

**MAGISTRATE COURT OF DOOLY COUNTY**

113 N. THIRD ST, ROOM 2  
VIENNA, GEORGIA 31092  
TELEPHONE 229-268-4324  
FAX 229-268-4230

Statement of Claim Worksheet

**Plaintiff**

Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Zip \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_

**Defendant:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone# \_\_\_\_\_ SSN# \_\_\_\_\_

Amount claimed	\$ _____
Interest claimed	\$ _____
Attorney fees (if allowed)	\$ _____
Court Cost	\$ <u>87.00</u>
Total amount of claim	\$ _____

<b>Plaintiff</b>
If defendant answers and request a Consent Judgment with a weekly or monthly payment which would be enforced by Consent Judgment from this Court, would you accept?
Yes___ No___
If Yes, minimum amount you would accept \$ _____
Weekly_____ Monthly_____
All payments would be made directly to Plaintiff If No, a Hearing will be scheduled.

**Submit any supporting documents: contracts, Accounts Receivable sheets, etc.**

**Enclose self address envelope if a copy of filed Claim is requested.**

**Garnishment Worksheet**

**Provide Plaintiff and Defendant information listed above:**

**Employer or Bank**

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Judgment Information: Case # \_\_\_\_\_ Judgment County \_\_\_\_\_

**A copy of Judgment is required to file a garnishment**

Judgment amount (includes original court cost)	\$ _____
Less Any amount Defendant had paid on account after Claim was filed	-\$ _____
Post Judgment Interest	\$ _____
Attorney fees (if allowed)	\$ _____
FiFa (if applied for)	\$ _____
Certified mailing costs	\$ _____
New Court Cost	\$ <u>87.00</u>
Total amount of Garnishment	\$ _____