



**WRIT OF EXECUTION LEVY REQUEST**

Olmsted County Sheriff's Office  
Civil Division  
101 4<sup>th</sup> Street SE  
Rochester, MN 55904  
(507) 328-6820

The following information is required before the Olmsted County Sheriff's Office will accept and process any Writ of Execution levy request. Please be aware that as the Judgment Creditor/Attorney, it is your responsibility to determine and locate the collectable assets of the Judgment Debtor(s) for collection and instruct the Sheriff's Office on where to locate such assets.

**Please print all known information below and deliver to the Olmsted County Sheriff's Office along with:**

- ✓ **Endorsed original Writ of Execution directed to Olmsted County**
- ✓ **Two (2) copies of the endorsed original Writ of Execution**
- ✓ **Required levy fees (Based on specific type of levy request)**

*Please be aware that the Writ of Execution is valid for 180 days from the date of issuance and all funds collected will be disbursed once the entire Judgment amount is collected or once the Writ of Execution expires. The Sheriff's Office will collect 5% commission on all Judgment collections and all fees paid to the Sheriff's Office and Bank Institution(s)/Employer(s) will be added to the Judgment amount collected.*

**JUDGMENT DEBTOR 1:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

**JUDGMENT DEBTOR 2:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

**JUDGMENT CREDITOR/ATTORNEY INFORMATION:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**BANK LEVY:**

- ✓ Writ of Execution – Request Form
- ✓ Endorsed original Writ of Execution directed to Olmsted County
- ✓ Two (2) copies of the endorsed Writ of Execution
- ✓ \$100.00 check made payable to Olmsted County Sheriff’s Office
- ✓ \$15.00 check made payable to Financial Institute

BANK INSTITUTION: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**WAGE LEVY:**

**\*\*\*An Execution Exemption Notice must be mailed to the Judgment Debtor at least 10 days prior to delivering any Wage Levy request to the Sheriff’s Office\*\*\***

EXECUTION EXEMPTION NOTICE MAILED ON: \_\_\_\_\_ (Required)

THIS COLLECTION IS FOR A CHILD SUPPORT JUDGMENT (must check box if related to Child Support)

- ✓ Writ of Execution – Request Form
- ✓ Endorsed original Writ of Execution directed to Olmsted County
- ✓ Two (2) copies of the endorsed Writ of Execution
- ✓ \$100.00 check made payable to Olmsted County Sheriff’s Office
- ✓ \$15.00 check made payable to the Employer

EMPLOYER: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**DEMAND:**

- ✓ Writ of Execution – Request Form
- ✓ Endorsed original Writ of Execution directed to Olmsted County
- ✓ Two (2) copies of the endorsed Writ of Execution
- ✓ \$100.00 check made payable to Olmsted County Sheriff’s Office

JUDGMENT DEBTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**TILL LEVY:**

- ✓ Writ of Execution – Request Form
- ✓ Endorsed original Writ of Execution directed to Olmsted County
- ✓ Two (2) copies of the endorsed Writ of Execution
- ✓ Minimum fee of \$200.00 made payable to Olmsted County Sheriff’s Office

BUSINESS: \_\_\_\_\_ OWNER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_