Full Name of Party Filing Document	
Mailing Address (Street or Post Office Box)	
City, State and Zip Code	
Telephone	
Email Address (if any)	
IN THE DISTRICT COURT FOR THE	JUDICIAL DISTRICT
FOR THE STATE OF IDAHO, IN AND FOR T	THE COUNTY OF
SMALL CLAIMS I	DEPARTMENT
	Case No.
, Plaintiff(s), vs.	APPLICATION AND AFFIDAVIT FOR WRIT OF CONTINUING GARNISHMENT
, Defendant(s).	
I,, upon pe	rsonal knowledge of the facts and
circumstances recited herein, certify and state:	:
1. I am over the age of 18 years, and I an	n the Plaintiff in this case, or the Plaintiff in
this case is a business organization an	d I am an owner or employee of the
Plaintiff.	
2. A judgment was entered against the De	efendant(s) in this case on
3. The total amount of the judgment was	\$
4. The Defendant has paid a total of \$	
5. Post-judgment interest has accrued in	the amount of \$

6. Post-judgment costs and fees have been incurred in the amount of \$ _____.

(Enter the clerk's fee for the writ. If you have paid fees to the Sheriff's office for prior attempts to execute on this judgment, you can include those amounts also, but only if you attach copies of the receipts to this application. Other costs and fees must be approved by the court. To obtain court approval, the applicant must file a written motion with the court, schedule a hearing before the court, and give notice of the motion and hearing to the Defendant.)

7. The Defendant's name is:

The name and address of the Defendant's employer is:

CERTIFICATION UNDER PENALTY OF PERJURY

I certify under penalty of perjury pursuant to the law of the State of Idaho that the foregoing is true and correct.

Date:

Typed/printed name

Signature