

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): ATTORNEY FOR (Name): NAME OF COURT, JUDICIAL DISTRICT OR BRANCH COURT, IF ANY: PLAINTIFF: DEFENDANT:	TELEPHONE NO.:	LEVYING OFFICER (Name and Address): SHERIFF OF STANISLAUS COUNTY CIVIL DIVISION P.O. BOX 3288 MODESTO, CA 95353 TELEPHONE: (209) 525-6326
APPLICATION FOR EARNINGS WITHHOLDING ORDER (Wage Garnishment)		LEVYING OFFICER FILE NO.: COURT CASE NO.:

TO THE SHERIFF OR ANY MARSHAL OR CONSTABLE OF THE COUNTY OF **STANISLAUS**
 OR ANY REGISTERED PROCESS SERVER

1. The judgment creditor (name):

requests issuance of an Earnings Withholding Order directing the employer to withhold the earnings of the judgment debtor (employee).

Name and address of employer <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	Name and address of employee <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Social Security Number (if known): <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

2. The amounts withheld are to be paid to

a. The attorney (or party without an attorney) named at the top of this page.

b. Other (name, address, and telephone):

3. a. Judgment was entered on (date):

b. Collect the amount directed by the Writ of Execution unless a lesser amount is specified here:

\$

4. The Writ of Execution was issued to collect delinquent amounts payable for the **support** of a child, former spouse, or spouse of the employee.

5. Special instructions (specify):

6. (Check a or b)

a. I have not previously obtained an order directing this employer to withhold the earnings of this employee.

—OR—

b. I have previously obtained such an order, but that order (check one):

was terminated by a court order, but I am entitled to apply for another Earnings Withholding Order under the provisions of Code of Civil Procedure section 706.105(h).

was ineffective.

.....
 (TYPE OR PRINT NAME)

.....
 (SIGNATURE OF ATTORNEY OR PARTY WITHOUT ATTORNEY)

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

.....
 (TYPE OR PRINT NAME)

.....
 (SIGNATURE OF DECLARANT)