

**STATE COURT OF COBB COUNTY**  
**AFFIDAVIT OF GARNISHMENT**

GEORGIA, COBB COUNTY

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

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 O.C.G.A § 18-4-50, et seq.

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

Plaintiff (Name & Address)

VS

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

Defendant (Name & Address)

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

Garnishee (Name & Address)

Case Number \_\_\_\_\_

Plaintiff's Attorney (Name, Address, Phone & Email)

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

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

1. Personally appeared \_\_\_\_\_, who on oath says that I am (Plaintiff) (Attorney at Law for Plaintiff) (Agent for Plaintiff) [Circle one] herein, and that the above named Defendant, is indebted to said plaintiff in the sum of and no agreement requires forbearance from the garnishment which is applied for currently.
2. \$ \_\_\_\_\_ Principal
3. \$ \_\_\_\_\_ Interest
4. \$ \_\_\_\_\_ Attorney's Fees
5. \$ \_\_\_\_\_ All Costs [exclusive of the cost of this action]
6. \$ \_\_\_\_\_ Total [balance due]
7. Judgment was obtained in the \_\_\_\_\_ Court of \_\_\_\_\_ County.
8. \_\_\_\_\_ is the case number

Affiant further states that no agreement has been made with the Defendant for payment of the Judgment, or if an agreement was made, the defendant is in default and that Affiant has reason to apprehend the loss of said sum or some part thereof unless process of garnishment issues. Upon the Affiant's personal knowledge or belief, the sum stated herein is unpaid.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Affiant

\_\_\_\_\_  
Print Name of Affiant

Sworn to and subscribed before me,

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public  
Commission Expires: \_\_\_\_\_

STATE COURT OF COBB COUNTY

GEORGIA, COBB COUNTY

Check this box if this is a garnishment for child support or alimony. If this is intended to be a continuing garnishment for support, the form set forth in O.C.G.A. § 18-4-80.

\_\_\_\_\_

Case Number \_\_\_\_\_

\_\_\_\_\_

Plaintiff (Name & Address)

Plaintiff's Attorney (Name, Address, Phone & Email)

VS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Defendant (Name & Address)

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

\_\_\_\_\_

\_\_\_\_\_

Garnishee (Name & Address)

SUMMONS OF GARNISHMENT

YOU ARE HEREBY COMMANDED to immediately hold all money, including wages, and other property, except what is known to be exempt, including property in safe-deposit boxes or similar property that you hold, 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 29 days. You are FURTHER COMMANDED to file your answer, in writing, not sooner than 30 days and 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 beginning on the day of service of this summons and including the next 29 days. Money, including wages, or other property admitted in an answer to be subject to garnishment must be sent or delivered to the Court concurrently with your answer.

If, in answering this summons, you state that the property of the Defendant includes property in a safe-deposit box or similar property, you shall answer to the Court issuing this summons as to the existence of such safe-deposit box or similar property and shall restrict access to any contents of such safe-deposit box or similar property until further order of such Court regarding the disposition of such contents or 120 days from the date of filing your answer to this summons unless such time has been extended by the Court, whichever is sooner.

Should you fail to file a Garnishee Answer 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 Garnishment.

WITNESS THE HONORABLE JUDGES OF THIS COURT.

This \_\_\_\_\_

\_\_\_\_\_  
Clerk, State Court of Cobb County

To the above-named garnishee:

- 1. \$ \_\_\_\_\_ is the total amount claimed due by plaintiff.
2. \$ \_\_\_\_\_ Plus court costs due on this summons.
3. \$ \_\_\_\_\_ Total garnishment claim.

Court of Judgment \_\_\_\_\_ and Judgment case number \_\_\_\_\_

# STATE COURT OF COBB COUNTY

GEORGIA, COBB COUNTY

Check this box if this is a garnishment for child support or alimony. If this is intended to be a continuing garnishment for support, the form set forth in O.C.G.A. § 18-4-80.

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

Case Number \_\_\_\_\_

Plaintiff (Name & Address)

VS

Plaintiff's Attorney (Name, Address, Phone & Email)

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

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

Defendant (Name & Address)

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

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

Garnishee (Name & Address)

## ANSWER OF GARNISHMENT

- At the time of service or from the time of service to the time of this answer, garnishee has in his possession the following described property of defendant: \_\_\_\_\_
- At the time of service or from the time of service to the time of this answer, all debt accruing from garnishee to defendant is in the amount of \$ \_\_\_\_\_
- \$ \_\_\_\_\_ of the amount named in paragraph 2, was wages earned at the rate of \$ \_\_\_\_\_ per \_\_\_\_\_ for the period beginning \_\_\_\_\_, 20\_\_\_\_\_, through the time of making this answer. The amount of wages which is subject to the garnishment is computed as follows:
 

\$ _____	Gross Earnings
\$ _____	Total Social Security and withholding tax
\$ _____	Total Disposable Earnings
\$ _____	Amount of Wages subject to garnishment
\$ _____	Amount herewith paid into court

**Mail completed form to:**  
 State Court of Cobb County  
 12 East Park Square  
 Marietta, GA 30090-9630  
 770-528-1218

4. Garnishee further states: \_\_\_\_\_

By: \_\_\_\_\_  
Garnishee

## CERTIFICATE OF SERVICE

This is to certify that I have this day served plaintiff or his attorney in the foregoing matter with a copy of this pleading by depositing in the United States Mail a copy of same in a properly addressed envelope with adequate postage thereon.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Signed: \_\_\_\_\_  
Garnishee

# STATE COURT OF COBB COUNTY

GEORGIA, COBB COUNTY

Check this box if this is a garnishment for child support or alimony. If this is intended to be a continuing garnishment for support, the form set forth in O.C.G.A. § 18-4-80.

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

Case Number \_\_\_\_\_

Plaintiff (Name & Address)

Plaintiff's Attorney (Name, Address, Phone & Email)

VS

Defendant (Name & Address)

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

Garnishee (Name & Address)

## ANSWER OF GARNISHMENT

- At the time of service or from the time of service to the time of this answer, garnishee has in his possession the following described property of defendant: \_\_\_\_\_
- At the time of service or from the time of service to the time of this answer, all debt accruing from garnishee to defendant is in the amount of \$ \_\_\_\_\_
- \$ \_\_\_\_\_ of the amount named in paragraph 2, was wages earned at the rate of \$ \_\_\_\_\_ per \_\_\_\_\_ for the period beginning \_\_\_\_\_, 20\_\_\_\_\_, through the time of making this answer. The amount of wages which is subject to the garnishment is computed as follows:
 

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**Mail completed form to:**  
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 12 East Park Square  
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4. Garnishee further states: \_\_\_\_\_

By: \_\_\_\_\_  
Garnishee

## CERTIFICATE OF SERVICE

This is to certify that I have this day served plaintiff or his attorney in the foregoing matter with a copy of this pleading by depositing in the United States Mail a copy of same in a properly addressed envelope with adequate postage thereon.

This \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Signed: \_\_\_\_\_  
Garnishee

**IN THE STATE COURT OF COBB COUNTY  
STATE OF GEORGIA**

**NOTICE TO DEFENDANT OF RIGHT AGAINST GARNISHMENT OF MONEY,  
INCLUDING WAGES, AND OTHER PROPERTY**

---

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

Plaintiff (Name & Address)

VS

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

Defendant (Name & Address)

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

Garnishee (Name & Address)

Case Number \_\_\_\_\_

Plaintiff's Attorney (Name, Address, Phone & Email)

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

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

You received this notice because money, including wages and other property belonging to you have been garnished to pay a court judgment against you. However, you may be able to keep your money, including wages, or other property. **READ THIS NOTICE CAREFULLY.** State and Federal law protects some money, including wages, from garnishment even if it is in a bank. Some common exemptions are benefits from social security, supplemental security income, unemployment, workers' compensation, the Veterans' Administration, state pension, retirement funds, and disability income. This list of exemptions does not include all possible exemptions. A more detailed list of exemptions is available at the Clerk of Court's office located at Cobb County State Court Clerk's Office 12 East Park Square, Marietta, GA 30090, and on the website for the Attorney General ([www.law.ga.gov](http://www.law.ga.gov))

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 Chapter 13 bankruptcy allows a higher amount. **TO PROTECT YOUR MONEY, INCLUDING WAGES, AND OTHER PROPERTY FROM BEING GARNISHED, YOU MUST:** Complete the Defendant's Claim Form as set forth below and file this completed claim form with the Clerk of Court's Office located at Cobb County State Court Clerk's Office 12 East Park Square, Marietta, GA 30090.

**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 Garnishee'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 within ten days from when it receives your claim form. The Court will mail you the time and date of the hearing at the address that you provide on your claim form. You may go to the hearing with or without an attorney. You will need to give the Court documents or other proof that your money is exempt.

The Clerk of Court cannot give legal advice. **IF YOU NEED LEGAL ASSISTANCE, YOU SHOULD SEE AN ATTORNEY.** If you cannot afford a private attorney, legal services may be available.

**DEFENDANT'S CLAIM FORM**

**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 benefit
- 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. Exemptions for taxes due on income or earnings not subject to employer withholding
- 12. 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 hearing on my claim to me at:

Address: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

The statements made in this claim form are true to the best of my knowledge and belief.

\_\_\_\_\_  
Defendant's Signature Date \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
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 in the United States Mail in a properly addressed envelope with adequate postage thereon.

This \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

Signed: \_\_\_\_\_  
Defendant or Defendant's Attorney

IN THE STATE COURT OF COBB COUNTY  
STATE OF GEORGIA

Case Number \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Plaintiff

VS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Defendant

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Garnishee

ATTACHMENT FOR SUMMONS OF GARNISHMENT

Other known names of the Defendant:

Current and past addresses of the Defendant:

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

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

Social Security number or Federal Tax Identification number of Defendant:

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