

No. _____

_____ IN THE DISTRICT COURT

_____ 25TH JUDICIAL DISTRICT

_____ GUADALUPE COUNTY, TEXAS

REQUEST FOR NOTICE TO EMPLOYER OF INCOME WITHHOLDING

PLEASE SELECT FROM THE FOLLOWING OPTIONS:

- ☐ CHILD SUPPORT GARNISHMENT
- ☐ CHILD SUPPORT TERMINATION
- ☐ MEDICAL SUPPORT GARNISHMENT
- ☐ SPOUSAL SUPPORT GARNISHMENT

Obligor's Employer: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Attention: _____

Name of order to be sent to employer: _____

Date order was signed by judge: _____

Requested by: _____

Phone Number: _____