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| --- |
| ONTARIO |
|  |  | Court File Number  |
| (Name of court) | Form 29I: Notice toStop Garnishment |
| **at** |       |
|  | Court office address |
| 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). |
|       |  |       |
|  |
| Garnishee |
| 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:** *(name of garnishee)* |       |
| **AND TO:** | **[ ]**  | **THE CLERK OF THE COURT** | **[ ]**  | **THE SHERIFF OF** *(area)* |       |
| My name is: *(full legal name)* |       |
| I am | [ ]  | the person who asked for the garnishment in this case. |
|  | [ ]  | the lawyer for the person who asked for the garnishment in this case. |
|  | [ ]  | the person who continued this garnishment under a transfer of enforcement. |
|  | [ ]  | the lawyer for the person who continued this garnishment under a transfer of enforcement. |
|  | [ ]  | an agent for the Director of the Family Responsibility Office. |
|  | [ ]  | *(Other. Specify.)* |
|  |  |       |
| The notice of garnishment issued on *(date)* |       | , by the clerk |
| of the court is withdrawn today. |
| **YOU ARE THEREFORE DIRECTED TO STOP FURTHER PAYMENTS UNDER THE GARNISHMENT.** |
|  |  |       |
| Signature of person withdrawing garnishment |  | Date of signature |