

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