
My Name

Address

City, State, Zip

Phone

Email

I am the ☐ Plaintiff
 ☐ Defendant
 ☐ Attorney for the ☐ Plaintiff ☐ Defendant Utah Bar number is _____

In the Washington County Justice Court of Utah
197 East Tabernacle St., St. George, Utah 84770

<p>_____ Plaintiff</p> <p>v.</p> <p>_____ Defendant</p>	<p>Reply and Request for Hearing</p> <p>_____ Case Number</p> <p>_____ Judge</p>
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- (1) ☐ I have read the Notice of Garnishment and Exemptions form. I understand that, by filing this form, I cannot object to the judgment that I owe money to the creditor. I am filing this form because I believe that the creditor has improperly garnished some of my money or property to pay the judgment.
- (2) ☐ I request that this matter be scheduled for a hearing.
- (3) The garnished property is:
 ☐ Funds in an account
 ☐ Wages

☐ Other Property

(4) ☐ The Writ of Garnishment was issued improperly because:

(5) ☐ The Answers to Interrogatories are inaccurate because:

(6) ☐ All [or this part: \$_____] of the property is exempt because it is:

- ☐ Benefits because of disability, illness or unemployment.
- ☐ Medical care benefits.
- ☐ Veteran's benefits.
- ☐ Social security benefits.
- ☐ Supplemental security income benefits (SSI).
- ☐ Workers' compensation benefits.
- ☐ Retirement benefits.
- ☐ Public assistance.
- ☐ Money for child support, alimony or separate maintenance.
- ☐ Compensatory damages from bodily injury or wrongful death.
- ☐ The proceeds of a life insurance contract or trust.
- ☐ Exempt wages.
- ☐ Owned by another person.
- ☐ Other. Explain:

(7) ☐ The judgment creditor owes me money because:

(8) ☐ I claim ownership of all or part of the money or property taken, and I am not one of the persons against whom a judgment was entered. Explain.

I have not included any non-public information in this document.

I declare under penalty of Utah Code Section 78B-5-705 that everything stated in this document is true.

_____	Sign here ►	_____
Date	Typed or Printed Name	_____

Certificate of Service

I certify that I served a copy of this document on the following people.

Person's Name	Method of Service	Served at this Address	Served on this Date
(Other Party or Attorney)	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Fax (Person agreed to service by fax.) <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		
(Clerk of Court)	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Electronic File		
	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Fax (Person agreed to service by fax.) <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		
	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Fax (Person agreed to service by fax.) <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		

Sign here ► _____

Date _____

Typed or Printed Name _____