

# **CURRENT EMPLOYER\* INFORMATION**

For Clerk's Use Only

**THIS FORM MUST BE COMPLETED FOR:**

- ☐ **AN INCOME WITHHOLDING ORDER**  
☐ **ORDER TO STOP AN INCOME WITHHOLDING ORDER**  
☐ **NOTIFICATION OF A CHANGE OF EMPLOYER (*or OTHER PAYOR*)**

**CASE NUMBER:** \_\_\_\_\_ **ATLAS NUMBER:** \_\_\_\_\_

**NAME OF PERSON ORDERED TO MAKE PAYMENTS:**

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**LIST THE NAME OF THE EMPLOYER\* AND THE ADDRESS OF THE PAYROLL OR FINANCIAL DEPARTMENT (for the person named above) WHERE THE INCOME WITHHOLDING ORDER OR STOP ORDER SHOULD BE MAILED.**

**EMPLOYER\* NAME:** \_\_\_\_\_

**PAYROLL ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**EMPLOYER\* TELEPHONE:** \_\_\_\_\_

**EMPLOYER\* FAX:** \_\_\_\_\_

***\*or other payor or source of funds***

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

**WA/FSC**

WA/LOG ID:	_____
TYPE OF W/A	_____
DATE	_____
AMOUNT OF ORDER	_____
EMPLOYER STATUS	_____
ENTERED BY	_____
NEW W/A	_____
AG	_____
SUB	_____
DCSE	_____