FROM:

MAIL TO: State of Montana Department of Public Health & Human Services Child Support Services Division Wage Withholding Unit P. O. Box 8001 Helena, MT 59604-8001

(Company Name)

Make check or money order payable to:

Child Support Services Division or CSSD

Name	Social Security #	PAR ID #	Order by*	\$ Amount Withheld	Date Employee is Paid = DOC
IWFORM02.FRM *write in name	of the ordering State's court of	or Child Support Agence	y PAGE	OF	·
(Use back of form if necessary)					
**DOC= employee pay date WY-CSED (Wontana Child Support Services Division) WY-CSED (Wyoming)					