

WAGE WITHHOLDING (NEW EMPLOYER) FORM

ANY changes to EMPLOYMENT must be submitted as soon as possible. When COMPLETED please mail to:

CLERK OF THE SUPERIOR COURT
PO Box CK
BISBEE, ARIZONA 85603
OR
FAX TO (520) 432-4850

CASE NUMBER: _____	ATLAS NUMBER: _____
---------------------------	----------------------------

TO: CLERK OF THE SUPERIOR COURT:

***(PLEASE PRINT CLEARLY)**

NEW EMPLOYER: _____

ADDRESS: _____

PHONE: (_____) _____

FAX: (_____) _____

OBLIGOR'S NAME: _____

SSN: _____ / _____ / _____

PERSON PROVIDING INFORMATION: _____

PROCESSED BY:

DEPUTY CLERK: _____	DATE: ____ / ____ / ____
----------------------------	---------------------------------