

(Rev 6-2023)

## Notification of Termination or Temporary Layoff / Absence North Dakota Child Support

Report the termination or temporary layoff of an employee whose support was being withheld based on an Income Withholding Order/Notice for Support or health insurance provided in response to the National Medical Support Notice.

**Employer:** \_\_\_\_\_

Person completing form: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ Date: \_\_\_\_\_

**Employee Name:** \_\_\_\_\_

Termination: Yes \_\_\_\_ No \_\_\_\_ Date of termination: \_\_\_\_\_

Final Payment Amount: \$ \_\_\_\_\_ Sent: Yes \_\_\_\_ No \_\_\_\_ Date: \_\_\_\_\_

Temporary Layoff/Absence: Yes \_\_\_\_ No \_\_\_\_ Expected Date of Return: \_\_\_\_\_

Remittance ID (see the Income Withholding Order/Notice for Support): \_\_\_\_\_

Employees Last Known Address: \_\_\_\_\_

Last Known Telephone Number: (\_\_\_\_) \_\_\_\_\_

New Employer (if known): \_\_\_\_\_

Mail or fax this completed form to:

**Child Support**  
**PO Box 7190**  
**Bismarck, ND 58507-7190**

**Fax: 701-328-5425**