

ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY
TELEPHONE NO.: ATTORNEY FOR STATE TAX AGENCY	
FAX NO.: NAME OF COURT: STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
APPLICATION OF (Name):	TAXPAYER/RESPONDENT
NOTICE OF HEARING—EARNINGS WITHHOLDING ORDER FOR TAXES	
NAME OF STATE TAX AGENCY:	CASE NUMBER: TAX AGENCY NUMBER:

1. NOTICE TO

a. Attorney for State Tax Agency (name and address):

b. Taxpayer (name and address):

2. A hearing on the *Application for Earnings Withholding Order for Taxes* will be held as follows:a. Date: _____ Time: _____ Dept.: Div.: Room: b. Address of court: same as noted above other (specify): _____**CLERK'S CERTIFICATE OF MAILING**

I certify that I am not a party to this cause and that a true copy of the foregoing *Notice of Hearing* was mailed, postage fully prepaid, in a sealed envelope addressed as shown in item 1 above, and this certificate was executed on (date): at (place):

, California.

Clerk, by _____, Deputy