REQUEST FOR WAIVER FOR GOOD CAUSE-SPECIAL DIFFICULTY ASSOCIATED WITH MAKING INCOME WITHHOLDING PAYMENTS ELECTRONICALLY

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
CHILD SUPPORT DIVISION
SFN 1968 (11-2014)

Clear Fields

Criteria for requesting a waiver for good cause:
The employer: (1) employs more than 24 employees at any time and (2) feels that complying with the requirement to make payments electronically will cause special difficulties.

Business Name	Federal Employer Identification Number (FEIN)		
Address	City	State	ZIP Code
Total Number of Full and Part-time Employees Employed Last Quarter	Total Number of Full and Part-time Employees Employed Current Quarter		
Special Difficulties Electronic Remittal Will Cause			

This income payer meets the criteria to request a good cause waiver of the electronic remittal requirement. I understand that good cause waivers need to be approved by Child Support and will be time limited as waivers are intended to give the income payer/employer time to resolve special difficulties associated with the electronic remittal of payments.

Date Anticipated Employer Will Be Able to Make Payments Electronically	
Name of Individual Requesting a Good Cause Waiver Request	Telephone Number
Title	Date Submitted

Send good cause waiver request to:

Employer Relations Administrator
Child Support Division
PO Box 7190
Bismarck, ND 58507-7190

Fax: 701-328-5425
E-mail: sohire@nd.gov
(Note: this is not a secure e-mail address)

Child Support Division Use Only

☐ Waiver approved by Child Support Division

Date Waiver Expires

☐ Waiver not approved by Child Support Division

Reason Not Approved

Signature of Employer Relations Administrator	Date