

IN THE CIRCUIT COURT OF THE _____ JUDICIAL CIRCUIT
 _____ COUNTY ILLINOIS

vs. Plaintiff- _____ No. _____
 and Defendant- _____ Return date _____
 Employer _____ 21 to 40 days after date of issuance of summons

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:

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 JUDGEMENT CREDITOR

NOTE: Non-Attorneys must also submit a copy of the underlying judgment or a certification by the clerk of the courts 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. 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 on or behalf of the judgment debtor prior to this proceeding _____ \$ _____
 BALANCE DUE JUDGMENT CREDITOR _____ \$ _____

 Attorney or Judgment Creditor (OVER)

IN THE CIRCUIT COURT OF THE _____ JUDICIAL CIRCUIT
_____ COUNTY ILLINOIS

Return Date: _____ Case Number: _____

INTERROGATIONS/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 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 plan 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 (for each week in pay period, 45 times the federal minimum hourly wage or, under a wage deduction summons served on or after January 1, 2006, the minimum hourly wage prescribed by Section 4 of the Illinois Minimum Wage Law, whichever is greater) (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): greater of 2% of amount required to be deducted or \$12.00 (J) _____

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

Line 1 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 deductible funds.

Employer/Agent:

Agent Name _____

Clerk of the Circuit Court

Employer Name _____

_____ County Courthouse

Address _____

_____ Street

City, State, Zip _____

_____ City, State, Zip

Phone _____

FAX _____

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