IN THE CIRCUIT COURT OF THE SIXTEENTH JUDICIAL CIRCUIT KANE COUNTY, ILLINOIS

		Case No					
Plaintiff(s))	Defendant(s)					
Plaintiff(s) Employer	•	Defendant(s) Atty.		-			
Name:	•						
Address:							
City, State	and Zin [.]			Eile Stomm			
City, State	•	DAVIT FOR WAGE DE	DUCTION	File Stamp			
1. I be	lieve employer			_ is indebted to the Judgment Debtor			
		for wages due or to bec	come due. Emp	loyer's address is stated above.			
2. The	last known address of the Judg	ment Debtor is					
I request the	at a summons issue directed to e	employer and I certify that a co	py of the attach	ed Wage Deduction Notice was mailed to			
Judgment D	Debtor, by first class mail, at his	her last known address prior to	o filing this wag	e deduction proceeding.			
			ffiant:				
	dgment Creditor:		to 735 IL	enalty of perjury as provided by law pursuant LCS 5/1-109 the affiant certifies that the			
	tration No.:			ts set forth herein are true and correct.			
	and Zip:						
Phone:	.,						
Attorney E-	-mail:						
		TE OF ATTORNEY OR					
Note: Non judgment.	Attorneys must also submit a co	py of the underlying judgment	or a certification	on by the Clerk of the Court that entered the			
I, the under	signed certify under penalties as	s provided by law pursuant to 7	35 ILCS 5/1-10	99 that the following information is true:			
1.	Judgment in the above captio	ned case was entered on					
2.	The amount of Judgment was						
3.	Allowable costs previously e						
	A. Initial Filing Fees						
	C. Filing and summons costs of prior supplementary proceedings						
4.	Filing and summons cost for	this proceedings					
5.	Statutory interest due on Judg	gment from date above					
			TOTAL				
Deduct: Tot	tal amount paid by or on behalf	of the Judgment Debtor prior t		ng			
			-				
2112/11/01							
	Atto	rney or Judgment Creditor					

IN THE CIRCUIT COURT OF THE SIXTEENTH JUDICIAL CIRCUIT KANE COUNTY, ILLINOIS

	Case No								
Plaintiff(s)	Defendant(s)								
Plaintiff(s) Atty.	Defendant(s) Atty.								
Employer:									
Name:									
Address:									
City, State and Zip:	File Stamp								
INTERRO	OGATORIES/ANSWER TO WAGE	DEDUCT	ION PROCEEDING	S					
Employer/Agent:, the undersigned, certifies under penalty of perjury that the following									
Answer is true and correct to the best of her/his knowledge and belief concerning the property of the Judgment Debtor.									
Debtor Name: Social Security No.:									
Do you pay monies to the Judgment Debtor above? Yes No									
If answer to preceding question is "No," state date Debtor was last employed:									
State whether any funds paid to the Debtor are for disability, retirement or are in any other way exempt or subject to other Court									
Order:									
One pay period equals:	day(s) week(s) r	month(s)		_ other					
CAL	CULATION TO DETERMINE AMO	UNT OF V	VITHHOLDING:						
(A) Gross Wages minus mandatory contributions to pension or retirement plans is									
(B) <u>METHOD I</u> - 15% OF (A)									
(C) Enter Total FICA, State and Federal Tax and Medicare									
(D) Subtract (C) from (A)=									
 (E) Enter Minimum wage per pay period									
(F) Subtract (E) from (D) (G) Enter Lesser of line (B) or (F)									
	her Court Ordered Deduction, including currer								
	(I) Subtract (H) from (G)								
(J) Subtract Employer's Statu (Optional: A fee of \$12.00	J) Subtract Employer's Statutory Fee (735 ILCS 5/12-814)								
(K) Amount to be applied to j	udgment								
	INSTRUCTIONS	5							
 Mail a copy of this Answer to the Court and mail to attorney for Plaintiff and give a copy to the Defendant. You will receive a copy of a Court Order by fax or mail instructing you how to proceed and where to send deducted funds. 									
Signature of Employer or Age	ent (Affiant)								
8	<								
Subscribed and Sworn to before me on									