

RRIVA DEFENDANT INCOME WITHHOLDING ORDER REQUEST

Case Number(s)
_____, _____
_____, _____

IN THE _____ COURT OF _____ COUNTY, ALABAMA
(Circuit or District) *(Name of County)*

STATE OF ALABAMA

V.

(Defendant)

DEFENDANT'S PAYMENT AGREEMENT

____ I agree to make payments on the above case(s) in the amount of \$ _____ (weekly, biweekly, monthly) until the balance of \$ _____ is paid in full. Payments shall begin on _____ (date) and these payments shall be made to the Clerk of the Court.

____ I request that these payments be withheld from my wages pursuant to an INCOME WITHHOLDING ORDER.

EMPLOYER'S NAME: _____ COMPANY NAME: _____

BUSINESS ADDRESS: _____ BUSINESS TEL. NO.: _____

DEFENDANT'S SIGNATURE: _____ DATE: _____

DEFENDANT'S ADDRESS: _____ HOME NO.: _____

DEFENDANT'S EMAIL ADDRESS: _____ CELL NO.: _____

DEFENDANT'S SOCIAL SECURITY NO.: _____