

GARFIELD HEIGHTS MUNICIPAL COURT
PAYMENT TO AVOID GARNISHMENT

GARFIELD HEIGHTS MUNICIPAL COURT
ATTN: CLERK OF COURT/GARNISHMENT DEPARTMENT
5555 TURNEY ROAD
GARFIELD HEIGHTS, OH 44125-3778
PHONE: (216) 475-1900



Case No. _____

Clerk's Received Stamp

To: _____
Name of Judgment Creditor

Date of Mailing: _____

Address of Judgment Creditor City State Zip Code

To avoid garnishment of personal earning of which you have given me notice, I enclose \$ _____, to apply toward my indebtedness to you. The amount of the payment was computed as follows:

1. Total amount of indebtedness demanded 1. \$ _____

2. Enter the amount of your personal earnings, after deductions required by law, earned by you during the current pay period (that is, the pay period in which this demand is received by you) 2. \$ _____

3. (A) Enter your pay period (weekly, biweekly, semimonthly, monthly) 3. (A) _____
(B) Enter the date when your present pay period ends 3. (B) _____

4. Enter an amount equal to 25% of the amount on line (2) 4. \$ _____

5. (A) The current federal minimum hourly wage is \$ _____
(to be filled in by Judgment Creditor).

(Use the above figure to complete this portion of the form).

If you are paid weekly, enter thirty (30) times the current federal minimum hourly wage;
if paid biweekly, enter sixty (60) times the current federal minimum hourly wage;
if paid semimonthly, enter sixty-five (65) times the current federal minimum hourly wage;
if paid monthly, enter one hundred thirty (130) times the current federal minimum hourly wage.

5. (A) \$ _____

(B) Enter the amount by which the amount on line 2 exceeds the amount on line 5(A) 5. (B) \$ _____

6. Enter the smallest of the amounts on line 1, 4 or 5(B). Send this amount to the judgment creditor along with this form after you have signed it. 6. \$ _____

I certify that the statements contained above are true to the best of my knowledge and belief.

Print Name of Judgment Debtor

Signature of Judgment Debtor

Address of Judgment Debtor

City

State

Zip Code

To verify that the amount shown on line 2 is a true statement of your earnings, you must either have your employer certify below that the amount shown on line 2 is a true statement of your earnings or you may submit copies of your pay stubs for the two pay periods immediately prior to your receiving this notice.

I certify that the amount shown on line 2 is a true statement of the Judgment Debtor's earnings.

Print name of Employer

Signature of Employer or Agent

I certify that I have attached copies of my pay stubs for the two pay periods immediately prior to my receiving this notice.

Signature of Judgment Debtor