

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

\_\_\_\_\_ MUNICIPAL DISTRICT, CIVIL DIVISION

\_\_\_\_\_  
 Plaintiff(s),  
 v.  
 \_\_\_\_\_  
 Defendant(s),  
 XXX-XX- \_\_\_\_\_  
 \_\_\_\_\_  
 Respondent.

Case No. \_\_\_\_\_  
 Court Date: \_\_\_\_\_  
 (21 to 40 days after date of issuance of summons)

**AFFIDAVIT FOR WAGE DEDUCTION SUMMONS**

I, the undersigned, certify under penalties as provided by law under 735 ILCS 5/1-109, that the following information is true.

1. I believe Respondent \_\_\_\_\_ is indebted to the Judgment Debtor \_\_\_\_\_ for wages due or to become due.
2. The last known address of the Judgment Debtor is:  
\_\_\_\_\_.
3. I request that a summons issue directed to Respondent.

**CERTIFICATE OF ATTORNEY OR JUDGMENT CREDITOR**

**Note:** Non-Attorneys must also submit a copy of the underlying Judgment or a certification by the Clerk of the Court that entered the Judgment.

1. Judgment in this case was entered on \_\_\_\_\_ .
2. Amount of Judgment \$ \_\_\_\_\_
3. Allowable costs previously expended:
  - a. Initial filing fee \$ \_\_\_\_\_
  - b. Original and alias summons \$ \_\_\_\_\_
  - c. Filing and summons costs of prior supplementary proceedings \$ \_\_\_\_\_
4. Filing and summons cost for this garnishment \$ \_\_\_\_\_
5. Interest at 9% pursuant to statute \$ \_\_\_\_\_
6. Total \$ \_\_\_\_\_
7. **Deduct:** Total amount paid by or on behalf of the Judgment Debtor before this garnishment \$ \_\_\_\_\_
8. Balance due Judgment Creditor \$ \_\_\_\_\_

Atty. No.: \_\_\_\_\_

Atty Name: \_\_\_\_\_

Atty. for: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Primary Email: \_\_\_\_\_

\_\_\_\_\_  
Attorney or Judgment Creditor Signature

\_\_\_\_\_  
Print Name

Employer/Agent: \_\_\_\_\_ Court Date: \_\_\_\_\_

Defendant's Name: \_\_\_\_\_ SSN. xxx-xx- \_\_\_\_\_ Case No. \_\_\_\_\_

Defendant's Address \_\_\_\_\_

**CERTIFICATION OF MAILING BY JUDGMENT CREDITOR OR ATTORNEY FOR JUDGMENT CREDITOR**

Under penalties as provided by law pursuant to Section 1-109 of the Code of Civil Procedure (735 ILCS 5/1-109), I certify that I mailed by regular first-class mail a copy of the Wage Deduction Notice to

Defendant at the address shown above on \_\_\_\_\_ .

Signature: \_\_\_\_\_ Name: \_\_\_\_\_

**INTERROGATORIES/ANSWER TO WAGE DEDUCTION PROCEEDINGS**

Do you pay any money to the Defendant listed above? Yes No If terminated, date: \_\_\_\_\_ .

**If your answer is "No," go to "Respondent Certification"**

Of the funds paid to the debtor, are any of those funds:

Subject to prior court ordered deduction (including child/spouse support) Case Number,

State, County \_\_\_\_\_ .

Disability? Retirement? Otherwise exempt?

(Describe \_\_\_\_\_)

**CALCULATION TO DETERMINE AMOUNT OF WITHHOLDING**

Note: If income varies, withholding must be recalculated for every pay period.)

Do you pay debtor:    Every week    Every 2 weeks    Semi-monthly  
                                  Monthly    Other \_\_\_\_\_

A. Gross wages per paycheck minus mandatory contributions to pensions or retirement plan    \$ \_\_\_\_\_

B. 15% of (A) =    \$ \_\_\_\_\_

C. Enter total FICA, State Tax, Federal Tax and Medicare    \$ \_\_\_\_\_

D. Subtract (C) from (A) =    \$ \_\_\_\_\_

E. If debtor is paid every week, enter \$371.25  
 If debtor is paid every two weeks, enter \$742.50  
 If debtor is paid semi-monthly, enter \$804.37  
 If debtor is paid monthly, enter \$1,608.75  
 If other, multiply 45 times state minimum wage (currently \$8.25)  
 times number of weeks in pay period    \$ \_\_\_\_\_

F. Subtract (E) from (D) (Enclose a negative number in parentheses, e.g., (\$50.00))    \$ \_\_\_\_\_

**If Line "F" is zero or a negative number, do not withhold any wages. Go to "INSTRUCTIONS" section.**

G. Enter the Lesser of Line (B) or (F)    \$ \_\_\_\_\_

H. Enter Child Support or other Court Ordered Deduction    \$ \_\_\_\_\_

I. Subtract (H) from (G) (Enclose a negative number in parentheses, e.g., (\$50.00))    \$ \_\_\_\_\_

**Line "I" must be withheld as of the date of service and held until further court order.**  
**If Line "I" is zero or a negative number, do not withhold any wages. Go to "INSTRUCTIONS" section.**

J. Subtract Employer's Statutory Fee (2% of line "I"). See 735 ILCS 5/12-814.    \$ \_\_\_\_\_

K. Amount to be applied to Judgment    \$ \_\_\_\_\_

**INSTRUCTIONS**

1. Complete the Interrogatories/Answer to Wage Deduction Proceedings section on this form.
2. Complete and sign the certification at the bottom of this page.
3. File this affidavit electronically by visiting [www.cookcountyclerkofcourt.org](http://www.cookcountyclerkofcourt.org) and proceed with the eFile process.

**RESPONDENT CERTIFICATION**

Under the penalties as provided by law pursuant to Section 1-109 of the Code of Civil Procedure (735 ILCS 5/1-109), the undersigned certifies that the statements set forth in this instrument are true and correct and that I have either mailed or hand delivered a copy of this completed Interrogatories/Answer to the Clerk, Plaintiff's attorney and Defendant.

Date: \_\_\_\_\_

Employer/Agent Signature: \_\_\_\_\_

Employer/Agent: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Primary Email: \_\_\_\_\_