

Garnishment No. _____
DO NOT WRITE IN THIS SPACE

STATE COURT OF FULTON COUNTY
AFFIDAVIT FOR REGULAR GARNISHMENT
GEORGIA, FULTON COUNTY

PLAINTIFF _____

VS

DEFENDANT'S SOCIAL SECURITY NUMBER _____

DEFENDANT NAME & ADDRESS _____

TO: _____

PLAINTIFF OR ATTORNEY NAME AND ADDRESS _____

GARNISHEE'S NAME AND ADDRESS _____

PHONE NUMBER _____

Personally appeared the undersigned affiant, who on oath says that he/she is the above plaintiff, agent or attorney at law, and that he/she has personal knowledge that the above defendant is indebted to said plaintiff on a judgment as below described.

Sworn to and subscribed before me

This _____ day of _____, 20____

Deputy Clerk or Notary Public

NOTICE

1. \$ _____ is the amount claimed + Garnishment cost of \$ _____.
2. Judgment was obtained in the _____ Court of _____ County.
3. _____ is the Judgment number.

Affiant

Approved _____ Judge
State Court of Fulton County

PLAINTIFF REQUESTS ANY FUNDS
RECEIVED ON THIS GARNISHMENT
BE CONDEMNED.

REGULAR GARNISHMENT

RG-1A-6-00