NOTICE OF COURT PROCEEDING TO COLLECT DEBT

TO:			CASE NUMBER:	
			DATE OF MAILIN	NG:
			_	
			_	
		cation is to collect debt has previously l		obtained will be used for that purpose. Initial
You owe the unde	ersigned		\$	including interest and court costs,
		d against you or certi	ified in the Euclid Municipa	
payment of which	is hereby demar	nded.		
service by the obe ordered to	court, we will go withhold money	to court, unless we a from your earnings u	are otherwise precluded by until the judgment is paid ir	the date of the mailing of this notice or of its law from doing so, and ask that your employer full or, if applicable, is paid to a certain extent called garnishment of personal earnings.
•	vantage to avoid cause you to lose	_	sonal earnings because the	placing of the extra burden on your employer
YOU CAN AVO	ID THE GARNISH	MENT BY DOING ON	IE OF THESE THREE THINGS	WITHIN THE FIFTEEN-DAY PERIOD:
(1) Pa	y to us the amou	nt due;		
	mplete the attachous due on it; o		Payment to Avoid Garnishr	ment" and return it to us with the payment, if
court of you truste and th	in whose jurisdic ir earnings that is e. You will be red ne amount you th	tion your place of er s not exempt from ga quired to list your cro hen will pay to your	mployment is located, for the arnishment, and notify us tl editors, the amounts of the trustee each payday will be	a resident of Ohio, to the municipal or county ne appointment of a trustee to receive the part hat you have applied for the appointment of a cir claims, and the amounts due on their claims, e divided among them until the debts are paid those creditors can garnish your wages.
Revise set up paymo wages servic to you	ed Code for the parameter an agreement for the control of the cont	ourpose of entering it or debt scheduling in g into an agreement ement for debt sch subject to the agree are owed debts su	into an agreement for debt n order to avoid a garnishm for debt scheduling might eduling, you will have to r ement are paid off. This por	bed in division (D) of section <u>2716.03</u> of the scheduling. There may not be enough time to ent of your wages based upon this demand for protect you from future garnishments of your regularly pay a portion of your income to the rtion of your income will be paid by the service this can be to your advantage because these to the service on time.
Name of Judgn	nent Creditor:			
Street Address	:			Signature of Judgment Creditor or Agent

PAYMENT TO AVOID GARNISHMENT

TO:			CASE NUMBER:				
			DATE OF MAILING	G:			
To avoid the garnishment toward my indebtedness t	•	•	•				to apply
1. Total amount of indebtedn	ess demanded	d:			(1)	\$	
2. Enter the amount of your p	oersonal earnii	ngs, after deduction	s required by law,			_	
earned by you during the o	current pay pe	riod (that is, the pay	period in which		(2)	,	
this demand is received by	you):				(2)	\$ _	
3. (A) Enter your pay period (weekly, biwee	kly, semimonthly, n	onthly):		(3A)	_	
(B) Enter the date when yo	our present pa	y period ends:			(3B)	_	
4. Enter an amount equal to 2	25% of the am	ount on line (2):			(4)	\$_	
5. The current federal minimu	um hourly wag	ge is	(to be filled in by Ju	udgment Creditor)			
(A) You should use the abo	ove figure to co	omplete this portior	of the form.		(5A)	\$	
If you are paid wee	kly, enter thirt	y times the current	federal minimum hourly w	/age;			
if paid biweekly, en	ter sixty times	the current federa	minimum hourly wage;				
if paid semimonthly	, enter sixty-fi	ive times the curren	t federal minimum hourly	wage;			
if paid monthly, ent	ter one hundre	ed thirty times the c	urrent federal minimum ho	ourly wage.			
(B) Enter the amount by w	hich the amou	int on line (2) excee	ds the amount on line $5(\Delta)$	ı .	(5B)	\$	
					(36)	, -	
6. Enter the smallest of the ar along with this form after yo			nd this amount to the judg	gment creditor	(6)	\$_	
I certify that the statemen	nts containe	d above are true	o the best of my knowl	edge and belief.			
Signature of Judgment Debtor			Print Name of E	mployer			
Address of Judgment Debtor			Address of Emp	loyer			
City	State	Zip	City		State		Zip
To verify that the amount sh the amount shown on line (2 immediately prior to your re I certify that the amount shows a line of Person Certifying this	2) is a true sta ceiving this no hown on line (ed copies of m	tement of your ear otice. 2) is a true stateme - Of	nings OR you may submit nt of the judgment debtor' R – wo pay periods immediate	s earnings.	tubs fo	or the	two pay periods
Signature of refsoli Certifyilig till	3 Document			certifying this bocumen			
Name of Person Certifying this Do	ocument	Area Code	Phone Number				

The purpose of this communication is to collect a debt. All information obtained will be used for that purpose. Initial communication to collect this debt has previously been provided.