JUSTICE OF THE PEACE COURT OF THE STATE OF DELAWARE IN AND FOR _____ COUNTY COURT NO. ____

COURT ADDRESS:			_	CIVIL ACTION NO.			
PLAINTIFF/JUDGMENT CREDITOR: Name Address			OR: VS.	VS. DEFENDANT/JUDGMENT DEBTOR: Name Address			
Phone				Phone			
	ANSWER	TO REQUEST I	FOR GARN HMENT F	VISHMEN IERI FAC	T (Other Than CIAS)	Wages)	
Check al	l that are app	licable:					
	I, (the Garnishee) hold no property owned by the Defendant (name) and request dismissal of the garnishment.						
	I, (the Garnishee) hold the following property owned by the Defendant (name) :						
	There are o	ther attachments a	against the I	Defendant'	s property, as follow	lows:	
Name and Case Pl Address of Court Number			Name dress		Amount of Attachment		
Please pr	rint or type:						
Name of Garnishee/Attorney				Signature of Garnishee or Attorney			
Address				Date			
Telephone				Title of Garnishee/Attorney			

Mail this completed form (Answer) to the Justice of the Peace Court at the address above as soon as possible, or no later than 20 days after the date you receive it.

VIEW YOUR CASE ONLINE: https://courtconnect.courts.delaware.gov

FORM: CF17B (Rev. 8/31/18)