

MAGISTRATE COURT OF COBB COUNTY
32 Waddell St. Building D
Marietta GA 30090-9656
WWW.Magistrate.Cobbcountyga.Gov

DATE

Plaintiff's name and address:

Defendant's name: _____

This letter is to request the Cobb County Magistrate Court to pay out all present and future funds on **garnishment case number** _____
To my address listed above.

I have enclosed the green card or unclaimed envelope.

Respectfully,

Plaintiff's Signature

