

EXHIBIT E

Uncontested Joint Divorce With No Children Additional Forms Appendix

Additional Forms Depending on the Circumstances

If there are children under 21, use the Uncontested Joint Divorce With Children Forms Appendix

See the Information Booklet (JD-1) for instructions, important notices, and help.

1. Fee Waiver Application
2. Fee Waiver Order
3. Income Withholding Order for Spousal Support only (LDSS-5038)

SUPREME COURT OF THE STATE OF NEW YORK

COUNTY OF _____

1

-----X

In the Matter of the Application of

2,3

Plaintiff.

Index No.: _____

For Permission to Prosecute as a Poor Person

**AFFIDAVIT IN SUPPORT OF
APPLICATION TO PROCEED
AS A POOR PERSON**

- against -

4

Defendant.

-----X

STATE OF NEW YORK }

ss:

5

COUNTY OF _____ }

6

_____, being duly sworn, says:

7

1. I reside at _____ in the City, Town or Village of _____, County of _____, State of New York, and I have resided in the State of New York for the past _____ years.

8

2. I am about to commence a lawsuit for divorce. This lawsuit is based upon **DRL §170 _____ - _____.

9

3. My sole source of income is: _____

I earn \$ _____ per _____.

10

4. My property and its value are as follows:

11

5. I make this application pursuant to Section 1101 of the Civil Practice Law and Rules upon the ground that I am unable to pay costs, fees and expenses necessary to pursue my case and am unable to obtain the funds to do so, and unless an order is entered relieving me from the obligation to pay, I will be unable to prosecute my case.

- 12 6. No other person is beneficially interested in the recovery sought herein.
- 13 7. No previous application for the same or similar relief has been made by me in this case except: _____

_____ .
WHEREFORE, I respectfully ask for an order permitting me to prosecute an action as a poor person.

The foregoing statements have been carefully read by the undersigned who states that they are true and correct.

14 _____
Plaintiff

Subscribed and sworn to
before me on

NOTARY PUBLIC

**Insert the grounds for the divorce:

DRL §170(1) - cruel and inhuman treatment
DRL §170(2) - abandonment
DRL §170(3) - confinement in prison

DRL §170(4) - adultery
DRL §170(5) - living apart one year after separation decree or judgment of separation
DRL §170(6) - living apart one year after execution of a separation agreement
DRL §170(7) - irretrievable breakdown in relationship

At the Supreme Court of the State of
New York, held in and for the County
of _____ at the County
Courthouse at _____, New
York, on the ___ day of _____

1
2
3

4 **PRESENT:** HON. _____
Justice of the Supreme Court
-----X

5 In the Matter of the Application of _____ Index No.: _____

6 _____,
Plaintiff,
For Permission to Prosecute an Action as a Poor Person
-against-

POOR PERSON ORDER

7 _____,
Defendant.
-----X

8 Upon the annexed affidavit of _____,

9 And it being alleged that said Plaintiff _____ has a good cause of
10 action or claim based upon **DRL § 170 subd. ____ - _____, and that
he/she is unable to pay the costs, fees and expenses to prosecute this action, and that there is no other
person beneficially interested in the action, thereof

11 **NOW** on motion of _____, Plaintiff, it is hereby

12 **ORDERED** that _____ is permitted to prosecute this action as a poor
13 person against _____ and it is further

ORDERED that any recovery by Judgment or Settlement in favor of Plaintiff shall be paid to
the Clerk of the Court to await distribution pursuant to court order, and it is further

ORDERED that the Clerk of this Court is directed to make no charge for costs or fees in
connection with the prosecution of this action, including one (1) certified copy of the judgment.

ENTER:

J.S.C.

14

**Insert the grounds for the divorce:
DRL §170(1) - cruel and inhuman treatment DRL §170(4) - adultery
DRL §170(2) - abandonment DRL §170(5) - living apart one year after separation decree or judgment of separation
DRL §170(3) - confinement in prison DRL §170(6) - living apart one year after execution of a separation agreement
DRL §170(7) - irretrievable breakdown in relationship

Important Notice

If you are issuing a Spousal Support Only Income Withholding Order, you must serve the completed **LDSS-5038** as follows:

- **Part A:** serve **only** upon the employer/income withholder.
- **Part B:** serve upon **all** of the following:
 1. employer/income withholder;
 2. employee/obligor; and
 3. obligee.

Court Information

<input type="checkbox"/> Family Court: _____ County	Order ID (Index/Docket Number)
<input type="checkbox"/> Supreme Court: _____ County	

Employee/Obligor Information

Name (Last, First, Middle)	
Social Security Number - -	Date of Birth (MM/DD/YYYY) / /

Obligee Information

Name (Last, First, Middle)
Mailing Address

Page intentionally left blank.

NOTE- Grayed out areas of this form are **NOT** applicable to spousal support only cases

**Part
B**

INCOME WITHHOLDING FOR SUPPORT

- INCOME WITHHOLDING ORDER/NOTICE FOR SUPPORT (IWO)**
- AMENDED IWO**
- ONE-TIME ORDER/NOTICE FOR LUMP SUM PAYMENT**
- TERMINATION OF IWO**

Date: _____

Child Support Enforcement (CSE) Agency Court Attorney Private Individual/Entity (Check One)

NOTE: This IWO must be regular on its face. Under certain circumstances you must reject this IWO and return it to the sender (see IWO instructions www.acf.hhs.gov/css/resource/income-withholding-for-support-instructions). If you receive this document from someone other than a state or tribal CSE agency or a court, a copy of the underlying order must be attached.

State/Tribe/Territory _____ Remittance ID (include w/payment) _____
 City/County/Dist./Tribe _____ Order ID _____
 Private Individual/Entity _____ Case ID _____

_____ Employer/Income Withholder's Name _____ Employer/Income Withholder's Address _____ _____ Employer/Income Withholder's FEIN _____	RE: _____ Employee/Obligor's Name (Last, First, Middle) _____ Employee/Obligor's Social Security Number _____ Employee/Obligor's Date of Birth _____ Custodial Party/Obligee's Name (Last, First, Middle) _____														
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">Child(ren)'s Name(s) (Last, First, Middle)</th> <th style="width: 20%;">Child(ren)'s Birth Date(s)</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> </tbody> </table>	Child(ren)'s Name(s) (Last, First, Middle)	Child(ren)'s Birth Date(s)	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>
Child(ren)'s Name(s) (Last, First, Middle)	Child(ren)'s Birth Date(s)														
_____	_____														
_____	_____														
_____	_____														
_____	_____														
_____	_____														
_____	_____														

ORDER INFORMATION: This document is based on the support order from New York State. You are required by law to deduct these amounts from the employee/obligor's income until further notice.

\$ _____	Per _____	current child support	
\$ _____	Per _____	past-due child support	Arrears greater than 12 weeks? <input type="checkbox"/> Yes <input type="checkbox"/> No
\$ _____	Per _____	current cash medical support	
\$ _____	Per _____	past-due cash medical support	
\$ _____	Per _____	current spousal support	
\$ _____	Per _____	past-due spousal support	
\$ _____	Per _____	other (must specify) _____	

for a **Total Amount to Withhold** of \$ _____ per _____.

AMOUNTS TO WITHHOLD: You do not have to vary your pay cycle to be in compliance with the *Order Information*. If your pay cycle does not match the ordered payment cycle, withhold one of the following amounts:

\$ _____ per weekly pay period \$ _____ per semimonthly pay period (twice a month)
 \$ _____ per biweekly pay period (every two weeks) \$ _____ per monthly pay period

\$ _____ **Lump Sum Payment:** Do not stop any existing IWO unless you receive a termination order.

Document Tracking ID _____

Employer's Name: _____ Employer FEIN: _____
Employee/Obligor's Name: _____ SSN: _____
Case Identifier: _____ Order Identifier: _____

REMITTANCE INFORMATION: If the employee/obligor's principal place of employment is New York State, you must begin withholding no later than the first pay period that occurs 14 days after the date of service of this notice. Send payment within 7 business days of the pay date. If you cannot withhold the full amount of support for any or all orders for this employee/obligor, withhold ____% of disposable income for all orders. If the obligor is a non-employee, obtain withholding limits from Supplemental Information. If the employee/obligor's principal place of employment is not New York State, obtain withholding limitations, time requirements, and any allowable employer fees from the jurisdiction of the employee/obligor's principal place of employment. State-specific withholding limit information is available at www.acf.hhs.gov/css/resource/state-income-withholding-contacts-and-program-requirements. For tribe-specific contacts, payment addresses, and withholding limitations, please contact the tribe at www.acf.hhs.gov/sites/default/files/programs/css/tribal_agency_contacts_printable_pdf.pdf or https://www.bia.gov/tribalmap/DataDotGovSamples/tld_map.html.

For electronic payment requirements and centralized payment collection and disbursement facility information [State Disbursement Unit (SDU)], see www.acf.hhs.gov/css/employers/employer-responsibilities/payments.

Include the Remittance ID, pay date and employee/obligor's name on the payment.

Make payments payable in the name of the obligee identified on PART A.

Remit payment to obligee's address identified on PART A.

Return to Sender [Completed by Employer/Income Withholder]. Payment must be directed to an SDU in accordance with sections 466(b)(5) and (6) of the Social Security Act or Tribal Payee (see Payments to SDU below). If payment is not directed to an SDU/Tribal Payee or this IWO is not regular on its face, you *must* check this box and return the IWO to the sender.

If Required by State or Tribal Law:
Signature of Judge/Issuing Official: _____
Print Name of Judge/Issuing Official: _____
Title of Judge/Issuing Official: _____
Date of Signature: _____

If the employee/obligor works in a state or for a tribe that is different from the state or tribe that issued this order, a copy of this IWO must be provided to the employee/obligor.

If checked, the employer/income withholder must provide a copy of this form to the employee/obligor.

ADDITIONAL INFORMATION FOR EMPLOYERS/INCOME WITHHOLDERS

State-specific contact and withholding information can be found on the Federal Employer Services website located at: www.acf.hhs.gov/css/resource/state-income-withholding-contacts-and-program-requirements

Employers/income withholders may use OCSE's Child Support Portal (<https://ocsp.acf.hhs.gov/csp/>) to provide information about employees who are eligible to receive a lump sum payment, have terminated employment, and to provide contacts, addresses, and other information about their company.

Priority: Withholding for support has priority over any other legal process under State law against the same income (section 466(b)(7) of the Social Security Act. If a federal tax levy is in effect, please notify the sender.

Combining Payments: When remitting payments to an SDU or tribal CSE agency, you may combine withheld amounts from more than one employee/obligor's income in a single payment. You must, however, separately identify each employee/obligor's portion of the payment.

Payments To SDU: You must send child support payments payable by income withholding to the appropriate SDU or to a tribal CSE agency. If this IWO instructs you to send a payment to an entity other than an SDU (e.g., payable to the custodial party, court, or attorney), you must check the box above and return this notice to the sender. Exception: If this IWO was sent by a court, attorney, or private individual/entity and the initial order was entered before January 1, 1994 or the order was issued by a tribal CSE agency, you must follow the "Remit payment to" instructions on this form.

Employer's Name: _____ Employer FEIN: _____
Employee/Obligor's Name: _____ SSN: _____
Case Identifier: _____ Order Identifier: _____

Reporting the Pay Date: You must report the pay date when sending the payment. The pay date is the date on which the amount was withheld from the employee/obligor's wages. You must comply with the law of the state (or tribal law if applicable) of the employee/obligor's principal place of employment regarding time periods within which you must implement the withholding and forward the support payments.

Multiple IWOs: If there is more than one IWO against this employee/obligor and you are unable to fully honor all IWOs due to federal, state, or tribal withholding limits, you must honor all IWOs to the greatest extent possible, giving priority to current support before payment of any past-due support. Follow the state or tribal law/procedure of the employee/obligor's principal place of employment to determine the appropriate allocation method.

Lump Sum Payments: You may be required to notify a state or tribal CSE agency of upcoming lump sum payments to this employee/obligor such as bonuses, commissions, or severance pay. Contact the sender to determine if you are required to report and/or withhold lump sum payments.

Liability: If you have any doubts about the validity of this IWO, contact the sender. If you fail to withhold income from the employee/obligor's income as the IWO directs, you are liable for both the accumulated amount you should have withheld and any penalties set by state or tribal law/procedure, together with interest and reasonable attorney's fees. If you comply with this IWO you will not be subject to civil liability to any individual or agency for conduct in compliance with this IWO. In New York State, pursuant to Civil Practice Law and Rules (CPLR) §5241, upon a finding by the Family Court that you failed to withhold or remit withholdings as directed in this IWO, the Court shall issue an order directing your compliance and may direct the payment of a civil penalty not to exceed \$500 for the first instance and \$1,000 per instance for the second and subsequent instances of noncompliance.

Anti-discrimination: You are subject to a fine determined under state or tribal law for discharging an employee/obligor from employment, refusing to employ, or taking disciplinary action against an employee/obligor because of this IWO. In New York State, pursuant to CPLR §5252, the court may direct a civil penalty not to exceed \$500 for the first instance and \$1,000 per instance for the second and subsequent instances of such discrimination, including laying off or refusing to promote an employee/obligor. Such discrimination may also be punishable as a contempt of court by fine or imprisonment or both.

Withholding Limits: You may not withhold more than the lesser of: 1) the amounts allowed by the Federal Consumer Credit Protection Act (CCPA) [15 USC §1673(b)]; or 2) the amounts allowed by the law of the state of the employee/obligor's principal place of employment if the place of employment is in a state; or the tribal law of the employee/obligor's principal place of employment if the place of employment is under tribal jurisdiction. Disposable income is the net income after mandatory deductions such as: state, federal, local taxes; Social Security taxes; statutory pension contributions; and Medicare taxes. The federal limit is 50% of the disposable income if the obligor is supporting another family and 60% of the disposable income if the obligor is not supporting another family. However, those limits increase 5% - - to 55% and 65% - - if the arrears are greater than 12 weeks. If permitted by the state or tribe, you may deduct a fee for administrative costs. The combined support amount and fee may not exceed the limit indicated in this section.

Depending upon applicable state or tribal law, you may need to consider amounts paid for health care premiums in determining disposable income and applying appropriate withholding limits.

Arrears Greater Than 12 Weeks? If the **Order Information** section does not indicate that the arrears are greater than 12 weeks, then the employer should calculate the CCPA limit using the lower percentage.

Supplemental Information: (1) **PART A** of this form contains sensitive information and must be served **only** upon the employer/income withholder for purposes of processing the income withholding; **PART B**, which consists of 4 pages, must be served upon the employer/income withholder, employee/obligor, and obligee. (2) Priority of withholding pursuant to CPLR §5241(h) is current support, followed by health insurance premiums, and then arrears payments. (3) If there are multiple IWOs against this employee/obligor, withhold the maximum amount permitted (see *Remittance Information*, above) and pay to each creditor the proportion thereof which such creditor's claim bears to the combined total. (4) Where the income of the employee or non-employee is compensation that is not paid or payable to the obligor for personal services, there is no limit to the amount you must withhold. Otherwise the noted limit applies. (5) If the employee/obligor is reinstated or reemployed within 90 days after termination, this IWO is still in effect.

Employer's Name: _____ Employer FEIN: _____
Employee/Obligor's Name: _____ SSN: _____
Case Identifier: _____ Order Identifier: _____

NOTIFICATION OF EMPLOYMENT TERMINATION OR INCOME STATUS: If this employee/obligor never worked for you or you are no longer withholding income for this employee/obligor, you must promptly notify the CSE agency and/or the sender by returning this form to the address listed in the contact information below:

- This person has never worked for this employer nor received periodic income.
- This person no longer works for this employer nor receives periodic income.

Please provide the following information for the employee/obligor:

Termination date: _____ Last known telephone number: _____

Last known address: _____

Final payment date to Obligee /Tribal Payee: _____ Final payment amount: _____

New employer's name: _____

New employer's address: _____

CONTACT INFORMATION:

To Employer/Income Withholder: If you have questions, contact _____ (issuer name)
by telephone: _____, by fax: _____, by e-mail or website:
_____.

Send termination/income status notice and other correspondence to: _____
_____ (issuer address).

To Employee/Obligor: If the employee/obligor has questions, contact _____ (issuer name)
by telephone: _____, by fax: _____, by e-mail or
website: _____.

Encryption Requirements:

When communicating this form through electronic transmission, precautions must be taken to ensure the security of the data. Child support agencies are encouraged to use the electronic applications provided by the federal Office of Child Support Enforcement. Other electronic means, such as encrypted attachments to emails, may be used if the encryption method is compliant with Federal Information Processing Standard (FIPS) Publication 140-2 (FIPS PUB 140-2).

The Paperwork Reduction Act of 1995

This information collection and associated responses are conducted in accordance with 45 CFR 303.100 of the Child Support Enforcement Program. This form is designed to provide uniformity and standardization. Public reporting for this collection of information is estimated to average two to five minutes per response. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.