

IN THE MAGISTRATE COURT OF EFFINGHAM COUNTY
PROCEDURES FOR FILING GARNISHMENTS

1. You **MUST** have a judgment not to exceed \$15,000.00 against an individual or an entity before you file an Affidavit of Garnishment **and** the Garnishee **must** be located in Effingham County. If the judgment was issued outside the Magistrate Court of Effingham County, a copy of the judgment **must** be attached to the Affidavit of Garnishment.
2. Once you have obtained a judgment against the defendant, you must decide which type of garnishment to file:
 - a. Affidavit of Continuing Garnishment for wages: may be filed where Employer/Employee relationship exists between the garnishee and the defendant.
 - b. Affidavit of Garnishment
 - c. Affidavit of Garnishment on a Financial Institution
 - d. Affidavit of Continuing Garnishment for Support

Please choose the correct affidavit and summons pursuant to O.C.G.A. § 18-4-7(d). If the Plaintiff chooses the incorrect form of summons of garnishment of any type, the garnishment shall be invalid and the garnishee shall be released of all liability.

3. The cost of filing a garnishment in this Court is \$95.00. This includes all filing fees and service of the garnishment on the Garnishee.
4. You will need the following forms to file with this Court:
 - a. An original copy of the Affidavit of Garnishment
 - b. An original copy of the Summons of Garnishment
 - c. Attachment for Summons of Garnishment
 - d. Designation of Agent for Business Entity
 - e. A certified true copy of judgment

The Court will retain all originals and serve the garnishee with the service copy. You will be provided a copy of all forms to serve on the DEFENDANT as required in O.C.G.A. § 18-4-8(b). Please visit our website, our office, or speak with a Deputy Clerk in our office to obtain forms.

5. The total amount of the garnishment can include the amounts that you were awarded in your judgment, any interest and court costs you may be entitled. The amount cannot exceed \$15,000.00. The Affidavit of Garnishment **MUST** be notarized.
6. Pursuant to O.C.G.A. § 18-4-8(b), the Plaintiff **must** serve the Defendant with a copy of the Affidavit of Garnishment, the Summons of Garnishment, and the Notice to Defendant of Right Against Garnishment of Money, Including Wages and Other Property and Defendant's Claim Form. The Defendant must be served within the time of filing the affidavit and three (3) business days after the service of garnishment on the Garnishee. If the Defendant is a resident of Effingham County and you want our Constable to serve him/her with his/her copy of the garnishment, please add an additional \$50.00 to the cost.
7. Please file a Certificate of Service with appropriate service checked, along with the required documents with the Court. The **Court will not disburse funds until the Certificate of Service is received.** Plaintiff's obligation to provide notice of the garnishment to the Defendant is governed by O.C.G.A. § 18-4-8. Please read this code section if you are unfamiliar with garnishment law regarding notice to the Defendant.
8. If the Court received funds from the Garnishee, the funds will be disbursed according to law in a timely manner. The Court must receive documentation that the Defendant has been served with the garnishment before any funds will be disbursed.
9. All correspondence should be addressed to: Effingham County Magistrate Court, 700 N. Pine Street – Suite 250, Springfield, GA 31329. You may contact the Clerk's office at (912) 754-2124 for general information about a case.

**Please be advised that the clerks of the Magistrate Court are not lawyers and
are prohibited by law from giving you legal advice.**

AFFIDAVIT OF CONTINUING 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

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

Garnishment Court Information

Garnishee

**700 N. Pine Street – Suite 250
Springfield, GA 31329**

Physical Address

912-754-2124 – Option #4

Mailing Address (if different from physical address)

City, State and Zip Code

AFFIDAVIT OF CONTINUING GARNISHMENT

**DO NOT USE THIS FORM FOR A CONTINUING GARNISHMENT FOR CHILD SUPPORT OR ALIMONY,
SEE O.C.G.A. § 18-4-73**

Personally appeared (Print Name) _____ 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, Georgia State, and no agreement requires forbearance from garnishment which is applied for currently.
3. \$ _____ is the balance due, which consists of \$ _____ Principal, \$ _____ Post Judgment interest, and \$ _____ 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.
5. The Affiant believes the Garnishee is an employer of or under periodic obligations for payment of funds to the Defendant.

This _____ day of _____, 20_____

Sworn to and Subscribed Before Me:

This _____ day of _____, 20_____

Notary Public/ Deputy Clerk of Court

Affiant

Notary Public's Expiration Date

Print Name of Affiant

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700 N. Pine Street, Suite 250 – Springfield, GA 31329

Case No.: _____
(office use only)

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Plaintiff's Name

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Mailing Address

Mailing Address

City, State and Zip Code

City, State and Zip Code

Phone Number

Bar Number

Phone Number

Plaintiff Attorney

Garnishment Court Information

Garnishee

700 N. Pine Street – Suite 250
Springfield, GA 31329

Physical Address

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912-754-2124 – Option #4

City, State and Zip Code

SUMMONS OF CONTINUING GARNISHMENT

TO THE ABOVE-NAMED GARNISHEE:

Total amount claimed due by the Plaintiff	\$ _____
Plus court costs due this summons	\$ _____
Total garnishment claim	\$ _____

COURT OF JUDGMENT _____

JUDGMENT CASE NO. _____

YOU ARE HEREBY COMMANDED to immediately hold all money, including wages, and other property except what is known to be exempt, belonging to the Defendant or obligations owed to the Defendant named above beginning on the day of service of this summons and including the next 1,085 days. You are **FURTHER COMMANDED** to file your answer, in writing, not later than 45 days from the date you were served with this summons, with the Clerk of this Court and serve a copy of your answer upon the Plaintiff or Plaintiff's Attorney named above and the Defendant named above, or the Defendant's Attorney, if known, at the time of making such answer. Your answer shall state what money, including wages, or other property, except what is known to be exempt, belonging to the Defendant or obligations owed to the Defendant you hold or owe beginning on the day of service of this summons and between the time of such service and the time of making your first answer. Thereafter, you are required to file further answers no later than 45 days after your last answer. Every further answer shall state what money, including wages, and other property, except what is known to be exempt, belonging to the Defendant or obligations owed to the Defendant you hold or owe at and from the time of the last **answer to the time of the current answer**. YOU MUST FILE ADDITIONAL ANSWERS UNTIL THE SOONER OF: THE PAYMENT OF THE BALANCE SHOWN ON THE SUMMONS OF GARNISHMENT, THE EXPIRATION OF 1,095 DAYS, OR THE TERMINATION OF ANY RELATIONSHIP BETWEEN GARNISHEE AND DEFENDANT WHICH INCLUDES PERIODIC PAYMENT OBLIGATIONS FROM GARNISHEE TO DEFENDANT. Money, including wages, or other property admitted in an answer to be subject to continuing garnishment must be paid or delivered to the Court concurrently with each answer. **Should you fail to file Garnishee Answers as required by this summons, a judgment by default will be rendered against you for the amount remaining due on a judgment as shown in the Plaintiff's Affidavit of Continuing Garnishment.**

WITNESS, the Honorable Rhonda Sexton, Judge of said Court.

This _____ day of _____, 20____

(Deputy) Clerk, Magistrate Court

**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

ATTACHMENT FOR SUMMONS OF CONTINUING 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

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

DESIGNATION OF AGENT FOR BUSINESS ENTITY

Pursuant to O.C.G.A. § 15-10-43(i) and Uniform Magistrate Rule 31, this is to certify that _____ is a full time employee or officer of the above-named corporation, limited liability company, sole partnership, unincorporated association or other legal entity. I have been designated by said business to represent it in the above-styled civil action. I have authority to act of on its behalf and to bind it in the same manner as myself to any and all matters related to this case.

Under penalty of perjury, signed this _____ day of _____, 20_____.

Sworn to and subscribed before me

This _____ day of _____, 20_____

Deputy Clerk of Court/ Notary Public

Signature

Printed Name

Address

Phone Number

Email Address