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**: _____

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 *******

FOR DISTRICT CLERK OFFICE USE ONLY

TRANSACTION NO: _____ RECIEPT NO: _____