

REQUEST FOR NOTICE TO EMPLOYER OF INCOME WITHHOLDING

**MAIL TO: LOREN JACKSON, DISTRICT CLERK
POST OFFICE BOX 4651
HOUSTON, TEXAS 77210
ATTENTION: WAGE WITHHOLDING DEPARTMENT**

- ❖ SUBMIT \$15 WITH THIS FORM AS FEE FOR THE FOREGOING REQUEST
- ❖ WE ACCEPT PAYMENT BY CASHIER CHECK, MONEY ORDER, OR CREDIT CARD
- ❖ WE DO NOT ACCEPT COMPANY CHECKS OR PERSONAL CHECKS
- ❖ IF WAGE ORDER IS NOT SIGNED WITHIN 10 BUSINESS DAYS FROM THE DATE OF THIS REQUEST, NOTICE WILL BE CANCELLED AND FUNDS REFUNDED TO THE APPLICANT

APPLICANT'S NAME: _____

TELEPHONE NUMBER (S): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PLEASE COMPLETE THE FOLLOWING IF PAYING BY CREDIT CARD:

CREDIT CARD TYPE _____
(Visa/MasterCard/American Express/Discover)

CREDIT CARD # _____ EXPIRATION DATE: _____

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

STYLE: _____ VS. _____

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

SPECIFY ORDER TYPE (CHECK ONE)

___ CHILD SUPPORT ___ SPOUSAL SUPPORT ___ MEDICAL SUPPORT ___ ATTORNEY FEES

___ TERMINATION OF GARNISHMENT

NOTICE OF ASSIGNMENT INFORMATION

THE EMPLOYER OF: _____
(OBLIGOR'S NAME)

EMPLOYER'S NAME: _____

EMPLOYER'S PAYROLL OR HUMAN RESOURCE DEPARTMENT MAILING ADDRESS:

ATTN: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER _____ FAX NUMBER _____

EMAIL ADDRESS: _____