

Wage Levy for Out of Home Placement Parental Fees

- Figure Parental Fee
- Stipulation of Reimbursement
- Memo to County Attorney
- Court order
- Court date
- Employer notifications

Parental Fee Worksheet

(Biological Parents Not Together)

Parent:		Case Number:	
Date:		Court File No.:	
Child(ren) in Placement:			
		Parent	
1. Monthly Gross Income	a. Earned Income		
	b. Unearned Income		
	c. Other Income		
	d. Total Monthly Income		
2. Deductions	a. Court Ordered Child Support		
	b. Court Ordered Spousal Maintenance		
	c. Total Court Ordered Obligations		
3. Adjusted Gross Income	(1d-2c)		
4. PICS	a. Number of non-placed biological child(ren) in HH (up to 2)		
	b. Adjustment for non-placed biological children in HH*		
	* Use Adjusted Gross Income and Basic Support Table, divide amount by 50%.		
	c. parental Income for Determining Fee (PICS) (3a-4b)		
5. Parental Fee Calculation	a. Number of Children in Placement		
	b. Basic Support for the Placed Child(ren)*		
	*Use PICS (4c) for income and Basic Support Table		
6. Threshold Test	a. Income Available for Fee (3a-\$1083.00)**		
	b. Fee (Enter the lesser of 5d or 6a)		

** 120% of Federal Poverty Guidelines

Parental Fee Worksheet

(Biological Parents Together)

Parent A:		Case Number:			
Parent B:		Court File No.:			
Child(ren) in Placement:					
Date:		Parent A	Parent B	Combined	
1. Monthly Gross Income	a. Earned income				
	b. Unearned Income				
	c. Other Income				
	d. Total Monthly Income				
2. Deductions	a. Court Ordered Child Support				
	b. Court Ordered Spousal Maintenance				
	c. Total Court Ordered Obligations				
3. Adjusted Gross Income	a. (1d – 2c)				
4. PICS	a. Number of non-joint children in HH (up to 2)				
	b. Non-joint child adjustment*				
	*Use Adjusted Gross Income (3a) and Basic Support Table, divide amount by 50%				
	c. Parental Income for Determining Fee (PICS) (3a - 4b)				
	d. Percentage share of Combined Income				
5. Parental Fee Calculation	a. Total Number of minor mutual children				
	b. Basic Support for mutual children**				
	** Use 4c total and Basic Support Table				
	c. Number of children in placement				
	d. Fee for placed child(ren) (pro-rated)				
6. Threshold Test	a. Income available for fee (3a total – \$1369)***				
	b. Total parental Fee (lesser of 5d or 6a)				
	c. Parent's share of total fee (based on 4d)				

*** 120% of Federal Poverty Guidelines

Basic Support Guidelines Table

Combined Parental Income for Determining Child Support	Number of Children					
	One	Two	Three	Four	Five	Six
\$0-\$799	\$ 50	\$ 50	\$ 75	\$ 75	\$ 100	\$ 100
800-899	80	129	149	173	201	233
900-999	90	145	167	194	226	262
1000-1099	116	161	186	216	251	291
1100-1199	145	205	237	275	320	370
1200-1299	177	254	294	341	396	459
1300-1399	212	309	356	414	480	557
1400-1499	251	368	425	493	573	664
1500-1599	292	433	500	580	673	780
1600-1699	337	502	580	673	781	905
1700-1799	385	577	666	773	897	1040
1800-1899	436	657	758	880	1021	1183
1900-1999	490	742	856	994	1152	1336
2000-2099	516	832	960	1114	1292	1498
2100-2199	528	851	981	1139	1320	1531
2200-2299	538	867	1000	1160	1346	1561
2300-2399	546	881	1016	1179	1367	1586
2400-2499	554	893	1029	1195	1385	1608
2500-2599	560	903	1040	1208	1400	1625
2600-2699	570	920	1060	1230	1426	1655
2700-2799	580	936	1078	1251	1450	1683
2800-2899	589	950	1094	1270	1472	1707
2900-2999	596	963	1119	1287	1492	1730
3000-3099	603	975	1122	1302	1509	1749
3100-3199	613	991	1141	1324	1535	1779
3200-3299	623	1007	1158	1344	1558	1807
3300-3399	636	1021	1175	1363	1581	1833
3400-3499	650	1034	1190	1380	1601	1857
3500-3599	664	1047	1204	1397	1621	1880
3600-3699	677	1062	1223	1418	1646	1909
3700-3799	691	1077	1240	1439	1670	1937
3800-3899	705	1081	1257	1459	1693	1963
3900-3999	719	1104	1273	1478	1715	1988
4000-4099	732	1116	1288	1496	1736	2012
4100-4199	746	1132	1305	1516	1759	2039
4200-4299	760	1147	1322	1536	1781	2064
4300-4399	774	1161	1338	1554	1802	2088
4400-4499	787	1175	1353	1572	1822	2111
4500-4599	801	1184	1368	1589	1841	2133
4600-4699	808	1200	1386	1608	1864	2160
4700-4799	814	1215	1402	1627	1887	2186
4800-4899	820	1231	1419	1645	1908	2212
4900-4999	825	1246	1435	1663	1930	2236
5000-5099	831	1260	1450	1680	1950	2260

STATE OF MINNESOTA

(CHPS placement)

IN DISTRICT COURT

COUNTY OF WATONWAN

FIFTH JUDICIAL DISTRICT

In the Matter of the Child(ren) of:)
)
Parent's Name,)
)
Parent(s).)

STIPULATION FOR REIMBURSEMENT

Court File No. _____

WHEREAS, **Child/rens name/s** is/are in an out-of-home placement **as of date of placement** for care, examination or treatment; and

WHEREAS, the **\$00.00/per day** cost of the placement is a charge upon the welfare funds of Watonwan County; and

WHEREAS, pursuant to Minnesota Statute §260C.331 or §252.27 the total income and resources attributable to the child(ren) for the period of care, examination or treatment, except for clothing and personal needs allowances as provided in Minnesota Statute §256B.35, are to be used to reimburse Watonwan County Human Services for costs of care, examination or treatment, and, whereas income and resources attributable to children include, but are not limited to, Social Security benefits, supplemental security income (SSI), veterans benefits, railroad retirement benefits and child support; and

WHEREAS, the above-named parent(s) are responsible for reimbursement to Watonwan County Human Services for the costs of the care, examination or treatment of the child(ren), pursuant to Minnesota Statute §260C.331 or 252.27, and

WHEREAS, the Social Security number(s) has/have been provided to Watonwan County Human Services, and the names and addresses of the parent(s)' employers and/or other payors of funds are as follows:

<u>Name</u>	<u>Payor</u>
Parent's Name	Employer's Name
Parent's Address	Employer's Address

WHEREAS, the parental income as defined by Minnesota Statute §518A is \$_____ per month, and according to the out-of-home placement fee policy adopted by Watonwan County Human Services and approved by the Minnesota Commissioner of Human Services, the parent(s) should pay \$_____ per month toward the support of the child(ren); and

WHEREAS, pursuant to Minnesota Statute §260C.331 or 252.27, the Court shall order amounts of reimbursement attributable to parents or custodians, or attributable to children or attributable to both sources be withheld under Chapter 518B from the income of the parent or custodian of the child.

NOW, THEREFORE, IT IS HEREBY STIPULATED AND AGREED between the parties hereto that the above-named Court may enter its Order as follows:

1. That the above-named parent(s) use the total income and resources attributable to the child(ren) for the period of care, examination or treatment, except for clothing and personal needs allowance as provided in Minnesota Statute §256B.35, to reimburse Watonwan County Human Services for the costs of the care, examination and/or treatment.
2. That the above-named parent(s) execute any documents necessary to allow such income attributable to the child to be paid directly to Watonwan County Human Services.
3. That the above-named parent(s) are obligated to pay \$_____per month commencing on _____ and continuing thereafter for each month or any part thereof that Watonwan County provides for the costs of care, examination or treatment of the child(ren).
4. That payments shall be made at a rate of \$_____ per month toward the reimbursement arrears and ongoing monthly obligation commencing on the ____ day of _____, 200_, and continuing on the last day of each month thereafter until the reimbursement arrears and obligation has been paid in full. The \$_____ is an agreed upon amount for a payment schedule, but in no way reduces the \$_____ per month obligation.
5. That the above-named parent(s) shall keep in force any health or dental insurance or other coverage now in force and shall cooperate in allowing billings to be made to said coverage.
6. The reimbursement payments may be withheld from income with or without notice to the parent(s) obligated to pay, when the conditions of Minnesota Statute §518A.53 have been met. A copy of that section is available from any Court Administrator.
7. A judgment for unpaid reimbursement may be entered and docketed when the conditions of Minnesota Statute §548.091 are met. A copy of this section is available from any Court Administrator.
8. The parent(s) shall notify Watonwan County of any change of address or telephone number or wage status within ten days of such change.
9. That the Order issued pursuant to this Stipulation may be mailed directly to the last known postal address by first-class mail and shall constitute proper and valid service for all respects.

Dated: _____

Parent

Dated: _____

Parent

Dated: _____

LaMAR PIPER
WATONWAN COUNTY ATTORNEY

By _____

#

Watonwan County Courthouse
St. James, MN 56081
(507) 375-3373

Recommended by:

Watonwan County Human Services

By _____

Date

Re: (child's name) Out of Home Placement
Parental fee

Court file #:

County Attorney;

(Child's Name) entered out of home placement on 3/25/10 at a cost to the County of \$00.00 per day.

Would you please do a motion and affidavit to withhold income from Mom and Dad Smith's wages? I'm sending over their signed stipulation for reimbursement, the parental fee worksheet and a printout from QuickBooks showing an outstanding balance of \$868.36.

Mom and Dad Smith's monthly income is \$2,298.80 with consideration for their other children, the parental fee each month is 269.20. Of this amount, 70% of the income comes from Mom's employment and her withholding amount should be \$188.44 per month, 30% of the income is Dad's and his withholding amount should be \$80.76 per month.

Since the withholding amount is minimal I would like the entire amount to be withheld each month but not take 20% for the arrears.

Let me know if you need anything else.

Thanks,

Nancy

County Attorney Letterhead

June 22,2010

Jayne Anderson
Deputy Court Administrator
Watonwan County Courthouse
St. James MN 56081

**RE: In the Matter of the Welfare of the Children of: Mom and Dad
 Smith
 Watonwan County Court File Number 83-JV-00-00**

Dear Jayne:

Please find enclosed for filing the following documents:

1. Motion to Withhold Income.
2. Affidavit in Support of Motion, with attached Exhibits
3. Proposed Order to Withhold Income

By copy of this letter, we are serving the same on Attorney J. Jones. If you have any questions, please do not hesitate to call.

Very truly yours,

Kevin Lin
Assistant Watonwan County Attorney

enclosures

cc: John Jones, Esq.

STATE OF MINNESOTA
COUNTY OF WATONWAN

IN DISTRICT COURT
FIFTH JUDICIAL DISTRICT
JUVENILE DIVISION

IN THE MATTER OF THE WELFARE OF
THE CHILDREN OF:

MOTION TO WITHHOLD INCOME

Mom and Dad Smith,

Parents.

Court File: 83-JV-00-00

PLEASE TAKE NOTICE that on the _____ day of _____, at _____,
before the above named Court at the Watonwan County Courthouse, St. James, Minnesota, the
Petitioner will move the Court for the following relief:

1. For an order directing income withholding in the amount of \$269.00 per month from the Parents' income, consistent with the provisions of M.S. 518A, for reimbursement of out-of-home placement costs.
2. For any further relief as may be just and appropriate.

Such motion will be based upon all the files and records herein, Minn.Stat. 393.07, 256B.14, 260B.331, and 252.27, and the attached Affidavit of Nancy Menssen.

Dated: June 16, 2010.

Kevin C. Lin
Assistant Watonwan Co. Attorney
Atty. Reg. No. 0343468
710 2nd Avenue South
St. James, MN 56081
(507) 375-3373

IN THE MATTER OF THE WELFARE OF
THE CHILD OF:

AFFIDAVIT IN SUPPORT OF MOTION

Mom and Dad Smith,

Parents.

Court File: 83-JV-00-00

STATE OF MINNESOTA)
) ss.
COUNTY OF WATONWAN)

Nancy Menssen, being first duly sworn, states as follows:

1. That your Affiant is a collections officer with Watonwan County Human Services.
2. That Respondents, Mom and Dad Smith, are the parents of the Child, Baby Smith (DOB: 0/0/00).
3. That the Child was placed out of the home on March 25, 2010, and remains in placement as part of the above-entitled matter.
4. That the County incurs costs of care for the Child while she is in out-of-home placement in the amount of \$25.95 per day.
5. That according to the out-of-home placement fee schedule of Watonwan County, as set by the Human Services Agency and approved by the Commissioner of Human Services, Respondents' obligation for support of the Child is \$269.20 per month.
6. That as part of the Stipulation for Reimbursement (attached Exhibit 1) signed by Respondent Mother on April 19, 2010, she was to pay \$135.00 per month beginning April 30, 2010, until the debt is paid in full.
7. That since the payment agreement was signed, Respondents have failed to make regular payments toward reimbursement of the Juvenile's out-of-home placement costs. (See attached Exhibit 2, "Accounts Receivable Register").
8. That Respondents' total arrears are in the amount of \$868.36, as of June 16, 2010.
9. That Respondent Mother is in violation of the Stipulation for Reimbursement.

1. That Minnesota Statutes allow withholding of child support under such circumstances as are outlined above, in the same manner as child support is withheld under Chapter 518A.
2. That your Affiant has verification that Respondent Mother is currently employed at Volunteers of America, in Sleepy Eye, MN; and Respondent Father is currently employed at Agri Jobs Inc., in Willmar, MN.
3. That based on the above, your Affiant respectfully requests the Court for an order directing income withholding in the amount of \$269.20 per month, consistent with the provisions of Chapter 518A.

Further Affiant saith not, save that this Affidavit is made in support of the attached Motion, the same being brought pursuant to the authority of Watonwan County Human Services and Minnesota Statute Sections 393.07, 256B.14, 260B.331, and 252.27.

Nancy Menssen

Subscribed to and sworn before me
this ____ day of _____, 2010.

Notary Public

**STATE OF MINNESOTA
COUNTY OF WATONWAN**

**IN DISTRICT COURT
FIFTH JUDICIAL DISTRICT
JUVENILE DIVISION**

IN THE MATTER OF THE WELFARE OF
THE CHILD OF:

ORDER TO WITHHOLD INCOME

Mom and Dad Smith,

Parents.

Court File: 83-JV-00-00

Based upon the previously filed Motion of the Watonwan County Attorney's office, **IT IS HEREBY ORDERED** that payments for the reimbursement of out-of-home placement costs for the minor child, Baby Smith (DOB: 0/0/00), shall be withheld from the Parents' income in the amount of \$269.00 per month, until all costs of placement and arrears are paid in full.

Dated: _____

Judge of District Court

August 27, 2010

Employer's Name
Attn: Payroll Dept.
Employer's Address
Employer's Address

Re: Income Withholding for Employee's Name
District Court File No. Jx-xx-xxxxx
Case No.
Amount: PER MONTH

To Whom It May Concern:

Enclosed please find a Notice to Withhold Income for Child Support/Cost of Care pursuant to Minnesota Statute, section §518.6111. The attached notice informs you of the action you must take to comply with the law regarding income withholding.

Previously, you may have been instructed to send income withholding payments to a certain address in St. Paul, Minnesota. Please be aware, the income withholding for this case in the amount of _____ per month, must remain payable directly to the County. Checks should be made payable to Watonwan County Human Services and sent to the following address:

Attn: Nancy Menssen
Watonwan County Human Services
PO Box 31
St. James, MN 56081

Attached is a sample remittance form. The information on the form is necessary to ensure that the employee's payment is credited properly and timely. Please copy and use this form when remitting payment to our office.

If you have any questions, please call me at 507-375-3294. Your cooperation in this matter is greatly appreciated.

Sincerely,

Nancy Menssen
Collection Officer

Enc.

NOTICE TO WITHHOLD INCOME FOR CHILD SUPPORT/COST OF CARE

Original Amended Termination

State MINNESOTA
County of Watonwan
District Court File Number: **Jx-xx-xxxxx**
Case Number: **xxxxx-xx (ssis#)**

Employer's Name. Child/ren's Name/s: **Child's Name** DOB: **Child's DOB**
Employer's Address
Employer's Address

RE: **Parent's Name**
 Parent's SSN

If checked, you are required to enroll the child (ren) identified above in any health insurance coverage available to the employee/obligor through his/her employment.

INFORMATION: This notice is based on a support order from Minnesota. You are required under Minnesota Statute 518A, and 260B.331 and/or 260C.331, to deduct these amounts from the employee's (obligor's) income until further notice.

\$0.00 per month in current cost of care
\$67.00 per month in past due cost of care – Arrears 12 weeks or greater? yes no
\$0.00 per month in current medical support
\$0.00 per month in past due medical support
\$0.00 per month in spousal support
\$13.00 per month in other (specify) 20% additional for arrears

For a total of **\$80.00** per month to be forwarded to the payee below.

You do not have to vary your pay cycle to be in compliance with the support order. If your pay cycle does not match the ordered support payment cycle, withhold one of the following amounts:

\$23% per weekly pay period **\$50%** per semimonthly pay period (twice a month)
\$46% per biweekly pay period (every two weeks) **\$80.00** per monthly pay period

REMITTANCE INFORMATION: When remitting payment, provide the pay date (date of withholding) and the case number. If the employee's (obligor's) principal place of employment is Minnesota, begin withholding no later than the first pay period occurring 14 days after the date of **February 1, 2007**. Send payment within 7 working days of the pay date (date of withholding). The total withheld amount, including your fee, cannot exceed 65% of the employee's (obligor's) aggregate disposable weekly earnings.

If the employee's (obligor's) principal place of employment is not Minnesota, for limitations on withholding, applicable time requirements, and any allowable employer fees, follow the laws and procedures of the employee's (obligor's) principal place of employment (**see #4 and #10, ADDITIONAL INFORMATION TO EMPLOYERS AND OTHER WITHHOLDERS**).

Make check payable to: **Watonwan County Human Services**
Send Check to: **Watonwan County Human Services, PO Box 31, St. James, MN 56081**
District Court File Number: **Jx-xx-xxxxx**
Case Number: **xxxxx-xx**

Authorized by: _____ Date: **January 10, 2007**
Name and Title: Nancy Menssen, Collection Officer Print Date: **January 10, 2007**

IMPORTANT: The Person completing this form is advised that the information on this form may be shared with the obligor (employee).
ADDITIONAL INFORMATION TO EMPLOYERS AND OTHER WITHHOLDERS

1. We appreciate the voluntary compliance of federally recognized Indian tribes, tribally-owned businesses, and Indian-owned businesses located on a reservation that chooses to withhold in accordance with this notice.
2. **Priority:** Withholding under this notice has priority over any other legal process under State law against the same income. Federal tax levies in effect before receipt of this notice have priority. If there are Federal tax levies in effect, please contact the party listed in number 12 below.

1. **Combining Payments:** You can combine withheld amounts from more than one employee's (obligor's) income in a single payment to each agency (party) requesting withholding. You must, however, separately identify the portion of the single payment that is attributable to each employee (obligor).
2. **Reporting the Pay date (Date of Withholding);** You must report the pay date (date of withholding) when sending the payment. The pay date (date of withholding) is the date on which the amount was withheld from the employee's wages. You must comply with the law of the state of the employee's (obligor's) principal place of employment with respect to the time periods within which you must implement the withholding order and forward the support payments.
3. **Employee (Obligor) with Multiple Support Withholding;** If there is more than one Order or Notice to Withhold Income for Child Support against this employee (obligor), and you are unable to honor all support orders and notices due to Federal or State withholding limits, you must follow the law of the state of the employee's (obligor's) principal place of employment. You must honor all orders and notices to the greatest extent possible. (See #10 below)

4. **Termination Notification:** You must promptly notify Watonwan County Human Services when the employee (obligor) no longer works for you. Please provide the information requested and return a complete copy of this notice to Watonwan County Human Services Collections Unit.

EMPLOYER: Employer's Name

EMPLOYEE'S (OBLIGOR'S) NAME: Parent's Name

DISTRICT COURT FILE NO: Jx-xx-xxxxx

CASE NUMBER: xxxxx-xx

DATE OF SEPARATION FROM EMPLOYMENT: _____

LAST KNOWN ADDRESS: _____

NEW EMPLOYER/ADDRESS: _____

5. **Lump Sum Payments:** You may be required to report and withhold from lump sum payments such as bonuses, commissions, or severance pay. If you have any questions about lump sum payments, contact the person or authority below.
6. **Liability:** If you have any doubts about the validity of the notice, contact the agency or person listed below. If you fail to withhold income as the notice directs, you are liable for both the accumulated amount you should have withheld from the employee's (obligor's) income and any other penalties set by State law. MINNESOTA STATUTE, SECTION 518A.53 SUBD.5 (c) AND 518A.73.
7. **Anti-discrimination:** You are subject to a fine determined under State law for discharging an employee (obligor) from employment, refusing to employ, or taking disciplinary action against any employee (obligor) because of a child support withholding. MINNESOTA STATUTES, 518A.53 SUBD.5 (c) AND 518A.73.
8. **Withholding Limits:** You may not withhold more than the lesser of: 1) the amounts allowed by the Federal Consumer Credit Protection Act (15 U.S.C. 1673(b)); or 2) the amounts allowed by the State of the employee's (obligor's) principal place of employment. The Federal limit applies to the aggregated disposable weekly earnings (ADWE). ADWE is the net income left after making mandatory deductions such as: State, Federal, local taxes; Social Security taxes, statutory pension contributions and Medicare taxes. The Federal CCPA limit is 50% of the ADWE for child support and alimony, which is increased by: 1) 10% if the employee does not support a second family; and 2) 5% if arrears are more than 12 weeks old. (see boxes on front)
Additional information: _____

11. **Submitted by:**
 - Collection Unit**
 - Watonwan County Human Services**
 - PO Box 31**
 - St. James, MN 56081**

12. If you or your employee (obligor) has any questions, please contact: **Nancy Messen** by telephone at 507-375-7823 or by FAX at 507-375-7359.

Remittance Form

❖ Employee Name:

Employee's Name

❖ Employee social Security Number

Employee's SSN

❖ Employee case number listed on the Notice of Income Withholding:

❖ Employee date of pay and amount of income withheld:

The Court has ordered these payments be paid to:

Attn: Nancy Menssen
Watonwan County Human Services
PO Box 31
St. James, MN 56081

***Please do not send these payments to the St. Paul, Minnesota address where you may be sending other income withholding payments.**

September 7, 2010

Employer's Name
Attn: Payroll Dept.
Employer's Address
Employer's Address

Re: Termination of Income Withholding
Employee Name:
District court File No.
Case No.
SSN:

To Whom It May Concern:

Under Minnesota Statutes, section §518.6111 subdivision 14, we are notifying you to terminate the obligation to withhold the below amounts from the above-named employee's income.

You can now stop the withholding in the amount of per month.

If you have any questions, please call me at 507-375-3294. Thank you for your assistance in this matter.

Sincerely,

Nancy Menssen
Collection Officer