

Court File Number

(Name of court)

at Court office address

Form 29: Request for Garnishment

Recipient(s)

Full legal name & address for service — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any).

Lawyer's name & address — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any).

Payor

Full legal name & address for service — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any).

Lawyer's name & address — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any).

TO THE CLERK OF THE COURT:

1. I am the person who signed the attached statement of money owed. the lawyer for the person who signed the attached statement of money owed. an agent for the Director of the Family Responsibility Office. (Other; specify.)

2. I want to enforce by way of garnishment the sum of \$ , which is the money claimed in the attached statement of money owed. (If you want to collect ongoing periodic payments as well as arrears, check the box below.) I also want the garnishment to collect ongoing payments of \$ per (period)

3. I request that a separate notice of garnishment be issued and sent to each person named in the Appendix to this form, who, I have reason to believe, owes or will owe money to the payor in the amounts described in that Appendix.

Signature of person making request or of person's lawyer

Date of signature

NOTE: You must attach one or more sheets as an Appendix in which you name the person or persons who owe or will owe money to the payor. You must also prepare and attach a fresh statement of money owed in Form 26 (one prepared within the past 30 days) to this request and file it with the clerk of the court.

- If (a) the payor's obligation to pay the order or domestic contract that you are enforcing by this garnishment should expire or be discharged, and (b) there is no more money owed by the payor under that order or domestic contract,

or if you simply decide that you no longer want to enforce the order or domestic contract by means of this garnishment, you must immediately fill out and serve a notice to stop garnishment in Form 29I on the payor and on each garnishee and file it, together with proof of service, with the clerk of the court at the above court office.

Name of Garnishee: \_\_\_\_\_

Garnishee's address: \_\_\_\_\_

Amount that the garnishee owes or will owe to the payor:

periodic amounts of \$ \_\_\_\_\_  
whose dollar figure I do not know

that are or will be paid on (State frequency of payments. Write "UNKNOWN" if you do not know.) \_\_\_\_\_

lump-sum amount of \$ \_\_\_\_\_  
whose dollar figure I do not know.

Description of debt owed by the garnishee to the payor:

wages, commissions or other employment income.	rental payments
money held at a bank, credit union, etc.	pension payments
(Other; specify.)	

Name of Garnishee: \_\_\_\_\_

Garnishee's address: \_\_\_\_\_

Amount that the garnishee owes or will owe to the payor:

periodic amounts of \$ \_\_\_\_\_  
whose dollar figure I do not know

that are or will be paid on (State frequency of payments. Write "UNKNOWN" if you do not know.) \_\_\_\_\_

lump-sum amount of \$ \_\_\_\_\_  
whose dollar figure I do not know.

Description of debt owed by the garnishee to the payor:

wages, commissions or other employment income.	rental payments
money held at a bank, credit union, etc.	pension payments
(Other; specify.)	

Name of Garnishee: \_\_\_\_\_

Garnishee's address: \_\_\_\_\_

Amount that the garnishee owes or will owe to the payor:

periodic amounts of \$ \_\_\_\_\_  
whose dollar figure I do not know

that are or will be paid on (State frequency of payments. Write "UNKNOWN" if you do not know.) \_\_\_\_\_

lump-sum amount of \$ \_\_\_\_\_  
whose dollar figure I do not know.

Description of debt owed by the garnishee to the payor:

wages, commissions or other employment income.	rental payments
money held at a bank, credit union, etc.	pension payments
(Other; specify.)	