



NUECES COUNTY DISTRICT CLERK'S  
REQUEST FOR ISSUANCE OF EMPLOYER'S ORDER OF WITHHOLDING

**NOTICE: REQUEST MUST BE COMPLETED AND HANDED  
TO DISTRICT CLERK TO ACTIVATE THE WITHHOLDING ORDER**

CASE NO. \_\_\_\_\_  
CASE STYLE \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FEE: \_\_\_\_\_  
DATE PAID: \_\_\_\_\_

EMPLOYER'S  
NAME AND  
ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ATTN: \_\_\_\_\_

OBLIGOR'S  
ADDRESS  
(Who is paying  
child support) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SOC. SEC. # \_\_\_\_\_

OBLIGEE'S  
ADDRESS  
(Who is receiving  
child support) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SOC. SEC. # \_\_\_\_\_

**NOTICE TO EMPLOYERS: WHEN REMITTING PAYMENT, PLEASE MAKE CHECK PAYABLE TO THE AGENCY  
LISTED BELOW. INCLUDE THE CASE NUMBER ON THE CHECK.**

TEXAS CHILD SUPPORT DISBURSEMENT UNIT  
PAYMENT ONLY  
P.O. BOX 659791  
SAN ANTONIO, TX. 78224-9941

INFORMATION FURNISHED BY:  
NAME AND  
ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHONE # \_\_\_\_\_