

**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: \_\_\_\_\_