

Case Number \_\_\_\_\_

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

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

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