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REQUEST TO FILE ANSWER TO WRIT OF GARNISHMENT
BANK CLIENTS

TO: SORENSON VAN LEUVEN, PLLC.

FROM: _____

DATE: _____

ACCOUNT #: _____

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Date Writ of Garnishment served on Bank: _____

Date of Account review pursuant to federal law: _____

Name of Account Holder/Customer(s): _____

Name of any Joint Owners on Account: _____

Address of any Joint Owners on Account: _____

Type of Account: _____

Total amount of money in Account listed above on date of service of Writ of Garnishment: _____

Protected amount for federal benefits: _____

Amount of money subject to the Writ of Garnishment: _____

_____

Safe Deposit Box: Yes ☐ No ☐

Name of Co-Owner on Safety Deposit Box: _____

*Complete one assignment form for each account covered by Writ of Garnishment.

**Please enclose a legible copy of the Writ of Garnishment.