

HECKMAN LAW GROUP
REQUEST FOR GARNISHMENT
OF WAGES OR ACCOUNT

PLEASE SEND THIS FORM TO: caseassignment@heckmanlawgroup.com

From: _____

Date: _____

Account No.: _____

Name of Defendant: _____

Address of Defendant: _____

Social Security Number and DOB: _____

Employer name, address and phone: _____

and/or

Name of Financial Institution to Garnish: _____

Has the Defendant made any payments since the judgment was entered? ___ Yes ___ No

If yes, please provide a pay history showing the dates and amounts of all payments.

Attach a copy of the Final Judgment.