

Income Withholding Order for Child Support

Case Information

Court Name:

Case Number:

County:

Obligor (Person Paying Support)

Name:

Address:

Social Security Number:

Obligee (Person Receiving Support)

Name:

Address:

Employer/Income Withholder Information

Employer Name:

Employer Address:

Support Details

Date of Order:

Amount to Withhold (Per Pay Period):

Payment Frequency:

Signature

Authorized Signature:

Date: