

Note:

In The Circuit Court For The Seventh Judicial Circuit of Illinois Sangamon County, Springfield, Illinois

Return Date:	Case No.
INTERROGATORIES/AN	SWER TO WAGE DEDUCTION
Employer/Agent:ttrue and correct to the best of his/her knowledge and be	_, certifies under penalty of perjury that the following Answer is elief concerning the property of the Judgment Debtor:
Debtor Name:	•
Do you pay monies to the Judgment Debtor listed above	e? Yes □ No □
State whether any funds paid to the Debtor are for disabother Court Order:	pility, retirement or are in any other way exempt or subject to
One Pay Period Equals:(Days)	(Weeks)(Months).
CALCULATION TO DETERN	MINE AMOUNT OF WITHHOLDING:
(A) Gross Wages minus mandatory contributions to	o pension or retirement
plans is (B) METHOD I - 15% OF (A) =	(A)
METHOD II - (C) Enter Total FICA, State and Federal Tax (D) Subtract (C) from (A) (E) Enter Minimum Wage per pay period (45) (F) Subtract (E) from (D) (G) Enter the lesser of Line (B) or (F) (H) Enter child support of other Court Ordered Dec (I) Subtract (H) from (G) (J) Subtract Employer's Statutory Fee (\$5/12 - 814) (K) Amount to be applied to Judgment	and Medicare (C) (D) (E) (F) (G) (duction (H) (I) (J) (K)
Line I is the amount to be withheld from Employe ddisbursed until further Order of Court.	e's paycheck as of the Date of Service of Summons and not
	Signature of Employer
INSTRUC' 1. Mail a copy of this Answer to the Court and n	TIONS nail to Attorney for Petitioner and give a copy to the
Defendant.	ax or mail, instructing you how to proceed and where to send
EMPLOYER/AGENT:	CLERK OF THE CIRCUIT COURT
Agent Name: Employer: Address: City/State/Zip: Area Code/Telephone:	Sangamon County Courthouse 200 South Ninth Street, Room 405

Form 86

A copy of this Answer should be mailed to the Court, Attorney for Petitioner or Judgment Creditor and the Defendant.