JUSTICE OF THE PEACE COURT OF THE STATE OF DELAWARE IN AND FOR _____ COUNTY COURT NO. ____

COURT ADDRESS:		CIVIL ACTION NO.			
PLAINTIFF/JUDGMENT CREDITOR: Name Address Phone		DEFENDANT/JUDGMENT DEBTOR: Name Address			
		Phone			
ANSWER TO REQUEST FOR (ATTACHM				Wages)	
Check all that are applicable:					
I, Defendant (name) garnishment.	(the Garnishee) hold no property owned by the and request dismissal of the				
I,owned by the Defendant (na	me)			<u> </u>	
There are other attachments					
			Date Attached	Amount of Attachment	
Please print or type:					
Name of Garnishee/Attorney		Signature of Garnishee or Attorney			
Address		Date			
Telephone		Title of Garnishee/Attorney			

Mail this completed form (Answer) to the Justice of the Peace Court at the address above as soon as possible, or no later than 20 days after the date you receive it.

FORM: CF17B (Rev. 8/31/18)