

Case Number _____

**INCOME WITHHOLDING DATA FORM
(WAGE GARNISHMENT FOR CHILD SUPPORT AND/OR
SPOUSAL MAINTENANCE)**

Custodial Parent or Obligee Information	Non Custodial Parent of Obligor Information
Name:*	Name:*
Date of Birth	Date of Birth*
Name and Address of Employer	Name and Address of Employer*
Social Security Number	Social Security Number*
Obligee's Mailing Address	Obligor's Mailing Address
Name of Children*	Child's Date of Birth*

- (*)Denotes required fields for an Income Withholding Statement to issue to an employer