

Pokagon Band of Potawatomi Indians Tribal Court

58620 Sink Road, P.O. Box 355 Dowagiac, MI 49047 Phone (269) 783-0505 Fax (269) 783-0519

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(CASE NO.						
Petitioner name, address, telephone: Petitioner's Attorney name, bar no., firm, address, telephone:			Responder	nt name, address, telephone:			
			Respondent's Attorney name, bar no., firm, address, telephone:				
	MOTION TO REDUC DUE TO EXTRAORDINARY FINANCI				FOR HEARING		
I, _ su	, am the bject to garnishment from the Garnishee Cal	e Respo	ondent and n Workshe	file this motion to et amount based on	reduce the amount the following:		
1.	A Petition for Order of Garnishment was filed against me on						
2.	The approximate balance due on the underlying judgment is \$						
3.	A Garnishee Calculation Worksheet was completed by my employer calculating an amount subject to garnishment of \$ each pay period.						
4.	I have no other disposable funds to pay the underlying foreign judgment other than wages for personal work and labor and the calculated maximum allowable garnishment would create an extraordinary financial hardship.						
5.	I ask this Court to reduce the amount of garnishment to \$ each pay period and that this <i>Motion</i> be heard at the earliest date and time convenient to the Court.						
6. For further information as to my household, I state the following:							
	a. List all in household:						
	Name		Age	Relationship	Income Earner (Y/N)		

Legal dependents not within my household: Name	Age	Relationship			
OME. Please provide the Court with the following other household income .	g information ar	nd list all sources of	f your		
ersonal Income.			MONT		
Employer Name:					
Employer Address:					
Length of Employment Average Gross Pay		Average Net Pay Weekly			
\$ Bi-wee	kly \$	Bi-weekly Monthly			
Monun		e Net Pay Per Month:	\$		
Employer Name:					
Employer Address:					
Length of Employment Average Gross Pay		Average Net Pay			
₩eek \$ □ Bi-we	ekly \$	☐ Weekly ☐ Bi-weekly			
Mont	· · · · · · · · · · · · · · · · · · ·	☐ Monthly Net Pay Per Month:	\$		
B) List ANY and ALL other personal income (e.g., per capita payments, elders stipend,					
public assistance, etc.)		\$			
		\$			
		\$			
	6 04 5	\$	Φ.		
Total Iousehold Income.	tor Other Persona	al Income per Month:	\$		
ist ANY and ALL other household income.					
		\$			
		\$			
		\$			
		<u> </u>			
		\$			
Total fo	r Other Househol	d Income per Month:	\$		
		NTHLY TOTAL:	Φ.		

7.

Asset	Value	Outstanding Debt/Mortgage Against the Asset	Asset	Value	Outstanding Debt/Mortgage Against the Ass
Home			Stocks/Bonds		
Car(s)			Other:		
Bank deposits			Other:		
supporting docur	The amount of my monthly obligations is the following. (Itemize in detail and include supporting documentation of monthly mortgage payments, rent, utilities, food, installment payments, credit card payments, etc.)				
	Monthly Obligation			Obligation Amount \$	
				\$	
				\$	
				\$	
				\$	
				\$	
			Total M	Ionthly Obligations:	\$
List ALL child support orders:					
Co	ourt Name		Case Number	Obligation Amount	
				\$	
				\$	
				\$	
		<u></u>			

GAR COM-OBJ-MTR Rev 2014 Jan 2

Obligation Amount

\$

\$

\$
Total Monthly Garnishments:

Case Number

TOTAL MONTHLY LIABILITIES AND OBLIGATIONS:

Court Name

10.	DOCUMENTATION TO SUPPORT MOTION.						
	I have attached the following documentation to support my <i>Motion</i> :						
	· <u> </u>						
calcu	CREFORE , I request that the Court grant this <i>Motion</i> as lated on the <i>Garnishee Calculation Worksheet</i> (maximum ages due to extraordinary financial hardship.						
I swe	ar that the above information is true to the best of my i	nformation, knowledge and belief.					
	Date	Signature of Affiant					