

**COMAL COUNTY DISTRICT CLERK'S
REQUEST FOR ISSUANCE OF WITHHOLDING ORDER**

CAUSE NUMBER: _____

CASE STYLE: _____

VS.

EMPLOYER'S NAME: _____

PHONE: _____

ADDRESS:

ATTENTION: _____

PAYER: _____

PHONE: _____

ADDRESS: _____

CITY, STATE, & ZIP: _____

SOCIAL SECURITY #: _____

PAYEE: _____

PHONE: _____

ADDRESS: _____

CITY, STATE, & ZIP: _____

SOCIAL SECURITY #: _____

INFORMATION FURNISHED BY: _____

ADDRESS: _____ **PHONE:** _____

SIGNATURE: _____

DATE: _____

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

OFFICE USE ONLY: CK/MO: _____ **CASH:** _____ **CC:** _____