

REQUEST FOR NOTICE TO EMPLOYER OF INCOME WITHHOLDING

EMAIL: NTE@HCDISTRICTCLERK.COM

FAX: 832-927-0135

MAIL: MARILYN BURGESS, DISTRICT CLERK
ATTENTION: NOTICE TO EMPLOYER
PO BOX 4651
HOUSTON, TEXAS 77210-4651

- SUBMIT \$15 PER REQUEST (IF MULTIPLE ORDERS ARE INDICATED, A \$15 FEE WILL APPLY PER ORDER)
- WE ACCEPT PAYMENT BY MAIL VIA CASHIER'S CHECK OR MONEY ORDER
- CREDIT CARD PAYMENTS SHALL BE COMPLETED ONLINE OR IN PERSON AT 201 CAROLINE, RM 170, HOUSTON, TEXAS 77002
- WE **DO NOT** ACCEPT COMPANY CHECKS OR PERSONAL CHECKS

HARRIS COUNTY CAUSE NUMBER: _____ IN THE _____ DISTRICT COURT
STYLE: _____ VS. _____

DATE WAGE WITHHOLDING ORDER SUBMITTED TO COURT OR SIGNED BY JUDGE: _____

SPECIFY ORDER TYPE

___ CHILD SUPPORT ___ SPOUSAL SUPPORT ___ MEDICAL SUPPORT
___ ATTORNEY FEES ___ TERMINATION OF GARNISHMENT

NOTICE OF ASSIGNMENT INFORMATION

EMPLOYEE NAME: _____
(OBLIGOR'S NAME)

COMPANY'S NAME: _____

COMPANY PAYROLL OR HUMAN RESOURCE DEPARTMENT MAILING ADDRESS:

ATTN: _____ PHONE # _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

.....
APPLICANT'S NAME: _____ SBN/LFI: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____ @ _____

NOTICE: YOU WILL BE CONTACTED VIA EMAIL OR VIA EFILING COMMENTS WITH FURTHER INSTRUCTIONS REGARDING PAYMENT. DO NOT MAIL OR EMAIL CREDIT CARD INFORMATION. PAYMENT IS DUE WITHIN 5 BUSINESS DAYS FROM EMAIL NOTIFICATION. IF PAYMENT IS NOT RECEIVED, YOU MUST CONTACT OUR OFFICE TO RESUME SERVICE.

*******EFILING Users: Complete payment via online provider *******

.....
FOR DISTRICT CLERK OFFICE USE ONLY

TRANSACTION NO: _____ RECEIPT NO: _____

HCCSNTE221104