

KANDIYOHI COUNTY SHERIFF'S OFFICE

2201 NE 23 Street PO Box 733

Willmar MN 56201

320-214-6700 Ext. 3329

WAGE ASSIGNMENT

_____ (Judgment Creditor)

against

_____ (Judgment Debtor)

I, _____ do hereby authorize my employer

_____ to deduct from my wage \$ _____ every pay period and turn this money over to the Kandiyohi County Sheriff's Office to be applied to Writ of Execution # _____ from _____ until paid in full.

Supervisor/Employer _____

Employee _____ Date _____

Supervisor/Employer – please contact our Civil Division upon receipt of this Wage Assignment and/or if at any time you have any questions or concerns.

We appreciate your cooperation during this collection.

FAILURE TO COMPLY WITH THE TERMS OF
THIS WAGE ASSIGNMENT MAY RESULT
IN YOUR WAGES / EARNINGS BEING
LEVIED / GARNISHED UPON.