

MIDLAND CREDIT
MANAGEMENT, INC.,
Plaintiff,

Case No.: SM-2025-901578.00

FLAKES MADISON,
Defendant.

/s/ W. CASEY DUNCAN
DISTRICT JUDGE

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

PROCESS OF GARNISHMENT



ELECTRONICALLY FILED
4/30/2026 1:27 PM
SS-SJA-2025-001578-00
DISTRICT COURT OF
SHELBY COUNTY, ALABAMA
MORRIS-HARRIS, CLERK

IN THE SMALL CLAIMS COURT OF SHELBY COUNTY

NAME AND ADDRESS OF PLAINTIFF (Person Asserting Claim):
MIDLAND CREDIT MANAGEMENT, INC

NAME AND ADDRESS OF ATTORNEY OR REPRESENTATIVE FOR PLAINTIFF:

Zarzur & Schwartz, PC
Post Office Box 11366
Birmingham, AL 35202

NAME AND ADDRESS OF GARNISHEE:

**UAB HEALTH SYSTEMS
PAYROLL**
1720 2ND AVE S BLDG 801 BOX #8
BIRMINGHAM, AL 35294

NAME AND ADDRESS OF DEBTOR

Garnishment:

MADISON FLAKES CERTIFIED MAIL
XXX-XX-3951

Defendant's Social Security Number must be redacted according to Alabama Rule 5.1, for full number, please contact Plaintiff's Attorney at 205-250-5320.

1520 CARIBBEAN CIR
ALABASTER AL 35007-8776

DATE OF JUDGMENT:

05/19/2026

JUDGMENT AMOUNT: \$714.27

INTEREST: \$3.00

COSTS: \$120.35

LESS CREDIT: \$0.00

OTHER: \$0.00

TOTAL: \$838.42

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, OR

☐ 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 amount periodically paid into court pursuant to this garnishment. /s/ Jacob C. Hodge

/s/ Kenneth Rounds Notary Public
My commission expires 5/26/2029

Digitally signed by /s/ Kenneth Rounds
Public: My commission expires 5/26/2029
Date: 2026.04.17 15:08:26 -0500

Digitally signed by /s/ Jacob C. Hodge
(HOD027)
Date: 2026.04.17
12:34:02 -0500

Signature of Officer Authorized to Administer Oaths/Notary Public

Affiant/ Attorney (signature)

Notary Public Only: My Commission expires on:

WRIT OF GARNISHMENT

TO ANY LAW ENFORCEMENT OFFICER OF THE STATE OF ALABAMA:

You are hereby commanded to serve Process of Garnishment on the GARNISHEE, UAB HEALTH SYSTEMS, and a copy on the Defendant, MADISON FLAKES, 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 of \$838.42 (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 orders of this Court.

Date Issued:

Clerk/Register

By:

Deputy Clerk

Address: Post Office Box 1810, Columbiana, AL 35051

This process executed by serving a copy on

Garnishee this day of

By Title:

Service on Defendant this day of

By Title:

This communication is from a debt collector and is an attempt to collect a debt. Any information obtained will be used for that purpose.

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

PROCESS OF GARNISHMENT



ELECTRONICALLY FILED
4/21/2026 8:53 AM
58-SM-2025-901578.00
DISTRICT COURT OF
SHELBY COUNTY, ALABAMA
MARY HARRIS, CLERK

WRIT OF GARNISHMENT

TO ANY LAW ENFORCEMENT OFFICER OF THE STATE OF ALABAMA:

You are hereby commanded to serve this Process of Garnishment on the GARNISHEE, UAB HEALTH SYSTEMS (G001) and a copy on the defendant, FLAKES MADISON (D001), and make proper return to this Court.

NOTICE TO DEFENDANT: READ THE IMPORTANT INFORMATION ON THE NEXT PAGE 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 \$ \$838.42 (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 Instructions on Garnishments attached in this packet). 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 orders of this Court.

Date issued:
4/21/2026

/s/ MARY HARRIS
Clerk

By: /s/ REL

Deputy Clerk

Address: POST OFFICE BOX 1810 112 NORTH MAIN STREET, COLUMBIANA, AL 35051

This process was executed by serving a copy on (Garnishee)

on (Date) _____ Service on Defendant _____ on (Date) _____

Served By: _____ Title: _____