

NOTICE TO THE EMPLOYER/GARNISHEE

**You have been provided
with two (2) sets of the
attached documents.
Upon receipt, please provide
one (1) set to the employee
whose wages are being
garnished.**

In accordance with the **Americans with Disabilities Act** if you require an accommodation for your disability, please contact the District Court Administration Office at PHONE NO. 246-3347, FAX 246-3353, or TTY 539-4853 at least ten (10) working days in advance of your hearing or appointment date.