

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

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, THE CREDIT CARD NUMBER, AND THE EXPIRATION DATE WITH YOUR REQUEST.

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

**TO: DISTRICT CLERK
RICHMOND, TEXAS**

ATTN: 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: _____
