GARNISHMENT RESPONSE AND WAGE DEDUCTION RETURN

COURT / ISSUING AUTHORITY COPY

COURT / ISSUING AGENCY: _____ _____ _____	**CASE NUMBER:** _____ **REQUEST DATE:** _____ **HEARING DATE:** _____
PLAINTIFF / CREDITOR: _____ _____	**DEFENDANT / DEBTOR (EMPLOYEE):** Name: _____ SSN (Last 4): _____ / Emp ID: _____

GARNISHEE (EMPLOYER) INFORMATION:

Company Name: _____

Address: _____

Contact Person: _____ Phone: _____

1. EMPLOYMENT STATUS STATEMENT

[ ] The Defendant is currently employed. Pay frequency: [ ] Weekly [ ] Bi-weekly [ ] Semi-monthly [ ] Monthly

[ ] The Defendant is not currently employed. Last date of employment: _____. Forwarding address (if known): _____

[ ] The Defendant was never employed by this organization.

[ ] Other status/prior garnishments active: _____

2. CALCULATION OF DISPOSABLE EARNINGS

Provide calculation figures for the most recent pay period ending: _____

A. Gross Earnings:	$ _____
B. Statutory Deductions (Taxes & Required Contributions):	
1. Federal Income Tax	$ _____
2. State Income Tax	$ _____
3. FICA (Social Security & Medicare)	$ _____
4. Local Taxes / Other Mandated Taxes	$ _____
C. Total Statutory Deductions: (Add lines 1 through 4)	**$** _____
D. Disposable Earnings: (Subtract Line C from Line A)	**$** _____
E. Allowable Garnishment Percentage / Statutory Cap:	_____ %

F. Amount to be Withheld: (Calculate according to jurisdiction instruction)	**$** _____

3. CERTIFICATION & AFFIRMATION

I certify, under penalty of perjury, that I am the authorized representative of the Garnishee named herein, that I have examined this return, and that the statements made herein are true, correct, and complete to the best of my knowledge and belief.

_____

Authorized Signature

_____

Date

_____

Printed Name

_____

Title / Position

_____

Email / Contact Number