

REQUEST FOR ISSUANCE OF WRIT OF CHILD SUPPORT WITHHOLDING -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: _____

MAIL PAYMENTS TO: TEXAS CHILD SUPPORT DISBURSEMENT UNIT
P.O. BOX 659791
SAN ANTONIO, TEXAS 78265-9941

EMPLOYERS: Please put the cause # and/or SDU case # on your remittance.

INFORMATION FURNISHED
BY: _____
ADDRESS: _____, PHONE _____

SIGNATURE:

Attorney Applicant

DATE _____ 20_____

ORIG: case file

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