

ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: TELEPHONE NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	STATE BAR NUMBER:  STATE:      ZIP CODE: FAX NO.:	LEVYING OFFICER (name and address):         
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:		COURT CASE NUMBER:
<b>EMPLOYER'S RETURN (Wage Garnishment)</b>		LEVYING OFFICER FILE NUMBER:

**EMPLOYER:** You must complete both copies of this form and mail them to the levying officer within 15 days.

***Please correct any errors in the mailing information below and provide any missing information, including the name of the person to whom notices should be directed.***

**FAILURE TO COMPLETE AND RETURN THESE FORMS MAY SUBJECT YOU TO PAYMENT OF ATTORNEY FEES AND OTHER CIVIL PENALTIES.**

Name and address of employer <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <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: 40px; width: 100%;"></div>
Attn: _____ (Insert name above)	Social Security No. <input type="text"/> on form WG-035 <input type="text"/> unknown

1. I received the Earnings Withholding Order on  
(date):
2. The employee is
  - a. ☐ not employed by this employer (if not employed, omit items 2b through 6 and proceed to the declaration at the end of this form).
  - b. ☐ now employed by this employer and in the last pay period had gross earnings of: \$
3. The employee's pay period is
 

a. <input type="checkbox"/> daily	b. <input type="checkbox"/> weekly	c. <input type="checkbox"/> every two weeks
d. <input type="checkbox"/> twice a month	e. <input type="checkbox"/> monthly	f. <input type="checkbox"/> other (specify):

**(IF YOU HAVE RECEIVED NO OTHER ORDERS THAT PRESENTLY AFFECT THIS EMPLOYEE'S EARNINGS, OMIT ITEMS 4, 5 AND 6, AND PROCEED TO THE DECLARATION AT THE END OF THIS FORM.)**

The Federal Wage Garnishment Law and federal rules provide the basic protections on which the California law is based.

(Continued on reverse)

SHORT TITLE:	LEVYING OFFICER FILE NUMBER:	COURT CASE NUMBER:
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**If you have received other orders that presently affect this employee's earnings, another order may have priority over this one. The following list indicates the priority of orders:**

Wage and Earnings Assignment Order (for Support)	First priority
Earnings Withholding Order for Support	Second priority
Earnings Withholding Order for Taxes	Third priority
Earnings Withholding Order for Elder or Dependent Adult Financial Abuse	Fourth priority
Earnings Withholding Order	Fifth priority

**If two or more orders have the same priority, comply with the one received first. If both were received on the same date, comply with the one with the earlier date of judgment. If the dates of judgment are the same, you may select which order you choose to comply with.**

4. ☐ This order appears to have higher priority than any other order. Earnings will be withheld for this order in accord with the EMPLOYER'S INSTRUCTIONS (*on reverse of Earnings Withholding Order*).
5. ☐ The employer has received another order affecting the employee's earnings and earnings are being withheld for the other order because:
- ☐ The other order was received first. The other order was received on (*date*):
  - ☐ This order does not have higher priority.
  - ☐ A copy of the other order is attached. (*Retain original for your records. If a copy is not attached, complete item d.*)
  - ☐ A copy of the other order is NOT attached. *Describe the other order by providing the following information:*
    - Court name, address, and case number:
    - Levying officer name, address, and file number:
    - Total amount to be withheld: \$

6. ☐ This order is not effective for the reason shown in item 5. It is returned to the levying officer with this return.

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

Date:

<hr/> (TYPE OR PRINT NAME)		<hr/> (SIGNATURE OF DECLARANT)
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**If an Earnings Withholding Order is not effective when served, for any reason, do not hold it. Return it to the levying officer with this return.**

**FAILURE TO COMPLETE AND RETURN THIS FORM MAY SUBJECT AN EMPLOYER TO CIVIL PENALTIES AND ATTORNEY FEES.**