

REQUEST TO FILE ANSWER TO WRIT OF GARNISHMENT
CREDIT UNION CLIENTS

TO: SORENSON VAN LEUVEN, PLLC.

FROM: _____

DATE: _____

ACCOUNT #: _____

Date Writ of Garnishment served on Credit Union: _____

Date of Account review pursuant to federal law: _____

Name of Account Holder/Member(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: _____

Amount of Membership Share(s) required
by Credit Union and account number
the Membership Share(s) is/are in: _____

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.