

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: 713-755-4359

- ❖ SUBMIT \$15 PER REQUEST (IF MULTIPLE ORDERS ARE INDICATED, A \$15 FEE WILL APPLY PER ORDER)
- ❖ WE ACCEPT PAYMENT BY CASHIER'S 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 CREDIT 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: _____

******* EFILE Users: DO NOT include credit card information on this form. *******

******* Payment will be processed via online provider. *******

ALL OTHERS PLEASE COMPLETE THE FOLLOWING IF PAYING BY CREDIT CARD*:

NAME PRINTED ON CARD: _____ CARD TYPE: Visa /MasterCard /AMEX /Discover
(Circle One)

CREDIT CARD # _____ EXPIRATION DATE: _____

BILLING ADDRESS (If different from Applicant's) _____

BILLING PHONE (If different from Applicant's) _____

CARDHOLDER SIGNATURE: _____

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