

**AFFIDAVIT OF CURRENT BALANCE DUE
(WAGE GARNISHMENT)**

Name(s)

Street Address

City, State, Zip Code

V.

Name(s)

Street Address

City, State, Zip Code

Plaintiff(s)/Judgment Creditor(s)

Defendant(s)/Judgment Debtor(s)

**ASHLAND MUNICIPAL COURT
1209 EAST MAIN STREET
ASHLAND, OHIO 44805
(419) 281-4890**

Case No. _____

STATE OF _____)
COUNTY OF _____) ss:

The undersigned, being first duly cautioned and sworn, do affirm and state that I am _____ Judgment Creditor Name/"the attorney for"
the judgment creditor herein, and that said judgment creditor on _____ Judgment/Transfer Date (mm/dd/yyyy), duly recovered or transferred a
judgment in/to the **Ashland Municipal Court** against the judgment debtor named above. Said judgment remains unsatisfied as follows:

Amount of Judgment	\$ _____
+ Interest to Date at a Rate of _____%	\$ _____
+ Court Costs to Date (Including Cost of Filing This Garnishment)	\$ _____
- Amount Received Since Judgment	\$ _____
TOTAL AMOUNT NOW DUE	\$ _____

FURTHER AFFIANT SAYETH NAUGHT.

Affiant's Signature

Affiant's Name (Please Print)

Sworn to and subscribed before me on _____, 20____.

Notary Public

CERTIFICATE OF SERVICE

A copy of this Affidavit of Current Balance Due, along with two (2) copies of the Notice to the Judgment Debtor and Request for Hearing forms, were delivered to the judgment debtor at the address set forth above by personal/residence service, certified U.S. mail (return receipt requested), or ordinary U.S. mail (certificate of mailing) on the _____ day of _____, 20____.

Plaintiff(s)' Signature(s)

Plaintiff(s)' Name(s) (Please Print)

OR

Attorney Signature

Attorney Name Attorney Reg. #

Street Address

City, State, Zip Code

Phone Number Fax Number

Email Address