

ATTORNEY OR PARTY WITHOUT ATTORNEY ( <i>Name, State Bar number, and address</i> ):  TELEPHONE NO.: _____ FAX NO.: _____ E-MAIL ADDRESS: _____ ATTORNEY FOR ( <i>Name</i> ): _____	DATE RECEIVED BY COURT ( <i>Do not file in public court file.</i> )     
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF:</b>  STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	COURT CASE NUMBER:
PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	LEVYING OFFICER FILE NUMBER:
<b>CONFIDENTIAL STATEMENT OF JUDGMENT DEBTOR'S          SOCIAL SECURITY NUMBER          (Supplement to Wage Garnishment Forms          WG-001, WG-002, WG-004, WG-005, WG-009, WG-012, and WG-030)</b>	

*(Do not attach to forms.)*

This separate *Confidential Statement of Judgment Debtor's Social Security Number* contains the Social Security number of the judgment debtor for whom an earnings withholding order is being sought or has issued in the case referenced above. **This supplement must be kept separate from any applications or orders filed in this case, and should not be a public record.**

INFORMATION ON JUDGMENT DEBTOR:

1. Name:
2. Social Security Number:

**TO COURT CLERK  
 THIS STATEMENT IS **CONFIDENTIAL**.  
 DO NOT FILE THIS CONFIDENTIAL STATEMENT IN A PUBLIC COURT FILE.**