

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. **YOU DO NOT HAVE TO 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 must fill out the Subpoena of Information Form. For service, the Subpoena of Information Form must be emailed to both:
 - a. Vicki L. Cornelius at VCORNEL3@oneidanation.org and
 - b. Melinda K. Danforth at MDANFOR2@oneidanation.org.

Note: The subpoena must be signed by an officer of the court or the court of clerk. It must be filed with the Court within 5 business days of receipt from HRD.

7. 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
P.O. Box 19
Oneida, WI 54155
(920) 496-7200

ONEIDA JUDICIARY

Case No. Enter Case No.

Petitioner/Creditor:

Enter the name,
address and
daytime phone
number of the
petitioner/creditor.

Name	First Name	Middle Name	Last Name
Company	Company Name		
Current Mailing Address	Street	City	State Zip
Daytime Phone Number	Phone Number		

vs.

Respondent/Debtor:

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

Name	First Name	Middle Name	Last Name
Company	Company Name		
Current Mailing Address	Street	City	State Zip
Daytime Phone Number	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:

Enter reason for claim here.

2. Amount of Original Judgment: Enter amount of original judgment

a. Were any payments made? Yes ☐ or No ☐

b. Is yes, what is the total amount still uncollected? Enter uncollected amount

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

Enter where judgment was obtained

4. Post judgment interest you are claiming, if any (please see section 204.5-6(d)):
Enter amount of post judgment interest
5. Other costs you are claiming in addition to the balance on the judgment:
Enter other costs you are claiming
6. Summary of amounts claimed:

Judgment amount:	Enter Judgment amount
Post Judgment Interest	Enter post judgment interest
Filing Fee:	\$25.00
TOTAL:	Enter total

7.

Please make check payable to and remit payment to: Enter check payable to here Enter address here

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.

Signed on: Click or tap to enter a date.

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

Signature Type or enter your signature here

Printed Enter Full Name

Phone # Enter phone number

Oneida Judiciary

Tsi nu téshakotiya?tolétha?

Confidential Disclosure of Protected Information

Enter Creditor Name

Creditor

v.

Case No. Enter Case No.

Enter Debtor Name

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.

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: First Name Middle Name Last Name

Social Security Number: Social Security Number

Employee ID Number: Employee ID No.

Enrollment ID Number: Enrollment No.

Driver's License Number: Driver's License No.

Financial Account Numbers: Financial Account No.

B. Name: First Name Middle Name Last Name

Social Security Number: Social Security Number

Employee ID Number: Employee ID No.

Enrollment ID Number: Enrollment No.

Driver's License Number: Driver's License No.

Financial Account Numbers: Financial Account No.

☐ See attached for additional parties

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

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

Enter name of documents



Signed on: Click or tap to enter a date.

Signature: Type or enter your signature here

Printed: Enter full name

Phone #: Enter phone number

Oneida Judiciary

Tsi nu téshakotiya>tolétha>

Wage Garnishment

Oneida Human Resources Department
HRIS/Record Staff Only

Date:
Case No:

Subpoena for Information

Pursuant to the Oneida Nation Code, 204.5-3, a notice of intent to garnish the wages of an employee of the Oneida Nation has been filed with the Oneida Judiciary. Under Oneida Nation Code, 803.24-1 (c), the Clerk of Court or an attorney admitted to practice in the Oneida Judiciary may issue and sign a subpoena.

Pursuant to this requirement, your office is commanded to provide confirmation of the included information of debtor employees. Complete the table for each named debtor and return the original copy of this subpoena **within five business days** of receipt of this subpoena. The Creditor must file this completed subpoena **within 5 business days** of receipt. Failure to comply with this subpoena will delay the completion of the garnishment process and may subject your office to contempt for interference with the judicial process.

Name and Last Known Address	Current Address (if different)	Employee No.	Social Security No.	Hourly Wage	Avg. Hours worked per week AND Adjusted Date of Hire	Tipped Emp.	On LOA Or Laid Off
Name and Address	Current Address, if different	Emp #	Social Security No.	Choose an item.	Ave. Hours/week & ADH	Pick one	Pick one
Name and Address	Current Address, if different	Emp #	Social Security No.	Choose an item.	Ave. Hours/week & ADH	Pick one	Pick one
Name and Address	Current Address, if different	Emp #	Social Security No.	Choose an item.	Ave. Hours/week & ADH	Pick one	Pick one
Name and Address	Current Address, if different.	Emp #	Social Security No.	Choose an item.	Ave. Hours/week & ADH	Pick one	Pick one

Included is the name and address submitted by the creditor. If the current address differs from the last known address, include that address in the second column. For an employee's wage, provide the gross salary wage in dollars and cents as listed on the employee's regular paycheck.

This subpoena for information is demanded on [Click or tap to enter a date.](#)

Clerk of Court ☐ Or Attorney ☐

CONFIDENTIAL COURT RECORD

ONEIDA JUDICIARY

For Official Use

Creditor: Enter Creditor name

**Earnings Garnishment
Debtor's Answer**

Debtor: Enter Debtor name

Garnishee: Oneida Nation

Case No: Enter 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: Enter name of bankruptcy court

Bankruptcy court file number: Enter 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:
Enter other reasons here

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: Type or enter signature here
Name Printed or Typed: Type full name here
Date: Click or tap to enter a date.
Address: Enter address here
Telephone Number: Enter phone no. here

ONEIDA JUDICIARY

For Official Use Only

Creditor: Enter Creditor name

Debtor: Enter Debtor name

Earnings Garnishment Exemption Notice

Garnishee: Oneida Nation

Case No. Enter 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: Enter County name	Case Number: Enter County case no.	Date of Judgment: Click or tap to enter a date.
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Unpaid balance on judgment: \$ Enter unpaid amount

Post Judgment Interest: \$ Enter post judgment interest

Filing costs of this earning garnishment: \$ 25.00

Total amount owed by the debtor: \$ Enter total

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
Effective March 16, 2020
(Guidelines based on gross income)

Size of Family	Weekly	Bi-weekly	Monthly	Yearly
1	\$245	\$491	\$1,063	\$12,760
2	\$332	\$663	\$1,437	\$17,240
3	\$418	\$835	\$1,810	\$21,720
4	\$504	\$1008	\$2,183	\$26,200
5	\$590	\$1,180	\$2,557	\$30,680
6	\$676	\$1,352	\$2,930	\$35,160
7	\$762	\$1,525	\$3,303	\$39,640
8	\$848	\$1,697	\$3,677	\$44,120
Each additional family member	Add \$86 to above amount	Add \$172 to above amount	Add \$373 to above amount	Add \$4,480 above amount