

Oneida Judiciary  
P.O. Box 19  
Oneida, WI 54155  
(920) 496-7200

## **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 204.5-6(d).
  - c. Please be precise and as accurate as possible with the information you provide.
3. Wage garnishments are governed by Chapter 204 of the Oneida Code of Laws. **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 204 so you are aware of the Oneida Nation'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

\_\_\_\_\_  
City State Zip Daytime Phone Number

Oneida Nation \_\_\_\_\_,  
**Employer / Garnishee**

---

**PETITION FOR WAGE GARNISHMENT**

---

Pursuant to Chapter 204 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.**

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 204.5-6(d)):

\_\_\_\_\_  
\_\_\_\_\_

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

---

---

6. Summary of amounts claimed:

<b>Judgment amount:</b>	
<b>Post Judgment Interest</b>	
<b>Filing Fee:</b>	<b>\$25.00</b>
<b>TOTAL:</b>	

7.

Please make check payable to and remit payment to:
--

**JURISDICTION SUBMISSION STATEMENT:** As required by Sec. 204.4-1 of the Wage Garnishment Law, 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

## Tsi nu téshakotiya?tolétha?

---

### Confidential Disclosure of Protected Information

---

\_\_\_\_\_  
**Petitioner/Creditor**

v.

Case No. \_\_\_\_\_

\_\_\_\_\_  
**Respondent/Debtor**

---

In #1 enter the name of each person whose protected information is needed for this case and the information to be protected.

**GARNISHMENT CASES ONLY:** Social Security Numbers are needed. If other information is not available leave blank from form.

In # 2 if it is not practical to redact a document, you may attach it to this form without redacting it.

Sign and print your name and date the document.

1. The following protected information is needed for this case or is required by law. It has been omitted or redacted from documents filed with the court.

A. Name: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Employee ID Number: \_\_\_\_\_  
Enrollment ID Number: \_\_\_\_\_  
Driver's License Number: \_\_\_\_\_  
Financial Account Numbers: \_\_\_\_\_

B. Name: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Employee ID Number: \_\_\_\_\_  
Enrollment ID Number: \_\_\_\_\_  
Driver's License Number: \_\_\_\_\_  
Financial Account Numbers: \_\_\_\_\_

See attached for additional parties

2. The following documents cannot be redacted and are attached:

\_\_\_\_\_



\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print or Type Name

\_\_\_\_\_  
Relationship to Case

\_\_\_\_\_  
Date

**CONFIDENTIAL COURT RECORD**

# ONEIDA JUDICIARY

For Official Use

Creditor: \_\_\_\_\_

## Earnings Garnishment Debtor's Answer

Debtor: \_\_\_\_\_

Garnishee: Oneida Nation

Case No. \_\_\_\_\_

### TO THE GARNISHEE:

1. My earnings are **completely** exempt from earnings garnishment or limited in amount subject to garnishment because:

- a. The judgment has been paid.
- b. The judgment has been discharged in bankruptcy.
- c. I have filed bankruptcy and enforcement of the judgment has been stayed.  
Name of bankruptcy court: \_\_\_\_\_  
Bankruptcy court file number: \_\_\_\_\_
- d. The judgment is void.

2. I request the Judiciary to lower the percentage deducted from my disposable earnings as a deduction of the maximum twenty percent (20%) would cause me undue harm because one (1) or more of the following apply:

a. I receive, am eligible for, or have received within **6 months** one or more of the following:

Check which applies. Attach a copy of the letter of approval or eligibility.

- Relief funded under public assistance
- Medical assistance
- Food Stamps
- Supplemental security income
- Relief funded under Wis. Stats. §59.53(21)
- Veterans benefits based on need under 38 USC 501-562 or Wis. Stats. §45.351(1)
- Any other public assistance

**\*\*\*Must attach proof of assistance/benefits documentation.**

b. I am subject to child support orders that would leave me with less than fifty percent (50%) of my earnings

**\*\*\*Attach a copy court order.**

- c. My household income is below the federal poverty level.
- d. The garnishment of 20% of my disposable income would result in the income of my household being below the federal poverty level.
- e. The garnishment of twenty percent (20%) of my disposable earnings would cause me undue harm for other reasons. Please explain:  
\_\_\_\_\_  
\_\_\_\_\_

I understand that if I claim a complete exemption, limitation or defense in bad faith, I may be held liable to the creditor for actual damages and costs.



Signature of Debtor

Name Printed or Typed

Date

Address

Telephone Number

# ONEIDA JUDICIARY

For Official Use Only

Creditor:

Debtor:

## Earnings Garnishment Exemption Notice

Garnishee: Oneida Nation

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
<b>Total amount owed by the debtor:</b>	<b>\$</b>

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, 2019 thru June 30, 2020  
 (Guidelines based on gross income)

Size of Family	Weekly	Bi-weekly	Monthly	Yearly
1	\$240	\$480	\$1,041	\$12,490
2	\$325	\$650	\$1,409	\$16,910
3	\$410	\$820	\$1,778	\$21,330
4	\$495	\$990	\$2,146	\$25,750
5	\$580	\$1,160	\$2,514	\$30,170
6	\$665	\$1,330	\$2,883	\$34,590
7	\$750	\$1,500	\$3,251	\$39,010
8	\$835	\$1,670	\$3,619	\$43,430
Each additional family member	Add \$85 to above amount	Add \$170 to above amount	Add \$368 to above amount	Add \$4,420 above amount