

IN THE STATE COURT OF GLYNN COUNTY, GEORGIA
 701 H STREET, SUITE 104, BRUNSWICK, GEORGIA 31520
 TELEPHONE: (912) 554-7325 * FACSIMILE: (912) 261-3849

Plaintiff's Contact Information:

 (Name)

 (Street Address)

 (City) (State) (Zip Code)

 (E-Mail Address)

 (Phone Number)

 (Bar Number)

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Civil Action File No. _____

vs.
Defendant:

 (Name)

 (Street Address)

 (City) (State) (Zip Code)

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Garnishee:

 (Name)

 (Street Address)

 (City) (State) (Zip Code)

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AFFIDAVIT OF CONTINUING GARNISHMENT FOR SUPPORT

Personally appeared _____, who on oath says:
 (Print Name)

- 1. I am the (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. The affiant states that the Defendant is in arrears on the obligation for support in an amount equal to or in excess
 of one month's obligation as decreed in the judgment for support and provides the following information:

 \$_____ is the amount of arrearage which exists under the judgment as of the execution of this
 affidavit.

Check one of the boxes below and complete the requested information:

A. Periodic support is owed for one obligee, or the judgment sets forth a total amount of periodic support for multiple obligees as follows:

\$ _____ is the total amount of periodic support due for _____ (Name of Obligee), _____ (Name of Obligee) and _____ (Name of Obligee) Such periodic support if payable on a _____ basis. (weekly, monthly). The termination date of the obligation for periodic support is _____ (Date).

B. Periodic support is owed for multiple obligees, and the judgment sets forth a different amount of periodic support for each obligee as follows:

\$ _____ is the total amount of periodic support due for _____ (Name of Obligee) payable on a _____ (weekly, monthly) basis, and the terminated date of such obligation is _____ (Date)

\$ _____ is the total amount of periodic support due for _____ (Name of Obligee) payable on a _____ (weekly, monthly) basis, and the terminated date of such obligation is _____ (Date)

\$ _____ is the total amount of periodic support due for _____ (Name of Obligee) payable on a _____ (weekly, monthly) basis, and the terminated date of such obligation is _____ (Date)

4. Check this box and attach a certified copy of the judgment for support hereto.

5. Upon the Affiant's personal knowledge or belief, the sum stated herein is unpaid.

6. The Affiant believes that the Garnishee is an employer of the Defendant.

This _____ day of _____, 20 _____.

Affiant

Print Name of Affiant

Sworn to and subscribed before me this _____ day
of _____, 20 _____.

Notary Public or
Deputy Clerk of State Court of Glynn County