
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
87 North 200 East, 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> |
|---|---|

- (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