

STATE OF MICHIGAN THIRD JUDICIAL CIRCUIT WAYNE COUNTY	GARNISHMENT RELEASE	CASE NO.
Court Address 5301 Russell Street, Detroit MI 48211	Courtroom	
PEOPLE OF THE STATE OF MICHIGAN	Defendant name and address	
Victim's Name (for security reasons, please use only the victim's name in this box)	Garnishee name and address	

\*\*

\*\* Insert last 4 digits of Defendant's social security number here.

**TO THE GARNISHEE:**

1. The garnishment issued on \_\_\_\_\_ is withdrawn by the victim.  
Date \_\_\_\_\_  
The withdrawal was authorized on \_\_\_\_\_ by \_\_\_\_\_  
Date \_\_\_\_\_ Victim/Victim Attorney

2. The garnishment issued on \_\_\_\_\_ is cancelled by the court.  
Date \_\_\_\_\_

3. You are released from further liability in connection with this garnishment.

4. Any amounts withheld by the garnishee on or after \_\_\_\_\_ shall be returned to the defendant and any further withholdings shall be discontinued.  
Date \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Deputy Court Clerk

**CERTIFICATE OF MAILING**

I certify that on this date this release was served on the garnishee, the parties or their attorneys by first-class mail addressed to their last-known addresses as defined by MCR 2.107(C)(3) and Third Circuit Court Collections Unit 5301 Russell, Ste 1132, Detroit, MI 48211.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**\*\*TO THE VICTIM:** In the social security number field, for security reasons, use only the last four digits of the defendant's social security number.