

STATE COURT OF FULTON COUNTY
AFFIDAVIT OF GARNISHMENT FOR SUPPORT
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

NOTICE

1. \$ _____ is the amount of arrearage due + Garnishment cost of \$ _____.
2. \$ _____ per _____ due under terms of Judgment/Decree
3. Judgment was obtained in the _____ Court of _____ County.
4. _____ is the Judgment number.

PERSONALLY APPEARED THE undersigned affiant who upon oath says he/she is the above Plaintiff, or attorney for Plaintiff, and that affiant has personal knowledge that the above Defendant is in arrears on the obligation of support in an amount equal to or in excess of one month's obligation as decreed on the above judgment. Judgment is for the periodic support of a family member as defined by O.C.G.A. §18-4-131(5). Plaintiff believes that Garnishee is or may be an employer of Defendant or otherwise subject to a Writ of Garnishment for Support of a family member as defined in O.C.G.A. §18-4-131(3). A certified copy of the judgment/Decree is attached hereto. The periodic amount of support due under said Judgment/Decree for each obligee named therein is as follows:

AMOUNT DUE	FREQUENCY DUE	OBLIGEE	TERMINATION DATE
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\$ _____			
\$ _____			
\$ _____			

for a total of \$ _____ per _____ due under the terms of said Judgment.

Sworn and subscribed before me.

This _____ day of _____,

Deputy Clerk or Notary Public

Affiant

Approved _____ JUDGE
State Court of Fulton County