IN THE CIRCUIT COURT OF _____COUNTY, MISSOURI

Judge or Division:	**Case Number:** MACSS Case ID:	
Petitioner: SSN/DOB: vs.	Person Obligated to Pay: ☐ Petitioner ☐ Respondent Obligor's SSN:	
Respondent: SSN/DOB:	Obligor's Last Known Address:	(Date File Stamp)

Income Withholding Application

I am legally entitled to make an application to effect an income withholding and, pursuant to 452.350 RSMo apply to the Circuit Court to issue a Notice of Income Withholding.

On _____(date), the court entered an order for

☐ child support ☐ maintenance in the amount of $ _____ per _____.

According to ☐ trusteeship records maintained by the Division of Child Support Enforcement ☐ an affidavit attached to this application which states the particulars of the noncompliance with the support order, the person obligated to pay support is now delinquent in an amount equal to at least one month's support obligation.

Send the Notice of Income Withholding to:

Employer/Payor:

Address:

_____ _____

Date Applicant Signature