

INSTRUCTIONS FOR FILING A WAGE GARNISHMENT ACTION ONEIDA JUDICIARY

1. This packet explains the wage garnishment process at the Oneida Judiciary and contains the necessary forms for starting a wage garnishment action.
2. Fill out the enclosed Petition. A few things to remember:
 - a. You must have a copy of the proof of judgment showing how much the debtor owes.
 - b. Post judgment interest will be included in accordance with section 58.5-6(d).
 - c. Please be precise and as accurate as possible with the information you provide.
3. Wage garnishments are governed by Chapter 58 of the Oneida Code of Laws (copy included with this packet). **DO NOT FILE A SEPARATE WAGE GARNISHMENT ACTION IN STATE COURT.** It will not be recognized and you will not be able to claim the state court filing fee as an expense. Read Chapter 58 so you are aware of the Tribe's laws.
4. File the original Petition form include a copy of the proof of judgment and your \$25 filing fee with your filing. (Your \$25 filing fee is required to be reimbursed by the Debtor and if a garnishment is enacted, the filing fee will be included in the total due to the Creditor.)
5. Upon filing the Clerk will mail a copy of your Petition along with the Debtor's answer form to the Debtor.
6. You will be notified when a hearing date is set. You may appear by phone at this hearing by contacting the court with arrangements in advance.

ONEIDA JUDICIARY

Case No. _____

Petitioner/Creditor:

Enter the name, address and daytime phone number of the petitioner/creditor from the original case file.

First name Middle name Last name

Current Mailing Address

City State Zip Daytime Phone Number

vs.

Respondent/Debtor:

Enter the name, address, and daytime phone number of the respondent/debtor from the original case file.

First name Middle name Last name

Current Mailing Address Social Security #

City State Zip Daytime Phone Number

Oneida Nation,
Employer / Garnishee

PETITION FOR WAGE GARNISHMENT

Pursuant to Chapter 58 of the Oneida Code of Laws, the Petitioner files this Petition for Wage Garnishment and alleges as follows:

I am the Creditor in this action.

A. I am providing the following information about the debtor:

Enter social security number

SSN: _____

1. Reason for Claim:

2. Amount of Claim: _____

3. Court where judgment was obtained (attach proof of judgment):

4. Post judgment interest you are claiming, if any (please see section 58.5-6(d)):

5. Other costs you are claiming in addition to the balance on the judgment:

6. Summary of amounts claimed:

Judgment amount:	
Post Judgment Interest	
Filing Fee:	\$25.00
TOTAL:	

7. Please make check payable to and remit payment to:

7. JURISDICTION SUBMISSION STATEMENT: As required by Sec. 58.4-1 of the Wage Garnishment Ordinance, the Creditor is submitting to the jurisdiction of the Oneida Nation in this particular action.

Dated this ____ day of _____, 20 ____

BY: Petitioner/Creditor or Petitioner's Attorney/Advocate

Signature

Printed

Phone #

ONEIDA JUDICIARY

Creditor:

Debtor:

Garnishee: Oneida Tribe of Indians of Wisconsin

Earnings Garnishment Exemption Notice

Case No. _____

To the debtor:

The creditor has been awarded a judgment against you or your spouse as indicated below. That judgment has not been fully paid. The creditor has now filed a garnishment proceeding against your earnings from the garnishee. This means that the creditor is seeking to take some of your earnings to satisfy part or all of the judgment against you or your spouse.

The total amount of the creditor's claim is as follows:

County of Judgment:	Case Number:	Date of Judgment:

Unpaid balance on judgment:	\$
Post Judgment Interest:	\$
Filing costs of this earning garnishment:	\$ 25.00
Total amount owed by the debtor:	\$

By law, your wages may be garnished in an amount not to exceed 20% of your weekly disposable earnings. Your "disposable earnings" are those remaining after social security and federal and state income taxes are withheld.

You may request a lower percentage be deducted from your disposable earnings if undue harm results from any of the following:

1. Your household income is below the federal poverty level. See the worksheet below to determine if you qualify for this exemption.
2. You receive relief funded under public assistance, relief funded under Wis. Stats. §59.53(21), medical assistance, supplemental security income, food stamps, or veterans benefits based on

need under USC 501 to 562 or Wis. Stats. §45.35 (1), or have received these benefits within the past 6 months, or are eligible but have not yet received these benefits.

3. At least 50% of your disposable earnings are assigned by court order for child support.
4. The garnishment of twenty percent (20%) of the debtor's disposable earnings would cause the debtor's household income to drop below the current federal poverty level.
5. The garnishment of twenty percent (20%) of the debtor's disposable earnings would cause the debtor undue harm for reasons not identified in this section.

**Poverty Guidelines for Earnings
July 1, 2016 to June 30, 2017
(Guidelines based on gross income)**

Size of Family	Weekly	Bi-weekly	Semi-monthly	Monthly	150%
1	\$228	\$456	\$495	\$990	\$1,485
2	\$308	\$616	\$668	\$1,337	\$2,005
3	\$388	\$776	\$841	\$1,684	\$2,527
4	\$468	\$936	\$1,014	\$2,031	\$3,048
5	\$548	\$1,096	\$1,187	\$2,378	\$3,569
6	\$628	\$1,256	\$1,360	\$2,725	\$4,090
7	\$708	\$1,416	\$1,533	\$3,072	\$4,611
8	\$788	\$1,576	\$1,706	\$3,419	\$5,132
Each additional family member	Add \$80 to above amount	Add \$160 to above amount	Add \$173 to above amount	Add \$347 to above amount	Add \$521 to above amount