

STATE OF LOUISIANA

NUMBER _____

VERSUS

22^{Nº} JUDICIAL DISTRICT COURT

PARISHES OF: ST. TAMMANY &
WASHINGTON

STATE OF LOUISIANA

PAYOR'S DESIGNATION

I understand that the court has ordered me to pay an administrative fee to the court for the costs of expedited process in addition to my support obligation. The amount of the court fee is equal to 5% of my monthly support and any arrearage I owe.

By signing below, I hereby designate the first 5% of all payments made on my behalf as the court fee. I authorize Support Enforcement Services to deduct my court fee from all payments made by me, by my employer or by anyone else on my behalf. I authorize Support Enforcement Services to forward the fee to the appropriate court.

I understand that I will accrue a support arrearage if I do not pay the full amount of the court fee in addition to the full amount of support I owe each month. I also understand that Support Enforcement Services may take enforcement and/or court action against me if I do not pay the full amount of support in addition to the full amount of the court fee each month.

PAYOR

SOCIAL SECURITY NUMBER

LASES NUMBER

DATE