

**JUSTICE OF THE PEACE COURT OF THE STATE OF DELAWARE**  
**IN AND FOR \_\_\_\_\_ COUNTY**  
**COURT NO. \_\_\_\_\_**

**COURT ADDRESS:**

\_\_\_\_\_  
\_\_\_\_\_  
**CIVIL ACTION NO** \_\_\_\_\_

**PLAINTIFF/JUDGMENT CREDITOR:                      VS    DEFENDANT/JUDGMENT DEBTOR:**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

Garnishee  
Name: \_\_\_\_\_  
\_\_\_\_\_

Garnishee  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ANSWER TO REQUEST FOR GARNISHMENT OF WAGES  
(ATTACHMENT FIERI FACIAS)**

**Employment Status (*check one*):**

- |   |  |
|---|--|
| <input type="checkbox"/> The defendant is employed by this Garnishee. | <input type="checkbox"/> The Defendant is not employed by this Garnishee. The Garnishee requests dismissal of the garnishment. |
|---|--|

The rate or basis of pay is:

Hourly Pay: \$ \_\_\_\_\_ Per Hour & \_\_\_\_\_ Average Hours Per Week  
Salary Pay: \$ \_\_\_\_\_ Per Week (Calculate based on annual salary)

**Attachment Status (*check one*):**

- ☐ The Garnishee has attached this employee's wages for this debt.
- ☐ The Garnishee **cannot attach** this employee's wages for this debt because the employee's wages are already under attachment(s) as listed below:

Name and Address of Court	Case Number	Plaintiff's Name and Address	Date Attached	Amount of Attachment
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

- ☐ The Garnishee cannot attach this employee's wages for this debt because: \_\_\_\_\_

**Please print or type:**

\_\_\_\_\_  
Name of Garnishee/Attorney  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Signature of Garnishee or Attorney  
\_\_\_\_\_  
Date  
\_\_\_\_\_  
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.**