

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 the **Child Support office** that issued the Income Withholding Order/Notice for Support or National Medical Support Notice:

Bismarck
PO Box 7310
Bismarck, ND 58507-7310
Fax: 701-222-6751

Devils Lake
1820 Walnut St E, Suite 4
Devils Lake, ND 58301-3411
Fax: 701-662-1351

Dickinson
135 Sims St, Suite 202
Dickinson, ND 58601-5148
Fax: 701-227-7427

Fargo
4950 13th Ave S, Suite 22
Fargo, ND 58103
Fax: 701-298-4930

Grand Forks
PO Box 5756
Grand Forks, ND 58206-5756
Fax: 701-775-3130

Jamestown
PO Box 427
Jamestown ND 58402-0427
Fax: 701-253-3932

Minot
PO Box 2249
Minot, ND 58702-2249
Fax: 701-857-7777

Williston
PO Box 2047
Williston, ND 58802-2047
Fax: 701-774-4332

Income Withholding Issuance Ctr
1600 E Century Ave Suite 7
PO Box 7190
Bismarck, ND 58507-7190
Fax: 701-328-5425