STATUTORY GARNISHMENT AND WAGE DEDUCTION REPLY FORM

Employer / Garnishee Return

COURT / ISSUING AGENCY INFORMATION

Court/Agency Name:

Case/Reference No:

County/District:

State:

PARTIES

Creditor/Plaintiff:

Debtor/Employee:

Employer/Garnishee:

EMPLOYER / GARNISHEE STATEMENT

☐ The individual named above is **not** employed by this organization, and has not been employed here since: _____

☐ The individual named above is currently employed.

Job Title/Position:

Pay Frequency:

☐ Weekly ☐ Bi-weekly ☐ Semi-monthly ☐ Monthly

☐ The individual is currently subject to prior withholding order(s) (child support, tax levy, or other garnishments) that take precedence.

CALCULATION OF DISPOSABLE EARNINGS

Complete for the most recent pay period ending: _____

Line Item	Amount ($)
1. Gross Earnings for Pay Period	
2. Statutory Deductions (Federal, State, Local Taxes)	
3. Statutory Deductions (FICA, Medicare)	

Line Item	Amount ($)
4. Other Legally Required Deductions (Specify: _____)	
5. Total Statutory Deductions (Add Lines 2, 3, and 4)	
6. Disposable Earnings (Subtract Line 5 from Line 1)	
7. Statutory Exempt Amount (According to federal/state formula)	
8. Amount to be Withheld for this Order (Lesser of calculated maximum or total claim)	

I declare under penalty of perjury under the laws of the state that the information provided in this Return is true, correct, and complete to the best of my knowledge.

_____

Authorized Representative Signature

Printed Name:

_____

Title:

_____

Phone/Email:

_____

_____

Date