

IN THE MAGISTRATE COURT OF ATHENS-CLARKE COUNTY
STATE OF GEORGIA
325 E. Washington Street, Room 240, Athens, GA 30601
P. O. Box 1868, Athens, GA 30603
(706) 613-3310

Plaintiff:

vs.

Civil Action Number **MC-GR**____ - _____

Defendant:

Garnishee:

DEFENDANT'S CLAIM FORM

Defendant claims exemption from garnishment. Some of Defendant's money or property held by the Garnishee is exempt because it is: (check all that apply)

- ☐ 1. Social Security benefits
- ☐ 2. Supplemental Security Income benefits
- ☐ 3. Unemployment benefits
- ☐ 4. Workers' Compensation
- ☐ 5. Veterans' benefits
- ☐ 6. State pension benefits
- ☐ 7. Disability income benefits
- ☐ 8. Money that belongs to a joint account holder
- ☐ 9. Child support or alimony
- ☐ 10. Exempt wages, retirement, or pension benefits
- ☐ 11. Other exemptions as provided by law. Please explain: _____

Defendant further states (check all that apply)

- ☐ 1. The Plaintiff does not have a judgment against the Defendant.
- ☐ 2. The amount shown due on the Plaintiff's Affidavit of Garnishment is incorrect.
- ☐ 3. The Plaintiff's Affidavit of Garnishment is untrue or legally insufficient.
- ☐ 4. Other - Please explain _____

The Court should send the notice of the hearing on this claim to Defendant/Defendant's Attorney at:

Address _____

Phone: _____

The statements made in this claim form are true to the best of my knowledge and belief.

Defendant's Signature

Date

CERTIFICATE OF SERVICE

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

This _____ day of _____, 20____.

Defendant or Defendant's Attorney

Defendant shall send copies to Plaintiff and Garnishee ONLY IF CLAIM IS FILED