
Full Name of Party or Attorney Filing Document

Mailing Address (Street or Post Office Box)

City, State and Zip Code

Telephone

IN THE DISTRICT COURT FOR THE 2nd JUDICIAL DISTRICT
FOR THE STATE OF IDAHO, IN AND FOR THE COUNTY OF IDAHO

PLAINTIFF,
Plaintiff,

vs.

DEFENDANT,
Defendant.

Case No. CASE #

INTERROGATORIES TO GARNISHEE

You must answer these Interrogatories within five (5) days from the date served as required by I.C. § 11-719. If you fail to respond the creditor can request a judgment against you for the amount owed by the Defendant.

INSTRUCTIONS

- A. You are requested to provide all information known by you or available to you.
- B. If you cannot answer any of the Interrogatories completely, provide whatever information you have.
- C. Once completed and signed make a copy for yourself, and send the original to the Idaho County Sheriff, Civil Division, 320 W. Main St., Grangeville, ID 83530

1. FINANCIAL INSTITUTIONS: DO YOU HAVE IN YOUR POSSESSION OR UNDER YOUR CONTROL ANY MONEY OR PROPERTY BELONGING TO DEFENDANT(S)?

AMOUNT:

2. BUSINESSES: IS THE DEFENDANT YOUR EMPLOYEE?

FULL TIME: _____ PART-TIME: _____ CONTRACT: _____

3. WHAT IS DEFENDANT'S AVERAGE TAKE HOME PAY? _____
WHEN PAID? _____

4. DO YOU OWE THE DEFENDANT ANY MONEY? YES _____ NO _____
IF SO, HOW MUCH AND WHEN DID IT BECOME DUE? _____
IF NOT YET DUE, WHEN WILL IT BECOME DUE? _____

5. HAS DEFENDANT ASSIGNED HIS/HER WAGES? YES _____ NO _____

6. WHEN AND TO WHOM WAS THE ASSIGNMENT MADE? _____

7. ARE YOU HONORING ANY OTHER GARNISHMENTS? YES _____ NO _____

8. IF THE DEFENDANT NO LONGER WORKS FOR YOU, WHEN DID EMPLOYMENT END?

WHO DOES THE DEFENDANT WORK FOR NOW? _____

CERTIFICATION UNDER PENALTY OF PERJURY

I certify under penalty of perjury pursuant to the law of the State of Idaho that the foregoing is true and correct.

Date: _____

Typed/printed

Signature

PROCESS #: _____