

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name and Address</i>):	TELEPHONE NO.:	LEVYING OFFICER (<i>Name and Address</i>):	
ATTORNEY FOR (<i>Name</i>):			
NAME OF COURT, JUDICIAL DISTRICT OR BRANCH COURT, IF ANY:			
PLAINTIFF:	DEFENDANT:		
EMPLOYER'S RETURN (Wage Garnishment)		LEVYING OFFICER FILE NO.:	COURT CASE NO.:

EMPLOYER: You must complete both copies of this form and mail them to the levying officer within 15 days. *Please correct any errors in the mailing information above and provide any missing information, including the name of the person to whom notices should be directed.*

FAILURE TO COMPLETE AND RETURN THESE FORMS MAY SUBJECT YOU TO PAYMENT OF ATTORNEY FEES AND OTHER CIVIL PENALTIES.

<div style="border: 1px solid black; height: 40px; width: 90%; margin: 0 auto;"></div> <p style="text-align: center;"><i>Name and address of employer</i></p>	<div style="border: 1px solid black; height: 40px; width: 90%; margin: 0 auto;"></div> <p style="text-align: center;"><i>Name and address of employee</i></p>
<div style="border: 1px solid black; height: 20px; width: 90%; margin: 0 auto;"></div> <p>Attn:</p> <p style="text-align: center;"><i>(Insert name above)</i></p>	<div style="border: 1px solid black; height: 20px; width: 90%; margin: 0 auto;"></div> <p>Social Security Number (<i>if known</i>):</p>

1. I received the Earnings Withholding Order on *(date)*:

2. The employee is
 - a. not employed by this employer (*if not employed, omit items 2b through 6 and proceed to item 7 on reverse*).
 - b. now employed by this employer and in the last pay period had gross earnings of \$

3. The employee's pay period is

a. <input type="checkbox"/> daily	b. <input type="checkbox"/> weekly	c. <input type="checkbox"/> every two weeks
d. <input type="checkbox"/> twice a month	e. <input type="checkbox"/> monthly	f. <input type="checkbox"/> other (<i>specify</i>):

(IF YOU HAVE RECEIVED NO OTHER ORDERS THAT PRESENTLY AFFECT THIS EMPLOYEE'S EARNINGS, OMIT ITEMS 4, 5, AND 6, AND PROCEED TO ITEM 7 ON REVERSE.)

(Continued on reverse)

SHORT TITLE: _____	LEVYING OFFICER FILE NO.:	COURT CASE NO.:
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If you have received other orders that presently affect this employee's earnings, another order may have priority over this one. The following list indicates the priority of orders:

- Wage and Earnings **Assignment** Order (For Support) First priority
- Earnings Withholding Order for Support Second priority
- Earnings Withholding Order for Taxes Third priority
- Earnings Withholding Order Fourth priority

If two or more orders have the same priority, comply with the one received first. If both were received on the same date, comply with the one with the earlier date of judgment. If the dates of judgment are the same, you may select which order you choose to comply with.

4. This order appears to have higher priority than any other order. Earnings will be withheld for this order in accord with the EMPLOYER'S INSTRUCTIONS (on reverse of Earnings Withholding Order).
5. The employer has received another order affecting the employee's earnings and earnings are being withheld for the other order because:
- a. The other order was received first. The other order was received on (date):
 - b. This order does not have higher priority.
 - c. A copy of the other order is attached (retain original for your records. If a copy is not attached, complete item d.)
 - d. A copy of the other order is NOT attached. Describe the other order by providing the following information:
 - (1) Court name, address, and case number:
 - (2) Levying officer name, address, and file number:
 - (3) Total amount to be withheld: \$
6. This order is not effective for the reason shown in item 5. It is returned to the levying officer with this return.
7. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

.....
(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

If an Earnings Withholding Order is not effective when served, for any reason, do not hold it. Return it to the levying officer with this return.

FAILURE TO COMPLETE AND RETURN THIS FORM MAY SUBJECT AN EMPLOYER TO CIVIL LIABILITY AND ATTORNEY FEES.