
My Name

Address

City, State, Zip

Phone

Email

I am the Plaintiff/Petitioner
 Defendant/Respondent
 Attorney for the Plaintiff/Petitioner Defendant/Respondent and my
Utah Bar number is _____

In the District Justice Court of _____ County, Utah

Court Address _____

Reply and Request for Hearing	
_____ Plaintiff/Petitioner	_____ Case Number
v.	_____ Judge
_____ Defendant/Respondent	_____ Commissioner

- (1) I have read the Notice of Garnishment and Exemptions form. I understand that, by filing this form, I cannot object to the judgment that I owe money to the creditor. I am filing this form because I believe that the creditor has improperly garnished some of my money or property to pay the judgment.
- (2) I request that this matter be scheduled for a hearing.
- (3) The garnished property is:
 Funds in an account
 Wages

Other Property

(4) The Writ of Garnishment was issued improperly because:

(5) The Answers to Interrogatories are inaccurate because:

(6) All [or this part: \$_____] of the property is exempt because it is:

- Benefits because of disability, illness or unemployment.
- Medical care benefits.
- Veteran's benefits.
- Social security benefits.
- Supplemental security income benefits (SSI).
- Workers' compensation benefits.
- Retirement benefits.
- Public assistance.
- Money for child support, alimony or separate maintenance.
- Compensatory damages from bodily injury or wrongful death.
- The proceeds of a life insurance contract or trust.
- Exempt wages.
- Owned by another person.
- Other. Explain:

Certificate of Service

I certify that I served a copy of this document on the following people.

Person's Name	Method of Service	Served at this Address	Served on this Date
(Other Party or Attorney)	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Fax (Person agreed to service by fax.) <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		
(Clerk of Court)	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Electronic File		
	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Fax (Person agreed to service by fax.) <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		
	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Fax (Person agreed to service by fax.) <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		

_____ Sign here ► _____
 Date
 _____ Typed or Printed Name _____