

REQUEST FOR GARNISHMENT OF WAGES

TO: SORENSON VAN LEUVEN, PLLC.

FROM: _____

DATE: _____

ACCOUNT #: _____

Name of Debtor(s): _____

Address of Debtor(s): _____

Social Security # of Debtor(s): _____

Name and Address of Employer
of Debtor(s): _____

Please attach a copy of the Final Judgment obtained against the Debtor(s).