

**IN THE CIRCUIT COURT OF THE FOURTH JUDICIAL CIRCUIT
MONTGOMERY COUNTY, ILLINOIS**

_____ Plaintiff
 vs.
 _____ Defendant
 and
 _____ Employer

No. _____
 Return Date: _____

AFFIDAVIT FOR WAGE DEDUCTION ORDER

_____ on oath states:
 1. I believe employer _____ is indebted to the judgment debtor _____ for wages due or to become due. Employer's address is: _____
 2. The last known address of the judgment debtor is _____

I request that a summons issue directed to employer and I certify that a copy of the attached Wage Deduction Notice was mailed to judgment debtor, by first class mail, at his/her last known address prior to filing of this wage deduction proceeding.

Name: _____
 Attorney for Judgment Creditor: _____
 Address: _____
 City/ZIP: _____
 Telephone: _____
 Atty. No.: _____

Affiant: _____

Under penalty of perjury as provided by law pursuant to 735 ILCS 5/1-109 the affiant certifies that the statements set forth herein are true and correct.

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.

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

1. Judgment in the above captioned case was entered on the _____ day of _____, 2_____
 2. The amount of Judgment was \$ _____
 3. Allowable costs previously expended:
 - a. Initial filing fee \$ _____
 - b. Original and alias summons \$ _____
 - c. Filing and summons costs of prior supplementary proceedings .. \$ _____
 4. Filing and summons cost for this proceeding \$ _____
 5. Statutory interest due on Judgment from date above \$ _____
- Total \$ _____

DEDUCT: Total amount paid by or on behalf of the judgment debtor prior to this proceeding \$ _____
 BALANCE DUE JUDGMENT CREDITOR \$ _____

 Attorney or Judgment Creditor

**IN THE CIRCUIT COURT OF THE FOURTH JUDICIAL CIRCUIT
MONTGOMERY COUNTY, ILLINOIS**

Return Date: _____

Case Number: _____

INTERROGATORIES/ANSWER TO WAGE DEDUCTION PROCEEDINGS

Employer/ Agent: _____, certifies under penalty of perjury that the following Answer is true and correct to the best of her/his knowledge and belief concerning the property of the judgment debtor:

Debtor Name: _____ Soc. Sec. No. _____

Do you pay monies to the judgment debtor listed above? Yes _____ No _____

State whether any funds paid to the debtor are for disability, retirement or are in any other way exempt or subject to other Court Order: _____

One Pay Period equals: _____ day(s) _____ week(s) _____ month(s).

CALCULATION TO DETERMINE AMOUNT OF WITHHOLDING

(A) Gross Wages minus mandatory contributions to pension or retirement plans is (A) _____

(B) METHOD I - 15% of (A) = (B) _____

METHOD II

(C) Enter Total FICA, State and Federal Tax and Medicare (C) _____

(D) Subtract (C) from (A) = (D) _____

(E) Enter Minimum wage per pay period (45 x \$6.50 per week) (E) _____

(F) Subtract (E) from (D) (F) _____

(G) Enter the lesser of Line (B) or (F) (G) _____

(H) Enter Child Support of other Court Ordered Deduction (H) _____

(I) Subtract (H) from (G) (I) _____

(J) Subtract Employer's Statutory Fee (§5/12 - 814) (J) _____

(K) Amount to be applied to judgment (K) _____

Line I is the amount to be withheld from employee's paycheck as of the date of service of Summons and not disbursed until further order of Court.

Signature of Employer _____

INSTRUCTIONS

1. Mail a copy of this Answer to the Court and mail to attorney for Plaintiff and give a copy to the Defendant.
2. You will receive a copy of a Court Order by fax or mail instructing you how to proceed and where to send deducted funds.

Employer/ Agent: _____

Agent Name: _____

Employer Name: _____

Address: _____

Phone: _____

Fax: _____

Clerk of the Circuit Court
_____ County Courthouse

Street

City, State, Zip

NOTE: A copy of this Answer should be mailed to the Court, Attorney for Plaintiff or Judgment Creditor and to the Defendant.