

**IN THE MAGISTRATE COURT OF DOUGLAS COUNTY
STATE OF GEORGIA**

Plaintiff

Street Address

City, State and Zip Code

Email Address

Phone Number

VS.

Civil Action File Number

Defendant

Street Address

City, State and Zip Code

Garnishee

Street Address

City, State and Zip Code

Plaintiff's Attorney

Georgia Bar Number

Street Address

City, State and Zip Code

Email Address

Phone Number

AFFIDAVIT OF GARNISHMENT

Check this box if the Garnishee is a financial institution.
 Check this box if garnishment is for the collection of child support or alimony. See O.C.G.A. § 18-4-580, et seq.

Personally appeared _____, who on oath says:

1. I am the (Plaintiff) (Attorney at Law for Plaintiff) (Agent for Plaintiff). [Circle one]
2. The Plaintiff obtained a judgment against the Defendant in Case Number _____ in the _____ Court of _____ County, Georgia, and no agreement requires forbearance from the garnishment which is applied for currently.
3. \$ _____ is the balance due, which consists of the sum of \$ _____ principal, \$ _____ post-judgment interest, \$ _____ pre-judgment interest, \$ _____ attorney's fees, and \$ _____ costs [exclusive of the cost of this action].
4. Upon the Affiant's personal knowledge or belief, the sum stated herein is unpaid.

This _____ day of _____, 20_____.
Sworn to and subscribed before me

this _____ day of _____, 20_____.
Affiant

Notary Public or Deputy Clerk of Court

Print name of Affiant

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ATTACHMENT FOR SUMMONS OF GARNISHMENT

Other known names of the Defendant: _____

Current and past addresses of the Defendant: _____

Social security number or federal tax identification number of the Defendant: _____

Account or identification numbers of accounts of the Defendant used by the Garnishee: _____

Other allegations pursuant to O.C.G.A. § 18-4-23: _____

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**NOTICE TO DEFENDANT OF RIGHT AGAINST GARNISHMENT
OF MONEY, INCLUDING WAGES, AND OTHER PROPERTY**

You received this notice because money, including wages, and other property belonging to you have been garnished to pay a court judgment against you. **HOWEVER, YOU MAY BE ABLE TO KEEP YOUR MONEY, INCLUDING WAGES, OR OTHER PROPERTY. READ THIS NOTICE CAREFULLY.**

State and federal law protects some money, including wages, from garnishment even if it is in a bank. Some common exemptions are benefits from social security, supplemental security income, unemployment, workers' compensation, the Veterans' Administration, state pension, retirement funds, and disability income. This list of exemptions does not include all possible exemptions. A more detailed list of exemptions is available at the Clerk of Court's office located at The Magistrate Court of Douglas County, 8700 Hospital Drive, Douglasville, Georgia 30134, and on the website for the Attorney General (www.law.ga.gov).

Garnishment of your earnings from your employment is limited to the lesser of 25 percent of your disposable earnings for a week or the amount by which your disposable earnings for a week exceed \$217.50. More than 25 percent of your disposable earnings may be taken from your earnings for the payment of child support or alimony or if a Chapter 13 bankruptcy allows a higher amount.

**TO PROTECT YOUR MONEY, INCLUDING WAGES, AND OTHER PROPERTY FROM BEING
GARNISHED, YOU MUST:**

1. Complete the Defendant's Claim Form as set forth below; and
2. File this completed claim form with the Clerk of Court's office located at The Magistrate Court of Douglas County, 8700 Hospital Drive, Douglasville, Georgia 30134.

FILE YOUR COMPLETED CLAIM FORM AS SOON AS POSSIBLE. You may lose your right to claim an exemption if you do not file your claim form within 20 days after the Garnishee's Answer is filed or if you do not mail or deliver a copy of your completed claim form to the Plaintiff and the Garnishee at the address listed on this notice.

The Court will schedule a hearing within ten days from when it receives your claim form. The Court will mail you the time and date of the hearing at the address that you provide on your claim form. You may go to the hearing with or without an attorney. You will need to give the Court documents or other proof that your money is exempt.

The Clerk of Court cannot give you legal advice. **IF YOU NEED LEGAL ASSISTANCE, YOU SHOULD SEE AN ATTORNEY.** If you cannot afford a private attorney, legal services may be available.

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DEFENDANT'S CLAIM FORM

I CLAIM EXEMPTION from garnishment. Some of my money or property held by the garnishee is exempt because it is: (check all that apply and attach proof thereof).

<input type="checkbox"/> 1. Social security benefits.	<input type="checkbox"/> 2. Supplemental security income benefits.
<input type="checkbox"/> 3. Unemployment benefits.	<input type="checkbox"/> 4. Workers' compensation.
<input type="checkbox"/> 5. Veterans' benefits.	<input type="checkbox"/> 6. State pension benefits.
<input type="checkbox"/> 7. Disability income benefits.	<input type="checkbox"/> 8. Money that belongs to a joint account holder.
<input type="checkbox"/> 9. Child support or alimony.	<input type="checkbox"/> 10. Exempt wages, retirement, or pension benefits.
<input type="checkbox"/> 11. Exemptions for taxes due on income or earnings not subject to employer withholding.	
<input type="checkbox"/> 12. Other exemptions as provided by law. Explain: _____	

I further state: (check all that apply and attach proof thereof)

<input type="checkbox"/> 1. The Plaintiff does not have a judgment against me.
<input type="checkbox"/> 2. The amount shown due on the Plaintiff's Affidavit of Garnishment is incorrect.
<input type="checkbox"/> 3. The Plaintiff's Affidavit of Garnishment is untrue or legally insufficient.

Send the notice of the hearing on my claim to me at:

Street Address

Email Address

City, State and Zip Code

Phone Number

The statements made in this claim form are true to the best of my knowledge and belief.

This _____ day of _____, 20 _____.

Print name of Defendant

Defendant's Signature

CERTIFICATE OF SERVICE

This is to certify that I have this day served the Plaintiff or Plaintiff's Attorney and the Garnishee in the foregoing matter with a copy of this pleading by depositing it in the United States Mail in a properly addressed envelope with adequate postage thereon.

This _____ day of _____, 20 _____.

Defendant's Signature

**IN THE MAGISTRATE COURT OF DOUGLAS COUNTY
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8700 Hospital Drive
Douglasville, Georgia 30134
(770) 920-7540

Plaintiff

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Garnishee

FINANCIAL INSTITUTION GARNISHEE ANSWER

1. At the time of service of the Summons of Garnishment on a Financial Institution and including the next five days, the Garnishee had in its possession the following described money and property of the Defendant: _____

2. \$ _____ is the amount herewith paid into court.

3. Check this box if the Defendant is not presently an account holder of the Garnishee.

4. The Garnishee further states: _____

Garnishee, Garnishee's Attorney, or officer
or employee of an entity Garnishee

CERTIFICATE OF SERVICE

This is to certify that I have this day served the Plaintiff or Plaintiff's Attorney and the Defendant or Defendant's Attorney in the foregoing matter with a copy of this pleading by depositing in the United States Mail in a properly addressed envelope with adequate postage thereon.

This _____ day of _____ 20 _____.

Garnishee, Garnishee's Attorney, or officer
or employee of an entity Garnishee

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REQUEST TO DISBURSE FUNDS PAID INTO REGISTRY OF COURT

Comes now the Plaintiff and hereby requests that all garnishment proceeds paid into the Registry of the Court, now and hereafter, in this garnishment action be condemned and paid to the Plaintiff. This request shall remain in effect until further written request of the Plaintiff is filed with this Court.

Please mail all funds to the following address:

It is understood that if my mailing address changes at any time that this Court will be immediately notified.

This _____ day of _____, 20____.

Plaintiff / Agent / Plaintiff's Attorney