

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

P	OKAGON BAND CASE NO.			
P	etitioner name, address, telephone:		Respondent name, address, telephone:	
		v.		
		'		
	FINAL STATEMENT F	OR OR	RDER OF GARNISHMENT	
	WHEN TO COMP	LETE A	ND FILE THIS FORM	
P			ve duty to inform the Tribal Court when the judgment is paid	
			efforts, e.g., foreign court collection, tax interception, bank hin seven (7) days after the judgment is paid in full or the	
	espondent is no longer obligated to make the payments		inii seven (7) days after the judgment is paid in full of the	
R	ESPONDENT'S EMPLOYER: If you are the Response	ndent's	Employer , this <i>Final Statement</i> must be filed within fourteen	
	4) days after the Respondent ceases to be one of you bligated to make the payments.	r employ	rees, or if the judgment is paid in full and you are no longer	
O.	ongaice to make the payments.			
1.	I am the ☐ Petitioner ☐ Respondent's Employer.			
2.	The Employer is no longer obligated to make payments because:			
	\square a. The Respondent is no longer an emplo	yee as	of	
	☐ b. The judgment, including accrued inter	est and	costs if applicable, is paid in full.	
	□ c. Other:		<u> </u>	
3.	. This Final Statement is for an Order of Garnishment issued on			
4. Total amount of the outstanding judgment to withhold as ordered			old as ordered	
	in the Order of Garnishment		\$	
5.	Tribal Court filing fees withheld		\$	
6.	Post-petition interest withheld		\$	
7.	Less total amount withheld under this Order	*	\$	
8.	Difference		\$	
-	 Date		Signature	
	Date		Signature	

CERTIFICATE OF SERVICE

I certify that on this date,	, I mailed by □ first-class mailing or □ personall
delivered a copy of this Final Statement for	Order of Garnishment to the Court.
Date	Signature
Date	Signature