

**IN THE MAGISTRATE COURT OF EFFINGHAM COUNTY, STATE OF GEORGIA  
700 N. Pine Street, Suite 250 – Springfield, GA 31329**

Case No.: \_\_\_\_\_  
(office use only)

Date Filed: \_\_\_\_\_  
(office use only)

\_\_\_\_\_  
**Plaintiff's Name**

\_\_\_\_\_  
**Defendant's Name**

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Mailing Address

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

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

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Bar Number

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Plaintiff Attorney

\_\_\_\_\_  
**Garnishee**

\_\_\_\_\_  
Physical Address

\_\_\_\_\_  
Mailing Address (if different from physical address)

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

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**ATTACHMENT FOR SUMMONS OF GARNISHMENT**

Other known names of the Defendant:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current and past address of the Defendant:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**THIS PLEADING SHALL NOT BE FILED WITH THE COURT**