

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

\_\_\_\_\_  
Plaintiff

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Phone Number  
VS.

\_\_\_\_\_  
Defendant

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Garnishee

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Civil Action File Number

\_\_\_\_\_  
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

IN THE STATE COURT OF DOUGLAS COUNTY

STATE OF GEORGIA

8700 Hospital Drive
Douglasville, Georgia 30134
(770) 920-7538

Plaintiff

Street Address

City, State and Zip Code

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Phone Number

VS.

Civil Action File Number

Defendant

Street Address

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Garnishee

Street Address

City, State and Zip Code

SUMMONS OF GARNISHMENT ON A FINANCIAL INSTITUTION

DO NOT USE THIS FORM IF THIS IS A CONTINUING GARNISHMENT (SEE O.C.G.A. §§ 18-4-72 AND 18-4-78) OR CONTINUING GARNISHMENT FOR CHILD SUPPORT OR ALIMONY (SEE O.C.G.A. §§ 18-4-73 AND 18-4-80).

- Check this box if other allegations are made against a nonjudgment Defendant pursuant to O.C.G.A. § 18-4-23.
Check this box if this is a garnishment for child support or alimony.

TO THE ABOVE-NAMED GARNISHEE:

Total amount claimed due by the Plaintiff.....\$
Plus court costs due on this summons.....\$
Total garnishment claim.....\$

COURT OF JUDGMENT:

JUDGMENT CASE NUMBER:

YOU ARE HEREBY COMMANDED to immediately hold all money, including wages, and other property, except what is known to be exempt, including property in safe-deposit boxes or similar property that you hold, belonging to the Defendant named above beginning on the day of service of this summons and including the next five days. You are FURTHER COMMANDED to file your answer, in writing, not sooner than five days and not later than 15 days after the date you were served with this summons, with the Clerk of this Court and serve a copy of your answer upon the Plaintiff or Plaintiff's Attorney named above and the Defendant named above, or the Defendant's Attorney, if known, at the time of making such answer. Your answer shall state what money, including wages, or other property, except what is known to be exempt, belonging to the Defendant you hold beginning on the day of service of this summons and including the next five days. Money, including wages, or other property admitted in an answer to be subject to garnishment must be paid or delivered to the Court concurrently with your answer.

If, in answering this summons, you state that the property of the Defendant includes property in a safe-deposit box or similar property, you shall answer to the Court issuing this summons as to the existence of such safe-deposit box or similar property and shall restrict access to any contents of such safe-deposit box or similar property until further order of such Court regarding the disposition of such contents or 120 days from the date of filing your answer to this summons unless such time has been extended by the Court, whichever is sooner.

Should you fail to file a Garnishee Answer as required by this summons, a judgment by default will be rendered against you for the amount remaining due on a judgment as shown in the Plaintiff's Affidavit of Garnishment.

WITNESS the Honorable, Judge of State Court.

This day of , 20.

Clerk, State Court of Douglas County

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

\_\_\_\_\_  
Plaintiff

vs.

\_\_\_\_\_  
Civil Action File Number

\_\_\_\_\_  
Defendant

\_\_\_\_\_  
Garnishee

**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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VS.

\_\_\_\_\_  
Civil Action File Number

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Defendant

\_\_\_\_\_  
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\_\_\_\_\_  
Garnishee

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State and Zip Code

**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 State Court of Douglas County, 8700 Hospital Drive, Douglasville, Georgia 30134, and on the website for the Attorney General ([www.law.ga.gov](http://www.law.ga.gov)).

Garnishment of your earnings from your employment is limited to the lesser of 25 percent of your disposable earning for a week or the amount by which your disposable earnings for a week exceed \$217.00. 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 State 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.

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

\_\_\_\_\_  
Plaintiff

vs.

\_\_\_\_\_  
Defendant

\_\_\_\_\_  
Garnishee

\_\_\_\_\_  
Civil Action File Number

**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. Other exemptions as provided by law. Explain: _____ |   |

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

- 1. The Plaintiff does not have a judgment against me.
- 2. The amount shown due on the Plaintiff's Affidavit of Garnishment is incorrect.
- 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 STATE COURT OF DOUGLAS COUNTY**

**STATE OF GEORGIA**

8700 Hospital Drive  
Douglasville, Georgia 30134  
(770) 920-7538

\_\_\_\_\_  
Plaintiff

vs.

\_\_\_\_\_  
Civil Action File Number

\_\_\_\_\_  
Defendant

\_\_\_\_\_  
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

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

\_\_\_\_\_  
Plaintiff

vs.

\_\_\_\_\_  
Defendant

\_\_\_\_\_  
Garnishee

\_\_\_\_\_  
Civil Action File Number

**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