

REQUEST FOR ISSUANCE OF WITHHOLDING ORDER
FC 158.104

NOTICE: REQUEST MUST BE COMPLETED AND DELIVERED TO THE DISTRICT CLERK TO
ACTIVATE THE WITHHOLDING ORDER ALONG WITH A \$15.00 FILING FEE.

CAUSE NO. _____, STYLE OF CASE: _____
VS. _____

OBLIGOR: _____ SOC.SEC # _____
ADDRESS: _____

OBLIGEE: _____ SOC.SEC # _____
ADDRESS: _____

EMPLOYER'S NAME _____
ADDRESS _____
ATTENTION : _____ PAYROLL CLERK
PHONE: Area Code (____) No. _____
FAX: Area Code (____) No. _____
Email: _____

SELECT DELIVERY METHOD: _____ Mail _____ Fax _____ Email

NOTE TO EMPLOYERS: MAKE CHECK PAYABLE TO OBLIGEE ONLY

MAIL PAYMENTS TO: TEXAS CHILD SUPPORT DISBURSEMENT UNIT
P.O. BOX 659791
SAN ANTONIO, TEXAS 78265

INFORMATION FURNISHED BY: _____

ADDRESS: _____ **PHONE:(____)** _____

REQUESTED BY: Obligor / Obligee; Friend of the Court;
Attorney; Friend of the Court; Title IV-D Agency
(circle one)

SIGNATURE: _____

DATE _____ 20 _____