

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

Your name - name of party suing
Plaintiff
v.
Name of defendant
Defendant

XXX-XX-
Defendant's Social Security Number AND
Name of Employer
Third Party (Employer)

Return Date: given by cashier
No. case number

CITATION TO DISCOVER ASSETS (WAGES) TO THIRD PARTY EMPLOYER

To: Name of employer c/o Payroll Department, address of employer

YOU ARE REQUIRED to appear or file your answer to this Citation on the form appearing on the reverse side or attached hereto on court date noted above ("Return Date") prior to 9:30 a.m. in Courtroom 1401 located at:

- Richard J. Daley Center, Room 601, Chicago, IL 60602
- District 2: 5600 Old Orchard Rd., Skokie, IL 60077
- District 3: 2121 Euclid, Rolling Meadows, IL 60008
- District 4: 1500 Maybrook Dr., Maywood, IL 60153
- District 5: 10220 S. 76th Ave., Bridgeview, IL 60455
- District 6: 16501 S. Kedzie Pkwy., Markham, IL 60426.

Judgment was entered on date of judgment in favor of Plaintiff your name
and against Defendant(s) defendant's name in this Court under case number case number
in the sum of \$ total amount (judgment amount plus court costs)
There is now due, less credit and off-set, the sum of \$ _____ . Further sums may become due as costs and interest accrue.

YOU ARE TO INFORM THE COURT of property (wages) you may hold belonging to Defendant _____ or to which s/he may be entitled or which may thereafter be acquired by or become due to him or her.

YOU ARE PROHIBITED from making or allowing any transfer or other disposition of, or interfering with, any property not exempt from execution or garnishment belonging to Defendant or to which s/he may be entitled or which may thereafter be acquired by or become due to him or her, and from paying over or otherwise disposing of any moneys not so exempt which are due or to become due to Defendant, up to double the amount of the balance due, until further order of court or termination of the proceeding, whichever occurs first.

THE COURT MAY PUNISH YOU if you violate the restraining provision of this citation as and for contempt, and the court may enter judgment against you for either the amount of the unpaid portion of the judgment and costs allowable under this section or the amount of the value of the property transferred, whichever is less. 735 ILCS 5/2-1402(f)(1) (2004). Failure to answer this Citation may also result in entry of judgment against you for the balance due. 735 ILCS 5/2-1402(c)(4) (2004); 735 ILCS 5/12-807(a) (2004).

YOUR FAILURE TO FILE AN ANSWER OR APPEAR IN COURT AS HEREIN DIRECTED MAY CAUSE YOU TO BE ARRESTED AND BROUGHT BEFORE THE COURT TO ANSWER TO THE CHARGE OF CONTEMPT OF COURT, WHICH MAY BE PUNISHABLE BY IMPRISONMENT IN THE COUNTY JAIL.

CERTIFICATION BY JUDGMENT CREDITOR OR ATTORNEY FOR JUDGMENT CREDITOR

Under penalties as provided by law pursuant to Section 1-109 of the Code of Civil Procedure (735 ILCS 5/1-109), the undersigned certifies that the above information regarding the amount of the judgment, the date of the judgment, or its revival date, the balance due thereon, the name of the Court and the number of the case is true and correct.

Signature: your signature Atty. No. Pro Se
Name: your name - printed Telephone: _____
Address: your address Fax: _____

Clerk of the Court

Seal of Court

CERTIFICATION OF MAILING BY JUDGMENT CREDITOR OR ATTORNEY FOR JUDGMENT CREDITOR

Under penalties as provided by law pursuant to Section 1-109 of the Code of Civil Procedure (735 ILCS 5/1-109), the undersigned certifies that s/he mailed by regular first-class mail a copy of the citation notice and this citation to Defendant at the address shown below.

Signature: _____ Name: _____

INTERROGATORIES/ANSWER TO THIRD PARTY CITATION TO DISCOVER ASSETS (WAGES)

Employer/Agent: Employer will complete Return Date: _____
Defendant's Name: _____ S.S. No. XXX-XX-_____ Case No.: _____

Defendant's Address: _____

Do you pay money to the Defendant listed above? Yes No

IF YOUR ANSWER IS "NO," GO TO "INSTRUCTIONS" BELOW.

Are any funds paid to the debtor:
 Subject to prior court ordered deduction for Disability for Retirement Otherwise exempt (Describe _____).

CALCULATION TO DETERMINE AMOUNT OF WITHHOLDING

(Note: Withholding must be recalculated for every pay period if income varies.)

Do you pay debtor: Every week Every two weeks Semi-monthly Monthly Other For employer to complete

(A) Gross wages per paycheck minus mandatory contributions to pensions or retirement plan (A) _____
(B) 15% of (A) = (B) _____
(C) Enter total FICA, State Tax, Federal Tax and Medicare (C) _____
(D) Subtract (C) from (A) = (D) _____

(E) If debtor is paid every week, enter \$292.50
If debtor is paid every two weeks, enter \$585.00
If debtor is paid semi-monthly, enter \$633.75
If debtor is paid monthly, enter \$1,267.50
If other, multiply 45 times state minimum wage (currently \$6.50) times number of weeks in pay period (E) _____
(F) Subtract (E) from (D) (Enclose a negative number in parentheses, e.g., (\$50.00)). (F) _____

IF LINE "F" IS ZERO OR A NEGATIVE NUMBER, WITHHOLD NO WAGES GO TO "INSTRUCTIONS" BELOW

(G) Enter the lesser of Line (B) or (F). (G) _____
(H) Enter Child Support or other Court Ordered Deduction. (H) _____
(I) Subtract (H) from (G) (Enclose a negative number in parentheses, e.g., (\$50.00)). (I) _____

IF LINE "I" IS ZERO OR A NEGATIVE NUMBER, WITHHOLD NO WAGES, GO TO "INSTRUCTIONS" BELOW

(J) Subtract Employer's One-Time Statutory Fee (the greater of \$12.00 or 2%. See 735 ILCS 5/12-814). (J) _____
(K) Amount to be applied to Judgment (K) _____

LINE "I" MUST BE WITHHELD AS OF THE DATE OF SERVICE AND HELD UNTIL FURTHER COURT ORDER.

INSTRUCTIONS

- 1. Fill out and sign the certification below.
- 2. Fax or mail a copy of this Answer to the Court and Plaintiff's attorney and give a copy to the Defendant. If filing in the First Municipal District, you may fax it to (312) 603-6522 or mail it to the Clerk of the Court, Richard J. Daley Center, 50 West Washington Street, Room 602, Chicago, Illinois 60602.
- 3. You will receive a copy of a Court Order by fax or mail instructing you how to proceed and where to send any withheld funds.

THIRD PARTY EMPLOYER CERTIFICATION

Under the penalties as provided by law pursuant to Section 1-109 of the Code of Civil Procedure (735 ILCS 5/1-109), the undersigned certifies that the statements set forth in this instrument are true and correct and that I have either mailed or hand delivered a copy of this completed Interrogatories/Answer to the Defendant.

Date: _____

Signature of Employer/Agent: _____ Telephone: _____

Print full name clearly: _____ Fax: _____