**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 \*\*\*\*\***

**FOR DISTRICT CLERK OFFICE USE ONLY**

TRANSACTION NO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RECIEPT NO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_