

Joe Lombardo  
Governor

Laura Rich  
Director



# DEPARTMENT OF HUMAN SERVICES

DIVISION OF SOCIAL SERVICES

Helping people. It's who we are and what we do.



Robert H. Thompson  
Administrator

## NOTICE OF LUMP SUM PAYMENT

Pursuant to Nevada Revised Statute 31A, an income payer who has received a notice to withhold income which includes a provision for the payment of arrears shall inform the Child Support Enforcement Program before making a lump sum payment to an employee/obligor.

**INSTRUCTIONS:** Complete and return this form using one of the options below at least **10 days** prior to releasing a lump sum payment of \$150.00 or greater to the Employee/Obligor:

- Fax or email using the contact information provided under Section VIII of the Income Withholding for Support form (IWO) on file for the Employee/Obligor.
- If sufficient contact information is not available on the IWO, email the form to [CSEP\\_PolicyUnit@dss.nv.gov](mailto:CSEP_PolicyUnit@dss.nv.gov) or Fax to (775) 684-0702 ATTN: LUMP SUM REPORTING

### Child Support Case Information

Case Identifier(s): \_\_\_\_\_

Order Identifier(s): \_\_\_\_\_

### Payor Information

9 Digit Federal Identification Number (FEIN): \_\_\_\_\_

Employer/Income Withholder's Name: \_\_\_\_\_

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP/Postal Code: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_

Preferred Method for Return Notice:    Email    Fax    Other: \_\_\_\_\_

### Payee Information

Employee/Obligor's Name: \_\_\_\_\_

Last 4 Digits of SSN: \_\_\_\_\_

Payment Reference Identifier: \_\_\_\_\_

Lump Sum Type: \_\_\_\_\_

Lump Sum Amount: \$ \_\_\_\_\_

Expected Payout Date: \_\_\_\_\_