



ELECTRONICALLY FILED
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DISTRICT COURT OF
MONTGOMERY COUNTY, ALABAMA
GINA J. ISHMAN, CLERK

State of Alabama
Unified Judicial System
Form C-21 Rev. 7/2017

PROCESS OF GARNISHMENT

IN THE DISTRICT COURT OF MONTGOMERY COUNTY, ALABAMA

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 is Subject to Garnishment):

SSN: ***-**-**** (Optional)
BRYAN D JOHNSON (D001)
3461 WHITEHALL ST

MONTGOMERY, AL 36109-0000

NAME AND ADDRESS OF ATTORNEY OR REPRESENTATIVE FOR PLAINTIFF:

GEORGE H WAKEFIELD JR
7000 FAIN PARK CIRCLE
MONTGOMERY, AL 36117
(334) 244-7333

DATE OF JUDGMENT: 09/11/2017

JUDGMENT AMOUNT: \$	\$474.96
INTEREST: \$	\$213.73
COSTS: \$	\$85.33
LESS CREDIT: \$	\$0.00
OTHER: \$	\$17.70
TOTAL: \$	\$791.72

NAME AND ADDRESS OF GARNISHEE:

ROBERT TRENT JONES GOLF TRAIL
2600 CONSTITUTION AVE

PRATTVILLE, AL 36066-0000

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. The garnishment is for wages, salary or other compensation, and 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 wage in effect at the time the earnings are payable, WHICHEVER IS LESS.
- C. I hereby request disbursement of amounts periodically paid into Court pursuant to this garnishment.

Sworn to and subscribed before me this

day of

February, 2024

[Signature]
Notary Public/Clerk (Signature)

[Signature]

Affiant/Attorney (Signature)