



QPS Assignment #: _____

GARNISHMENT REQUEST FORM

Company Name: _____

Contact Name: _____ Next PR Process Date: _____

Please select from the following:

- Child Support Deduction
 _____ - New
 _____ - Up-date / Correction
- Charge Employee \$2.00 Fee per PR
- Charge Employee \$5.00 Set-up Fee
- Produce Check with Payroll

- Other type of Garnishment
 _____ - New
 _____ - Up-date / Correction
- Charge Employee \$2.00 Fee per PR
- Charge Employee \$5.00 Set-up Fee
- Produce Check with Payroll

Employee Information:

 (Name)

 (Social Security Number)

 (Case Number)

\$ _____
 (Amount of Deduction)

 (Specify: Per Payroll, Monthly, Etc.)

 (Start Date)

Garnishment Information:

OR

 (Make Check Payable To:)

 (Address)

 (City, State, Zip)

**State of Florida Disbursement Unit
 P.O. Box 8500
 Tallahassee, Florida 32314**

**Please note: There will be a one time fee to program each Garnishment
 There will also be a per payroll charge for each check that is produced.**

If you have any questions, please call us at (813)-653-7733. Thank you.

For Internal Office Use Only:

(Received: Date / Time)

(Completed By: / Date / Time)