

State of Alabama Unified Judicial System Form C-21 (Front) Rev. 7/2017	PROCESS OF GARNISHMENT	JBP Case Number SM 2014-900861
IN THE SMALL CLAIMS COURT OF MONTGOMERY COUNTY, ALABAMA		
NAME AND ADDRESS OF PLAINTIFF (Persons Asserting Claim): GUARDIAN CREDIT UNION 1 Guardian Way PRATTVILLE AL 36066	NAME AND ADDRESS OF DEFENDANT (Person Whose Property is Subject to Garnishment): PAMELA R PAYNE, SSN ***-**-6065 206 SEMINOLE DRIVE MONTGOMERY AL 36117	
NAME AND ADDRESS OF ATTORNEY FOR PLAINTIFF: MARY R WYATT Post Office Box 230759 Montgomery, AL 36123-0759	DATE OF JUDGMENT: August 14, 2014 JUDGMENT AMOUNT: \$ 1432.67 INTEREST: \$ 2459.00 int. COSTS: \$ 226.98 LESS CREDIT: \$ 0.00 OTHER: \$ _____ TOTAL: \$ 4118.65	
NAME AND ADDRESS OF GARNISHEE: JACKSON HOSPITAL & CLINIC, INC. C/O JOE B. RILEY, REG. AGT. 1725 PINE STREET MONTGOMERY AL 36106		

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.

Sworn to and subscribed before me this 19th day of May, 2015.

Notary Public/Clerk (Signature)

JENNIFER TATUM
 Notary Public, Alabama State At Large
 My Commission Expires May 08, 2028

Affiant/Attorney (Signature)

JACKSON HOSPITAL & CLINIC, INC.

TO ANY LAW ENFORCEMENT OFFICER OF THE STATE OF ALABAMA:
 You are hereby commanded to serve this Process of Garnishment on the GARNISHEE, PAMELA R PAYNE (Name of garnishee),
 and a copy on the defendant, _____ (Name of 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 costs. Mailing the notarized Answer form to the Clerk of the Court at the address below constitutes making a proper appearance in the Court. YOU MUST ANSWER:

- (1) Whether you are or will be 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 or 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 from 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 \$ _____ (Judgment and costs). 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, and is not exempt as a matter of law, you are further commanded to hold the property or money, or the amount shown above as "Total," whichever is less, subject to the order of this Court.

Date issued: 11/9/25 Clerk: MONTGOMERY COUNTY SMALL CLAIMS, POST OFFICE BOX 1667, MONTGOMERY AL 36102, (334) 832-_____
 Address: _____ Deputy Clerk: JR

This process was executed by serving a copy on (Garnishee) _____
 on (Date) _____ Service on (Defendant) _____ on (Date) _____
 Served by: _____ Title: _____