

NOTICE TO THE EMPLOYER/GARNISHEE

**You have been provided
with two (2) sets of the
attached documents.
Upon receipt, please provide
one (1) set to the employee
whose wages are being
garnished.**

In accordance with the **Americans with Disabilities Act** if you require an accommodation for your disability, please contact the District Court Administration Office at PHONE NO. 538-5121, FAX 538-5233, or TYY 539-4853 at least ten (10) working days in advance of your hearing or appointment date. For Civil related matters, please call 538-5151.

GARNNOTI.27A (6/15/98)