WAGE GARNISHMENT AND DEDUCTION RETURN

EMPLOYER RESPONSE / ANSWER TO GARNISHMENT

Instructions: Complete this form in its entirety upon receipt of a Writ of Garnishment or Deduction Order. Return the original to the issuing court or agency, send a copy to the creditor or attorney, and retain a copy for your records.

1. CASE & COURT INFORMATION

Court / Issuing Agency:	_____
Case Number:	_____
Creditor / Plaintiff:	_____

2. DEBTOR (EMPLOYEE) INFORMATION

Name:	_____
SSN (Last 4):	_____
Employee ID:	_____
Address:	_____

3. EMPLOYER INFORMATION

Company Name:	_____
FEIN:	_____
Contact Person:	_____
Address / Phone:	_____

4. EMPLOYMENT STATUS & RESPONSE

☐ The debtor is currently employed. First deduction will be made on the pay period ending: _____

☐ The debtor is no longer employed. Date of termination: _____

☐ The debtor was never employed by this company.

☐ Other (e.g., active prior garnishments, medical leave): _____

5. EARNINGS & DEDUCTION CALCULATION

Item Description	Amount ($)	Frequency / Notes
Gross Earnings (Per pay period)	_____	_____
Statutory Deductions (Taxes, FICA, etc.)	_____	_____

Item Description	Amount ($)	Frequency / Notes
Disposable Earnings (Gross minus Statutory)		
Existing Garnishments/Support Orders		
Amount to be Withheld (This order)		

6. CERTIFICATION

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

Authorized Representative Signature

Date

Printed Name & Title

Phone / Email