

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
MUNICIPAL DEPARTMENT/ DISTRICT

Plaintiff(s)
v.
Defendant(s)
and
Garnishee

No.
Court Date
(21 to 40 days after date of issuance of summons)

AFFIDAVIT FOR GARNISHMENT (NON-WAGE)

I, the undersigned, certify under penalties as provided by law under 735 ILCS 5/1-109, that the following information is true:

- 1. I believe Garnishee, ... is indebted to the Judgment debtor, ... or holds, possesses or controls property other than for wages, belonging to Judgment Debtor.
2. The last known address of the Judgment Debtor is ...
3. I request that a summons issue directed to Garnishee.

CERTIFICATE OF ATTORNEY OR JUDGMENT CREDITOR

NOTE: Non-attorneys must also submit a copy of the underlying Judgment or a certification by the Clerk of the Court that entered the Judgment.

- 1. Judgment in this case was entered on ...
2. Amount of Judgment \$
3. Allowable costs previously expended:
a. Initial filing fee \$
b. Original and alias summons \$
c. Previous supplementary proceedings - Filings and summons cost \$
4. Filing and summons cost for this garnishment \$
5. Interest at 9% pursuant to statute \$
6. Total \$
7. Deduct: Total amount paid on the Judgment \$
8. Balance due Judgment Creditor \$

Atty. No.:
Name:
Atty. for:
Address:
City/State/Zip Code:
Telephone:
Fax:

Signature of Attorney or Judgment Creditor
Print Name

ANSWER OF GARNISHEE DEFENDANT

This first section must be filled out by the judgment creditor.

Garnishee/Respondent: _____ Court Date: _____

Defendant's Name _____ SS No: xxx-xx-_____ Case No. _____

Judgment Balance: \$ _____

This is a garnishment: Freeze up to the Judgment Balance

INTERROGATORIES

- 1. On the date of service of the garnishment summons, did you have in your possession, custody or control any personal property or monies belonging to the judgment debtor?
2. Is this an IRA account? Or have all of the deposits made during the past 90 days been electronically deposited and identified as exempt Social Security, Unemployment Compensation, Public Assistance, Veteran's Benefits, Pension or Retirement or by a source drawing from any other statutory exemptions?

IF THE ANSWER IS "YES" GO TO THE NEXT QUESTION. IF "NO", GO TO THE INSTRUCTIONS.

- 3. Is/Are the account(s)' current balance(s) equal to or less than the total of the exempt deposits?
IF YOU ANSWERED "YES" TO ALL THREE (3) QUESTIONS AND FUNDS IN THE ACCOUNT(S) ARE EXEMPT, DO NOT FREEZE THE FUNDS.

GO TO THE "INSTRUCTIONS" BELOW.

Table with 3 columns: Account Type (A-G), ACCOUNT BALANCE, AMOUNT WITHHELD. Includes rows for Savings Account, Check/MMA/Now Account, Certificate of Deposit, Trust Account/Other, Safety Deposit, Land Trust No., and Less Right of Offset for Loans.

- 5. List all joint account holders or adverse claimants:
Name _____ Address _____ Account Information: Type: [] Checking [] CD Savings [] Account Number: _____

INSTRUCTIONS

(1.) Fill out and sign the certification below. (2.) This Answer must be filed at least three (3) days before the court date to assure timely processing. (3.) Fax or mail a copy of this Answer to (i) the Court, (ii) Plaintiff's attorney and (iii) Judgment Debtor. (4.) You will receive a copy of a Court Order by fax or mail instructing you how to proceed and where to send any withheld funds.

CERTIFICATION

Under the penalties as provided by law pursuant to Section 1-109 of the code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct and that I have mailed this Answer to Defendant(s).

Date: _____

Respondent Name: _____

Address: _____

City/State/Zip Code: _____

Telephone: _____

Fax: _____

Print Agent Name

Signature of Agent