

**REQUEST FOR GARNISHMENT OF ACCOUNT AT FINANCIAL INSTITUTION**

TO: SORENSON VAN LEUVEN, PLLC.

FROM: \_\_\_\_\_

DATE: \_\_\_\_\_

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

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Name of Debtor(s): \_\_\_\_\_

Address of Debtor(s): \_\_\_\_\_

\_\_\_\_\_

Social Security # of Debtor(s): \_\_\_\_\_

Name and Address of Financial Institution  
Where Debtor(s) has/have Account  
to be Garnished:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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