

INSTRUCTIONS TO THE SHERIFF  
FOR WAGE GARNISHMENTS

\*\*\*ADVANCE FEES OF \$152.00 REQUIRED PER EACH DEFENDANT/EMPLOYER\*\*\*

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

CASE NUMBER:

--

PLAINTIFF(S)

vs.

DEFENDANT(S):

--	--

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

--

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

--

EMPLOYER'S NAME, PHYSICAL ADDRESS, MAILING ADDRESS FOR GARNISHMENT AND PHONE NUMBER:

--

IF YOU ARE REQUESTING WE SERVE A REGISTERED AGENT (MUST BE LOCATED IN KOOTENAI COUNTY) OR CORPORATE/PAYROLL OFFICE, PLEASE INCLUDE NAME, MAILING ADDRESS & PHONE NUMBER. \*\*PLEASE NOTE: SERVING THE CORPORATE/PAYROLL OFFICE OFTEN SPEEDS UP THE GARNISHMENT PROCESS THROUGH THE EMPLOYER:

--

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:

ADDITIONAL INFORMATION (DIRECTIONS ETC):