

WAGE GARNISHMENT LETTER

To: _____

Employer Name: _____

Employer Address: _____

City, State, ZIP: _____

Re: Wage Garnishment of Employee

Employee Information:

Full Name: _____

Address: _____

Social Security Number (last 4 digits): _____

Garnishment Details:

Court Case Number: _____

Judgment Creditor: _____

Judgment Amount: _____ USD

Amount to Withhold Each Pay Period: _____ USD

Maximum Duration of Garnishment: _____

Instructions to Employer:

You are hereby commanded to withhold from the employee's disposable earnings the amount specified above, in accordance with the applicable federal and state laws governing wage garnishment. Please remit the withheld amounts promptly to the address specified by the court or agency issuing this garnishment. Failure to comply with this order may result in penalties, including but not limited to fines or other legal consequences. This garnishment shall continue until the judgment is satisfied, plus any applicable interest and fees, or until further notice from the court.

Employer Certification:

By signing below, the employer certifies that they have received this wage garnishment order and agree to comply with its terms in full. Employer acknowledges their obligation to begin withholding wages immediately and to notify the issuing authority of any termination of employment, changes in employee status, or other relevant information.

Employer Signature: _____

Print Name: _____

Title/Position: _____

Date Signed: _____

Please return a signed copy of this letter to the issuing court or agency.

EMPLOYER SIGNATURE

ISSUING AUTHORITY SIGNATURE

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