

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

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**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: CHARLES BACARISSE, 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)**

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**Applicant's Name: \_\_\_\_\_**

**Telephone Number: \_\_\_\_\_**

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

