

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 _____
Phone _____

Garnishee
Name: _____

VS DEFENDANT/JUDGMENT DEBTOR:

Name _____
Address _____
Phone _____

Garnishee
Address _____

**ANSWER TO REQUEST FOR GARNISHMENT OF WAGES
(ATTACHMENT FIERI FACIAS)**

Employment Status (check one):

<input type="checkbox"/> The defendant is employed by this Garnishee.	<input type="checkbox"/> The Defendant is not employed by this Garnishee. The Garnishee requests dismissal of the garnishment.
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The rate or basis of pay is:

Hourly Pay: \$ _____ Per Hour & _____ Average Hours Per Week
Salary Pay: \$ _____ Per Week (Calculate based on annual salary)

Attachment Status (check one):

<input type="checkbox"/> The Garnishee has attached this employee's wages for this debt.	<input type="checkbox"/> The Garnishee cannot attach this employee's wages for this debt because the employee's wages are already under attachment(s) as listed below:
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Name and Address of Court	Case Number	Plaintiff's Name and Address	Date Attached	Amount of Attachment
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<input type="checkbox"/> The Garnishee cannot attach this employee's wages for this debt because: _____

Please print 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.