

**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): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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