MAGIST	RATE COURT OF	=	COUNTY, GEORGIA		
Date Filed			Case No:		
Plaintiff Plaintiff's Contac	et Information				
Name					
Street Address		·			
City	State	Zip Code			
E-mail Address					
Phone Number					
Bar number					
			GARNISHMENT		
Defendant(s) Nar	me, Address				
Garnishee Name	, Address				
			AINST GARNISHMENT O OTHER PROPERTY		
been garnished to	pay a court judgment ag	gainst you. HOWEVE	nd other property belonging to you have ER, YOU MAY BE ABLE TO KEEP YOUR D THIS NOTICE CAREFULLY.		
Some common unemployment, w and disability incolist of exemptions	exemptions are beneficially exemptions are beneficially exemptions. This list of exemptions is available at the Cle	fits from social some Veterans' Adminions does not include ork of Court's office	from garnishment even if it is in a bank. ecurity, supplemental security income, istration, state pension, retirement funds, all possible exemptions. A more detailed located at		

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:

 Complete 	olet	e the Defendant's Claim Form as se	t forth below; and		
2. File t	his (completed claim form with the Clerk	of Court's office located at		
(Name	of	Court),	(Address),	(City),	Georgia
•		(ZIP Code).			_
		· `			

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 it is: (check all that apply) () 1. Social security benefits.						
						() 2. Supplemental security inco
() 3. Unemployment benefits.) 3. Unemployment benefits.					
() 4. Workers' compensation.						
() 5. Veterans' benefits.() 6. State pension benefits.						
() 7. Disability income benefits.						
() 8. Money that belongs to a joi	nt account hold	ler.				
() 9. Child support or alimony.						
() 10. Exempt wages, retiremen		enefits.				
() 11. Other exemptions as prov	ided by law.					
Explain:						
I founds ou ototo. John old all the ot owner	- h. A					
I further state: (check all that app () 1. The Plaintiff does not have		ainst me				
		ffidavit of Garnishment is incorrect.				
() 3. The Plaintiff's Affidavit of G						
Send the notice of the hearing of	n my claim to m	ne at:				
Address:						
E-mail Address:						
E maii Address						
The statements made in this claim	m form are true	e to the best of my knowledge and belief.				
Defendants and an		,20				
Defendant's signature	Date					
Print name of Defendant						
	CERTIFIC	SATE OF SERVICE				
This is to cortify that I have this	day carved th	e Plaintiff or Plaintiff's Attorney and the Garnishee in the				
	f this pleading	by depositing it in the United States Mail in a properly				
This day of	, 20					
		Defendant or Defendant's Attorney				