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| --- | --- |
| District Court Denver Juvenile Court   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_County, Colorado  Court Address:  In re  The Marriage of:  Parental responsibilities concerning: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Petitioner: and  Co-Petitioner/Respondent: | COURT USE ONLY |
| Judgment Creditor’s Attorney or Judgment Creditor (Name and Address):  Phone Number: E-mail:  FAX Number: Atty. Reg. #: | Case Number:  Division Courtroom |
| WRIT OF GARNISHMENT FOR SUPPORT | |

Judgment Debtor’s name, last known address, other identifying information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Original Amount of Judgment Entered \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ JUDGMENT FOR:

(Mark Appropriate Boxes)

2. Plus any Interest Due on Judgment (currently\_\_\_\_\_\_\_\_\_\_\_\_ % per annum) + $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child Support ONLY

(Date of Order \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

3. Taxable Costs (including estimated cost of service of this Writ) + $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Maintenance ONLY

4. Less any Amount Paid - $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child Support and

Maintenance

5. Principal Balance/Total Amount Due and Owing $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Case commenced

after 4/30/91

Mark the Appropriate Box Below to Determine the Amount of the Statutory Exemption (MARK ONLY ONE BOX)

The Judgment Debtor is supporting a spouse or a dependent child, and the judgment is for a period which is 12 weeks or older (Write “45” in the blank space on Line c, below).

The Judgment Debtor is supporting a spouse or dependent child, and the judgment is for a period which is less than 12 weeks old (Write “50” in the blank space on Line c, below).

The Judgment Debtor is not supporting a spouse or dependent child, and the judgment is for a period which is 12 weeks or older (Write “35” in the blank space on Line c, below).

The Judgment Debtor is not supporting a spouse or dependent child, and the judgment is for a period which is less than 12 weeks old (Write “40” in the blank space on Line c, below).

I do not know whether the Judgment Debtor is supporting a spouse or dependent child, but the judgment is for a period which is 12 weeks or older (Write “45” in the blank space on Line c, below).

I do not know whether the Judgment Debtor is supporting a spouse or dependent child, but the judgment is for a period which is less than 12 weeks old (Write “50” in the blank space on Line c, below).

**VERIFICATION**

**I declare under penalty of perjury under the law of Colorado that I am authorized to act for the Judgment Creditor and the foregoing is true and correct.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Judgment Creditor’s Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address City State Zip Code

Executed on the \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_, at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(date) (month) (year) (city or other location, and state OR country

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name of Authorized Party Signature of Authorized Party (Title, and Phone No.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address City State Zip Code

## WRIT OF GARNISHMENT FOR SUPPORT

THE PEOPLE OF THE STATE OF COLORADO to the Sheriff of any Colorado County, or to any person 18 years or older and who is not a party to this action:

You are directed to serve A COPY of this Writ of Garnishment for Support upon \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Garnishee, with proper return of service to be made to the Court.

**TO THE GARNISHEE:**

**YOU ARE HEREBY SUMMONED AS GARNISHEE IN THIS ACTION AND ORDERED:**

1. To answer the following questions under oath and file your answers with the Clerk of the Court (AND to mail a completed copy with your answers to the Judgment Creditor or attorney when a stamped envelope is attached) no less than 7 nor more than 14 days following the time you pay the Judgment Debtor for the first time following service of this Writ or 42 days following service of this Writ upon you, whichever is less. YOUR FAILURE TO ANSWER THIS WRIT OF GARNISHMENT FOR SUPPORT MAY RESULT IN THE ENTRY OF A DEFAULT AGAINST YOU.
2. To pay any nonexempt earnings to the payee as indicated in section d below no less than 7 nor more than 14 days following each time you pay the Judgment Debtor during the effective period of this Writ and attach a copy of the Calculation of the Amount of Exempt Earnings used (the Calculation under “Questions to be Answered by Garnishee” should be used for the first pay period, and one of the multiple Calculation forms included with this Writ should be used for all subsequent pay periods).
3. The amount of the exemption is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_% of disposable earnings.
4. Payments shall be mailed to the:

Family Support Registry Judgment Creditor

P. O. Box 2171 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Denver, CO 80201-2171 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Acct #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CLERK OF THE COURT By Deputy Clerk: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## NOTICE TO GARNISHEE

1. This Writ applies to all nonexempt earnings owed or owing until the Principal Balance/Total Amount Due and Owing (Line 5 on the front of this Writ) has been withheld or the garnishment is released by the court or in writing by the Judgment Creditor. If you are presently under a Writ of Continuing Garnishment or served with such Writ while this Writ of Garnishment for Support is in effect, this Writ takes priority over the other Writs, and this is the only one in force and effect.
2. “EARNINGS” INCLUDES ALL FORMS OF COMPENSATION FOR PERSONAL SERVICES.
3. The percentage of disposable earnings shown on Line c above is exempt from this Writ of Garnishment for Support.
4. In no case may you withhold any amount greater than the amount on Line 5 on the front of this Writ.

## QUESTIONS TO BE ANSWERED BY GARNISHEE

##### Judgment Debtor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Case Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The following questions MUST be answered by you under oath:

1. On the date and time this Writ of Garnishment for Support was served upon you, did you owe or do you anticipate owing any of the following to the Judgment Debtor? (Mark appropriate box(es)).

**1**.  WAGES/SALARY/COMMISSIONS/BONUS/OTHER COMPENSATION FOR PERSONAL SERVICES (Earnings)

1.  Pension or Retirement Benefits or Health/Accident/Disability/Casualty Insurance Funds or Payments.
2.  Workers’ Compensation Benefits or Payments (For child support in cases filed after 4/30/91 ONLY)
3.  Payments to an Independent Contractor for Labor or Services, Dividends, Severance Pay, Royalties, Monetary Gifts/Prizes, Interest, Trust Income, Annuities, Capital Gains, Rents, or Taxable Distributions from Certain Business Entities (For child support orders entered after 6/30/96 ONLY)

If you marked any box above, indicate how the Judgment Debtor is paid:

 WEEKLY  BI-WEEKLY  SEMI-MONTHLY  MONTHLY  OTHER

1. If you marked Box 1, complete the Calculation below for the “First Pay Period” following receipt of this Writ.
2. If you marked Box 2, 3 or 4, complete the Calculation below for the “First Pay Period” following receipt of this Writ; however, if the judgment includes maintenance (as indicated on the front of this Writ) the earnings may be totally exempt, and you should seek legal advice about such exemption. IF THE EARNINGS ARE TOTALLY EXEMPT, PLEASE MARK BOX 5 BELOW:
3. THE EARNINGS ARE TOTALLY EXEMPT BECAUSE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**CALCULATION OF THE AMOUNT OF EXEMPT EARNINGS (First Pay Period)**

Gross Earnings for the First Pay Period from \_\_\_\_\_\_\_\_\_\_\_\_\_\_ through \_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Plus Tips Reported or Imputed by Federal Law (Child Support Orders after 6/30/96) + $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Less Deductions Required by Law (e.g., Withholding Taxes, FICA) - $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Disposable Earnings (Gross Earnings Plus Tips (where applicable) Less Deductions) = $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Less Statutory Exemption (Use percentage shown on Line c in the Wirt portion above) - $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Net Amount Subject to Garnishment = $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Less Wage/Income Assignment(s) During Pay Period (If Any) - $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Amount to be withheld** = $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**VERIFICATION**

**I declare under penalty of perjury under the law of Colorado that I am authorized to act for the Garnishee and the foregoing is true and correct.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name of Garnishee

Executed on the \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_, at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(date) (month) (year) (city or other location, and state OR country

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name of Person Answering Signature of Person Answering