTING

Employee's Address

Substituted Official/Agency Name and Address

Child(ren)'s Mailing Address (if different from Custodial Parent's)

FAMC SCREEN

Name: Employee ID: Appointment ID:

Effective Date: 05 / 23 / 05 Expiration Date: 99 / 99 / 99

Deduction Information

Type: A MG	Plan: MGHC1
Override Amount: 0.00	Override Rate: 0.000001
Goal Amount / Installments: 99999.99	Contribution to Goal: 0.00

Recipient Information

Case #: <input type="text"/>	Alt. Case #: <input type="text"/>
Last Name: <input type="text"/>	First Name: <input type="text"/> MI: <input type="text"/>
Ovrd Vendor: <input type="text"/>	Address: <input type="text"/>
County: CALDWELL B	City: <input type="text"/> State: <input type="text"/>
Attorney Code: <input type="text"/>	Zip: <input type="text"/> Country: <input type="text"/>
Health Care Indicator: Y	Served Date: 05 / 23 / 05
Remarks: <input type="text"/>	User Field: <input type="text"/> C

If no Child Support Order

A. TYPE PLAN
Specific for Health Care Order

If available

B. COUNTY

C. USER FIELD
Cost of health care for child(ren)

Agency & OA Accounting Responsibilities

AGENCY ROLE

- *Send Garnishments to OA*
- *Give Garnishment documentation to employee*
- *Understand the screens in SAM II to answer employee questions*
- *Be the employee's contact to OA*
- *Do not provide legal advice to employee*
- *Refer employee to Employee Assistance Program for Legal assistance.*
- *Refer Creditor calls to OA*
- *Refer Employment Verification calls to the Work Number or TALX*
- *Garnishment document received by employer is no longer a Public Record*

OA ROLE

- *Establish and comply with Garnishment Order*
- *Assist Agency in answering employee questions*
- *Correspond with appropriate issuing authority*
- *Distribute payments for Garnishments*
- *Maintain Deduction Codes located at:*
 - ***SAM II HR/PAYROLL – POLICIES & PROCEDURES/DEDUCTION & BENEFITS/DEDUCTION & BENEFIT CODES***
- *Comply with Multiple Orders*

Identifying Garnishments in SAM II HR

Type of Garnishment	Screen	Appt ID	Deduction Type Codes
Execution/Garnishment/Sequestration Application and Order (State Writs)	<u>GARN</u>	*	SWRIT, SWCM1, SWCM2, SWCM3 and SWES
Student Loan Garnishments	<u>GARN</u>	*	SLOAN, SLOM1 and SLOM2
Public Assistant Overpayments - fixed amount	<u>GARN</u>	Blank	PAO and PAOM1
Public Assistant Overpayments - percentage of income	<u>GARN</u>	*	PAO and PAOM1
Federal Government (IRS) agreements	<u>GARN</u>	*	FDAGR
Misc. Garnishment/ social security	<u>GARN</u>	*	MGMU1
Child Support:	<u>FAMC</u>	Blank	
Missouri Orders	-		452, 454 & 54
Out of State Orders	-		OSCS & OSAR
Health Care Only	<u>FAMC</u>	Blank	MGHC1
Bankruptcies	<u>FAMC</u>	Blank	BANKW
Levy	<u>LEVY</u>	*	FDLVY

Codes in the remarks column:

All Garnishments: MG/ CS – multiple garnishment child support; SL – student loan ; PAO; public assistant overpayment; FL – federal levy; HC – health care; BRN – bankruptcy

*Writs only: SH/PC- sheriff percent change; SH/PC/CTG – sheriff contribution to goal, (head of household adjustment); SH/REL – sheriff release; EADJ- refund by us. OLAP- a writ that came in after but expires before the current one, (entered without an *)*

Levy: SOE – Statement of Exemption Received