

ATTORNEY (Name, State Bar number, and address):   TELEPHONE NO.: _____ FAX NO.: _____ ATTORNEY FOR STATE TAX AGENCY	FOR COURT USE ONLY          CASE NUMBER:          TAX AGENCY NUMBER:
NAME OF COURT: STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
APPLICATION OF (Name):   <p style="text-align: right;">TAXPAYER/RESPONDENT</p>	
<p style="text-align: center;"><b>NOTICE OF HEARING—EARNINGS WITHHOLDING ORDER FOR TAXES</b></p>	
NAME OF STATE TAX AGENCY:	TAX AGENCY NUMBER:

1. NOTICE TO

a. Attorney for State Tax Agency (name and address):

b. Taxpayer (name and address):


2. A hearing on the Application for Earnings Withholding Order for Taxes will be held as follows:

a. Date:	Time:	<input type="checkbox"/>	Dept.:	<input type="checkbox"/>	Div.:	<input type="checkbox"/>	Room:
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b. Address of court:  same as noted above  other (specify):

**CLERK'S CERTIFICATE OF MAILING**

I certify that I am not a party to this cause and that a true copy of the foregoing *Notice of Hearing* was mailed, postage fully prepaid, in a sealed envelope addressed as shown in item 1 above, and this certificate was executed on (date): at (place):

, California.

Clerk, by \_\_\_\_\_, Deputy