

# Letter of Objection to Wage Garnishment for Medical Expenses

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Date]

[Creditor's Name]

[Creditor's Address]

[City, State, ZIP Code]

## Subject: Objection to Wage Garnishment

Dear [Creditor's Name],

I am writing to formally object to the wage garnishment order that has been issued against me for the purpose of collecting medical expenses. My name is [Your Name], and my account number is [Account Number].

I believe that the garnishment is unjust due to the following reasons:

- [Reason 1]
- [Reason 2]
- [Reason 3]

I request that you review my case and consider my objections. I am committed to resolving this matter amicably and believe that a payment plan or alternative solution would be more appropriate given my current financial situation.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]