

State of Alabama
Unified Judicial System Form
C-21 (Front) Rev. 10/2023

PROCESS OF GARNISHMENT



ELECTRONICALLY FILED
10/1/2024 8:25 AM
03-SM-2016-902668.00
DISTRICT COURT OF
MONTGOMERY COUNTY, ALABAMA
GINA J. ISHMAN, CLERK

IN THE DISTRICT COURT OF MONTGOMERY COUNTY

NAME AND ADDRESS OF PLAINTIFF (Persons Asserting Claim): JACKSON HOSPITAL (C001) 1725 PINE STREET MONTGOMERY, AL 36106-0000	NAME AND ADDRESS OF DEFENDANT(Person Whose Property SSN ***-**-**** (Optional) is Subject to Garnishment): ANGELA M DAVIS (D001) 47 PHILLIP STREET MONTGOMERY, AL 36108-0000														
NAME AND ADDRESS OF ATTORNEY FOR PLAINTIFF: GEORGE H WAKEFIELD JR 7000 FAIN PARK CIRCLE MONTGOMERY, AL 36117 (334) 244-7333	<table border="0"> <tr><td>DATE OF JUDGMENT:</td><td>07/26/2016</td></tr> <tr><td>JUDGMENT AMOUNT:</td><td>\$673.56</td></tr> <tr><td>INTEREST:</td><td>\$353.61</td></tr> <tr><td>COSTS:</td><td>\$179.08</td></tr> <tr><td>LESS CREDIT:</td><td>\$0.00</td></tr> <tr><td>OTHER:</td><td>\$53.10</td></tr> <tr><td>TOTAL:</td><td>\$1259.35</td></tr> </table>	DATE OF JUDGMENT:	07/26/2016	JUDGMENT AMOUNT:	\$673.56	INTEREST:	\$353.61	COSTS:	\$179.08	LESS CREDIT:	\$0.00	OTHER:	\$53.10	TOTAL:	\$1259.35
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NAME AND ADDRESS OF GARNISHEE: JACKSON HOSPITAL 1725 PINE STREET HR DEPT SOUTH BLDG MONTGOMERY, AL 36106-0000															

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 1st day of October, 2024

Lisa Kephart
Signature of Officer Authorized to Administer Oaths/Notary Public

George H. Wakefield Jr.
Affiant/Attorney (Signature)

(Notary Public Only: My Commission expires on 11/7/2025 (Date)).

