For Clerk’s Use Only

**CURRENT EMPLOYER (OR OTHER PAYOR) INFORMATION FORM**

|  |  |  |
| --- | --- | --- |
| 1. **Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**   (Person responsible to make payments) |  | **(2) Case Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  |  | **(3) ATLAS Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

This form must be completed for:

[ ] Income Withholding Order

[ ] Order to Stop an Income Withholding Order

[ ] Notification of a Change of Employer (or other payor)

**(4) Current Employer Name:**

**(5) Current Employer/Other Payor Payroll/Financial Department Address:**

**City:**   **State:**   **Zip Code:**

**(6) Employer/Other Payor Telephone Number:**

**(7) Employer/Other Payor Fax Number:**

**FOR COURT USE ONLY. DO NOT WRITE BELOW THIS LINE.**

**WA/FSC**

WA/LOG ID:

TYPE OF W/A:

DATE:

AMOUNT TO ORDER:

EMPLOYER STATUS:

ENTERED BY:

NEW W/A: SUB:

AG: DCSE: