
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

Reply and Request for Hearing

Plaintiff/Petitioner

v.

Defendant/Respondent

Case Number

- (1) I have read the Notice of Garnishment and Exemptions form. I understand that, by filing this form, I cannot object to the judgment that I owe money to the creditor. I am filing this form because I believe that the creditor has improperly garnished some of my money or property to pay the judgment.

(2) I request that this matter be scheduled for a hearing.

(3) The garnished property is:

Funds in an account

Wages

Other Property

(4) The Writ of Garnishment was issued improperly because:

(5) The Answers to Interrogatories are inaccurate because:

(6) All [or this part: \$ _____] of the property is exempt because it is:

Benefits because of disability, illness or unemployment.

Medical care benefits.

Veteran's benefits.

Social security benefits.

Supplemental security income benefits (SSI).

Workers' compensation benefits.

Retirement benefits.

Public assistance.

Money for child support, alimony or separate maintenance.

Compensatory damages from bodily injury or wrongful death.

The proceeds of a life insurance contract or trust.

Exempt wages.

Certificate of Service

I certify that I served a copy of this Reply and Request for Hearing 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.)		

Sign here ► _____

Date _____

Typed or Printed Name _____