# EDP File Layout and Description

**NOTE:** Every record within the file must be a fixed length of 500 characters.
All alpha characters must be **CAPS**.

**The first record must be a Header record that contains information about the submitting agency**

**First Record (Header Record):**

| Field Location | Field Name | Format | Length | Instructions |
|---|---|---|---|---|
| **1 to 1** | Record Identifier | **CHAR** | **1** | **Required**<br>Value: H |
| **2 to 10** | Submitting Agency Federal ID Number | **NUM** | **9** | **REQUIRED**<br>Format: 111223333<br>No hyphens within value |
| **11 to 40** | Submitting Agency Name | **C/N** | **30** | **REQUIRED**<br>Left justify, blank fill |
| **41 to 44** | Tax Year | **NUM** | **4** | **REQUIRED**<br>Format: CCYY<br>Example: 2014<br>*Income tax year garnishments/orders are served* |
| **45 to 48** | Number of Garnishments or Orders | **NUM** | **4** | **REQUIRED**<br>Right justify, zero fill.<br>*Reflects the total number of detail records submitted* |
| **49 to 58** | Total Judgment Amount | **NUM** | **10** | **REQUIRED**<br>Right justify, zero fill; omit commas, decimal & dollar signs<br>*Reflects the sum of the unsatisfied judgment of each detail record* |
| **59 to 66** | Current File Creation Date | **NUM** | **8** | **REQUIRED**<br>Format: CCYYMMDD<br>Example: 582501005 |
| **67 to 500** | Filler | **CHAR** | **434** | **SPACES ONLY** |

**Second and all subsequent records must be garnishment detail records in the following layout:**

| Field Location | Field Name | Format | Length | Instructions |
|---|---|---|---|---|
| **1 to 1** | Record Identifier | **CHAR** | **1** | **REQUIRED**<br>Value: D |
| **2 to 10** | Principal Defendant SSN -1 | **NUM** | **9** | **REQUIRED**<br>Format: 111223333<br>*No hyphens within value* |
| **11 to 19** | Principal Defendant SSN -2 | **NUM** | **9** | **Only required when TWO names are present in "Name of Defendant(s)"**<br>Format: 111223333<br>*No hyphens within value*<br>Left justify, blank fill |
| **20 to 49** | Name of Defendant(s) | **CHAR** | **30** | **REQUIRED. Must be in alphabetical order**<br>by last name from A to Z<br>Left justify, blank fill.<br>**LAST FIRST INITIAL**<br>*EX: SMITH ROBERT J*<br>**LAST FIRST INITIAL & FIRST INITIAL**<br>*EX: SMITH ROBERT J & JANE G*<br>**Suffixes: Jr & Sr; II, III, & IV**<br>*EX: SMITH ROBERT J JR; SMITH ROBERT J IV & JANE G*<br>When two defendants present: use "&" symbol instead of spelling out AND |
| **50 to 79** | Principal Defendant Address – Line 1 | **N/C** | **30** | **REQUIRED**<br>*Left justify, blank fill*. **If extension of name, then "Address- Line 2" field is REQUIRED** |
| **80 to 109** | Principal Defendant Address – Line 2 | **N/C** | **30** | If needed. Left justify, blank fill |
| **110 to 129** | Principal Defendant City | **CHAR** | **20** | **REQUIRED**<br>Left justify, blank fill |
| **130 to 131** | Principal Defendant State | **CHAR** | **2** | **REQUIRED** |

| | | | | |
|---|---|---|---|---|
| **132 to 140** | Principal Defendant Zip Code | **NUM** | **9** | **REQUIRED**<br>Format: The last 4 digits of 9-digit zip code must be zero or blank fill<br>*Examples: Complete zip code - 488420000 Partially known zip code - 488420000 or 48842* |
| **141 to 170** | Plaintiff Name | **CHAR** | **30** | **REQUIRED**<br>Left justify, blank fill.<br>Individual format: LAST FIRST INITIAL<br>*Example: JONES ADAM T*<br>Business format: BUSINESS NAME<br>*Example: SMITH JOHNSON & BROWN LAW OFFICES LLC*<br>**Invalid characters: do not use ()! % " ,** |
| **171 to 200** | Plaintiff Address - Line 1 | **N/C** | **30** | **REQUIRED**<br>Left justify, blank fill |
| **201 to 230** | Plaintiff Address – Line 2 | **N/C** | **30** | If needed. Left justify, blank fill |
| **231 to 250** | Plaintiff City | **CHAR** | **20** | **REQUIRED**<br>Left justify, blank fill |
| **251 to 252** | Plaintiff State | **CHAR** | **2** | **REQUIRED** |
| **253 to 261** | Plaintiff Zip Code | **NUM** | **9** | **REQUIRED**<br>If last 4 digits of zip code are unknown, zero fill or blank fill<br>Examples: Complete zip code - 488425004 Partially known zip code - 488420000 or 48842 |
| **262 to 270** | Plaintiff ID Number | **NUM** | **9** | **REQUIRED when Payee Designator = 1 or 0 (see Field Location 447)**<br>Use either FEIN or SSN<br>Format: 111223333<br>*No hyphens within value* |

Fields 271-416 **are NOT applicable for Probate Intercept Orders.**
If you are submitting Probate Intercept Orders, **BLANK FILL** these field

| | | | | |
|---|---|---|---|---|
| **271 to 300** | Plaintiff Attorney Name | **CHAR** | **30** | **REQUIRED when Payee Designator = 2 (see Field Location 447)**<br>Left justify, blank fill.<br>Individual format:<br>LAST FIRST INITIAL<br>*Example: JOHNSON THOMAS M*<br>Business format: BUSINESS NAME<br>*Example: SMITH ANDERSON & BROWN LAW OFFICES LLC*<br>**Invalid characters: do not use ()! % " ,** |
| **301 to 330** | Plaintiff Attorney Address - Line 1 | **N/C** | **30** | **REQUIRED when Payee Designator = 2**<br>Left justify, blank fill |
| **331 to 360** | Plaintiff Attorney Address - Line 2 | **N/C** | **30** | If needed<br>Left justify, blank fill |
| **361 to 380** | Plaintiff Attorney City | **CHAR** | **20** | **REQUIRED when Payee Designator = 2**<br>Left justify, blank fill |
| **381 to 382** | Plaintiff Attorney State | **CHAR** | **2** | **REQUIRED when Payee Designator = 2** |
| **383 to 391** | Plaintiff Attorney Zip Code | **NUM** | **2** | **REQUIRED when Payee Designator = 2**<br>Format: If last 4 digits of zip code are unknown, zero fill or blank fill<br>*Example: Complete zip code – 488425004; Partially known zip code - 488420000* |
| **392 to 401** | Plaintiff Attorney Phone Number | **NUM** | **10** | **REQUIRED regardless of Payee Designator**<br>needed as contact number<br>for potential issues<br>Format: 1119991234<br>No hyphens or parentheses within value |
| **402 to 407** | Plaintiff Attorney Bar Number | **C/N** | **6** | **Not REQUIRED**<br>Format: Number preceded with P |
| **408 to 416** | Plaintiff Attorney ID Number | **NUM** | **9** | **REQUIRED when Payee Designator = 2**<br>Use either FEIN or SSN<br>Format: 111223333<br>No hyphens within value |
| **417 to 432** | Case Number | **N/C** | **16** | **REQUIRED**<br>No hyphens or spaces within value |
| **433 to 433** | Court Type | **CHAR** | **1** | **REQUIRED**<br>Values: C, D, M, or P<br>C = Circuit<br>D = District<br>M = Municipal<br>P = Probate |

| | | | | |
|---|---|---|---|---|
| **434 to 437** | Court Code**<br>**Always enter 01 when Court Type = P | **N/C** | **4** | **REQUIRED (Court Code section below)**<br>Left justify, blank fill<br>*Examples: 05; 45B; 41A1*<br>No hyphens within value<br>Use space to separate court number from single-digit branch number.<br>*Examples: 67 4; 42 2; 08 1* |
| **438 to 446** | Court Zip Code | **NUM** | **9** | **REQUIRED - supply first five digits only.**<br>Left justify, zero fill or blank fill<br>*Examples: 488420000 or 48842* |
| **447 to 447** | Payee Designator | **NUM** | **1** | **REQUIRED**<br>Values: 0, 1, or 2<br>0 = Court<br>1 = Plaintiff<br>2 = Attorney<br>**When 0 or 1:** Plaintiff data are REQUIRED (fields 141 - 270)<br>**When 2:** Both Plaintiff and Attorney data are REQUIRED (fields 141 - 416) |
| **448 to 457** | Debt Amount<br>**Debt amount = Judgment amount, plus interest and court fees accrued, less post judgment payments and credits made to date** | **NUM** | **10** | **REQUIRED**<br>Right justify, zero fill; omit commas, decimal & dollar sign<br>Value: Must be greater than 10<br>Format: 0123456789<br>*Example: $3,583.62 = 0000358362* |
| **458 to 465** | Judgment Date | **NUM** | **8** | **REQUIRED**<br>Format: CCYYMMDD<br>*Example: 20140131* |
| **466 to 500** | Reserved for Submitter's Use | **C/N** | **35** | Spaces and optional comment |

Court Codes Tax Year 2025

All Michigan Court Codes can be found on Garnishment website (click below):

2025 Court Codes

(***www.michigan.gov/taxes/collections/garnishment/info/court-codes***)