

REQUEST FOR GARNISHMENT OF ACCOUNT AT FINANCIAL INSTITUTION

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 Financial Institution
Where Debtor(s) has/have Account
to be Garnished:

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