

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):		LEVYING OFFICER (Name and Address):
TELEPHONE NO.:	FAX NO.:	
E-MAIL ADDRESS:		
ATTORNEY FOR (Name):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF		
STREET ADDRESS:		
MAILING ADDRESS:		
CITY AND ZIP CODE:		
BRANCH NAME:		
PLAINTIFF/PETITIONER:	COURT CASE NUMBER:	
DEFENDANT/RESPONDENT:		
APPLICATION FOR EARNINGS WITHHOLDING ORDER (Wage Garnishment)		LEVYING OFFICER FILE NUMBER:

TO THE SHERIFF OR ANY MARSHAL OR CONSTABLE OF THE COUNTY OF:

OR ANY REGISTERED PROCESS SERVER

1. The judgment creditor (*name*):

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

Name and address of employer

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Name and address of employee

2. The amounts withheld are to be paid to

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

Social Security no. on form WG-035 unknown

- 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. Check any that apply:

- a. The Writ of Execution was issued to collect delinquent amounts payable for the **support** of a child, former spouse, or spouse of the employee.
- b. The Writ of Execution was issued to collect a judgment based entirely on a claim for elder or dependent adult financial abuse.
- c. The Writ of Execution was issued to collect a judgment based in part on a claim for elder or dependent adult financial abuse.

The amount that arises from the claim for elder or dependent adult financial abuse is (*state amount*): \$: _____

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)

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