

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

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 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 account holder.
9. Child support or alimony
10. Exempt wages, retirement, or pension benefits.
11. Other exemptions as provided by law.

Explain:

I further state: (check all that apply)

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:

Address: _____

Phone Number: _____

E-mail Address: _____

The statements made in this claim 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 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 or Defendant's Attorney