

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) §

AFFIDAVIT OF GARNISHMENT

- 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.

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

1. I am the (Plaintiff) (Attorney 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. \$ _____ is the balance due, which consists of the sum of \$ _____ Principal, \$ _____ Post-judgment interest, and \$ _____ Other (e.g., prejudgment interest, attorney's fees, costs [exclusive of the cost of this action]).
4. Upon the Affiant's personal knowledge or belief, the sum stated herein is unpaid.

This _____ day of _____, 20 _____.

Sworn to and subscribed before me this ____ day of _____ (Affiant)
 _____, 20_____. _____ (Print Name)

 Notary Public or Deputy Clerk of State Court of Glynn County