



**JOHN D. KINARD**  
**DISTRICT CLERK GALVESTON COUNTY**

**REQUEST FOR NOTICE TO EMPLOYER  
TO WITHHOLD INCOME FROM EARNINGS**

Date of Request: \_\_\_\_\_

Case Number: \_\_\_\_\_

Court Number: \_\_\_\_\_

Name of Payor/ Employee: \_\_\_\_\_

Last 4 Digits of Social Security No. of Employee: XXX - XX - \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Attention: \_\_\_\_\_

Employer's Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**PERSON RECEIVING THE SUPPORT PAYMENT**

Name Payee: \_\_\_\_\_

Payee's Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Requesting Party Name: \_\_\_\_\_

Signature of Requesting Party: \_\_\_\_\_

Address of Requestor: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone (Work): \_\_\_\_\_ Phone (Home): \_\_\_\_\_

**SERVICE WILL BE ISSUE UPON PAYMENT OF THE \$15.00 FEE**

**(TO BE COMPLETED BY CLERK)**

Date \$15.00 fee was paid: \_\_\_\_\_

Issued by: \_\_\_\_\_  
Deputy Clerk