

My Name _____

Address _____

City, State, Zip _____

Phone _____

Email _____

I am the Plaintiff/Petitioner
 Defendant/Respondent
 Attorney for the Plaintiff/Petitioner Defendant/Respondent and my
Utah Bar number is _____

In the Springville Justice Court of Utah

4th Judicial District, Utah County

Court Address: 110 S Main Street, Springville, UT 84663

Plaintiff/Petitioner

v.

Defendant/Respondent

Application for Writ of Garnishment

Case Number _____

Instructions: You must attach the following records and forms if they are not already filed with the court.

- Continuation pages (If any, completing paragraphs that don't have enough space. Write the paragraph number on the continuation page.)
- Writ of Garnishment and Answers to Interrogatories for Property Other than Earnings (If applicable)
- Writ of Continuing Garnishment and Answers to Interrogatories for Earnings (If applicable)
- Notice of Garnishment and Exemptions
- Reply and Request for Hearing (2 copies)
- Check payable to the Garnishee for the fee required by statute (If this Application is electronically filed, the fee must be delivered to the Garnishee when the Writ is served.)
- Check payable to the Sheriff, Constable or Private Investigator for serving the Writ
- Check payable to the court for the filing fee

By and through my attorney, I say that: (Attorney, check here if you are appearing on behalf of your client.)

(1) If this is an Application for a Writ of Continuing Garnishment, have you served on the Garnishee a Request for Verification of Employment? (Check one.)

- This is not an Application for a Writ of Continuing Garnishment.
- The Garnishee has verified the employment of the debtor.
- That Garnishee has not responded to my Request for Verification of Employment.
- I have not requested verification of employment from the Garnishee.

(2) I request that a

- Writ of Garnishment
- Writ of Continuing Garnishment
- Writ of Continuing Garnishment for Child Support

be issued and served upon each of the Garnishees named below, along with the attached forms.

(3) The amount due is:

Amount of Original Judgment	\$
Post-Judgment Interest	\$
Cost to file Application for Writ	\$
Cost to serve this Writ	\$
Garnishee's fee	\$
Filing, Service and Garnishee Fees for other Writs (Attach receipts.)	\$
Subtotal	\$
Less Payments Made	\$
Total Amount Due	\$

(4) The judgment debtor is:

Name	
Address	
Social security number (Last 4 digits only, if known)	
Driver's license number and state of issuance (Last 4 digits only, if known)	
Year and month of birth (if known)	

(5) I believe that the following people hold property of the judgment debtor.

Person Holding Property (name, address, phone number)	Property Description (If an account, includes the location and last four digits of account number.)	Estimated Value of Property	Is the Property Earnings?
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

(6) I believe that the following people claim an interest in the property, and I request that the Writ of Garnishment be served upon each, along with the attached forms:

Name of Person Claiming Property Interest	Address	Phone Number

I declare under criminal penalty of Utah Code Section 78B-5-705 that this Application for Writ of Garnishment is true and correct.

Date _____ Sign here ► _____

Typed or printed name _____

Certificate of Service			
I certify that I served a copy of this Application for Writ of Garnishment on the following people.			
Person's Name	Method of Service	Served at this Address	Served on this Date
(Other Party or Attorney)	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Fax (Person agreed to service by fax.) <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		
(Clerk of Court)	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Electronic File		
	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Fax (Person agreed to service by fax.) <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		
	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Fax (Person agreed to service by fax.) <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		

Date _____ Sign here ► _____

Typed or printed name _____