

CASSANDRA TIGNER, District Clerk, Brazoria County, Texas

REQUEST FOR ISSUANCE OF WRIT OF CHILD SUPPORT WITHHOLDING

\$15.00 FEE W/REQUEST (Cash/Money Order or Cashier's Check) MADE PAYABLE TO DISTRICT CLERK, 237 E. LOCUST, SUITE. 206, ANGLETON, TX 77515 *NO PERSONAL CHECKS ACCEPTED*

IT IS THE RESPONSIBILITY OF THE PARTY FILING THE REQUEST TO FOLLOW UP ON THE RECEIPT OF THE REQUEST BY THE EMPLOYER.

CAUSE NUMBER (REQUIRED FIELD)

STYLE (REQUIRED FIELD)

VS. (REQUIRED FIELD)

TO THE CLERK OF THE COURT

THE UNDERSIGNED ATTORNEY OR PARTY IN THE ABOVE NUMBERED AND STYLED SUIT HEREIN REQUESTS THAT THE INCOME WITHHOLDING ORDER/NOTICE FOR SUPPORT (IWO) BE MAILED CERTIFIED MAIL, RETURN RECEIPT REQUESTED, TO THE FOLLOWING EMPLOYER AS REQUIRED BY LAW.

The Income Withholding for Support Order (IWO) form approved by the Federal Office of Management and Budget (OMB) must now be used in all cases in which child support or spousal support/maintenance is ordered withheld from an employee's paycheck. No other IWO form can be used.

DATE OF ORDER (REQUIRED FIELD):

TYPE OF ORDER (REQUIRED FIELD): Child Support W/H Medical W/H Spousal Support Termination of Support

NAME OF EMPLOYER (REQUIRED FIELD):

PAYROLL DEPT. ADDRESS (REQUIRED FIELD):

OBLIGOR (PAYOR) (REQUIRED FIELD):

ADDRESS

DRIVERS LICENSE # (last 3 digits): STATE SOCIAL SECURITY # (last 4 digits):

OBLIGEE (PAYEE) (REQUIRED FIELD):

ADDRESS

DRIVERS LICENSE # (last 3 digits): STATE SOCIAL SECURITY # (last 4 digits):

PRINTED NAME AND ADDRESS OF REQUESTOR

PHONE #

SIGNED ATTORNEY OR PARTY (Signature Required)

DATE