

# Request to Send Withholding Order

Cause # \_\_\_\_\_ Judicial District Court

\_\_\_\_\_ Temporary \_\_\_\_\_ Final \_\_\_\_\_ Modification

Payee: (Person Receiving Child Support)

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

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

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

Full SS#: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Payor: (Person Paying Child Support)

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

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

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

Full SS#: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name of party making request: \_\_\_\_\_

Telephone number of party making request: \_\_\_\_\_

## FEES AND INFORMATION

- Employer's Order will be sent by Certified Mail for a fee of **\$15.00**
- If you do not provide us with a copy of your order we will Certify a copy of the Withholding Order on file for **\$1.00 per page**
- File this request along with your payment to:

**Susan Spradling**  
**Hunt County District Clerk**  
**(903) 408-4172**

File in Person: **2507 Lee Street, Suite #204**  
**Greenville, Texas 75401**

File by Mail: **P.O. Box 1437**  
**Greenville, Texas 75403-1437**

### Child Support Department use only

Date of Request	Date Mailed	Date Signed	Initials