

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

COURT ADDRESS:

CIVIL ACTION NO _____

PLAINTIFF/JUDGMENT CREDITOR: VS DEFENDANT/JUDGMENT DEBTOR:

Name _____
Address _____
Phone _____

Name _____
Address _____
Phone _____

Garnishee
Name: _____

Garnishee
Address _____

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

Employment Status (*check one*):

☐

The defendant is employed by this Garnishee.

☐

The Defendant is not employed by this Garnishee. The Garnishee requests dismissal of the garnishment.

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*):

☐

The Garnishee has attached this employee's wages for this debt.

☐

The Garnishee **cannot attach** this employee's wages for this debt because the employee's wages are already under attachment(s) as listed below:

Name and Address of Court	Case Number	Plaintiff's Name and Address	Date Attached	Amount of Attachment
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

☐ 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.