

**CURRENT EMPLOYER, OR  
OTHER PAYOR INFORMATION**

**THIS FORM MUST BE COMPLETED FOR:**

- AN ORDER OF ASSIGNMENT
- ORDER TO STOP AN ORDER OF ASSIGNMENT
- NOTIFICATION OF A CHANGE OF EMPLOYER or OTHER PAYOR

**CASE NUMBER:** \_\_\_\_\_

**ATLAS NUMBER:** \_\_\_\_\_

**PAYOR NAME:** \_\_\_\_\_  
(PERSON RESPONSIBLE TO MAKE PAYMENTS)

**LIST ONLY THE EMPLOYER OR OTHER PAYOR'S NAME AND PAYROLL ADDRESS WHERE THE ORDER OF ASSIGNMENT OR STOP ORDER SHOULD BE MAILED.**

**CURRENT EMPLOYER / OTHER PAYOR NAME:** \_\_\_\_\_

**CURRENT EMPLOYER / OTHER PAYOR PAYROLL / FINANCIAL DEPARTMENT ADDRESS:**  
\_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**EMPLOYER / OTHER PAYOR TELEPHONE:** \_\_\_\_\_

**EMPLOYER / OTHER PAYOR FAX:** \_\_\_\_\_

**FOR COURT USE ONLY. DO NOT WRITE BELOW THIS LINE.**

**WA/FSC**

WA/LOG ID	_____
TYPE OF W/A	_____
DATE	_____
AMOUNT OF ORDER	_____
EMPLOYER STATUS	_____
ENTERED BY	_____
NEW W/A	_____
AG	_____
	SUB _____
	DCSE _____