

Clerk's Support / Garnishment Return

	Cause Number	Name of Payor	Name of Recipient	Amount	Date Received
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

I, _____, Clerk of the _____ Circuit
20_____, do hereby submit the adforementioned information to the Prosecuting Attorney

Clerk of the _____ Circuit Court

Received by

Date_____

(1) Retain Copy

(2) Transmit send copy to Prosecuting Attorney

Returned Item Report

Date of Disbursement	Check Number	Date Returned by Bank	Other Information

Court, on this _____ day of _____
returned in Accordance with IC 33-17-1-4(d).

/ _____
Prosecuting Attorney
