

GARNISHMENT INFORMATION FORM

This form must accompany all garnishments received at the district level

Please send immediately, via email to:

garnishments@maricopa.gov

Date Garnishment Received: _____

Employee Name: _____

Social Security #: _____

School District Name or Number: _____

Termination Date (if applicable): _____

Child Support: Yes No: Other Garnishment in Place: Yes No

If Yes Provide Name, Address and Phone Number of Creditor: _____

For Official Use Only:

Next Pay Date: _____ ON OFF

Case Number: _____

Creditor / Plaintiff: _____

Phone: _____

WRIT TAX LEVY DSL WAGE ASSIGNMENT CHAPTER 13 BK CHILD SUPPORT

Judgment Amount: _____

FEE CHARGE: \$50.00 \$25.00