

**(Name, Address, and Phone Number of Person Making Request)**

NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ PHONE #: \_\_\_\_\_

CAUSE NUMBER: \_\_\_\_\_

IN THE MATTER OF: \_\_\_\_\_ IN THE \_\_\_\_\_ JUDICIAL

\_\_\_\_\_ DISTRICT COURT OF

AND

DALLAS COUNTY, TEXAS

\_\_\_\_\_

**REQUEST FOR ISSUANCE OF EMPLOYERS ORDER  
TO WITHHOLD INCOME OR WRIT TO WITHHOLD INCOME**

To the Clerk of the Court:

Pursuant to chapter 158.104 and 158.105 of the Texas Family Code, request is hereby made that you issue a certified copy of the Employer's Order to Withhold Income or Writ to Withhold Income, and a copy of Subchapter C of the Texas Family Code to:

Obligor's Employer: \_\_\_\_\_

Address: \_\_\_\_\_

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

Attn: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Current or last known address of Oblige:

Current or last known address of Obligor:

Address: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

By: \_\_\_\_\_ Date: \_\_\_\_\_

Mail Request to: Felicia Pitre, District Clerk  
Attn: Civil/Family File Desk  
600 Commerce St.,  
Dallas, Texas 75202

With a conformed (signed) copy of the Employer's Order to Withhold, a \$15.00 personal check, cahiers check, business check or money order (you must have driver's license or state identification number on your check) payable to: Felicia Pitre, District Clerk.