
Full Name of Party Filing This Document

Mailing Address (Street or Post Office Box)

City, State and Zip Code

Telephone Number

IN THE DISTRICT COURT OF THE _____ JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF _____

Plaintiff(s),
vs.

Defendant(s).

Case No.: _____

WRIT OF CONTINUING GARNISHMENT

STATE OF IDAHO)
) ss:
County of _____)

THE STATE OF IDAHO to the Sheriff of the County of _____

THE STATE OF IDAHO to (employer) _____

On (date) _____, (your name) _____

recovered a judgment against the defendant(s) in this case for:

TOTAL SUM OF JUDGMENT:	\$ _____
Amount(s) paid by defendant(s):	\$ _____
Plus accruing costs:	\$ _____
Plus accrued interest:	\$ _____
Total amount now due and owing:	\$ _____

You, THE SHERIFF, are required to satisfy the judgment, with post-judgment interest accruing at the legal rate and accruing costs, out of the personal property of

_____ (name of defendant) and make return of this writ within ninety (90) days after receipt of this writ.

You, THE EMPLOYER of the judgment debtor, are hereby directed to pay the Sheriff of _____ County such future moneys coming due to _____ (name of defendant) as a result of his/her employment with you, pursuant to Section 8-509, Idaho Code. This garnishment shall continue until the judgment, including post-judgment interest and accruing costs, has been fully paid.

YOU ARE HEREBY NOTIFIED THAT IF YOU FAIL TO COMPLY with the terms of this writ, that you, the employer, may be held responsible for payment of such sums that you are required by this writ to withhold from the wages of the judgment debtor. YOU ARE FURTHER NOTIFIED that if you are paying over to the sheriff, pursuant to this writ, from the compensation of the judgment debtor, the maximum amount allowed under the provision of section 11-207, Idaho Code, then no other garnishments may be served upon you until this garnishment is satisfied.

Date: _____

CLERK OF THE DISTRICT COURT

By: _____, Deputy