

**REQUEST FOR ISSUANCE - GARNISHMENT**

(\$15.00 FEE - NO PERSONAL CHECKS)



**San Patricio County  
District Clerk's Office**  
CHILD SUPPORT  
PO BOX 1084  
Sinton, TX 78387

**CAUSE NUMBER:** \_\_\_\_\_

**Employer Name & Address**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Obligor's Name & Address (person paying child support)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Obligee's Name & Address (person receiving child support)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Information furnished by: \_\_\_\_\_

Best contact number: \_\_\_\_\_

**IF NO EMPLOYERS ORDER IS ON FILE, PLEASE SIGN HERE TO  
GIVE OUR OFFICE PERMISSION TO REMIT YOUR DIVORCE DECREE:**

**X** \_\_\_\_\_