

CPLR § 5241 (b)  
[NOTE: Personal Information Form 4-5/5-1d,  
containing social security numbers of parties and  
dependents, must be filed with this Petition]

Form 4-8  
(Application for Income  
Withholding Order for  
Support Enforcement  
(Clerk of Court)  
6/2012

FAMILY COURT OF THE STATE OF NEW YORK  
COUNTY OF

.....

In the Matter of a Proceeding for Support  
under Article 4 of the Family Court Act

Docket No.

Petitioner (Creditor),  
  
-against-  
  
Respondent (Debtor)

APPLICATION  
FOR INCOME  
WITHHOLDING  
ORDER FOR  
SUPPORT  
ENFORCEMENT  
(Clerk of Court)

.....

TO THE CLERK OF THE FAMILY COURT:

The undersigned respectfully  
alleges that:

1. \_\_\_\_\_ was the Petitioner and that  
\_\_\_\_\_ was the Respondent in the above-entitled proceeding.

2. By an order of support dated \_\_\_\_\_, Respondent was ordered to pay support to  
[specify]: \_\_\_\_\_ as follows: (attach copy of order of support)

3. (Upon information and belief) Respondent is in default of the order in that [specify]:  
\_\_\_\_\_ and arrears of \$ \_\_\_\_\_ are due and owing as of \_\_\_\_\_ (date).

4. Respondent is employed by receives income from [specify]:  
NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

Wherefore applicant requests the Clerk of Family Court, County of [specify]:  
to issue an Income Withholding Order (IWO) for Support directed to the New York State Child  
Support Processing Center pursuant to Section 5241(b) of the Civil Practice Law and Rules.

\_\_\_\_\_  
(Applicant)

\_\_\_\_\_  
Petitioner

\_\_\_\_\_  
Print or type name

\_\_\_\_\_  
Signature of Attorney, if any

\_\_\_\_\_  
Attorney's Name (Print or Type)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Attorney's Address and Telephone Number