

**DIRECTIONS TO SHERIFF FOR SERVICE OF GARNISHMENT**

Date (MM/DD/YYYY): \_\_\_\_\_ CASE #: \_\_\_\_\_

**PLAINTIFF:**

**VS**  
**DEFENDANT:**

**NAME OF PERSON'S WAGES TO BE GARNISHED:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_

SSN (if known): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**BY GARNISHMENT ON THE FOLLOWING EMPLOYER**

NAME OF EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

PHONE: (        )        -       

**BY LEVYING ON BANK ACCOUNT:**

NAME OF BANK: \_\_\_\_\_

ADDRESS OF BANK: \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

PHONE: (        )        -       

BANK ACCOUNT #: \_\_\_\_\_

**PERSON REQUESTING SERVICE:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

PHONE: (        )        -       

**BILLING INFORMATION IF DIFFERENT THAN ABOVE:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

PHONE: (        )        -       

**COMMENTS:** \_\_\_\_\_