
Name

Address

City, State, Zip

Phone

Check your email. You will receive information and documents at this email address.

Email

I am Plaintiff/Petitioner Defendant/Respondent
 Plaintiff/Petitioner's Attorney Defendant/Respondent's Attorney (Utah Bar #: _____)

In the District Justice Court of Utah

_____ Judicial District _____ County

Court Address _____

Reply and Request for Hearing

Plaintiff/Petitioner

v.

Defendant/Respondent

Case Number

Judge

Commissioner (domestic cases)

1. I have read the Notice of Garnishment and Exemptions form. I understand that I cannot use this form to challenge why the judgment was entered against the judgment debtor. I believe that the creditor has improperly garnished money or property to pay the judgment.
2. The garnished property is:
 Funds in an account
 Wages
 Other property (Describe): _____

3. The Writ of Garnishment was not issued correctly because:

4. The Answers to Interrogatories are wrong because:

5. All or 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):

6. This amount is exempt: \$ _____.

7. The judgment creditor owes me money because:

8. I claim ownership of all or part of the money or property taken, but I am not the judgment debtor. (Explain.)

9. I request a hearing.

I declare under criminal penalty under the law of Utah that everything stated in this document is true.

Signed at _____ (city, and state or country).

Date

Signature ► _____

Printed Name _____

Certificate of Service

I certify that I filed with the court and am serving a copy of this Reply and Request for Hearing on the following people.

Person's Name	Service Method	Service Address	Service Date
	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> E-filed <input type="checkbox"/> 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"/> E-filed <input type="checkbox"/> 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.)		
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Signature ►

Date

Printed Name