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. <b>RE</b>	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 \$217.00. 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	e the Defendant's Claim Form as set	forth below; and		
2. File this	completed claim form with the Clerk	of Court's office located 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 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	e time and date of the hearing at the	address that you provide on your claim f	orm. You	u may go
to the hearing with or without an attorney. You will need to give the 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.				
() 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:				
·	<del> </del>			
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			