## **PAYMENT TO AVOID GARNISHMENT**

То:	Date of Mailing:									
	(Name of Judgment Creditor)									
						C	ASE NO	CV		
	(Address of Judgment Creditor)									
	City	City State Zip Code				CLEVELAND MUNICIPAL COURT				
					S of which you h					
to app	ly toward	my indebt	edness to y	ou. The ar	nount of the pay	ment was	computed as	follows:		
<b>1.</b> T	Total amount of indebtedness demanded						1.	. \$		
dı	Enter the amount of your personal earnings after deductions required by law earned by you during the current pay period (that is, the pay period in which this demand is received by you)									
<b>3(A).</b> E	A). Enter your pay period (weekly, bi-weekly, semi-monthly, monthly)						3(	A)		
<b>3(B).</b> E	<b>B).</b> Enter the date when your present pay period ends:						3(1	В)		
<b>4.</b> E	Enter an amount equal to 25% of the amount on line (2):						4.	\$		
c p	current fedoaid semi	eral minimu monthly, er	um hourly wa nter sixty-five	ge; if paid (e. <b>(65)</b> times t	bi-weekly enter si the current federal	xty ( <b>60</b> ) tin l minimum l	nes the current nourly wage; i	t federal minimu f paid monthly,	nirty (30) times the im hourly wage; if enter one hundred	
					2) exceeds the am		5 (	(B). \$		
	Enter the smallest of the amounts on lines 1, 4 or 5(B). Send this amount to the judgment creditor along with this form after you have signed it									
			_		TAINED ABOVE					
Al	RE TRUE	TO THE	BEST OF M	Y KNOWL	EDGE AND BEL	LIEF: X	(Signa	ature of Judgment	Debtor)	
							(Signa	uure or suagment	Decitor)	
	(Print nar	me and RESID	DENCE address	of Judgment De	ebtor)	Ci	ity	State	Zip Code	
shown or receiving	on line (2) ing this notice	is a true state e.)	ement of your	earnings or yo	ou may submit copi	es of your pa	y stubs for the	two pay periods in	Ty below that the amount nmediately prior to your BTOR'S EARNINGS:	
	(Name of person Certifying this document)						(Print Name of Employee)			
	(TITLE of person Certifying this document)						(Address of Employer or Agent)			
	City	State	Zip Code	(area code)	(phone number)	X	(Signature o	of Employer or Ag	gent)	
		T I HAVE A	TTACHED C	OPIES OF I	MY PAY STUBS F	FOR THE T	WO PAY PER	RIODS IMMEDIA	TELY PRIOR TO MY	
						X				
							X(Signature of Judgment Debtor)			