

REQUEST FOR NOTICE TO EMPLOYER OF INCOME WITHHOLDING

EMAIL: BILLING@HCDISTRICTCLERK.COM

FAX: 832-927-0135

MAIL: MARILYN BURGESS, DISTRICT CLERK
ATTENTION: WAGE ASSIGNMENT DEPARTMENT
POST OFFICE BOX 4651
HOUSTON, TEXAS 77210

- ❖ SUBMIT \$15 PER REQUEST (IF MULTIPLE ORDERS ARE INDICATED, A \$15 FEE WILL APPLY PER ORDER)
- ❖ WE ACCEPT PAYMENT BY MAIL VIA CASHIER CHECK OR MONEY ORDER – CREDIT CARD PAYMENTS SHALL BE COMPLETED ONLINE OR IN PERSON AT 201 CAROLINE, ROOM 170, HOUSTON, TX 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: _____

*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: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____@_____

**WHEN PAYING BY CREDIT CARD, YOU WILL BE CONTACTED WITH FURTHER
INSTRUCTIONS TO COMPLETE THE PAYMENT PROCESS.**

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

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FOR DISTRICT CLERK OFFICE USE ONLY

TRANSACTION NO: _____ RECEIPT NO: _____

HCCSNTE181130