MAGISTRATE COURT OF	COUNTY, GEORGIA
Date Filed	Case No:
Plaintiff:	
Plaintiff's Contact Information:	_
Name	_
Street Address	_
City State Zip Code	9
E-mail Address	_
Phone Number	_
Bar number	_
vs	GARNISHMENT
	_
	_
Defendant(s) Name, Address	_
	_
	_
	_
Garnishee Name, Address	
NOTICE TO DEFENDANT OF RIGHT A	
OF MONEY, INCLUDING WAGES, AI	ND OTHER PROPERTY
You received this notice because money, including wages, been garnished to pay a court judgment against you. HOWE MONEY, INCLUDING WAGES, OR OTHER PROPERTY. RE	VER, YOU MAY BÉ ABLE TO KEÉP YOUR
State and federal law protects some money, including wage Some common exemptions are benefits from social unemployment, workers' compensation, the Veterans' Adm and disability income. This list of exemptions does not include list of exemptions is available at the Clerk of Court's office (Name of Court), (Address	security, supplemental security income, inistration, state pension, retirement funds, de all possible exemptions. A more detailed be located at
Georgia(ZIP Code), and on the website for the Att	torney General (<u>www.law.ga.gov</u>).

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 \$217.50. 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:

1. Complete the Defendant's Claim For	m as set forth below; and		
2. File this completed claim form with the	ne Clerk of Court's office located	d 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 G	Sarnishee'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 with	nin ten days from when it receiv	ves your claim form. The Court will	
mail you the time and date of the hearing	ng at the address that you provi	de on your claim form. You may go	
to the hearing with or without an attorn	nev. You will need to give the C	Court documents or other proof that	

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.

your money is exempt.

DEFENDANT'S CLAIM FORM Case No.____

the garnishee is exempt because it is: (check all that apply)		
() 1. Social security benefits.	(a	
() 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 holde	er.	
() 9. Child support or alimony.	r.	
() 10. Exempt wages, retirement, or pension ber () 11. Exemptions for taxes due on income or ea		
() 12. Other exemptions as provided by law.	irnings not subject to employer withholding.	
Explain:		
·	 	
I further state: (check all that apply)		
() 1. The Plaintiff does not have a judgment agai		
() 2. The amount shown due on the Plaintiff's Aff () 3. The Plaintiff's Affidavit of Garnishment is un		
Send the notice of the hearing on my claim to me		
Phone Number:		
Email 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		
<u>CERTIFICA</u>	ATE OF SERVICE	
This is to certify that I have this day served the	Plaintiff or Plaintiff's Attorney and the Garnishee in the	
	by depositing it in the United States Mail in a properly	
This, 20		
	Defendant or Defendant's Attorney	