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2.15-05  
SB 416

case the CSED may issue an Order to Withhold Income for the amounts in this agreement. Or, the CSED may order withholding for different amounts in a separate proceeding. I will inform the CSED within ten (10) days of any changes in my address or in the name and address of my employer or payor.

12. This agreement supersedes any existing payment plan agreement for, or including, the debt listed in paragraph 1; this agreement expires automatically if a new payment plan agreement for some or all of the debt listed in paragraph 1 is approved by me and the CSED.
13. For purposes of entry of this license suspension action only, I give up the following rights:
- a. The right to be served a Notice of Intent to Suspend License, if I have not already been served this notice.
  - b. The right to an administrative hearing on the Notice of Intent to Suspend License. At a hearing, I would have the right to:
    - (1) testify, present evidence, and have witnesses testify on my behalf;
    - (2) object to CSED exhibits and evidence, and cross-examine witnesses;
    - (3) have the CSED prove my support debt by a preponderance of the evidence; and
    - (4) after the hearing, have a district court review the decision of the CSED hearing officer.
  - c. The right to be served a Notice of Intent to Withhold Income, if I have not already been served this notice; also, the right to an administrative hearing on the Notice of Intent to Withhold Income, where I would have the rights listed in b(1) through b(4) above.
  - d. The right to assert the affirmative defense of the statute of limitations on collection of the support debt acknowledged in this agreement.

14. I may not later withdraw this agreement.

I am not intoxicated, or suffering from any mental or emotional condition which would keep me from voluntarily entering into this agreement.

I make this agreement with full knowledge of my rights and duties under Montana law (including the rights listed in paragraph 13 above), and because it is in my best interest to do so.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Obligor's Signature