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)	§	Civil Action File No._____
_____	§	
(Street Address)	§	
_____	§	
(City) (State) (Zip Code)	§	
_____	§	
(E-Mail Address)	§	
_____	§	
(Phone Number)	§	
_____	§	
(Bar Number)	§	
vs.	§	
Defendant:	§	
_____	§	
(Name)	§	
_____	§	
(Street Address)	§	
_____	§	
(City) (State) (Zip Code)	§	
Garnishee:	§	
_____	§	
(Name)	§	
_____	§	
(Street Address)	§	
_____	§	
(City) (State) (Zip Code)	§	

ORDER FOR HEARING ON DEFENDANT'S CLAIM

It is hereby ordered that a hearing be held upon the Defendant's claim before this court on the _____ day of _____, 20____, at _____: __.M., and that the Clerk of State Court shall transmit a copy of the Defendant's Claim Form and this order to the Plaintiff, the Defendant, and the Garnishee.

This _____ day of _____, 20_____.

_____
Judge, State Court of Glynn County

CERTIFICATE OF SERVICE

This is to certify that I have this day served the Plaintiff or Plaintiff's Attorney, the Defendant, and the Garnishee in the foregoing matter with a copy of this pleading by depositing it in the United States Mail in a properly addressed envelope with adequate postage thereon.

This _____day of _____, 20_____.

_____
Deputy Clerk of Court, Glynn County, Georgia