Date Fil	led	Case No			
		GARNISHMENT			
Plainti	ff(s) Na vs.	ame, Address			
Defend	dant(s)	Name, Address			
Garnis	shee N	lame, Address			
() Check	c if the G	AFFIDAVIT OF GARNISHMENT Garnishee is a financial institution.			
() Check	if garni	ishment is for the collection of child support or alimony. See OCGA. § 18-4-50. et seq.			
	Perso	onally appeared (Print Name)who on oath says:			
	1.	I am the (Plaintiff) (Attorney for Plaintiff) (Agent for Plaintiff). [Circle one]			
	2.	The Plaintiff obtained a judgment against the Defendant in Case Number,			
		in the, Court of, County,State, and			
		no agreement requires forbearance from garnishment which is applied for currently.			
	3.	\$ is the balance due, which consists of the sum of \$			
		Principal, \$Post Judgment interest, and \$ Other (e.g., prejudgm			
		interest, attorney's fees, costs exclusive of the cost of this action)			
	4.	Upon the Affiant's personal knowledge or belief, the sum stated herein is unpaid.			
		subscribed before me			
IIIIS		_ day of, 20			
Notary	Public	/Deputy Clerk of Court Affiant			
APPRO JUDGI		BY:RK/DEPUTY CLERK MAGISTRATE COURT			

Date Filed	Case No:		
	<u>GARNISHMENT</u>		
Plaintiff(s) Name, Address			
VS.			
Defendant(s) Name, Address			
Garnishee Name, Address			
DO NOT USE THIS FORM (SEE O.C.G.A. §§ 18-4-72 and 18-4-78) OR CO	IMENT ON A FINANCIAL INSTITUTION IF THIS IS A CONTINUING GARNISHMENT NTINUING GARNISHMENT FOR CHILD SUPPORT OR ALIMONY G.A. §§ 18-4-73 and 18-4-80).		
☐ Check this box if other allegations are made ☐ Check this box if this is a garnishment for ch	against a nonjudgment Defendant pursuant to O.C.G.A. 18-4-23. illd support or alimony. COURT OF JUDGMENT		
Total amount claimed due by the Plaintiff \$Plus court costs due on this summons \$Total garnishment claim	JUDGMENT CASE NO		
known to be exempt, including property in safe-deponamed above beginning on the day of service of COMMANDED to file your answer, in writing, not so served with this summons, with the Clerk of this C Attorney named above and the Defendant named at answer. Your answer shall state what money, includinging to the Defendant you hold beginning on Money, including wages, or other property admitted the Court concurrently with your answer. If, in answer property in a safe-deposit box or similar property, you four safe-deposit box or similar property and she property until further order of such Court regarding the answer to this summons unless such time has been	d by this summons, a judgment by default will be rendered against you		
	, Judge of said Court.		
This day of, 20			
Service perfected on Garnishee, this day of _			
	Constable/ Sheriff/ Process Server		

Date Filed	Case No:
	<u>.</u>
Plaintiff(s) Name, Address vs.	GARNISHMENT
	-
Defendant(s) Name, Address	- -
	- -
Garnishee Name, Address	-
ATTACHMENT FOR SUMMONS OF GA	RNISHMENT ON A FINANCIAL INSTITUTION
Other known names of the Defendant:	
Current and past addresses of the Defenda	nt:
Social security number or federal tax identifi	cation number of the Defendant:
Account or identification numbers of accoun	ts of the Defendant used by the Garnishee:
Other allegations pursuant to O.C.G.A. 18-4	-23

THIS PLEADING SHALL NOT BE FILED WITH THE COURT

Date Filed

	Case No:
Plaintiff(s) Name, Address	
vs	GARNISHMENT
Defendant(s) Name, Address	
Countinhan Name Addings	
Garnishee Name Address	

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 205 N Selvidge Street Ste E, Dalton GA, 30722, Whitfield County Magistrate Court, 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 \$217.00. 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 Whitfield County Magistrate Court, 205 N Selvidge Street Ste E, Dalton, GA, 30722.

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 addresses 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.

DEFENDANT'S CLAIM FORM Case No.____

I CLAIM EXEMPTION from garnishment. Some of my money or property held by									
the garnishee is exempt because	se it is: (check all tha	at apply) (
) 1. Social security benefits.() 2. Supplemental security income benefits.() 3. Unemployment benefits.									
							() 4. Workers' compensation.		
							() 5. Veterans' benefits.		
() 6. State pension benefits.									
() 7. Disability income benefits.									
() 8. Money that belongs to a joint	t account holder.								
() 9. Child support or alimony.									
() 10. Exempt wages, retirement,	or pension benefits.								
() 11. Other exemptions as provid									
		-							
I further state: (check all that apply									
() 1. The Plaintiff does not have a									
() 2. The amount shown due on the									
() 3. The Plaintiff's Affidavit of Gai		r legally insufficient.							
Send the notice of the hearing on	my claim to me at:								
Address:									
Phone Number:									
E-mail Address:									
The statements made in this claim	n form are true to the	best of my knowledge and belief.							
		,20							
Defendant's signature	Date								
Print name of Defendant									
	CERTIFICATE (OF SERVICE							
This is to certify that I have this		ntiff or Plaintiff's Attorney and the Garnishee in the							
	this pleading by dep	positing it in the United States Mail in a properly							
This day of	, 20								
	 Defen	dant or Defendant's Attorney							