

**CHART D-3: E-IWO DETAIL RECORD**

Element Name	Definition	Location	Length	Type	Req./ Opt.	Data Element Rules	Form XRef
Document Code	A code that indicates the primary e-IWO record follows.	1-3	3	A/N	R	Value must be DTL.	N/A
Filler	For future use.	4-6	3	A/N	O	For future use.	N/A
Document Action Code	A code that indicates the type of IWO document.	7-9	3	A/N	R	Valid Values: AMD – Amended: any change for the submitted case number/identifier by the submitting state, except termination to the original order. LUM – Lump Sum: sent when a state, tribe, or territory is made aware that a lump sum payment will be made and they are requesting a deduction be made from this lump sum. ORG – Original: new order for the submitted case number/identifier by the submitting state. TRM – Termination: closure of an order; stoppage of wage withholding for the submitted case number/identifier by the submitting state.	1a 1b 1c 1d
Document Date	The date the record was generated.	10-17	8	A/N	R	Must be a valid date in CCYYMMDD format.	1e

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Element Name	Definition	Location	Length	Type	Req./ Opt.	Data Element Rules	Form XRef
Issuing State-Tribe-Territory Name	The name of the jurisdiction (state, tribe, territory, etc.) issuing the document.	18-52	35	A/N	R	State, tribe, or territory full name. The first character must not be a space.	1g
Issuing Jurisdiction Name	The name of the county, city, district, or tribe issuing the document.	53-87	35	A/N	O	If entered, should be a full name.	1i
Case ID	A value assigned by a state to uniquely identify each IV-D case in the state.	88-102	15	A/N	R	Must be the IV-D Case ID submitted for all external FPLS sources, FCR, etc. No leading spaces, back slash (\), or asterisk (*).	1l
Employer Name	Name of the employer/withholder to whom the withholding order is being sent.	103-159	57	A/N	R	The first character must be a letter or a number.	2a
Employer Address Line 1 Text	Line 1 of the employer/withholder's address.	160-184	25	A/N	R	The first character must be a letter or a number.	2b
Employer Address Line 2 Text	Line 2 of the employer/withholder's address.	185-209	25	A/N	O	The first character must be a letter or a number.	2b
Employer Address City Name	Employer/withholder's city name.	210-231	22	A/N	R	The first character must be a letter or a number.	2b

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Employer Address State Code	Employer/withholder's state code.	232-233	2	A	R	Valid, two-character, alphabetic state or territory code.	2b
Employer Address ZIP Code	Employer/withholder's ZIP Code.	234-238	5	N	R	Required field follows Length and Type instructions.	2b
Employer Address Ext ZIP Code	Employer/withholder's extension ZIP Code.	239-242	4	A/N	O	Optional field follows Length and Type instructions.	2b
EIN Text	Employer/withholder's FEIN.	243-251	9	N	R	Must contain the FEIN of an employer participating in the e-IWO project. This FEIN must match the FEIN in the batch header.	2c
Employee Last Name	Obligor's last name.	252-271	20	A/N	R	Letters A-Z or spaces. No special characters except periods (.), hyphens (-), apostrophes ('), or embedded spaces are allowed. The first character must not be a space.	3a
Employee First Name	Obligor's first name.	272-286	15	A/N	R	Letters A-Z or spaces. No special characters except periods (.), hyphens (-), apostrophes ('), or embedded spaces are allowed. The first character must not be a space.	3a
Employee Middle Name	Obligor's middle name or initial.	287-301	15	A/N	O	Letters A-Z or spaces. No special characters except periods (.), hyphens (-), apostrophes ('), or embedded spaces are allowed. The first character must not be a space.	3a

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Element Name	Definition	Location	Length	Type	Req./ Opt.	Data Element Rules	Form XRef
Employee Suffix	Obligor's name suffix.	302-305	4	A/N	O	Optional field follows Length and Type instructions.	3a
Employee SSN	Obligor's Social Security number.	306-314	9	N	R	Required field follows Length and Type instructions.	3b
Employee Birth Date	Obligor's date of birth.	315-322	8	A/N	O	Must be a valid date in CCYYMMDD format. If unknown, fill with spaces.	33
Obligee Last Name	Obligee's last name.	323-379	57	A/N	R	Letters A-Z or spaces. No special characters except periods (.), hyphens (-), apostrophes ('), or embedded spaces are allowed. The first character must not be a space.	3c
Obligee First Name	Obligee's first name.	380-394	15	A/N	R	Letters A-Z or spaces. No special characters except periods (.), hyphens (-), apostrophes ('), or embedded spaces are allowed. The first character must not be a space.	3c
Obligee Middle Name	Obligee's middle name or initial.	395-409	15	A/N	O	Letters A-Z or spaces. No special characters except periods (.), hyphens (-), apostrophes ('), or embedded spaces are allowed. The first character must not be a space.	3c
Obligee Name Suffix	Obligee's name suffix.	410-413	4	A/N	O	Optional field follows Length and Type instructions.	3c
Issuing Tribunal Name	The name of the state, tribe, or territory that issued the support or withholding order.	414-448	35	A/N	R	Must contain full name.	4

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Element Name	Definition	Location	Length	Type	Req./ Opt.	Data Element Rules	Form XRef
Support Current Child Amount	The dollar amount to be withheld for payment of current child support.	449-459	11	N	R	Numeric Decimal assumed Unsigned No rounding Right justify Zero fill to left Zero fill if N/A	5a
Support Current Child Frequency Code	The interval the current support amount is required to be paid.	460	1	A/N	CR	If there is a dollar amount other than zero in the Support Current Child Amount field (pos. 449-459), this field is required. Valid values: A – Annually B – Bi-weekly M – Monthly Q – Quarterly S – Semi-monthly W – Weekly X – Semi-annually Space fill if N/A	5b
Support Past Due Child Amount	The dollar amount to be withheld for payment of past-due child support.	461-471	11	N	R	Numeric Decimal assumed Unsigned No rounding Right justify Zero fill to left Zero fill if N/A	6a

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Element Name	Definition	Location	Length	Type	Req./ Opt.	Data Element Rules	Form XRef
Support Past Due Child Frequency Code	The interval the past-due child support amount is required to be paid.	472	1	A/N	CR	If there is a dollar amount other than zero in the Support Past Due Child Amount field (pos. 461-471), this field is required.  Valid values: A – Annually B – Bi-weekly M – Monthly Q – Quarterly S – Semi-monthly W – Weekly X – Semi-annually Space fill if N/A	6b
Support Current Medical Amount	The dollar amount to be withheld for payment of current medical support.	473-483	11	N	R	Numeric Decimal assumed Unsigned No rounding Right justify Zero fill to left Zero fill if N/A	7a

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Element Name	Definition	Location	Length	Type	Req./ Opt.	Data Element Rules	Form XRef
Support Current Medical Frequency Code	The interval the current medical support amount is required to be paid.	484	1	A/N	CR	If there is a dollar amount other than zero in the Support Current Medical Amount field (pos. 473-483), this field is required. Valid values: A – Annually B – Bi-weekly M – Monthly Q – Quarterly S – Semi-monthly W – Weekly X – Semi-annually Space fill if N/A	7b
Support Past Due Medical Amount	The dollar amount to be withheld for payment of past-due medical support.	485-495	11	N	R	Numeric Decimal assumed Unsigned No rounding Right justify Zero fill to left Zero fill if N/A	8a

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Element Name	Definition	Location	Length	Type	Req./ Opt.	Data Element Rules	Form XRef
Support Past Due Medical Frequency Code	The interval the past-due medical support amount is required to be paid.	496	1	A/N	CR	If there is a dollar amount other than zero in the Support Past Due Medical Amount field (pos. 485-495), this field is required. Valid values: A – Annually B – Bi-weekly M – Monthly Q – Quarterly S – Semi-monthly W – Weekly X – Semi-annually Space fill if N/A	8b
Support Current Spousal Amount	The dollar amount to be withheld for payment of current spousal support.	497-507	11	N	R	Numeric Decimal assumed Unsigned No rounding Right justify Zero fill to left Zero fill if N/A	9a



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Element Name	Definition	Location	Length	Type	Req./ Opt.	Data Element Rules	Form XRef
Support Current Spousal Frequency Code	The interval the spousal support is required to be paid.	508	1	A/N	CR	If there is a dollar amount other than zero in the Support Current Spousal Amount field (pos. 497-507), this field is required. Valid values: A – Annually B – Bi-weekly M – Monthly Q – Quarterly S – Semi-monthly W – Weekly X – Semi-annually Space fill if N/A	9b
Support Past Due Spousal Amount	The dollar amount to be withheld for payment of past-due spousal support.	509-519	11	N	R	Numeric Decimal assumed Unsigned No rounding Right justify Zero fill to left Zero fill if N/A	10a

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Element Name	Definition	Location	Length	Type	Req./ Opt.	Data Element Rules	Form XRef
Support Past Due Spousal Frequency Code	The interval the past-due spousal support amount is required to be paid.	520	1	A/N	CR	If there is a dollar amount other than zero in the Support Past Due Spousal Amount field (pos. 509-519), this field is required. Valid values: A – Annually B – Bi-weekly M – Monthly Q – Quarterly S – Semi-monthly W – Weekly X – Semi-annually Space fill if N/A	10b
Obligation Other Amount	The dollar amount to be withheld for payment of miscellaneous obligations.	521-531	11	N	R	Numeric Decimal assumed Unsigned No rounding Right justify Zero fill to left Zero fill if N/A	11a

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Element Name	Definition	Location	Length	Type	Req./ Opt.	Data Element Rules	Form XRef
Obligation Other Frequency Code	The interval the miscellaneous obligations amount is required to be paid.	532	1	A/N	CR	If there is a dollar amount other than zero in the Obligation Other Amount field (pos. 521-531), this field is required. Valid Values: A – Annually B – Bi-weekly M – Monthly Q – Quarterly S – Semi-monthly W – Weekly X – Semi-annually Space fill if N/A	11b
Obligation Other Description Text	Description of the miscellaneous obligations.	533-567	35	A/N	CR	If there is a dollar amount other than zero in the Obligation Other Amount field (pos. 521-531), this field is required.	11c
Obligation Total Amount	The sum of the current child support, the past-due child support, the current cash medical support, the past-due cash medical support, the current spousal support, the past-due spousal support, and the miscellaneous obligations.	568-578	11	N	R	Numeric Decimal assumed Unsigned No rounding Right justify Zero fill to left Zero fill if N/A	12a

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Obligation Total Frequency Code	The interval the total obligation is required to be paid.	579	1	A/N	CR	If there is a dollar amount other than zero in the Obligation Total Amount field (pos. 568-578), this field is required. Valid Values: A – Annually B – Bi-weekly M – Monthly Q – Quarterly S – Semi-monthly W – Weekly X – Semi-annually Space fill if N/A	12b
Arrears 12wk Overdue Code	Indicates whether past due child support is in arrears for a period longer than 12 weeks.	580	1	A/N	O	Valid values: Y – Arrears greater than 12 weeks N – Arrears less than 12 weeks Spaces allowed.	6c
Income Withholding Deduction Weekly Amount	The amount the employer should withhold if the employee is paid weekly.	581-591	11	N	R	Numeric Decimal assumed Unsigned No rounding Right justify Zero fill to left Zero fill if N/A	13a

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Element Name	Definition	Location	Length	Type	Req./ Opt.	Data Element Rules	Form XRef
Income Withholding Deduction Bi-Weekly Amount	The amount the employer should withhold if the employee is paid every two weeks.	592-602	11	N	R	Numeric Decimal assumed Unsigned No rounding Right justify Zero fill to left Zero fill if N/A	13b
Income Withholding Semimonthly Amount	The amount the employer should withhold if the employee is paid twice a month.	603-613	11	N	R	Numeric Decimal assumed Unsigned No rounding Right justify Zero fill to left Zero fill if N/A	13c
Income Withholding Monthly Amount	The amount the employer should withhold if the employee is paid once a month.	614-624	11	N	R	Numeric Decimal assumed Unsigned No rounding Right justify Zero fill to left Zero fill if N/A	13d
State Tribe Territory Name	The state, tribe, or territory that issued the support order.	625-659	35	A/N	R	Required field follows Length and Type instructions.	16, 21

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Element Name	Definition	Location	Length	Type	Req./ Opt.	Data Element Rules	Form XRef
Begin Withholding Within Days Number	The number of days within which the employer must commence income withholding.	660-661	2	N	R	Required field follows Length and Type instructions.	17
Income Withholding Start Instruction	The instruction for the implementation date of the income withholding.	662-669	8	A/N	CR	Conditionally required Must be a text entry. The entry should be: "service", "receipt", or "mailing"  The instruction is based on the issuing state's statute. For electronic orders the date the e-IWO was received is also the mailing date. This field is only required for Document Action Code AMD, LUM, and ORG. If Document Action Code is TRM, fill with spaces.	18
Send Payment Within Days Number	Number of business days within which an employer or other withholder of income must remit amounts withheld pursuant to the issuing state's law.	670-671	2	N	R	If Document Action Code is TRM, fill with zeroes. Right justify Zero fill to left Zero fill if N/A	19

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Element Name	Definition	Location	Length	Type	Req./ Opt.	Data Element Rules	Form XRef
Income Withholding CCPA Percent Rate	The highest percentage of income that can be withheld from the employee or obligor's wages.	672-673	2	N	R	If Document Action Code is TRM, fill with zeroes.	20
Payee Name	The name of the state disbursement unit, individual, tribunal/court, or tribal child support enforcement agency to which payments are required to be sent.	674-730	57	A/N	R	The first character must be a letter or a number.	22
Payee Address Line 1 Text	Line 1 of the payee's address.	731-755	25	A/N	R	Required field follows Length and Type instructions.	23
Payee Address Line 2 Text	Line 2 of the payee's address.	756-780	25	A/N	O	Optional field follows Length and Type instructions.	23
Payee Address City Name	Payee's city address.	781-802	22	A/N	R	Required field follows Length and Type instructions.	23
Payee Address State Code	Payee's state code.	803-804	2	A	R	Valid, two-character, alphabetic state or territory code.	23
Payee Address ZIP Code	Payee's ZIP Code.	805-809	5	N	R	Required field follows Length and Type instructions.	23
Payee Address Ext ZIP Code	Payee's extension ZIP Code.	810-813	4	A/N	O	Optional field follows Length and Type instructions.	23

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Element Name	Definition	Location	Length	Type	Req./ Opt.	Data Element Rules	Form XRef
Payee Remittance Locator Code	Locator Code for remitting payments via EFT/EDI. Formerly known as FIPS codes.	814-820	7	N	R	Either state and county Locator or tribal place code. The first two characters are the state numeric code. The next three are the county code. The last two are filled by the user. Only the first five characters (state and county code) are required.	24
Issuing Official Name	Name of tribunal official authorizing the document.	821-890	70	A/N	O	The first character must be a letter or a number.	26
Issuing Official Title Text	Title of governmental official authorizing the document.	891-940	50	A/N	R	The first character must be a letter or a number.	27
Filler	For future use.	941	1	A/N	O	For future use.	
Send Employee Copy Indicator	Indicates if employer is required to provide a copy of the notice to the employee.	942	1	A/N	R	Valid values: Y – Yes N – No	25
Penalty Liability Info Text	Describes additional/specific state, tribal, or territory penalties or liabilities about the employer's failure to obey the notice.	943-1102	160	A/N	O	States should insert the citation for the appropriate Penalty Liability text from state law.	31



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Element Name	Definition	Location	Length	Type	Req./ Opt.	Data Element Rules	Form XRef
Anti-discrimination Provisions Text	Describes additional/specific information if the employer discharges, fails to employ, or disciplines the employee as a result of the notice.	1103-1262	160	A/N	O	States should insert the citation for the appropriate anti-discrimination text from state law.	32
Supplemental Information	Additional information about any state specific requirements	1263-1422	160	A/N	O	Optional field follows Length and Type instructions.	33
Employee State Contact Name	Contact's name.	1423-1479	57	A/N	R	Required field follows Length and Type instructions.	47
Employee State Contact Phone Number	Contact's phone number.	1480-1489	10	A/N	R	Required field follows Length and Type instructions.	48
Employee State Contact Fax Number	Contact's fax number.	1490-1499	10	A/N	O	Optional field follows Length and Type instructions.	49
Employee State Contact Email Address Text	Contact's e-mail address.	1500-1547	48	A/N	O	Optional field follows Length and Type instructions.	50
Document Tracking Number	A number assigned by the entity sending the document that uniquely identifies the document.	1548-1577	30	A/N	R	First two digits must begin with the numeric Locator state code.	15

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Element Name	Definition	Location	Length	Type	Req./ Opt.	Data Element Rules	Form XRef
Order ID	A unique identifier that is associated with a specific child support obligation within a case.	1578-1607	30	A/N	O	Optional field follows Length and Type instructions.	1j
Employer State Contact Name	Employer outreach or customer service contact's name.	1608-1664	57	A/N	R	Required field follows Length and Type instructions.	42
Employer State Contact Address Line 1 Text	Line 1 of the employer outreach or customer service contact's address.	1665-1689	25	A/N	O	Optional field follows Length and Type instructions.	46
Employer State Contact Address Line 2 Text	Line 2 of the employer outreach or customer service contact's address.	1690-1714	25	A/N	O	Optional field follows Length and Type instructions.	46
Employer State Contact Address City Name	Employer outreach or customer service contact's city address.	1715-1736	22	A/N	O	Optional field follows Length and Type instructions.	46
Employer State Contact Address State Code	Employer outreach or customer service contact's state code.	1737-1738	2	A	O	Valid, two-character, alphabetic state or territory code.	46
Employer State Contact Address ZIP Code	Employer outreach or customer service contact's ZIP Code.	1739-1743	5	N	O	Optional field follows Length and Type instructions.	46

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Employer State Contact Address Ext ZIP Code	Employer outreach or customer service contact's ZIP Code extension.	1744-1747	4	A/N	O	Optional field follows Length and Type instructions.	46
Employer State Contact Phone Number	Employer outreach or customer service contact's phone number.	1748-1757	10	A/N	R	Required field follows Length and Type instructions.	43
Employer State Contact Fax Number	Employer outreach or customer service contact's fax number.	1758-1767	10	A/N	O	Optional field follows Length and Type instructions.	44
Employer State Contact Email Address Text	Employer outreach or customer service contact's e-mail address.	1768-1815	48	A/N	O	Optional field follows Length and Type instructions.	45
Child 1 Last Name	Child's last name.	1816-1835	20	A/N	R	Letters A-Z or spaces. No special characters except periods (.), hyphens (-), apostrophes ('), or embedded spaces are allowed. The first character must not be a space.	3e
Child 1 First Name	Child's first name.	1836-1850	15	A/N	R	Letters A-Z or spaces. No special characters except periods (.), hyphens (-), apostrophes ('), or embedded spaces are allowed. The first character must not be a space.	3e
Child 1 Middle Name	Child's middle name or initial.	1851-1865	15	A/N	O	Letters A-Z or spaces. No special characters except periods (.), hyphens (-), apostrophes ('), or embedded spaces are allowed. The first character must not be a space.	3e

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Child 1 Suffix Name	Child's name suffix.	1866-1869	4	A/N	O	Optional field follows Length and Type instructions.	3e
Child 1 Birth Date	Child's date of birth.	1870-1877	8	A/N	R	Must be a valid date in CCYYMMDD format. If unknown, fill this field with spaces.	3f
Child 2 Last Name	Child's last name.	1878-1897	20	A/N	CR	Letters A-Z or spaces. No special characters except periods (.), hyphens (-), apostrophes ('), or embedded spaces are allowed. The first character must not be a space. Required if there is an additional child.	3e
Child 2 First Name	Child's first name.	1898-1912	15	A/N	CR	Letters A-Z or spaces. No special characters except periods (.), hyphens (-), apostrophes ('), or embedded spaces are allowed. The first character must not be a space. Required if there is an additional child.	3e
Child 2 Middle Name	Child's middle name or initial.	1913-1927	15	A/N	O	Letters A-Z or spaces. No special characters except periods (.), hyphens (-), apostrophes ('), or embedded spaces are allowed. The first character must not be a space.	3e
Child 2 Suffix Name	Child's name suffix.	1928-1931	4	A/N	O	Optional field follows Length and Type instructions.	3e
Child 2 Birth Date	Child's date of birth.	1932-1939	8	A/N	CR	Must be a valid date in CCYYMMDD format. Required if there is an additional child.	3f

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Element Name	Definition	Location	Length	Type	Req./ Opt.	Data Element Rules	Form XRef
Child 3 Last Name	Child's last name.	1940-1959	20	A/N	CR	Letters A-Z or spaces. No special characters except periods (.), hyphens (-), apostrophes ('), or embedded spaces are allowed. The first character must not be a space. Required if there is an additional child.	3e
Child 3 First Name	Child's first name.	1960-1974	15	A/N	CR	Letters A-Z or spaces. No special characters except periods (.), hyphens (-), apostrophes ('), or embedded spaces are allowed. The first character must not be a space. Required if there is an additional child.	3e
Child 3 Middle Name	Child's middle name or initial.	1975-1989	15	A/N	O	Letters A-Z or spaces. No special characters except periods (.), hyphens (-), apostrophes ('), or embedded spaces are allowed. The first character must not be a space.	3e
Child 3 Suffix Name	Child's name suffix.	1990-1993	4	A/N	O	Optional field follows Length and Type instructions.	3e
Child 3 Birth Date	Child's date of birth.	1994-2001	8	A/N	CR	Must be a valid date in CCYYMMDD format. If unknown, fill this field with spaces. Required if there is an additional child.	3e
Child 4 Last Name	Child's last name.	2002-2021	20	A/N	CR	Letters A-Z or spaces. No special characters except periods (.), hyphens (-), apostrophes ('), or embedded spaces are allowed. The first character must not be a space. Required if there is an additional child.	3e

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Element Name	Definition	Location	Length	Type	Req./ Opt.	Data Element Rules	Form XRef
Child 4 First Name	Child's first name.	2022-2036	15	A/N	CR	Letters A-Z or spaces. No special characters except periods (.), hyphens (-), apostrophes ('), or embedded spaces are allowed. The first character must not be a space. Required if there is an additional child.	3e
Child 4 Middle Name	Child's middle name or initial.	2037-2051	15	A/N	O	Letters A-Z or spaces. No special characters except periods (.), hyphens (-), apostrophes ('), or embedded spaces are allowed. The first character must not be a space.	3e
Child 4 Suffix Name	Child's name suffix.	2052-2055	4	A/N	O	Optional field follows Length and Type instructions.	3e
Child 4 Birth Date	Child's date of birth.	2056-2063	8	A/N	CR	Must be a valid date in CCYYMMDD format. Required if there is an additional child.	3f
Child 5 Last Name	Child's last name.	2064-2083	20	A/N	CR	Letters A-Z or spaces. No special characters except periods (.), hyphens (-), apostrophes ('), or embedded spaces are allowed. The first character must not be a space. Required if there is an additional child.	3e
Child 5 First Name	Child's first name.	2084-2098	15	A/N	CR	Letters A-Z or spaces. No special characters except periods (.), hyphens (-), apostrophes ('), or embedded spaces are allowed. The first character must not be a space. Required if there is an additional child.	3e

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Child 5 Middle Name	Child's middle name or initial.	2099-2113	15	A/N	O	Letters A-Z or spaces. No special characters except periods (.), hyphens (-), apostrophes ('), or embedded spaces are allowed. The first character must not be a space.	3e
Child 5 Suffix Name	Child's name suffix.	2114-2117	4	A/N	O	Optional field follows Length and Type instructions.	3e
Child 5 Birth Date	Child's date of birth.	2118-2125	8	A/N	CR	Must be a valid date in CCYYMMDD format. Required if there is an additional child.	3f
Child 6 Last Name	Child's last name.	2126-2145	20	A/N	CR	Letters A-Z or spaces. No special characters except periods (.), hyphens (-), apostrophes ('), or embedded spaces are allowed. The first character must not be a space. Required if there is an additional child.	3e
Child 6 First Name	Child's first name.	2146-2160	15	A/N	CR	Letters A-Z or spaces. No special characters except periods (.), hyphens (-), apostrophes ('), or embedded spaces are allowed. The first character must not be a space. Required if there is an additional child.	3e
Child 6 Middle Name	Child's middle name or initial.	2161-2175	15	A/N	O	Letters A-Z or spaces. No special characters except periods (.), hyphens (-), apostrophes ('), or embedded spaces are allowed. The first character must not be a space.	3e
Child 6 Suffix Name	Child's name suffix.	2176-2179	4	A/N	O	Optional field follows Length and Type instructions.	3e

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Child 6 Birth Date	Child's date of birth.	2180-2187	8	A/N	CR	Must be a valid date in CCYYMMDD format. Required if there is an additional child.	3f
Lump Sum Payment Amount	The dollar amount that should be withheld from a "Lump Sum" payment.	2188-2198	11	N	R	If the Document Action Code (pos. 7-9) is 'LUM,' this field is required. Numeric Decimal assumed Unsigned No rounding Right justify Zero fill to left Zero fill if N/A If the Document Action Code (pos. 7-9) is 'AMD,' 'ORG,' or 'TRM,' fill this field with zeroes.	14
Filler	For future use.	2199-2207	9	A/N	O	For future use.	
Remittance Identifier	The identifier that employers must include when sending payments for this IWO.	2208-2227	20	A/N	R	The identifier that states want the employer to use so the state or tribe can identify and apply the payment correctly. This identifier may, but is not required to be, the Case ID designated by the state, tribe, or territory.	1h
Document Image Text	Uniquely identifies and associates cover letters, or other documents with an e-IWO to a data file.	2228-2252	25	A/N	O	First two positions must be the numeric state Locator Code, otherwise leave blank.	N/A



**CHART D-3: E-IWO DETAIL RECORD**

Element Name	Definition	Location	Length	Type	Req./ Opt.	Data Element Rules	Form XRef
First Error Field Name	Name of the first field that did not pass the e-IWO edits.	2253-2284	32	A/N	O	Used only by the Portal to return the first element that did not pass the Portal edits.	N/A
Second Error Field Name	Name of the second field that did not pass the e-IWO edits.	2285-2316	32	A/N	O	Used only by the Portal to return the second element that did not pass the Portal edits.	N/A
Multiple Error Indicator	Indicates that a record has more than two errors.	2317	1	A/N	O	Valid values used only by the Portal: T – True F – False If more than two errors exist in the record, set to ‘T.’ If less than two errors exist, set to ‘F.’	
Filler	For future use.	2318-2404	87	A/N	O	For future use.	N/A
Locator Code	Two-digit numeric code for the state sending the order. Formerly known as FIPS code.	2405-2406	2	N	R	The Portal will fill in the state two-digit numeric code.	