

BUTLER, BUTLER & ROWSE-OBERLE, P.L.L.C.

REQUEST FOR GARNISHMENT

NAME: _____

JUDGMENT DEFENDANT NAME: _____

EMPLOYER: _____

BANK: _____

ADDRESS: _____

PHONE NUMBER: _____

SOCIAL SECURITY NUMBER: _____

JUDGMENT AMOUNT: _____

POST JUDGMENT INTEREST ACCRUED TO DATE: _____

POST JUDGMENT COST ACCRUED TO DATE: _____

TOTAL OF POST JUDGMENT PAYMENTS MADE TO DATE: _____

91 DAY PAYOFF: _____

JUDGMENT TAKEN BY BUTLER, BUTLER & ROWSE-OBERLE, P.L.L.C. _____

JUDGMENT ATTACHED _____

OTHER SERVICES REQUIRED: _____