

# REQUEST FOR NOTICE TO EMPLOYER OF INCOME WITHHOLDING

**MAIL TO:** CHRIS DANIEL, DISTRICT CLERK  
POST OFFICE BOX 4651  
HOUSTON, TEXAS 77210  
ATTENTION: WAGE ASSIGNMENT DEPARTMENT

**OR FAX TO:** 832-927-0135

- ❖ SUBMIT \$15 PER REQUEST (IF MULTIPLE ORDERS ARE INDICATED, A \$15 FEE WILL APPLY PER ORDER)
- ❖ WE ACCEPT PAYMENT BY CASHIER CHECK, MONEY ORDER, OR CREDIT CARD
- ❖ 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: \_\_\_\_\_

*NOTICE: IF ORDER IS NOT SIGNED WITHIN 10 BUSINESS DAYS FROM THE DATE THIS REQUEST WAS PROCESSED,  
NOTICE WILL BE CANCELLED AND FUNDS REFUNDED TO THE APPLICANT OR NAME ON CARD IF DIFFERENT.*

## 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# \_\_\_\_\_

TELEPHONE NUMBER (S): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**\*\*\*\*\* EFILING Users: DO NOT include credit card information on this form - enter via online provider. \*\*\*\*\*  
ALL OTHERS PLEASE COMPLETE THE FOLLOWING IF PAYING BY CREDIT CARD\*:**

NAME PRINTED ON CARD: \_\_\_\_\_

CARD TYPE: \_\_\_ Visa \_\_\_ MasterCard \_\_\_ AmEx \_\_\_ Discover (Select One)

CREDIT CARD # \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

BILLING ADDRESS (If different from Applicant's) \_\_\_\_\_

BILLING PHONE (If different from Applicant's) \_\_\_\_\_

AUTHORIZING SIGNATURE: \_\_\_\_\_

\* 4% Convenience fee of total cost will be applied if received by mail or fax.

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