FORM CD-526 (1-94) LF	COL	JRT ORDER	ED CHILD	CARE OF	R ALII	MONY D	EDUC	U.S. DEPARTI	MENT OF C	OMMERCE	
1. AGENCY CODE	2. EMPLOYING OFFICE	3. CASE NUMBER	4. SOCIAL SECURIT NUMBER	CODE 1 = AI 2 = CI		6. EMPLOYEE NAME (Last, First, Middle Initial)					
7. DUTY STA	TION		8. EMPLOYEE NOT								
				NOTIFIED IN PERSON I 15 DAYS OF RECEIF				PLOYEE NOTIFIE RTIFIED MAIL OF			
DEDUCTIONS. You are hereby directed to deduct the following in accordance with a court order on file in this office effective								PAY PERIOD YEAR		AR	
	T ORDERED PAY PI	ERIOD DEDUCTION						9A(1) \$	'		
									9A(2)		
(2) PERCENTAGE OF APPLICABLE EARNINGS									9A(3) %		
(3) NOT TO EXCEED DOLLAR AMOUNT PER PAY PERIOD									\$ 9B(1)		
B. COURT COST (1) TOTAL AMOUNT								\$			
(2) AN	MOUNT COLLECTAR	BI E PER PAY PERIOD						9B(2)			
(2) AMOUNT COLLECTABLE PER PAY PERIOD C. ARREARS								\$ 9C(1)			
(1) TC	OTAL AMOUNT							\$ 9C(2)			
(2) AN	OUNT COLLECTAR	BLE PER PAY PERIOD						\$			
(3) PERCENTAGE OF APPLICABLE EARNINGS PER PAY PERIOD								9C(3)		%	
(4) NOT TO EXCEED DOLLAR AMOUNT PER PAY PERIOD								9C(4) \$			
10. NAME ANI	D ADDRESS OF CO	URT OFFICIAL OR REC	CIPIENT OF DEDUCTION	ON						<u>!</u>	
NAME											
1ST LINE ADD	RESS										
2ND LINE ADD	DRESS										
CITY			STATE ZII	P CODE	11. EMPL (To Ap	OYEE CASE NU	IMBER ASSIG	NED BY COUF	RT		
12. REMARKS	3										
l											
13. AUTHORIZ											
SIGNATURE C	OF AUTHORIZED OF	FFICIAL	TITLE					D	ATE		