

DATE: [Date]

TO: [Payroll Department/Employer Name]

ADDRESS: [Employer Address]

ATTENTION: Payroll Manager

RE: NOTICE OF WAGE GARNISHMENT

Employee Name: [Employee Full Name]

Employee ID/SSN (Last 4): [ID Number]

Case Number: [Court/Reference Number]

Dear Payroll Department,

You are hereby notified that a Wage Garnishment Order has been issued against the earnings of the above-named employee. Pursuant to [State/Federal Law], you are legally required to withhold a portion of the employee's disposable earnings and remit them to the designated payee.

INSTRUCTIONS FOR COMPLIANCE:

- **Withholding Amount:** Deduct [Dollar Amount or Percentage]% of the employee's disposable income per pay period.
- **Effective Date:** Begin withholding immediately upon receipt of this notice for the next available pay cycle.
- **Disposable Earnings:** This refers to the amount remaining after legally required deductions (e.g., Federal/State taxes, Social Security, Medicare).
- **Maximum Limits:** Ensure that the total amount withheld does not exceed the limits set by the Consumer Credit Protection Act (CCPA) or applicable state law.
- **Payment Frequency:** Remit payments within [Number] days of each payday.

REMITTANCE INFORMATION:

Please make checks payable to: [Payee Name/Agency]

Include Case Number [**Case Number**] on the check.

Mail payments to: [Payment Address]

EMPLOYER OBLIGATIONS:

If the individual named above is no longer employed by your company, you must notify [Issuing Agency/Court] in writing within [Number] days, providing the employee's last known address and the name of their new employer, if known.

Failure to comply with this order may result in legal action and financial liability against the employer for the amount not withheld.

Sincerely,

[Your Name/Signature]

[Title]

[Organization/Agency Name]

[Phone Number]