

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