

REQUEST FOR HEARING (WAGE GARNISHMENT)

Name

Plaintiff(s)/Judgment Creditor(s)

Case No. _____

-VS-

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

Name

Defendant(s)/Judgment Debtor(s)

I dispute the judgment creditor's right to garnish my personal earnings in the above case, and I request that a hearing in this matter be held no later than twelve (12) days after my delivery of this request to the Civil and Small Claims Division of the Ashland Municipal Court, 1209 East Main Street, Ashland, Ohio, 44805.

I _____ (insert "do" or "do not") feel that the need for the hearing is an emergency.

I dispute the judgment creditor's right to garnish my personal earnings for the following reason(s) (optional):

I UNDERSTAND THAT NO OBJECTIONS TO THE JUDGMENT ITSELF WILL BE HEARD OR CONSIDERED AT THE HEARING.

Date

Defendant's/Judgment Debtor's Signature

Defendant's/Judgment Debtor's Name (Please Print)

Street Address

City, State, Zip Code

Phone Number

Fax Number

Email Address

WARNING: IF YOU DO NOT DELIVER THIS REQUEST FOR HEARING OR A REQUEST IN A SUBSTANTIALLY SIMILAR FORM TO THE CIVIL AND SMALL CLAIMS DIVISION OF THE ASHLAND MUNICIPAL COURT, 1209 EAST MAIN STREET, ASHLAND, OHIO, 44805, WITHIN FIVE (5) BUSINESS DAYS OF YOUR RECEIPT OF IT, THEN YOU WAIVE YOUR RIGHT TO A HEARING, AND SOME OF YOUR PERSONAL EARNINGS WILL BE PAID TO THE JUDGMENT CREDITOR(S) IN SATISFACTION OF YOUR DEBT TO THE JUDGMENT CREDITOR(S).