

**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_____.
(Handwritten signature)

Defendant or Defendant's Attorney

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