

CITY OF REIDSVILLE

Telephone: (912) 557-4786

"Friendship City USA"

Fax: (912) 557-3827

Curtis Colwell, Mayor
 Jim Waters, Mayor Pro-Tem
 Carolyn Blackshear-Crume, Council
 Donald Prestage, Council
 Bruce Conner, Council
 Verdie Williams, Council

Niven Jackson, City Administrator
 Darien Renfro, Rec. Director
 Stacey Wilds, Chief of Police
 Ronnie Willis, Bldg. Inspector
 Jim Brown, Fire Chief
 Rodney Deloach, Pub. Works Dir.

APPLICATION FOR EMPLOYMENT

An equal opportunity employer

Type or print clearly in ink and sign this application.

PERSONAL DATA

<u>Enter your social security number:</u> _____		<u>For city office use only</u>	
<u>Last Name</u>	<u>First</u>	<u>MI</u>	
DELFOED	Anderson	Quinton Jr	
<u>Apt #</u>	<u>Address—Street or P.O. Box</u>		
<u>City</u>	<u>State</u>	<u>Zip</u>	<u>County</u>
Reidsville	GA	31313	Liberty
		<u>Are you a city employee who has permanent status?</u> Yes <input type="radio"/> No <input checked="" type="radio"/>	
		<u>Phone number where you can be reached:</u> (912) _____	

Information requested below for equal opportunity monitoring purposes.

<u>Birthdate:</u>			<u>Sex:</u>	<u>US Citizen:</u>	
Month	Day	Year	Male <input checked="" type="radio"/> Female <input type="radio"/>	Yes <input checked="" type="radio"/> No <input type="radio"/>	
<u>Do you require special accommodations due to a handicap?</u> Yes <input type="radio"/> No <input checked="" type="radio"/>			<u>Have you ever been dismissed from any city or government position?</u> Yes <input checked="" type="radio"/> No <input type="radio"/>		<u>Have you been convicted of a felony?</u> Yes <input type="radio"/> No <input checked="" type="radio"/>

CRIMINAL HISTORY CONSENT FORM

(please print information)

I hereby authorize

to receive any criminal history record information pertaining
to me which may be in the files of any state or local criminal
justice agency in Georgia.

Name: DELIFORD Anderson Quinton
Last First Middle Maiden

Address: -
P.O. Box, street Address, or R.R. Number

Ainesville GA 31313
City State Zipcode

Sex: M Race: BLK Date of Birth: -

Social Security Number: - - -

[Signature]
Signature

Karen E. Johnson
Notary

NOV. 3 / 2021
Date





Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

Section 2: Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name) <u>DELIFORD</u>	First Name (Given Name) <u>Anderson</u>	M.I. <u>Q</u>	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title <u>Drivers License</u>		Document Title <u>Social Security Card</u>
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		<div>Additional Information</div> <div>QR Code - Sections 2 & 3 Do Not Write In This Space</div>		
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): 11/17/2021 (See instructions for exemptions)

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)		Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative		First Name of Employer or Authorized Representative		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)			City or Town	State	ZIP Code

Section 3: Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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LISTS OF ACCEPTABLE DOCUMENTS

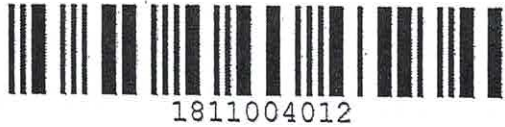
All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Native American tribal document
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record		5. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		7. Employment authorization document issued by the Department of Homeland Security
		8. Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
		For persons under age 18 who are unable to present a document listed above:		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI				

Examples of many of these documents appear in the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.



1811004012

STATE OF GEORGIA EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

1a. YOUR FULL NAME <u>ANDERSON Quinton DelFord Jr</u>	1b. YOUR SOCIAL SECURITY NUMBER
2a. HOME ADDRESS (Number, Street, or Rural Route)	2b. CITY STATE AND ZIP CODE

PLEASE READ INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING LINES 3 - 8

3. MARITAL STATUS

(If you do not wish to claim an allowance, enter "0" in the brackets beside your marital status.)

A. Single: Enter 0 or 1 [1]

B. Married Filing Joint, both spouses working:

Enter 0 or 1 []

C. Married Filing Joint, one spouse working:

Enter 0 or 1 or 2 []

D. Married Filing Separate:

Enter 0 or 1 []

E. Head of Household:

Enter 0 or 1 []

4. DEPENDENT ALLOWANCES [0]

5. ADDITIONAL ALLOWANCES [0]

(worksheet below must be completed)

6. ADDITIONAL WITHHOLDING \$ 8

WORKSHEET FOR CALCULATING ADDITIONAL ALLOWANCES

(Must be completed in order to enter an amount on step 5)

1. COMPLETE THIS LINE ONLY IF USING STANDARD DEDUCTION:

Yourself: ☐ Age 65 or over ☐ BlindSpouse: ☐ Age 65 or over ☐ Blind

Number of boxes checked _____ x 1300 \$ _____

2. ADDITIONAL ALLOWANCES FOR DEDUCTIONS:

A. Federal Estimated Itemized Deductions (If Itemizing Deductions) \$ _____

B. Georgia Standard Deduction (enter one): Single/Head of Household \$4,600
Each Spouse \$3,000 \$ _____

C. Subtract Line B from Line A (If zero or less, enter zero) \$ _____

D. Allowable Deductions to Federal Adjusted Gross Income \$ _____

E. Add the Amounts on Lines 1, 2C, and 2D \$ _____

F. Estimate of Taxable Income not Subject to Withholding \$ _____

G. Subtract Line F from Line E (if zero or less, stop here) \$ _____

H. Divide the Amount on Line G by \$3,000. Enter total here and on Line 5 above \$ _____

(This is the maximum number of additional allowances you can claim. If the remainder is over \$1,500 round up)

7. LETTER USED (Marital Status A, B, C, D, or E) A

TOTAL ALLOWANCES (Total of Lines 3 - 5) _____

(Employer: The letter indicates the tax tables in Employer's Tax Guide)

8. EXEMPT: (Do not complete Lines 3 - 7 if claiming exempt) Read the Line 8 instructions on page 2 before completing this section.

a) I claim exemption from withholding because I incurred no Georgia income tax liability last year and I do not expect to have a Georgia income tax liability this year. Check here ☐b) I certify that I am not subject to Georgia withholding because I meet the conditions set forth under the Servicemembers Civil Relief Act as provided on page 2. My state of residence is _____. My spouse's (servicemember) state of residence is _____. The states of residence must be the same to be exempt. Check here ☐

I certify under penalty of perjury that I am entitled to the number of withholding allowances or the exemption from withholding status claimed on this Form G-4. Also, I authorize my employer to deduct per pay period the additional amount listed above.

Employee's Signature [Signature] Date 2021 11 17

Employer: Complete Line 9 and mail entire form only if the employee claims over 14 allowances or exempt from withholding.

If necessary, mail form to: Georgia Department of Revenue, Withholding Tax Unit, 1800 Century Blvd NE, Suite 8200, Atlanta, GA 30345

9. EMPLOYER'S NAME AND ADDRESS:

EMPLOYER'S FEIN: _____

EMPLOYER'S WH#: _____

Do not accept forms claiming additional allowances unless the worksheet has been completed. Do not accept forms claiming exempt if numbers are written on Lines 3 - 7.

MAGISTRATE COURT OF TATTNALL COUNTY

Garnishment Case No.

2022-22CG

Plaintiff:	Okinus Inc
Address:	Po Box 691 Pelham Ga 31779
Phone #	229-294-4575
Email address:	legal@okinus.com
Plaintiff's Attorney & Bar#:	
VS	
Defendant:	Anderson Deliford
Garnishee:	City of Reidsville / Attn: Payroll

Proof of Service
on the Defendant

O.C.G.A. § 18-4-8

CERTIFICATE OF SERVICE UPON THE DEFENDANT

Pursuant to O.C.G.A. § 18-4-8, I, the Plaintiff, hereby certify that any time after filing of an affidavit of garnishment but not more than three business days after service of the Summons of Garnishment of the Garnishee, I did cause a copy of the Affidavit of Garnishment, a copy of the Summons of Garnishment, a copy of the Notice of Defendant of Right against Garnishment of Money, Including Wages, and Other Property, and a copy of the Defendant's Claim Form to be served upon the Defendant by one or more of the following methods:

1. On _____ (Date) I sent said documents to the Defendant's last known address:

By regular mail *AND* registered or certified mail or statutory overnight delivery.

One of the following shall be filed with the Court:

- (1) The envelope bearing the official notification from the United States Postal Service of the attempted or actual delivery of such registered or certified mail;
- (2) The envelope bearing the official notification from a commercial firm of the attempted or actual delivery of such statutory overnight delivery; or
- (3) A written notice from the United States Postal Service or commercial firm, including but not limited to printings or reproductions from the website of the United States Postal Service or commercial firm of the attempted or actual delivery of such registered or certified mail or statutory overnight delivery.

2. On _____ (Date) Said documents were delivered personally to the Defendant by:

The proof of service by the person making the delivery shall be filed with the Court.

3. On _____ I sent said documents to the Defendant by regular mail at the address at which the Defendant, (1) accepted service in the action resulting in the judgment, (2) was identified as Defendant's residence in any pleading in the action resulting in the judgment, or (3) was shown on the return of service in the action resulting in the judgment; and a certificate of such mailing shall be filed with the Clerk of Court.

This _____ day of _____, 20 _____

Plaintiff or Plaintiff's Attorney

MAGISTRATE COURT OF TATTNALL COUNTY, GEORGIA

Date Filed 07 - 2022

Case No: 2022-22CG

Plaintiff:

Okinus Inc

Name

Plaintiff's Contact Information:

Okinus Inc

Name

Po Box 691

Street

Pelham

Ga

31779

City

State

Zip Code

legal@okinus.com

E-Mail Address

229-294-4575

Phone Number

Bar Number

vs.

Anderson Deliford

Defendant(s) Name, Address

City of Reidsville / Attn: Payroll

130 S Main St / PO Box 730

Reidsville GA 30453

Garnishee Name, Address

GARNISHMENT

Garnishment Court information:

PO Box ^{BKR} 513

Street Address

Reidsville

Georgia

30453

City

912-557-4335

Zip Code

912-557-4372

Phone Number

SUMMONS OF CONTINUING GARNISHMENT

TO THE ABOVE-NAMED GARNISHEE:

Total amount claimed due by the Plaintiff \$ 8,434.95

Plus court costs due on this summons \$ 87.00

Total garnishment claim \$ 8521.95

COURT OF JUDGMENT Liberty County Magistrate Court

JUDGMENT CASE NO. 22-MCCC-104

YOU ARE HEREBY COMMANDED to immediately hold all money, including wages, and other property, except what is known to be exempt, belonging to the Defendant or obligations owed to the Defendant named above beginning on the day of service of this summons and including the next 1,095 days. You are **FURTHER COMMANDED** to file your answer, in writing, not later than 45 days from the date you were served with this summons, with the Clerk of this Court and serve a copy of your answer upon the Plaintiff or Plaintiff's Attorney named above and the Defendant named above, or the Defendant's Attorney, if known, at the time of making such answer. Your answer shall state what money, including wages, or other property, except what is known to be exempt, belonging to the Defendant or obligations owed to the Defendant you hold or owe beginning on the day of service of this summons and between the time of such service and the time of making your first answer. Thereafter, you are required to file further answers no later than 45 days after your last answer. Every further answer shall state what money, including wages, and other property, except what is known to be exempt, belonging to the Defendant or obligations owed to the Defendant you hold or owe at and from the time of the last answer

STATE OF GEORGIA
IN THE MAGISTRATE COURT OF LIBERTY COUNTY

Okinus, Inc

Plaintiff

Case Number 22-MCCC-104

Anderson Deliford
Defendant

REQUEST FOR DEFAULT JUDGMENT

GEORGIA, LIBERTY COUNTY

The above-styled action was properly served upon the Defendant and no defensive pleadings have been filed.

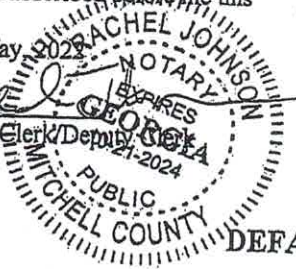
The Plaintiff request a judgment by default.

Sanya Caraway
Affiant

Sworn to and subscribed before me this

30th day of May, 2022

Notary Public/Clerk/Deputy Clerk



DEFAULT JUDGMENT

It appearing to the Court that a claim was filed by the Plaintiff against the Defendant.

It further appearing the Defendant in the within case being in default; judgment is entered in favor of the Plaintiff as follows:

It is hereby ORDERED AND ADJUDGED that the Plaintiff have and recover of the Defendant the sum of \$8285.95 principle, \$0.00 interest to date, plus \$149.00 court costs, together with future interest as allowed by law and all court costs to be taxed by the Clerk.

SO ORDERED, this 16th day of June, 2022.

Paula K. Hendry
Judge, Magistrate Court
Liberty County

FILED
LIBERTY SUPERIOR STATE
JUV. & MAGISTRATE COURT
2022 JUN 17 PM 4:38

MAGISTRATE COURT OF TATTNALL **COUNTY, GEORGIA**

Date Filed 07-01-2022

Case No: 2022-22CG

Okinus Inc

Po Box 691

Pelham Ga 31779

Plaintiff(s) Name, Address

vs.

Anderson Deliford

Hinesville, GA 31313

Defendant(s) Name, Address

City of Reidsville / Attn: Payroll

130 S Main St / PO Box 730

Reidsville GA 30453

Garnishee Name, Address

GARNISHMENT

ATTACHMENT FOR SUMMONS OF GARNISHMENT

Other known names of the Defendant:

Current and past addresses of the Defendant:

Social security number or federal tax identification number of the Defendant:

THIS PLEADING SHALL NOT BE FILED WITH THE COURT

MAGISTRATE COURT OF TATTNALL **COUNTY, GEORGIA**

Date Filed 07-01-2022

Case No: 2022-22CG

Plaintiff:

Okinus Inc

Plaintiff's Contact Information:

Okinus Inc

Name

Po Box 691

Street Address

Pelham

Ga

31779

City

State

Zip Code

legal@okinus.com

E-mail Address

229-294-4575

Phone Number

Bar number

vs

GARNISHMENT

Anderson Deliford

Defendant(s) Name, Address

City of Reidsville / Attn: Payroll

130 S Main St / PO Box 730

Reidsville GA 30453

Garnishee Name, Address

**NOTICE TO DEFENDANT OF RIGHT AGAINST GARNISHMENT
OF MONEY, INCLUDING WAGES, AND OTHER PROPERTY**

You received this notice because money, including wages, and other property belonging to you have been garnished to pay a court judgment against you. HOWEVER, YOU MAY BE ABLE TO KEEP YOUR MONEY, INCLUDING WAGES, OR OTHER PROPERTY. READ THIS NOTICE CAREFULLY.

State and federal law protects some money, including wages, from garnishment even if it is in a bank. Some common exemptions are benefits from social security, supplemental security income, unemployment, workers' compensation, the Veterans' Administration, state pension, retirement funds, and disability income. This list of exemptions does not include all possible exemptions. A more detailed list of exemptions is available at the Clerk of Court's office located at Tattnall County Magistrate Court (Name of Court), PO Box 25 P.O. Box 513 (Address), Reidsville (City), Georgia 30453 (ZIP Code), and on the website for the Attorney General (www.law.ga.gov).

Garnishment of your earnings from your employment is limited to the lesser of 25 percent of your disposable earnings for a week or the amount by which your disposable earnings for a week exceed \$217.50. More than 25 percent of your disposable earnings may be taken from your earnings for the payment of child support or alimony or if a Chapter 13 bankruptcy allows a higher amount.

**TO PROTECT YOUR MONEY, INCLUDING WAGES, AND OTHER PROPERTY
FROM BEING GARNISHED, YOU MUST:**

1. Complete the Defendant's Claim Form as set forth below; and
2. File this completed claim form with the Clerk of Court's office located at Tattnall County Magistrate Court (Name of Court), PO Box 25 P.O. Box 513 (Address), Reidsville (City), Georgia 30453 (ZIP Code).

FILE YOUR COMPLETED CLAIM FORM AS SOON AS POSSIBLE. You may lose your right to claim an exemption if you do not file your claim form within 20 days after the Garnishee's Answer is filed or if you do not mail or deliver a copy of your completed claim form to the Plaintiff and the Garnishee at the addresses listed on this notice.

The Court will schedule a hearing within ten days from when it receives your claim form. The Court will mail you the time and date of the hearing at the address that you provide on your claim form. You may go to the hearing with or without an attorney. You will need to give the Court documents or other proof that your money is exempt.

The Clerk of Court cannot give you legal advice. **IF YOU NEED LEGAL ASSISTANCE, YOU SHOULD SEE AN ATTORNEY.** If you cannot afford a private attorney, legal services may be available.

Filed in the Tattnall Magistrate Office on
the 1st day of October 2022
4:30 PM AK Reese

DEFENDANT'S CLAIM FORM

Case No. 2022-22CG

I CLAIM EXEMPTION from garnishment. Some of my money or property held by the garnishee is exempt because it is: (check all that apply)

- ☐ 1. Social security benefits.
- ☐ 2. Supplemental security income benefits.
- ☐ 3. Unemployment benefits.
- ☐ 4. Workers' compensation.
- ☐ 5. Veterans' benefits.
- ☐ 6. State pension benefits.
- ☐ 7. Disability income benefits.
- ☐ 8. Money that belongs to a joint account holder.
- ☐ 9. Child support or alimony.
- ☐ 10. Exempt wages, retirement, or pension benefits.
- ☐ 11. Exemptions for taxes due on income or earnings not subject to employer withholding.
- ☐ 12. Other exemptions as provided by law.

Explain:

I further state: (check all that apply)

- ☐ 1. The Plaintiff does not have a judgment against me.
- ☐ 2. The amount shown due on the Plaintiff's Affidavit of Garnishment is incorrect.
- ☐ 3. The Plaintiff's Affidavit of Garnishment is untrue or legally insufficient.

Send the notice of the hearing on my claim to me at:

Address: _____

Phone Number: _____

Email Address: _____

The statements made in this claim form are true to the best of my knowledge and belief.

Defendant's signature _____

Date _____, 20____

Print name of Defendant _____

CERTIFICATE OF SERVICE

This is to certify that I have this day served the Plaintiff or Plaintiff's Attorney and the Garnishee in the foregoing matter with a copy of this pleading by depositing it in the United States Mail in a properly addressed envelope with adequate postage thereon.

This _____ day of _____, 20____.

Defendant or Defendant's Attorney

MAGISTRATE COURT OF TATTNALL COUNTY, GEORGIA

Date Filed 07/01/2022

Case No: 2022-22CG

OKINUS INC
P.O. BOX 691
PELHAM GA 31779
Plaintiff(s) Name, Address
vs

GARNISHMENT

ANDERSON DELIFORD
HINESVILLE GA 31313
Defendant(s) Name, Address
CITY OF REIDSVILLE
130 S MAIN STREET
P.O. BOX 730
REIDSVILLE GA 30453
Garnishee Name, Address

MAIL GARNISHMENT PAYMENTS TO:
MAGISTRATE COURT OF TATTNALL COUNTY
P.O. BOX 513
REIDSVILLE, GA 30453

GARNISHEE ANSWER OF CITY OF REIDSVILLE (GARNISHEE) TO CONTINUING GARNISHMENT

1. From the time of service of the Summons of Continuing Garnishment, if this is the first Garnishee Answer to such summons, otherwise from the time of the last Garnishee Answer to the Summons of Continuing Garnishment until the time of this Garnishee Answer, the Garnishee had in the Garnishee's possession the following described property of the Defendant:

2. From the time of service of the Summons of Continuing Garnishment, if this is the first Garnishee Answer to such summons, otherwise from the time of the last Garnishee Answer to the Summons of Continuing Garnishment until the time of this Garnishee Answer, all obligations accruing from the Garnishee to the Defendant are in the amount of \$ _____.

3. \$ _____ of the amount named in paragraph 2 were wages earned at the rate of \$ _____ per _____ for the period beginning _____ (Date), through the time of making this Garnishee Answer. The amount of wages which is subject to this garnishment is computed as follows:

\$ _____ Gross earnings
\$ _____ Total social security and withholding tax and other mandatory deductions required by law.
\$ _____ Total disposable earnings.
\$ _____ Amount of wages subject to garnishment.

4. \$ _____ is the amount herewith paid into court.

MAGISTRATE COURT OF TATTNALL COUNTY, GEORGIA

Date Filed 07/01/2022

Case No: 2022-22CG

OKINUS INC
P.O. BOX 691
PELHAM GA 31779
Plaintiff(s) Name, Address
vs

GARNISHMENT

ANDERSON DEIFORD

Defendant(s) Name, Address

CITY OF REIDSVILLE
130 S MAIN STREET
P.O. BOX 730
REIDSVILLE GA 30453

Garnishee Name, Address

MAIL GARNISHMENT PAYMENTS TO:
MAGISTRATE COURT OF TATTNALL COUNTY
P.O. BOX 513
REIDSVILLE, GA 30453

GARNISHEE ANSWER OF CITY OF REIDSVILLE (GARNISHEE) TO CONTINUING GARNISHMENT

1. From the time of service of the Summons of Continuing Garnishment, if this is the first Garnishee Answer to such summons, otherwise from the time of the last Garnishee Answer to the Summons of Continuing Garnishment until the time of this Garnishee Answer, the Garnishee had in the Garnishee's possession the following described property of the Defendant:
2. From the time of service of the Summons of Continuing Garnishment, if this is the first Garnishee Answer to such summons, otherwise from the time of the last Garnishee Answer to the Summons of Continuing Garnishment until the time of this Garnishee Answer, all obligations accruing from the Garnishee to the Defendant are in the amount of \$ _____.
3. \$ _____ of the amount named in paragraph 2 were wages earned at the rate of \$ _____ per _____ for the period beginning _____ (Date), through the time of making this Garnishee Answer. The amount of wages which is subject to this garnishment is computed as follows:
 - \$ _____ Gross earnings
 - \$ _____ Total social security and withholding tax and other mandatory deductions required by law.
 - \$ _____ Total disposable earnings.
 - \$ _____ Amount of wages subject to garnishment.
4. \$ _____ is the amount herewith paid into court.

5. () Check if the Defendant is not presently employed by or owed periodic payments by the Garnishee.

6. () Check if the Defendant was employed by or owed periodic payments by the Garnishee on or after service of the Summons of Continuing Garnishment but was terminated as of _____, 20____.

7. () Check if this is the last Garnishee Answer this Garnishee is required to file to the presently pending Summons of Garnishment in the above-styled case.

8. The Garnishee further states: .

Garnishee,
Garnishee's Attorney, or
Officer or Employee of Garnishee

CERTIFICATE OF SERVICE

This is to certify that I have this day served the Plaintiff or Plaintiff's Attorney and the Defendant or Defendant's Attorney in the foregoing matter with a copy of this pleading by depositing it in the United States Mail in a properly addressed envelope with adequate postage thereon.

This ____ day of _____, 20____.

Garnishee, Garnishee's Attorney, or
Officer or Employee of Garnishee

MAGISTRATE COURT OF TATTNALL COUNTY, GEORGIA

Date Filed 07/01/2022

Case No: 2022-22CG

OKINUS INC
P.O. BOX 691
PELHAM GA 31779
Plaintiff(s) Name, Address
vs

GARNISHMENT

ANDERSON DELIFORD

Defendant(s) Name, Address

CITY OF REIDSVILLE
130 S MAIN STREET
P.O. BOX 730
REIDSVILLE GA 30453
Garnishee Name, Address

MAIL GARNISHMENT PAYMENTS TO:
MAGISTRATE COURT OF TATTNALL COUNTY
P.O. BOX 513
REIDSVILLE, GA 30453

GARNISHEE ANSWER OF CITY OF REIDSVILLE (GARNISHEE) TO CONTINUING GARNISHMENT

1. From the time of service of the Summons of Continuing Garnishment, if this is the first Garnishee Answer to such summons, otherwise from the time of the last Garnishee Answer to the Summons of Continuing Garnishment until the time of this Garnishee Answer, the Garnishee had in the Garnishee's possession the following described property of the Defendant:

2. From the time of service of the Summons of Continuing Garnishment, if this is the first Garnishee Answer to such summons, otherwise from the time of the last Garnishee Answer to the Summons of Continuing Garnishment until the time of this Garnishee Answer, all obligations accruing from the Garnishee to the Defendant are in the amount of \$ _____.

3. \$ _____ of the amount named in paragraph 2 were wages earned at the rate of \$ _____ per _____ for the period beginning _____ (Date), through the time of making this Garnishee Answer. The amount of wages which is subject to this garnishment is computed as follows:

\$ _____ Gross earnings
\$ _____ Total social security and withholding tax and other mandatory deductions required by law.
\$ _____ Total disposable earnings.
\$ _____ Amount of wages subject to garnishment.

4. \$ _____ is the amount herewith paid into court.

5. () Check if the Defendant is not presently employed by or owed periodic payments by the Garnishee.
6. () Check if the Defendant was employed by or owed periodic payments by the Garnishee on or after service of the Summons of Continuing Garnishment but was terminated as of _____, 20 ____.
7. () Check if this is the last Garnishee Answer this Garnishee is required to file to the presently pending Summons of Garnishment in the above-styled case.
8. The Garnishee further states: .

Garnishee,
Garnishee's Attorney, or
Officer or Employee of Garnishee

CERTIFICATE OF SERVICE

This is to certify that I have this day served the Plaintiff or Plaintiff's Attorney and the Defendant or Defendant's Attorney in the foregoing matter with a copy of this pleading by depositing it in the United States Mail in a properly addressed envelope with adequate postage thereon.

This ____ day of _____, 20 ____.

Garnishee, Garnishee's Attorney, or
Officer or Employee of Garnishee

MAGISTRATE COURT OF TATTNALL COUNTY, GEORGIA

Date Filed 07/01/2022

Case No: 2022-22CG

OKINUS INC
P.O. BOX 691
PELHAM GA 31779
Plaintiff(s) Name, Address
vs

GARNISHMENT

ANDERSON DELIFORD

Defendant(s) Name, Address

CITY OF REIDSVILLE
130 S MAIN STREET
P.O. BOX 730
REIDSVILLE GA 30453
Garnishee Name, Address

MAIL GARNISHMENT PAYMENTS TO:
MAGISTRATE COURT OF TATTNALL COUNTY
P.O. BOX 513
REIDSVILLE, GA 30453

GARNISHEE ANSWER OF CITY OF REIDSVILLE (GARNISHEE) TO CONTINUING GARNISHMENT

1. From the time of service of the Summons of Continuing Garnishment, if this is the first Garnishee Answer to such summons, otherwise from the time of the last Garnishee Answer to the Summons of Continuing Garnishment until the time of this Garnishee Answer, the Garnishee had in the Garnishee's possession the following described property of the Defendant:

2. From the time of service of the Summons of Continuing Garnishment, if this is the first Garnishee Answer to such summons, otherwise from the time of the last Garnishee Answer to the Summons of Continuing Garnishment until the time of this Garnishee Answer, all obligations accruing from the Garnishee to the Defendant are in the amount of \$_____.

3. \$_____ of the amount named in paragraph 2 were wages earned at the rate of \$_____ per _____ for the period beginning _____ (Date), through the time of making this Garnishee Answer. The amount of wages which is subject to this garnishment is computed as follows:

\$_____ Gross earnings
\$_____ Total social security and withholding tax and other mandatory deductions required by law.
\$_____ Total disposable earnings.
\$_____ Amount of wages subject to garnishment.

4. \$_____ is the amount herewith paid into court.

5. () Check if the Defendant is not presently employed by or owed periodic payments by the Garnishee.

6. () Check if the Defendant was employed by or owed periodic payments by the Garnishee on or after service of the Summons of Continuing Garnishment but was terminated as of _____, 20____.

7. () Check if this is the last Garnishee Answer this Garnishee is required to file to the presently pending Summons of Garnishment in the above-styled case.

8. The Garnishee further states: .

Garnishee,
Garnishee's Attorney, or
Officer or Employee of Garnishee

CERTIFICATE OF SERVICE

This is to certify that I have this day served the Plaintiff or Plaintiff's Attorney and the Defendant or Defendant's Attorney in the foregoing matter with a copy of this pleading by depositing it in the United States Mail in a properly addressed envelope with adequate postage thereon.

This ____ day of _____, 20____.

Garnishee, Garnishee's Attorney, or
Officer or Employee of Garnishee

City of Reidsville
EMPLOYEE NOTICE OF DISCIPLINE

Employee <u>Anderson Del. Ford</u>	Location <u>Hwy 147</u>	Date of Discipline Action Given <u>6-29-22</u>
Employee ID # <u>864-0</u>	Date of Occurrence <u>5-18-22</u>	Supervisor Issuing Action <u>Chief S Wilds</u>

Violations

- | | |
|--|--|
| <input type="checkbox"/> Attendance
<input type="checkbox"/> Unauthorized Absence
<input type="checkbox"/> Tardiness
<input type="checkbox"/> Insubordination
<input type="checkbox"/> Conduct
<input checked="" type="checkbox"/> Endangerment to others
<input checked="" type="checkbox"/> Violation of Policy: Reidsville Personnel Policy | <input type="checkbox"/> Vile, Foul, or Abusive Language
<input type="checkbox"/> Safety/Carelessness
<input type="checkbox"/> Damage or misuse of City Property
<input type="checkbox"/> Harassment
<input type="checkbox"/> Falsification of Documentation
<input checked="" type="checkbox"/> Other: <u>Due regard</u> |
|--|--|

Violation Statement (attach any supporting documentation)

Date of Violation: 5-18-22

Place of Violation: Hwy 147

on 5-18-22 at 1745 officer Del. Ford nearly caused an accident trying to catch a vehicle Ref. Traffic Stop. It appears officer didn't have on Blue lights where the accident almost occurred.

Chief S Wilds
Signed by Supervisor Issuing Action

6-29-22
Date

Disciplinary Action

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> First Warning (verbal) | <input type="checkbox"/> Sent Home w/o Pay | <input type="checkbox"/> Administrative Leave w/ Pay |
| <input type="checkbox"/> Second Warning | <input type="checkbox"/> Termination | <input type="checkbox"/> Administrative Leave w/o Pay |
| <input type="checkbox"/> Suspension w/o Pay for _____ days <input type="checkbox"/> Other: _____ | | |

Corrective Actions to be Taken

Corrective Actions/Timeframe: Safety meeting / Hnd Safety + Due Regard meeting w/ officer Del. Ford.

- ☐ I have read this Notice of Discipline and understand it.
☐ Employee refused to sign this form.

Employee's Signature _____

Date _____

Supervisor's Signature [Signature]

Date 6-29-22

Clerk's Signature _____

Date _____

Mayor's Signature _____

Date _____

The above disciplinary action will be made part of the above employee's personnel file.

Reidsville Police Department Complaint/Allegation Form

Case Number _____

Date/Time Received 5-19-22 10:10 Person Receiving W.lds

Type of information Reckless Driving

(complaint/ allegation)

Date/ Time of occurrence

5-18-22 1745.

Employees Involved

Det. Ard

Location of Occurrence

Hwy 147

Actions Questioned

Complaint or Allegation:

Officer Almost Hit complainant head on without lights on.

Name of person making report

[REDACTED]

(list witnesses on a separate sheet)

Address/ Phone number of Person Making Report:

Reidsville, GA

Signature of Person Making Report:

[REDACTED] (person)

Action of Immediate Supervisor I took down information from
complainant. Chief Wilds

Date/Time Action Taken _____

Investigation Recommended/Required? _____

yes

(Yes/no)

Action of Chief of Police _____

I viewed the video on this complaint.

It appears officer possibly didn't have lights on. (blue)

Name of Investigator Assigned: N/A

(If Any)

Date/Time Investigator Completed _____

Action of Immediate Supervisor I took down information from
complainant. Chief Wilds

Date/Time Action Taken _____

Investigation Recommended/Required? _____

yes

(Yes/no)

Action of Chief of Police _____

I viewed the video on this complaint.

It appears officer possibly didn't have lights on. (blue)

Name of Investigator Assigned N/A

(If Any)

Date/Time Investigator Completed _____

Final Disposition

Verbal reprimand.

-50-

Type of Final Action Taken

Verbal Reprimand.

(Discipline/Letter to Citizen, Etc.)

City of Reidsville
EMPLOYEE NOTICE OF DISCIPLINE

Employee <u>A. Deliboid</u>	Location <u>Reidsville P.D.</u>	Date of Discipline Action Given <u>8.20.22</u>
Employee ID # <u>864.0</u>	Date of Occurrence	Supervisor Issuing Action <u>S Wilds</u>

Violations

- | | |
|--|--|
| <input type="checkbox"/> Attendance | <input type="checkbox"/> Vile, Foul, or Abusive Language |
| <input type="checkbox"/> Unauthorized Absence | <input type="checkbox"/> Safety/Carelessness |
| <input type="checkbox"/> Tardiness | <input type="checkbox"/> Damage or misuse of City Property |
| <input checked="" type="checkbox"/> Insubordination | <input type="checkbox"/> Harassment |
| <input type="checkbox"/> Conduct | <input type="checkbox"/> Falsification of Documentation |
| <input type="checkbox"/> Endangerment to others | <input type="checkbox"/> Other: _____ |
| <input checked="" type="checkbox"/> Violation of Policy: Reidsville Personnel Policy | |

Violation Statement (attach any supporting documentation)

Date of Violation: 8-5-22 - 8-19-22

Place of Violation: _____

Violations of Policy I Explained to Officer.
Witnessed By Mayor Colwell approx. 10:30 Am

[Signature]
Signed by Supervisor Issuing Action

8.20.22
Date

Disciplinary Action

- | | | |
|---|--|--|
| <input type="checkbox"/> First Warning | <input type="checkbox"/> Sent Home w/o Pay | <input type="checkbox"/> Administrative Leave w/ Pay |
| <input type="checkbox"/> Second Warning | <input type="checkbox"/> Termination | <input checked="" type="checkbox"/> Administrative Leave w/o Pay |
| <input type="checkbox"/> Suspension w/o Pay for <u>5</u> days | <input type="checkbox"/> Other: _____ | |

Corrective Actions to be Taken

Corrective Actions/Timeframe: 5 Days Admin leave.

- ☐ I have read this Notice of Discipline and understand it.
☐ Employee refused to sign this form.

Employee's Signature _____

Date _____

Supervisor's Signature *[Signature]*

Date 8.20.22

Clerk's Signature _____

Date 8.20.22

Mayor's Signature *[Signature]*

Date 8.20.22

The above disciplinary action will be made part of the above employee's personnel file.

City of Reidsville
EMPLOYEE NOTICE OF DISCIPLINE

Employee Anderson Deliford	Location City of Reidsville	Date of Discipline Action Given 08-31-22
Employee ID # 864-D	Date of Occurrence 08-05-22 - 08-19-22	Supervisor Issuing Action Chief Stacey Wilds

Violations

- | | |
|--|--|
| <input type="checkbox"/> Attendance | <input type="checkbox"/> Vile, Foul, or Abusive Language |
| <input type="checkbox"/> Unauthorized Absence | <input type="checkbox"/> Safety/Carelessness |
| <input type="checkbox"/> Tardiness | <input type="checkbox"/> Damage or misuse of City Property |
| <input checked="" type="checkbox"/> Insubordination | <input type="checkbox"/> Harassment |
| <input type="checkbox"/> Conduct | <input type="checkbox"/> Falsification of Documentation |
| <input type="checkbox"/> Endangerment to others | <input type="checkbox"/> Other: _____ |
| <input checked="" type="checkbox"/> Violation of Policy: Reidsville Personnel Policy | |

Violation Statement (attach any supporting documentation)

Date of Violation: 08-05-22 - 08-19-22

Place of Violation: City of Reidsville / Reidsville Police Department

see recommendation for dismissal

Officer was released to go back to work officer
starts back on same shift and cycle that he was
on. Chief Wilds

[Signature]
Signed by Supervisor Issuing Action

08-31-22

Date

Disciplinary Action

- | | | |
|--|--|---|
| <input type="checkbox"/> First Warning | <input type="checkbox"/> Sent Home w/o Pay | <input type="checkbox"/> Administrative Leave w/ Pay |
| <input type="checkbox"/> Second Warning | <input type="checkbox"/> Termination | <input type="checkbox"/> Administrative Leave w/o Pay |
| <input type="checkbox"/> Suspension w/o Pay for _____ days | <input checked="" type="checkbox"/> Other: <u>resignation in lieu of termination</u> | |

Corrective Actions to be Taken

Corrective Actions/Timeframe: Per Mayor Caldwell he is to return
to work.

- ☐ I have read this Notice of Discipline and understand it.
☐ Employee refused to sign this form.

Employee's Signature _____

Date _____

Supervisor's Signature [Signature]

Date 8-31-22

Clerk's Signature _____

Date _____

Mayor's Signature _____

Date _____

The above disciplinary action will be made part of the above employee's personnel file.

Reidsville Police Department

Phone 912-557-4013

117 Tatmall Sreet, P.O. Box 730

Reidsville, GA 30453

Recommendation for Dismissal

Employee: Officer Anderson Deliford

It is recommended that the employee be dismissed for the following reasons:

Between 05-29-22 and 06-07-22 the following citations were written by Officer Deliford for speeding. The citations were questioned by the violators in reference to the speed zones they were written in. After they were questioned, I looked at the video footage from Officer Deliford's patrol vehicle, and found he had written the citations in the wrong speed zone. I rode to the places where the citations were written and found that the citations were written in the wrong speed zones. I rode Officer Deliford to the area where these citations were written and showed him the speed zones. Deliford stated if he had made a mistake these citations would be reduced to warnings. These citations were reduced to warnings.

Ticket # 020000822 65 / 45 Hwy 56
Ticket # 020000856 67 / 45 Hwy 280 West
Ticket # 020000872 63 / 45 Hwy 23 North
Ticket # 020000870 63 / 45 Hwy 280 East

On 08-05-22 Officer Deliford stopped someone for failure to stop for stop sign (citation # 020000929). The driver of the vehicle failed to sign the citation. Officer Deliford charged the driver with O.C.G.A. 40-6-2 failure to comply. This is the wrong charge. This OCGA refers to directing traffic.

O.C.G.A 40-6-2 states:

No person shall fail or refuse to comply with any lawful order or direction of any police officer, firefighter, police volunteer authorized under Code Section 35-1-11,

or school-crossing guard designated by a local law enforcement agency invested by law with authority to direct, control, or regulate traffic.

On 08-11-22 I had Tattnall County 911 dispatch Officer Deliford to South Georgia Bank in reference to an escort. I heard Officer Deliford answer over the radio acknowledging the call. After approximately seventeen (17) minutes later I never heard Officer Deliford go on scene. I called and asked dispatchers if he ever arrived and they stated no. I checked our CAD system to see if he was on another call and he wasn't. I responded to the call. Officer Deliford never responded. SOP Chapter 16 states:

Chapter 16 V. RESPONDING TO CALLS FOR SERVICE

The Reidsville Police Department cannot be aware of every circumstance where law enforcement action or assistance may be required. Citizens of the community are needed for this information. In return, the people expect the Agency to respond to requests for law enforcement service within a reasonable time and to satisfactorily perform the necessary services.

On 08-15-22 Officer Deliford received a call in reference to an accident at the redlight (case # 2022-08-00072) and another incident involving a traffic stop where an incident report needed to be done (case number 2022-08-00065). On 06-28-22, I posted a memo, see attached, stating all reports will be completed by the end of your work cycle, and all citations turned in daily. Officer Deliford works B Cycle, and worked 6am-6pm on 08-15-22, and 08-16-22 and was off August 17, 18, 2022, but came in to work on 08-18-22 for a while. Officer Deliford's Cycle started again on 08-19-22. Sometime Friday afternoon the accident report (case # 2022-08-00072) was partially done, but not complete. Officer Deliford was working on incident report #2022-08-00065, completed sometime after I left at 8:00 pm on 08-19-2022. Officer Deliford signed the memo I put out in reference to having all reports and paperwork turned in, see attached. Officer Deliford refused to comply.

SOP Chapter 3 Patrolman job description F states:

(f) Promptly preparing thorough, complete and accurate reports of all occurrences and incidents

On 08-15-22 Officer Deliford stopped Neil Singleton for a stop sign violation. Singleton stated to Officer Deliford that he didn't run the stop sign, and that Officer Deliford was a liar. Singleton stated that where he and Officer Deliford met on the roadway he couldn't see if Officer Deliford could tell if he ran the stop sign or ran past the stop bar and the intersection of Lynntown Road and Hwy 23 North. Officer Deliford issued Singleton a citation for failure to stop for stop sign. After the traffic stop Singleton was following Officer Deliford from the location of the stop to Food Lion parking lot where Singleton was stopped and detained for following Officer Deliford. Singleton was issued a citation for disorderly conduct and released. After viewing the dash camera footage from Officer Deliford's patrol vehicle of the traffic stop at the intersection of Lynntown road Hwy 23, it is my opinion that this was not a valid traffic stop. Lynntown road has a slight hill before the stop sign and it is believed Officer Deliford could not see the stop bar by looking in his rear-view mirror as his incident report states. City Attorney Duann Davis also viewed the patrol vehicle camera footage, and she stated she didn't think this was a valid traffic stop.

After this incident involving Neil Singleton, Mr. Singleton found some videos from Officer Deliford's personal tik-tok account that showed Officer Deliford in uniform and on duty that would be detrimental to Reidsville Police Department and the City of Reidsville.

Officer Deliford engaged in conversation via social media with the public regarding his behavior in a fashion that could be perceived as detrimental to public confidence in the Reidsville Police Department.

See Reidsville Police Department SOP Chapter 20.

On 08-15-22 after a traffic stop and incident involving Neil Singleton, I called Officer Deliford to do a detailed report concerning this incident and Officer Deliford failed to answer his phone and never called me back. I find this to be insubordination.

On 08-16-22 I was advised by Clerk Karen Johnson that Officer Deliford hadn't turned in four (4) citations that had been written on 08-10-22 and 08-11-22. The memo addressed above states that citations must be turned in daily. Officer Deliford refused to comply. I advised Deliford to turn in his citations and he did. I told him I needed to speak with him about this, I walked inside the police department, and Officer Deliford drove off. There have been several occasions that

Officer Deliford has failed to turn in his citations. Also, Officer Deliford would put the wrong driver information on citations, and would import the owner's information instead of drivers, when the driver would drive the owner's vehicle. He was told several times to make sure he had the right driver's information on his citations.

Reidsville Police Department SOP Chapter 20 states:

II. POLICY

It is essential for every employee of this agency to recognize that the proper functioning of any law enforcement agency relies upon the public's confidence and trust in the individual officers and this agency to carry out the law enforcement function. Therefore, any matter that brings individual employees or the agency into disrepute has the corresponding effect of reducing public confidence and trust in our agency, thus, impeding our ability to work with and serve the public.

Professionalism is the most significant factor in high-level performance that in turns builds the public confidence and trust. While employees have the right to use personal/social networking pages or sites, as employees of this agency, they are public servants who are held to a higher standard than the general public with regard to standards of conduct and ethics.

As such, the policy of this agency is to maintain a level of professionalism in both on-duty and off-duty conduct that fulfills the mission of our agency. Any publication, through any medium that is potentially adverse to the operation, morale, or efficiency of this agency will be deemed a violation of this policy.

II. PROCEDURE

A. Employees of this agency are prohibited from posting, or in any other way broadcasting, without prior agency approval, information on the internet, or other medium of communication, the business of this agency to include but not limited to:

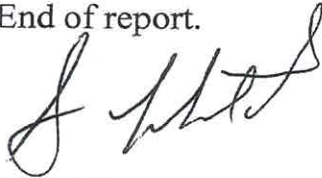
1. Photographs/images relating to any investigation of this agency.
2. Video or audio files related to any investigation of this agency
3. Video, audio, photographs, or any other images etc. which memorialize a law enforcement related action of this agency.
4. Any written information or comments pertaining to an investigation, arrest, or

incident involving this agency.

5. Any other item or material that is detrimental to this agency or the city of Reidsville.

I find that Officer Deliford violated number 5 of this policy.

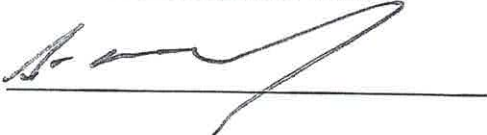
End of report.



Chief Stacey Wilds
Reidsville Police Department

Date: 8-31-22

Officer Anderson Deliford



Pre-dismissal Hearing scheduled for August 31, 2022, 4:00 p.m., at Reidsville City Hall.

PER Mayor Powell Return to work on
9-2-22.

Chief Stacey Wilds
Carter Powell

Notice of Memorandum

September 2, 2022

To: Curtis Colwell, Mayor

Stacey Wilds, Police Chief

Duann Davis, Attorney

Anderson Deliford, Officer

From: Nivea C. Jackson, City Clerk

Re: Amendment to Suspension Pay

Anderson Deliford was placed on Administrative Suspension without pay beginning on August, 27, 2022. It was determined by the Mayor that the suspension would be amended to a PAID leave status. The City has reinstated the pay for the suspension time missed.
