

WITHHOLDING ORDER REQUEST FORM

CAUSE #: _____ DATE: _____

OBLIGEE (PAYEE)

OBLIGOR (PAYOR)

I am requesting that a copy of the Employer's Order to withhold income be sent to the employer of the obligor for the above case/cause number.

First Class Mail: _____ Fax: _____ Certified Mail: _____

Please provide the name and address of the **PAYROLL OFFICE** for the employer:

EMPLOYER NAME: _____

PAYROLL ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

Signature of person making request: _____

It is the responsibility of the party paying for this service to provide the correct mailing address. If the wage order is returned for any reason, you may be required to pay an additional court fee.

For office use only

Certified Mail #: _____

Date sent: _____