



GARNISHMENT INFORMATION FORM

This form must accompany all tax levies and default student loans when they are submitted to the garnishment division.

Please send immediately, via inter-departmental mail or fax, to:

Maricopa County Education Service Agency
4041 North Central Ave., Suite 1200
Phoenix, AZ 85012

garnishments@mcesa.maricopa.gov
Phone: 824/594/ : 647 824/728/5755
FAX: "602-372-8589

Date Garnishment Received: _____

Employee Name: _____

Social Security #: _____

Employee Address & Phone #: _____

Start Date/Currently Employed/Term Date : _____

School District & Location Code: _____

Direct Deposit: Yes No Child Support: Yes No Amount of Child Support (per pay): \$ _____

Comments: _____

Prior to sending in this form please be sure to change the employee's Pay Location to sort with garnished employees ("000 Garnishment") and deactivate any Direct Deposit Deductions.

For Official Use Only Next Pay Date: _____ ON OFF Case Number: _____

Creditor/Plaintiff: _____ Phone: _____

WR TL DSL SSA TR TRSY BK Judgment Amt: \$ _____ Withholdings: _____

Date Answered: _____ Date Notified: _____ Date DD Stopped: _____

Existing Garnishments: YES NO Creditor/Plaintiff: _____

Notified Creditor by: Email Fax Call Completion Date: _____

Outcome: _____

Released: _____ No Deductions Taken: _____

Fee Charge: \$50.00 \$25.00