ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Ba	ar number, and address):	DATE RECEIVED BY COURT (Do not file in public court file.)
TELEPHONE NO.: E-MAIL ADDRESS: ATTORNEY FOR (Name):	FAX NO.:	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF		
: STREET ADDRESS:		
MAILING ADDRESS:		
CITY AND ZIP CODE:		
BRANCH NAME:		
PLAINTIFF/PETITIONER:		COURT CASE NUMBER:
DEFENDANT/RESPONDENT:		
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)		LEVYING OFFICER FILE NUMBER:

(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.