

GARNISHMENT

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

Mailing Address

City, State and Zip Code

Phone Number Bar Number

Plaintiff Attorney

Defendant's Name

Mailing Address

City, State and Zip Code

Phone Number

Garnishee

Physical Address

Mailing Address (if different from physical address)

City, State and Zip Code

AFFIDAVIT

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 OCGA § 18-4-50. Et.seq.

Personally appeared _____ who on oath says:

1. I am (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, _____ State, and no agreement requires forbearance from the garnishment which is applied for currently.
3. \$ _____ is the balance due, which consists of \$ _____, Principal, \$ _____, Post Judgment interest, \$ _____, Attorney Fees, \$ _____ Other (e.g. prejudgment interest, costs (exclusive of the costs 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_____

(Deputy) Clerk of Court or Notary Public

Affiant

Notary Public's Expiration Date

Print Name of Affiant