


ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): John Doe 2 Kay Street, Riverside, CA 92501 TELEPHONE NO.: 951-222-2222 FAX NO.: E-MAIL ADDRESS: johndoe@gmail.com ATTORNEY FOR (Name):		LEVYING OFFICER (Name and Address):
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Riverside STREET ADDRESS: 4051 Lemon Street MAILING ADDRESS: CITY AND ZIP CODE: Riverside, CA 92501 BRANCH NAME: Riverside		
PLAINTIFF/PETITIONER: John Doe DEFENDANT/RESPONDENT: Mary Doe	COURT CASE NUMBER: JXC1022887	
APPLICATION FOR EARNINGS WITHHOLDING ORDER (Wage Garnishment)		LEVYING OFFICER FILE NUMBER:

TO THE SHERIFF OR ANY MARSHAL OR CONSTABLE OF THE COUNTY OF: Riverside
OR ANY REGISTERED PROCESS SERVER

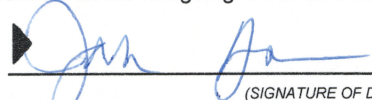
1. The judgment creditor (name): John Doe or Applicable Creditor requests issuance of an Earnings Withholding Order directing the employer to withhold the earnings of the judgment debtor (employee).
- | | | |
|--|--|---|
| Name and address of employer | | Name and address of employee |
| <input type="checkbox"/> Two Stars Unlimited Co.
4 Lime Street
Riverside, CA 92501 | | <input type="checkbox"/> Mary Doe
1 Dove Street
Riverside, CA 92501 |
| <input type="checkbox"/> | | <input type="checkbox"/> |
2. The amounts withheld are to be paid to
- a. The attorney (or party without an attorney) named at the top of this page.
- b. Other (name, address, and telephone):
3. a. Judgment was entered on (date): as on Writ
- 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.

John Doe
(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:
John Doe
(TYPE OR PRINT NAME)


(SIGNATURE OF DECLARANT)