

***Complete one assignment form for each account covered by**
Writ of Garnishment.

TO: SORENSON VAN LEUVEN, PLLC.

FROM: _____

DATE: _____

ACCOUNT #: _____

Date Writ of Garnishment served on the Credit Union: _____

Date of Account review pursuant to federal law: _____

Name of Account Holder/Member(s): _____

Name of any Joint Owners on Account: _____

Address of any Joint Owners on Account: _____

Type of Account: _____

Total amount of money in Account listed above
on date of service of Writ of Garnishment: _____

Protected amount for federal benefits: _____

Amount of money subject to the Writ of Garnishment: _____

Amount of Membership Share(s) required by
Credit Union and account number the Membership
Share(s) is/are in: _____

Safe Deposit Box: Yes ☐ No ☐

Name of Co-Owners on Safety Deposit Box: _____

****Please attach the following with this form:**
A legible copy of the Writ of Garnishment.
Account status printout