

INSTRUCTIONS TO THE SHERIFF  
FOR BANK GARNISHMENTS

\*\*\*\*ADVANCE FEES OF \$145.00 REQUIRED PER EACH BANK & \$7.00 CHECK TO EACH BANK\*\*\*\*  
\*\*\*\*ADVANCE FEES OF \$152 REQUIRED PER EACH BANK & \$7.00 CHECK TO EACH BANK FOR ANY BANK TO BE  
SERVED **NOT** LOCATED IN KOOTENAI COUNTY—MUST BE ON BANK GARNISHMENT LIST LOCATED AT  
<http://www.finance.idaho.gov/Banking/BankGarnishments.aspx> \*\*\*\*

I AM REQUESTING A GARNISHMENT OF BANK ACCOUNT ON THE PERSON NAMED BELOW AT THE LISTED BANK  
AND I AM INCLUDING PREPAYMENT.

CASE NUMBER:

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PLAINTIFF(S)

vs.

DEFENDANT(S):

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DEFENDANT TO BE EXECUTED AGAINST. INCLUDE MAILING ADDRESS & PHONE NUMBER:

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IDENTIFYING INFORMATION FOR DEFENDANT(S) / SOCIAL SECURITY #, DATE OF BIRTH AND/OR  
BANK ACCOUNT NUMBER:

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BANK'S NAME, PHYSICAL ADDRESS, MAILING ADDRESS AND PHONE NUMBER:

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PLEASE SERVE REGISTERED AGENT OF ABOVE LISTED BANK. INCLUDE NAME, MAILING ADDRESS & PHONE  
NUMBER:

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PLEASE COMPLETE YOUR INFORMATION FOR CONTACT AND PAYMENT:

DATED:

SIGNATURE OF PLAINTIFF OR ATTORNEY (**MUST PERSONALLY SIGN/NO ELECTRONIC SIGNATURE**):

PRINT YOUR NAME:

MAILING ADDRESS FOR PAYMENTS/RETURN OF SERVICE:

CONTACT PHONE NUMBER & EMAIL ADDRESS:

ADDITIONAL INFORMATION (DIRECTIONS ETC):