Additional Forms Appendix no Children 3/1/24

attached to the JD-1 rev. 3/1/24

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) rev. 3/1/24 for instructions, important notices, and help.

1. Fee Waiver Application rev. 1/1/24

2. Fee Waiver Order

3. Income Withholding Order for Spousal Support only (LDSS-5038) rev. 2/24

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF _____
---X
In the Matter of the Application of

_____,
                                          Plaintiff.

For Permission to Prosecute as a Poor Person

                    - against **-**

_____,
                                          Defendant.
---X

Index No.:_____

AFFIRMATION IN SUPPORT OF
APPLICATION TO PROCEED
AS A POOR PERSON

STATE OF NEW YORK   }
                                              ss:
COUNTY OF_____   }...........

I, Plaintiff, _____ (Print or type name), state as follows:

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.

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

_____ - _____ ...._____ .

3.   My sole source of income is:_____

_____

_____

I earn $_____ per _____ .

4.   My property and its value are as follows:

_____

_____

_____

_____

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.

(Affirmation for Poor Person Order - Rev. 1/1/24)

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.

14

I, _____, affirm this ___ day of _____, ____, under the penalties of perjury,
under the laws of New York, which may include a fine or imprisonment, that the foregoing is
true, and I understand that this document may be filed in an action or proceeding in a court of
law.

_____
Plaintiff

**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

1

2

3

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 _____

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   **POOR PERSON ORDER**
                    -against-

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.

                              E N T E R:

14
                              _____
                                   J.S.C.

**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

(Appendix - Rev. 10/10)

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

□ Family Court: _____ County □ Supreme Court: _____ County	Order ID (Index/Docket Number)

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.

INCOME WITHHOLDING FOR SUPPORT

I. Sender Information: (Completed by the Sender)   **Date:** _____

☐ **INCOME WITHHOLDING ORDER/NOTICE FOR SUPPORT (IWO)**   ☐ **AMENDED IWO**

☐ **ONE-TIME ORDER/NOTICE FOR LUMP SUM PAYMENT**   ☐ **TERMINATION OF IWO**

☐ Child Support Agency (CSA)   ☐ 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 CSA 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 _____

II. Employer and Case Information: (Completed by the Sender)

_____   RE: _____
Employer/Income Withholder's Name   Employee/Obligor's Name (Last, First, Middle)

_____   _____
Employer/Income Withholder's Address   Employee/Obligor's Social Security Number

_____   _____
                                                                                  Employee/Obligor's Date of Birth

_____   _____
Employer/Income Withholder's FEIN _____   Custodial Party/Obligee's Name (Last, First, Middle)

Child(ren)'s Name(s) (Last, First, Middle)   Child(ren)'s Birth Date(s)

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

III. Order Information: (Completed by the Sender)

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?** ☐ Yes ☐ 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 _____ .

IV. Amounts to Withhold: (Completed by the Sender)

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.

Employer/Income Withholder's Name:_____ Employer/Income Withholder's FEIN: _____

Employee/Obligor's Name: _____ SSN: _____

Case ID: _____ Order ID: _____

V. Remittance Information: (Completed by the Sender, except for the "Return to Sender" check box.)

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 the order/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 employee/obligor's principal place of employment is not New York State, obtain withholding limitations, time requirements, the appropriate method to allocate among multiple child support cases/orders, 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 www.bia.gov/tribalmap/DataDotGovSamples/tld_map.html.

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. The CCPA is available at https://www.dol.gov/agencies/whd/fact-sheets/30-cppa. 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.

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.

If the obligor is a nonemployee, obtain withholding limits from the **Supplemental Information** section in this IWO. This information is also available at www.acf.hhs.gov/css/resource/state-income-withholding-contacts-and-program-requirements.

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

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

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

☐ **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 in Section VI). 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.

Employer/Income Withholder's Name:_____ Employer/Income Withholder's FEIN: _____

Employee/Obligor's Name: _____ SSN: _____

Case ID: _____ Order ID: _____

VI. Additional Information for Employers/Income Withholders: (Completed by the Sender)

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

Payments: You must send child support payments payable by income withholding to the appropriate SDU or to a tribal CSA within 7 business days, or fewer if required by state law, after the date the income would have been paid to the employee/obligor and include the date you withheld the support from his or her income. You may combine withheld amounts from more than one employee/obligor's income in a single payment as long as you separately identify each employee/obligor's portion of the payment. Child support payments may not be made through the federal Office of Child Support Services (OCSS) Child Support Portal.

Lump Sum Payments: You may be required to notify a state or tribal CSA of upcoming lump sum payments, such as bonuses, commissions, or severance pay, to this employee/obligor. Contact the sender to determine if you are required to report and/or withhold lump sum payments. Employers/income withholders may use the OCSS Child Support Portal (ocsp.acf.hhs.gov/csp/) to provide information about employees who are eligible to receive lump sum payments and to provide contacts, addresses, and other information about their companies. Child support payments may not be made through the OCSS Child Support Portal.

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.

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 *V. 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 nonemployee 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/Income Withholder's Name:_____   Employer/Income Withholder's FEIN: _____

Employee/Obligor's Name: _____   SSN: _____

Case ID: _____   Order ID: _____

VII. Notification of Employment Termination or Income Status: (Completed by the Employer/Income Withholder)

<div>

If this employee/obligor never worked for you or you are no longer withholding income for this employee/obligor, you must promptly notify the CSA and/or the sender by returning this form to the address listed in the **Contact Information** section below or by using the OCSS Child Support Portal (ocsp.acf.hhs.gov/csp/). Please report the new employer or income withholder, if known.

☐   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 or income withholder's name: _____

New employer's or income withholder's address: _____
_____

</div>

VIII. Contact Information (Completed by the Sender)

To Employer/Income Withholder: If you have questions, contact _____ (sender name)

by telephone: _____, by fax: _____, by email or website: _____.

Send termination/income status notice and other correspondence to: _____

_____ (sender address).

To Employee/Obligor: If the employee/obligor has questions, contact _____ (sender name)

by telephone: _____, by fax: _____, by email or website: _____.

IMPORTANT: The person completing this form is advised that the information may be shared with the employee/obligor.

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 Services. 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).