



ELECTRONICALLY FILED
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11-SM-2016-900010.00
DISTRICT COURT OF
CALHOUN COUNTY, ALABAMA
KIM MCCARSON, CLERK

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

PROCESS OF GARNISHMENT

IN THE DISTRICT COURT CALHOUN COUNTY, ALABAMA

NAME AND ADDRESS OF PLAINTIFF (Persons Asserting Claim):

ANNISTON HMA, LLC D/B/A STRINGFELLOW MEMORIAL
HOSPITAL (C001)
301 E 18th St
ANNISTON, AL 36207

NAME AND ADDRESS OF DEFENDANT (Person Whose Property is Subject to Garnishment):

ANTONIO PARSON
XXX-XX-0152
404 W 18TH ST
ANNISTON, AL, 36201

NAME AND ADDRESS OF ATTORNEY OR REPRESENTATIVE FOR PLAINTIFF:

JAMES JOSEPH EUFINGER
PO BOX 10110
COLUMBIA, MO 65205
(888) 233-3141

DATE OF JUDGMENT: 03/04/2016

JUDGMENT AMOUNT: \$ 856.99

INTEREST: \$ 658.24

COSTS: \$ 203.83

LESS CREDIT: \$ 0.00

OTHER: \$ 0.00

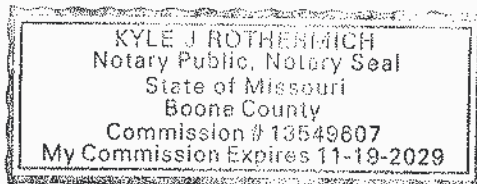
TOTAL: \$ 1,719.06

NAME AND ADDRESS OF GARNISHEE:

JACK'S FAMILY RESTAURANTS, LP
C/O RA CORPORATION SERVICE COMPANY
641 S LAWRENCE ST
Montgomery, AL 36104

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 is disposable earnings for the week exceed 30 times the federal minimum wage in effect at the time earnings are payable, WHICHEVER IS LESS.
- C. I hereby request disbursement of amounts periodically paid into Court pursuant to this garnishment.



JUN 25 2026

Sworn to and subscribed before me this ____ day of _____, 20____

Notary Public/Clerk (Signature)

Affiant/Attorney (Signature)