

Department of Health and Human Services
Administration for Children and Families
Office of Child Support Enforcement

 **Electronic Income-Withholding Orders**

**Agreement to Transmit Electronic Income Withholding Orders/Notices
For States, Tribes, and Territories**

By completing and providing the information contained in the “State e-IWO Profile Form”, the State, Tribe or Territory agrees that it will:

- Electronically transmit income withholding orders/notices.
- Not impersonate any individual, entity or association, use false headers or otherwise conceal or provide misleading information when sending income withholding orders/notices electronically.
- Provide true, accurate, current and complete information about the State, Tribe or Territory identified in the “Profile Form”.
- Transmit income withholding orders/notices electronically to those employers, company payroll processors or agents that have indicated they will accept and process them. These electronic income withholding orders will be treated in the same manner as if they were mailed to the employer; and that any electronic income withholding orders sent by them shall be considered records generated during the ordinary course of business; and the electronic income withholding orders sent by them shall be considered admissible as evidence in same manner as paper documents.
- Provide written notice to the Federal Office of Child Support Enforcement, at least 30 days in advance, of its intent to no longer transmit electronic income withholding orders.

Agree

Disagree

STATE e-IWO PROFILE FORM

GENERAL INFORMATION

Start Date:	
Type of Data Exchange Partner:	<input type="checkbox"/> State <input type="checkbox"/> Tribe <input type="checkbox"/> Territory
State, Tribe, Territory Identifier (FIPS Code):	
Case Identifier Format:	Example: 9 characters: 8 numbers, 1 alpha, may include leading zeros
Provide a Sample Case Identifier:	Examples of format above: 20333582P, 00044580P
Provide a Sample Order Identifier:	

ADDRESS INFORMATION

State/Tribe/Territory Entity Name:	
Address Line 1:	
Address Line 2:	
City:	
State/Territory:	
Postal Code:	
Country:	USA

BUSINESS CONTACT INFORMATION

Contact Name:			
Contact Phone Number:		Extension:	
Contact Fax Number:			
Contact Email:			

TECHNICAL CONTACT INFORMATION

Contact Name:			
Contact Phone Number:		Extension:	
Contact Fax Number:			
Contact Email:			

STATE e-IWO PREFERENCES

FILE NAMING CONVENTIONS (Continued)

Incoming Employer Acknowledgement Files:	<input type="checkbox"/> OCSE/Portal Naming Convention (Ex.: 180000000.RSA.200708060115087.0000.txt)
	<input type="checkbox"/> State Naming Convention File Name: (Must be a unique constant name – cannot be variable.)

SERVER INFORMATION

Schedule Times to Receive or Send Files: (Ex.: 01:30 PM)	Receive Time	Send Time

Production Input Directory Name:		
User Credentials	User ID:	Password:
Server Information:	IP Address:	Host Name:
Production Output Directory Name:		
User Credentials	User ID:	Password:
Server Information:	IP Address:	Host Name:

Testing/Certification Input Directory Name:		
User Credentials	User ID:	Password:
Server Information:	IP Address:	Host Name:
Testing/Certification Output Directory Name:		
User Credentials	User ID:	Password:
Server Information:	IP Address:	Host Name: