

**REQUEST FOR NOTICE TO EMPLOYER OF
INCOME WITHHOLDING**

PAYMENT OF \$15.00 MUST BE SUBMITTED WITH THIS FORM AS FEE FOR THE FOREGOING REQUEST. WE ACCEPT PAYMENT BY CASHIER CHECKS, MONEY ORDERS OR CREDIT CARDS. IF PAYING BY CREDIT CARD, INCLUDE THE TYPE OF CREDIT CARD, CREDIT CARD NUMBER, AND EXPIRATION DATE WITH YOUR REQUEST.

*****We do not accept company checks or personal checks*****

**TO: LOREN JACKSON, DISTRICT CLERK
POST OFFICE BOX 4651
HOUSTON, TEXAS 77210
ATTENTION: FAMILY INTAKE DEPARTMENT**

I REQUEST THAT A NOTICE OF ASSIGNMENT OF INCOME BE ISSUED FOR:

**CAUSE NUMBER: _____ IN THE _____ DISTRICT COURT
STYLE: _____ vs. _____**

NAME OF EMPLOYER WHICH ASSIGNMENT IS TO BE ISSUED TO: _____

MAILING ADDRESS FOR EMPLOYER'S PAYROLL OR HUMAN RESOURCE DEPARTMENT:

**The employer of: _____
(PAYOR)**

**Assignment of Wage Order was signed on _____
(DATE)**

**Assignment of Wage Order NOT signed; submitted to Court on _____
(DATE)**

Applicant's Name: _____

Telephone Number: _____

Address: _____