

CAUSE NO: _____

IN THE MATTER OF THE MARRIAGE OF § IN THE DISTRICT COURT OF

AND

AND IN THE INTEREST OF

§ FORT BEND COUNTY, TEXAS

§ _____ JUDICIAL DISTRICT

**REQUEST FOR ISSUANCE OF EMPLOYER'S
ORDER TO WITHHOLD MEDICAL FEES**

TO THE CLERK OF THE COURT

PURSUANT TO SECTION 158 OF THE TEXAS FAMILY CODE, THE OBLIGEE,

REQUESTS THAT YOU ISSUE A CERTIFIED
COPY OF THE "EMPLOYER'S ORDER TO WITHHOLD MEDICAL FEES", SIGNED BY THE
COURT ON _____.

OBLIGOR'S EMPLOYER: _____

SUBMITTED: _____, 20____

NAME

ADDRESS

CITY, STATE, ZIP

TELEPHONE NUMBER (daytime)