

PROCESS OF GARNISHMENT

IN THE COURT OF RUSSELL COUNTY, ALABAMA

NAME AND ADDRESS OF PLAINTIFF (Person Asserting Claim)

NAME AND ADDRESS OF DEFENDANT (Person subject to garnishment)

NAME AND ADDRESS OF ATTORNEY FOR PLAINTIFF

SOCIAL SECURITY NUMBER

DATE OF JUDGMENT

NAME AND ADDRESS OF GARNISHEE

Judgment Amount: \$ _____
 Total Court Costs: \$ _____
 Attorney's Fees: \$ _____
 Interest: \$ _____
 LESS Amount Paid: \$ _____
TOTAL AMOUNT DUE: \$ _____

AFFIDAVIT

A. I make oath that I have obtained the above judgment and believe the named garnishee is or will be indebted to the named defendant or has or will have effects of the defendant under the garnishee's control. I believe that a Process of Garnishment against the garnishee is necessary to obtain satisfaction of the judgment.

B. If the garnishment is for wages, salary or other compensation, I further make oath that the amount to be withheld must be:
 25% of disposable earnings for the week **OR** the amount by which disposable earnings for the week exceed 30 times the federal minimum hourly wage in effect at the time the earnings are payable, **WHICHEVER IS LESS**,
 20% of disposable earnings for the week **OR** the amount by which disposable earnings for the week exceed 50 times the federal minimum hourly wage in effect at the time the earnings are payable, **WHICHEVER IS LESS**, which amount is in compliance with the instructions on the reverse side of this form.

C. I hereby request disbursement of amounts periodically paid into court pursuant to this garnishment. **CONDEMN ALL MONIES UPON RECEIPT.**

Sworn to and subscribed before me this _____ day of _____, _____

 Affiant/Attorney Signature (MUST BE NOTARIZED)

Notary Public/Clerk (Signature)

WRIT OF GARNISHMENT

TO ANY LAWFUL OFFICER OF THE STATE OF ALABAMA:

You are hereby commanded to serve Process of Garnishment on the GARNISHEE, _____ and a copy on the DEFENDANT, _____ and make proper return to this court.

NOTICE TO DEFENDANT: READ THE IMPORTANT INFORMATION ON THE BACK OF THIS FORM (Regarding your rights)
NOTICE TO GARNISHEE: YOU ARE THE GARNISHEE IN THE ABOVE ACTION.

You must complete and file the enclosed Answer form within thirty (30) days from service of process. If you fail to file an Answer, the plaintiff can proceed for judgment against you for the amount of the claim, plus cost. Mailing the **Notarized Answer Form** to the clerk of the court at the address below constitutes making a proper appearance in court. **YOU MUST ANSWER:**

- (1) whether you are or were indebted to the defendant at the time you received this process, or when you make your answer, or during the intervening time, or
- (2) whether you will be indebted to the defendant in the future by existing contract, or
- (3) whether by existing contract you are liable to the defendant for the delivery of personal property for the payment of money, or
- (4) whether you have in your possession or control, money or effects belonging to the defendant.

You are commanded to retain the amount indicated above wages, salary or other compensation due or which will become due to the defendant for such period of time as is necessary to accumulate the sum of \$ _____ (judgment and cost). You are required, after a period of 30 days from the first retention of any sum from the defendant's wages, salary or other compensation, to begin paying the moneys withheld into court as they are deducted or withheld and continue to do so on a monthly or more frequent basis until the full amount is withheld. If employment of the defendant is terminated BEFORE the sum is accumulated, you are required by law to report the termination and pay into court within **15 days AFTER** termination, all sums withheld in compliance with this garnishment. (See Reverse Side for Instructions on Garnishments). If you have in your possession or control property or money belonging to the defendant, which is NOT wages, salary or other compensation, you are further commanded to hold the property or money subject to orders of this court.

Date Issued: _____

Clerk **Kathy Coulter**
 Address: **Post Office Box 518, Phenix City, Alabama 36868-0518**

By: _____
 Deputy Clerk

PLEASE CHECK TYPE OF SERVICE:

- _____ Plaintiff requests service by Sheriff of _____ County, _____.
- _____ Plaintiff requests service by certified mail on _____, Garnishee.
- _____ Plaintiff requests service by certified mail on _____, Defendant.